‘A Dubious Equality’: Men, Women and Cosmetic Surgery

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Several years ago, I wrote Reshaping the Female Body (Davis, 1995) which is a book about women's involvement in cosmetic surgery. It was based on research in which I explored women's reasons for wanting to having their appearance surgically altered. The research was conducted in the Netherlands where cosmetic surgery had undergone an enormous expansion since the late 1970s, as in the USA and other (western) European countries. I linked Dutch women's experiences of embodiment to cultural notions of femininity and, more generally, provided a feminist analysis of the emergence of cosmetic surgery and its increasing popularity. My central argument was that cosmetic surgery cannot be understood as a matter of individual choice; nor is it an artifact of consumer culture which, in principle, affects us all. On the contrary, cosmetic surgery has to be situated in the context of how gender/power is exercised in late modern western culture. Cosmetic surgery belongs to a broad regime of technologies, practices and discourses, which define the female body as deficient and in need of constant transformation.

Since the book was published, I have had the opportunity to talk to many different audiences - students, social scientists, philosophers, medical practitioners, consumer advocates and feminist activists - and I invariably get the same response. They say: 'What you have told us about women is very interesting. But what about men? Don't men worry about their appearance and want to look younger, thinner, and more attractive? Don't men have cosmetic surgery, too?'

My standard response and simultaneous defense of my 'selective' approach to cosmetic surgery up until now has been to point out that, statistically, women are...
the primary targets of cosmetic surgery. Both numerically and ideologically, men as recipients of cosmetic surgery are the exception rather than the rule. They comprise such a small group that their importance for understanding the phenomenon of cosmetic surgery is negligible and, therefore, all but irrelevant.

However, in the past few years, it has not escaped my attention that there has been a small, but steady increase in the number of men having cosmetic surgery. As of 1998, about 10 percent of the 2.8 million cosmetic surgery procedures in the US were performed on men – that’s 5 percent more than in 1992. Men had 83 percent of all hair transplants, 32 percent of all nose reshaping surgeries, 16 percent of all liposuctions, and 6 percent of all chemical peel procedures (American Society for Aesthetic Plastic Surgery, 1999). Although the percentage of men having cosmetic surgery still seems fairly small to me (with the exception of hair transplants), the attention being paid cosmetic surgery on men in the media is anything but small.

The media in the US and Europe abound with stories of how men, like women, suffer doubts about their appearance, agonize over their baldness, worry about their ‘beer bellies’ and underdeveloped pecs, bemoan their sagging eyelids and worry lines, and dissolve into panic about the size of their penis (this is now called the ‘locker-room syndrome’). Reports indicate that men are currently spending billions of dollars on beauty products, gym memberships and exercise equipment, hair-color treatments and transplants, and, of course, cosmetic surgery. Once regarded as a practice reserved almost exclusively for women, cosmetic surgery has now become acceptable for men. According to a 1996 survey in the UK, 13 percent of British men admitted that they ‘expected to have aesthetic surgery at some point’ (quoted in Gilman, 1999: 343). Businessmen are increasingly having face-lifts in order to maintain their competitive edge and middle-aged men look to cosmetic surgery as a way to match their aging bodies to youthful outlooks and life styles (Gullette, 1994).

Commentators have suggested that it is just a matter of time before men have caught up with women as objects of the ‘surgical fix’ (Gilman, 1999; Gullette, 1994; Haiken, 1997). While the media applauds this development as a sign that men are (finally) casting off the yoke of ugliness and seizing their ‘right’ to self-improvement, the critics are usually more skeptical. Mike Featherstone (1991), for example, views men’s involvement in cosmetic surgery as part of the universal capitulation to the seductions of consumer capitalism. Margaret Gullette (1994) worries that men are falling into the same cultural traps which have been laid for women and that feminists need to form alliances with men on this issue. But whether men’s involvement in cosmetic surgery is viewed as desirable or as cause for concern, the implication in both cases is that what we are seeing is a new trend.
Gender differences in bodily experience, body practices, and cultural discourses on beauty and body alteration are converging in the direction of sexual equality. The gender gap is closing or, as Gullette puts it, ‘for good or ill . . . we’re all together now in a new era of sex, age, and gender politics’ (1994: 222).

I must admit that my feelings are mixed about this assumption of parity between the sexes in the realm of physical appearance. I find it difficult to see men as the new victims of the ‘beauty myth’. I am doubtful that cosmetic surgeons – most of whom are men – will ever enthusiastically promote, let alone perform, surgery on members of their own sex. But, most importantly, I am uneasy about this discourse of equality. It seems to erase women’s long and painful history of altering their bodies to conform with the cultural dictates of femininity, while, at the same time, it denies men’s specific experiences with their bodies and the cultural meanings of masculinity in relation to cosmetic surgery.

Bordo (1993) has criticized the discourse of equality as part of a more general cultural tendency in western consumer society to erase differences based on gender/class/ethnicity/sexuality or nationality. She argues that a homogeneous or universal ideal is promoted in any discourse of equality, whereby individuals are presented as having the same desires, needs and opportunities for giving shape to their lives. Contradictory or unsettling images of systemic oppression, inferiorization, exclusion or racism are denied or kept within the safe boundaries of exoticism. As examples, she discusses the proliferation of ultra-feminine models in men’s business suits, which are standard fare in advertisements today. Such images erroneously imply that women simply need to dress for power in order to get ahead, thereby ignoring real obstacles facing women in the overwhelmingly masculine world of big business. Similarly, representations of white women with their hair in cornrows or dreadlocks suggest playful experiments with ethnicity and ‘race’, while doing nothing to transform the dominant white, western ideal of feminine beauty. Indeed, such images help to sustain these ideals by implying that every woman is equally free to create her body, her self and the life she desires, thereby effacing the inequalities in social position and historical circumstances which make hairdressing practices anything but commensurate (Bordo, 1993: 254).

In my view, the new equality discourse on cosmetic surgery resonates with the process of homogenization and the neutralization of differences based on structured forms of inequality which Bordo describes as integral to late modern, western culture. When men and women are treated as generic individuals with the same desire for physical attractiveness, it is assumed that they are both equally subject to the pressures of cultural ideals of beauty. And, consequently, cosmetic surgery can be presented as a similarly desirable (or undesirable) and socially
acceptable (or unacceptable) way for both sexes to change their bodies, their identities and their lives.

In this article, I take issue with the notion of sexual equality in women’s and men’s involvement in the practices and discourses of cosmetic surgery. To this end, I explore representations of the male cosmetic surgery patient in the media and in medical texts. Drawing upon contemporary theory on masculinity, I show why, contrary to popular belief, we have every reason to expect that cosmetic surgery is, and will remain, a predominantly feminine practice.

Media Representations

In the early 1990s, a British program called Plastic Fantastic was aired in prime time and adapted for viewers in most European countries. The program was immensely popular. It consisted of 13 weekly installments, which covered most common cosmetic surgery procedures (face-lifts, liposuctions, breast augmentations, and ‘nose jobs’, as well as the more recent cosmetic technologies like laser surgery and chemical implants). The format was standard for the ‘infotainment’ genre. There were shots of the operation itself interspersed with the surgeon explaining the merits and occasional side effects of the procedure. Patients were filmed, talking about their motives for having surgery and shown waiting in anticipation for their operation or explaining afterwards how delighted they were with the results. Various ‘experts’ (psychologists, beauty specialists, art historians and journalists) gave their considered opinions about the psychological and cultural significance of cosmetic surgery.

The makers of Plastic Fantastic emphasized at the outset of the program that cosmetic surgery was of interest to both sexes. To illustrate this claim, they devoted three of the programs to men and cosmetic surgery: ‘The Very Best for the Man’ (eyelid surgery and laser resurfacing for business men), ‘Flex those Muscles’ (pectoral implants) and ‘The Rocket in Your Pocket’ (on penile augmentation surgery). In the first, the focus is on a baby-boomer generation of men in search of perennial youth and anxious to maintain its position in the work world. Businessmen are shown, earnestly assuring the audience that they want to keep ‘sharp’ and ‘maximize their potential’. Surgeons warn, however, that surgical procedures often have a long recovery time and there are frequently unpleasant side effects (like scars behind the earlobes following a face-lift or eyes, which tear up after eyelid surgery). In the program on pectoral implants (‘Flex those Muscles’), the recipients are male go-go dancers, bartenders and fitness fanatics who want to take the ‘easy way’. Experts remark that implants are a sign of ‘gym culture with a vengeance’, and that men are frequently more ‘vain’ than women. Many protest
that they couldn’t imagine having implants themselves and they are scarcely able to disguise their disapproval at such ‘frivolous’ interventions. The surgeons aren’t enthusiastic, either, but, as they put it, ‘If we don’t do them, someone else will.’

In the third episode, on penile implants, the patients are not shown full-face. Instead we only see their eyes, darting furtively around the room as each potential patient relates his suffering with his small penis. One of the two patients interviewed is of Asian descent, markedly ‘Other’ in the context of the white British surgeons and patients presented in the other installments of Plastic Fantastic.

The camera shoots his hands, wringing nervously in his lap, as he confides his traumatic locker-room experiences where he does not, literally, ‘measure up’ to other men.

While their reasons for wanting the surgery resonate with the reasons women give for wanting cosmetic surgery – feeling different, lack of self-confidence, being teased about their appearance – these men’s presentation is so full of hesitation and shame, that the viewer feels more pity than understanding. While the male ‘experts’ describe the operation as ‘appalling’, the female ‘experts’ can’t contain their laughter.

They make jokes about ‘shrunken willies’ and remark mischievously that ‘it’s not the lead in your pencil which counts but how you write with it’. As one woman put it, ‘You just can’t take it seriously.’ The surgeons are almost unanimously negative about the surgery, exclaiming that it’s ‘nonsense’, ‘peacockery’ or ‘positively a nightmare’. The emphasis is on side effects, risks and lack of adequate knowledge, and they are much more negative about penis augmentations than they were about breast augmentations.

While these reactions are – perhaps predictably – the most extreme with penile augmentation surgery, they suggest that cosmetic surgery, contrary to the current emphasis on sexual equality in the realm of body alteration, may not be quite the same kind of undertaking for men that it is for women. Take, for example, the episode in Plastic Fantastic on breast augmentation surgery (called ‘Fairy Tales of the Breast’). While the surgery is technically similar to the penile augmentation in terms of procedure, severity of side effects and risks involved, it is represented in a very different way.

The augmentation candidates are white women of different age groups and social backgrounds. They are introduced by name and they are shown full-face, explaining why they want the operation. Their reasons seem plausible and their enthusiasm for the operation is so convincing that it is hard for the viewer not to take their point of view. Although some of the ‘experts’ are a bit ambivalent (‘I can’t see myself doing it’), they remain basically nonjudgmental (‘If that’s what
she wants, it’s O.K. by me’). A male classical scholar – presented as a beauty expert – provides the clincher: that beauty has always been a concern for women; it is, therefore, only ‘natural’ that women would want to have cosmetic surgery. The surgeons also seem to have no trouble with breast augmentations. They provide straightforward information about the procedure and emphasize its safety. Although the problems with silicone are still fresh in their memories, they downplay these dangers by noting new developments in implant technology (the use of soybean oil in implants rather than silicone).

Having watched and analyzed many similar television programs about cosmetic surgery, I believe that Plastic Fantastic is a typical example of the way in which the media portrays the new trend of cosmetic surgery for men. On the one hand, cosmetic surgery is presented as just as relevant for men as it is for women. The viewer is warned not to believe that only women care about their appearance and try to do something about it. However, scratch the surface of this rhetoric of sexual equality and one immediately finds an unmistakable ambivalence about men and cosmetic surgery. In their ambiguity, the reactions of the patients, experts and surgeons on Plastic Fantastic suggest that cosmetic surgery is not quite the same kind of undertaking for men and women, after all. While the patients and experts seem to find it understandable and even ‘natural’ for women to have their bodies altered surgically, a man who has cosmetic surgery seems uncomfortable or – in the case of penile surgery – deeply ashamed. Experts clearly regard him as, at best, ridiculous and, at worst, an aberration, someone who is different, deviant or even pathological. The surgeons appear to embrace cosmetic surgery for women with enthusiasm – as essentially beneficial and unproblematic. Cosmetic surgery for men, however, is treated as a potentially dangerous and risky endeavor. For the surgeons on Plastic Fantastic, caution is clearly in order when operating on male patients.

These surgeons’ reluctance may be, of course, simply an artifact of the media, reflecting a more general cultural unease about men having cosmetic surgery. Perhaps surgeons in real-life professional circumstances are more ‘enlightened’ about using their skills on this new group of patients. My own experiences in talking to cosmetic surgeons would suggest that this is not the case, however. In personal conversations, surgeons have often expressed doubts about any man who would want to put himself under the knife for the sake of appearance. ‘I have trouble understanding these guys’ or ‘They must have other problems, too’ were frequently heard remarks. Surgeons also seemed more reticent than enthusiastic about trying out new technologies on men, expressing concern about the side effects and suggesting that ‘a lot more testing needs to be done’ before ‘some of these operations’ should be performed on men.
A case in point is the response of the medical profession in the Netherlands to penile augmentation surgery. It was heralded in the early 1990s as a revolutionary solution to the problem of ‘locker-room anxiety’. However, just two years later, it was discontinued. The reason given was that men were complaining so much about the results and side effects that the surgeons were worried about being able to give them the ‘proper post-operative care’! In the USA, penile surgery has also become controversial as practitioners increasingly face criticisms from their colleagues and costly malpractice suits from disappointed patients. 

In order to understand surgeons’ reluctance to operate on male patients, I shall now take a look at medical representations of the male cosmetic surgery patient. How do medical texts written by surgeons themselves portray the men who have cosmetic surgery? Are cosmetic operations treated similarly for both sexes or do these texts display the same kind of ambivalence about men which permeates the media representations of cosmetic surgery for men?

Medical Texts

In recent years, plastic surgery has begun to address the specific needs and problems of the male patient. For example, the well-known American medical journal Clinics in Plastic Surgery (Connell, 1991) devoted an entire issue to male aesthetic surgery based on a symposium on the same topic. Face-lifts, nose jobs and liposuctions were presented as procedures which could be performed on both sexes. Cosmetic surgery specifically aimed at men’s problems with their appearance (like hair restoration surgery, calf and buttock enhancement, or chin implants) was described as involving the same techniques and materials as cosmetic surgery for women. From a medical point of view, cosmetic surgery was depicted as the same for men and women. However, while the procedures and technologies were treated as similar, men and women as patients definitely were not.

Most surgical texts represent female patients as struggling with bodies which do not meet the cultural norms of feminine beauty. Surgeons believe that since women are taught to look good and disguise their real or imagined ‘defects’, it can be taken for granted that a woman will want to look as pretty as she can (Dull and West, 1991). Surgeons expect women to have ‘self-esteem issues’ when it comes to their appearance. Since medicine has historically defined the female body as deficient and in need of repair, cosmetic surgery is easily legitimated as a ‘natural’ and, therefore, acceptable therapy for women’s problems with their appearance.

In contrast, surgeons describe men as having cosmetic surgery for different reasons than women do. Men seek out surgery for ‘functional reasons’ or
'clear-cut physical complaints' rather than the 'purely aesthetic reasons' put forth by women (Flowers, 1991: 689). Or, they are concerned about minimizing serious 'deformities' while women merely expect 'a more attractive nose' (Daniel, 1991: 752). Moreover, men do not like 'sitting around in waiting rooms with women' and are much more reticent than women in discussing their problems publicly - that is, with a surgeon (Terrino, 1991: 732). While some surgeons pay lip-service to reports in the lay press that substantial numbers of aging businessmen are seeking cosmetic surgery in order to improve their prospects of professional advancement, they believe that additional justification is needed for men to easily accept the 'concept of surgery for aesthetic improvement alone' (Flowers, 1991: 691).

Although the 'cultural barriers' to men having cosmetic surgery may have been 'crumbling' since the 1960s, men who desire cosmetic surgery still tend to be regarded with some suspicion (Haiken, 1997: 155–61). In the medical literature, they are referred to as 'overly-narcissistic' and 'effeminate'. As one American surgeon put it, 'Any man considering a face-lift is probably an aging actor, a homosexual, or both' (quoted in Haiken, 1997: 156). References are frequently made to body-builders whose desire for procedures is 'fuelled by the fitness craze' (Novak, 1991: 829), and case studies typically include 'male beach-wear models' and 'male hair-dressers' (Daniel, 1991: 753–5). The before-and-after photographs which accompany descriptions of procedures frequently portray male patients of Asian or African descent.9

Terms like 'delusional psychotic', 'grandiose ambitions', 'latent schizophrenic' and 'suicidal' abound in medical texts about the male cosmetic surgery patient. As late as 1967, it was asserted that male patients who had repeat surgery were 'nearly all mentally disturbed' (Haiken, 1997: 156), but the suspicion lingers on that the male patient is psychologically unstable. In 1991, one author noted that probably 15 percent of all men seeking rhinoplasties were the victims of 'severe psychological obsession' and should be screened out immediately (Daniel, 1991).

The assumption seems to be that 'normal' men don't care about their appearance and, if they do, there must be something wrong with them. Men who want cosmetic surgery are not only considered sexually or racially 'deviant' or emotionally unstable persons to begin with, however. They also apparently make difficult patients. They have less tolerance of pain, require more medication than women do and are likely to become restless when having to lie still for long periods (Flowers, 1991: 698). Surgeons complain that men are much more squeamish than women ('queasy about being touched') and have a tendency to faint at the sight of a little blood. As one surgeon put it, male patients are typically 'just totally edgy, jumpy sorts of people' (Dull and West, 1991: 61).
Male patients also have more unrealistic ideas about what surgery can accomplish than women (Mladick, 1991: 797), and they are notoriously less satisfied with the results of the operations. In the well-known and widely cited textbook, The Unfavorable Result in Cosmetic Surgery (1972/1984), women are described as generally willing to accept even the most negative outcome, while male patients tend to display ‘emotionally malignant reactions’ to surgical failures. In the view of one contributor, men become easily ‘fixated on the damaged organ’ and relentlessly pursue further operations (Gifford, 1984: 32). Operating on male patients is a problematic endeavor as it activates ‘homosexual conflicts, unconscious castration wishes, and fears of emasculation’, with the surgeon assuming the ‘role of the persecutor . . . the prototypical and primordial castrating father of the patient’s childhood’ (Gifford, 1984: 41).

As if this weren’t enough to make surgeons feel ambivalent about their male patients, they also worry most about the dissatisfied male patient’s tendency toward paranoia and aggression against the surgeon in the form of litigation, threatening postcards or midnight visits to the surgeon’s home. Disgruntled male patients have been known to become violent with, in at least one case, fatal results. This particular case has been written up in Aesthetic Plastic Surgery (Hinderer, 1977) under the title ‘Dr. Vazquez Añon’s Last Lesson’. It is the dramatic story of an unhappy male rhinoplasty patient who stormed into the office of Dr Vazquez (‘one of the most outstanding plastic surgeons of Spain’, 1977: 375), killing him and his two nurses. The author of the article gives a detailed account of the patient’s pathological personality, his dysfunctional family background and the surgeon’s misguided belief that the fact that the operation was medically successful was enough to protect him from his patient’s anger. As the author puts it, the lesson came too late for the hapless Dr Vazquez Añon, but let it be a ‘warning’ to the rest of us (Hinderer, 1977: 381).

To my surprise, I discovered references to ‘Dr. Vazquez Añon’s Last Lesson’ in numerous straightforward, medical texts about cosmetic surgery. The case was cited as evidence – and, often it was the only evidence – for generalizing statements about ‘the propensity of male cosmetic surgery patients toward violence’ (Alter, 1995) to more oblique references to the ‘psychologically explosive situation’ of the male rhinoplasty patient caught in a ‘total’ and ‘terrifying’ transference based on the ‘nose-penis relationship’ (Daniel, 1991: 751). The message to surgeons who would operate on men is clear: do so at your own risk.

In conclusion, the medical discourse has historically displayed ambivalence about men having cosmetic surgery, and continues to do so. From a medical point of view, cosmetic procedures for men may be currently greeted with the enthusiasm warranted by any new advance in medical technology. But, while surgeons
echo the general cultural sentiment that men are just as entitled as women to make use of techniques and procedures for beautifying the body, they seem less enthusiastic about actually operating on men. Their reluctance is not only expressed in personal conversations; it permeates medical texts about cosmetic surgery. Surgeons distance themselves from men who have cosmetic surgery by presenting them as ‘deviant’ (homosexual or ethnically ‘other’), obsessive about their appearance, psychologically disturbed or even violent. It is, therefore, unsurprising that, while they may continue to operate on men, they do so with some misgivings. In order to explain the unease among surgeons about performing cosmetic surgery on men, we need to look at some of the cultural meanings associated with masculinity.

Masculinity

Contemporary theorists of masculinity such as Bordo (1994, 1999), Connell (1995), Dutton (1995) and Kimmel (1996) have chronicled the new trend toward viewing the male body as an object to be improved, altered and beautified. Formerly hidden from sight, men’s bodies are currently on display in magazines, television and films. Mike Tyson, Sylvester Stallone (as Rambo) and the Marlboro Man provide powerful models for how the male body should look: bulging biceps, well-defined pecs, washboard stomachs, piercing eyes and jutting chins. While such representations of muscle-bound masculinity do seem to provide the impetus for many of the newer cosmetic technologies for men (like pectoral implants and body contouring), and may, indeed, shape some men’s desire for cosmetic surgery, it seems to me that this is only part of the story. Masculinity takes many forms and certain forms are more dominant or, as Connell (1995) would say, ‘hegemonic’, than others.¹¹ In western culture, it is not the muscular body builder or the provocative male centerfold who are ‘hegemonic’ and at the top of the hierarchy; it is Rational Man who embodies real power (Morgan, 1993; Seidler, 1994).¹² High-level executives in the corporate world, financiers, Pentagon military strategists, professors at Ivy League universities, or professional men in the upper echelons of medicine and law all inhabit positions of wealth and power which enable them to legitimate and reproduce the social relationships which, in turn, generate their dominance. The dominance of these men rests on the repudiation of all telltale signs of femininity and gayness in themselves, and the capacity to represent themselves as universal norm – the unquestioned and unquestionable standard against which all others are measured and fail to measure up. It is the fiction of a unified masculinity, which generates a deep-seated fear of the inferior ‘other’ (i.e. women, but also men who are less...
deserving due to their class, sexual preference, ethnicity, ‘race’ or nationality) (Connell, 1995; Frosh, 1994; Segal, 1990; Young, 1990a). Indeed, controlling other men may be at least as, if not more, important than controlling women. Homophobia and a keen sense of ‘competitiveness’, combined with a ‘combination of the calculative and the combative’ interaction with other men, seem to be the central features of masculine power of the ‘Rational Man’ variety (Donaldson, 1993: 654–5).

The male body sits on uneasy footing with the discourses and practices of this particular brand of ‘hegemonic masculinity’. For masculinity, which is guided by the dictates of rationality (‘mind over matter’), the body is, at best, irrelevant, and, at worst, an intrusive obstacle to the more important activities of the mind. The body is something to be ignored, denied or, at least, kept firmly out of sight. If the male body comes into play at all, it is as the performing body: the body which has everything under control, the body which ‘does’, but is never, never ‘done to’ (Bordo, 1994: 288).

This raises the question whether cosmetic surgery can be a way for men to meet the cultural requirements of masculinity. Is it possible for men to achieve a more ‘manly’ appearance by having their bodies reshaped, just as women can become more ‘feminine’ through cosmetic surgery? Given the meanings associated with hegemonic masculinity in western culture, I would argue cosmetic surgery cannot ‘enhance’ masculinity for men in the same way it ‘enhances’ femininity for women for the simple reason that the very act of having surgery signifies a symbolic transgression of the dominant norms of masculinity.

First, men who desire cosmetic surgery distance themselves from the norm of rational masculinity as disembodied. By treating the body as irrelevant to the intentions and activities of the mind, this norm implicitly requires that the body and all its material or emotional vulnerabilities be denied, hidden or transcended. The male cosmetic surgery patient is preoccupied with his body, however. His body – its appearance and the suffering it entails – is a central rather than a peripheral concern. The act of having cosmetic surgery situates a man squarely in his body – a body that is no longer mastered by a detached and rational mind.

Second, men who admit suffering because of how they look, display behavior which, in our culture, is coded as feminine. Women are expected to be dissatisfied with their bodies and prepared to go to great lengths ‘for the sake of beauty’. Men, however, are not supposed to care about something as trivial as appearance, let alone show these feelings in public. The female body has historically been regarded as an object of desire, subjected to the admiring or critical male gaze. (Rational) men are the ones who look, the ‘desiring sexual subject rather than the “receiver” of the desire of another’ (Bordo, 1994: 288). By expressing his
unhappiness with his appearance, and thereby allowing others to critically view his body as an aesthetic object, the male cosmetic surgery recipient crosses the border of what is considered acceptable masculine demeanor. He acts like a woman.

Third, men who place their bodies under the surgeon's knife lose control – at least temporarily – of their bodies. Patients are, by definition, passive objects of the interventions of the surgeon. Patienthood invariably requires a submission to the physician's authority and a resignation of will, both of which are at odds with dominant cultural norms of masculinity. In a culture where agency, power and control are linked to masculinity, by becoming a patient, a man takes on attributes which are at odds with hegemonic notions of masculine power.

These transgressions are exacerbated by the fact that most plastic surgeons are themselves men. The profession of surgery is traditionally one of the most male-dominated branches of medicine. Not only are most cosmetic surgeons men, but the professional ethos of surgery resonates with many of the ideals of hegemonic masculinity in western culture (Davis, 1998, 1999). Surgeons are rational men of science who view the patient as body, as object for their interventions. The act of surgery requires the ability to act aggressively and without trepidation ('cut first, think later'). As Cassell convincingly demonstrated, surgery is a quintessentially masculine profession – a profession which is not for 'wimps', but for 'real men', for men with the 'right stuff' (1998: 17).

The male cosmetic surgery patient, with his admission of bodily inadequacy, his display of 'feminine' behavior and his voluntary waiver of control over his body, is likely to evoke discomfort in the male surgeon, while similar behavior on the part of a female patient would seem normal, natural or just part of 'the surgical experience'. By willingly adopting a position of powerlessness vis-a-vis another man, the male patient disrupts the myth of a unified (rational) masculinity. The male surgeon will not only have to perform an operation which – symbolically – diminishes his patient's masculinity; by operating on a male patient, he will inevitably be confronted with the frailty of his own masculinity as well.

In this context, it is hardly surprising that many male surgeons are reluctant to perform operations on male patients, or are inclined to find reasons why cosmetic surgery is inappropriate for men in general. It also makes sense that surgeons attempt to alleviate their uneasiness by distancing themselves from their male patients and relegating them to the position of 'other' – that is, different, deviant, disturbed and dangerous. In this way, the uncomfortable subject of the surgeon's masculinity and (the myth of) masculinity as disembodied norm is kept firmly out of sight and out of mind.
The Genderedness of Cosmetic Surgery

The current media hype on men as the latest objects of the 'surgical fix' is not simply a case of mistaken thinking. On the contrary, it follows from a discourse of equality which currently pervades late modern western culture and, as such, has far-reaching and systematic ideological implications. Equality discourse neutralizes the salience of gender (and other categories of difference) for understanding how men and women experience their bodies, as well as the specific cultural modes of embodiment which are available to them. Under the banner of the new sexual equality in the realm of beauty practices, it becomes impossible to grasp why cosmetic surgery seems like such a 'natural' and unproblematic step for a woman to take, while it is a shameful and humiliating operation for a man, only to be undertaken at great cost to his sense of self and how others perceive him. And, last but not least, equality discourse erases the long-standing feminist critique of the gendered underpinnings of the contemporary cultural obsession with beauty. Cultural discourses and practices, which render certain bodies 'drab, ugly, loathsome, or fearful' (Young, 1990b: 123) become obsolete and therefore irrelevant.

Even this brief look at how masculinity and femininity shape experiences of embodiment indicates that cosmetic surgery has very different meanings for men and for women. Surgical techniques and procedures for beautifying the body may seem to be gender-neutral, but individuals’ experiences of embodiment, as well as their involvement with cosmetic surgery, are deeply gendered. The considerable statistical discrepancies between men and women as cosmetic surgery recipients are merely a reflection of these gender differences. Although taboos against men being concerned with their appearance may be weakening, the day that the number of men catches up with that of women as patients in the realm of cosmetic surgery still seems far away. And, if forced to speculate, I would suggest that we may have more reason to believe that the present gender gap in cosmetic surgery will continue than that it will disappear.

Notes

The quotation in the title is taken from Mike Featherstone (1991: 179) and refers to the promotion of men alongside women as consumers in the marketplace. I would like to thank Anna Aalten and Willem de Haan for their constructive suggestions for earlier versions of this article. My thinking on men and cosmetic surgery was also greatly enriched by discussions with participants of the EU-project 'Beauty and the Doctor: Moral Constraints on Changing Appearance', which was held in Taormina, Sicily in September 1999.

1. It is notoriously difficult to obtain statistics which accurately reflect the magnitude of this trend. This is because much of what is considered cosmetic surgery is done in private clinics where statistics...
are sporadically collected or practitioners who are not plastic surgeons perform it on an outpatient basis. In the Netherlands, ‘official’ statistics are often based on surgery performed in hospitals, thereby giving a dramatically lower percentage than the actual number of procedures performed – it is estimated that the real figure is as much as four times higher (Davis, 1995). A similar trend can be found in the UK. In 1995, 65,000 people underwent cosmetic surgery. Although cosmetic surgery has not yet reached the same level as it has in the USA, some critics suggest that modern Britain is clearly becoming an ‘aesthetic surgery culture’ (Gilman, 1999: 343–4). While there is also a ‘gray area’ in US statistics on cosmetic surgery, the American Society for Plastic and Reconstructive Surgery (ASPRS) keeps records of the number and type of cosmetic surgery procedures performed each year, as well as information on the sex, ethnicity and age of patients, and makes them available on the Internet. The present article draws upon US figures.

2. My analysis draws on or resonates with the growing body of feminist literature on femininity and the beauty system (for example, Banner, 1983; Bartky, 1990; Bordo, 1993; Chapkis, 1986; hooks, 1992; Morgan, 1991; Smith, 1990; Wolf, 1991; Young, 1990a, 1990b).

3. In the Netherlands, for example, a help-line was set up to field phone calls from interested viewers – of which there were nearly 200 every week for the duration of the program. Plastic Fantastic has been aired on another network since the original showing.

4. The other is a white Anglo body-builder.

5. Interestingly, the exceptions are two Italian brothers who share a practice and conjure up images of the diabolical twin gynecologists played in a double role by Jeremy Irons in David Cronenberg’s horror film Dead Ringers. This is the story of their obsession with a patient who has three cervixes (played by Genevieve Bujold). Their fascination with her anomaly ultimately leads to madness and murder. See Kapsalis (1997) for an analysis of the gendered underpinnings of this film.

6. Breast augmentations and penile augmentations involve relatively simple procedures. Breast implants are inserted through a small incision into the cavity behind the chest muscles. Penile augmentations entail severing a ligament at the base of the penis, shifting the root of the penis from the inside to the outside of the body, and resuturing the ligament. While both procedures involve minor surgery, which can be done on an outpatient basis, they both have numerous side effects. Breast implant surgery can cause numbness, scarring, encapsulation of the implant, which is, at best, painful, and, at worst, can necessitate the removal of the implant. Silicone can ‘bleed’ into the body, leading to even more serious problems such as arthritis or immune disorders. While the problems associated with penile augmentation are less health-threatening, they are, nevertheless, considerable and range from the nuisance of having to shave hair growing on the shaft of the penis, to scarring, to painful erections or the inability to have an erection at all. Based on the consideration of these two procedures, the conclusion could be drawn that, from a technical point of view, cosmetic surgery is gender-neutral, involving similar procedures and equivalent side effects and risks.

7. The most highly publicized case was that of a Californian urologist, Melvin Rosenstein (known as ‘Dr Dick’) who claimed that he performed 3500 penile operations, accounting for 70 percent of all such surgeries world-wide (Taylor, 1995). As Rosenstein became increasingly embroiled in lawsuits from patients who claimed that he had mangled or deformed their penises, the US media had a field day. Rosenstein was finally forced by the Medical Board of California to stop advertising ‘risky surgeries’ and, in 1996, his medical license was suspended (Los Angeles Times, 17 February 1996).

8. Originally, the distinction was made between ‘reconstructive’ and ‘aesthetic’ surgery. The term ‘reconstructive’ is generally used for surgery which restores function, while ‘aesthetic’ refers to procedures which are regarded as medically unnecessary or ‘just for looks’. While the distinction is blurry in practice, historically it has been the subject of ongoing strife within the field concerning which kind of surgery was appropriately ‘medical’ and which was the domain of charlatans or quacks. ‘Cosmetic surgery’ is a more recent and probably the most popular designation for surgery intended to improve or preserve attractiveness (see Gilman, 1999: 8–16).
9. This corresponds with my own experience watching plastic surgeons present slides of before-and-after surgical photographs. In one case, the surgeon announced at the outset of his talk that ‘men have cosmetic surgery, too’ and then proceeded to show slides of women patients. There was only one exception – a man with dark skin and African features. See also Gilman (1991, 1999) and Haiken (1997: Chapter 5) who explore the connections between ethnicity and ‘race’ in the development and deployment of plastic surgery techniques and procedures for aesthetic reasons.

10. There has been a long tradition within popular and medical thought connecting the size of the nose to the length of the penis, beginning with Ovid’s ‘Noscitur et naso quanto sit habet viro’ through Nikolai Gogol’s (1836/1991) novella The Nose, whose protagonist, Major Kovaljov, wakes up one morning without a nose, symbolizing male castration anxieties and the general social dissolution of the Russian nation (Gilman, 1995: 70–1).

11. Connell’s notion of ‘hegemonic masculinity’ is about dominant representations of masculinity - representations to which men aspire, but rarely achieve. However, all men, even those who resist hegemonic masculinity (gay men, unemployed men, ‘caring fathers’, male feminists), cannot avoid being oriented toward hegemonic masculinity. They must invariably negotiate their identities vis-à-vis dominant notions of masculinity.

12. Donaldson (1993) and Wetherell and Edley (1999) have explicitly criticized the association of hegemonic masculinity in Connell’s work with the ‘hero’ - the cowboy, the sports man, the action film hero. These ‘public figures’ may be symbolically attractive (Donaldson), but do not represent what most people – men and women – admire in men (Wetherell and Edley). bell hooks (1992), while not referring specifically to ‘hegemonic masculinity’, argues in a similar vein that the association of black men with sexual potency has served more as a foil for constructions of white supremacist masculinity than as an embodiment of masculine power.

13. Bordo (1994: 284) gives a good example in her description of the locker room – the most masculine of all settings. Men open themselves up for extreme feelings of discomfort precisely because their bodies are on display, vulnerable to the sneaky peeks of other men. Men can easily imagine that they are being looked at in the demeaning way they themselves look at women. This is threatening because it places them in the position of passive object and opens up their body for critical scrutiny, as not measuring up. When heterosexual men feel discomfort at being looked at, they are also exhibiting homophobia – a flight from attraction to and admiration of the male body.

References


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