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Meika Loe

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Abstract This article reveals women aged 67 to 86 making sense of sexuality in the Viagra era. Drawing from interviews, survey data and content analysis of newspaper advice columns, I argue that senior women use Viagra as a vehicle to discuss and critique sexualized masculinity, sexualized culture, sexual obligation in marriage, and sexual health and pleasure. This data complicates and fills out existing qualitative research on aging and sexuality, while rejecting popular assumptions that the elderly are asexual. These women use Viagra to discuss pleasure and danger in their lives, to tell sexual stories, to build community, to critique social institutions, and even to promote social change in the 21st century.

Keywords aging, masculinity, sexuality, social institutions, Viagra, women

Meika Loe

Colgate University, USA

Sex and the Senior Woman: Pleasure and Danger in the Viagra Era¹

In 1997, *Newsweek* ran a cover story introducing a new pill for impotence that was soon to be approved by the FDA (Food and Drug Administration).² Soon afterwards, letters to the editor, many penned by women, expressed concern about the arrival of this new drug, Viagra. One letter read, 'We don't need more virile senior male citizens thinking they are virile teenagers. We have enough of that already. What about birth control for men, that's what we really want!'³ What seemed like a lone critical voice on Viagra in 1997 was joined by many in the years to come. Many of these letters, addressed to magazine editors and newspaper advice columnists, it turns out, were written by senior women.

Women's perspectives and opinions are largely absent when it comes to the Viagra phenomenon. Sex is still seen as male terrain, with women silent partners at best.⁴ In part, this silence is due to the equating of 'erectile dysfunction' with heterosexual masculinity and male responsibility, leaving

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little room for women's experiences. But by leaving women out of the picture, we are only seeing half the story. Several months after Viagra's debut in the United States, I set out to discover how women have been affected by erectile dysfunction and Viagra. In order to find out I talked with some of the wives and partners of senior Viagra users, as well as women who have no direct relationship with the drug. These senior women had different experiences with and opinions about Viagra, and each had important, and often surprising, things to say about sexuality in the Viagra era. Their comments shed light on how elderly women view sex and pleasure, and whether they would like to have a 'female Viagra' pill.⁵ Senior women discuss Viagra in terms of their own pleasure and danger, as well as their partners' and, rather than confirming stereotypes about masculinity, they often question social expectations related to gender, sexuality, marriage and health. Most importantly, the introduction of Viagra seems to have provided senior women with a rare opportunity and permission to discuss their sex lives.

Methods

I met these senior women through two senior citizen organizations in southern California: a singles social club and a seniors-only summer school.⁶ I surveyed about 80 male and female seniors, 38 of whom were women and, of that group, I conducted eight follow-up in-depth interviews by phone. These women, Agnus, Annette, Bette, Doris, Hilda, Nora, Pauline, and Sally are the focus of this article, coupled with anonymous survey data.⁷ At the time of the interview, they ranged in age from 67 to 86 years of age. Most were living either in Florida or southern California, approximately half were Jewish, and all were white, heterosexual, middle or upper middle class American citizens. What they all had in common was an interest in discussing Viagra. They all had different relationships to Viagra: four had partners who had tried Viagra, others had friends who used the product, and a couple only knew of Viagra through news reporting or conversations with friends. Importantly, all but Bette, who was divorced, were widows. At the time of our conversations, Bette and Doris were actively dating, while the others were not.

In open-ended conversation phone interviews, I asked senior women to discuss what the availability of Viagra meant for women, men, and society at large at the turn of the century. Not once did I ask a question about sexuality. Despite this, my questions about Viagra were seen as invitations to discuss, critique, and construct sexual desire, health, obligation, gender roles, and culture. Thus, Viagra provided me with a non-threatening entrée into women's sexual lives and stories, something I had not anticipated when I set out to collect women's perspectives on Viagra.⁸ Additionally,

this article charts women's more public Viagra-related sexual storytelling through a small purposive sample of Dear Abby and Ann Landers advice columns and various news reports found through focused internet searches. Secondary sources such as advice columns yield crucial information about the social construction of personal problems and counsel.⁹

The 'sexual stories' I collected through advice columns and interviews are personal experience narratives around Viagra use, which may or may not elicit stories about intimacy (Plummer, 1995: 7). For example, Viagra narratives reveal just as much about aging, science and technology, health and medicine, and gender, as they reveal about sex.¹⁰ As sexual stories, they 'flow from the culture and back into it'; thus they are major resources for comprehending a culture and its dynamics, values and changes (Plummer, 1995: 176). Additionally, these stories take the form of 'claims-making' in the sense that these women are making claims, constructing grievances, and locating sexuality within a matrix of social problems they take issue with (Spector and Kitsuse, 1977).

In the tradition of grounded theory (Glaser and Strauss, 1967), this article is organized around common themes that naturally emerged through interviewing and data analysis, rather than pre-selected ideas. Thus, this article explores and analyzes senior women making sense of sexuality in the light of the Viagra phenomenon. It is organized around four recurrent themes that senior women named as salient in the Viagra era: (1) women's sexual health and pleasure, (2) sexual obligation in marriage, (3) sexualized masculinity and (4) sexualized culture. First, a review of existing quantitative and qualitative data on sexuality and aging is helpful to further place these women within a social context.

Pleasure and danger

Senior women's willingness to speak openly about sex is a marked difference from years past. In fact, the idea that senior women are having sex, much less talking about it, cannot be divorced from the legacy and gains of women's movements. Two decades ago, two books were published that changed how most sexuality scholars understood women's sexuality: *Powers of Desire: The Politics of Sexuality* (Snitow et al., 1983), and *Pleasure and Danger: Exploring Female Sexuality* (Vance, 1984). These volumes marked a complex historical moment in women's lives and feminist organization, representing themes and sentiments that existed at a controversial feminist conference held at Barnard College in 1982.¹¹ The conference and ensuing volumes symbolized a growing discussion about the importance of women's sexuality, empowerment and safety as important personal and political goals during late 'second wave' feminist organization, gelling for many the idea that women's experiences of sexuality can

be both dangerous and empowering. These themes are clearly reflected in my senior informants' stories.

Unfortunately, the assumption that sexuality declines and disappears with age has led to gaps and silences in the few landmark national sexuality studies that have been conducted (Goodfellow, 2004).¹² Research by Kinsey in the 1950s and Masters and Johnson in the late 1960s are examples of such negligence as there is little to be learned in these studies about senior sex (Levy, 1994).¹³ Such assumptions about lack of sex may even have informed the latest *Sex in America* survey (Michael et al., 1994) which included only those aged 18 to 59. One notable exception came in 1976 with Shere Hite's *The Hite Report on Female Sexuality* that received questionnaire responses from women aged 14 to 78. According to Hite, one of the major findings was that age is not a factor in female sexuality, or in other words, 'Older women are NOT less sexual than younger women – and they are often more sexual' (Hite, 1994: 29).

Thanks in part to Viagra and Bob Dole,¹⁴ seniors' active sexual lives are becoming more visible, legitimate, and accepted by American society. A 1999 article in *Time International* summed it all up in its title; 'Old Goats and their Libidos: Ever Since Bobby Dole Did that Viagra Ad, The Senior Class Has Been Acting Up' (Morrow, 1999: 78). But several of my interview subjects were eager to point out that seniors were sexually active prior to the Viagra era. As Agnus put it,

These days seniors are still falling in love and feeling young and sexually active again. Is this new? Probably not. It has probably been the case for some time now, but people didn't talk about it. (Agnus, 67)

Understandably, this exposure is creating some discomfort, but it also offers some welcome changes in social expectations. It is in the spirit of this newly expanded dialogue and the new visibility of the sexual senior, that *Modern Maturity Magazine*, the official magazine of the American Association of Retired People (AARP), commissioned a report on the sex lives of seniors (Jacoby, 1999).¹⁵ This 'Exclusive Post-Viagra Survey Report' was a 'study of the sexual attitudes and practices of Americans 45 and older in the first nationwide inquiry into midlife and old age'. In brief, their findings revealed that 'At every age, sex seems to hold greater importance for men than women. According to this survey, nearly 60% of men – but only about 35% of women – say sexual activity is important to their overall quality of life'. Other important results with relevance for this study include: 70 per cent of baby boomers and seniors with regular partners have sex at least once or twice a month; 5 per cent of men 75 and older, and more than 35 per cent of women in that age group say they would be quite happy if they never had sex again; among women in their 40s and 50s, only 9 per cent are sanguine about such a prospect. Additionally, the

survey found that for seniors, a major ‘partner gap’ exists, revealing that more men than women have partners, and over half of the women above 60 are alone (Jacoby, 1999).¹⁶

These data provide a larger context for understanding the voices of senior women in this article. For example, seven of the eight seniors I interviewed are widows reflecting on what *Modern Maturity* calls ‘the end of their sexual lives with the loss of husbands’ (Jacoby, 1999, 45), and, I would add, the potential for future sexual relationships. Furthermore, the fact that many senior women (35%) say that sex is not that important to them as well as the same percentage claiming that they would be content never to have sex again is corroborated in letter after letter to advice columnists since Viagra’s debut. That said, in the interviews that follow, some of the senior women directly contradict this, in fact claiming that it is the men who cannot keep up with their appetites. Women’s sexualities are complicated, and context-dependent. Many of these women came of age during a period when women were not supposed to concern themselves with sexual gratification (and men were not supposed to be overly concerned with their wives’ pleasure), sex for them was officially for making babies. More specifically, those in their 60s confronted a very different sexual and social climate, having been born in the 1940s and coming of age in the era of birth control, for example, than those currently in their 80s, who were born in the 1920s depression era and came of age during the Second World War, amidst more restrictive norms and attitudes. For many of these women, seeing their daughters and granddaughters come of age at a time when birth control and Viagra use are normalized allows them to redefine, and perhaps explore sexuality in new ways. Comments that follow reveal much about women’s sexuality as well as their sense of sexual pleasure and danger.

Women’s sexual health and pleasure

For the senior women I spoke with, Bob Dole’s erectile dysfunction was not the only Viagra story that existed. The effects of Viagra were not solely about men and their sexual lives. Viagra was also a rare opportunity to make sense of their own sexual desires, pleasures, fears, and selves, many times in relation to the Viagra man. For many of the women I spoke with, then, Viagra proved to be an entrée into understanding and discussing their own sexual health.

Bette, an upbeat 69 year old, commented that sexual activity is crucial for overall health:

It is important, sex is. You see kitty cats and they are all fat and you know they are not having sex. Really. And it’s the same with people. It is a really good calorie burner. My doctor told me to see my gynecologist about Viagra for

women. I would, but my SO [significant other] says I don't need a thing. It's chemistry that turns me on, and maybe it takes me longer than when I was younger, but then again, it's all between our ears, isn't it? (Bette, 69)

For many, Viagra and sexual health are viewed in the context of aging, as in Bette's comment here, where she compares sexuality now to when she was younger. For senior women, like men, Viagra may represent the elusive pursuit of youth. One woman responded to my question, 'How has Viagra changed your life?' with, 'It has allowed us to enjoy sex again – makes us mentally feel younger'. Here sexuality is equated with youth, reminiscent of the ways in which male consumers of the drug can construct Viagra as a fountain of youth pill, enabling them to 'feel 18 again'. In contrast, very few of the women I spoke with longed to return to the sexuality of their teenage years. While some would just as soon forget about their sexual pasts, Bette and Pauline volunteer that their 'sexual prime' was post-menopause:

With men they say the peak is at 19 and after that they go downhill . . . I think 42 was my sexual prime. Some women say that the menopause is terrible, but I think it was great – not having to worry about pregnancy, just STDs [sexually transmitted diseases]. (Bette, 69)

Well, menopause made sex less risky for me, and I didn't have to put a diaphragm in every night or interrupt sex for that. The risks were much less, which made it more enjoyable. (Pauline, 81)

Several senior women volunteered that they had been feeling 'sexual urges' in recent years. But for Bette and Nora, this desire is mitigated by concerns with appearing 'oversexed' or sexual in the context of widowhood, or by frustration with finding a willing and able sexual partner in one's age group.

I was appalled that six weeks after my husband died somebody would want to kiss me or I might want to respond because I don't think truthfully that I was what I would call an oversexed woman. I had sexual urges but I never initiated lovemaking too much. And . . . what should I say? I have a friend who had to have a man. Not to sit across a table. But just had to have a man. She needed sex very desperately. It was part of her life to a large extent, without being a nymphomaniac she just needed a man. That's fine but I never had that intense urge because for me there were far more important things in a man than whether or not he could ejaculate. So it's chocolate and vanilla or strawberry and lemon, who knows? (Nora, 74)

I know that my [male] friend can't take Viagra for health reasons and he's so handsome. He wants all of the young women, and the young women want sex. I'm not trying to be horrible, I think it is frustrating as a young woman to want it and be excited and then frustrated. And vibrators are not the same as men. Right? . . . Each person is their own person. But when a woman needs a man, a vibrator just won't do. She wants companionship. And cuddling. And

cuddling gets you hot and bothered sometimes. So you need a man there. (Bette, 69)

Bette implies that a relationship based on cuddling or self-pleasure with a vibrator is not enough. For her, Viagra may be necessary because sometimes 'you need a man', not a surrogate. But actually finding a male partner may be difficult with a 'partner gap' that leaves four out of five women 75 and older without partners (Jacoby, 1999: 45), combined with social trends that lead older men to want to date younger women.

Doris, a witty, practical, sexually active 86-year old, is similarly vocal about her sexual desires as well as her concerns about the lack of potential sexual partners in her age group. For Doris, men are not necessarily in short supply, but *healthy* male sexual partners are. In her comments, given here, Doris describes her desire to have a sexual relationship at her age, as opposed to the platonic arrangements she sees her friends having.

Bear in mind that I am 86 years old, most of my friends are contemporaries. Most felt that [Viagra] was going to be a real nuisance for the ones who were still dating men, and now would have to deal with this new sexual situation that would be part of their relationship. In many cases, they had a 'nice' friendship with men that did not include sex, and as far as they were concerned wanted it to remain that way. They don't seem to be concerned with the health hazards involving sex with men who were dating other women as well as them . . . just not interested in sex. *I was not one of these. I am interested in sex under certain conditions.* Clean bill of health is my number-one priority. Protection is right up there with number one, and I don't care if it does sound clinical . . . that's the world I live in. And I have to say that most of the men I have met have been inadequate in performance, so my conditions didn't either enhance or hinder the act . . . I have about given up on the whole thing . . . not worth the effort . . . at least at the moment. I am satisfied to have someone for company at movies, restaurants, concerts, short trips, etc. I find that the older I get, the less sex has to do with my happiness. And since I am financially independent, I really do not need anyone living with me, I can manage my daily life very well, and doing 'wifely' things is not something I would care to do. If things get to be desperate, there is always a vibrator, which is ready to 'go', providing the batteries are new. Who could ask for more? (Doris, 86, emphasis added)

Unfortunately, Doris's pursuit of pleasure has been thwarted by male partners she has had that cannot 'perform', leading her to give up on finding a sexual partner, and turning instead to her vibrator for pleasure.

I have gone through at least six men in the past 13 years since my husband died. The first one talked nothing but sex, and he was certainly handsome, and thought his penis was the most glorious work of art ever created. With a lot of work, we could manage to get it to stand up for a few minutes, but when it came to actually performing, it would collapse at the thought of what it was expected to do. I have a TV in the bedroom, so we got to see a lot of late night

TV before going to sleep. Number Two was full of ambition, but impotent in every sense of the word. Also alcoholic, which could explain the impotency. The third man lasted for almost three years, with no sex at all. By that time I had decided that it really wasn't my problem, it was theirs . . . and a friendship was just as good as anything else, since we had other interests in common. And that's the way it has been ever since. I am no longer interested in relationships (whatever that is).

Perhaps these comments of sexual dissatisfaction are one reason we never heard from the likes of Elizabeth Dole and the other sexually frustrated partners of senior men. This is the side of the story that Pfizer does not talk about – women's desire for sex and men's inability to respond positively to these desires. These comments show the other side of impotency, that is, the sexual frustration for women. Again contrary to the ideas about sex that we are used to hearing, these women appear to be the sexual initiators in these relationships.

At the time of these interviews, many articles in women's and mainstream magazines had reported on the search for a 'female Viagra'. Such articles quoted primarily baby boomer women saying, 'If men have Viagra, women need something too.' In this context, I asked the senior women I spoke with if they had heard of such efforts to develop a Viagra-like product for women. More than several claimed that such a product could be promising in helping women achieve sexual pleasure.

I do believe that sex is important to have an adequate quality of life. I personally miss the affection and companionship. But I would take a pill to be able to enjoy sex more because my medications may diminish sexual drive. See, life has many aspects and you don't ignore one that will give you pleasure. If I found the right person, I'd try a pill. But I'm probably all dried up and squinched together so I'd have to find a doctor to help me [laughing]. (Pauline, 81)

You know, my doctor said jokingly that there's a Viagra for women. And then when I said, 'Where do I get it?' he got very embarrassed. I said 'How did you hear about it?' He said some women's magazine. He's a Chinese doctor. But he read about it somewhere . . . I don't know what it is, but I would consider using Viagra even though my SO [significant other] says I don't need it. I can't explain it. It would just make me a bit hotter, I think. (Bette, 69)

Both Pauline and Bette make it clear that sexual satisfaction is something that they would definitely enjoy and that both would be interested in taking such a pill. Though, in the following conversation I had with Hilda, it is clear that her interest in such a drug is not necessarily tied to her age, but is in response to her life-long lack of fulfillment with her sex life.

ML: Have you heard about women taking Viagra?

H: I've heard of it. I think it's a good idea. You know, if I had a partner, I think I might have taken it. Because we had a wonderful marriage, but

not a wonderful sex life. It was okay. But the ecstasy that people talk about – I have never experienced it . . . I don't think he would've liked me doing that [taking a pill] . . . At this point in my life, I don't know if I'd chance it. I'm 80, and I don't want to hasten my, you know. So I might think twice about it.

ML: What would be your ideal drug?

H: I'd want to experience what I've read about. The ecstasy.

ML: Do you mean libido? Orgasm?

H: Yes. I have two friends who make reference to the fact that they have had wonderful sex lives. They are both widows. And both very unusual for my generation since they've had more than one partner. One told me that she never experienced with her husband what she had with another man. So maybe some guys do it better than others. I wouldn't know – I've only had one. And this is the way I'm going to finish. (Hilda, 80)

Hilda's comments illustrate one of the key differences between male and female desire for Viagra, or a Viagra-like drug: while men may need the drug to help them continue their sexual pleasure, women may want the drug to discover theirs for the first time. In a positive sense, then, the public discussions of Viagra clearly have enabled some women to openly discuss their sex lives, for better or worse, and to ask their own doctors for solutions. Still, these women are also aware that sexuality exists in relation to the medication they and their partners take (with a growing list of side effects that require other medications to balance them out), and that there are often trade-offs between sex and health. Particularly for Hilda, the promise of sexual fulfillment and enhancement is tempered by the risk of 'chancing it', or 'hastening' death, an issue that male consumers, particularly those with Viagra risk factors, must negotiate as well. Hilda and Pauline conflate sexual hopes with health risks, unable to separate the two. For them, sexuality occurs against a backdrop of continuous aging and health concerns. Additionally, this bleeding together of promise and risk discourses is relatively common, revealing women's confusions about what Viagra can offer in the realms of sexuality, health, and aging.¹⁷ Finally, for Bette and Hilda, consumption of a Viagra-like product would take place in the context of a relationship, where husbands or boyfriends may 'disappoint', clearly complicating and constraining their choices.

While some of the women discussed fears for their own health in relation to a Viagra-like drug, they clearly had concerns about men and Viagra. In the next extracts, Nora and Doris evaluate the health risks for male Viagra users in the light of what they view as male desire for potency:

You have to be so careful with meds because of the side-effects. Especially with the Viagra, I understand that if men are on nitrates, they can't take it. Who would want a man to have a heart-attack in the middle of enjoying sex? (Nora, 74)

As for my thoughts about taking medication for sexual prowess, I can see that it might be a useful tool for younger people with a problem. As for older men, especially with Viagra, which has a spotty medical history at best, with heart attacks and sudden death as some of the side effects, I think it is unacceptable. My own feeling is that it is not all that safe, and if I were a man I would not take it. It was not originally invented for this use anyway . . . I think it was for hypertension or something . . . Having said that, I also know that some men would risk anything to prove how manly they are. (Doris, 86)

Like most Americans, Nora and Doris have been exposed to media reports warning that if taken in the wrong circumstances, Viagra can be fatal.¹⁸ Despite such warnings, each woman balances potential for physical risk with potential for masculine potency, something they felt their husbands greatly desired. Nora and Doris find this a dangerous balancing act with ramifications for men and women. Nora is concerned about having a male partner die during lovemaking. Doris also highlights the risks for older men, but concedes that 'some men would risk anything to prove how manly they are'.

While Viagra encourages discussions of individual health, it may also prove to be a risk to the health of senior communities. For example, there has been much recent concern about increased sexual activity among older people leading to the spread of HIV in senior communities.¹⁹ Because of the new-found attention on sexually active seniors, and recently launched 'preventative' efforts, I was not surprised to find seniors discussing the spread of HIV in their communities. The following extract is from a large-group discussion between a group of senior women (SW) from Florida enrolled in a summer education program and myself (ML), about Viagra and its social implications for senior communities:

ML: Do you agree that seniors are more sexually active than ever? [some heads nod]

SW: At a Barnes & Noble presentation, they gave out condoms to the seniors and told them to be careful.

SW: The HIV is coming from widowers who aren't ready to give up sex and so they find prostitutes. Those are the ones spreading HIV among seniors!

Here, senior male Viagra-users are seen as the disease carriers, and are thus blamed for rendering senior communities at risk. Interestingly, prostitutes are not to blame; instead it is members of the senior community who are at fault. These women express concern that senior men are more sexually active than ever in the Viagra era, an assumption that, as Agnus pointed out earlier, may be based on increased discussion of sex and aging rather than actual increased behavior. In addition, sexual activity and desire is publicly equated with the widowers in the community, further reinforcing gendered stereotypes of women as asexual or sexually passive,

and men as (out of control) sexual initiators. As we've seen in earlier comments, such stereotypes do not always prove to be the case.

Marital duty

Men's sexual desires can be threatening in the senior community as well as in the home. Two anonymous senior women suggested that the introduction of Viagra resulted in sexually rejuvenated husbands, and unprepared, sometimes fearful wives: 'I would wonder how many women are relieved that their active sex lives are over, and are petrified that their mates will take Viagra.' The other said 'It [Viagra] has rejuvenated some men – women are not prepared.'

In response to my survey question, 'How has Viagra affected seniors' lives?' the second most common response by senior women was to emphasize danger over pleasure, expressing concern about Viagra as a potential risk to women's emotional health in the context of a relationship. In this section women talk about Viagra in the context of (changing) marital and sexual arrangements and obligations. Specifically, they use Viagra to critique and respond to traditional marriage scripts and ideas about marital duty.

Two months after Viagra's debut Jane Brody, writing for the *New York Times*, reported on 'Facing Viagra's Emotional Ripples', or how Viagra has contributed to exposing marital conflicts that otherwise might have remained buried (Brody, 1998). This article was in response to an article published earlier that month in the *New York Times*, entitled, 'Some Couples May Find Viagra a Home Wrecker' (Nordheimer, 1998). This piece emphasized the risk Viagra represents for the health of the married couple, including 'devastating side-effects on relationships' such as new sexual pressures sometimes leading to divorce and extramarital affairs. Whether Viagra represents hope or danger, the existence of such a product, and the increased sexual pressures that follow its use raise new concerns for women regarding marital obligation and sexual duty. In the next extract, Bette discusses Viagra in the context of what she sees as a woman's obligation to please her man.

My SO [significant other], he uses Viagra, and you know, we are not sex maniacs, but we do enjoy this. And he's such a nice person. I'd never tell him no. Sometimes you have to give a little, when you know what they want. But once or twice he's seen blue lights, and that is a little bit of a problem. But I think it really does help for the man. It must make him feel so great to be able to hold an erection. And you know the woman has something to do with it too . . . I'm learning so much about men now. Sex was so taboo when we were younger. But now I'm learning so much. I talk about it all the time. Talk to my SO. See, life is about sharing and socializing. It's not necessarily about sex or

not. But you do have to put in a little bit of effort in terms of what men want to do. (Bette, 69)

Similarly, Annette points out that women will 'go along with it' in the context of a good relationship; otherwise, they may wonder why they should bother. Several years after Viagra's debut, some women are now finally communicating their lack of interest in sex.

A: For men, it's a put-down if they can't have an erection. Women can simulate it and if they are happy with their man, they'll go with it even when it's not the height of enjoyment. They'll do it to make their husbands or lovers happy. You know, as the jokes wore off you were able to have a more serious discussion related to Viagra. So you're getting to feelings now, which [women] didn't dare express before. I don't have this type of conversation amongst men, unfortunately. But I do discuss this with women. Now they are looking at it more realistically than when it came out. They were ashamed. Too many years of being ashamed if they weren't a willing hot sex partner. But – now it is coming out that they could live without it.

ML: You mean sex is not a priority?

A: Not in the older age group. (Annette, 81)

How far does one have to go to make a husband happy in the Viagra era? Concerns about 'pleasing one's man' have surfaced in the Viagra era, not only in interview transcripts, but more visibly in advice columns.

Confusion about a woman's sexual duty to her husband in the Viagra era led many senior women to write to *Ann Landers* for advice in 1998. In each of these letters, these 60-something female authors are concerned about their husbands using Viagra, stating that they are 'tired' and uninterested in sex. Despite their strong stances on not wanting their husbands taking Viagra, these women are hesitant to bring their concerns to their husbands as it is contrary to what they have been taught about marital obligation. Instead, they suggest that they have 'earned a rest', and then ask for Ann's comments. Here are two examples:

Dear Ann: I am 62 years old and the mother of six grown children, and I was thrilled when my 64 year old husband began to slow down (if you catch my drift) about two years ago. I never was crazy about sex, but being from the old school, I listened to my mother. She said a woman should never refuse her husband because if he isn't taken care of at home, he will look elsewhere . . . So now what happens? A pill called Viagra is invented and the old goat is back in the saddle again. I do love my husband, Ann, but I believe I have earned a rest. Besides, these pills cost \$10 each. Last week he took four. Do you have any advice on this subject, I would like to hear them, and I'll bet thousands of other women would too. – Nameless in Ohio (Landers, 1998a.)²¹

Dear Ann: My husband (age 68) got all excited when he read about that Viagra pill. He has been dead as a doornail for five years. His doctor said it would be OK for him to take the pill, but not to expect miracles. Well, so far nothing has changed regarding his 'condition' but he is wearing me out trying to prove that he is a frisky young colt again. Please tell those smart-aleck scientists and those big drug companies to work on a cure for cancer instead and quit running the lives of millions of women who have earned a rest. Thank you. – No name in Abilene, Kansas (Landers, 1998a. See note 20)

In these letters Viagra is constructed as a 'wonder drug' that turned inactive husbands into sexualized animals (an 'old goat' and a 'frisky young colt'), leaving their wives frustrated and 'worn out'. While their husbands may embrace Viagra's promise, these wives see only risk in buying into frivolous scientific solutions, and expensive drugs. Questioning marital duties gives these women a way out of the Viagra trap. Both wives imagine that they are not alone in their hesitation about Viagra's role in their marriage. Their letters may be motivated by desire for emotional support from *Ann Landers*, but it is Landers' female readership that the authors seem most interested in engaging in a dialogue. Rather than hanging their heads in shame, authors see their letters potentially reaching thousands, and use their personal troubles to invite other 'tired' women (like them) to make themselves known, insisting that such a community exists.

Landers responds consistently in a detached way, avoiding the question of marital duty. Bypassing these women's concerns and complaints, she responds with positive accounts regarding Viagra use and warnings about Viagra's health-related side effects.

Dear Nameless in Ohio: I have already received a ton of mail about Viagra. Most of the readers are calling it a 'godsend' while about one-fourth of those writing say they wish their husbands had never heard of the drug . . . The pill is enjoying widespread acceptance but this miracle drug may have some [health-related side-effects], so, my friends, beware. (Landers, 1998a. See note 21)

Dear Abilene: You told 'em but don't be surprised if nobody listens. While you may or may not be thrilled with your husband's renewed interest in sex, let me assure you that a great many women are grateful for Viagra and have written to say so. (Landers, 1998a. See note 20)

By avoiding the marital concerns raised by a minority of her letter-writers, Landers focuses on the Viagra-as-miracle and medical danger story supported by the mainstream media. In the process, she reinforces the idea of duty associated with marital love. In a further letter to a woman in Philadelphia, Landers espouses her own beliefs on marital duty, upholding the idea that love for a husband requires helping *him* enjoy the ultimate in marital bliss. Landers seems most interested in helping these Viagra wives attain happiness or relief through pleasing their husbands. The

'downside' here is not the erasure of women's sexual desires, but the health-related risks for the man.

Despite Lander's traditional views on marital love and obligation, and the thousands of letters that seem to agree with this and the promise of Viagra, an almost equal amount of letters written to advice columnists in general reveal a letter-writing movement made up of Viagra wives opposed to Viagra and what it represents, collectively rethinking marriage, male potency, and traditional gender roles in the Viagra era. *Dear Abby*, another major national advice column, posted this letter from a female baby boomer in September of 1998, which ends in a call for honest data on how women are feeling about sexual duty.

Dear Abby: My husband is of the opinion that if a woman doesn't enjoy sex right up to the grave, there must be something wrong with her. At age 50, after 30 years of marriage, I would like to forget sex altogether. Believe me, I've paid my dues. Where is it written that a woman should be ready and willing to perform every time her man beckons? I suspect that many women just go through the motions because they want to do something for the men they love. I can't believe I'm the only woman who feels this way. Please poll your readers, Abby. If they are honest, I think you will find that I am right. – Tired in Lincoln, NE, (September 1998. See note 20)

Dear Tired: I invited women to send me an anonymous postcard stating whether they agreed or disagreed with Tired. Here were the results:

Agreed 114,005

Disagreed 113,601 (Van Buren, 1998. See note 20)

The responses *Dear Abby* reports reveal how salient the issue of duty must be for women in the Viagra era. In stark contrast to Viagra-related pleasure as modeled in Pfizer promotional materials (revealing happy heterosexual couples dancing and touching), it turns out that hundreds of thousands of women are writing in to their local papers to talk back to products like Viagra – which can exacerbate various social pressures to be sexual – insisting that they are 'tired', they have 'earned a rest', and they have 'done their duty'.

Saying no to marital obligation has many possible outcomes. For some, it means ending a marriage. For others it means negotiation:

I know some women stop sleeping in the same bed with their husbands. But obviously there was no longer a desire or a need. These women, if they ever encountered a husband who suddenly woke up and said here I am and I can do this, they find that they don't want to. It's everybody's right to say yes I do or no I don't. If they feel strongly about the relationship, they'd probably hang in there. (Sally, 75)

And in extreme cases, forced sexual obligation may lead to murder, as

explained by the editor of *Ladies Home Journal* in a comment on public television's talk show, *To the Contrary* (KCET Television, 2002). According to this magazine editor, some Viagra wives 'aren't so thrilled' with their husbands' newfound potency, pointing to the case of the 'New York woman who shot her husband after he used Viagra and forced her to play along'.

Sexualized masculinity

While women may disagree about whether Viagra represents for them sexual pleasure or danger, most agree that Viagra cannot be disentangled from masculinity. In interviews and anonymous surveys, women commonly discuss Viagra in regard to men wanting to achieve confidence, youth, vibrancy, and normalcy. In the following quotations anonymous female respondents to my survey comment on the promise of Viagra for the 'old guys'.

'Viagra restores feelings of normalcy and confidence, I think -.'

'Bob Dole claims he has benefited from it.'

'It gave the old guys a chance for their last hurrah.'

In contrast to the empathetic voices revealed here, some senior women have been openly resistant to the efforts that scientists and pharmaceutical companies have made to promote male virility, as revealed in the letter to the editor highlighted at the beginning of this article. Whether women draw on humor, empathy, or anger, most agree that Viagra, from the very beginning, was about promoting a kind of sexualized (youthful) masculinity. Widows Pauline and Doris laughed as they recalled when and what they first heard about Viagra. For them, Viagra creates a perfect caricature of sexually out-of-control men.

ML: What did you hear about Viagra?

P: That it makes you want to have sex if you are older. As a matter of fact, there was even a sitcom, *Mad About You*, where he had taken a Viagra and he was running around trying to connect with her. The idea is, it makes you have the urges and the erection and it lasts supposedly longer or certainly more frequent. And that was what I heard. I think that *Mad About You* probably helped to popularize it even more. That was a great program. (Pauline, 81)

The first time I heard about Viagra, it did not have a name . . . We have a female talk show host in Florida who I listened to on the car radio practically daily, since she was on from one to three o'clock and ordinarily I would be going shopping or doing my volunteer work, and about three years ago, she started talking about this new drug that could be taken any

time by men, and would give them arousal and erection. I almost went off the road into a tree when I had this mental image of all those men leaving work at 5 o'clock, taking their pill, and having an erection on the way home, timing it to be most effective. Just thinking of all those cars with men and their penises pointing north even now gives me a chuckle. (Doris, 86)

By mixing advertising and television images with humor and stereotypes, Pauline and Doris, sexually active seniors, associate Viagra with a particular performance of sexualized masculinity that paints a picture of masses of men led by their erect penises. Such associations fit nicely with common, yet potentially damaging cultural expectations about sexually unrestrained men.

At times during our conversations, Viagra humor turned serious when senior women discuss their male peers empathetically as vulnerable victims who need Viagra, or mockingly as desperate, ego-driven individuals who think they need Viagra. In the following, Agnus, Pauline, and Bette try to imagine what it feels like for a man to suffer from impotence. Agnus says her friend uses Viagra to feel 'complete' again:

He told me, 'You can't understand how it makes a man feel'. When he can't perform he said it makes him feel like not a whole man. Once he started using the Viagra . . . he feels like a whole man again. (Agnus, 67)

Pauline compares the loss of penile functioning for men to loss of a breast for women, a comparison that several of my male interview subjects made as well.

I had a breast lump when I was 55 years of age. And I was hysterical because I didn't know what that lump was and I said if I get my breast removed, you won't love me anymore. I think that women have a very keen sense of breast importance to their bodies. And I think that the breast is very important emotionally to a woman . . . The same thing is true when a man has prostate surgery and so frequently men become impotent . . . I think that the male feels that that organ's function is very important to his machoism, or whatever you want to call it. That is why Viagra has become so important to the male mentality. (Pauline, 81)

And Bette sees manhood as continually tested by history, with impotence as yet another test of male success.

When you think and read about US history – what these men have gone through. Korean War, Vietnam, or WWII, they have had these experiences and have sustained injuries too. I guess when they are at the height of passion they don't want to worry about failing . . . And what do they call that where they can't control their bladder? It really is sad – so few men around and the ones who are around, they may have these problems. So what do you do? (Bette, 69)

While some women empathize with men and their need for Viagra, other women construct male Viagra consumers as ego-driven, desperate, and penis-centered. In this way, Doris and Nora use Viagra as an opportunity to mock masculinity.

Among the older population, impotency is very real, and since men judge their success in life to the activity of their penises, you can see how they would drink hemlock if it gave them an orgasm. (Doris, 86)

Men feel so much of their manhood is involved in sex. And if they can't perform they just are devastated. They can't hide it like a woman can fake an orgasm. So that's my thinking. . . . [But] some of the lengths that a man would go to maintain an erection is amazing. Like that pump thing. I don't know how anyone could have a pleasurable encounter by pumping it up. For me that would be a terrible turn-off. But it is very important for a man. (Nora, 74)

Together, these senior women explain Viagra's popularity among men by focusing on the importance of masculinity. For Nora and Doris, Viagra exposes men as needing to be 'macho', wanting to 'show off', and going to 'great lengths' to produce and maintain erections. While each woman projects different motives for men using Viagra, most agree that Viagra's success is due to male vulnerability and insecurity, and the perceived role of sexuality in proving one's masculinity. This characterization certainly matches up with the earlier comments made by the male users of Viagra. In this sense, one can certainly see why Pfizer would repeatedly choose to sponsor male sporting events like car racing or baseball.

Sexualized culture

While most seem to agree that Viagra produces and reinforces sexualized masculinities, some of the women I spoke with located Viagra and sexualized men under a larger umbrella representing potentially dangerous, large-scale cultural changes that affect everyone. In the following quotations senior women conflate this quick-fix pill culture with heightened emphasis on sexuality and the sexual fix. In this way, they associate the increasingly sexualized culture they live in with an over-emphasis on masculine ideals. As a result, sex is used to demonstrate physicality and efficiency, rather than romance and feelings.

Let me tell you my objection to Viagra. Number one, the whole sex act has become more physical than emotional. All of that preparation an hour in advance, it makes sex not grow out of a loving feeling. It becomes planned and purely physical. And I just don't like that. The whole idea of sex has become so physical. Such gymnastics involved! And while I'm not opposed to experimentation and variety – not at all – it's become only that. The love is missing. The affection! (Annette, 81)

When I was growing up, sex wasn't something you admitted you enjoyed. There's a lot of change in the generations. As to what was talked about, known. Today it is almost too open. Today they don't leave anything to the imagination. Some of it is charming when it isn't all revealed. (Nora, 74)

Annette and Nora both construct stories about how American cultural norms and sex roles are changing in dangerous ways in the Viagra era. For them, Viagra is the instigator of, or the scapegoat for, changing sexual norms. Nora links this cultural change to a generational shift in sexual discourse, which is 'too open' today, leaving no sexual mystique. Concurrently, Viagra is to blame for an increasingly sexualized culture that promotes promiscuity:

The culture is teaching younger women that a violent physical sex act is part of them. And if they feel that is what they want, they will look to the pill to give it to them. And maybe it will, I don't know. But for older people, if they don't have a loving relationship, of which sex is an outgrowth, I don't think they are interested in the pill . . . It satisfies a man to have an erection and perform. It doesn't satisfy a woman because all of that other stuff – the loving stuff – is missing. (Annette, 81)

Viagra itself is not the only factor to blame in a culture dangerously focused on the sexual fix. In the next extract, Nora mentions women's movements as central in the increasing masculinization of sexuality in society, leading women to act too much like men and ignore romance, intimacy, and emotions:

Today a lot of the romance and closeness has been eliminated from our culture because of women's liberation. Not that women shouldn't be entitled to enjoy sex as a man, but its different. There is too much promiscuousness. I don't think you have to sleep with somebody every time you go out on a date. I think we've lost some respect for the sanctity. I don't say people shouldn't live together, I'm not a prude, but I just think that sleeping around has become sort of commonplace. It is bad emotionally for women, especially. It has changed men's view of women. And I also think it's a danger as far as pregnancy and contracting sexually transmitted diseases. There it is in a nutshell. (Nora, 74)

A move towards masculine sexual ideals is also implied by Agnus:

What is important to me is being in love. I wouldn't be with someone just for the sex. This is a woman's point of view. That love and affection are more important than sex. A man would say the opposite. That sex is most important. (Agnus, 67)

Together, Agnus, Annette, and Nora blame Viagra for promoting new problematic cultural expectations and pressures related to sexuality. They construct women's sexuality as emotional, mysterious, and romantic, as opposed to male sexuality which is non-emotional and physical. With Viagra, and larger social forces such as women's liberation, these senior

women claim that masculine sexuality has set new and dangerous standards for women and society.

Despite the cultural shift towards masculine ideals and sexual pressures, Sally, Annette, Doris, and Hilda suggest that Viagra is representative of a problematic quick-fix, 'pill culture', where a drug exists as a solution to every problem or as an enhancement to every lifestyle. What these women contribute to the conversation is a sense of being 'caught' in a pill culture that both promotes and benefits from people's limited tolerance for personal discomfort, as well as a culture that excludes people who cannot afford these solutions.

My feeling is that if Robert Redford wants to come get me, and needs Viagra (what an evil thought) I would get some for him. But on a serious note, no, I do not believe in the pill being the answer to sexual problems. Today we have pills for everything . . . it seems to be a cultural thing now. (Doris, 86)

The only thing that bothers me about this when I hear about all of these wonderful opportunities is the price. I think the price is going to leave even the middle classes behind. The insurance companies may not want to pay for some of these high-priced wonders. But I do think that the rich will have a greater advantage in all of these things. (Sally, 75)

People's tolerance levels are really low. If it hurts, go get a pill. I'm not like that. I figure you should fight it. Like here at the pool, I tell people with arthritis to go in the pool, because water is good for it. But they'd rather take a pill. I wouldn't. It's too easy to take a pill. Even a diet pill. They'd rather take a diet pill than go to a gym. (Hilda, 80)

In general, Doris, Sally, Hilda, and others are using Viagra to construct and critique changing cultural norms and values. Problems associated with the Viagra era include harmful sexual norms and expectations, prohibitively expensive prescriptions, a quick-fix ethic, and an under-emphasis on romance and emotions. In this way, senior women storytellers suggest that Viagra offers more harm than good for women, sexuality, and relationships, butting up against medical and mass media constructions of Viagra as a solution to social and medical problems.

Conclusions

In the rush to praise and hype Viagra, most of us tend to forget about, or simplify the 'other side' of the Viagra story. But women have much to say about Viagra, and their voices are worth listening to. Women in this article reveal complex sexual identities, desires, and fears. This 'messy' side of sex and sexuality, for both men and women, is repeatedly obscured, simplified, or ignored by scientists, journalists, and marketers. The women in this article want us to question such cultural expectations, and to question

a cultural phenomenon that ends up reinforcing ideas about sexuality conflated with manhood and male desires. At the same time, they remind us that everyone is a product of their culture, and all of us have complex and conflicting ideas and feelings about sexuality in the Viagra era. Women are caught up in the social realities of our time including medicalization, gender and sexual oppression, and increased commercialization, perhaps even to a larger degree than men. In addition, whether taking a pill or talking about our desires, all of us are sexual agents, actively defining sexuality in our own lives.

In this article, senior women struggle to make sense of gender, sexuality, and health in their daily lives, a process that remains private and unexplored in public discourse. They locate their own sexual lives, dreams, and concerns in relation to the Viagra phenomenon, within a continuum of pleasure and danger. And their stories reflect and reinforce changing perceptions about gender roles, marriage, sexual obligation, and health in the Viagra era. Along with senior women writing into advice columns nationwide, these women use Viagra to bulwark and butt up against social institutions such as marriage, medicine, culture, and gender roles.

As we have seen, ideological remnants from past women's sexual revolutions live on in these senior women's critiques of obligatory 'masculine sex' and their calls for women's sexual pleasures, permissions, and 'sex on their own terms'. But their perspectives are more complicated than sexual liberation messages. Some emphasize social and personal danger in their critiques of Viagra-related cultural norms and trends, including gender and sexual oppression, as well as the commercialization, masculinization, and medicalization of sex. On the other hand, some see Viagra as an opportunity to empathize with men, tell stories about medical progress, and embrace the potential for medically-enhanced female pleasure and desire. All in all senior women may *use* Viagra differently from their relatively silent male counterparts²¹ to construct dialogue, community, and even social action. As this article reveals, senior women use Viagra stories infused with pleasure and danger rhetoric to build solidarity among women and/or to point to a need for social change.

Notes

1. An expanded version of this article can be found in my forthcoming book, *The Rise of Viagra: How The Little Blue Pill Changed Sex in America*, to be published by New York University Press in Fall, 2004. In this book, I argue that the debut of Viagra in 1998, a 'blockbuster' erection drug produced by Pfizer Pharmaceuticals, that works through increased blood circulation, made visible and contributed to shifting perceptions of 'normal' sex, gender, aging, and medicine. Thus, the Viagra era marks not only the availability of a drug, but more importantly, a marked expansion in discourse in the US about for-profit medicine, the construction of masculinity, sexual standards,

and the medicalization of everyday life. It is in this context, against the backdrop of the Viagra phenomenon, that senior women discuss and reveal their own changing perceptions about social life and social institutions in the United States at the turn of the century.

2. See John Leland 'A Pill for Impotence?' *Newsweek*, 17 November 1997: 62–8.
3. 'Letters to the Editor' *Newsweek*, 8 December 1997: 22.
4. The most common exception to this rule is when a wife speaks publicly about how Viagra has helped her husband (see 2001 Pfizer print and television ads and promotional materials). Despite this, there is no doubt that the phenomenon has touched women's lives in numerous ways, as we can see by the voices highlighted in this article.
5. The 'sexual stories' I collected through advice columns and interviews are personal experience narratives around Viagra use, which may or may not elicit stories about intimacy (Plummer, 1995: 7). For example, Viagra narratives reveal just as much about aging, science and technology, health and medicine, and gender, as they reveal about sex. As sexual stories, they 'flow from the culture and back into it;' thus they are major resources for comprehending a culture and its dynamics, values and changes (Plummer, 1995: 176). Additionally, these stories take the form of 'claims-making' in the sense that these women are making claims, constructing grievances, and locating sexuality within a matrix of social problems they take issue with. For more on claims-making, see, for example, Spector and Kitsuse (1977).
6. I had taught at the senior summer school for a summer. I described my project to the directors of three organizations in the Southern California area, the senior summer school in which I was employed, a senior singles club, and a retirement home in the Southern California area, explaining that I was a doctoral student interested in seniors' reactions to the Viagra phenomenon. Two of the organizations allowed me to distribute a one-page survey to their members, while the latter, the retirement home, was not comfortable with the subject matter of my research, explaining that it was a 'privacy issue' for their boarders.
7. All names were changed to protect my informants. All interviews took place over the telephone in October and November, 2000. All were conducted by the author and tape recorded.
8. If I had asked senior women to talk with me about their sexual lives, many might have been shy or intimidated, and it may have been even harder to find interview subjects.
9. Of the four groups of claims-makers I have interviewed, I have argued that each group uses specific public sites to engage in Viagra-related dialogue. In this article, I argue that senior women use women-friendly sites such as syndicated advice columns, for public claims-making. In contrast, for medical experts, Viagra discourse thrives in spaces inviting medical dialogue – the pages of medical newsletters and journals, and conference rooms across the country hosting medical conferences dedicated to sexual dysfunction. Male consumers use the doctor's office as their primary site for dialogue about sexuality, gender roles, aging, and Viagra, many times

- choosing to confide in the doctor over and above friends and loved ones. (They also use collective spaces such as web chatrooms and support groups for support.) And marketers use mass media sites in the form of print, radio, and television advertisement space, as well as promotional materials, press releases, and physical displays to communicate about Viagra.
10. While these women rarely invoked the past in these interviews, it is worth pointing out that for all of us, memory construction is closely tied to identity construction, and complex psychological and social processes and contexts can affect construction processes. In this project, I am much more interested in these constructions of subjectivity and 'truth' than impossible to find 'objective' truths. For more on the elderly and memory construction, see Barbara Myerhoff et al.'s *Remembered Lives* (1992) and Kenyon and Randall's *Restoring our Lives* (1997).
 11. For more on the complex debates surrounding the 1982 Barnard College conference called, 'Towards a Politics of Sexuality and ongoing historical discussions about sexuality and feminism, see volumes edited by Ann Snitow et al. (1983) and Carole Vance (1984) as well as historical accounts by scholars such as Duggan and Hunter (1995).
 12. The expectation that seniors were asexual emerged in many of my interviews with various Viagra claims-makers, including marketers, practitioners, and consumers. For example, doctors would tell me that they were 'surprised', 'uncomfortable', or even 'queasy' to see male patients in their 70s and 80s ask for Viagra. Baby boomers commented to me with unease that their parents were using Viagra. And even my colleagues reading drafts of this article commented that the subject matter shocked them.
 13. According to Levy, the Kinsey analysis published in the 1950s contained only 126 men and 56 women over 60 years old, out of a total sample of 18,000 adults, and Masters and Johnson's studies published in the 1970s included only 31 subjects over 60 years of age (Levy, 1994: 288).
 14. Former US Senator and presidential candidate Bob Dole was an early promoter of Viagra, paid by Pfizer to do television spots discussing his experience with prostate cancer and erectile dysfunction.
 15. The survey was completed by 788 women, and 596 men. It is important to point out that there are problems with this survey, e.g. limited reporting, small sample size, and simplistic quantitative findings.
 16. According to the report's authors, for men, 'better health' heads the list of priorities for improving seniors' sex lives. Researchers found that a 'generation gap in sexual attitudes' between baby boomers and their parents, especially among women, is especially apparent. In relation to the Viagra phenomenon, the report suggests, 'If women had enjoyed sex in the past, they would enjoy it with a partner taking Viagra'. In terms of women's pleasure, *Modern Maturity* reported that 'More than half of women whose partners use Viagra (only 5% of the pool) say that Viagra increased their own pleasure'. Finally, authors of the *Modern Maturity* report suggest that for women 60 and over, 'better health for a partner' and 'finding a partner' are top priorities.
 17. Hilda and Pauline's sexual health concerns are not unfounded. A minority of health-centered publications have addressed the risk that Viagra may pose to

women's physical health. For example, *The New England Journal of Medicine*, reported six months after Viagra's debut that Viagra may not only be associated with health risks for men (heart attacks), but also for women (acute cystitis). According to a letter sent by three doctors in September 1998, to the *New England Journal of Medicine*, 'More and more older women are suffering from frequent, urgent, burning urination – usually found among women half their age, usually after prolonged sexual activity.' One of the doctors explained the growing prevalence of acute cystitis among women to the *New York Times*, stating 'Every one of their husbands had been treated with Viagra.' In 1999, health newsletters such as *Johns Hopkins Health Insider*, strongly urged women with partners on Viagra to use a lubricant, reminding readers 'your bodies are not as pliable as they once were'. Linda Villarosa (1998) 'Vital Signs: Update; Viagra and the Older Woman', *New York Times*, October 13: F11, and Julia G. Strand (1999) 'Viagra Wives', *The Johns Hopkins Health Insider*, May.

18. Viagra is unsafe for men with heart conditions and those taking particular medications, but not a health risk for most men.
19. For examples of news reports on seniors and Viagra in relation to dating and divorce, and which mention HIV, see Lara (2002) 'Sex, Lies, and Viagra', and Koehn (2003) 'The Late Divide'.
20. Permission to reprint this letter was granted by the Esther P. Lederer Trust and Creators Syndicate, Inc.
21. See my article in *Sexuality and Culture* (Loe, 2001) for more on male sexual storytelling related to Viagra.

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Biographical Note

Meika Loe is currently Assistant Professor of Sociology and Women's Studies at Colgate University in New York, where she teaches courses on social problems, gender, sexuality, and medicine. Her new book, *The Rise of Viagra: How the Little Blue Pill Changed Sex in America* will be published by New York University Press in August 2004. Address: Department of Sociology and Anthropology, Colgate University, 13 Oak Drive, Hamilton, NY 13346. [email: mloe@mail.colgate.edu]