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Medicalization as a Trojan Horse: Changes in Erectile Enhancement Advertising

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Science
at Virginia Commonwealth University

by

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Bachelor of Science in Criminal Justice, Longwood University, 2008

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Virginia Commonwealth University

Richmond, Virginia

August, 2011

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Abstract

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Major Director: Sarah Jane Brubaker, PhD, Graduate Program of Sociology

This thesis investigates the medicalization of “inadequate penis size” through an analysis of online advertising of “male enhancement,” or erectile enhancement (EE) products. The process of medicalization, as defined by Peter Conrad, is the process by which non-medical problems become defined and treated as such (2007). With the advent and success of Viagra (Sildenafil) in 1998, a wave of products emerged treating erectile dysfunction and not long after followed the expansion of the market for erectile enhancement.

Although several studies have been done of erectile dysfunction, there has been less research on the advertisement techniques within the erectile enhancement market. Brubaker and Johnson's article “'Pack a more powerful punch' and 'lay the pipe': erectile enhancement discourse as a body project for masculinity” dissects such advertising for overarching themes of violence, the subjugation of women, and the perpetuation of hegemonic masculinity (2008). This analysis was done in 2006, and evidence presented in this thesis suggests that the advertising

techniques, particularly as they appear in erectile enhancement websites, show some dramatic differences in presentation and themes. These more recent advertisements seem to reflect a more medical approach, emphasizing an authoritative medical appearance, downplaying violent, misogynistic, or sexist undertones consistent with much of erectile enhancement advertising. This new medical approach is a metaphorical Trojan horse, sneaking in and maintaining older concepts of domination and violence. The background of hegemonic masculinity in erectile enhancement advertising is continued under the guise of medical professionalism. Through quantitative and qualitative analysis of ten erectile enhancement product websites, I show how the advertising involved in this industry has attempted to medicalize the small penis in hopes of marketing an “inadequate penis” as a more legitimate, medical concern. This study thus contributes to a better understanding of the changing social concepts of manhood, how the process of medicalization works, and how it can be seen within the area of erectile enhancement.

Introduction

Treatments of erectile dysfunction and the sexual focus on the penis both have long and complicated histories. Starting in the late 80s and early 90s a host of products became available for treatment of erectile dysfunction (Rowland and Burnett, 2000). What is relevant here is the more recent medicalized treatment of erectile dysfunction, culminating at the release of Viagra (Sildenafil) in 1998. Although a separate topic in its own right, Sildenafil helped to expand the market of erectile enhancement into both the recreational use of prescription drugs as well as the advent of over the counter medications (Aldridge, 1999). Additionally, many would argue it even altered the sexual landscape of the United States (Loe, 2006).

Violence and concepts of gender play their own roles here as well. Documented by Brubaker and Johnson, hegemonic masculinity and violence surround modern concepts of the penis, specifically when it deals with advertisement of erectile enhancing products (anything meant to increase size, frequency, or stamina of the erection) (2007). Other research will be presented which shows the progress in the medicalization of the penis itself, culminating most recently with the medicalization of the “limp” penis as a treatable disorder via prescription medication such as Sildenafil and its competitors in the treatment of erectile dysfunction (ED). Anecdotal evidence suggests this has gone further, with a seeming increase in advertisements and cultural adaptations which surround the small penis with concepts of inadequacy, avoidable through the use of medication or treatment. With as many as 45% of men unsatisfied with the size of their penis this is a large and even expandable market for the erectile enhancement industry to capitalize on (Lever, Frederick, and Peplau, 2006).

Looming capitalist expansion, however, is not the only concern here. More seriously, this

study centers around a concept referred to by Conrad and others as disease creation or disease mongering, where consistent human conditions are intentionally promoted as problematic, or even as a disease, in order to increase marketability. A host of ethical concerns complicate this process, specifically as it takes place within the authoritative setting of the medical industry. I will reference a number of related examples, including Andropause, baldness, and the importance of breast size, but particularly the case of erectile dysfunction.

The Statement of the Problem will briefly introduce erectile enhancement as a social phenomenon, and the importance of analyzing any possible signs of medicalization, and the dangers if this continues. Conrad's work on medicalization will provide the basis for the theoretical framework, as it will be used to assess these possible changes. Additionally, the Theoretical Framework will describe Conrad's framework as it applies to general social trends as well as specifically to perceived changes in erectile enhancement marketing. The general process of medicalization as well as its practical application in this thesis will be covered thoroughly, here. Other related works, such as on the medicalization of erectile dysfunction, the various treatments for it, the changes in advertising to men and men's bodies, the trend of dissatisfaction, and more gender related concerns will all be covered in the Literature Review.

The methods section will primarily lay out how the websites were found, how the data was gathered, and the necessary justifications for these methods. Next, the sample section will, one by one, provide a brief but thorough qualitative look at the ten websites chosen for this study. Analysis and coding procedures will be covered in the following section, detailing exactly how the data was compiled for analysis, and the findings section will detail, primarily, the quantitative data gathered from the various sites. Discussion will follow, emphasizing major

trends in the data as well as the important implications of such findings.

Statement of the Problem

Various literature already exists discussing erectile dysfunction and its treatment, particularly since Viagra (Sildenafil) became available to the public in 1998. Rowland and Burnett's 2000 article discussed early changes in the treatment of ED, while other work has more recently discussed longer term and broader effects of this specific treatment as well as the process of medicalization as it applies here (Cappelleri et al, 2007). Erectile dysfunction, although it was not always the case, has become defined and treated as a medical condition, fully satisfying Conrad's definition of medicalization (2007). Where as impotence, historically, can be looked at as a natural human condition and effect of aging, it is now more commonly defined and treated as a medical issue, specifically a biological one or biomedical. This process brings the 'limp penis' fully into the realm of the medical authority. Erectile enhancement is another matter altogether. An inadequate penis, although implications may vary, has not yet been deemed a medical problem in the way Conrad describes. It has not reached a point where it is being medically diagnosed and treated. In this sense, and with the lack of direct prescription drugs (although prescription drugs designed for aiding erectile dysfunction are used for erectile enhancement), it does not fit the same definition. Quite the contrary, as Brubaker and Johnson (2007) illustrate, erectile enhancement advertisements have quite often exhibited a much greater focus on (and the exploitation of) feelings of inadequacy within the male population and the use of violent imagery suggesting the domination of men over women.

Conrad's framework for the process of medicalization, however, is still applicable here. A non-medical issue is not simply transformed into a medical one overnight, there is, rather, an often lengthy process leading to varying degrees of medicalization. Although doctor prescribed

medications may, at times, represent a peak in medicalization, various human conditions may make large steps towards this point without ever being considered fully medicalized. Patients become consumers of an idea; drugs and the diseases they are supposed to cure are specifically marketed to them, and in this way non-medical issues can even become diseases themselves (Conrad and Leirter, 2004). Impotence and poor sexual performance, then, has come under the blanket term of erectile dysfunction becoming a treatable medical disorder. Many would argue this is quite intentional (Loe, 2006). It appears that erectile enhancement advertisements may be undergoing a similar change, at least in certain forms, where the violent imagery and appeals to, and reinforcements of, hegemonic masculinity may become less obvious, replaced by concepts of the 'inadequate penis' as a more legitimate medical concern. Legitimate or not, or even if this is merely an intentional misleading of consumers to expand a market, the use of varying medical language and doctor sponsorships can illuminate the process of medicalization as it applies here, and even justify treatment with over-the-counter or the off label use (or even abuse) of prescription medication.

This is compounded with the tremendous effect media can have on body image. Hatoum and Belle make this very clear. Lever, Frederick, and Peplau, however, bring more disturbing figures to light, with results from their survey published in 2006. Specifically, while 85% of women reported being satisfied with their partners penis size, only 55% of men were satisfied with their own. The 45% of men who wanted a larger penis did not vary in age, as this figure was consistent from age 18 through 65. Less surprising but equally important was the correlation between those of above-average penis size with the most personally favorable mentions of their appearance. In short, those with larger penises are more confident in general (Frederick, Lever,

and Peplau, 2006). Penis size, then, is seriously interwoven in concepts of self. More dangerously, the process of medicalization as applied to erectile enhancement has further implications. In a country where as much as half of it's citizens are labeled ill by some form of medical authority, every bit of additional medical expansion poses a threat (Conrad, 2007). Different learning styles come to be labeled as learning disabilities or ADHD and treated with medication, and every new label and medical treatment further increases standards for human society: attentiveness in the case of ADHD, height in the case of human growth hormone, breast size in the case of breast implants, or sexual performance into old age with ED and Viagra (Conrad, 2007). This is, in many ways, a form of social control, and in the hands of medical professionals but particularly pharmaceutical corporations, the risks are much greater when so much of the motivation relates to profit, and thus the need to monitor this process is equally great.

A 2006 report cites that drug companies in the United States spent a whopping \$4.2 billion on direct to consumer advertising in 2005. That is a roughly 20% increase year to year in spending, growing much faster than even the money spent advertising to physicians (United States, 2006). This situation does not look to be improving either. The FDA, which monitors advertising of drugs to consumers, has dramatically decreased in their policing of advertising, sending out a mere 21 citations in 2006 compared to 142 in 1997, all while the amount of advertising had increased 3 fold (Donohue et al., 2007). The sheer amount of money involved should be telling of possible ethical considerations which I will outline in detail later, and reinforces the need to analyze medicalization as it presents symptoms within modern advertising.

In regards to the changing scenery of erectile enhancement advertisements, the process of

medicalization as outlined by Conrad in The Medicalization of Society and other publications shows great explicative potential. It is important to determine to what degree the 'small penis' has been transformed from the realm of biological trivialities and embarrassment towards that of more socially legitimate medical concerns. The research question for this study is, then: To what degree has the 'small penis' become medicalized? In order to answer this, I have looked for and identified the signs of medicalization as they should appear in website based erectile enhancement advertisements, and then what I later found in these websites. This is, then, a content analysis of erectile enhancement advertisements as they are found on their respective websites for EE products, found via common internet searches.

Theoretical Framework

The questions here will be answered under the guidance of a medicalization framework, examining the extent to which the “problem” of the 'small penis' is moving towards being defined and treated as a medical condition, or more specifically a biomedical condition, signifying the focus on biological functions in the discussion of both cause and treatment. Patients, in this case, are consumers, and the targets of erectile enhancement advertisements. Advertisements can sell drugs (and sometimes other treatments), but also can sell the 'small penis' itself as a disease. This concept of disease mongering will be discussed, as well as examples of where similar transitions have occurred in the past.

First, the importance of medicalization as definition will be discussed, and how conditions come to take on definitive medical labels. The second section will provide details for how and why medicalization is considered a process and not just a state of being for a condition. This process implies that varying degrees of medicalization are in fact possible and commonplace, and that despite limitations in the specific case of erectile enhancement Conrad's concept of medicalization is both relevant and helpful. The third section will address the medical market and how it expands through advertisements, the importance of looking for changes in advertising techniques, and how they impact society and related to the changing doctor-patient relationship within society. The final section will address the destigmatizing effect of medicalization itself. Understanding this effect is integral to understanding medicalization and some of the common traits shared by the various examples.

Medicalization as Definition

There are a number of layers to the definition of medicalization. Various social factors

surrounding any sort of condition affect how we can attempt to view its position in the medicalization process. Conditions can be defined in medical terms, described using medical language, viewed directly within a medical framework, and can eventually come to be treated through medical intervention. For instance, Merriam-Webster defines the term erectile dysfunction, first, specifically in their medical dictionary. The definition supplied is a “chronic inability to achieve or maintain an erection satisfactory for sexual intercourse.” The use of language like 'chronic inability' and 'satisfactory' together take this inability to maintain an erection and attempts to draw a line between where it is and is not a problem. If one's erection is not satisfactory for sexual intercourse, then by definition one has a dysfunction. Clearly we can define erectile dysfunction, already in both medical terms and within a medical framework, and other definitions present the condition in a similar manner. A (Google) web search for “what is erectile dysfunction” leads to a host of similar definitions, but more importantly, descriptions of the dysfunction framed as symptoms. These symptoms, such as they are illustrated at www.whatiserectiledysfunction.com allow for everything from occasional or limited-period dysfunction, to “permanent loss of erectile function.” Again, strong medical language is used here framing the condition within the medical model without direct, or at least visible, link to any physician or medical professional.

Most attempts to understand erectile dysfunction, then, must adopt some sort of medical framework for understanding. Definitions are provided by medical groups, using medical language, and are framed within the realm of modern medicine providing various symptoms for what is labeled a dysfunction. One must accept this framework before any serious understanding can be gained. The last major factor here, though, is the most outwardly obvious. It is the

'treatment' through medical intervention. We have a human condition here: the inability to maintain an erection. It is defined in society in medical and biological terms and described in the same manner within a medical framework. Even though the previously mentioned website, as well as many others, mentions erectile dysfunction as both a physiological as well as psychological problem, the standard explanation is biological and the standard treatment is pharmaceutical. Surgery may be an option, and psychological therapy may help, but the cost effective nature and reliability of drugs like Viagra seem to weigh more heavily than possible side effects or alternative, more 'natural' approaches. With Sildenafil's release in 1998, and the host of competing drugs which surfaced after (including Tadalafil (Cialis) and Vardenafil (Levitra)), prescription based oral medication has come to dominate the treatment of this dysfunction.

These four concepts as mentioned above - the definition in medical terms, the description using medical language, the use of a medical framework for understanding, and the use of medical interventions in treatment - are all perhaps better understood not as sufficient conditions of medicalization but as different routes within the process of medicalization. Medicalization is a process and not a diagnosis, and this also means that conditions must be medicalized to different degrees. Conrad's framework is helpful here, where various human conditions can be analyzed for progress within medicalization. This sorts of measurements will be discussed further in the Measuring Medicalization, in the Methods section later on.

Although Conrad (2007) points out that much work exists that is critical of over-medicalization (2007), it is not my intention to question the legitimacy of defining erectile dysfunction as a biological and medial problem. This is less a concern to me as my goal is to lay

the framework for how to examine the medicalization of erectile enhancement as it has changed over time.

Medicalization as a Process

Conrad points out that the process of medicalization has been the topic of sociological analysis and discussion since the 1970s. The process, however, has changed over time, particularly through the 1980s and 1990s. Doctors were, and to a degree still are, the gatekeepers of medical treatment and thus play an important role in the process of medicalization. Their role, however, has become more subordinate, with direct-to-consumer advertising of prescription and over-the-counter drugs having an increasingly greater effect (Conrad, 2005). This changing relationship will be discussed later, but important now is the general loss of control doctors have experienced over this process. Also, the connection from this process to erectile enhancement may be visible with recent drug advertisements such as Enzyte and new terminology and common phrases such as “male enhancement” making their way into common language.

I propose that the framework of medicalization can thus be used to show both how far the idea of the 'small penis' or insufficient erection has moved towards becoming a medical problem, as well as the significance of the changes in erectile enhancement advertising and the future implications of this.

According to Conrad, “Medicalization' describes a process by which non-medical problems become defined and treated as medical problems, usually in terms of illness and disorders” (2007, p. 47). Medicalization is not the state of being medicalized, or the status of a disorder once it attains a specific rank or is allotted prescription drug treatment. It is the transition from one point as a general social or human problem to another as a medical problem

where it is treated as such. I intend to examine the extent to which erectile enhancement for the “small penis” has begun this process, through visible changes in EE advertising on websites.

The Medical Market

With virtually any condition in modern day for which there is a profitable medical treatment there follows a medical market. The markets profit and expand through advertisements which target those who may not have previously sought help or medical treatment. Conrad and Leirter discuss a great many examples of such direct-to-consumer advertising of prescription drugs such as Viagra and Paxil, as well as the increased use of human growth hormone (HGH), and the rise of in vitro fertilization (2004). This affects the power shift towards consumers over medical professionals, discussed further later. It is important to examine how these markets work and how they may grow and change to accompany erectile enhancement products, as well as the ethical implications of the process overall.

These ethical violations play directly into advertising from pharmaceutical corporations, and the steps taken to bring these products to market. Dishonest product research is a big part of the problem, and the process of advertising expands the domain of this, making room for new procedures and thus more consumers being put at risk. This continues, however, given that advertising is sufficiently incorporated into the realm of business that it is removed from the ethical considerations of medicine and biomedicine. Business ethics, after all, are quite different in regards to corporations, pharmaceutical or not. The central motivation is always the increase of stock value and thus shareholder wealth. Generally speaking, an 'ethical is legal' approach is taken, and ethical transparency virtually vanishes (Poitras and Meredith, 2009). Advertising, within the realm of business, thus allows pharmaceutical corporations a sort of exemption from

the medical ethics which might normally govern behavior. This sort of free pass prohibits some much needed criticism and questioning of this form of disease mongering.

The end result of the various advertisement techniques at work here, where specific symptoms are often listed in order to help viewers self diagnose, is that diseases are marketed many times just as much as their cures (Moynihan et al., 2002). In particular, Conrad's example of Paxil (paroxetine hydrochloride) is quite relevant. The drug was released in 1996 into an already saturated anti-depression medication market. The reaction of the manufacturer was to apply the drug, in addition, to markets for obsessive compulsive disorder (OCD), anxiety disorder (AD), and general anxiety disorder (GAD). Conrad cites this maneuver and the simultaneous marketing of the diagnoses for OCD, AD, and GAD, as factors in the medicalization of emotions such as worry and shyness (2007). Various other conditions are mentioned here, particularly andropause (male menopause) and its lack of unique symptoms, and the increasing use of testosterone replacement therapy in its treatment.

Modern marketing techniques and changes in the power held by doctors has accompanied a shift towards self-diagnosis in society. (Conrad, 2007). Sociological and psychological literature abounds on how media influences people, but it is important here to see how a general media influence can change how medicine works in society (Kolbe et al., 1996). While more available medical knowledge may be a positive in society, a tendency towards self diagnosis supported by these advertisements may leave more room for both under and over-diagnosis of illness which may even be treatable without medicine. This ties back to erectile enhancement, a growing market centered around promoting insecurities over a traditionally non medical issue.

This sort of marketing has had a definite effect on the Doctor-patient relationship quite

directly. Trends in marketing and towards self diagnosis shift power towards the patient, now in a consumer role. They (the patient) are the target of large scale direct-to-consumer advertising, and have access to a wealth of, if not always accurate, medical knowledge online. WebMD.com is one of many options and provides general and specific health related news, as well as a program they call the WebMD Symptomchecker. Users input some basic demographic information, and proceed to select body parts and local symptoms from an interactive human figure. Each specific symptom selected then corresponds to a suggested cause or condition. Selected conditions then link to pages detailing, amongst other things, larger causes, at home care, and details for when to seek a medical professional. Interestingly each WebMD.com page is accompanied by a small print disclaimer reading “WebMD does not provide medical advice, diagnosis, or treatment.” The result here is no different than how Conrad outlines it through the recent changes in society. Patients have taken a heavier role in diagnosing themselves and in choosing their medical treatment, even prescription treatment requiring a doctor (Conrad, 2005).

Medicalization can thus be viewed simultaneously as an agent of social change as well as one of social control (Conrad, 1992). In a related article, Bull addresses changes in society over time, particularly focusing on trends of secularization and medicalization. He argues that, although medicine may not have completely become the social guardian of morality, it is none the less a very powerful and influential source of and model for social change (1990). In even more detail, Conrad separates the changes in the medicalization process into three primary groups: advances in biotechnology, the influence of patients as consumers, and the influence of managed care (2005). All three of these have had profound effects, but most important to this study is the discussion on consumers and medicalization. Doctors were and still are the

gatekeepers for medical treatment, but their role has become subordinate. Medicalization is now driven more by commercial interests of larger corporations and the interests of the various consumer markets, rather than by the guidance and interests of medical professionals. This is, again, particularly visible in the case of erectile enhancement advertisements, either in the form of emails and online web banners as discussed by Brubaker and Johnson (2007), or through more recent television ads for products like Enzyte. All of this change, though, has not altered the definitional center of medicalization as described earlier (Conrad, 2005).

Advertising and Medicalization

Advertisements of medical treatments have visibly increased over time. Magazines, television, and websites today carry advertisements for everything from treatments for restless leg syndrome to sleeping pills, and include both erectile dysfunction and erectile enhancement medications as well. Where as other countries may have regulations against being able to advertise such products, the FDA in United States has overseen the expansion of direct-to-consumer advertising of prescription drugs through loosening regulations (Donohue, 2006). This has had a tremendous impact. Loosened regulations allow a newly unrestrained expansion of medical domain, advertising diseases and their cures alike and ignoring a host of ethical concerns related to this process (Poitras, 2009)

It is this change in medicine that is so important, where humans have gone from being mere patients, ill and deserving of aid from their fellow human beings, to consumers. There is a great deal of money to be made from medicine. Steadily increasing over time, the percentage of the United States gross national product spent on health care hit 16% in 2006, and there is more room than ever for large corporations to make a profit and thus a much greater 'need' for

advertising (Conrad, 2007). The diseased and ill are a market, and in general they consume various medicines as those selling the medicines compete against one another for a larger share of profits. These markets, however, are not simply being sold medicine. They are being sold diseases. Markets have expanded from the ill and diseased to the healthy and normal who are convinced that their lives could be enhanced and improved through medical intervention. In this sense I examine how and the extent to which the erectile enhancement market has been expanded in the various website advertisements being studied

Destigmatization

Another integral trend in the process of medicalization, and one involved in almost all of the various paths and examples, is destigmatization. This relates to baldness, but is also visible in erectile dysfunction and erectile enhancement. It could be argued that men are *expected* to do something about their baldness, but the mere existence of treatments make such problems less stigmatizing. Conditions at one time considered embarrassing become 'medical problems' and are thus more easily excused by individuals in society. To a degree, baldness becomes less something to hide or be embarrassed of as there are treatments available (Conrad, 2007). Assuming one has the money for it, baldness needs no longer be hidden via the use of a toupee, as it can be permanently fixed with either medication or surgery. The problem here, however, is that stigma is removed *so long as* treatment is sought. Without individual acceptance of the 'problem', and acknowledgment of the biological factors and medical treatments, the stigma may remain, even stronger than ever.

Through mass-media advertisements and common discussion erectile dysfunction has undergone a degree of destigmatization. For those with the means, erectile dysfunction no longer

needs to be the source of embarrassment. It has become a legitimate medical concern in many respects, and it is now more likely that one could more openly admit having “performance issues” without fear of judgment from others (Conrad, 2007). The entire process of medicalization, the medical terminology in definition and description, the use of a medical framework for understanding, and the adoption of medical treatments, all play a role in destigmatizing these embarrassing human conditions.

Literature Review

This study is centered around the small penis and how erectile enhancement advertisements propose solutions to this perceived problem. The literature here will cover a variety of topics centered around erectile enhancement and erectile dysfunction as it is related, as well as the dangerous implications of this process.. The first section will address medicalization in general as well as related concepts as they bring up possible dangerous outcomes. The process of medicalization has many consequences and negative social implications which will be discussed here. Erectile dysfunction in particular, and the history of medicalization it has undergone will also be discussed in another section. This is extremely important as, while erectile dysfunction and erectile enhancement are separate issues, many of the medications treating ED are used recreationally for the purposes of erectile enhancement. Additionally, many of the social issues of concern are consistent between the two, if not even more severe in the case of erectile enhancement. Viagra will additionally have its own section, as the research on the drug is expansive and the effects it had both on the medical market and society are equally so. The next section will discuss marketing techniques as they apply to men's bodies, as this is related direct-to-consumer advertising and the advertising of various erectile enhancement drugs, the following will address the general theme or presence of dissatisfaction regarding ED and erectile enhancement advertisements, and the final section discusses gender issues related to medicalization, in particular the medicalization of small breasts, the further social impacts of this process, and its relevance to the study of the medicalization of erectile dysfunction.

Dangers of Medicalization

Drug companies can now not only advertise their own patented drugs to doctors, in the

hopes of swaying their supposedly impartial opinion, but since the deregulation of advertising of prescription medication in 1997 they can also advertise directly to consumers. The significance of this is tremendous, with now almost 15 years of drugs, and their respective conditions and diseases, being marketed to consumers, playing up their role in the medical field in opposition to the role of physicians. What's more, with this form of advertising being economically successful, the implication is then that consumers are actually being convinced, correct or not, that they possess some condition in need of that specific advertised medical product. Medicalization itself has a great many social implications when used to analyze these related changes in society. Power, in the social sense, is shifted in the favor of the medical industry, now taking control of larger and larger portions of human existence, specifically claiming authority over more and more human conditions (Poitras, 2009). The implications, however, become much more serious when one views this process from an economic perspective.

It is this change in medicine that is so important, where humans have gone from being mere patients, ill and deserving of aid from their fellow human beings, to consumers. There is a great deal of money to be made from medicine. Steadily increasing over time, the percentage of the United States gross national product spent on health care hit 16% in 2006, and there is more room than ever for large corporations to make a profit and thus a much greater 'need' for advertising (Conrad, 2007).

When tied to direct to consumer advertising, which itself has very specific monetary goals, medicalization takes the form of what Poitras and Meredith call economic medicalization (2009). The distinction here is almost entirely in motive, justified given the inherent purpose of direct to consumer advertising. By their definition, economic medicalization is the process

whereby non-medical problems are transformed into medical problems for the purpose of achieving corporate shareholder wealth maximization. This motive, the expansion of a medical market through advertising directly to consumers, solidifies the ethical concerns laid out by Conrad and adds even more. This trend creates ethical concerns for the basic approval process for medical research, and branches into multiple schools of ethics, medical ethics, bioethics, and business ethics.

Where as self regulation is certainly a plausible solution to the ethical concerns which naturally exist in medicine, many of these regulations set forth by the AMA are already broken regularly, and are wholly threatened by the expansion of prescription medicine advertising. The focus on shareholder wealth and profits, integral to any corporation's success, necessarily conflicts with these principals. As an example, Poitras and Meredith document cases of intentional violation of informed consent, patient privacy, and the general do-no-harm condition for all of medicine. Specifically, it is found that within the realm of medical testing, that is ensuring that medications are safe for mass use, these three are often violated. Documented cases are presented of pharmaceutical corporations ignoring unfavorable early test results, skewing and violating the entire process of informed consent, as well as 'doing harm' by not providing the full list of possible risks to those that may be testing the product (2009).

Reinforcing many of Conrad's statements about the willingness of the medical profession to accompany big business, Poitras and Meredith also cite some statistics on physicians. Of a 2007 sample of over 1,200 physicians, 3% had been paid for recruiting people into clinical trials, 9% had been paid for participating on advisory boards, 16% were paid for speaking engagements, 18% were paid consultancy fees, 35% had received reimbursements for prescriptions, and as a

whole, 78% were financially involved, in one way or another, with the pharmaceutical industry (2009). Conflicts of interest abound here, when these gatekeepers of medicine profit so directly from the growth of an industry, on the backs of the sick and easily convinced, the very people they are obligated to help.

Conrad details much of these dangers thoroughly. The disease mongering carried out by pharmaceutical corporations operates with the direct goal of convincing people, living with often relatively common conditions, that they are ill and in need of often expensive medical treatment. How many fewer people would be diagnosed with erectile dysfunction if doctors and pharmaceutical companies did not make a profit from its proliferation? With the modern spread of anti-depressants as well, Conrad describes the medicalization of emotions like sadness, leading to a society, in the United States, where as much as half its citizens are medically diagnosed as ill in some form or another (2007). Divergences from normal behavior turn common human conditions into pathologies, and Conrad imagines a very realistic and in his eyes likely future where through genetic interventions society will produce babies free from low academic intelligence, shortness, poor athleticism, or a propensity towards chemical addictions. Whether these changes can be considered improvements is up for debate, but the motives behind them are far from altruistic.

New medical normalities are being imposed, intentionally, and from powerful sources, without regard for social repercussions, all in the name of profitability. Shortness, for one, has fallen into the real of medical authority with the use of human growth hormone. HGH is used not only on children with a deficiency in this natural product of the body, but for exceptionally short children as well who do *not* have the deficiency, functionally increasing standards for height in

society. Various diagnoses for social anxiety also share this pattern, where now almost any discomfort in public speaking can make a sufficient case for medical treatment. Lastly, the use of Viagra and other drugs in the treatment of erectile dysfunction has dramatically increased sex standards for men, and indirectly for women, by allowing and even expecting men to stay sexually active into their elderly years (Conrad, 2007). As with erectile enhancement, this process exploits men, expecting more of their body than it's nature normally allows, and profiting off of this artificial need.

All of medicalization, however, shares the problem of focusing almost entirely on the individual level of health concerns. Conditions are marketed as very real problems, possessed by individuals and treated on an individual basis. Social consequences of this model of treatment, or the social causes themselves, are ignored as long as there is a convenient medical means for treatment (Loe, 2006).

Medicalization and Erectile Dysfunction

Erectile dysfunction, as a condition, has had a long history in the medical field. Newer treatments like Viagra and its various competitors seem easy and effective compared to older treatments, and the reality is that they are. Older treatments are generally viewed, and were thus avoided, as being quite unnatural or perhaps too invasive. Even when viewed in a more positive light, many were still either ineffective or generally unsatisfying in use. These treatments ranged from implanted penile prostheses to externally applied devices like vacuum pumps. Modern oral and alternative medications are much simpler, more reliable, and elicit more naturally appearing and useable erections (Rowland and Burnett, 2000). This accompanied, as I discussed earlier, a decrease in the stigma attached to those with ED. More 'natural' treatments of ED seem, then, to

result in a more natural view of the medical treatment process, and this makes it generally more socially accepted (Alridge, et al., 1999).

The quality of life measures are linked by many sources to erectile dysfunction, specifically. MacDonagh et al. elaborate on the connection between erectile function and concepts of a healthy sex life. The overwhelming majority of survey respondents with ED suggested that their sexual partners regarded penetration as essential for sexual fulfillment, identifying a powerful motivational factor for those with erectile dysfunction to seek treatment. As these results would suggest, there were also high rates of insecurity among men regarding their masculinity, and most saw the possibilities of medical treatment as a means for reinforcing their manhood (MacDonagh, et al., 2004). Other studies, such as from Cappelleri et al. and Giuliano et al., show consistent improvements in various quality of life measurements through the use of Sildenafil in the treatment of ED. The SEAR, or Self Esteem and Relationship Questionnaire, shows marked improvement when tested on men with erectile dysfunction after medical treatment with the drug (Cappelleri, et al., 2007). Likewise, Giuliano, et al. shows similar improvements in sexual satisfaction (including overall sexual satisfaction, reported sexual relationship quality, and decreases in concerns about erection problems), as well as in measurements of mental health. Those treated saw significant improvements in reports on overall well being, self control, relationship satisfaction, and both relative and overall mental health measures (Giuliano, et al., 2001). The end result is that, regardless of the direct success of the drug in providing the suggested effect, erectile dysfunction treatments often attend to symptoms experienced by men as quite damaging to their quality of life.

While Conrad and others discussed earlier have sufficiently made the case that erectile

dysfunction has been medicalized, it is important to note some of the other underlying themes here. As I have discussed it previously, erectile dysfunction fully satisfies Conrad's conceptualization of medicalization, including in its definition, sociocultural viewpoints, and its medical diagnosis and treatment through biomedical surgery and/or prescription medication. Additionally, erectile dysfunction shows many various signs of the destigmatization which often accompanies this process. Survey respondents were clearly not completely destigmatized, with many seeking treatment after solitary decision making and through secrecy and subterfuge. The counter, however, is that the researchers found a strong negative correlation between age and comfort in discussing the dysfunction. Older patients consistently expressed much more difficulty in, and much less frequency of, discussing their dysfunction with partners (MacDonagh, et al., 2004).

Overall, erectile dysfunction displays a clear transition. It's fair to say that sexual performance issues have remained a constant throughout human history, particularly with elderly men as populations began to live longer. It is the advent of Viagra, however, that helped fully transform this human condition into what it is today, and all of this makes a wonderful parallel to erectile enhancement, where medicalization in advertising can legitimate the exploitation of male insecurity.

Viagra

Viagra itself was a rather important medical breakthrough. For the first time the medical profession had a pill to offer men unsatisfied with their body's performance. It became a cultural phenomenon, even, ushering in a new era of sex. Men were now allowed, and their sexual partners expected, to maintain an active sex life for as long as their biological functions could

handle it. This began a new sexual status quo, increasing expectations for performance across the board. The news even proudly featured older men giving up decade long marriages for new, young, more sexually active partners (Loe, 2006).

This was no coincidence, and as Loe points out this was the handiwork of a surprisingly few men. Just a handful of Pfizer (Viagra's pharmaceutical developer and owner) representatives, investigators, and consultants helped 'raise awareness' about a new 'problem'. This was an intentional and quite successful claim of new frontier, adapting and expanding the medical category of erectile dysfunction in order to dramatically increase product marketability. Spokespersons and journalists alike helped to construct a heavily sexually dysfunctional populace (Loe, 2006). This is yet another example of the concept of disease mongering, where a select few have succeeded in intentionally increasing diagnoses for monetary gain. Perhaps less obvious, though, is the problem that these medical solutions may not even be innately good. After all, how many sex lives have been damaged by suggesting that almost half of all men, at some point in their lives, have a problem which requires a pill to fix? As Loe points out, a hard penis is not always the best solution to relationship or self esteem problems.

Marketing to Men and Men's Bodies

As a general change in modern American culture, sex and sexuality has grown in both visibility and influence. This is compounded with the increase of marketing towards men's bodies, and is related in the study of erectile enhancement advertisements (Bury, 2005). Gill, Henwood, and Mclean's 2005 article, as well as Hatoum and Belle's 2004 article shows this well. Men have developed high expectations for themselves, particularly in muscle development. Sixty percent tend to focus on either the chest or stomach where there are often difficult standards for

muscle tone and definition and advertising. What's more, Hatoum and Belle found correlations between media exposure and self esteem, verifying their assertion that the more one is exposed to higher physical standards in media, the more likely one is to adopt those. This work also goes on to show nearly equivalent increases in standards for women, as the more men were exposed to media the thinner they expected women to be. This has obvious implications for the world of erectile enhancements and the advertising campaign that surrounds it (Hatoum and Belle, 2004). Greater standards for erections are promoted, which do not reflect the reality of women's preferences or general average size. Whenever a medical market increases, after all, society is collectively suggesting that a larger proportion of the population has a problem, and in these cases a problem in need of medical attention.

Dissatisfaction

All of the visibility in modern media can have a definite impact on self-image and general dissatisfaction, after all. This will become clear with later analysis for erectile enhancement, but Frederick, Lever, and Peplau make the strongest case for these kind of effects in their 2006 article. The greatest disparity was between the percentage of women satisfied with their partners penis (85%) and that of men satisfied with their own (55%). This leaves a substantial 45% of men who wish to grow their penis, which makes it obvious as to why so many companies are fighting for this market. Not only are men more unsatisfied than they should be, if partner satisfaction is the standard, but penis size is also correlated with self esteem ratings for completely irrelevant areas. Self reported satisfaction with men's own bodies (in swimsuits), faces, and general attractiveness were all positively correlated with penis size. Causation is more complex and difficult to determine, but the authors make an excellent case for how penis size can

generally increase self esteem (Lever, Frederick, and Peplau, 2006). This data corresponds well with additional research on body image and men. This is not a new concept, as many earlier publications such as Cameron's 1992 article made it very clear how culturally attached men were to their penises, analyzing the extensive lists of nick-names given to the male member. The reality is, though, that with an increase on the focus on the male body in identity, and higher standards for beauty, the penis is in a better place than ever to be exploited as part of male identity. It is no coincidence that it is often referred to as one's "manhood." The two terms have come to mean the same thing in many cases. A smaller erection then equates to being a lesser man.

This is where we see the importance for further study. Men's bodies are being marketed more than ever, leaving men susceptible to attack on physical appearance. Worse yet, as society allows for open sexual discussion, it is met with unrealistic standards for penis size. Erectile enhancement products promise to provide a means to achieving happiness, found only with an appropriately large penis. In a sense, the erection has become a sort of postmodern body project (Brubaker and Johnson, 2007). Men are increasingly held to higher standards of physical appearance, though it is doubtful that these standards are as rigorous or time consuming as those of women. This has been met with a new push for hegemonic ideals and phallocentrism in erectile enhancement advertisements. Sex becomes increasingly important to life in general, and the penis becomes the central focus. This focus on the penis, however, is problematic on many levels, even for men themselves. Not only are standards unrealistic, but men become vulnerable to economic and emotional exploitation through the erectile enhancement market. This vulnerability, too, is here to stay for as long as masculinity is tied to this sort of physiological

function, and thus erectile dysfunction becomes directly related to quality of life (Brubaker and Johnson, 2007).

These sorts of quality of life measures become harmful whenever they don't match up with reality. As detailed earlier, personal satisfaction with one's penis is far removed from partner satisfaction, which has negative implications for insecurity and more in personal relationships. These sorts of gender norms and expectations, in general, have a damaging effect on relationships. Sanchez makes an excellent case for this in his study of college students, where those most concerned with traditional gender roles and physical expectations were less likely to experience a quality sex life (2005). Tying in previously mentioned research we can infer that with larger media exposure, men develop greater standards for their own physical appearance, the majority of which do not match up with attainable goals for either muscular build or penis size, and are thus more likely to experience personal dissatisfaction with themselves and in relationships.

Even prior to the advent of Viagra, there is research to show the increasing importance of the penis, and specifically the erection, in body concepts and its medicalization. "Sexual virility- the ability to fulfill the conjugal duty, and the ability to procreate, sexual power, potency- is everywhere a requirement of the male role, and, thus, "impotence" is everywhere a matter of concern" (Tiefer, 1994, p. 364). This sort of phallocentrism, however, is not static in degree. Even simple assessments of the use of the term "impotent" in articles shows a marked increase since the 1970s. Phallocentrism, then, becomes normalized as erections receive greater focus. Mass media has found a great deal of profit focusing on sex and sexual performance, and as long as penis size is tied to these assessments, insecurities will fuel the marketability for erectile

enhancement. This post-modern masculine ideology makes men susceptible to this. The perfect penis becomes a requirement for perfect sex, which is maintained as a universal though unattainable goal. Even more, sex is increasingly expected to occur throughout life, and with modern medicine there becomes little excuse for a lack of “performance” even into senior years (Tiefer, 1994). Generally speaking, the more society finds a means of medicalizing the penis, the less acceptable it becomes to be unable to maintain an erection. Then, the more society creates standards for larger erections, the more medical terminology we wrap around it, and the more medicines we provide to “relieve” this problem, the more unrealistic our standards get.

Men's personal expectations for their own penises are already unrealistic. Their personal satisfaction does not match that of their partners. Even those women speaking out against the requirement for larger erections are generally ignored (Tiefer, 1994). Men are, via media and advertisements, presented with unrealistic standards for erection size, and the solution to general troubles in relationships and with women is being sold as the possession of a more powerful erection (Brubaker and Johnson, 2007). Hegemonic masculinity is being recoded, here, while medical markets are exploiting increasing standards for erection size.

Gender and Medicalization

Not only the topic of erectile enhancement, but the more general process of medicalization also relates to gender in many ways. Andropause, as I mentioned previously, is one major example discussed by Conrad and others. More familiar is the process of menopause, a clear example of a female human condition having undergone some of the processes of medicalization. This maturation of the body, particularly the cessation of function with the ovaries, accompanies many unpleasant “side effects” some of which can be treated in various

manners, specifically through prescription medication. On the other hand, men's testicles do not just stop functioning at a certain point in body maturation. Andropause, then, has come into place as a term used to describe what amount to general symptoms of aging. As men's bodies age, there is a gradual decrease in the production of testosterone which can have a number of effects on a person including a general lack of energy as well as a decreased libido, erectile dysfunction, and more (Conrad 2007). Symptoms compatible with these accompany what is now called andropause, and the decline in testosterone can be difficult to measure accurately. Despite these difficulties and a great deal of vagueness, doctors have now started treating andropause with testosterone replacement therapy. It is not my place to make a call on how “real” andropause is, but it illustrates the process of medicalization as well as it does some of the gender dynamics at play.

Childbirth, on the other hand, is a very real focal point for the process of medicalization. Even today there is still immense debate over the importance of and difference between natural and medical childbirth. Whereas birth itself is something purely natural, the way it is handled in modern society is not. Particularly in America, natural and medical childbirth can often be spoken of based solely on the presence or absence an anesthetic or analgesic (Brubaker and Dillaway, 2006). From a medicalization framework, though, the change has been drastic. Where once women were considered to have better, even ultimate knowledge of the birthing experience and how to handle it, today this knowledge is dominated by the medical field (Brubaker, 2009). Now women are encouraged, even expected to consult a physician throughout the entirety of the birthing process. Through the process of medicalization, an illness or deviance can gain legitimacy. Modern birth exemplifies this, where the birthing mother is legitimated via

consulting a physician.

Trends even within childbirth are not absolute, however. Periods of demedicalization have occurred as well, making this an even greater example of the intricacies of the process. Even now, the word natural in reference to birth is almost synonymous with good, and feminist critiques of medicalization share some overlap with this. These critiques focus on the dominance by medical professionals rather than by pregnant women, citing changes in authority, the setting of birth, and the technology being used (Brubaker, 2009). The usurpation of authority at the hands of medical professionals maintains a medical dominance over the field, but there is no shortage of recent activism for natural birth, ranging from a lack of anesthetics to modern use of midwifery.

All of this is related to the social construction of the body pointed out by Lupton (2003). Western medicine and other influences have had a profound effect on the social construction of the body, how we view and interpret it, and how we modify it. Baldness, as an example of medicalization, is an example with much more clear opposition.

Baldness, after all, can hardly be viewed as an issue of any direct physical or mental danger. Although the social repercussions may spill over into other aspects of life, baldness is more than most a clearly, at least biologically, harmless phenomenon. We have, however, come to view baldness as unattractive in society, but this degree of social change is only compounded by the medical 'advancements' which surfaced more recently. We now have a very clear medical understanding of baldness, in society, particularly the genetic pattern which causes it and how this gene is carried from generation to generation. Once labeled as genetic there are a great deal of social interactive implications, particularly as the relationship between 'unattractive' and

'medical problem' get closer and closer. Today we have various prescription medications (Rogaine and Propecia) as well as hair transplant surgery available to 'cure' anyone suffering from this genetic condition, assuming they can pay what the market demands. The end result, though, is that something which has nothing to do with health and wellness, and everything to do with perceptions of beauty, has become medicalized. It could be argued even that modern men are *expected* to do something about their baldness, given the array of curative procedures, and thus this becomes a direct monetary exploitation of men over a predominantly male condition (Conrad, 2007). What was unattractive has, for the most part, become a social problem, particularly for those afflicted by it. The medical market has expanded, producing a life-long prescription based "cure" for baldness and stands to benefit from this for as long as it remains an unappealing and otherwise incurable issue. What's more, through direct to consumer advertising these pharmaceutical corporations continue to sell baldness *as* a problem, maintaining that society has, will, and perhaps should view it as a problem in need of a cure (Conrad, 2007).

This is far from the only case related to medicalization with more obvious economic interests and gender dynamics at play. One other major example is that of breast size. This is certainly an issue of changing cultural standards, for one, as bigger has not always meant better in regards to breast size, as it seems to today (Conrad, 2007). The modern idea of female beauty, particularly as it stands in the United States, seems to combine an unhealthy low weight with disproportionately large breasts. These standards increase along side, and Conrad would argue because of, new medical advancements in breast augmentation. In the 50's, a minority of physicians even went as far as to use the term 'micromastia' to describe small breasts as a legitimate medical concern (Berney, 2001). This is an obvious and direct attempt to bring a

purely aesthetic issue into the realm of medicine. It simultaneously reinforces the sexual objectification of women by conceding that small breasts are a problem, while masking it under a veil of medical authority. Medical labels like “micromastia” bring in a heavy tone of professionalism for describing what amounts to nothing more than beauty standards. This sort of masking of objectification is obvious here, but is also relevant to many gender-based medicalized problems, including baldness, menopause, and birth, where the male dominated medical authority sought to gain power in the very female centered experience (Brubaker and Dillaway, 2009).

Thankfully, these physicians were in the minority and small breasts are not, today, considered a direct medical problem, but this has not stopped the advancement of augmentation techniques and their increasing use. Silicon implants of the 1960's began a new era of breast augmentation, with more women than ever seeking to, almost entirely for cosmetic reasons, increase their bust size. Only a minority of procedures are done for reconstructive reasons, and despite specific problems with older silicon implants, new technologies have allowed breast augmentation to become the second most popular cosmetic surgery in the United States (Conrad, 2007). Despite remaining a decidedly cosmetic issue, and thus failing to satisfy parts of Conrad's definitions of medicalization, breast augmentation remains a procedure fully under the control of the medical industry, and very profitable as well. In a way, this case compares more closely with erectile enhancement than erectile dysfunction does, as there are cases of direct exploitation of the respective sexes, through expanding medical markets and simultaneously increasing standards for body proportions.

To emphasize the point, and stress its relevance to the topic of study here, this process of

medicalization directly, and perhaps necessarily, obscures the damaging nature of these sorts of gender politics. Medicalizing small breasts serves only to satisfy a male preference regarding the female body while endangering women through the use of unnecessary, and at times quite dangerous, procedures (Conrad, 2007). A professional, medical tone can inhibit critical analysis in this way, as Conrad alludes to, where these innately harmless human conditions come to be embraced as medical concerns and the politics behind them are thus more easily ignored.

If erectile enhancement is being medicalized, perhaps in a similar way to small breasts, there are additional implications. Erectile enhancement advertisements, as Brubaker and Johnson discuss thoroughly, exhibit a great deal of aggressive language and generally embrace and promote the domination of women through the 'selling' of a larger penis (2008). This surpasses the objectification of women through medicalizing small breasts by medicalizing an industry interwoven with outright domination. Similarly to other cases, then, this process stands to further mask the gender politics playing out in the erectile enhancement market, and makes this an important area of study. Together with baldness and andropause, then, these provide modern, explicit examples of the medicalization process, how it can relate to gender, and the social and ethical repercussions.

Methods

In this section I provide some background information on medicalization not yet covered, which is central to the process of content analysis being used in this thesis. Afterward I will outline my specific research question as well as the units of analysis and keywords, and identify both population and sample groups. Coding, analysis, and limitations will be discussed as well. The process for developing this research format as well as the guidance for analysis will be provided by Klaus Krippendorff in his book Content Analysis: An Introduction to Its Methodology (2004) as well as other sources.

Measuring Medicalization

Medicalization is the process by which non-medical problems come to be defined and treated as such. There are various paths through which this can happen, including but not limited to the use of medical terms in both definition and description, the use of a medical framework in understanding, and the use of medical treatments. As a process, it is clear that medicalization can take place over different periods of time and to different degrees. Socio-cultural definitions of medicine, and what is and is not a medical issue, change over time and are deeply influential of and influenced by consumer markets. Regarding erectile enhancement, however, the form of medicalization which is relevant is actually biomedicalization. The distinction here is that biomedicalization, as in biomedical, refers to a process of medicalization which handles biological functions (Conrad, 2007). The erection is discussed as a biological function, and indeed common medical treatments are also discussed in regards to their manipulation of human biology to create the desired outcome (usually a larger, longer lasting, or more frequent erection).

In relation to erectile enhancement and advertising, medicalization stands in contrast to

advertising techniques promoting what are considered holistic or alternative treatments. By definition, alternative medicine or treatments are any which do not fall within the confines of conventional medicine. In the US, for example, we could generally say that conventional medicine includes anything regulated by FDA. Indeed, the most common and widely known alternative medicines and treatments are referred to as such for just this reason (e.g. chiropractic treatment, acupuncture). Herbal remedies often fall into this category as they are also not regulated under the FDA, and it is these same herbal supplements, found in many of the erectile enhancement products to be discussed, which leave room for alternative strategies in advertising. If an erectile enhancement treatment, then, is composed entirely or primarily of non-FDA-regulated herbal supplements, manufacturers can advertise in a way which dismisses the conventional medical establishment and knowledge (FDA), offering instead a more 'natural' and 'healthy' alternative to the consumer.

It is this patient, then, that is now a major player in the larger functions of medicalization in this consumer role. Consumers hold a lot of power, and are yet still greatly influenced (if not manipulated) by the pharmaceutical companies and larger medical industries via advertising and other methods. These markets play out within and are influenced by larger gender concepts. Certain conditions and aspects of health may be more medicalized for one gender than the other, though this changes over time (Kolbe et al., 1996). What's more, the larger process of medicalization tends to have a destigmatizing effect for those experiencing the designated problem, assuming they can afford the cure. All of this plays out on a highly social level where concepts and definitions are free to change, albeit slowly at times.

Many of the ways in which we can measure medicalization are rather slippery and at

times open to interpretation. One historical example which Conrad presents is the DSM or Diagnostic and Statistical Manual of Mental Disorders. Viewing the various editions of this manual, readers can see when various conditions are added, how they are defined and assessed, and how these definitions change over time. The inclusion and removal of homosexuality in this manual as a mental disorder is the subject of much debate and conflict, but more than anything is a representation of changes in the social views on it over time. More recently, the inclusion of attention deficit disorder (ADD), adult ADD, and attention deficit hyperactivity disorder (ADHD), and the adjustments made to each over time from edition to edition, are also signifiers of changing public and medical opinions. Conrad again points out how media influenced adults engage in self-diagnosis, seeking out physicians to confirm their adult ADHD (2007).

Unsurprisingly, accompanying this increase in ADD/ADHD diagnoses comes the added burden of disability claims by adults, seeking special treatment and care to compensate for their difficulties dealing with this new disease. The trouble with the DSM, however, is that inclusion of a condition often represents a peak in the medicalization process, and thus is generally useful as a tool of insight for larger changes in the past, not for analyzing new or slow medical changes.

Demedicalization, conversely, can occur when disorders are removed from the DSM manual, as in the case of homosexuality. These various paths to medicalization, then, are not one-way streets. As science progresses and finds less evidence for physiological disorders, or as medical markets shrink, or as morality enters into play such as in the treatment of other human beings who could be *diagnosed* as having a homosexual 'disorder,' demedicalization can occur. Where as the medicalization of small penis has not made its way to the DSM through erectile

enhancement, the *limp* penis, and erectile dysfunction, has become thoroughly medicalized without need of the mental disorder centered DSM, and thus stands as a solid reference point.

Without any direct checklist for the medicalization process, Conrad's thorough discussions of the various aspects and paths to medicalization go a long way in aiding this thesis. Certain cues such as the appearance of a mental condition in the DSM may give us more obvious evidence that something has been further medicalized, but in general, this framework provides a means for the social analysis of human conditions as they change in conceptualization over time. Additionally, as the DSM caters specifically to mental disorders, it will be of little use here. Nevertheless, this type of search for evidence will be important to keep in mind as we look for various symptoms in the market of erectile enhancement. Within the medicalization of Erectile Dysfunction we saw a change in definition, the use symptoms to diagnose a problem, and direct, official, and prescription-based medical regulation and treatment. In erectile enhancement we will be looking for many similar things. Advertising web pages should provide a source of varying definitions for what constitutes a small penis, a problematic erection, or one generally in need of enhancement, as well as the possible symptoms of such a problem and the suggested treatment. This may come in various forms, displaying various aspects of biomedicalization, alternative medical trends, or more, all of which will be looked for and discussed in the following sections.

It is my goal, then, to use this framework of medicalization as a reference in exploring erectile enhancement advertising and the themes at play. Following my research question as outlined below, I look for and analyze these signs of medicalization as they appear in the websites studied.

Research Question

Based upon the literature directing this study, the principle research question is: What signs of medicalization do recent erectile enhancement advertisements show? To support this question, I in effect measure the degree to which these forms of erectile enhancement advertisements have become medicalized. Brubaker and Johnson's work displays a variety of violent, misogynistic imagery coupled with trends towards promoting dissatisfaction and insecurity with 'unsatisfying' erections. Anecdotal evidence suggests that this may be changing, or may at least appear different in the form of singular advertisement websites, perhaps in favor of a model similar to that of erectile dysfunction as discussed earlier. Whereas the erectile enhancement ads studied still clung to themes of domination, the treatment of erectile dysfunction, if it was ever promoted in such a way, maintains a clean and medicalized status in the medical market. Then to what degree, if at all, have erectile enhancement ads, particularly through online websites set up for direct promotion, avoid violent and misogynistic themes in favor of more socially acceptable, medicalized themes? The websites selected for analysis here provide a snapshot of some of the current trends in erectile enhancement advertising, and thus also provide a means for exploring how medicalization comes to appear in these ads. As Bernard suggests, content analysis is to be based around hypotheses (2006). My general hypothesis for beginning this study was, then, that erectile enhancement advertisements, in the form of singular websites in the form outlined in the following section, display significant trends of medicalization under Conrad's framework, and are thus likely to pose similar social concerns as the examples listed before. As evident in the Sample, Findings, and Discussion and Conclusions sections, these websites did display major emphasis on a professional, medical appearance. This

implications of this are elaborated in detail in the Discussion and Conclusions section.

Sample

The data for this study consist of erectile enhancement websites, specifically those websites meeting two prerequisites as discussed below. I also analyzed four sub-pages in addition to the “home” page for each site, wherever applicable. For comparison purposes, as individual page length can vary wildly, word counts have been recorded for each page, enhancing reliability (Krippendorff, 2009). Websites selected were to meet two primary requirements: 1- That the web page exists for the advertisement of a single specific product from a single specific manufacturer, and 2- That the product is promoted for the purposes of enhancing erectile size, stamina, frequency, or any combination thereof. These overlapping requirements ensure that the website directly seeks the promotion of a single erectile enhancement product resulting in more relevant comparison of web sites' content. Where web sites do not meet those requirements, they may not represent the manner in which the manufacturer wishes to sell the product, and this may reduce reliability in analysis. This can be difficult to determine at times, so only websites with clear sponsorship from a manufacturer will be chosen, i.e. they advertise that specific product and only that product.

Erectile enhancement products also come in a variety of forms. Based on preliminary searches via Google, these range from oral medication, to topical creams, to suction pumps, to stretching techniques. Any sale or website centered around the latter two (suction pumps and stretching techniques) will be excluded. These are removed primarily because the number of erectile enhancement pills and creams are already vast enough to be compared within that specific subgroup. The manufacturers of these products, also, may be quite different in structure from the pharmaceutical companies providing oral medication or creams. Stretching techniques

are specifically problematic in comparison due to the difficulty in patenting, which reduces the profitability and thus the motivation to actually sell the 'product' as opposed to providing it free online. Additionally, when comparing pills, creams, tension rings, pumps, and stretching techniques, the first two are intuitively more easy to associate with the medical profession. This makes those products not only more relevant to this study, but a better area in which to search for signs of medicalization. Various tools and pumps are, simply, more difficult to present in a medical manner, and excluding these provides for more uniform results in analysis, where varying results are less likely to be explained by differences in product type and related advertising trends.

Erectile enhancement pills and creams, by themselves, provide a variety of alleged benefits as mentioned earlier. Some are advertised for the purpose of increasing erection size, others for increasing erectile and sexual stamina, and still others are merely advertised as Viagra alternatives, many useable without a prescription which and advertised to be taken recreationally with the goal of providing 'on-demand' or easier erections. Even more tend to provide a combination of effects, or at the very least suggest that they do. Given that all three of these 'goals' overlap in terms of how they are advertised, and that single pills or creams often promise multiple effects at the same time, none will be excluded for the purposes of this study.

The population of study here, then, is all erectile enhancement websites promoting the sale of a single, physical product, an erectile enhancement pill or cream, with the web pages (and up to four sub pages) as units of analysis. Given Krippendorff's content analysis guide, these criteria should be specific enough to allow for accurate analysis (2009). The sample, then, is a total of ten different websites for ten different products, found by using google.com as a search

engine to gather simultaneously, the most relevant and popular treatments under the category of “erectile enhancement” products.

A search via google.com for the string “erectile enhancement” on April 13th 2011 yielded “About 4,230,000 results”. Not all are useful, however, and using the requirements set forth previously I followed the results in order to procure a list of ten erectile enhancement products with unique websites that met those criteria. In order of appearance in the search results, they were as follows in Table 1.

Table 1- Sample

# IN ORDER OF APPEARANCE	PRODUCT NAME	PRODUCT WEBSITE
3	Passion Rx	http://www.raysahelian.com/erection.html
5	ViSwiss	http://www.viswiss.com/ingredients.php
6	MaxSize	http://www.mdscienclab.com/maxsize.aspx
7	Firminite	http://www.firminite.com/
9	VigRX Plus	http://www.erection4you.com/
15	Endowmax	http://endowmax.com/
16	Stallion XL	http://www.hardererection.net/
22	RevitaleX	http://www.nitrexlabs.com/
26	ViceRex	http://www.vicerex.com/
29	ExtenZe	http://www.buyextenze.com/index.html#back

Products

The first site selected, for the product Passion Rx, was a one page site presented purely as a doctor recommendation. First, to make note of the name, Passion Rx is one of two products in this study using the obvious Rx (which amongst other things is most commonly used in the U.S. as an abbreviation for prescription, as in prescription medication). This foreshadows a trend,

which I will discuss later the Discussion and Conclusion section, where these non-prescription drugs mimic the appearance and/or atmosphere of prescription medications while still emphasizing their non-prescription nature. The page itself, Fig. 1 below, leads with the title “Erection Pill, vitamin, herb and supplement- Natural Male Erection Enhancers that work, alternatives to prescription medications- By Ray Sahelian, M.D. Male Problem review due to diabetes, impotence.” These “Natural Male Erection Enhancers” described throughout the page, though, are limited specifically to Passion Rx, and the benefits of this specific product are described throughout this near image-less, black and white page seeming to mimic a journal article more so than an EE advertisement. In addition to listing the benefits of Passion Rx as including improvement of libido, erection function, better orgasms, and increased stamina, the page features a great deal of bio-medical language describing the physiological functions behind “healthy” and “unhealthy” erections. Nearly half of this 3,227 word page is devoted to a sort of FAQ section covering email questions one assumes were received by Dr. Ray Sahelian, though this is never explicitly stated. Questions range from “Is my erection big enough?” to “Is Passion Rx safe if I have recently had a stroke?” Plugs for the product are found throughout these.

ViSwiss, Fig. 2 below, was the second product page within the search results, and began a trend of presentation vastly different from the Passion Rx page and more similar to the following pages. Subtitled “The Ultimate Male Enhancement Pill” this page begins with a large banner featuring the product logo, an image of the 30 capsule bottle, a close up of the faces of a man and woman smiling while facing each other in a bed, and a list of magazines the product has “appeared in” including Men's Health, Maxim, Men's Fitness, Natural Health, and more. Additionally, the center of the page features an embedded YouTube commercial video which

starts playing automatically. It leads with the phrase “You're not alone, millions of men suffer from ED” and goes on to advertise the benefits of the product in a similar manner to the rest of the home page. Sub-pages, in order of appearance on the left-hand bar, include Buy Now, About Us, How It Works, Ingredients, Success Stories, FAQ, 100% Guarantee, and Contact Us. The content on these sub-pages is well organized into the respective titles, and as a whole the 8,816 words from home page through How It Works presents similar themes as will be seen in many of the following pages.

The third applicable site from the results was a small, one page, 533 word listing for MaxSize, Fig. 3. This page is similar to Passion Rx, virtually image free featuring only an image of the bottle and one of a muscular man, visible from navel to eyes, posing and flexing muscles. Of note, the page features a banner for M.D. Science Lab, which is also the basis for the URL (www.mdsciencelab.com/maxsize.aspx) and as a whole, M.D. Science Lab features a host of products for both men and women, and for a variety of different purposes, MaxSize being their “Male Enhancement Formula” for the increase of erection size, “aiding” the consumer with “the latest advances in research and technology.” No actual doctors are mentioned or pictured on the MaxSize page, the M.D. Science Lab home page, or any linked pages.

Firminite's website, number 7 in the Google search results and Fig. 4 below, provides a presentation similar to ViSwiss. The page begins with a larger logo, subtitled with “Faster... Stronger... Longer...” alluding to the possible benefits of the product. Additionally, an animated banner alternates text and images of the product packaging, satisfied looking customers, text describing product benefits, and an image of a Dr. Runels who's endorsement is referenced throughout, as well as on his own sub-page. This was by far the largest product page, as with the

first four sub-pages included (How It Works, Why Firminite, Dr. Runels, and Testimonials) it totaled 17,604 words. Testimonials intersect almost every page, despite having their own page, and redundant advertisements for Firminite litter the right-hand sidebar. Some bar graphs illustrating the products performance are on the home page, and the How It Works sub-page displays a great many physiological diagrams illustrating how erections work, how blood flows, and how the pill enters the bodily system to aid in this process.

VigRX Plus, the fifth product (Fig. 5) and ninth on the Google search results, immediately presents some similar trends. Again we find a non-prescription product with Rx in the name, seeming to emphasize both it's background of medical authority and it's more natural, non prescription approach. An image of the product packaging sits and the front of the home page, and an image of a Dr. Steven Lamm M.D. accents the left side of the page with a seal stating “clinically proven, doctor recommended.” VigRX Plus is advertised on a top banner as “a quality product from LeadingEdge Health, and is the first to present ten alternate language options for international sales. In bold yellow text with the same red background the page asks the reader “Do you think it's enough for her? Or maybe you can give her more?” The web page continues with a similar theme, emphasizing that “no matter what you can always increase your penis size,” playing on the assumption as many of these sites do that bigger is always better. Some statistics are presented as well, without so much as a footnote for a reference, emphasizing the proportion of men of various groups facing specific or generic erection problems. Sub-pages, leading to a total of 2,962 words, include Doctor Recommended, Guarantee, Ingredients, and a first, Clinical Studies. The Clinical Studies sub-page, in fact, presents a single study from the “research organization: Vedic Lifesciences Pvt.” which links to their page,

vediclifesciences.com. It is worth noting that, unsurprisingly, Vedic Lifesciences, whose web page banner states “Because Winning Is Everything,” is a contract research organization and not an impartial medical authority.

Endowmax comes in as the 15th result via Google, and is Fig. 6 below. This time, the product logo is directly accompanied by a stereotypical image of a white, male doctor in white lab coat with stethoscope, and again an image of the product packaging greets the reader. A level of professionalism is clearly being pushed with images like this, and the white-male doctor stereotype appears here and in every page where a doctor is shown, visible on the front pages in Figs. 4, 5, 6, 7, 8, and 10. This professional male authority figure, lending credibility to the product is in keeping with stereotypical gender ideologies, with the strong, active, intelligent male authority present, even along side the objectified female sexual object. Figs. 6, 7, 8, and 10 present both on the visible front page, alone. With Endowmax, we see an image of a woman in a black teddy with visible panty line, who seems to gesture “hush” to the reader, holding her index finger up to pouted lips, perhaps suggesting “Endowmax Penis Enhancement” should remain a secret while it helps you “drive women wild in bed.” The advertising is very tame, however, with often comparatively small text and few bold headings, and through a sort of Q&A presentation on the home page, the product boasts an average gain of 1-3 inches for its users. A standard white background with small black text remains constant throughout Endowmax's home and sub-pages, with How it Works, Order, Reviews, and FAQs adding up to a total of 3,089 words.

Stallion XL, the 16th result via Google and Fig. 7, originally appears at a very long URL (<http://natural-impotencepills.com/weakererectionremedy/male-enhancement-products-in-canada-keep-your-erection.html>). This page, however, is merely a placeholder via a blog, with an

outstanding number of subject tags, obviously meant to provide a sort of fake degree of relevance via Google, improving the products Google ranking. Clicking anywhere brings one to <http://www.hardererection.net>, the product's permanent page. The logo at the top quotes the product as “The ultimate performance pill for men.” A “No prescription required!” tag is also featured at the top, and this time the image of the product packaging accompanies that of a man dressed in shirt and tie kissing the neck of woman, dressed in a low cut black top, while on a sofa. Themes recur throughout the home and sub-pages, advertising “100% natural ingredients”, “No prescription required”, “Satisfaction 100% guaranteed”, and “worldwide delivery, 100% discreet”. At this point, there is a clear juxtaposition of two opposing themes, authoritative prescription medicine and prescription free, “natural” alternatives. Indeed, these two typologies as they will appear in analysis seem to work hand in hand in the advertisement of these products. Stallion XL, with the home page and FAQ, Testimonials, and Ingredients sub-pages totals 2,694 words.

RevitaleX appears as the 22nd result in Google and in Fig 8 below. The capitalized “X” in the name seems to either be emphasizing the Rx or prescription background of similar products, or perhaps simply using the strong “X” consonant to add some masculinity and credibility to the name itself. It is also perhaps one of the “oldest” looking pages, featuring clip art and text effects reminiscent of Yahoo! GeoCities pages of the adolescent years of the internet. A poorly cropped image in the top left corner features a shirtless man grabbing a large breasted woman, shown in nothing but a bra, from behind, and yet again we see the product packaging, accompanied with the slogan “Hardest Hitting, Fastest Acting Formula On The Market Today!”, next to a suggestive image. This time, a woman seems to be surprising her husband/fiance. She wears a

wedding ring, though on her right hand which covers the eyes of the man, signifying in some western cultures that she is a widow. A diagram just below exposes a rather simplified physiology of the penis and male anatomy, along with more advertised effects such as “firmer erections, fuller erections, [and] easier to achieve erections.” With FAQ and Testimonials sub-pages, RevitaleX totals 2,829 words.

The 26th result, and ninth product (Fig. 9) to be studied, was Vicerex at www.vicerex.com. The “X” end of the product name returns again, perhaps with similar meaning as mentioned above. “Rock Hard Erections” titles the page, with an order number and “#1 2008 USA's Best Rated Most Effective All Natural Male Enhancement Alternative To Prescription Drugs”, though no source is given for such an award. An animated banner continues with some semi-erotic images, mostly of scantily clad women, though one even features a man's erect penis pressed under his Speedo swimwear. One advertisement unique to this page and sub-pages, though, is the emphasis on the products ability to maintain effectiveness when mixed with alcohol. The money back guarantee and the lack of a needed prescription are also heavily advertised page to page. Vicerex, with the sub-pages Ingredients, Vicerex Guaranteed, Vicerex Sex Pill Reviews, and Vicerex FAQ, totals 8,588 words.

ExtenZe comes in at the 29th result via Google, Fig. 10 below, and is by far the shortest page, totaling only 463 words. A picture of a “couple”, man and woman, both clad in underwear, sits behind the slogan “With ExtenZe you can enjoy BIGGER, HARDER ERECTIONS & better than ever sexual pleasure!” To the right, product packaging sits behind a label boasting “Results 100% Guaranteed.” Advertisements for “Bigger, harder, more frequent erections” repeat, and a doctor, again in white lab coat with stethoscope, looks towards the reader. To repeat, six of the

ten pages studied contained images of doctors on the front page, and every one of these doctors was white and male. This trustworthy image of medical authority seems to go hand in hand with gender stereotypes which one might expect from virtually any erectile enhancement advertising.

Erection Pill, vitamin, herb and supplement - Natural Male Erection Enhancers that work, alternatives to prescription medications - by Ray Sahelian, M.D., Male Problem review due to diabetes, impotence

An erection problem, or dysfunction, is one of the commonest disorders of male sexuality. Penile erection depends on a complex interaction of psychological, neural, vascular and endocrine factors. Testosterone hormone has an important role in this process. Neurotransmitters are also involved in starting and maintaining a better penis erection including dopamine and nitric oxide. Men who have difficulty with erection or a weak erection seek an erection ring, erection pump, erection vacuum device, erection cream, or search for an erection pill such as Viagra or herbal erection pills. To maintain a strong penis erection, it is best to have a good sleep at night, have low stress, eat a healthy diet with plenty of vegetables and fish, have a moderate amount of exercise, do yoga, meditation, or relaxation techniques, and have an open heart and close intimacy. All these steps can lead to a longer erection time in a man. Before you take any prescription medications or natural supplements and aphrodisiacs for erection problems, please make sure you read the cautions listed on this [impotence](#) page. Get research information on several studies on various supplements and natural medicine topics -- including ways for a better erection without the need for Viagra, Levitra, Cialis or other pharmaceutical medications.

Passion Rx -- Medical Doctor formulated for Erection Enhancement



This natural libido and performance booster provides an erection problem solution that are sometimes noticed within a day or two, but most often it takes three to five days to be appreciated. Our feedback thus far indicates more than 80% user satisfaction by the end of the first week, and higher by the end of the second and third weeks.

Dr. Sahelian and his research staff have tested various doses and extracts of dozens of herbs from a number of raw material suppliers to determine the ideal dosage and combination for optimal erection enhancement with the fewest side effects. After years of research, a unique proprietary blend with more than a dozen herbal extracts from the best raw material suppliers has been created. The exact dosages and potencies of this effective erection pill blend is a close kept secret only known to the doctor and his research staff. You will only find this exact combination in Passion Rx.

Passion Rx supports and enhances healthy:

- Libido and sexual enhancement
- Erection function
- Orgasms and climaxes
- Energy and stamina

In recent years science has made breakthroughs in the understanding of sexual dysfunction. But, for hundreds of years, civilizations around the world have known about locally grown herbs that achieve wonderful results with far fewer side effects than prescription drugs. Now, renowned physician and herbal expert Dr. Ray Sahelian, M.D., author of *Natural Sex Boosters*, has discovered a combination of exotic herbs from the Amazon jungle, India, China, Malaysia, and Africa, that promote female and male sexual enhancement. Passion Rx provides a natural solution for those looking for an alternative to synthetic drugs.

The potent herbal extracts in Passion Rx include ashwagandha, catuaba, cindium, herba cistanches, horny goat weed, maca, muira puama, passion flower, Tongkat Ali extract and L1100, Tribulus and Yohimbe bark. A version of Passion Rx without yohimbe is also available.

How an erection happens - control

A complex interaction of neural, vascular, and biomolecular activity results in normal erectile function. Two chambers in the penis, the corpus cavernosa, contain sinusoids, which fill with blood and expand to become rigid when smooth muscle is relaxed. Blood flow out of the penis is temporarily stopped (veno-occlusion) to maintain and keep the erection. Neural control is complex but, in general, the sympathetic nervous system inhibits, and the parasympathetic system excites erection. The central nervous system can induce erections without peripheral stimuli, e.g. in nocturnal erections. In general, there are 5 recognized phases in erectile response: latent, tumescent, full erection, rigid erection, and detumescent. The key biochemical event in erectile function is an increase in levels of cyclic guanosine monophosphate, which causes smooth-muscle relaxation and allows an erection to occur. This process is mediated by nitric oxide, produced by neurons and elsewhere, which acts as a gaseous messenger molecule. Average erection length is about 5 to 6 inches, a large size would be over 7 inches. Small is considered less than 4 inches.

Fig. 1 – Passion Rx

Fig. 2 - ViSwiss

M.D. Science Lab Pure ingredients + powerful performance enhancers

Home | Products | Specials | Order Now | Log In | Become An Affiliate | Company

Max Size®

Max Size® Male Enhancement Formula

For many men, sexual performance and size, are delicate, perhaps even embarrassing issues. Although it's long been revealed through an array of surveys and studies that most sexual partners claim penis size is not that great of a concern for their sexual fulfillment, many men do place a related value of penis size to their method, sense of worth and sexual prowess. However, there are many alternatives for men, including proper understanding and thorough communication with their partner, surgical implants (many with disastrous results), as well as the use of constructive herbal aids like **Max Size®** male enhancement formula.

Max Size® male enhancement formula is a blend of 20 natural and herbal ingredients including 500mg of Yohimbe (3% alkaloids) which yields up to 15mg of Yohimbine HCL. Yohimbine HCL is the sole natural supplement listed in the Physicians Desk Reference. Higher amounts have shown in studies to create side effects without increase in performance and/or function. Each 2,000mg serving contains unique ingredients ... (cinchidum monneri, and xanthomella scabra)—found nowhere else in this product category are widely acknowledged as precursors for PDE-5 inhibition which serves as the body's building blocks to naturally larger and firmer erections).

Max Size® upholds the highest quality standards and potency in an array of synergistic ingredients widely accepted as productive for this delicate subject. This product is a practical aid to use along with the penis exercise regimen of your choice. Over time, **Max Size®** male enhancement formula can exhibit improved results when taken daily as recommended for a progressive and natural sexual enhancement regimen.

Our products are intended to aid you with the latest advances in research and technology. New and improved formulas are ever-continuing at M.D. Science Lab. We have a reputation for producing the most potent and targeted herbal enhancers you can find for your specific needs, and we continue to keep these products updated and improve them continually as science advances. We value your repeat business and satisfaction with our entire sexual enrichment line of products. You may wish to compare ingredients or experiment with others, but you can always trust in M.D. Science Lab to get it to you straight and provide you with the absolute best of what is available.

If there are any questions we can answer for you, please feel free to call us (888-657-1717) . If you are a man who is looking for more, we sincerely hope to help you, and hope you'll find extended success with **Max Size®**. **Max Size®** male enhancement formula is supplied monthly in bottles of 60 - 1,000mg fast absorbing Solutabs™.

Now, for a limited time, you can purchase your monthly supply of **Max Size®** and **Max Size Cream™** together and receive an additional product of your choice **FREE!** For your **FREE!** product, we suggest trying **Max Stamina™** or for those with a female partner, try our exciting women's products—**Max Desire®** and **Viva Cream™**.

Order Now

Fig 3. - Max Size

PRESS RELEASE • OUR GUARANTEE • VIDEOS • BLOG • ARTICLES • BOOK MARK

Natural Sex, ED, Premature Ejaculation **SEARCH**

ORDER ONLINE OR CALL TOLL FREE
1-877-782-6464
INTERNATIONAL CALLERS: [CLICK HERE TO TALK](#)

LIVE CHAT

DOCTOR-APPROVED SEXUAL BREAKTHROUGH!

"One of my patients tried every supplement & prescription remedy I could find. But two capsules of Firminite did the trick. He was able to get his erection within few minutes."

"Another patient who failed Viagra and has been using injections did very well with Firminite and wants more samples."

Dr. Charles Runday
M.D. Specializing in Erectile Dysfunction
100% MONEY BACK GUARANTEED!

GET YOURS TODAY

HOW IT WORKS | WHY FIRMINITE | DR. RUNELS | TESTIMONIALS | FAQS | CONTACT US | ORDER NOW

Erection. Pleasure. Stamina. Performance. Delivered!

In Just 24 Minutes!
Up To 72 Hours!
Never Before Seen Virility + Energy Blend!

FIRMINITE WORKS 3 WAYS TO GIVE YOU...

- ✓ Penis-Splitting **Steel-Hard Erections in Just 24 Minutes!**
- ✓ Sexual Power That **Lasts Up To 72 hours** Per Dose!
- ✓ **Instant Arousal!**
- ✓ **Powerful Orgasms** ... All Night (or Day) Long!
- ✓ **Forceful Ejaculation!**
- ✓ **Stamina** to Satisfy Her As Long As She Wants!

WAT... THERE IS MORE...

- ✓ Firminite works **Faster, Stronger, Longer ...** and is **Clinically Tested**
- ✓ Firminite is **100% Potent** Male Enhancement Formula
- ✓ Firminite helps **minimize Premature Ejaculation**

FIRMINITE QUICK LINKS

Erection Pills	Natural Sex
Premature Ejaculation	Natural Male Enhancement
Natural Male Enhancement	Natural Male Enhancers
Increase Libido	Male Enhancement Pills
Male Enhancements	Impotence Treatments
How To Last Longer In Bed	Dysfunction Treatment
Stop Premature Ejaculation	Penis Enlargement Pills
Ejaculation Treatment	Male Enhancers
Increase Testosterone	Male Enhancer
Male Enhancement	More

GET HARD WITH FIRMINITE **GET FIRMINITE TODAY**

Firminite

Fig 4 – Firminite

VigRX Plus a quality product from **Leading Edge Health**

Male Virility Supplement
VigRX Plus
The World's Leading Male Enhancement Product
Now With **BIOPERINE**

Penis Enlargement
Male Enhancement
Lasting Erection
Erectile Dysfunction

For More Information Call **1-866-621-6884** Mention Discount Code For Website Pricing **142302**

Home | Doctor Recommended | Guarantee | Ingredients | Clinical Studies | Contact | Order Now

Dr. Steven Lamm, M.D.

Do You Think It's Enough for her? Or Maybe You Can give her more?

"I would wholeheartedly recommend VigRX Plus to any man that is looking to improve his erection..."

"My penis is longer, fuller and thicker..."

After 3 1/2 weeks my penis is longer, fuller and thicker and the frequency of erections and stamina are both increased. I have more powerful and intense orgasms.

- Rudy Guillen, Little Chute, Illinois

60 DAYS MONEY BACK GUARANTEE

If for any reason you are not 100% satisfied.

Some Interesting Facts Did You Know That...

- 31% of all men have erection problems
- 34% have difficulty to maintain the erection
- 56% of men say that they want to enlarge their penis.
- Over 60% of men over 80 have a problem to achieve an erection even though they are healthy and have no chronic illnesses
- Over 52% of men between 40 and 70 years are with **erectile dysfunction**.
- Most of the women talk to their friends about their sex experience in bed.
- Regular sex can relieve the symptoms of migraine.

Fig 5 - VigRX Plus

ENDOWMAX (Vitamin A/B6/E) Capsules

Contact Us | Tracking | Shipping | Privacy

Home | How It Works | Order | Reviews | FAQs | Ingredients | Guarantee

Increase her pleasure and yours with Endowmax Natural Male Enhancement

Endowmax is the answer to my prayers. Since I have been using this product, I have had firmer, stronger, fuller-feeling erections. I feel and look great and my girlfriend has never been happier.

Try Endowmax Today Risk Free 60 Day Money Back Guarantee

BUY NOW **Lock In Price**

Why choose Endowmax Penis Enhancement?

If you want to increase your self confidence, drive women wild in bed, and be the envy of men everywhere then you have found the right product. **Penis enhancement** is finally safe, effective, and easy with Endowmax.

Endowmax has been successful in improving sexual performance, libido, and erection quality. Many men report a noticeable increase in erectile fullness and firmness within just a few weeks.

There are no annoying and inconvenient weights, no touch and time consuming exercises or painful and hard to use pumps, and no dangerous surgery involved.

Within a matter of weeks you can begin to enjoy the confidence and control that will help you to drive women crazy.

Try this amazing scientific breakthrough today risk free and become the man that women desire. Remember if you are unsatisfied for any reason we offer a full money back guarantee on our [penis enhancement pills](#).

How does Endowmax Work?

Endowmax's unique formula helps to increase blood flow and circulation, including blood flow into the erectile chambers of a man's penis during arousal. As time passes the increased blood flow may enhance physical performance, including sexual stamina, as well as boosting blood flow and circulation. Taking Endowmax daily may help:

- Increase blood flow all day and all night
- Achieve firmer, stronger, fuller-feeling erections
- Reach peak sexual enhancement
- Enjoy a more satisfying sex life!

Endowmax is trusted by tens of thousands of men for natural male enhancement. [Discover Endowmax](#), and rediscover your sex life today!

How large will I get?

Many of our clients experience more powerful erections within a few days. Others see a definite penis size increase within only a few weeks, both erect and flaccid. Customers on average have reported gains of 1 - 3 inches. They also report increased sexual desire, more intense and voluminous orgasms, greater stamina and longer lasting erections.

How long will it take to see results?

You will begin to feel to see positive changes to your sex drive and erection strength within a few weeks. Endowmax is not situation-specific, so it helps increase blood flow all day and all night. With Endowmax, you're ready for action 24/7!

Try Endowmax Risk Free Today!

Trust Scan Verified Daily 12:30

THAMPE AUTHENTICATED & GUARANTEED BY S&L

ups All orders shipped via UPS and include tracking numbers for your convenience.

DISCREET SHIPPING

Secure Online Ordering

VISA
MasterCard
Discover

Designed to Promote:

- Increase erectile fullness and firmness
- Harder, longer-lasting erections
- Boost sexual stamina
- Increase energy levels
- Greater libido
- Realize greater sexual confidence and control

Place Order **click here**

Fig 6 - Endowmax

STALLION XL No Prescription required! ✓
The ultimate performance pill for men

Home | FAQ | Testimonials | Ingredients | Contact Us | Order Now!

Boost your Sexual Performance

- Get a harder erection
- Optimize orgasmic pleasure
- Improve your stamina
- Enhance your libido

The Most Powerful Erection Pill On The Market

Stallion XL has moved to the top of the list when it comes to a powerful and advanced formula for male enhancement supplements. The extra strength formula, which is made from 100% natural ingredients, is the most powerful male enhancement supplement on the market today. Stallion XL will enhance your sexual performance, your sexual desire, your pleasure during orgasm, the length of your love making session, and you will achieve a harder erection.

Stallion XL is a perfectly blended formula created from a powerful blend of botanicals with a clinical success rate of 98%. The 98% rate of improving erectile function was seen in clinical trials so it has a proven record of accomplishment. Not only will you have the most powerful product for harder erections with clinical records to prove its effectiveness, but you will also have our **60 day money back guarantee**.

NO PRESCRIPTION REQUIRED

Stallion XL is the most powerful over the counter erection pill you can find on the market. No one will know that you are buying Stallion XL since you can purchase it right now in the privacy of your home!

NATURAL HERBAL PILL FOR HARDER ERECTION

With Stallion XL, you will experience a harder erection and a longer love making session. You will be able to have the best time of your life, have all the stamina you need, and please the widest nympho even if you must make love several times in one night. You will have more sexual energy and the drive you need to be the best lover ever with the hardest erections of your life. You can achieve all this and more only with Stallion XL!

Give your girl the penis she deserves. One that works each and every time, one that is hard as steel and a body that can last along with your penis. Remember, your penis will not be the only part of your body achieving enhancements. You will have more stamina to go along with harder erection and intense orgasm. So don't wait anymore and order today!

100% Natural Ingredients
No Prescription Required
Satisfaction 100% Guaranteed
Worldwide Delivery
100% Discreet

Fig. 7 – Stallion XL

VICEREX ROCK HARD ERECTIONS CALL FREE ORDER LINE 1-888-653-0006
#1 2006 USA'S BEST RATED MOST EFFECTIVE ALL NATURAL MALE ENHANCEMENT ALTERNATIVE TO PRESCRIPTION DRUGS

INSTANTANEOUS ROCK HARD ERECTIONS EVEN WORKS WITH ALCOHOL

VICEREX

1-888-653-0006
BUY VICEREX NOW! FREE SHIPPING

VicereX Male Enhancement Sex Pills

The Only Herbal Sex Pills You Can Take With Alcohol! And Still Get The Biggest Rock Hard Erections...
VicereX Works On Demand In Just 20 Minutes

Long Lasting Results Can Be Felt Up To 72 Hours.
VicereX is Healthy, Natural, Safe & Effective.
VicereX Sex Pills Work Everytime! GUARANTEED?

Try VicereX Sex Pills ,Before You Buy Anything Else!!!

Safe to Drink
With Alcohol
No Prescription

Are you looking for the best alternative to generic or expensive Rx pills for ED treatment? Want a natural over the counter male enhancement pills, but you're sick and tired of ads for penis enlargement pills in magazines and TV? Yes. Most of them are a worthless scam, It's true, Just a bunch of lies, using gimmicks and junk science that never, ever work! Don't worry, Relax and forget them all!

Your life is about to change, once you try VICEREX you will know in just 20 minutes why VicereX is so popular, VicereX is hands down the best herbal Rx alternative for natural and effective male sexual enhancement pills available in the USA. So Order VicereX Today!

VICEREX MALE ENHANCEMENT is the REAL DEAL with a RISK FREE 30 DAY MONEY BACK SATISFACTION GUARANTEE!

There Are Many Prescriptions & Male Enhancement Pills on the Market for ED treatment. Why Is VicereX

Fig. 9 – Vicerex

REVITALEX

Hardest Hitting, Fastest Acting Formula On The Market Today!

Male Enhancement Formula

RevitaleX is an all natural herbal drug alternative for male enhancement and erectile dysfunction treatment. RevitaleX can be taken on-demand as a sexual enhancer or, to experience the full benefits, every few days as a powerful, long term male enhancement and erectile dysfunction treatment. RevitaleX is perfect for the man who wants help some of the time, all of the time, or just to insure he is at his best all of the time.

Erectile Dysfunction treatment

- Firmer erections
- Fuller erections
- Easier to achieve erections
- Increases penile blood flow and blood retention
- Increases your body's natural testosterone production

Increases blood flow

RevitaleX is an all natural herbal formula so you will not experience the side effects associated with many erectile dysfunction drugs. Plus there's no need for embarrassing doctor appointments or prescription filling at the local drugstore. You do not need a prescription since RevitaleX is an over-the-counter ED pill.

Unlike some erectile dysfunction solutions, you will see results almost immediately. There is no need to take pills for weeks before you start to see results. One dose and you and your partner will see the results. Not only will the increased blood flow from RevitaleX help you easily get and maintain an erection, it will also help you to achieve your maximum length and girth.

Fig. 8 - RevitaleX

ExtenZe All-Natural Male Enhancement Mention Promo Code 0000A 1.866.269.3487

With ExtenZe® you can enjoy **BIGGER, HARDER ERECTIONS & better than ever sexual pleasure!**

100% GUARANTEED RESULTS

By simply taking ExtenZe® once a day, you will quickly experience...

- ✓ Bigger, harder, more frequent erections.
- ✓ Massively intense and electrifying orgasms.
- ✓ Increased endurance for longer lasting sessions.
- ✓ Easier and more reliable sexual response...you could feel like a teenager again!

Best of all, ExtenZe® is backed by a 100% satisfaction guarantee. If you do not LOVE the results you get 100% of your money back!

Why is ExtenZe® male enhancement so effective?

The key to this amazing natural supplement is the unique herbal blend. Each ingredient is chosen for its ability to increase blood flow to the penis, and to strengthen and fortify the erection's staying power.

There's nothing artificial or narcotic - just a safe, natural formula that maximizes the potential of your erect penis including both size and endurance!

You see, when you take ExtenZe®, significantly more blood rushes to the three erectile chambers of the penis. This increased volume means a bigger and harder erection!

One Little Capsule Gives You The Member You've Always Wanted!

Fig. 10 - ExtenZe

Analysis and Coding Procedures

The primary analysis here will be quantitative, based on the frequencies of keywords found within the text of the pages. These keywords have been chosen based on their representation of various themes, which I will divide into the most relevant categories identified from the theoretical frameworks and literature review. In order to best represent the variety of possible approaches in advertising, and to ease analysis, the categories are structured as: 'bio-medicalization', 'aggression', 'inadequacy', 'alternative medicine', and 'consumer driven'. The keywords from these various themes are then analyzed and chosen with their latent meaning in mind, and are thus sufficient for both qualitative and quantitative analysis as outlined by Krippendorff (2009). Given that these websites are sexual in nature, keywords with clear double meaning or sexual innuendo were chosen wherever this alternative meaning is both clear and possible to articulate. Within the themes, medicalization is of primary concern. Keywords related to medicalization would include words like 'research', any reference to medical doctors or physicians, as well as references to medical trials and their results; generally speaking any reference to or reliance upon the medical profession and medical industry, as well as any description of detailed chemical functions of the product or the presentation of symptoms, and any general deference to the medical profession as authority on the subject matter. A section for alternative medicine is included as well, for those products showing any tendency to discredit the medical profession, medical professionals, or popular prescription drugs, or where non-regulated or herbal approaches to treatment are touted, emphasizing a more 'natural' process or treatment.

Keywords and phrases reflecting alternate and opposing themes have also been selected. Brubaker and Johnson illustrate well how many websites and advertisements adopt aggressive,

misogynistic, and even violent themes in attempting to sell a product. Opposing the 'medicalization' theme, keywords and phrases here would include things like 'control', 'power', and any references to generally maintaining a commanding status within a sexual relationship. Often combined with this but worthy of its own focus, however, is the tendency to support 'inadequacy' in sex. This can come in many forms, and in a sense is ever present within all erectile enhancement advertisements. This typology covers keywords and phrases which explicitly question the size of the consumers penis, their sexual stamina, their ability to satisfy their partner, or general adequacy in sexual relations.

Lastly, a final general or consumer-driven theme is needed to control for these various other themes. Where some sites may have a great deal of 'violent' content, this may be balanced out by an even greater focus on user reviews, testimonials, or proclamations of better results over competing products. A variety of general advertising techniques will fit in here, and provide a better picture for the overall makeup of the advertisement space on a given website. These various themes and the following codes were selected to test my hypothesis. Table 2 lists the original list of terms to be counted before analysis began. Table 3 lists the final form, with all terms for which frequencies were recorded.

Table 2- Original Typologies and Keywords

BIO-MEDICALIZATION	AGGRESSION	INADEQUACY	ALTERNATIVE MED.	CONSUMER DRIVEN
doctor association, chemical names, medical terminology (genitalia, receptors), medical explanations (blood flow), medical/physiology charts, technology, symptoms	strong, stud, ravage, back in the saddle, punish, pound, control, power, general violent or animalistic euphemisms	shame, new confidence, feel like a man, partner deserves better, partner must be satisfied better	herbal, non-prescription, references to problems in medical industry,	user or patient testimonials, reviews from magazines or websites, product comparisons

Table 3- Final Typologies and Keywords

BIO-MEDICALIZATION	AGGRESSION	INADEQUACY	ALTERNATIVE MED.	CONSUMER DRIVEN
doctor, condition, psychological, trial, research, dosage, potency, formula, property, chemical, diagnosis, compound, impotence, symptoms, engorged, dilate, dopamine, nitric oxide, corpora cavernosa, rigid, chambers, neural, endocrine, prolactin, stimulation, testosterone, hormone, vascular, blood, muscle, nerve, phase, levels, nutrients, gland, arteries	Action, strong, strength, rock hard, steel, prowess, virility, ravage, stud, take, back in the saddle, tool, power, control	Small, desire (lack of), shame, embarrassing, satisfy, become a man, soft, premature, too soon	Vitamin, herb, supplement, natural, alternative, sleep, stress, relaxation, diet, exercise, aphrodisiac, material, extract, prescription	Guarantee, affordable, discreet packaging, fast working, perform, long lasting, libido, unique, original blend, side effects (few), orgasm, climax, energy, tested, works for all men, get laid, safe, comfortable, Levitra, Cialis, Viagra, patented, bigger/harder/etc, confidence, not alone, intimate.

A few terms were removed from the original list, only if they did not appear on any of the 10 websites. I collected data from the ten Erectile Enhancement product websites already discussed. Each site was reviewed for relevant content and frequencies were recorded for the appearance of words and phrases, divided into the typologies of Bio-medicalization, Aggression, Inadequacy, Alternative Medicine, and Consumer Driven. Each typology started with a base of five preconceived words or phrases, and these were expanded on and rechecked whenever synonyms and additional concepts were found. The end results was a large range of terms (groups of either singular words, phrases, synonyms, and relative concepts) numbering 7 for Inadequacy, 11 for Aggression, 13 for Alternative Medicine, 24 for Consumer Driven, and 36 for Bio-Medicalization (91 total).

Furthermore, after frequencies were totaled for the 10 different base sites, they were also totaled for the first 4 relevant sub pages for every applicable site. These sub pages were often labeled for specific information, and thus displayed various trends regarding recorded data.

These pages varied greatly in size, however, and thus a word count was taken for each page and sub-page in order to compute a sort of typological “density” (the sum of all frequencies of terms within a typology divided by the word count for its respective page). This same process was also used for totaling frequencies across all sub-pages. Thus, home pages like ViSwiss.com could be compared against the PassionRX product page, 4751 and 3227 words respectively, or ViSwiss and all 4 sub pages (total 8816 words) could be tallied and compared via densities. It is quite possible that while some individuals visiting these sites may only visit the front page, and thus sites can still be compared in this way, tallying frequencies and comparing via density provides for a more comprehensive picture of the information presented at the website.

Once the terms are totaled and factored into the word count, the result is a decimal representing a percentage. For reference, none in the Bio-Medicalization category became larger than 3.5% and as such they will be discussed as decimals. PassionRX, for example, a single page with no sub pages (3227 words), ended up with the highest density of Bio-Medical terms at .03223. The VigRX Plus site (5 pages, 2962 words) and MaxSize (1 page, 533 words) came in at second and third places with .02566 and .02439 respectively. The lowest were Revitalex (3 pages, 2829 words) and Vicerex (5 pages, 8588 words) at .00636 and .00536 respectively, with Bio-Medical terms nearing only half a percent as word content. This and the rest of the data will be discussed in detail in the following section

Findings

This section is laid out by typology as I will cover each in order and elaborate on various trends and themes that appear, as well as provide examples from the text. Much of the discussion will involve the use of densities again, and Table 4 just above the Bio-Medicalization section presents the total densities for each typology ordered by site. Word count is also listed for reference.

Gender Politics in EE Advertising

Throughout this analysis and in the Discussion and Conclusions section to follow, it is important to keep in mind that this process of medicalization, which I have emphasized so heavily, is being applied to something that is fundamentally not a medical issue, but a gender issue. In this sense, these various advertising techniques, outlined by my findings and the various densities listed already, may seek to legitimize this concern over the limp or insufficient penis through a decidedly medical atmosphere. In the same trend, this normalizes and legitimates the gender inequalities which underpin the discussion of the limp penis. Many of the examples given already are relevant here, where masculinity is measured via the strength of an erection, and women are presented simply as objects, to be obtained or to be satisfied in order to keep. Thus, the legitimization of the erectile enhancement market through these various means is quite dangerous, for it can also have serious impacts on gender politics as a whole. These gender politics within the world of erectile enhancement must be questioned and not allowed to continue under the guise of a medical professionalism.

Tiefer speaks to this issue at length, discussing the problems of phallocentrism, something nearly inseparable from any discussion on erectile enhancement. Erections become

the essence of male sexual function, and the medicalization of this, by urologists and medical industries, has consequences for both men and women (1994). Human sexuality as a whole is damaged, where men spend time and effort in pursuit of an unobtainable perfect erection, and any non-phallogocentric desires of women are ignored.

Table 4 – Product Densities by Typology

	Passion Rx	ViSwiss	Max Size	Firmitite	VigRX Plus	Endow max	Stallion XL	RevitaleX	Vicere x	ExtenZe
Bio-Medical-ization	.03223	.01301	.02439	.01301	.02566	.01554	.01782	.00636	.00536	.01296
Aggression	.00217	.00397	.00188	.00489	.00540	.00680	.00668	.00212	.00338	.00648
Inadequacy	.00031	.00216	.00563	.00318	.00236	.00421	.00260	.00035	.00093	.00000
Alternative Medicine	.03409	.01044	.01876	.01375	.01283	.01198	.02042	.01060	.00838	.01296
Consumer Driven	.01394	.01735	.02627	.02374	.03174	.03140	.03415	.01025	.01921	.04536
WORD COUNT	3227	8816	533	17604	2962	3089	2694	2829	8588	463

Bio-Medicalization

Medicalization, as I have described extensively, encompasses the movement of non-medical conditions into the realm of medical authority. This happens in a number of ways, as Conrad describes (2007). It can be a result of medical colonization, a sort of moral entrepreneurship, social movements, and more. Here, however, the category of bio-medicalization seeks to illustrate examples where pharmaceutical corporations and/or small manufacturer groups seek to legitimize a product through medical references and medical authority. The small, limp, or “unimpressive” penis have not been medicalized, and thus the

products discussed here are not being prescribed by doctors. What we have, though, is a number of groups presenting an image of medical authority to make respective products seem more safe, reliable, or generally trustworthy. This is evident with the recurring imagery of doctors appearing on web pages, the outright sponsorship and the advertising of authoritative medical testing done on the products, as well as other present themes.

Additionally, examining the names of products as listed in Table 1 or Table 4 above, another trend becomes visible. Two products directly include “Rx” (U.S. shorthand for prescription) in the product name itself. These are Passion Rx and VigRX Plus, but RevitaleX and Vicerex also end with a similar strong “ex” in their product names, in the case of RevitaleX the final “x” even being capitalized in the logo. Obviously in the case of Passion Rx and VigRX Plus, and arguably in the case of RevitaleX and Vicerex, this nod to prescriptions is consistent with trends, across all of the products, appealing to medical authority. Including the “Rx” in the product name would, seemingly, convey a degree of medical authority one would expect from prescription medications provided by a medical professional. This is in direct contrast to alternative themes emphasizing the non-prescription nature of the product, which will be addressed in this and later sections.

This typology of Bio-medicalization is the most prevalent of the five in this study, representing the largest number of relevant terms recorded. A number of these terms (such as *neural*, *Nitric Oxide*, or *condition*) are used repeatedly on one or perhaps two sites, a arguably to present a medically professional attitude, while not being used at all on other sites, in favor of differing language. Many of the sites, overall, spent time (word space) discussing the physiological process behind erections, why the customer's might be unsatisfactory, and how

their product would improve the customer's erection. The variety and frequency of terms used for this warranted a sub category under Bio-Medicalization, distinguishing these physiological explanations from the more general medical terminology being used.

The Passion Rx page, for instance, talks about a number of specific chemical interactions in detail. In one part of a sort of FAQ section, the author talks about Nitric Oxide, "... a chemical in the bloodstream that helps dilate blood vessels, including those in the penis, thus maintaining and improving blood flow." This provides a solid example of the overall tone of this particular page. Other pages, however, leave this sort of detailing to an Ingredients page. Indeed, ViSwiss, VigRX Plus, Endowmax, Stallion XL, Vicerex, and Extenze all have ingredients pages which, with the exception of Extenze, go into specific detail on each of the main ingredients included in their product. These descriptions range in content as well. ViSwiss, for instance, discusses many ingredients by giving a cultural background. In their description of Ashwagandha root: "Some refer to Ashwagandha as Indian ginseng, as it is used in ayurvedic medicine similar to how ginseng is used in traditional Chinese medicine." This kind of content often emphasizes the alternative nature of the practice, avoiding references to medical professionals. Other sites, however, embrace this and thus gain higher counts in the Bio-Medicalization category through these descriptions. The Endowmax website, for instance, speaks of one of their ingredients, Epimedium Grandiflorum (Horny Goat Weed) in this way: "As revealed in a 1984 University of Peking study, the active chemical in Epimedium (icariin) helps nitric oxide effectiveness in the body as a PDE-5 inhibitor (which is the same way many prescription erectile enhancement products work)."

One of the most telling terms recorded here for this typology was the number of times

doctors were mentioned, either by description, listing of qualifications, or as a general title (as in “ask your doctor”). When recorded, this can be viewed as a means of deferring to medical authority, either by presenting a product as approved by medical professionals, or feigning this sort of appearance. Only the Endowmax website avoided mentioning doctors all together, with most websites (in total) using these terms 1 to 10 times. Firminite, however, presents a major outlier, with the website and sub pages using the word doctor or referring to doctors a total of 73 times. While these individual numbers are impressive, as are the totals for other terms in this typology including *impotence* being used 39 times, and *testosterone* 18 times, when totaled the terms in Bio-Medicalization became much less impressive given Firminite's massive word count. The word count for Firminite was 17,604 across all sub pages, far greater than even the second largest set of pages, ViSwiss, totaling at 8,816. Other frequent and notable terms in this category included *formula* and *impotence*, and as physiological explanations discussing *blood* and *testosterone* were also very common.

Aggression

Aggression is a particular typology of interest as it is most relevant to the work done by Brubaker and Johnson, described earlier. This section includes terms like *ravage*, or referring to men as *studs*. This is also where the use of words like *power*, *control*, and *tool* will be recorded. As seen in table 3, previously, the list of terms for this category is short, particularly in comparison to the Bio-Medicalization and Consumer Driven typologies. Even some of the original entries from Table 2 were removed, as they appeared in none of the 10 websites, and few were added in their place. What's more, those that were most popular were generally non-violent, perhaps only conveying more of a traditional masculinity than the violence outlined by Brubaker

and Johnson. This is where the most drastic change can be seen from Brubaker and Johnson's work. Where aggressive language and themes of domination were quite clear and overt in their study, these erectile enhancement sites found via google, on a few short years later, seem to suppress such language in favor of medical and natural themes. The frequencies and densities for this typology are comparatively minute, but it is my assertion that although these themes may be less obvious and more difficult to quantify, they are merely obscured by the medical and/or natural language. I will elaborate more on this in the Discussion and Conclusions section.

A few sites were nearly devoid of aggressive language, such as Revitalexx and Max Size, though even Passion Rx, presented almost entirely as if it were a doctor's professional write-up, still managed to contain a number of keywords and phrases from this category. In particular, erections were described as “strong” when referring to the efficacy of the product. Firminite, on the opposite end, repeated slogans such as “Pants-Splitting, Steel-Hard Erections in just 24 Minutes!” often describing the process of taking the product as well as the effects as “Fast” and “Powerful”

These less prevalent but telling keywords and phrases speak to larger stereotypes and the subjugation of women. This begins, obviously enough, with the common use of the word “strong” to describe not just the man who takes the product but specifically his erect penis. However one defines the word, whether speaking of physical power or more simply health, the suggestion is that the best penis is a strong erect one. Violent imagery is, respectively, harder to come by in these pages, but the underlying themes are quite similar. Erections are equated to “steel” and “rock”, and even the use of the word “power”, or “powerful” in the description of erections, is repeated. This is unsurprising given the basic nature of erectile enhancement

advertising, as well as work like Brubaker and Johnson's 2008 article describing such trends, but these nods to the stereotypes of gender politics are no less important and dangerous here now. Men, throughout these pages, are consistently framed with these sort of qualifiers, women being merely the recipients of a multitude of varying erections, *always* expected to prefer those of larger size and “stronger” fortitude that last for the longest period of time. The powerful, masculine attributes are valued universally in these pages with women consistently, and only, providing a back drop of necessary approval, or need even, for bigger, stronger, and longer lasting erections.

As frequencies go, most common in these websites was the use of the word *strong* to describe either the erection attainable with the advertised product, or a general description of men after using it (indirectly referring to sexual prowess). *Power* was used a great deal, sometimes mentioning power men needed to obtain in relationships, in bed, or sometimes describing attainable erections as *powerful*. *Rock* was also a common qualifier when talking about erections, as in “rock hard”, with only the Endowmax and Revitalex pages avoiding the term altogether.

In total, the sites here range on Aggression density from .00212 (Revitalex, 3 pages, 2829 words) to .00188 (Max Size, 1 page, 533 words) at the bottom, and from .00680 (Endowmax, 5 pages, 3089 words) to .00668 (StallionXL, 4 pages, 2694 words) on the high end. Although coming in on the lower end, ViSwiss (5 pages, 8816 words) is notable as it is the only page using a number of the recorded terms, including using the word *ravage*, describing sex as the act of *taking* a woman, and referring to a new found virility as “getting back in the *saddle*”. It was also one of only two websites (the other being Firminite) referring to men as *studs*.

Inadequacy

Inadequacy, as a category, is an opposing force to aggression in advertising, though both can work together as well. Where as the Aggression typology is meant to capture terms visualizing dominance, generally over women, Inadequacy is meant to group terms that do the opposite. This can range from either describing the consumer's penis as *small* to perhaps embellishing the average or needed size for a man's penis. Advertising in general plays on an act of expressing what a consumer is missing, and how their product can fill that void. In the world of erectile enhancement advertising, the idea of inadequacy directly plays on gender expectations and roles.

The typology includes references to helping men become *desired*. Indeed, while women play a secondary, subordinate, and receptive role here, this goal of desire seems smaller but consistent throughout these websites. This is problematic in that becoming desired, here, is also about attaining a normalcy, related to erection size and “strength”, promoted by these various companies. The penis that is not erect often, and strong when it is erect, is a problematic penis. These problematic penises are, thus, undesirable and in need of treatment. After all, women, as found in these advertisements, must be satisfied, and only a large and strong erection can accomplish this. The “normal” erection thus becomes the erection capable of satisfying a woman, based on these preconceptions of needed size, etc, and is the only erection capable of making men desired.

In general, the use of the term *desired* in advertising focuses on how the consumer may not be desired sexually or as a whole. The implication, then, is that their product, the erectile enhancement pill in this case, helps to alleviate the problem of not being desired. A larger penis,

or more frequent erections, a more “normal” one, are implied solutions to relationship difficulties or the lack of sexual activity, both indicators of normal heterosexual masculinity. The consumer cannot succeed, then, without a larger penis. A similar point is made with discussions about becoming *a man*. By using the product to attain a larger penis, or at least an erect one, the consumer then and only then satisfies a prerequisite for manhood. This advertising technique simultaneously defines manhood while insisting the consumer has failed this test, implying that to be a man is to have a larger penis than the consumer currently has. Ideas of inadequacy in advertising are thus quite unique in the advertising of “male enhancement” products as they must define even masculinity itself as something only attainable through their product.

The Max Size home-page even acknowledges this theme, with the first paragraph starting off with: “For many men, sexual performance and size, are delicate, perhaps even embarrassing issues.” One might expect such a revelation to be the beginning of an article critical of such an industry, not a page advertising a product which takes advantage of such issues. The problem, however, is that even a seemingly critical statement such as this still accepts the unimpressive erection to be abnormal, and something to be embarrassed of. The Max Size solution, then, even stating that “... many men do place a related value of penis size to their manhood, sense of worth and sexual prowess”, is to embrace “...constructive herbal aids like Max Size male enhancement formula.” Other websites are less direct, Firminite being a good example, where one of the repeated benefits of product is that “You can feel like more of a man again!” This simple statement, as I mentioned before, takes as granted the association between penis function and manhood, suggesting the appropriate action is to improve the penis rather than redefine masculinity.

Desire was one of the more frequent terms found on the various websites, present in all but two sites, and becoming *a man* and *satisfying* her were also quite common, comparatively speaking. Numerically speaking, though, this typology is the least impressive. On the high end, MaxSize (1 page, 533 words) received a density score of .00563 and Endowmax came in close with .00421 (5 pages, 3089 words). On the low end, Revitalex and PassionRX scored very low, .00035 and .00031 respectively. Extenze was most interesting, given that it is probably the most common name of all the products mentioned, but managed to record zero terms from this category. This could be explained by the small site size (only 463 words) but this is unlikely, given that other smaller pages like MaxSize recorded scores within a normal range in most of the typologies.

Alternative Medicine

In many ways, Alternative Medicine is this study's counter to the Bio-Medicalization category. Conceptually these terms focus on those things outside the realm of medical authority and control. *Herbal* remedies, *vitamins*, *supplements*, *extracts*, and *aphrodisiacs* would all fall in this category. All of the products studied here, in fact, are non prescription medications often emphasizing their herbal nature and qualities. As such, the most common terms used here are non-prescription, herbal, and natural. This category and the terms used here are often, within the websites, associated with a reliable and safe means of alternative treatment. In the same way that certain sites may emphasize the medical background of those having helped develop a product, others may instead choose to disregard medical authority, and claim authority instead from the herbal and non-prescription nature of their product.

In study, however, this section becomes slightly more different as many of the sites pair

notions of alternative medicine alongside appeals to medical authority. Indeed, many of these sites will focus on the non-prescription nature of their product, some even referencing cultural histories of medicinal herbs, but much of this is also approached within a medical context. Endowmax was already listed as an example in the Bio-Medicalization typology for its ingredients page, but some of the listings here more openly attempt to embrace the natural or alternative nature. Under Catuaba Bark, the Endowmax website states “The bark of this Brazilian tree has long been safely and effectively used to help diminish the effects of sexual dysfunction.” and the rest of the paragraph goes on to describe tribal use of the product and “believed” effects in remedying erectile dysfunction. These unproven “natural” ingredients are thus presented as if in a medical analysis of their efficacy. Lupton discusses this trend, where even attempts to avoid medical authority still end up working within a medical framework (2003).

As a direct example, Lupton discusses the natural childbirth movement, which celebrates the “... collective, supportive female experience of birth” and yet ends up having the effect of “... furthering medical dominance over childbirth, by directing intense medical attention on the process” (p. 162, 2003). Here, attempts to naturalize this experience were self-destructive in a sense, but other attempts to embrace alternative, natural approaches often mimic their medical counterparts. This occurs through similar judgments on what is good or bad for the body (natural is good as opposed to medical is good, and different though similarly rigid definitions of what is healthy). “As a result, it may be contended that alternative therapies retain most aspects of medical ideology: notions of health and illness still have a medicalized and functional meaning” (Lupton, 2003).

As far as the quantitative scores for this typology go, the lowest here was from Vicerex at

less than one percent (.00838, 8588 words, 5 pages). All of the others had densities higher than one percent, with Stallion XL receiving over a 2 percent (.02042) and Passion Rx over a 3 (.03409). Although some of the terms had more subtle relevance to alternative medicine, such as the discussion of diet, sleep, exercise, and stress behavior on some sites, the biggest buzz words, receiving most of the highest frequencies across all sites studied, were *herbal*, *natural*, and *non-prescription*.

Consumerism

The Consumer Driven category in this study is meant, in part, as a control. This describes general advertising terms and buzzwords that either do not support one of the other typologies, or are general enough to apply to multiple groups, and in general match the techniques used to sell virtually all erectile enhancement products. This would include how often (term frequency) a money back guarantee is discussed, or how affordable the product is in comparison, or how favorable it is in comparison to other big name EE brands like Cialis, Levitra, and Viagra. It also includes references to how well the product contributes to erectile enhancement, with a host of words grouped for describing how much better a persons penis will get upon taking the product (bigger, harder, longer, thicker, firmer, larger, etc.) as well any benefits for improving libido, sexual stamina, improving of orgasm, and more. FAQ sections also fit here, where space is often spent attempting to more directly inform the consumer on why the product is good and how easily they can obtain it.

ViSwiss' home page shows off images made to look like awards, ribbons, or badges, with statements such as “100% satisfaction guaranteed” and “100% money back guarantee.”

Endowmax does the same with a logo emphasizing “discreet shipping”, similar to the Stallion

XL home page, showing off “Worldwide Delivery, 100% discreet.”

Densities in this category ranged from .01025 in RevitaleX up to .04536 with Extenze. What's more, for all but Passion Rx and RevitaleX, this was the highest scoring (highest density) typology for every EE product studied. The significance of this is mixed, however. A high score in this category often simply meant more “dense” pages, filled with buzzwords and general advertising techniques, and seemed to have no direct impact on scores of the individual products in other typologies. Again, this was more of a catch-all for techniques which might not fit in other categories, and is not mutually exclusive in this way from the other categories.

Gender Politics

While not a typology itself, and something discussed throughout here already, the gender politics within these erectile enhancement websites need more specific discussion. Firstly, Tiefer's 1994 discussion of the medicalization of erectile dysfunction goes a long way in helping describe the notions of masculine identity found within these sites. Phallocentrism is easily the most appropriate term in describing the content found here. As discussed earlier, manhood, or the degree to which a male can be considered a “man”, is determined by, more than anything, penis size and function. This may seem inconsequential or expected given the topic of erectile enhancement, but it is important to remember that these websites are embracing a heavily male-centered view of reality, and one which seeks to make men unsatisfied with their bodies, and place undeserved focus on erections and penetration. Visually, as seen on many of the home pages pictured in Figs. 1-10, images of the penis are generally avoided except in cases of more medical diagrams, lending more focus to functionality of the penis. Additionally, male bodies pictured, with the exception of the Stallion XL page and one on RevitaleX, are always either a

doctor or shirtless and heavily muscular, lending more focus to theme of strength mentioned earlier.

Women, pictured in almost every site, are found in primarily one of two ways: Either modeling in some form or another, as on the Vicerex or Endowmax home pages (Figs. 6 and 9), or with a man expressing some form of physical intimacy (Figs. 2, 7, 8, and 10). Additionally, throughout every page studied, women are never presented as medical authority figures or doctors, nor are they ever given an opinion outside of valuing larger erections or more “satisfying” and active sex life. What's more, these opinions are often second hand through men's testimonials, and her satisfaction, as I have already noted, is devoid of discussion on anything outside of penetrative intercourse. Despite in many ways being the focus of erectile enhancement advertising, in the sense that bigger erections are promoted for the purpose of satisfying (or dominating) women, they are lent virtually no voice and remain secondary, passive subjects serving only to lend credence to the advertisers claims on sex and sexuality.

It should also be noted that nowhere, on the ten web pages and their various sub-pages, was there ever mention of male on male sex. Wherever the sexual partner is discussed, meaning the partner of the person purchasing the product, it is without variance female. Even on the Vicerex page, which greets the viewer with an overtly sexual close-up of a large erection contained within Speedo swim shorts (Fig. 9), there is never a questioning of the dominance and authority of men in sexual relations by suggesting men may also be receiving these erections themselves.

These specific trends are the major reasons why medicalization matters in this field of advertising and treatment. The process of medicalization lends credence to such products,

products based around the very *non*-medical issue of the small or “unimpressive” penis. Discussion and advertising of erectile enhancement products are rife with stereotypical and hetero-normative ideas of sexuality and virtually never deviate from this. Thus, legitimizing a product which seeks to label the small penis as a medical issue has profound consequences on social views of sex and sexuality. Men are thus not allowed to remain satisfied with a smaller than average erection, or even average perhaps, and any non phallogentric views of sex, from men or women, are discarded. It is taken as fact that women want and/or need larger erections despite evidence to the contrary, and all of these themes serve to damage any non-phallogentric, non-penetrative, non-hetero-normative forms of sex.

Discussion and Conclusions

Throughout the previous sections I outlined the major, significant trends found in studying these ten erectile enhancement websites. Numerically, the Aggression and Inadequacy typologies scored the lowest across every website without fail. Even adding the densities of these two categories together for each website still creates a typology scoring lower than all others, again. This, coupled with a more generally qualitative look at the websites, the imagery used, seems to suggest a much more professional, or simply medical attitude and appearance in advertising. This, however, is not the full picture, and as with any EE advertising there is going to be a backbone of sexuality present, and this still seems filled with stereotypical gender ideology.

My original hypothesis was that, when compared to the cross-sectional view of erectile enhancement advertising given by Brubaker and Johnson in 2008, that these erectile enhancement websites just a few years later would show significant trends of medicalization. Despite the entirely non-medical nature of the small penis as a concept, and the unlikely result of it ever reaching full medicalization in the vein of erectile dysfunction, there was sufficient evidence that this is the case. Medicalization as a process, discussed in the Theoretical Framework section, is clearly active in these websites at the hand of the pharmaceutical companies and their respective advertisers.

A Non-Violent Presentation

Contrary to Brubaker and Johnson's assessment of similar advertising, there was a general lack of aggressive language here. References to improving the strength of erection were common, as was the use of the phrase “rock hard” when describing the effects of the various

products. The word *power* was used fairly often as well, but in general this language was not the central means for advertising the product. These pages were, in contrast to what Brubaker and Johnson saw, fairly tame, even professional, in language. Nowhere was a phrase like “powerful punch” or “laying pipe” used, and even the more general expression of “taking a woman” implying sex, was used solely on the ViSwiss page. The term “stud” only came up on two pages, ViSwiss and Firminite, and no website used the term “tool” in place of penis. Numerically and comprehensively, Aggression seemed a very small focus of these advertising web pages.

The Inadequacy typology was equally weak in comparison to the other categories, and as said before, even when combined with the Aggression typology, the two still produced an insignificant category. Half of the web pages advertised their respective products as providing an increase in penis or erection size. Those were Max Size, VigRX Plus, Endowmax, RevitaleX, and ExtenZe. However, of these, only Max Size seemed to overtly address, and attempt to capitalize on, such feelings of inadequacy, and how men “...place a related value of penis size to their manhood, sense of worth, and sexual prowess.” This was still not enough for the Max Size page to gain a significant density in Inadequacy, though it was the highest across the ten pages. Like the rest of the products, the Max Size page still devotes most of it's time (words per page) to traditional advertising techniques (Consumer Driven) and presents these in a medically professional tone (Bio-Medicalization), often with a dual focus on the non-prescription and thus non-medical (Alternative Medicine) nature of the product.

Aggression and Inadequacy are almost unavoidable when discussing erectile enhancement, but the picture gained from viewing the sites qualitatively, as in Figs. 1-10, or quantitatively as through the densities found in Table 4, shows that these other major focuses,

Bio-medicalization and Alternative Medicine, have obscured and played down the exploitation of gender as would otherwise be found through these categories.

It must be emphasized, though, that this does not eliminate themes of domination and gender inequality, it merely obscures and legitimates them. While not explicit themes in their own right, Aggression and Inadequacy are still present, as all of these erectile enhancement advertising techniques are based around the assumption that men, by nature, are inadequate and in need of improvement. This plays an important role in the importance of this study and the medicalization of erectile enhancement which I will cover last.

A Medical Atmosphere

Outside of the Consumer Driven control category, which carried an average density across all web pages of .02534 or 2.534%, Bio-Medicalization was the highest scoring category with an average density of .01672. This is where the majority of advertising focus seemed to be. Not only do the numbers back this up, but the imagery on many sites matched this as well. 5 pages (Endowmax, Firminite, Passion Rx, RevitaleX, and Stallion XL) even featured images of doctors (in all cases white men in lab coats) immediately visible on the front page. Even Max Size, the highest scoring product for Inadequacy, heads the page with a banner for M.D. Science Lab, which as it turns out is merely the name of the pharmaceutical company making said product. Without clicking on the embedded hyperlink and seeing what the company actually is, the Caduceus (two snakes wrapped around a winged staff) seems to lend a false credence to the company. A medical diagram of the functions behind a penile erection, though basic, can even be seen on the RevitaleX home page, Fig. 8.

Quantitatively and Qualitatively these pages exhibit signs on medicalization, as laid out

by Conrad in his various works (2001, 2005, 2007). While not meeting the requirement discussed in the Medicalization as Definition section, the evidence here fully agrees with Medicalization as a Process, an active one at the hands of these pharmaceutical corporations who have much to gain by professionalizing and legitimizing this non-medical issue of the small penis.

Medical authority is seen as a route to this legitimation of a product, and the perfect Trojan horse to maintain older, perhaps outdated, and more offensive notions of the domination of women and hegemonic masculinity. Clean medical professionalism is outwardly expressed, with more violent imagery and language obscured. Medical professionalism helps make professionalize the market for erectile enhancement while these older more violent undertones maintain a social need for the larger erection. The male doctors in lab coats are perfect examples here, where they tend to lend imagery of authority, but still male authority, and language referencing women, as mentioned in the findings section, is almost entirely objectifying, with women only discussed as sexual recipients, and any non-phallogentric desires they may have usually downplayed or ignored. In this way, the erectile enhancement market, visible from these web pages, seems to be making an attempt to medicalize itself, regardless of the non-medical nature of the products and their uses. This tends to mimic some of the post-deregulation advertising of prescription medications as discussed in the Advertising and Medicalization section (Poitras, 2009), as well as the trends in the medicalization of erectile dysfunction, and Viagra in particular, as in their respective sections in the Literature Review.

An Alternative Solution

One of the more surprising trends in this study was the integration of Alternative

Medicine in advertising approaches. The densities for this typology were on average third in or higher in significance, always beating out Aggression and Inadequacy, even combined, and at times beating out Bio-Medicalization and even Consumer Driven, as was the case with Passion Rx. Interestingly enough, this was the product page with the most simple but perhaps professional approach in appearance, entirely presented as a single doctor recommendation. What I found, then, was that this focus on natural elements of the product, and the non-prescription nature of all ten of them, went hand in hand with the medical framework of advertising.

Without fail, every web site for every product used the word natural in description, and all emphasized their herbal ingredients as well. The fact that no prescription was needed was also directly advertised on 9 of the 10 sites (all but Max Size). The extracts and herbs themselves were also discussed in detail on many of the Ingredients pages. This trend, of alternative, “natural” medicine, unaffiliated with medical authority, taking on a medical appearance is documented by Conrad (2005). These products still adopt a decidedly medical framework in advertising their product, but do so while simultaneously emphasizing the non-medical nature of the treatment, meaning that no doctor or medical authority is required in the purchase or use of it. These similarities between emphases on “natural” and “medical” approaches are striking.

As discussed by Lupton, these medical and natural approaches overlap in many ways. In particular, she compares the expansion of nursing with that of alternative or “natural” therapies: “Just as the ideology of nursing, in its interest in the 'whole' person, may be viewed as extending the medical gaze into the personal lives of patients, so too a similar focus on all aspects of a patients life as championed by alternative therapists may be interpreted as an extension of

power” (2003). With nursing, and the general veil of authoritative medicine and medical professionals, analysis often points towards the expansion of medical authority, control, and a more invasive set of treatments. Alternative therapists, then, are often labeled as the antithesis of medical authority, less tested perhaps but more benevolent, looking out of the individual. Lupton points out that this is often not the case, and that holistic approaches in alternative medicine are often another form of the expansion of control and power. Thus, in the case of these erectile enhancement advertisements, the Alternative Medicine and Bio-medicalization typologies are in a way expectedly intertwined. If the goal of the advertising and pharmaceutical companies is to expand control, increasing sales by creating a need and an atmosphere of authority, both Bio-Medicalization and Alternative Medicine can aid in this simultaneously. Medicalization presents one form of authority, and “natural” approaches in advertising another, but both seek the same end goal in much the same manner.

Appealing to Everyone

Just as the language of Alternative Medicine combines with Bio-Medicalization, and both of these obscure the gender politics of advertising a product for erections, so to does the Consumer Driven language integrate with all of these. Guarantee's are posted everywhere, and the entirety of advertising language comes in to support these present themes without diminishing them. Advertising as a whole, after all, must appeal to as many viewers as possible. Although the major themes are clear, all of the pages included some language from every typology with only one exception (Extenze scored a .00000 in Inadequacy, Table 4). In this manner, viewers who are not drawn to the dominant medical or alternative language may instead be pulled in by the undertones of Aggression and Inadequacy, suggesting they aren't man enough

without a larger erection, or that their partner will never be satisfied if they don't buy it, or that the product will make them irresistible in bed, allowing them to take whatever woman they might want. All of this, wrapped in a blanket of security, with traditional advertising language ensuring the product will work 100%, or their money back.

Dangers in Gender

The Marketing to Men and Men's Bodies, Dissatisfaction, and Gender and Medicalization sections preface much of this discussion. The subject of erectile enhancement is entirely enveloped in stereotypical gender norms. With women as the passive recipients of, and perhaps motivators for, product use, these advertisers target men and various common insecurities. This is in many ways a form of disease mongering, a concept covered in the Dangers of Medicalization section and discussed thoroughly by Conrad (2007). These pharmaceutical companies have a great deal of money to gain by enforcing a new medical normality, a larger erect penis. Again, this is obscured by the immense focus on medical professionalism, allowed salience in society under the guise of medical authority.

This implies then that *any* success in medicalizing erectile enhancement, which as I already discussed has been accomplished in multiple ways, can have disastrous effects on men's emotional well being and on the nature of sexual intimacy as a whole. Where men are already disproportionately dissatisfied with their penis as compared to their partners (Frederick, Lever, and Paplau, 2006) further medicalization serves only to increase this disparity. EE Advertising insists that women require larger and more frequent erections, inflating men's sexual expectations for themselves. This is inherently psychologically damaging given that these new requirements by definition exceed natural averages for penis size and stamina. What's more this

is sure to cause additional damage where these men, with higher expectations of themselves and a vision of sexuality purely penetration and phallogentric, inevitably find themselves with partners whose views do not match up with the focus on large erections and penetration found in these advertisements. In this way, Medicalization utilizes women in a subordinate role to validate increased expectations, fully undermining anything that could be considered healthy sexual interaction. This legitimates and normalizes traditional gender politics where men are the more intelligent and powerful actors subordinating women as passive objects, and non-hetero-normative or non-penetrative sex are left out all together.

One last implication comes about from these findings, though. Conrad stresses the destigmatizing effect of medicalization, and I have elaborated on this idea sufficiently in the Theoretical Framework section. Above, I have stressed the social implications of this trend, where men become unsatisfied with their own natural bodies as well as any non-phallogentric sexual relations in general. It would appear then that with the medicalization of erectile enhancement, a sexual and non medical issue, stigmatization may be *increasing* as opposed to Conrad's stressed decrease in stigma through medicalization.

With the advent of appropriate treatments like Viagra, the stigma of erectile dysfunction is lessened. With baldness, having prescription medication to address it has also lessened stigma, and with the classification of alcoholism being drunk has also seen decreased stigma. In the cases of ED and baldness, it can be argued that stigma is decreased only with being able to afford treatment or giving appropriate credence to the medical authority on the issue. Stigma, none the less, is decreased through the medical atmosphere surrounding these issues. In the case of erectile enhancement, however, the medical aura of advertising serves to hide the lingering

themes of violence and, in particular, inadequacy. Thus, erectile enhancement thrives with increased standards for erection size and thus increased stigmatization.

This seems in many ways to be unique to this medicalization of the small penis, and is perhaps strongly related to its status as a non-medical and sexual issue. This analysis of erectile enhancement advertising thus gives us a view of the stigmatization of normal human bodies. If this is in fact true, then the application of medicalization in non-medical fields, erectile enhancement in particular, calls for greatly increased study. A stigmatizing effect of medicalization is not something addressed by Conrad or Lupton or, indeed, much of the medicalization literature. Thus, this study as well as any further research into this specific trend may have insights to offer into the theory of medicalization itself.

Conclusion

These websites, referring to both the qualitative and quantitative data, have made obvious attempts and even inroads in medicalizing themselves. This is evident in the high densities across the Bio-Medicalization typology, as well as the imagery presented on many of the web sites. Medical language is used, doctors are named and shown in pictures, 5 of the ten pages specifically referred to medical research on their product or its ingredients, language like potency, diagnosis, and symptom are used, and in many cases web sites discussed the physiology behind the erection and how their product works to improve functionality. The attempt at medicalization is clear given the data, and the effects of this are ominous at best, obscuring themes much more dangerous to gender politics.

The dominance of medical language and imagery is clear in many of these pages, but this is *not* a medical issue. Smaller than average erections are not, in any real sense, a medical

problem. Everything on these pages has to do with human sexuality, and assumptions about what this requires of individuals. As Tiefer emphasizes so strongly, this medicalization of non-medical, sexual issues has dangerous consequences for human sexuality. Unrealistic expectations of performance, and in this case penis size, are promoted through advertising and readily accepted by society (1994). The lingering sexist stereotypes in society allow for a willing public, accepting of medical authority intruding on these non-medical issues. If anything, this new medical approach may be even more dangerous than the outward violent and misogynistic themes found by Brubaker and Johnson (2008). Presented in this manner, medicalizing erections, or the small penis, serves to aid a product, entirely based around the false sexual need for a larger erection, in permeating society and perpetuating these false needs, further damaging human sexual relations and maintaining misogynistic themes without cultivating near as much criticism.

This analysis of the erectile enhancement arena serves to illustrate a number of points: 1- The small penis is a sexual and social, not a medical, concern. 2- Medicalization of the small penis serves to legitimate lingering and harmful gender stereotypes, functioning as a “Trojan horse” 3- This legitimization undermines human sexual relations of all types. 4- Medicalization of erectile enhancement must continue to be looked at from a thoroughly critical perspective in order to minimize points 2 and 3. 5- Medicalization of the small penis may conflict with the current understanding of medicalization, actually increasing stigma.

This study combined with Brubaker and Johnson's article serve as a clear picture of the violent underpinnings of erectile enhancement and the dangerous attempts to medicalize this field. More large scale research and longitudinal studies are needed, however, in order to better articulate the specific trends in medicalization here and prevent harsh social impact.

Future Research

Firstly, this thesis focuses on merely one aspect of gender politics, the impact on sexual intercourse and relationships as informed and influenced by the medicalization of erectile enhancement. The maintenance of misogyny through this medical professionalism is highly important, but medicalization may impact gender politics in numerous other ways. The medicalization of erectile dysfunction, erectile enhancement, andropause, male pattern baldness, child birth, and more have a great deal of influence here and more study is needed on how this process of medicalization may be directly affecting gender relations.

Specifically for the study of erectile enhancement, there are also other methods which may improve results and later analysis. Results here show a very intentional veil of medical authority obscuring older trends of hegemonic masculinity and domination. More involved qualitative research may dramatically improve the visibility of these more obscure undertones where quantitative data and frequency analysis may fall short. Additionally, these websites found via Google searching for erectile enhancement products may not be representative of erectile enhancement as a whole, as searches for “penis enlargement” may pull drastically different forms of advertising, as would those websites found via ads from internet pornography. Future research with greater funding and time should seek to pull from these sources and more to deliver a more representative sample of erectile enhancement.

Erectile enhancement is also a larger issue than can be simplified through quantitative or qualitative content analysis. Network analysis, for instance, could be used to explore possible links between manufacturers of similar products. It's highly plausible that single manufacturers may be making functionally identical products with different names and advertised in different

ways, or even single products with multiple means and styles of advertising. This, with a stronger background in gender theory and more longitudinal data, may provide an even stronger argument for medicalization as a Trojan horse in the market of erectile enhancement.

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