"Who Am I Without My Cock?":

Reevaluating 'Manhood' Amidst The Rise Of Penile 'Enhancement' Technologies

This essay examines a prevalent, yet stigmatised cultural issue. It concerns "the body part that might not be very frequently discussed openly but that is still always there: the penis" (Ostberg 2010: 46). To a large degree, the penis (and particularly men's insights regarding its personal significance) remains a taboo subject. And yet, there exists a "widely held assumption that the penis constitutes a transcultural or transhistorical essence of masculinity" (Stephens 2007: 87), in which 'manhood' interchangeably refers not only to masculine qualities, but also to the penis itself. Preoccupation with having an 'acceptable' penis is becoming a greater concern in postmodern, consumer-based western society. This is exacerbated by the fact that now, more than ever men are impelled to 'enhance' their penis through medical and technological means.

After a brief introduction to the "mythic phallus" and how this is entangled with masculine identity, the discussion is then centered around a case study. The case study presents an account of a man who, in pursuit of a greater sense of 'manhood', extensively experimented with forms of penile 'enhancement'. After years of dissatisfactory results, he underwent forearm phalloplasty surgery (in which his organic penis was removed; replaced with a reconstructed 'neo-penis' fashioned from a forearm graft). However, medical complications meant that the surgery was not completed, prompting him to embrace detachable penile prostheses as a means of carrying out penetrative sex. His case study epitomizes the expectations that are increasingly put on medical technology to 'fix' a broken sense of 'manhood'. His story also highlights how bodily transformations, mediated via technology, bring about profound shifts in masculine identity.

I hope to show that, although this case study presents an extreme example, his story is not entirely anomalous, but indicates a wider social trend. To demonstrate this, I discuss how processes of medicalization in the digital era have led to the construction of “contemporary penile pathologies” (Flowers et al. 2013: 121), promoted by an expanding (yet unregulated) penile and erectile ‘enhancement’ industry. Online penile ‘enhancement’ discourse capitalises on men’s insecurities and perpetuates phallocentric, hegemonic discourses of masculinity, incentivising men to experiment with products and medical procedures in the hopes of ‘fixing’ their penis.

Finally, I return to the case study, but then shifting focus to the embodied integration of sexual technologies, specifically prosthetic penis ‘sleeves’. Here technologies are shown to bring new dimensions to male sexuality in a way that illustrates the fluidity of embodied masculinity. In fact, the incorporation of these penile prostheses implies that, “sexuality is not linked to body parts, or at least, not permanently or specifically linked—it can relocate” (Taylor 2012: 11). These technologically mediated experiences of sexuality exemplify Inhorn’s contention that, “manly selfhood is not a thing or a constant; rather, it is an act that is ever in progress” (Inhorn 2011: 803).

The “Mythic Phallus”

Historic male dominance and the subordination of women and Others has meant that critical analysis has tended to focus on the bodies of those who do *not* personify the hegemonic masculine ideal. The (white) heterosexual male body has long been treated as though it were *standard*; "both positive and neutral" (De Beauvoir 1972: 15). The result of this is that now, "the universalized male body has effaced itself as an invisible norm." (Stephens 2007: 86). However, as Guttman points out, it is important to clarify that "this situation is not the product of some reverse feminist bias against men but the general totemization of male sexuality" (Guttman 2009: 22). Writing in 2007, Stephens noted that, "there is still relatively little work on the male body, and even less on that aspect of its anatomy widely assumed to define it: the penis" (Stephens 2007: 85). It is my contention that we must work to resolve this imbalance, and that "the idea of 'being a man' can no longer be treated as fixed or universal" (Cornwall & Lindisfarne 2016: 3). Embodied experiences of the penis (as well as the meanings associated with it) are evolving in our increasingly technologized culture, which in turn works to transform masculine identities.

The penis is a unique organ in that it profoundly reflects gendered identity in a way that other body parts evidently do not. The concept of the *phallus* has traditionally been understood as separate to the biological penis. Following this rationale, the organic penis is regarded merely as the "floppy appendage which rises and falls and is the source of a number of pleasures" (Bradbury 1985: 134), but the phallus is eternally erect, and constitutes a transcendent symbol denoting the essence of masculine power and virility. However, despite its mythological status, I argue that the concept of the phallus must not be understood as entirely abstract.

Following Potts' feminist critique, I would also argue that to a large degree the biological penis actually "retains a metonymical relation to the phallus" (Potts 2001: 145). My research has demonstrated that the biological penis in and of itself often holds immense symbolic significance for men, and is frequently "invested with the power attributed to the phallus" (Potts 2001: 145). It is the penis, not just the phallus, which is taken to be integral to masculine power and virility. As such, the penis is central to male identity. This is shown in the meaning of the term, 'manhood', which has come to signify not just the biological penis, but masculine identity as a whole. Therefore, although the mythological phallus *is* a transcendental ideal, it sets the precedent, against which men evaluate their own sense of 'manhood'.

This interweaving of this mythic phallic ideal into cultural expectations of the penis and masculinity is of course harmful to men's self worth. The prevalence of insecurities experienced by men is shown in the emergence of the psychiatric diagnosis; "Small Penis Syndrome" (Wylie & Eardley 2007), or SPS. SPS is defined as anxiety experienced by men (with a penis medically classified as 'normal' in size), who suffer from emotional distress due to the belief that their penis is unacceptable. Furthermore, Lever et al's 2006 internet survey looking into the views of 52,031 men and women on penis size found that almost half (45%) of the total sample of men desired a larger penis. On the other hand, only 6% of women perceived their partner's penis size as small, and 84% of women were satisfied with their partner's penis size (Lever et al 2006: 139). Furthermore, their data suggested that "dissatisfaction with penis size diminishes only slightly as men age, indicating that the symbolism of having a large penis holds its value across the life span" (Lever et al 2006: 140).

Methodology

Before we can go into the case study, I must explain the methodology, and how this research topic came to be of special interest to me. It makes most sense to firstly explain my positionality with regard to the present topic and the case study. I am a 24 year old heterosexual, cisgender, white British woman. The ethnographic research participant, the case study, is a heterosexual, cisgender 29 year old white British man. He is also my boyfriend. We have been in a monogamous relationship for over 3 years. His identity will remain anonymous, and for ease he will be referred to in this essay as MP (short for 'my partner').

The reason why MP has been selected as a research participant is due to his extensive and challenging experiences with penis anxiety, and the drastic measures that he has taken in the hopes of 'fixing' it. Details of his journey with penile modification and surgery will be given in the case study section. These experiences have had an immense impact in defining his sense of identity and embodied masculinity. Of course, there are limitations as to what one single case study can reveal. I do not propose that this example will resonate with all men, nor do I aim to make totalising claims about masculinity. However, in spite of the vital significance of this issue in MP's life, cultural taboo and personal fear have prevented him from discussing it openly, especially with other men. This research was therefore intended to be a cathartic process for us both. Additionally, we set out with the ambition of investigating the prevalence of this issue, as well as promoting its destigmatization.

Social science researchers are perpetually faced with practical barriers to accessing information about the perspectives and insights of informants. As Schilt and Williams point out, regardless of research ideas and plans, "we always are at the mercy of key informants to provide us access

to their lives" (2008: 219). Therefore, a multitude of factors such as gender, race, religion, age, vulnerability (to name a few) must be carefully considered for their potential to impact the internal dynamics of qualitative research.

Of course, the problem of access is especially problematic when the research hopes to analyse aspects of the human condition that many view as private, intimate, shameful, traumatic, taboo, stigmatised, emotionally uncomfortable, and so on. For this reason, men who experience uneasiness with regard to their penis are a prime example of a hard-to-access group. However, the very fact that these issues are often so challenging for men to openly discuss only highlights the pressing need for anthropological enquiry.

In most cases, romantic involvement with informants in ethnographic research is considered academic misconduct. It is fair to assume that, for the most part, engaging in sexual relations with informants not only is irresponsible and potentially exploitative, but also skews objectivity. However, in the present case, being in a romantic relationship with the research participant has in fact afforded the opportunity to explore issues in depth that are typically very hard for men to address.

In addition to this, a potential hurdle to obtaining reliable data from men regarding this particular subject is that men might be compelled to provide distorted accounts so as to avoid perceived emasculation. Therefore, in this case, starting from a position of mutual *trust*, as well as shared interest and emotional investment in the matter has not only avoided this potential impediment, but has also opened up the opportunity for these sensitive issues to be closely examined. Therefore, the research process has *necessarily* been highly collaborative, and he has played

an active role in considering the aims of the research, as well as formulating how he would like to be represented. We engaged in long form discussions reflecting on his journey, which enabled us to co-create a brief account of his experiences. The process also involved noting down quotations from him to be interspersed throughout, as we felt that this would best express his personal narrative construction.

Ryan Cragun and J.E Sumerau's article *Losing Manhood Like A Man* (2017) demonstrates the value of employing a collaborative autoethnographic methodology to help better understand changes in heterosexual men's embodied sexual identity. The first author reviews his personal experience of getting a vasectomy, reflecting on his evolving interpretations of "manhood in the midst of biological transitions" (Cragun & Sumerau 2017: 102). As the writers claim; "We find collaborative autoethnography especially useful for the current project for two reasons. First, collaborative autoethnography allows us to utilize both the first author's ''firsthand familiarity'' (Blumer 1969, 38) with the experience, and the second author's detached observation of the experience" (Cragun & Sumerau 2017: 103). In this case, MP has provided this invaluable "firsthand familiarity", and I have endeavoured to offer 'detached observation'.

However, as the girlfriend of the case study, exercising reflexivity has been vital in order to maintain this position of 'detached observation'. As Goode explains, "historically, sociologists and anthropologists were supposed to pretend that they had no biography, no self, no experiences relevant to the subject they studied" (Goode 1999: 301), which of course has been neither possible nor beneficial to the present research. However, negotiating between roles of girlfriend, researcher, and even informant has highlighted the "multifaceted, fluid, and changeable" (Tarrant 2014: 494) nature of identity.

Case Study

"Would you (would anyone) choose to have yourself enhanced by the addition of prosthetic parts when that process, however it begins, must dis-integrate your body, dissolving its boundaries, and batter down the fortified castle of your identity?" (Wilson 1995: 251)

First and foremost, details regarding MP's early life and medical background must be provided as context. In 1990, MP was born with a rare defect called bladder exstrophy, whereby the bladder develops outside of the abdomen, and is therefore exposed. Immediate surgical intervention was required for his survival.

His reliance on surgeries and medical intervention did not stop there, however. After numerous operations throughout the first 10 years of his life attempting to enable proper urinary functioning, MP still had no control over his bladder, meaning he wore sanitary towels for protection. At the age of 11, as a last resort, he underwent the mitrofanoff surgical procedure and complete bladder neck closure. This involves using the appendix to create a canal between the bladder and a stoma in the abdomen. This procedure means that urination is made possible through a catheter. It has been necessary to include these details firstly to clarify that the function of urination was no longer assigned to his penis from the age of 11. Secondly, it is important to convey that MP developed an unusual familiarity with hospitals throughout his early life, which undeniably meant that he was particularly open to the idea of surgery.

In spite of his complex medical history, MP was still fertile, and his penis remained intact with regard to erectile and ejaculatory functioning. However, as a result of the bladder exstrophy, the

penis was abnormally formed at birth, and was therefore slightly misshapen. As he developed through puberty, he became increasingly aware that his penis was comparatively “different”.

“I remember at school, boys beginning to talk about their first sexual encounters with girls...which was at the same time fascinating and exciting; but also terrifying and isolating...I even remember them comparing dick sizes.”

He worried that he was not capable of living up to perceived expectations of him as a young man. His ‘nonideal’ penis led him to feel greatly ashamed of himself. He developed a deep seated desire to change. He often thought to himself, “*Why me? Why can’t I just be normal?*”

Upon reflection, MP notes that, although his anxiety regarding his penis was actively kept a secret, it was certainly not an isolated issue, but permeated into other aspects of his life, having a detrimental impact on his social interactions and behavioural tendencies. He believes that it led him to feel resentful and fearful of men; as well as jealous and controlling over girlfriends.

He became certain that, unless he altered his physicality, he could not consider himself a ‘real man’ or be deemed acceptable by potential girlfriends. At the age of 15, MP discovered the vast array of various penile ‘enhancement’ pills and pumps that the internet had to offer. In complete secrecy, he began a journey of extensive experimentation, in the hopes of modifying and ‘fixing’ his unsatisfactory penis. Despite his hopes, none of these products or techniques provided any measurable success.

At the age of twenty-one, MP decided to undergo forearm phalloplasty surgery. This is, as Heston et al explain, “an exceptionally complicated reconstructive procedure that attempts to create a structure that is penis-like” (Heston et al 2019: 254). The first surgical construction of a penis is recorded as having taken place in Russia in 1936, using rib cartilage (Rashid & Tamimy 2013: 283). Techniques have evolved over time, but there is still no consensus among surgeons regarding the optimum staging of the reconstructive steps (Heston et al 2019). Therefore it is certainly not a straightforward, nor homogenous procedure; but is adapted to different patients’ hopes and needs. For example, it may be performed on penile amputees, or for cases of penile hypoplasia (micropenis). However, it has become particularly more common and publicised as a procedure for female-to-male gender reassignment patients. When it is performed on biological males, in simple terms, the organic penis is removed and replaced with a ‘neo-penis’ constructed from a forearm graft.

In the case of MP, the phalloplasty procedure was planned into three main phases, with healing time between each phase lasting around three months. The final phase *would have* entailed the integration of an inflatable silicone implant. This penile implant procedure is now increasingly carried out on men with erectile dysfunction, as it enables manual inflation to simulate an erection when desired. However, MP’s recovery following the second phase was delayed due to overgranulation (whereby growths form as the result of tissue excessively trying to heal). Consequently, over the course of two years, additional corrective surgeries were required to assist the healing process, and eventually the neo-penis had to be cut open to remove the overgranulation.

Having endured a great deal of emotional trauma as a result of this long, drawn-out ordeal, he decided against undergoing the final phase of surgery (penile implant) altogether. MP therefore settled for a semi-complete neo-penis, which could not obtain an erection.

"Who am I without my cock?"

It is perhaps unsurprising that the complication and failure rate for phalloplasty surgery is very high. It is an immensely complex procedure in that it attempts to replicate an organ with "a form and function that is truly unique. Add to this the fact that the materials available are sub-optimal...The task assumes nearly Herculean dimensions" (Rashid & Tamimy 2013: 290). It seems as though the endeavour to replace and reconstruct organs in this manner is founded on a reductionist, mechanistic understanding of the body, in which it is made up of dispensable, individual parts. This could be seen as a reflection of the modernist "'rationalization' of the body" (Williams 1997:1047), which implicitly upholds the traditional Cartesian mind-body divide (Williams 1997: 1044).

Crucially, this view fails to recognise the enmeshed, integral relationship between the body and the (gendered) self, and does not take into account the broader psychosocial ramifications of such bodily changes. For MP, this could only be discovered in retrospect, as a result of permanent loss. As well as the immense physical pain following the surgery, MP became profoundly depressed. He was overcome with constant and overwhelming feelings of emptiness, regret and grief.

“The irreversibility...the finality of it was hard to face. I didnt know who the fuck I was. How could I have done this?”

The spectrum of emotions brought about by these medical interventions, from aspiration to disillusionment, reflects Williams’ assertion that, “medicine is, at one and the same time, a fountain of hope and font of despair” (Williams 1997:1042). MP experienced what he describes as the “shattering” of his identity in ways that he could never have imagined. For example, the loss of sensitivity and organic functioning troubled him, and further called into question his embodied masculinity.

“I very quickly realised... being and feeling aroused...but without the physical, sensitive node to express it...was extremely confusing and troubling. An erection is the way in which the male body expresses and asserts itself... I completely lost that means of expression”

In subsequent years, MP has worked to reconfigure his notions of self-worth and gendered identity. This is of course an ongoing, fluctuating process. His bodily transformations have compelled him to reshape his self-narrative, so that his masculine identity is liberated from the narrow confines that once defined it. For example, broadening his definition of *“what a man is”* enabled him to discover various other modes of enacting ‘manhood’. This narrative progression can be seen in the following quotation:

“I gave up my penis in search of a greater sense of manhood...but I came to realise that this was ultimately founded on a narrow obsession of what a man is. I learned the hard way. In order to fill the void of not having a penis...but wanting to remain strong and carry on...led me to explore other aspects of what masculinity means. For a long time I lived in regret and shame for what I had done. Thankfully...I eventually came around to forgiving myself for what I did to my body. I call it the ‘best-worst decision I ever made’. Although I can never go back to how I was before, I have now learnt so much and have cultivated more meaningful relationships in my life...I went from feeling governed by it to being empowered by it”

In spite of these promising shifts in perspective, MP is wary of romanticising his experiences. For the most part, he would hope to discourage men from attempting forms of penile ‘enhancement’ (especially surgery), in which the risks often outweigh the potential benefits - and what’s more, the ‘benefits’ are rooted in restrictive and disempowering notions of ‘manhood’.

It is evident that MP had put all of his hopes into a medical ‘fix’, in which the risks were almost completely drowned out by the prospect of repairing his ‘inadequate’ ‘manhood’. Whilst it is true that the measures MP took were particularly extreme, his story does not present a complete anomaly, but instead points to a growing trend. Preoccupation with having an ‘adequate’ penis is not at all uncommon, and men are increasingly putting their hopes into medical and technological ‘fixes’.

The next section aims to unravel some of the reasons for which various penis anxieties are on the rise, as well as explaining how medical and technological interventions are gaining appeal.

Medicalization of Male Sexuality

This section aims to unpack how men's penis insecurities have proliferated over the past few decades. Processes of medicalization have constructed "contemporary penile pathologies" (Flowers et al. 2013: 121), enabling private businesses to capitalise on men's insecurities so as to sell penis 'enhancement' products in an unregulated online marketplace. I hope to demonstrate that, although "the mythological phallus, huge but versatile, has always been the yardstick by which mortal men have measured their potential" (Wilson 1995: 254), this issue has been further magnified in the particular societal conditions of contemporary consumer-based, postmodern western society.

In order to unpack the concept of medicalization, it must first be recognised that modern western medicine has developed into a "distinctive sociocultural world" (Clarke et al 2003: 163) in and of itself. It can be seen as "a culture, a profession, a body of knowledge, and a way of knowing that has evolved in conjunction with technology and social values over the past several centuries" (Tiefer 1996: 255). As such, medical discourse is based specifically on an "individualized, evolution-derived, biologically based, disease and malfunction model" (Tiefer 1996: 255) for interpreting the human condition, often at the expense of sociocultural insights.

Initially, medicalization was developed as a sociological theory in Zola's paper, 'Medicine as an Institution of Social Control' (1972). In this key work, Zola identified medicine as an emerging societal authority, with its apparent moral neutrality allowing it to supersede religious and juridical institutions (Busfield 2017: 759). As with terms such as globalization and modernization, the '-ization' suffix indicates a processual series of changes (Busfield 2017: 760). Medicalization can therefore be seen as a "gradual social transformation" (Tiefer 1994: 365), whereby aspects of life previously categorised as *socially* deviant or *morally* problematic (such as alcoholism, drug abuse, abortion, homosexuality) transition to being redefined and treated according to medical terms (Clarke et al 2003: 164). This particular mode of interpreting the human condition has gradually gained social authority through becoming deeply integrated, "ubiquitously webbed throughout mass culture" (Clarke et al 2003: 163).

As Wood outlines, medicalization functions on multiple levels and to varying degrees; for example "conditions can be defined in medical terms, described using medical language, viewed directly within a medical framework, and can eventually come to be treated through medical intervention. (Wood 2011: 15-16). Whilst these subtle transitions may lead to the destigmatization of certain issues, to a great extent the shift to medicalization works to satisfy the "expansionist needs of speciality medicine and new medical technology" (Tiefer 1986: 579). Therefore, as medicalization follows a trajectory of economic growth, more and more aspects of the human condition are now being "intentionally promoted as problematic, or even as a disease, in order to increase marketability (Wood 2011: 9).

A prime example of this is the medicalization of impotence in the 1980's and 1990's, which the psychologist and sexologist Leonore Tiefer researched and theorised extensively. As Tiefer elucidates, shifting away from the derogatory term, 'impotence' and replacing it with 'erectile

dysfunction' did indeed help to reduce social stigma for men by redefining it as a matter of 'sexual health'. However, in transforming "unacceptable erectile performance into a subject for medical analysis and management" (Tiefer 1994:365), it is constructed primarily as an organic, physical problem. This not only downplays the significance of psychosocial factors, but, crucially, legitimises and necessitates its treatment with pharmacological and/or surgical interventions such as penile injections; surgical implants or viagra (which is now widely sold over the counter and online).

In addition to this, Tiefer highlighted how the medical construction of erectile dysfunction was inherently phallocentric, based on the unfounded assumption of a universally acceptable and "normal" erection (Tiefer 1994:365). Prioritizing the erect penis and 'successful' performance of penetrative sex as the centre of a 'healthy' sex life also leads to the Othering of women by neglecting the perspectives of women as sexual partners to these men. This therefore deepens any disjuncture between men and women, amplifying mismatched expectations and desires. This is reflected in the following quotation from Tiefer:

"Patients I see often insist, despite my demurral, that women (a uniform class) cannot be sexually satisfied without intravaginal intercourse, and claim that their motivation for the erectile dysfunction evaluation and treatment is to keep their wives from leaving them. Interviewed separately and asked if they thought the marriage could break up because of the erectile difficulties, the wives are often surprised and offended at the idea!" (Tiefer 1994: 370)

Thus, two key issues have been shown to be at the heart of the medicalization of male sexuality: 1) The overemphasis on *physical* explanations, thereby necessitating tangible medical solutions for treatment; 2) The reinforcement of phallocentrism, which fails to take into account the perspectives and preferences of women as partners. I argue that these two issues remain

highly relevant, and have in fact intensified since Tiefer's work on erectile dysfunction. In order to elucidate the escalation of these circumstances, it is necessary to examine some of the social changes brought about in the digital age.

Medicalization in the Digital Age

It is already the case that the "obvious visibility of the male genital organs, their state and size, roused and flaccid" renders them "readily measurable and comparable" (Clare 2000: 6). However, the internet has further aggravated this. It is clear that the internet "is now a key site for encountering, displaying and interacting with embodied images" (Flowers et al 2013: 127), meaning that it has significantly contributed to the increased visibility of the penis. The rise of the internet was accompanied by a massive increase in the consumption of pornography, which is widely available for free digital streaming. Whilst there is not the space for an in depth discussion of pornography in this essay, its significance in fueling visual comparison and setting unrealistic expectations must be mentioned. In 2017 Graham wrote that pornography made up 30% of all web traffic (Graham 2017: 240), and that, "worldwide, 80% of 15-to 17- year- olds have viewed multiple hardcore porn" (Graham 2017: 243). In addition to this, "men are much greater users than women" (Graham 2017: 243). Therefore, evidently the internet encourages a aesthetics-based culture of comparison, further exacerbating penis anxieties.

Secondly, health in the neoliberal, digital era increasingly puts emphasis on self-diagnosis, self-management and self-surveillance. Improved access to knowledge has meant that illnesses and health itself are becoming individual moral responsibilities (Clarke et al 2003: 162). As described by Inhorn in relation to reproductive technologies, "neoliberal values of "choice" and

“freedom” in a now privatized reproductive “marketplace” suggest that individuals bear responsibility for their health and illness, with every person expected to care for himself or herself in the name of striving for a better quality of life” (Inhorn 2012: 8). This shows how the internet facilitates a vast “unregulated world of self-medication” Nugteren, H.M. et al (2010: 118), in which the distinction between patients and consumers is increasingly blurred. Power is shifted “towards the patient, now in a consumer role” (Wood 2011: 21), and away from medical professionals.

Therefore, transformations in the digital era have amplified men’s insecurities in what has been described as “disease mongering” (Wood 2011: 20). This is shown in the “diversification of penile pathologies to include aesthetic as well as functional shortcomings” (Flowers et al 2013: 131). A whole host of penile and erectile ‘enhancement’ products are now sold in a booming, unregulated online industry led by private businesses. For example, “penis-lengthening pills, stretch apparatus, vacuum pumps, silicone injections, and lengthening and thickening operations” Nugteren, H.M. et al (2010: 118), as well as detachable penis extender ‘sleeves’. As Wood demonstrates in his paper, *Medicalization as Trojan Horse: Changes in Erectile Enhancement Advertising* (2011), “advertising, within the realm of business...allows pharmaceutical corporations a sort of exemption from the medical ethics which might normally govern behavior” (Wood 2011: 19-20).

What is crucial here, is the appropriation of medicalization discourse in order to legitimize the promotion of these products. Wood analysed the advertisements of these various penile enhancement products, demonstrating that medical (and pseudo-medical) language and imagery is often employed in order to give legitimacy to these products, which themselves are “based around the very *non*-medical issue of the small or “unimpressive” penis.” (Wood 2011:

77-78). These businesses depend on the authority of medical knowledge, which is essential in order to convey insecurities of an "'inadequate penis' as a more legitimate medical concern" (Wood 2011: 12), which in turn validates their products as the appropriate solution.

It is clear, therefore, that men "are not simply being sold medicine. They are being sold diseases" (Wood 2011: 23). However the 'disease' men are being sold online is the fear of not being a 'real man'; the insecurity of not living up to the hegemonic masculine ideal. As Brubaker and Johnson contend, online erectile enhancement discourse constructs a crisis of masculinity in order to sell the solution (2008: 132), whereby "the solution is a larger and more powerful penis that will give men back their sense of manhood" (Brubaker & Johnson 2008: 132).

Penis Sleeves as Erectile "Enhancers"

Whilst there exists a wide variety of penile 'enhancement' products available online, the focus will now be turned specifically to detachable penile extenders, often termed 'sleeves'. These penis sleeves, among a rapidly expanding industry of sexual technologies, are certainly becoming more mainstream. For example, *lovehoney.com*, the largest and most popular website in the UK for sex accessories, branded as "The Sexual Happiness People", has an entire section dedicated to 'Penis Extenders and Enlargers', which includes a wide selection of sleeves.

These penis sleeves are marketed as providing extra length and girth, therefore solving the implied pathology of possessing an "unimpressive" (small) penis. Secondly, they are marketed as a solution to premature ejaculation by reducing sensitivity, which enables men to last longer.

Yet again, a *physical* device is implied as the key to 'sexual happiness'. This also implies that men are increasingly willing to sacrifice both their own physical pleasure as well as intimate skin-to-skin connection in the hopes of fulfilling a phallic ideal. This is all based on presumptions with regard to women's preferences, and in some ways supports Clare's claim that, "men's relationship with sex is frequently more with themselves than with their partners" (Clare 2000: 124).

Whilst these penis sleeves may indeed help men by improving self confidence for example, I would argue that this is largely outweighed by the perpetuation of phallocentric, hegemonic notions of masculinity, in which penis 'enhancement' and penis 'enlargement' are taken to be synonymous. To a large degree, this works to disempower men; affirming their fears and making them reliant on technical solutions that provide a more 'adequate' penis so that they can feel like a 'real man'. Wentzell succinctly describes this contradiction by pointing out that, although these products "can reduce social suffering, they also naturalize the norms that generate it, reinforcing the distress posed by nonideal bodies and the need to medically alter them" (Wentzell 2013: 3).

Penis Sleeves as Prosthesis

In spite of all of this, there are some instances in which penis sleeves take on embodied meanings that are quite different. For some men, these penis sleeves go beyond mere enlargement or enhancement, but constitute a *prosthesis*. This is the case with MP, who is entirely dependent on them in order to attain an erection and carry out penetrative sex.

Additionally, for men with more severe cases of erectile dysfunction, these sleeves are valuable in providing a less drastic and invasive alternative to surgery. Where penis sleeves are used as 'enhancers' or enlargers, corporeal sensitivity is reduced. However in the case of MP, it provides a vessel that allows for the partial restoration of sensory feedback which was lost in the removal of the organic penis. Therefore, in these circumstances, prosthetic sleeves do in fact provide a genuine solution, allowing for the renegotiation of embodied male sexuality.

Taylor's paper, *Embodying Technology: A Hermeneutic Inquiry into Corporeality and Identity as Manifested in a Case of Strap-On Dildo Use* (2012) delves into the narrative of a man (pseudonymously called Michael) who, after becoming physiologically incapable of gaining an erection, became depressed, envisioning that his sexual life would never recover. However, experimentation with strap-on dildos not only enabled him to revive his sex life, but also incited profound shifts in his sexuality and identity.

As with MP, Michael's story reveals "how external objects become body parts...in a way that seems to open up a new, surprising dimension of what it means to be a body" (Taylor 2012: 10). The embodied integration of technologies, in particular sexual technologies, highlights that "our sense of what precisely the body is and what it might become is increasingly uncertain" (Williams 1997:1041).

This leads me to return to the conventional treatment of the heterosexual male body as a universal, fixed category that was mentioned at the beginning of this essay. The use of penile prostheses poses a direct challenge to this presumption, as here the male sexual body is shown to be malleable and mutable. MP and Michael are both examples of the "flexible and adaptive

sexuality which appears in an atypical body, in a person whose sense of personal and gender identity changes" (Taylor 2012: 10). MP's claim that, *"After years of practise and acceptance, I am more and more able to feel them as a part of me"*, shows the possibility for boundaries of the body to expand, leading to the emergence of hybrid bodies and cyborg subjectivities.

Furthermore, this particular form of prosthesis is unique in that its functioning is also reliant on the reciprocation of the sexual partner. Seeing as "sexuality takes place in the world of others, shaped and co-cocreated by those around us" (Taylor 2012: 93), the incorporation of penile prostheses entails radical acceptance. Trial and error has involved experimentation with a vast number (perhaps over 100 as estimated by MP) of these prosthetic sleeves. Their integration requires open mindedness from both parties, as well as intentional surrender; imagination and broadened conceptions of masculinity.

Therefore, as Taylor points out, the transition to dildo incorporation is not immediate nor final, but "this transformation takes place gradually, from object to instrument to organ to libido-invested image" (Taylor 2012: 92-93). Their usage necessitates a continual process of reimagining narratives regarding the body; so that it is "not one of failed masculinity, but [one] of alternative sexuality"" (Taylor 2012: 79.) This opens up the opportunity to construct a discourse in which something initially taken to be "a loss...ultimately becomes a gain" (Taylor 2012: 10).

Conclusion

Firstly, this essay has hoped to illustrate that the biological penis and the "mythic phallus" have become entangled so that they are envisaged as a measure of 'manhood'. This evidently has a detrimental impact, especially for those who do not embody the hegemonic phallic ideal. It has

been important to shed light on the construction of “contemporary penile pathologies” (Flowers et al. 2013: 121), which have legitimized the exploitation of men’s insecurities by private penile ‘enhancement’ businesses. It is my contention that, unless we work to better understand this phenomena and reduce social stigma, men will become increasingly vulnerable to such phallocentric discourses, and will therefore also become increasingly inclined to alter their physicality via a medical/technological ‘fix’. The case study provided an example of how this pursuit for a greater sense of ‘manhood’ can result in drastic, irreversible outcomes. However, his bodily transformations also highlighted the multifaceted nature of gendered identity. Furthermore, the integration of prosthetic technologies also gives rise to the emergence of intriguing, flexible forms of masculine sexuality. Ironically, these technologies are therefore also creating opportunities to transcend hegemonic expectations of masculinity. This has ultimately revealed that “the phallic ideal is far from a fixed and stable one, nor does it have an essential, unchanging relationship to the male body” (Stephens 2007: 88). This essay has therefore hoped to convey the paradoxical nature of contemporary encounters with technologies of sex. Whilst they may be propelled by phallocentric definitions of masculinity, their usage also allows for the cultivation of alternative and ever expanding forms of manly selfhood.

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