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## **The New Sexual Technobody: Viagra in the Hyperreal World**

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**Abstract** This essay, based on the work of Baudrillard and other critical theorists of culture and technology, describes how Viagra and related products are creating not just new standards for men and women's sexual performance, but new forms of 'hypersexual' reality/hyperreal sexuality. Considering television advertisements and framed around metaphors of landscape, Internet 'SPAM' advertisements for sexual performance enhancing products (both mechanical and chemical), and bodybuilding magazine representations of the body and sexuality, it is apparent that sexual expression in these genres is both constrained and yet exceeds its boundaries. Sexuality is represented in these media as heterosexual, penetrative, and never to be imperfect in any way. The body itself, perhaps aging or flawed, is represented as incapable of achieving these ends reliably without pharmaceutical means. I argue that Viagra and other sexual pharmaceuticals are best understood as hyperreal or hypernatural (reflecting Baudrillard's 1994 work, *Simulacra and Simulation*), as simulacra that bear no relation to 'reality'. Sexual pharmaceutical advertisements refer to an unmedicated imaginary that assumes a unity where there is diversity, and conflates the means and ends of sexual technique.

**Keywords** commodification, hyperreality, sexual pharmaceuticals, simulacra, Viagra

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## The New Sexual Technobody: Viagra in the Hyperreal World

### Introduction

In Baudrillard's (1994) analysis, the simulacrum is the copy for which there is no original, no 'real' referent that exists prior to the production and dissemination of the representation. This differs from a more straightforward simulation, either one that is a mirror of a given reality, or a mask

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or distortion of that reality. Baudrillard's precession stands for a progression of understanding about representations. The concept of the simulacrum presents an important resource for critical thinking about media-saturated phenomena, such as sexual pharmaceuticals like Viagra and other 'lifestyle drugs' because it provides the means for critiquing the normalizing practices centered in commercialized cultural constructions. In the case of Viagra, critical appraisal of its position as a simulacrum permits an analysis which problematizes the concepts of 'normal' sexual activity assumed by the physicians who prescribe it, the patients who consume it, and the advertising which sells it.

One of the complications of using the concept of simulacra, particularly in reference to older analyses of technology and culture, is that in denying the existence of an antecedent reality by situating simulacra in circulations of the hyperreal, one loses modernist or conventional grounds for critique. That is, since there is no access to an independent reality that is prior to rhetorical discourses that shape our understanding of it, nor material or structural discourses that produce the phenomenon itself, there is no 'nature' or 'real' which can serve to arbitrate disputes. It is thus difficult to articulate a position that argues that one state of being is to be preferred over another. Because the simulacrum is not a mirror of reality, as suggested by first or second order categories of simulation, 'reality' cannot be used to critique the representations as being 'accurate' or 'inaccurate'. And the role of critique in at least suggesting that things might be otherwise is destabilized, because the 'otherwise' also circulates within and may refer to the same hypernatural realm. This suggests, however, that what is absent or denied from simulacra may be the most important resource for analysis which calls for an examination of that which is unsaid, or that which is unspeakable, or those things that 'go without saying' as part of the methodological approach.

## Hyperreality

Forty-Second Street used to smell of piss. The real Forty-Second Street, at Times Square, of New York City used to be as real, or authentic as cityscapes come: noisy, dirty, dangerous, vibrant, busy, thrilling. Times Square at the New York, New York Casino in Las Vegas does not smell of anything except the non-smell of a managed environment. The New York, New York Casino, built in 1997 by MGM/Mirage Enterprises, was not yet available for scrutiny by Italian philosopher and literary theorist Umberto Eco (1986) in his essay 'Travels in Hyperreality'. He did not take Las Vegas as emblematic of hyperreality, because in 1976 when he visited, it was still a 'real' city, about itself and its gambling industry. His travels were to theme parks, museums, and various garish hotels: the

‘Absolute Fake’ (Eco, 1986: 40) was his interest on that tour. Today, however, Las Vegas is the epitome of hyperreality, where

The philosophy is not ‘We are giving you the reproduction so that you will want the original’, but rather, ‘We are giving you the reproduction so you will no longer feel any need for the original’. But for the reproduction to be desired, the original has to be idolized. (Eco, 1986: 19)

This goes a long way toward explaining both the Paris Las Vegas hotel and casino, complete with miniature Eiffel tower and ‘Gallic’ street scenes, and the Treasure Island resort, with its staged battle between a British frigate and a pirate ship. Like the 2003 movie *Pirates of the Caribbean: The Curse of the Black Pearl*, the resort resembles a movie that is based on a ride in Disneyland in California.<sup>1</sup>

So how do we get from Times Square in either New York or Las Vegas to Viagra? Eco was writing about the hyperreal in landscape and art, about the development of nostalgia for scenery and experiences rendered authentic in reference to mythical originals. The argument of this essay is that Viagra similarly participates in a hyperreal sexual landscape, steeped in nostalgia and generating and venerating a mythical originary sexuality.

Viagra advertisements have generally been marketed in the United States mainstream press to, as we might say, men of ‘a certain age’. One series of advertisements features men’s wives as an act of indirect interpellation: men are encouraged to be sympathetic to the attractive woman who facilitates ‘her man’ seeking medical assistance with his sexuality, or with women encouraged to intervene on behalf of their own sexual pleasures. The ‘ED’ or erectile dysfunction market rapidly expanded to include otherwise healthy men in search of improved sexual performance, beyond the patients who might have a demonstrable medical need for it.<sup>2</sup> The ‘accidental discovery’ of Viagra, originally developed as a treatment for chest pain or angina, is well-documented, as is the brilliance of the Pfizer construction of ED as a diagnostic category. A print cartoon quips ‘I never had a problem before those goddam Bob Dole ads’.<sup>3</sup>

A Levitra advertisement says: ‘Get back in the game’. Be capable of throwing footballs through automobile tires suspended as swings: hit the target. The s(t)imulation of sex is a reproduction of an ‘original’ sex imagined to be the sex of early adulthood: erections available on demand, when bodies and relationships were young. To be effective as simulacra, this particular form of sexuality has to be invoked as important and desirable to generate the need for it to be simulated by medicating bodies, healthy or otherwise. As Eco, and Baudrillard (see later), note, just because things are simulacra does not mean that they do not have effects, both pleasurable and painful, in the material world, here the bodies of lovers. No matter how fake – commercialized, edited,

sanitized, manipulated – the experience in the casino and shops of New York, New York, Las Vegas is, it remains an *enjoyable* and authentic experience to those who visit it without a well-developed sense of irony, and perhaps even for those who do.

Of course the actual use of sexual pharmaceuticals escapes the bounds of advertisements: gay men, women, people in various hetero- and homo-sexual contacts, the unmarried, also participate in the culture of Viagra. But in the same way that female bodybuilding both defies and recenters traditional gender roles and is a ‘masculinizing praxis’ (Ian, 1995: 72), sexual pharmaceuticals allow for the creative appropriation of performance, yet idolizing and reinforcing the erect phallus and its use in hetero-sexual practices.

The precession of simulacra is complex and one might argue that Viagra-based sexual experience is nothing more than a first order simulation, one that is a simple reflection of reality (Baudrillard, 1994: 6), that the drug allows a revisiting of a once-attainable youthful sexuality. If that were entirely true, there would have been no need for Levitra and Cialis, drugs advertised to make up for the perceived lacunae in Viagra, particularly the uncontrollable timing of erections. If Viagra and its cousins were simply second-order simulations, they would, according to Baudrillard’s definitions, be simulations that mask and denature that reality, and this is superficially obvious as well. Viagra and its kin allegedly make up for embarrassing genetic lacks and other lapses in length, stamina, and performance. The reality of sexual performance is that it is unpredictable at any age, and quite dependent on contexts ranging from health, emotional state, relationship issues, consumption of alcohol or drugs, and a whole host of other factors – factors masked by sexual pharmaceuticals. Of course, the ‘reality’ is a *penis* that does not operate up to some imagined standard as *phallus*, so that the sexual pharmaceuticals are quite obviously third-order simulations that mask the *absence* of reality.<sup>4</sup>

I suggest, however, that there is one further step. The hyperreal or hypernatural, the full simulacrum is the one that bears no relation to any reality. In a media-saturated world there need not, or rather, cannot be ‘real’ prediscursive referents or subjects.<sup>5</sup> The saturation inhibits alternative understandings or constructions of bodies and events, and the terms by which the world might be understood are pre-given. In our case, sexual pharmaceutical advertisements refer to an unmedicated normative sex that is imaginary and iconic, especially in that it assumes a unity where there is diversity. Narratives of sexual experience refer to a youthful past, and this is held up as an ideal. It is as this hyperreal (Baudrillard, 1994: 6) that I argue that Viagra and other sexual pharmaceuticals are most critically understood. In sum, Viagra can only appear on a cultural landscape when the conditions for its existence as a simulacrum are prefigured. The

conditions are prefigured with a market of aging consumers, the general cultural acceptance of medical expertise as the definer of health and normalcy, the construction of discourses of disorder, and intense media saturation. As noted earlier, the discovery of the effects of the drug predated the production (scientific, rhetorical, discursive) of ED as a 'disorder' that requires medicalization to achieve a 'normalization' of sexual functioning. '[Simulacra] make the world over in their image. They do not precede their theory . . . but are the real conjured up by the theory' (R. Butler, 1999: 41). The conjurers: Pfizer and urologists (see Loe, 2004).

The other dimensions of the hyperreal are the idolization of the simulation, and the desire for control. Eco (1986: 46) noted: 'The pleasure of imitation, as the ancients knew, is one of the most innate in the human spirit; but here [meaning Disneyland] we not only enjoy a perfect imitation, but we also enjoy the conviction that imitation has reached its apex and afterwards reality will always be inferior to it'. This is the promise and peril of Viagra, Cialis, Levitra, and other sexual 'performance enhancing' drugs. The New Orleans of Disneyland, or the New York, New York of Las Vegas are experienced as superior to their originals: safer, cleaner, more authentic and unlikely to be changed by urban development or decay, or moral crusades. As Baudrillard (1994: 1) remarked: 'simulators attempt to make the real coincide with their models'. In fact, as urban development leads to a 'gentrification' of the real Times Square, it now comes to resemble the sanitized version of the one in the casino (Traub, 2004). And so, 'Longer, Harder, Stronger' is not just a mantra for shot-putters, it reifies a phallic and priapic model of masculine sexuality, as if that were the solely important aspect of the heterosexual dynamic. The identification of nearly all men as potential consumers of Viagra also is indicative of this (Baglia, 2005; Loe, 2004) and similar to the observation that all women are potential candidates for plastic surgery. It is possible that medicated sexual experience will be preferred to the probable inadequacies of non-pharmaceutically-mediated sex.<sup>6</sup>

There is, of course, another mythic structure invoked in the advertisements, that sexual pleasure for women is solely derived from vaginal sex and vaginal orgasms. This is clearly apparent in the brochures that Baglia (2005) identifies. In Baglia's study of Pfizer information brochures for patients and physicians, Pfizer frames sexual satisfaction entirely in terms of the achievement of male orgasm in its promotional materials, even though television advertisements suggest female satisfaction is what is at stake, with the sly grins of the female partners. The invocation of these particular unrealities in advertisements also secures sexual pharmaceuticals in the realm of the hyperreal.

The pharmaceutically enhanced body is nothing particularly new. Ancient Greek athletes sought herbs and concoctions for their Olympic

endeavors. Bodybuilding has differentiated itself with a 'natural' competitive circuit, meaning certifiably drug free, as compared to the un-labeled general professional, and supplement-enhanced ranks. The goal for the competitive bodybuilder is to become one's most potently developed self: to transcend the limits of genetics, talent, and nature; to become 'freaky'. Pervasive language in bodybuilding magazines, in both articles and the advertisements (and only fine print differentiates these) is of the need for 'supplementation' to maximize performance. 'Real' or 'natural foods' will not do, as supplements are more pure, concentrated, and asserted to be more effective than any whole foods that nature might provide. Internet and non-mainstream sources are less circumspect about the use of specific pharmaceutical drugs, such as steroids, thyroid medications, and growth hormones. The goal is to be more perfect. 'Massive' and 'ripped' are the two major descriptors. The foods, drugs, and the bodies, are technologized so as to be more perfectly natural than nature could achieve, thus entering the realm of the hypernatural.

The final important point from Baudrillard (1994: 34) is that as models and simulacra gain supremacy, technical efficiency becomes the all-important criterion, and '*nothing will be left to chance*' (emphasis in the original). Viagra is taken to guarantee a penis that will become erect and will achieve its ends of producing orgasms. This invocation of efficiency and technique of course allows us to consider Ellul's (1964) insights on *la technique* in *The Technological Society*. While we may or may not wish to embrace the specifically Christian dimensions of his critiques of the encroachment of technology into all spheres of life, it is apparent that his insights still ring true for more secular analysis: 'Technique has taken over the whole of civilization. Death, procreation, birth all must submit to technical efficiency and systematization' (Ellul, 1964: 128).

Technique, meaning a 'totality of methods' for achieving efficiency in all fields of human activity (Ellul, 1964: xxv) is a coupling of rationalistic thinking, one particular mythic model of the scientific method, and a specific cultural value of efficiency. 'Rationalistic' here means adopting a routine model of reasoning about problems, usually based in what has come to be understood as a mythic definition of science as providing certainty and control.<sup>7</sup> This is also wedded to a cultural value of convenience and efficiency (Tierney, 1993). Means and ends are conflated, and technologies, rather than means to ends, are treated as ends in themselves. What are the ends of sexual interaction, of which Viagra might provide a means? A hard, enlarged phallus is but one of many means to achieve those ends, but in the world of pharmaceutically-mediated and media-saturated sexuality, the ends and means are collapsed, both marginalizing the other possible ends and means, and making the means, the techniques, the Viagras, representative of and guarantors of the ends

themselves. As Baglia (2005: 84–8) notes, ‘intimacy’ has always served as a code for sexual intercourse, as well as feelings of special knowledge or emotional connection. In advertisements ‘intimacy’ serves specifically as referent for sex. Men are using Viagra to enhance ‘sex’ and achieve ‘intimacy’. Intimacy is ‘sex’, so men are seeking ‘sex’ as an expression of ‘sex’. Does sexual activity produce emotional closeness, as Pfizer suggests? Or the converse? Of course both.

Sarah Franklin’s (1995) work on technology-enhanced biological reproduction anticipates the emergence of Viagra in 1998, and its role in post-modern reproduction. For Franklin, postmodern reproduction is about technique, control and commodification. Her argument is based on an analysis of a two-part film series from 1988 BBC television about conception and assisted reproduction. The general tenor of the narratives is such that ‘Given how many obstacles stand in the way of successful conception . . . it is a miracle anyone ever manages to reproduce at all’ (Franklin, 1995: 332). Franklin argues for understanding the postmodern character of assisted reproduction and it is straightforward enough to reread these narratives as also invoking the hypernatural: ‘What was once a private act of love, intimacy, and secrecy is now a public act, a commercial transaction, and a professionally managed procedure’ (Franklin, 1995: 336). As with bodybuilders who use pharmaceuticals to become more perfect than nature: ‘The necessity for technological assistance thus comes to be seen as a product of nature itself’ (Franklin, 1995: 333–4).

## Refraction?

Refraction refers to an optical phenomenon, the change in the properties of light as it moves from one medium to another. As a metaphor for a method, it is a way for us to trace the changes in a phenomenon and our possible views of it as it moves across different social worlds. The metaphor is also a reminder that our point of view is shaped by a medium. The space and tools of writing, research, culture, and lived experience produce that medium. Refraction also refers to a physical phenomenon in sexual experience, the time that men need after orgasms to produce new erections (‘the refractory period’). This section is thus meant to ask people to pause and take a moment to reorient themselves, and to consider different perspectives on the issue of medicalized sexuality.

As David Foster Wallace (1996: 10) commented on the experience of taking a Caribbean cruise, the agenda is ‘micromanaging not only one’s perceptions . . . but one’s own interpretation and articulation of those perceptions’. Not only is the cruise experience managed, with events, staff interactions and so on, but also the interpretation of the experience is managed and packaged. Cruise-ship advertising, according to Wallace is:



advertising (i.e. fantasy-enablement), but with a queerly authoritarian twist . . . You are, here, excused from even the work of constructing the fantasy, because the ads do it for you . . . They'll micromanage every iota of pleasure-option so that not even the dreadful corrosive action of your adult consciousness and agency and dread can fuck up your fun. Your troublesome capacities for choice, error, regret, dissatisfaction, and despair will be removed from the equation. You will be able – finally, for once – to relax, the ads promise, because you will have no choice. (Wallace 1996: 4)

The new medicated sexual landscape, especially in the advertisements, has this same authoritarian and encompassing tenor. The work of sexual fantasy is already its own industry, the pornography trade. Consider this analogy. In the United States, cookbook sales are at an all-time high, while people are increasingly not cooking at home. Eating out produces approximately 36 per cent of food expenditures and at least one-quarter of all meals (Lin et al., 1998). Could the expansion of pornography sales into on-line media, while arguably an augmentation of sexual fantasy and pleasure, be a similar signal of sexual relocation to new commercialized places on the social landscape?<sup>8</sup> In addition, pornography has a hyperreal quality that produces models of women's bodies and sexuality that no 'real' women can live up to, with the potential effect of deadening men's libidos when confronted with flesh-and-blood women who are not porn stars (Amsden, 2003; Wolf, 2003).<sup>9</sup>

Advertisements for sexual pharmaceuticals in the United States are far from pornographic, merely clever and laced with innuendo: when is a football not a football? The actor in a Levitra advertisement starts by missing his target, an automobile tire hanging from a rope as a swing. As the advertisement proceeds, we see the actor successfully throwing the football, penetrating the target. But these advertisements nonetheless do much work in establishing the fantasy referents for hyperreal sex: bathtubs and sunsets and moderate amounts of red wine.

These advertisements serve to regularize intimacy in much the same way, Hochschild (2003: 263 n. 25) argues, emotion and feeling are regulated by the film industry: 'Hollywood is to emotional life what the State Department is to foreign relations. Hollywood exercises a certain cultural hegemony over the world of emotion, teaching us how kissing and fighting "are done", how feelings are to be expressed and managed'. Despite the argument by Coopersmith (1998) about the democratizing effects of pornography, and its contribution to technological innovation, this democratization must also be seen in the context of producing a commodity, and a globalized commodity at that. Sexual activity has always been part of the relations of production and exchange, whatever the specific market forms of the time. Thus sexual pharmaceuticals reflect one, but not the only, expression of new forms of capitalist mediation into

sexual intimacy. For things to be exchanged they must first of all be 'things' of an alienable sort, and the sexual pharmaceuticals bound sexual encounters in such a way as to encapsulate them into 'little blue pills'.

Wallace suggests a kind of cultural hypnosis, directly alluded to in his discussion of the cruise ship hypnotist's show. In the case of sexual drug advertisements, the stock phrase: 'you are feeling . . .' is not followed by 'sleepy', but followed with 'sexy'. The advertisement with the man receiving speculative compliments, 'Did you get a hair cut?' 'Lose weight?' and so on, concludes with him finding his partner and saying, 'I talked to the Doctor . . .' The advertisement flashes the promotional materials for a sexual pharmaceutical. The message is 'You are feeling sexy. You are confident, attractive, and charming' in *public* venues in an appreciable way when taking the right drugs for sexual performance. It does not matter, ultimately, about the causal factors of sexual dysfunction, or even simply sexual dissatisfaction, because the advertisements promise perfect sex, and a new identity, and in the same way that cruise ship brochures promise perfect pleasure.

In this, Viagra and Cialis are similar to many anti-depressants such as Prozac, Paxil, or Zoloft, which reify the biological causes of mental illness as disease, without addressing the social correlates of poor mental health: poverty, stress, alienation, anomie, other underlying physiological illnesses or conditions, diminished ability to meet potentially conflicting social expectations, and so on. The proximal and apparent causes can be treated pharmaceutically without looking for the distal, non-obvious, but nonetheless real antecedents to poor performance, whether social, in the case of anxiety disorders, or sexual. Thus sexual drugs can allow hyperreal sexual performance, despite years of neglecting to exercise, underlying poor health, work and relationship stress, and all of the other potential detractors for sexual interest and abilities. Physical performance is reified to the extent that these social correlates themselves may be 'cured' by the sexual pharmaceuticals: one is more confident at work or esteemed by peers, because an erection is guaranteed.

Of course sexual pharmaceuticals, fast-food, cruise ships, and pre-packaged fantasies are all premised on a standardization of the subject. The ultimate critique of the sexual pharmaceutical industry is implied in the fine print: after four hours of an unresolved erection or continuing priapism, seek medical help; do not take if using certain cardiovascular medicines, and so on. Bodies matter (J. Butler, 1993), even if hyperreal. As Leigh Star (1991) relates, simple consumption at fast-food restaurants is problematic if allergic to key ingredients and the commercial exchange cannot be made flexible. One size does not fit all, and even the 'flexibility' of a drug like Cialis, which promises a larger window for sexual performance, is based on the notion that weekends are for sex (which they of

course are) and that everyone shares the same rhythm to the week (which of course they don't). Will Viagra improve the sexual performance of a couple working swing shifts?

The issues posed by Viagra might also be considered within older frameworks. C. Wright Mills (1961) called for the understanding of personal troubles as public issues. Methodologically for social scientists, it is a claim that to understand a society understanding it structurally and historically, and in reference to its consequences for individual biography, and vice-versa. His argument was also a call to action for individuals to connect their individual troubles to larger social issues. Both sexual dysfunction and depression are, in this era in the West, taken as individual troubles, not as potential public issues with widespread social causes which while diffuse and non-deterministic, are indeed measurable. So rather than fighting economic exploitation, poor working conditions, exposure to toxic chemicals, social anomie, bad diets (both a personal responsibility and a social product of food distribution systems and constraints on work and life), physical and emotional exhaustion, the treatment of sexual and mental health is found in pills. These other ways of improving one's sex life, arguably more 'real' because focusing on root causes, not proximal physical causes themselves produced by other phenomena, should also be considered critically. Critics of Viagra culture are caught in the same bind that critics of plastic surgery find themselves. The problem is how to respect the agency of those who make choices within circumstances they did not choose, and yet maintain the necessity of critique of the circumstances (Davis, 1995). What we gain by an emphasis on the hyperreal dimensions of Viagra, as opposed to more conventional social scientific analyses, are the tools to understand that even non-pharmaceutical solutions may still refer to a hyperreal perfection, especially in that they continue to define the problems in biomedical terms to be solved with purchased commodities. The hyperreal of sexuality produced with pharmaceuticals is a denial of mortality, a denial of the diversity of sexual expression, especially over the life course of an individual but also a denial of other markers of difference (race/ethnicity, class, gender, sexuality), and an elision of the means and ends of sexual interaction.

### Notes

1. The ride in Disneyland is based on an interpretation of pirates and trade in the Caribbean centered on a fictionalized New Orleans. The representation of Port Royal in Jamaica in the film is obscured, as well as references to an isle of Tortuga (not to be confused with two other islands called Tortuga in the region) ostensibly off the coast of Haiti.
2. See Loe (2004) and Baglia (2005) for accounts of the origins of Viagra.
3. See the epigraph of Loe (2004).

4. The third-order simulation might be taken to be like Lacan's formulation of the phallus that signifies that which is missing, serving as the signifier of signification.
5. This is parallel to Lacan's reliance on Saussure's linguistic web of referentiality and the position that words have only connotations and claims to denotation should be treated as suspect.
6. Several sources report that 'over half of those who receive a prescription for Viagra do not request a refill' (see Loe, 2004: 239, n.15), which either suggests dissatisfaction, or perhaps suggests that after being medically cleared for Viagra, people choose to self-medicate through Internet suppliers.
7. We might also see Viagra, as Ritzer (2004: 124, 154) does, as part of a 'McDonaldization' of society, where things are taken apart into their smallest component parts and put together in such a way as to guarantee calculability, predictability, efficiency, and control. Predictability and control are perhaps the most prevalent in Cialis advertisements: 'when you want'. Ritzer provides a clear sense of commodification of sexual experience, and the circulation of these commodities in consumer culture; he does not articulate the means-ends conflation that Ellul formulates in his critique of technological society.
8. Or, more crudely, most cookbook sales are to people who don't cook: most Internet porn is bought by people who don't 'get any', at least with another person.
9. See Grace (2000: 155-7) for a feminist analysis of Baudrillard's own critiques of pornography as hyperreal in *Seduction* (1990 [1979]).

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