

The Philosophy of Viagra: Bioethical Responses to the Viagrification of the Modern World

Edited by Thorsten Botz-Bornstein

Rodopi B.V., 2011. Pp. 227. ISBN 978-90-420-3336-8. Pbk \$64.

If you think reading a book about Viagra and sex might leave you turned on, you are wrong. If you and/or your lover are currently using Viagra without having first consulted your moral compass for direction, you may wish to leave *Philosophy and Viagra* hidden at the bottom of your lingerie drawer until you have had your fill of the pick-me-up drug. The fifteen essays of *The Philosophy of Viagra* may leave you feeling informed and contemplative, but not at all amorous.

The first four chapters delve into a traditional philosophical analysis of moral issues surrounding the use of Viagra by formulating arguments to determine if various early philosophers would promote the use of the drug. The elderly metic Cephalus, embraces his impotence and the resulting energies to devote to philosophy, nonetheless he is deemed lacking moderation, so the author of the first essay, Sophie Bourgal, decides he would thus partake of Viagra. Plato, on the other hand, promotes not maximum health, but health in moderation because excessive care of the body sacrifices time that could be spent finding meaning. Thus he would forgo Viagra: "One ought to welcome old age, for it is in this precious period that one can engage in the best kind of erotic activity: contemplation" (Republic 498b-c). Diogenes, according to Robert Vuckovich, despite having a penchant for public masturbation, would not approve of the use of Viagra because of the danger that it could make one a slave to one's passions as well as to the drug. Aristotle's psuedoerectile propensities are easier to deduce, according to Thomas Kapper. In *Ethics*, Aristotle examines three types of friendship extensively. The first are friendships of utility. In the realm of sexual friendships of utility, prostitution would be an example, which Viagra might actually improve. Similarly, Viagra might actually perk up friendships of mutual pleasure, which constitute the second type of friendship, an example of which might be a one night stand. But the highest order friend exists in teleia philia, or perfected friendship. It is selfless, virtuous and profoundly moral. Each friend works to help the other become more virtuous. This is the type of friendship that Viagra could threaten because "Viagra can provoke selfishness in the male...the raw sensuality can blind him to the wants and needs of his partner" (p50). This topic, that Viagra makes the man selfish, comes up frequently in many of the essays in this volume, but without much evidence or argument to

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support it. If a man has been married for twenty years and is depressed because he is unable to have the sort of physical intimacy he once enjoyed with his wife in the past, why would the use of Viagra cause him to suddenly become insensitive to her needs? Viagra enables him to have an erection, it does not change his moral disposition or his ability to empathize with his wife. The argument that is repeated in several of the essays, that males will be self-centered in their use of Viagra, and that the woman is not consulted are tangential to the issue at hand. If a man is considerate of a woman's sexual preferences while he is capable of producing his own erection, there is no reason to assume he will become an inconsiderate brute after ingesting Viagra. Finally, though, Kapper decides that Aristotle would, indeed try Viagra, out of curiosity.

The Stoics, however, would absolutely condemn it. Happiness is based on reason, not pleasure and passions are a sickness which can overcome reason, leading to unhappiness. Viagra has the potential to amplify passion and thus, is to be avoided.

According to Kevin Guilfooy's interpretations of *City of God*, *Soliloquies*, *Confessions* and *On the Good of Marriage* written in the fourth century CE, St. Augustine would forbid the use of Viagra for an unmarried man, but give qualified approval for those who are married. People experience lust and a loss of control over their desires as a result of original sin, thus, Augustine spent most of his life being opposed to sex. People should work to be free of sexual desire, so Viagra use would be out of the question. Later in life Augustine came to realize that, even though chastity was the higher good, love and faithfulness in marriage is also an, albeit lower, good to which, Guilfooy extrapolates, Viagra might contribute. As a man ages and his sex drive wanes, he moves toward the higher good, celibacy. The use of any drug such as Viagra, which would invert this happy circumstance, would be viewed by Augustine as potentially damaging to one's soul.

In *Virility, Viagra and Virtue: Re-Reading Humane Vitae in an African Light*, Anthony Okerege interprets the papal encyclical from an African perspective to determine its stance on Viagra, though it was written before the drug's release. He concludes "the viagrification of sex is a physiological, hedonistic pursuit that undermines the sacred and more profound uses of sex" (p. 99). The *Humane Vitae* forbids contraception and, for similar reasons, according to Okerege, would also ban the use of Viagra. Both are considered unnatural, sex is intended for procreation, and Viagra focuses too much on the physical act while disregarding the social and emotional aspects of sex. The application of the Kantian notion of the intrinsic value of humans, which is an influence in the *Humane Vitae*, forms Okerege's

structured assault against the “glorification of the penis” which the Viagra culture inculcates.

Other essays address bioethical issues involved in the use of Viagra. Robert Redeker claims Viagra has led man to conceive of his body as invincible. He refers to this new human as appliance-man. “The appliance-man has no free will. With Viagra, liberty has disappeared because, from the beginning, it is clear that the parts needed for the sexual act will ‘function.’ Liberty presupposes incertitude. Therefore, Viagra negates the will as much as liberty within the realm of sexuality. The new body without soul is also a body without self: it is an unspirited (*desanime*) and de-egoized (*desegoise*) body. In the case of the Viagra-body, it has become impossible to separate soul/self or psyche/ego from body because this body has *absorbed* both the soul and the self. This is the reason why I name it “egobody”” (p. 72). I thought he named it appliance man. In any case, the argument that one loses one’s self or soul because one gains ‘liberty’ regarding one’s penis is tenuous at best.

Claude-Raphael Samama uses a psychoanalytic interpretation to conclude that even though Viagra can supplement sex, it cannot change its essence. Echoing other contributors, he argues that since Viagra does not create desire, and the erection depends on the initiation of desire before the drug can operate, the actual sex act is a result of a phantasm. He explains in great detail how mental representations of sexual encounters can differ between men and women and warns that reciprocity is necessary. He also sees the explosion of internet products promising erections as symbolic of en masse “postmodern renunciation of natural virility” (p. 140).

Thorsten Botz-Bornstein, in his *Viagra and the Virtual*, incorporates Redeker’s egobody into his own argument that Viagra makes virility virtual in that it is a potential determined by socio-cultural functions which are both physical and psychological. He poses the question to Redeker “How can the body be soulless if there is desire?” Viagra creators claim that the drug cannot produce an erection unless desire exists as a prerequisite. Botz-Bornstein points out the error in this line of thought: “Real desire is not a potential quantity readily available within a linear script of foreplay to intercourse to orgasm. It is part of a politics of pleasure “fought out” in real space” (p92). He too, concludes when people use Viagra they are without soul and self. Imagine a man who is unable to have sex with his wife of twenty years, whom he loves, due to a physical impediment. After a painfully long time, he is prescribed Viagra which makes him able to find a closeness with his spouse he thought he would never experience again. In what manner would this act be soulless or lacking in self? Redeker and

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Botz-Bornstein make interesting conjectures but they remain abstractions without contexts.

Gender issues are discussed from a variety of perspectives. *In Enhancing Desire Philosophically: Feminism, Viagra, and the Biopolitics of the Future*, Connie C. Price, recognizes sex as a political entity and claims Viagra underscores the objectification of women. She recommends a “psychiatric boot camp” to train men in the art of “affective justice” to counterbalance the unbridled freedom Viagra affords them. It would not be a bad idea for all genders (notice I did not write ‘both’) to bone up on their interpersonal skills. Some of Price’s feminism devolves into utter sexist utterances:

“The plausibility of generating affective justice, that is, a new ethos with sex as a human creative and loving activity from the heart of the transformation, along with education, fitness, art, and politics, is of course the most hilarious joke imaginable among men” (p 85). Hey, some of my best friends are men and sometimes they evince actual feelings, (at least they appear to). The stereotype that women are more emotional and have more at stake emotionally than men in sexual relationships is trite and sexist, especially in a post-contraception world.

Bassam Romaya also expresses hostilities toward Pfizer because of their inequities in the promotion of Viagra. In *Erectus Interruptus: All Erections are not Equal*; he describes in fascinating detail the process by which a woman surgically becomes a man (called a transman). Penis construction (phalloplasty), a long, painful series of surgeries, is not for sissies, nor is it for the poor, since the series of surgeries costs over \$100,000. Unfortunately the resulting penis is not capable of an erection without a prosthesis, even after all the expense and suffering. But another type of penis, which he gives the unfortunate appellation of micropenis, can be fashioned, through a process called metoidioplasty, from the woman’s clitoris and does, indeed, respond in favorable ways to Viagra-like drugs, though its size prohibits penetration. Romaya quickly brushes aside the cyborg and egobody arguments of philosophers from the anti-virtual sex school represented in previous chapters and objects to Pfizer’s neglect to market their product to the transmen market. After acknowledging that the small population of transmen does not justify a costly ad campaign to push Viagra their way, he finds another rationale for a discrimination claim. Transmen are not courted by Pfizer because their erections do not result in procreation. Yes, Viagra can facilitate erections (called transerections) for female to male transsexuals but no ejaculation, hence no children can result. “The development and marketing of Viagra reveal in no uncertain

terms a direct bias against non-cisgendered (heterosexual) erections, setting up a false dichotomy in which transerections are deemed unworthy of equal sociocultural, sexual, and clinical consideration” (p199). It is difficult to imagine a member of the marketing staff at Pfizer, even as vilified as they are in this compilation, saying at a staff meeting “I don’t care how many thousands of transmen there are, or how profitable a market segment they comprise, until their erections lead to procreation, I’m not selling to them!”

Herbert Roseman and Donal O’Mathuna highlight Viagra as an example of the medicalization of what used to be natural occurrences of life. The main thrust (ahem) of Roseman’s argument is that researchers’ desire for financial gains led to the biochemical findings that resulted in the creation of Viagra. He asserts that because the financial gains from the sale of Viagra amounted to billions of dollars, the integrity of the researchers was severely compromised. A logical connection is lacking. If Viagra were donated to impotent men would the researchers’ behavior then be deemed ethical? Furthermore, Roseman builds an argument that the use of Viagra does not actually improve one’s quality of life, as extensive surveys done by big pharma claim. He first attacks their claims by saying that Viagra could be used in unethical ways, for example by facilitating sex outside of marriage, or promoting unwanted sexual demands on one’s partner. Again, it is not the Viagra which causes the unethical behavior, but the will of the user. His second line of attack is a (too) lengthy attack (there is even an appendix) on inductive conclusions in general and Likert scales and factor analysis in particular. In a way he has a point, it doesn’t take a rocket scientist to see that the overwhelming popularity of Viagra may be an indicator of its contribution to millions of people’s quality of life. His goal, however, is the opposite conclusion.

Donal O’Mathuna’s arguments are more to the medical ethical point. The medicalization of erectile dysfunction has deflected research and treatments from the interpersonal and social contexts in which ED is immersed. He grants that some men have a biological cause for their ED and Viagra can, in those cases, help. He also admits surveys have indicated many women are satisfied when their male partners use Viagra, though there are some who do not welcome their husbands’ newly invigorated advances. But he encourages people to accept the fact that as bodies age they lose some of their functioning abilities and to question market forces which persuade us to manipulate our bodies to behave in ways that are chronologically unnatural. His most ethically persuasive arguments are made in a section about medical markets and justice. He writes “...10 percent of global

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health research funding is spent on diseases that afflict 90 percent of the world's population" (p. 124). The vast treasures invested in broadening the goals of medicine to include things like sexual satisfaction would be more acceptable if the goals of caring for primary medical concerns like malaria, pneumonia, diarrhea and tuberculosis were realized first.

Roman Meinhold also writes about the "pathological pathogenization" trend in which capitalists characterize formerly normal life events as illnesses in order to maximize profits. His application of melioration, or the tendency of humans to compare their circumstances to an ideal, and pathologization to the Viagra phenomenon is intriguing, but nothing that has not already been applied to consumer goods in general. Ads cause people to become dissatisfied with themselves, or, in the case of sexuopharmaceuticals, come to believe they have a medical condition, so people buy Viagra to ameliorate. The practice of Western medicine is guilty of not only ignoring the affective and psychological domains, but actually causing mental illness by making people anxious or depressed because they feel they do not measure up.

Thorsten Botz-Bornstein's piece, *America and Viagra or How the White Negro Became a Little Whiter: Viagra as an Afro-Disiac*, posits Viagra as so cool as to have gained cultural icon status. Whites attempt to accomplish the mythic sexual voracity of blacks but since white men's use of Viagra is chemical, therefore technical, it results in a soulless type of sex. Similar to the way white males try to be cool by listening to gangsta rap, but miss the mark because they have not experienced the settings from which the genre emerged, white men do not fully embrace the black male sexual power because, as Botz-Bornstein writes "Racial and sexual realities are not artificial realities of a virtual desire, but erotic realities able to create real desire" (p. 155). Sex with the aid of Viagra is again depicted as virtual, unnatural, technical, and an example of the Freudian uncanny.

According to this compilation, Viagra is a nefarious, female (and other genders)-oppressing, soul-killing, pharma conspiracy to subjugate humanity. Then why is it so wildly popular? That is the one phenomenon which is glaringly not investigated in this compendium, because, according to Okeregbe and Kapper, even the Pope and Aristotle, given the chance, would partake of Viagra. It seems Viagra can't please anyone, except the 20,000,000 men who regularly use it in addition to, arguably, that many more women who are the recipients of the fruits of the effects of the drug.