



Capstone New View
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**Accommodating medicalization?
Male sexual health experts' accounts of
clinical practice in Italy.**

Raffaella Ferrero Camoletto
Department of Cultures, Politics and Society,
University of Turin, Italy

Contact: raffaella.ferrerocamoletto@unito.it

Period	Name	Theme	Target	Actors (Promoters, Patrons, Sponsors)
Since 2001	Settimana della prevenzione andrologica [Andrological Prevention Week]	Male sexual health	Men of every age	SIA Health Ministry Various private sponsors privati vari in different years, among whom pharma companies (e.g. Pfizer, Sigma Tau, Lilly, Bayer)
2008-09	Amare senza Pensieri [Loving without worrying]	ED	40-70 years old men	SIAMS, SIA, SIU, Health Ministry, Eli Lilly
2009	Amico Andrologo [Friendly andrologist]	Male sexual and reproductive health	Young men (18+)	University of Rome La Sapienza, SIAMS, Health Ministry
2010	Basta Scuse –Torna ad amare [No more excuses]	ED	40-70 years old men	SIAMS, SIA, SIU, Eli Lilly
2011	Androlife	Male sexual and reproductive health	Young men (18+)	Health Ministry, Italiana Red Cross, SIAMS, Merck, Merck Serono, Genadis, Eli Lilly
2011	Eiaculazione precoce Stop [Stop Premature Ejaculation]	Premature Ejaculation	Men of every age	SIAMS, SIA, SIU, Janssen-Cilag
2012	Chiedi Aiuto [Ask for help]	ED	40-70 years old men	SIAMS, SIA, SIU, Giro d'Italia, Eli Lilly
2013	Uomo e Salute [Menshealthanswer]	ED and P.B.I.	40-70 years old men	SIAMS, SIA, SIU, Eli Lilly
2013	Benessere Coppia [Notjusamoment]	Premature Ejaculation	Men of every age	SIAMS, SIA, SIU, AOGOI, Menarini

Our research project

Focus on the awareness campaign “No more Excuses – Start loving again” held in 2010

- analysis of texts and visual material produced for this campaign and for the following ones
- interviews with 19 specialists in the sector (urologists, endocrinologists, andrologists, psycho-sexologists)
- roundtable with 6 specialists on male sexual health

Transformation of the cultural scenario of ageing and sexuality

from «asexual old age» to the «sexy oldie» (Gott & Hinchliff 2003; Gott 2006) or «sexy senior» (Marshall 2006)

«successful ageing» as «keeping busy bodies» (Katz 2001) and resisting to cultural markers of old age (Calasanti & King 2005)

Centrality of sex:

«lifelong sexual function» as a primary component of successful ageing (Marshall & Katz 2002)

imperative of «sex for life» (Katz & Marshall 2003)



Advent of «Viagra studies» (eg. Loe 2006; Marshall 2008; Potts et al. 2004, 2006; Wentzell 2011)

Pre-Viagra era:

- Dominant narrative of male sexual decline (metaphor of «sexual retirement»)
- Marginal alternative “progress narrative” (increasing quality of sex over time)

Viagra era:

- New dominant “sexy oldie” narrative: “forever functional” imperative through a medically assisted sexual rejuvenation

But in research on lay people, space for alternative narratives on ageing male sexualities (eg. Potts et al. 2004, 2006; Sandberg 2011, 2013; Wentzell 2013)

THE ONLY ONES
HAPPIER
THAN YOUR
PATIENTS
MAY BE
THEIR WIVES.



Introducing Nuviva, a new PDE-5 inhibitor that lets your patients perform when they want to perform. Nuviva has the excellent safety and tolerability you'd expect, and the reliability your patients with erectile problems are hoping for. Just ask their wives.

Make sure your patients are healthy enough for sexual activity. Patients who take nitrate drugs should not take Nuviva. But most common side effects are minor, including headache, flushing and nasal congestion.

(vardenafil HCl) tablets
NUVIVA
The thrill is back.

Fewer studies investigating how physicians define and treat men's life course sexual changes (Gott & Hinchliff 2004; Loe 2001)

- medical experts often reduced to a gear in the top-down transmission chain of the medicalization process

- from medical dominance to medical compliance with the new engines of medicalization (Conrad 2005)

Physicians accepting Viagra advent as a therapeutic and cultural revolution.

But questioning the definition of the boundaries of

- the authentic/legitimate patient
- the authentic/legitimate problem
- the authentic/legitimate treatment

In accounting for this definitional process, a core dimension is *age*, discussing age-related changes in male sexuality.

The expected target for ED treatment:

“the patient over 70 who, because of physical or physiological factors, is the normal and absolutely natural case, and suffer from erectile deficit due to hormonal deficiency” (urologist)



Blame on:

the “**resigned old man**, likely to hing up his boots”
[saying] “*my time has arrived, that’s it*” (urologist)

Welcoming the **new “sexy oldie” man**

“culturally ready to be part of the Viagra generation”
(sexologist)

“willing to go on playing the game”
(urologist)



“people, on average over 60, who still want... I mean... to have their say [about sex]” (sexual counsellor)

Positive portrait of a compliant patient accepting the medical definition of his problem and the treatment suggested

“the 80-year-old man who still wants what is his due, his bit of ‘how’s-your-father’ [smiling]. And he is cute [smiling]”
(urologist)

The other side of the coin: the **pathetic old man** (the “dirty old man”, Walz 2002):

*“Taking a step back into the past, a man of a certain age living in his family and accepting the idea of getting older, content with his old wife as a companion [...], gradually sinking into old age... boom! There is **an explosion** because he can use this drug giving him the possibility to **get back into the game again** [laughing]. [...]*

***Men become old fools** [...] When they equate Viagra with «Now I can return to my 20s» [...] Then, of course, things begin to fall apart. Why?...Because... because... for many reasons, if nothing else because overall **ageing takes place in any case, so to become a sugar-daddy mocked by young girls** who have clear ideas and intentions... This makes everything more painful. (urologist).*



Discussing the controversial aspects of the Viagra culture and their impact on the redefinition of “ageing” in-between health and respectability:

“These drugs, and the campaigns and media too, make it impossible for the patient to get any older. [...] Therefore it becomes a disease; in the past, without the drug, people came to terms with it [...] so men cannot give up, therefore they need doping, they need Viagra to maintain these levels of performances.

[...] [...] I often have patients who are adolescent till their 50s.

[...] a patient of a certain age who has an adolescent-like relationship [...] who in his 60s buys a motorcycle and goes for a passionate weekend with his partner”

(urologist-sexologist).

Retrieving the narrative of decline: **biological** and **moral timing**

*“We are here to try to make people and couples, first of all, feel better [...]. **We are absolutely not available [...] for eroticism,** that is, if the patient, as it happens, comes to tell me ‘When I was 2 to 30 my sexual activity was xxx, now that I am 60 it is only double x’, I reply ‘That’s it, thank you’, **I am not here to make a 60-year-old person go back to 20.** [...] You should always interpret the evolution of Mother Earth, ok, and **sexuality should be consistent with what should be the right one for each age of life**”. (urologist)*



Intersecting age with other dimensions:

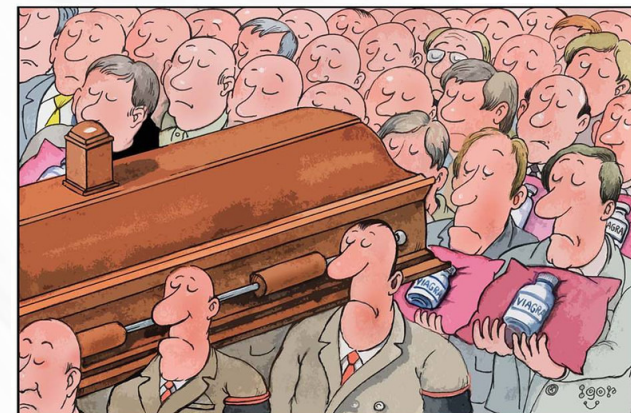
Heterosexual couple as a legitimate context for successful sexual ageing:



*The couple has become aware of their sexuality, **they want to live it all the way**, till... **without age limits**, without saying <Well, we are 70, what we have done is enough> (urologist)*

Blame on ageing men searching for new experiences with new and younger partners

- “care-taker effect”
- “gray divorces”
- “Viagra widows”



Gendered expectations on the ageing female partner:

- positively ageing women expected to enjoy sexual rejuvenation (back to intercourse) within the couple
- women required to take up emotional work to support their male partners in facing sexual changes
- negative profile of the boycotting partner
 - « [...] *because the wife*
<It doesn't matter,
it's not a problem!>, so they start with
on wrong foot>»
(urologist)



Discussion

In physicians' clinical experience, coexisting elements of reproduction and questioning of the dominant meanings of ED pharmaceuticals:

Different forms of questioning the sexy oldie:

- reclaiming medical professional dominance and critical addressing consumeristic attitudes
- reproducing normative assumptions on the legitimate times and spaces for appropriate male sexuality.

=> normalization of ageing through a moralization of health in a somatic society (Jones and Higgs 2010)

Few really questioning the sexy oldie imperative:

- unchallenged is the centrality of male desire and of its “natural” expression, the coital imperative, in defining male sexual health
- few traces and, rather, forms of neutralization of really alternative narratives

Healthy ageing is reconciled with a narrow understanding of “respectable sexuality”

=> what is silenced: the possibility of redefining and widening the legitimate expressions of physical and emotional intimacy across their lifecourse (Sandberg 2013, 2015)

THANK YOU FOR LISTENING !

If you have any comments, criticism and suggestion,
please contact me:

raffaella.ferrerocamoletto@unito.it