

The Biopolitics of the Penis

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At the 1983 American Urological Association Conference in Las Vegas, Dr Giles Brindley, a researcher from the UK, presented a paper on the physiology of the erection. At the climax of his presentation, Dr Brindley dropped his pants so that he could show the audience his erect penis, and then walked around the room so that they could look at it closely, and touch it. This event has been described as “the most memorable public moment in all of modern medicine” (Friedman 2003: 255). Brindley’s penis ushered in the age of Viagra, and gave rise to what has been described as “the second sexual revolution” (Hitt 2000). From a biomedical perspective, the significance of Brindley’s presentation in Las Vegas, was that his exposed penis proved that an erection could be induced by intracavernous injection alone. Prior to commencing his paper, Brindley had injected his penis with phenoxybenzamine, and the erection he displayed to his peers was a physiological reaction to pharmaceutical stimulus, rather than a response to physical stimulation or sexual desire. Brindley’s work made plausible the concept of an on-demand erection. Two years later, Pfizer, developing Sildenafil Nitrate as a treatment for Angina, discovered a side-effect that enabled them to capitalise on this concept. They released Viagra as a treatment for impotence in 1998 and by 2006 were making \$1.7 billion from it. In this paper I want, briefly, to think about two different kinds of penises suggested by Brindley’s performance, and suggest correlations between them in order to start to map a biopolitics of the penis.

The Biomedical Penis

Viagra cures a problem defined by its existence and profit potential: it has given rise to a whole new medical condition: erectile dysfunction. As Katz & Marshall suggest: “the functional effect of the drug, and not the disorder, defines the bodily condition... There is no pretense of a natural body here, other than that which is waiting to be technically materialized by the interests of the medical and pharmaceutical industries” (Katz & Marshall 2004: 67).

The emergence of the medical discourse of Erectile Dysfunction (ED) arbitrarily privileges erectile function over other kinds of male sexual health issues. Desire disorders and premature ejaculation are both more common than impotence but it is erectile dysfunction that has become understood by popular and medical discourse as an “epidemic” and a “serious health problem” (Marshall 2002: 137).

Nevertheless even in countries where direct marketing of prescription drugs is not permitted, the rise of the grey economy in Viagra, with online pharmacies and online physician consultations, and the extensive availability of fake/generic Viagra, means that men are being constituted not as

patients in need of professional medical care, where drug treatment may be but one available option, but as consumers in Viagra's "second sexual revolution", where erectile facility has become a moral imperative, and the online economy makes buying it easy.

The diagnostic criteria for ED (reproduced as a sexual health quiz on the Viagra, Cialis and Levitra websites) constitutes erections in functional and dysfunctional terms, where functional is hard enough to penetrate, hard enough to stay penetrated, and remain penetrated until the conclusion of the 'scene'. The penis thus becomes an instrument, a mechanism for effecting penetration, and men unable to penetrate are dysfunctional. The penetrative imperative that informs this *medical* diagnosis of ED is homosocial – a heterosexual male fantasy, for men – as we can see in the graphic and spectacular nature of Giles Brindley's display in Las Vegas.

The profitability of male erectile dysfunction is providing the impetus for a similar medicalisation of female sexuality where understandings of female sexual dysfunction are dominated "by a concern with the viability of the vagina for receiving the erect penis" (Marshall 2002: 141). As with ED, Pharma's interest in 'treating' female sexual dysfunction is determined by the plausibility of developing treatment commodities, and not by any holistic, or physiological perspective on female sexology. As Heather Hartley has noted: "when Viagra was being tested in women, the targeted condition was 'female sexual arousal disorder' (FSAD). When these trials came up empty, not only did the focus in drug development shift to testosterone but also the intended targeted condition changed to 'hypoactive sexual desire disorder' (HSDD)." (2006: 367)

We could thus conclude that ED makes the penis a locus of neo-liberalist ideologies of competitive individualism. Barbara Marshall (2002) has argued that the rise of discourses of ED have elevated the penis to the status of vital organ, where erectile dysfunction is a moral disorder that instates an obligation to seek treatment by pathologizing normal experiences of healthy men (eg. those who are getting older). And in terms of the rhetoric of sexuality deployed in ED discourse, male performance is constituted in terms of homosocial ideology. Thus, ED discourses exploit the competition, instability and eroticism inherent in such ideologies: as the Viagra website tells men, "when it comes to sex, you want to perform" and "you shouldn't have to make excuses [for erection difficulties]. There's a perfectly good reason for what's happening" and a perfectly good solution – entering into long term client-server relations with Pfizer.

The Pornographic Penis

In many ways, Giles Brindley's performance in Las Vegas in 1983 has all the homosocial bonhomie, phallic identification, and denial of homoeroticism, that characterises heterosexual

men's consumption of hard-core porn. Hard-core has always been defined by the visibility of the erect penis - displayed for the edification of a largely heterosexual male audience. In terms of pornography, the penis has never been bigger or harder than it is now.

Current hardcore conventions determine that there are no soft cocks and no display of the process of male arousal - only up-standing penises, and usually very large ones at that. This pornographic 'phallus' is a biological fiction. It is plausible only within the representational conventions and production technologies of hard-core, authenticated by the logic of homosocial fantasies of gender, where performers are cast for their endowment, and where filming, editing, lighting and grooming techniques obviate the natural vicissitudes of the penis. But in the age of Viagra's "second sexual revolution" this biological and representational fiction is becoming a biotechnological reality.

I would suggest that the conventions for depicting sexual acts in heterosexual hardcore have been changing (Maddison, 2007). Earlier conventions depended upon a Kinseyian logic for their narrative of sexual acts, with representation of the processes of arousal, through to foreplay and on to penetration and orgasm. In contemporary porn these conventions are increasingly displaced by a spectacular array of mechanised cycles of penetration, whose only organising logic is the performing, and ejaculating, penis; little, if any, emphasis is given to the physiological stimulation of women (Maddison 2007). Alongside this convention is the rise of what Lauren Langman (2004) has described as "grotesque degradation": the increasing standardisation of extreme forms of sex acts with emphasis on female degradation – "cum guzzling sluts", multiple penetrations, choking, vomiting and so on. At one time such degradation of women was confined to Gonzo genres, but can now be found in most films from the studios whose titles dominate the monthly rental and sell-through charts in *Adult Video News*.

Where it might once have been true, as Linda Williams famously suggested, that porn was driven by the fantasy of capturing the "truth" of female sexual pleasure ("indiscreet jewels") – even if its frenzied gaze upon the female body was in fact a "narcissistic evasion of the feminine 'other' deflected back to the masculine self" (Williams 1990: 267) – now porn offers the spectacle of bodies disciplined by Post-Fordist logic. According to Paul Willeman hard-core offers a "thoroughly industrialised concept of a newly formatted body...divided into and reduced to its components...reduced to their specific, specialised capacities", and treats men as "plant" and women as "meat" in a display of "phallic endurance" in which "women are the raw material" (2004: 21).

The period during which the standards in hardcore have become more extreme, coincides with a

period of massive expansion in the porn business itself (O'Toole 1998: 80). In 1985 there were 75 million video rentals in the US, by 1996 this had risen to 665 million and by 2002 there were 2.9 billion rentals. Current estimates of the worth of hard-core, in terms of rental, sell-thru, pay-per-view, and online distribution, are as high as \$20 billion (Maddison 2004). As porn has banished the limp penis, and its representations have become more extreme in terms of phallic display and female subjugation, its profits have soared. Charles Bernheimer has noted that unlike the phallus, its cultural-symbolic counterpart, the corporeal penis is "capricious[ly] variable", with erection but one, relatively incidental, phase of its embodiment (1992: 116). In the pornotopia, Giles Brindley's biomedical penis realises a homosocial fantasy of phallic prowess that erases anxieties about capricious variability. As David M. Friedman puts it: "the longest power struggle in every man's life is over, the uncontrollable has been brought to heel, and the ultimate male fantasy has come true: a penis that is hard enough to satisfy the most demanding women. Maybe even a bunch of them." (2003: 256) But what are the implications of the plausibility of this fantasy, when only a penis biomedically enhanced, in line with pornographic expectations, can be "hard enough"?

A Biopolitics of the Penis? Economic and Biological Reproductivity

Hubert L. Dreyfus and Paul Rabinow suggest that in the popular imagination, open and unapologetic articulation of sexuality is somehow synonymous with the idea of freedom from repression, and from capital (1982: 129). This is nowhere more apparent than in relation to porn, where the link between sexuality and freedom is made explicit in the equation between porn and freedom of speech – especially in the US, where The Free Speech Coalition is a powerful political lobby group on behalf of the porn industry. Two generations of feminist and queer activism and scholarship have questioned this connection, many variants of which have deployed Foucault's understanding of the discursive power of sex to constitute and discipline bodies and populations. In the first volume of *The History of Sexuality* Foucault notes the emergence of the biopolitical body in the eighteenth century as a key element in the development of capitalism (1978: 140). For Foucault, sex was a critical instance of bio-power because "on the one hand it was tied to the disciplines of the body" (1978: 145) and "on the other hand, it was applied to the regulation of populations" (1978: 145) and thus became "a crucial target of ... power organized around the management of life" (1978: 147). In this context, myths of freedom associated either with the restriction of pornographic representation or with the unfettered expression of eroticism are less important than understanding the disciplines exercised upon bodies and populations by pornographic bio-power. This has, to some extent, always been the case (porn is bio-power: straddled firmly between knowledge of the erotic body and discipline of the reproductive population), but the current nexus of biomedicine and pornography poses new challenges for understanding the contemporary technologies of bio-power, not least because these technologies

help reproduce the specific conditions of capital that currently prevail. Currently I would suggest that biomedical/pornographic bio-power is a significant technology for shaping competitive individualism: “the hegemonic ideology of contemporary neo-liberalism” (Gilbert, 2004).

In their polemical essay ‘Biopower Today’, Rabinow and Rose (2003) argue that sexuality and reproduction have become increasingly decoupled since the 1970s, and identify three distinct areas where reproduction is currently a matter of biopolitical urgency. Firstly a trans-national concern with the economic, ecological and political consequences of reproduction; secondly the politics of abortion; and thirdly the rise of reproductive choice in the West, where infertility has become a medical condition. They assert that: “the principal biopolitical achievement” in all three areas “lies on the axis of subjectification” where “apparent choices entail new forms of ‘responsibilization’ and impose onerous obligations, especially... upon women” (2003: 15). A similar subjectification of the individual occurs in biomedical discourse of ED, which affects a moral imperative that defines what is functional for the individual (ie. a flaccid penis is emotionally and sexually untenable). And we can find a similar process of subjectification at work in porn’s post-Fordist formatting of the body – defining the body in terms of components with specialised capacities. Both porn and biomedicine also subjectify bodies and sexuality as a function of client-server relations. The on-demand ever-hard penis isn’t ‘owned’ by a man taking Viagra – it’s only available in the context of a long-term financial contract with Pfizer. Similarly, as pornographic commodities proliferate and pornographic bio-power determines modes of eroticism for individuals and populations, sexual fulfilment and sense of self are increasingly dependent on medium-term contracts with porn producers. And Langman and others argue that porn offers men compensatory masculinity that ameliorates the political and economic realities of neo-liberalism and constitutes women as objects of degradation “in retaliation for their assertiveness” (2004: 201).

However, in contrast to Rabinow and Rose’s contention, in both the contemporary form of hardcore, and in biomedical discourse, I would suggest that here we can perhaps see a trend towards drawing reproduction back into the sphere of sexuality, from where it was indeed uncoupled in the latter decades of C20th. Both porn and biomedicine place an emphasis on the viability of the body in terms of virile physiology: the primacy of penetrative sex, and of submissive and passive women, the exchange of body fluids (fetishised in the money shot and in the rise of bareback and risky sexual activity, semen transmission – eating, licking, running from orifices), and the efficacy of the sexual self as a physiological self. Certainly this sounds like “an anatomo-politics of the human body” but not decoupled from “a biopolitics of the population” as Rabinow and Rose suggest, but instead reinscribing sex into reproduction (2003: 14). The extent to which we can identify a synergy between biomedical discourse and pornographic discourse at the level of bio-

functionality infers that the effect of power/knowledge here lies not only in discipline of the individual body, but in a concern with the fitness of the population. Sex, in the porn/Pharma nexus, becomes intimately connected with the politics, economics and technologies of reproduction. I would argue that this is related to wider anxieties about fertility and reproduction, in the context of a new kind of patriarchal hegemony. This hegemony represents a complex negotiation of post-feminism and post-gay liberation, the shifting politics of the family in neo-liberalism, and of continuing fears of racial and national penetration. It offers men ways of adjusting to shifts in the politics of sexuality and the increasing dominance of consumerist forms of masculinity. In the aftermath of identity politics and feminism the sexual self isn't a political or empowered or subcultural self, but becomes a plausible subject as a sexually performative, individual self.

A key context for understanding the biopolitics of the porn/Pharma nexus is the privatisation of life resources, the emergence of new biomedical forms of labour, and the exploitation of women. As Waldby and Cooper (2006) have argued, the biomedical industry, particularly in relation to the reproductive bioeconomy, depends upon unregulated female clinical labour outsourced to Eastern Europe, the former Soviet Union, China and elsewhere. They suggest that this is the same pool of female labour used in the sex industry (literally – it is the same women working in both). I would suggest that there are also similarities between the kinds of labour undertaken by these women in the two industries. In both, the extraction of surplus value isn't just a matter of exploiting labour power, but is instead dependent on invasive and potentially dangerous use of the body's biological systems. Not only are the means by which functional participation in 'life' being privatised, in terms of social relations and cultural meanings, but the materiality of the body itself, at the cellular level, and as tissue, is now commodified. This has urgent implications for the politics of sexuality, and requires us to frame new lines of inquiry and new critical concepts.

The biopolitics of the penis demonstrate ways in which this appendage, always over-determinedly related to the transcendental signifier, is being constituted as a vital organ, through which new responsibilities and obligations are being materialised, and new understandings of bodies in cultures and economies are being conferred. The porn/Pharma nexus has installed new conditions on the functionality of the penis, and made erectile function a sexual and emotional imperative. But the significance of this biopolitics of the penis extends well beyond new standards of erotic competence, and offers insights into the way in which neo-liberalism constitutes bodies and populations as organisms congruent with its ideologies, and subject to its exploitation as economic surplus.

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