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Modifying the Body: Canadian Men's Perspectives on Appearance and Cosmetic Surgery

Rosemary Ricciardelli
York University, Toronto, Ontario, Canada

Philip White
McMaster University, Hamilton, Ontario, Canada

In postmodern scholarship there has been a temporal shift to thinking of the body as malleable rather than fixed, which has opened space for the remaking of the self via the remaking of the body (Featherstone, 1991; Giddens, 1991). Among men, this process is thought to interact with shifting understandings of masculinity. In this study, 14 interviews were conducted to investigate experiences of masculinity, physical appearance and cosmetic surgery among Canadian men who had undergone or were contemplating cosmetic surgery. Responses suggest that bodily presentations and experiences of masculinity continue to influence how people feel about themselves and their perspective toward cosmetic surgery. Findings are discussed in relation to contemporary constructions of masculinity, body, and identity. Key Words: Body Modification, Appearance, Cosmetic Surgery, Masculinity, Risk Theory, and Grounded Theory

Risk is evident in everyday life. From a macro to a micro level of society, risk saturates human existence. Beck (1992) and Giddens (1994) have argued that life in late modernity is characterized by a conscious or unconscious awareness of and response to unpredictable and unfamiliar risks that are created by human agency. These risks can be biological (e.g., diseases such as HIV/AIDS or Severe acute respiratory syndrome [SARS], environmental pollution and food additives), social (e.g., crime, discrimination and poverty) or technological (e.g., plane crashes, nuclear weaponry and chemical weapons). Researchers have also argued that in response to such risks, people are reflexively exerting control over their bodies via health/lifestyle choices (e.g., organic foods, yoga, bottled water, and frequent medical exams) amidst continuous warnings of danger (Beck, 1992; Giddens, 1991). Williams (1997) has reinforced this argument by explaining that medical technologies render the body "uncertain," providing both hope (e.g., the possibility for better health and an improved appearance) and despair (e.g., a blotched surgery).

Self-identity in risk society is threatened – largely by the dissolution of conventional norms, traditions, and values (Beck, 1992; Ekberg, 2007; Giddens, 1994). Consequently, individuals must make choices about their self-identity based on perceived risk and the anxieties, insecurities, and uncertainties associated with taking or avoiding risks. Risk society combined with consumer capitalism (i.e., an image and self-obsessed pursuit of pleasure and control in the personal sphere of life via material goods, see Featherstone, 1991) appears to generate insecurities which people cope with by

increasingly focusing on themselves and their bodies (Frost, 2005). Appearance and *doing looks* is fundamental to the processes of identity construction via the market – which offer a range of personal wants and needs as well as a perfect image of the body for consumers to try to emulate (Frost, 2003, 2005). Specifically, as identity has become increasingly entwined in bodily appearance, researchers have argued that identity is based in a process of constant reflexive self-creation where the end goal is perfection, yet insecurities and self-criticisms are common by-products of its pursuit (Frost, 2003, 2005; Giddens, 1991).

For example, Monaghan (2001) found that body builders risk their own and other peoples' physical and social well-being by engaging in drug-taking (e.g., steroid use). Among experienced competitive body builders such high risk behaviours are rationalized by their outcome (e.g., increased body mass). Moreover, for many, body building and drug use "provide a viable identity, a means of anchoring the embodied self" (Monaghan, p. 182). Similarly, risk-taking via cosmetic surgery offers people a means to (re)construct a viable identity. People choosing to undergo cosmetic surgery participate in high risk behaviors that represent an opportunity for transformation. Cosmetic surgery, then, itself demonstrates the potential benefits as well as dangers of technological body modification. Overall, the increasing focus on appearance, including the use of cosmetic surgery for men, can be theorized as a response to living in a risk society and the increasing role of the body in self-identification.

In postmodern scholarship, the body has become increasingly conceptualized as a social construction as well as a biological entity (Featherstone, 1991; Giddens, 1991). This temporal shift, to thinking of the body as malleable rather than fixed, has opened space for the remaking of the self via the remaking of the body (Featherstone; Frank, 2002; Giddens, 1991). As Featherstone suggests, body projects are: "attempts to construct and maintain a coherent and viable sense of self-identity through attention to the body, and more particularly, the body's surface" (p. 53). Gender, one's masculinity and femininity, is also embodied such that "we experience and construct those [gender] identities through our bodies, and our bodies are contrasted through them" (Paechter, 2006, p. 126). This need to maintain a coherent sense of self-identity for men stems from shifting understandings of masculinity. The body, then, is an evolving project, an objectified reality whose current appearance is congruent with the narrative of self under construction (Giddens, 1991).

Most research on body modification has focused on women (Balsamo, 1996; Bartky, 1990; Budgeon, 2003; Davis, 2003; Morgan, 1991; Wolf, 1991). The relative lack of research on men's bodies, the apparent emphasis on bodily appearance for self-identification, combined with the recent and fast-growing phenomenon of men electing to have cosmetic surgery (Gill, Henwood, & McLean, 2005; Medicard, 2003) precipitated the current research. As gender researchers and persons, particularly the primary researcher, who have long noted the strain of appearance on the self-confidence and self-identification of the men in their lives, we decided to undertake this research. Conceptually, we will first identify why rapid social changes in contemporary discourses of masculinities must be interrogated for connections with body modification discourses – as well as broader dynamics of social change – in order to better understand their mutual dynamic. Methodologically, the current research employs interviews about appearance and cosmetic surgery with a sample of Canadian men. A grounded theory

approach (Glaser & Strauss, 1967) that employed inductive analyses, allowing themes, patterns, and trends to emerge from the data, was used. As usual with qualitative research, the tradeoff of low generalizability to the population is offset by the richness of the data and how it lays open the meanings embedded in cosmetic surgery.

Identity and Appearance

As argued above, life in late modernity is associated with a sense of increased risk and lack of control (Beck, 1992; Giddens, 1994). Beck's (1992) concerns were heavily due to "modernization risks" resulting from the scientific and technological development, of which we argue, like Williams (1997), cosmetic surgery and its associated technologies are a part. The rise of individualization, defined as the increased responsibility of people to manage the risks that were once the responsibility of institutions, has affected understandings of gender, gender appropriateness, and gender roles. Correspondingly, conceptualizations of masculinity and the associated understanding of what is normative for men are challenged (Connell, 2005; Kimmel, 1992). Thus, men express, negotiate, and manage risk through their bodies as a means of gendered cultural expression. The sociological literature on masculinity and appearance is devoid of research specifically investigating the physical appearance or body concerns of Canadian men in a society shaped by risk.

In terms of body modification, Bordo (1995) has argued that individuals have responded to this lack of control by focusing on what they can control – the body. Moreover, researchers found that among females *looking good* was highly valued, yet participants were quick in expressing dislike of their bodies (Bordo; Frost, 2003, 2005; Wolf, 1991). Physical appearance appeared to be embedded in meanings where different bodily appearances have become associated with negative or positive connotations and the interpretation and construction of such meanings has been incorporated into presentations of self (Frost, 2005; Goffman, 1976). Consequently, one's corporeality and identity become inseparable. Frost (2005) further argued that "women and girls, and indeed men and boys, are all engaged in the continuous production of gendered identity via visual display" (p. 66).

In this sense, the mind/body dualism – implying that the mind is superior to the body and active while the body is inferior and passive – allows for the body to be viewed as the enemy and a source of temptation. As such, the body is a physical site that can be controlled by the mind, as evident in Giddens' (1991) conceptualization of self-reflexive identity construction in high-risk society. He argued that people are constantly making and remaking themselves in accordance with conventional notions of perfection, as part of a self-reflexive project. The self is grounded in self-control; thus further explaining why anxiety can be experienced about weight gain, aging and other perceived bodily imperfections (e.g., such imperfections demonstrate a lack of control to oneself and others as they are displayed by the body).

In recent years, there has been an academic "corporeal turn" (Braun, 2000, p. 511) marked by an increased research interest in the body and embodiment. This has sometimes involved revived attention and criticism of the Cartesian Dualism particularly regarding the relationship between the body and identity. Descartes (1968) argued in the 17th century that the mind is more important for the creation of the self, not the body

which is simply the mind's container. In a recent critique of the dualism, Paechter (2006) argued against this dualism. The "relationship between the body and the world has clear implications for identity, breaking apart the mind/body split and understanding individuals as body and mind compiled, interacting together with the social world" (Paechter, p. 124). In terms of gender, the sex/gender distinction suggests that the body's appearance is independent of gender, because gender, not sex, is socially constructed in the mind, thus independent of one's physicality. Yet, many have also argued that the body is socially constructed through interactions (Bourdieu, 2001; Chanter, 2000; Laqueur, 1990). How one carries oneself, dresses and looks have implications for identity because in interacting with others the way the body is presented plays a role in the self that is constructed (Cooley, 1933; Goffman, 1963, 1968). Specifically, Featherstone (1991) argued that in being attentive to physical appearance (e.g., paying attention to the body), a viable and consistent self-identity is constructed and maintained.

Evidence suggests that physical attractiveness affects both life outcomes and how individuals are perceived by others (Eagly, Ashmore, Makhijani, & Longo, 1991; Jackson, Hunter, & Hodge, 1995; Mulford, Orbell, Shatto, & Stockard, 1998). Jackson, et al. (1995) found that attractive people were perceived as being more competent than less attractive individuals. People were also more likely to want to associate with and cooperate with attractive people (Mulford et al.). Physical attractiveness has also been found to be important in dating relationships. Regarding bodily appearance, studies have shown that being overweight is stigmatizing (Frost, 2003) and that people associate traits such as laziness, sloppiness and stupidity with being overweight (Ross, 1994; Wang, Brownell, & Wadden, 2004).

Cosmetic Surgery

Throughout Western history, reconstructive surgery, referring specifically to surgeries performed to correct physical deformities or defects on the human body, has been used to camouflage scars, hide physical deterioration caused by diseases such as advanced syphilis or HIV/AIDS and *correct* birth defects such as cleft palates (Gillman, 1999). After World War I plastic surgery was used on disfiguring scar tissue resulting from burns (Gillman). The social acceptance of reconstructive surgery among medical professionals was based in the wartime emphasis on self-sufficiency – "the need for economic independence [the ability to earn a living] was one of the factors that made a patient's condition [their non-presentable appearance] worthy of medical attention" (Haiken, 1997, p. 38). Surgeons were then faced with the challenge of defining limits; if improving someone's appearance could improve his/her life or economic dependence, would he/she, too, not be suitable candidates for surgery? Such challenges and the increased value in American culture placed on beauty – especially for women – made the quest for beauty necessary rather than simply desirable. Such trends motivated the evolution of cosmetic, rather than reconstructive, surgery (Haiken).

Aesthetic or cosmetic surgery refers to medical and/or surgical techniques performed to enhance physical appearance (Gillman, 1999; Haiken, 1997; Wilson, 1992). Unlike reconstructive surgery, there is no medical justification for cosmetic surgery (Wilson). Such surgeries can be invasive, performed by a doctor and involving a surgical operation, or non-invasive, procedures such as laser hair removal or microdermabrasion

that are performed in beauty salons. Early in the 1900s, many surgeons believed that cosmetic surgery itself contradicted the fundamental principle of the medical system by putting healthy patients at risk (Haiken). Over time, as more surgeons began to incorporate cosmetic procedures into their practice – as a method to improve the overall mental, physical and social health of their patients – a new range of optional medical treatments were created and available for purchase (Haiken). Now in the 21st century, cosmetic surgery is viewed as another way of seeking self-improvement (Haiken).

Despite the paucity of systematically collected data, cosmetic surgery has been growing in popularity in North America (American Society of Plastic Surgeons [ASPS], 2007; Medicard, 2003). Canadian surgeons noted in 1996 an increase of roughly 35 percent in the number of surgeries performed on Canadian men since the late 1980s (Medicard). Relative to females, male clients have more than doubled in recent decades to comprise between a quarter and a third of people electing to have surgery (Medicard). Beyond descriptive data on male cosmetic surgery, however, research has not explored the lived experiences of men who want to have, or have had, cosmetic surgery. Extant research on elective surgical procedures has focused primarily on the experiences of women (Balsamo, 1996; Davis, 2003; Morgan, 1991; Wolf, 1991).

Statistics on non-surgical and surgical cosmetic enhancements performed in Canada are somewhat limited. The 2003 Medicard survey, the most comprehensive source for such data in Canada, found that, without including cosmetic procedures that were not surgical (e.g., chemical peels and laser procedures) "there were over 302,000 surgical and non-surgical cosmetic enhancements performed in Canada, an increase of nearly 60,000 procedures or 24.6% from 2002" (Medicard). In 2003, predominantly women underwent cosmetic enhancement procedures (85.5%), while men only underwent 14.5% of all cosmetic treatments.

The motivations behind the growth of cosmetic surgery among men remain open to debate. The stresses of living in risk society and regaining a sense of personal control through bodywork is congruent with Featherstone's (1991) argument that men's participation in cosmetic surgery is rooted in the seductions of consumer culture. Men have become more subject to the same appearance-based cultural imperatives that have surrounded women for decades. This is a result of the movement toward sexual equality via a convergence of gender differences in the cultural discourses and bodily experiences surrounding beauty and body modification practices (Gullette, 1994). Consumer culture, where material goods signify status, taste, and lifestyle, is influenced by marketing techniques and advertising. New styles, fashions, and experiences are created and promoted for individuals to *consume* (Featherstone). In this sense, physical self-enhancement procedures – via surgical intervention – are services men can consume.

The five most common invasive cosmetic procedures performed on North American men differ somewhat from those selected by women (ASPS, 2007; Medicard, 2003). Nose reshaping is the most common procedure among men, followed by eyelid surgery and liposuction. Among North American women, nose reshaping is the third most common surgery performed with breast augmentation and liposuction being more popular (ASPS; Medicard). Despite increasing participation rates among men, women still significantly outnumber men in all invasive cosmetic procedures. The other popular invasive cosmetic procedures among North American men are hair transplants and breast reduction.

American data for non-invasive surgeries indicates the most common procedure for both men and women is Botox, undertaken by 3.8 million women and 284,000 men in 2006 (ASPS, 2007). Other popular procedures for men and women were chemical peels (98,000 for men and 965,000 for women), microdermabrasion (162,000 for men and 634,000 for women), and laser hair removal (173,000 for men and 714,000 for women) (ASPS; see Table 1). Here, the numbers suggest that both men and women are concerned with the appearance of their skin and excess body hair.

Cosmetic surgery, then, is a transformational body technology which, for men, may be both appealing but also confounding given the contested terrain that is the relationship between masculinity and vanity (Gill et al., 2005). In an era of risk awareness and management, the evidence shows that men are, coincidentally, increasingly choosing to have cosmetic surgery. Physical appearance, contemporary constructions of masculinity and self-identity all factor in the decision to undergo cosmetic surgery. Clearly, greater breadth and depth of research on the motivations and experiences of men contemplating cosmetic surgery is warranted. Why do men have cosmetic surgery? How do men feel cosmetic surgery will affect their lives? Are men still meeting resistance as they consider and undergo cosmetic surgery and venture into more traditionally feminine domains? The current study attempts to answer these questions, looking specifically at men who had undergone or were seriously contemplating cosmetic surgery. Based on in-depth interviews, their lived experiences in relation to cosmetic surgery, embodied masculinity, and the role of physical appearance in self-identification were explored.

Table 1. *Top Five Invasive and Non-Invasive Cosmetic Surgery Participated in by Gender for 2006*[1]

Invasive Surgical Procedures	
Men	Women
Nose Reshaping (85,000)	Breast Augmentation (329,000)
Eyelid Surgery (37,000)	Liposuction (268,000)
Liposuction (35,000)	Nose Reshaping (223,000)
Hair Transplant (20,000)	Eyelid Surgery (196,000)
Male Breast Reduction (20,000)	Tummy Tuck (140,000)
Minimally Invasive Cosmetic Procedures	
Men	Women
Botox (284,000)	Botox (3.8 million)
Laser Hair Removal (173,000)	Chemical peels (965,000)
Microdermabrasion (162,000)	Hyaluronic Acid (714,000)
Chemical Peel (98,000)	Laser Hair Removal (714,000)
Laser Skin Resurfacing (32,000)	Microdermabrasion (634,000)

[1]As statistics are not available in Canada, these statistics are American, from the American Society of Plastic Surgeons, 2006 Gender Quick Facts

Method

Interviews were conducted with 14 Canadian men, from ages 18 to 53, who volunteered to participate in the study. The sample included men who had undergone or were actively considering cosmetic surgery. Recruiting men who met these criteria and were willing to discuss their experiences was difficult, as relatively few men within the sampling frame were willing to openly discuss their experiences. Subsequently, our recruitment methods became multifaceted. Through broadening the data generation process we were able to gain access to information-rich subjects whose experiences illuminated our research questions.

Participants were recruited via four strategies. First, business cards advertising the study were distributed in shopping centers and coffee shops in the Greater Toronto Area (GTA). These cards were either handed out to people personally by any of four research accomplices or stacks of the cards were placed around coffee houses located in a high-traffic area of Toronto. Second, students from a small suburban Canadian university, where the primary investigator was employed, were invited by e-mail (including a web link to the study) to participate in the study. Third, an advertisement for the study was placed in FAB, a free gay publication distributed in the GTA. Last, snowball or "chain referral" sampling, based on interviewees contacted through the methods above, was used to find additional men that had undergone or were considering cosmetic surgery. If an interviewee mentioned a friend or acquaintance that met the inclusion criteria and might be willing to participate in the study, a business card was either given to the interviewee to pass on to the potential future participant or the person was contacted directly. These different methods of data collection helped in developing trustworthiness in our findings.

To further grow our pool of interviewees, participants who completed an on-line survey for another study (Ricciardelli & Clow, 2009) were asked to provide contact information if they were also willing to participate in this interview-based study. Demographic and personal information (e.g., sexuality, occupation) were taken from the on-line survey data. Of the men interviewed, eleven reported their sexuality as heterosexual and three reported their sexuality as homosexual. Interviewees included three university students, a high school dropout working temporarily at a video store, a government employee, two service industry workers, and seven professionals (business executives, engineers, or lawyers). They all lived in Toronto or the GTA. Five respondents had undergone cosmetic surgery: three had non-invasive cosmetic surgeries and two had invasive cosmetic surgeries. Nine of the respondents had not yet had cosmetic surgery but were seriously contemplating it. They had either booked appointments with cosmetic surgeons, already had consultations, or were saving money to pay for surgeries. Two respondents who had undergone non-invasive cosmetic surgery were also contemplating having more surgery in the future. None of the men in the sample had any visible physical abnormalities or would be described as physically unattractive. None of them were overweight or bald.

Semi-structured interviews were conducted between September 2006 and August 2007. A 26-item interview guide was constructed to touch on different topics related to cosmetic surgery, masculinity, and appearance concerns. The interview guide was created from findings in a previous study (Ricciardelli & Clow, 2009) that included an

open-ended question soliciting general comments about cosmetic surgery. The emergent themes developed from this question provided the topics included in the interview guide. Although this guide initiated the interactions, it did not control how the interview progressed; it offered leeway for the interviewer to probe conversational paths as they emerged. Specifically, the interview guide was used to start interviews and to help generate conversation (e.g., if an interviewer was having difficulty engaging the respondent, the interview guide was used until conversation had more flow and became more comfortable).

Interview locations varied depending on the participant's circumstances. Most were conducted at coffee shops, restaurants, or cafeterias. All but three of the interviews were conducted face-to-face. Those unable to meet in person were interviewed through email correspondence. These three interviews, via email, were conducted using the 26-item interview guide. Over multiple emails, as conversational paths emerged, all questions on the interview guide were addressed. To start the discussion, emailed respondents were asked about their thoughts on/experiences of masculinity and how masculinity has changed. Responses to such questions determined which subsequent questions were asked from the interview guide. For example, if a respondent's answer focused on changes in the work force, the follow-up questions would also discuss occupations. The transcript data indicated that responses from interviews did not stand apart from those conducted over email.

The interviews took on average 45 minutes to complete, after which the participants were thanked for their participation, asked optionally to provide follow-up contact information and permission to contact them if further clarification was needed. Only one respondent was contacted for follow-up information for the purpose of clarification. This was done via a telephone call followed by email correspondence. A digital recorder was used to audio-record the face-to-face interviews and field notes were taken after each interview. The interviews and field notes were both treated similarly as data and transcribed. They were then coded into emergent themes as consistent with grounded theory (Glaser & Strauss, 1967), thus ensuring a rigorous process of data analysis that systematically led to the emergence of conceptual themes. While our analysis was grounded in the sense that the researchers endeavored to suspend knowledge and judgment about the research questions, we did take the writings of other authors in account. This aspect to our analysis is consistent with an original premise put forward by Glaser and Strauss who encouraged researchers to "… use *any* materials bearing on his area that he can discover" (p. 169). Our professional experience based on our prior research gave us a working awareness of the potential bias that is possible in all qualitative research, indeed in *all* research. The suggestion that it is possible to free oneself of preconceptions in the collection and analysis of data is problematic in our view because all research has some type of formulative agenda (Allan, 2003).

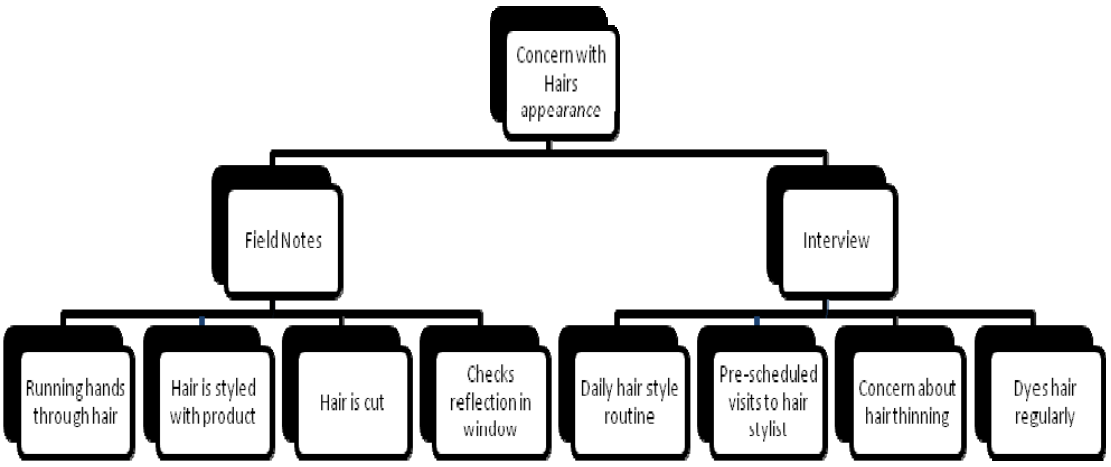
In sum, we were conscious throughout data collection and analysis of the probability that we might inadvertently bias the results of the study, but accepted that because having the researcher separate from the subject of research is neither desirable nor possible. Thus, our research is not fully grounded, we would argue, because during the research process the researchers also drew from a prior stock-of-knowledge via their professional training, derived from years of studying masculinities in different contexts (Ricciardelli & Clow, 2009; White & Gillett, 1994; White & Young, 1997). The

researchers felt that their previous research experiences could not be discounted because research is never conducted in isolation.

After the major themes were identified, less relevant data was omitted from the analysis (i.e., selective coding). Less relevant data was identified as subjects that were outside of the study's focus (e.g., discussing work, or the drive to the interview location). Although one researcher coded the data, in order to guarantee that the coding was conducted in a trustworthy fashion, the researchers met as frequently as necessary to check for ambiguities, disagreements or problems which could arise when interpreting the content. Disagreement was rare, occurring only a few times, and often a result of diverse interpretations of an interviewee's statements. In these situations, the researchers returned to the transcribed data for clarification and to re-examine the context in which the statements were made. If the researchers could not agree on how to interpret the interview context the participant would be contacted for further clarification.

An emergent theme consisted of multiple respondents stating a similar experience or perspective regarding a specific topic. For example, each respondent who discussed their hair would be coded in the emergent theme of *hair*, if a respondent discussed hair transplants he would be placed under the subcategory of *hair transplant* while if a respondent discussed hair preparation routines before leaving the house he would be placed under the subcategory of *hair preparation*. If a respondent discussed both hair transplants and hair preparation then he would be included in both subcategories. Figure 1 below is an illustrative example of how field notes and interview data together demonstrate a participants' concern with the appearance of their hair:

Figure 1. *Field notes and interview data*



Ethics approval was granted by the McMaster Research Ethics Board (MREB). Although always necessary, given the small sample size and potentially sensitive nature of the topic, participant anonymity and confidentiality needed to be protected. Participants were aware that they had the right to terminate their involvement in the study at any time and could refuse to answer questions if they so desired. Although one participant stated he did not feel comfortable talking about one aspect of his experience, no participants withdrew from the study. Informed consent was explained to each

participant prior to and after each interview. Participants were also given a copy of the consent form that included the contact information of the primary researcher and the MREB. In the transcribed data, file labels, and findings, pseudonyms were used to protect the anonymity of the participants. Also, any personal information that could possibly identify a respondent (given the small sample) was also removed (e.g., stating one's sexuality, ethnicity and occupation).

The primary researcher conducting the study was a female who was conducting a broad-based investigation of body modification at the time when this study was underway (her study was not formally connected this one). The male co-author was a researcher with prior experience in the area of masculinity and bodywork. The female, who conducted the interviews, did not have any conscious biases due to personal experiences of masculinity, yet was aware of how gender dynamics might influence the interviewee's openness and comfort. In each of the face-to-face situations none of the interviewees appeared uncomfortable or timid in talking to a female researcher, although it was noted that some respondents took longer to open up about their concerns and experiences than others. This could be due to a variety of factors (e.g., being in a study, gender of the researcher, sensitive nature of the topic), and was accommodated for by beginning the interviews with general discussions of changing masculinities in society and only moving to discussions about more potentially sensitive topics once trust was established.

Findings

Masculinities and Physical Appearance

A central feature of the interview data was how respondents conceptualized and shared a common positioning in discourses of body appearance norms and regulations. Idealized masculinity was strikingly associated with a distinct body type, clothing choices, and an overall physical presentation – albeit articulated in slightly different ways by different groups. Regarding body type, nuanced differences were evident albeit within a limited range of acceptable appearance norms. For example, Tom articulated that "I have always felt pressured to be leaner but more muscular… thin enough to fit into nice clothes but not scrawny," while Greg explained that "people are shallow, that's just the way the world is … Let say I have a really athletic guy or a really non athletic guy. I am going to pick the athletic guy to be on my team, so it [appearance] affects my decision-making in the real world." In terms of clothing, Jack explained that "there was a time where all men could wear was brown, gray, blue and black … now color has been introduced to men's fashion," while John stated that "it [looking masculine] means you can't wear certain colors and certain styles. Like tight pants and see-through shirts." These slightly varied idealized appearance characteristics were all consistent with what Wellard (2006) referred to as appropriate bodily performances required for the successful acquisition of masculine status.

There was a strong sense that many elements of this agreed-upon idealized masculinity had a distinct effect on how men think they would like to look. Shared aspects of idealized appearance were learned from men they met in person or encountered through mediated imagery. For example, Tom stated: "it's hard to know what I look like, so I base my self-perception on other men's appearances. I find myself

drawn to men who have attributes that I wish I had. How could I look like Brad Pitt though?" All interviewees were aware of male celebrities, such as Brad Pitt or David Beckham, who they considered exemplars of both physical attractiveness and financial success. Citing exemplars was inevitably connected with an awareness of not having what it takes to approximate these ideals. Probyn (2000) identifies *shame* as an important factor in the construction of identity. She explains that shame itself can refigure the body and by doing so it's conceptual possibilities and the associated self-identification. Failure to achieve a successful bodily display of masculinity provokes feelings of inadequacy or embarrassment, even the threat of ridicule (Probyn). Specifically, studies looking at men's magazines and other media have found that male body portrayals insist that all men should be fit, muscular, lean and fashionable – which can be achieved by diet and self-control (Jackson, Stevenson, & Brooks, 2001; Pope, Phillips, & Olivardia, 2000). Thus, considering the common perception that body shape is something men can control, failure to meet ideals of masculinity can have an effect on other areas of men's lives; particularly their self-identification.

These types of comparisons harken back to Paechter's (2006) argument that identity is experienced and constructed through interactions between the body and mind in the social world. Some men spoke of comparing themselves to other men at the gym, in bars, or while engaging in daily living. These comparisons could be in terms of body shape, clothing, or apparent toughness. As Mike explained, "say you're walking down the street and you see another guy walking down the street. Like maybe girls don't do this, I don't know, but this is something that I do. I'm a guy. So I walk down the street and there is another guy there … so I have to evaluate myself, like do I feel I could take this guy if I needed to. I just evaluate other guys on the street like that." Here we see another element of masculine physicality that is based on ranking others in terms of their potential for physical violence and physical domination. Although actual violence almost never occurs, this comparison is rooted in a dimension of hegemonic masculinity – dominance via physical domination (Connell, 2005). The valence of latent aggressive physicality presents masculinity juxtaposed in diametrical opposition to femininity and most subordinated masculinities. Scholars have long argued that aggression is central to the social performance of masculinity even if the potential is almost never actualized, save for sanctioned social spaces like combat and contact sports (Connell, 1993; Pronger, 2002; Wellard, 2006). During youth, sports are often central to establishing or reinforcing masculinity (Connell, 1993).

Although confrontational masculinity was identified by Mike as an explanation for his self-evaluation vis-à-vis other men, bodily comparisons were common to all the men in the sense that their appearance affected how they related to each other. For example, Mark, a heterosexual athletic Christian male in his early twenties was concerned that he had gained weight in recent months due to overeating and stress, stated that "it's like society has created an image in their minds about what they [people] want and what they [people] like. And what they want affects how they act." Appearance was perceived to be critically important for how men feel about themselves, and how they relate to others. When befriending others there was a preference for attractive men. As Patrick explained, "when you see someone good looking you want to approach them a lot more, like you want to get to know them. It's like this person looks cool and I want to get to know them. As opposed to someone who is ugly, like let's face it, there are ugly

people in the world." In turn, they also felt they were more likely to be liked by attractive men if they, too, were attractive. Overall, physical appearance clearly helped to define men's identities and their social interactions with other men.

Although studies looking at the effect of physical appearance on likeability among men are scarce, the responses of the interviewees above are consistent with the effects of physical attractiveness on other life outcomes (Eagly et al., 1991; Jackson et al., 1995; Mulford et al., 1998). Eagly et al. in their meta-analytical review of research on the physical attractiveness stereotype found that participants ascribed more favorable personality traits and more successful life outcomes to attractive rather than unattractive people. Moreover, they documented that attractive people had advantages in interpersonal interactions. Similarly, Jackson et al. (1995) found that people were more likely to associate and cooperate with attractive individuals, and consider them more competent.

The value of physical appearance to the respondents was underscored when they talked specifically about body shape and weight. Even though all participants were observed to be of relatively normal weight, they expressed concerns that they might be considered lazy, sluggish, or unhygienic if they gained weight. Mark, echoing many other respondents, explained that "there is a link between being overweight and being lazy." In interviewing Mark, much attention focused on his current weight and his concerns about his recent weight gain. Specifically, he felt he had lost self-control of his eating habits and gained weight. He also felt dissatisfied with himself for not being very physically active in the winter months, outlining at length his plans for losing weight over the summer months and his intention to improve his eating habits. Mark's perceptions clearly demonstrated that being overweight was associated with individual moral failure in that individuals who allowed themselves to gain extra weight lacked self-discipline. These negative attributions are congruent with findings from previous studies identifying perceptions that people who are lazy, less motivated, and stupid are more likely to be overweight (Ross, 1994; Wang et al., 2004). Our findings were also consistent with previous research on teenage boys noting that being overweight was stigmatizing; and male teens feel that having a *good body* and good looks is fundamental for obtaining respect and approval from other males (Frost, 2003).

Considering this link between body and identity and the importance these men gave to their appearance, changes in the materiality of the body were associated with changes in their sense of identity. As Gard and Wright (2005) suggested, the current moral panic over obesity is framed in terms of self-discipline, self-control, and will power. Negative associations with body fat make men vigilant about weight gain, particularly as obesity rates in North American are said to be increasing (Campos, 2004). Campos suggested that an obesity culture currently exists, where people are consuming in abundance and consequently experiencing guilt. This guilt is exacerbated by media messages about cultural and moral health concerns which amplify concerns with obesity (see Gard & Wright for a critical challenge of this often taken-for-granted connection).

In discussing appearance, clothing was identified as an important factor in the construction of identity. This dimension of appearance was seen to have been subject to recent progressive change. Most men reported greater leeway in recent years in the range of fashions they were comfortable wearing. They also felt more comfortable going clothes shopping, using body lotions, and hair styling products, and attending spas –

behaviors previously incongruent with dominant masculinities. They reported that contemporary men who pay attention to their appearance were less likely than previously to be labeled as "gay." For example, Walter stated: "Yes, I like that I can take an interest in my appearance and not be labeled as gay or have to hide it." In light of the recent developments in masculinity, such as "metrosexuals" and the "new man" (Nixon, 1996; Segal, 1993; Simpson, 1994), this new found freedom makes sense. These conceptions of masculinity emerged in response to the shifts in the gender order and expectations of contemporary men (Nixon; Segal; Simpson). The *new man* was less constrained by narrow and limiting notions of masculinity and was allowed new ways to express himself (Carrigan, Connell, & Lee, 1985; Connell, 1993). He was allowed an interest in fashion and grooming, thus broaching on previously only feminine-identified behavior (Segal; Simpson). The analogous term "metrosexuality," originally rooted in the gay liberation movement, was also associated with the increasing acceptability of male grooming products and expressive fashions (Segal; Simpson). This again supports the notion that men are increasingly able to take an interest in their appearance without sanction.

Despite evidence that most men felt people were more open to men taking an interest in their appearance this trend was not universal among interviewees. Some respondents still felt that appearing to care about their clothing choices would elicit false stereotypes. For example, one heterosexual interviewee, John, worried that by wearing certain clothes or openly discussing his appearance, he might mistakenly be considered gay by his colleagues and acquaintances: "appearing masculine means you can't wear certain colors, or something. I don't know, like pink shirts and everything. They're fashionable and coming back, but if you wear like, I don't know, if you had worn a pink shirt prior to the whole fad, you would have been classified [as gay]." Here, for John, a possibly ambiguous unmanly bodily display was potentially threatening, something to be avoided, and a source of gender risk. Learning and knowing the rules of bodily presentation was of importance.

In sum, there was a general sense of a loosening of sanctions against acknowledging concern for physical appearance. The few who retained the need to disavow this interest were more likely to be fearful of being labeled gay or effeminate. Moreover, supporting Giddens' (1991) perception of the reflexive self, among all respondents it was apparent that their body was a central component of their self-identification.

Cosmetic Surgery

Regarding attitudes toward cosmetic surgery, two main themes emerged in the interviews. The first theme, evident among men that had undergone or were seriously contemplating cosmetic surgery, demonstrated a paradox where men were comfortable with their own use of cosmetic surgery but paradoxically were not supportive of other men having cosmetic surgery. This negativity toward others having cosmetic surgery was rooted in three different explanations: (a) cosmetic surgery being associated with femininity or homosexuality, (b) cosmetic procedures being too extreme or excessive, and (c) the need for people to accept their natural body. The second theme revolved around positive associations with cosmetic surgery. Positive associations were explained

by the potential for cosmetic surgery to increase self-confidence, decrease body dissatisfaction, and help with dating.

Good for me; but not for you. Approximately two-thirds of the respondents did not approve of other men having cosmetic surgery for aesthetic reasons – even if they had undergone or were planning surgery themselves. For example:

> John: "Cosmetic surgery? Umm, I'm, for me I am particularly against it."
> Interviewer: "So you have never had it?"
> John: "That's the interesting part. I have had it (cosmetic surgery)…"
> Interviewer: "If you could go back, would you do it again?"
> John: "Definitely, it was good for me."

Negative opinions about cosmetic surgery were explained variously. First, nine of the respondents thought that cosmetic surgery was feminizing. Mark – who had already stated that he had undergone a non-invasive dermatological procedure – said that "just thinking about that [men having cosmetic surgery] makes me think 'what a feminine man.'" Second, three heterosexual men felt cosmetic surgery was primarily for homosexuals. One heterosexual respondent, Liam, who intended to have elective surgery on his nose in the future, stated that: "I think it's OK if anyone wants to do [cosmetic surgery]. They can go ahead – just if you tell me that you got cosmetic surgery and you're a man I am going to think you're kinda well [gay]." Third, seven respondents were concerned that the surgical procedures other men would choose would be too extreme, obvious or overdone. Patrick expressed his concerns as follows: "If you were going to the extent of Michael Jackson, then no [cosmetic surgery] … he just got to a point that was getting a little excessive." John, who had personally undergone elective invasive cosmetic surgery, said, "[cosmetic surgery] makes most guys look fake, and they probably don't even realize they look plastic." In this regard, eight of the nine respondents contemplating cosmetic surgery explained they did not want any "extreme" work done. For example, Jack explained that: "I don't want to have my face stretched to look like something foreign … Just to be refreshed." Lastly, there was also the feeling among three respondents that men should be happy with their natural bodies. John, when talking about having another invasive surgery, stated that "personally I would feel negative about another surgery. I see it as everyone is born with who they are and whatever happens, it kind of stays with them for a reason, like everything happens for a reason."

Rationalizations for cosmetic surgery frequently cited medical rather than aesthetic concerns. They framed surgery as a need as opposed to a want. Thus, cosmetic surgery was distanced from vanity. John, who had undergone rhinoplasty, explained that "I couldn't properly breathe out of one of my nostrils anyways, so I wanted to go and get it cleared up so I could breathe properly… [the doctors said] it looks like there's a lot of calcium build up as well, so umm, because there is so much calcium we might as well just remove everything… I opted for it. I figured I am getting it cleared up so why not just have it cleared up properly." The appearance of Josh's nose, however, did make him uncomfortable in social interactions. For example, he stated: "when I'd meet a girl or anyone really, I would always feel like they were staring at my nose." The latter reason

was not, however, the reason he foregrounded when explaining his decision for surgery. Instead, he embedded the decision in medical discourse, providing a health-based rationalization to mask his concern with his appearance. In doing this, it appeared that, for him, cosmetic surgery was acceptable as long as it improved his overall health as well as had appearance benefits. This rationalization technique was also employed by other respondents.

These conversations generated a clear sense that respondents valued gaining control over their bodies, and, by association, their identities. Not being in control was problematic and cosmetic surgery was an attractive option. Technologies associated with cosmetic surgeries are, however, constantly changing and developing (Haiken, 1997). Giddens (1990) argued that one of the ironies of risk society is that developments in scientific knowledge create more uncertainty, rather than reducing uncertainty. Moreover, developments in medical technologies have been found to increasingly render the body as uncertain (Williams, 1997). As new cosmetic technologies develop, the potential for more successful or less successful surgical outcomes arise. In this sense, decisions to undergo cosmetic surgery were accompanied by uncertainty; uncertainty about the technology and the knowledge that the desired end result is not guaranteed. As Beck (1999) explains "more and better knowledge … is becoming the source of new risks." (p. 140).

Although research suggests that men are now more comfortable building muscles for their aesthetic/symbolic significance, it does not appear that the norms have relaxed as far when it comes to cosmetic surgery. Cosmetic surgery still violates norms of dominant masculinities and is viewed as potentially feminizing. These findings are similar to those reported by Gill et al. (2005) in that none of our interviewees overtly considered physical attractiveness to be a worthy justification for men to partake of cosmetic surgery. Our findings are also consistent with surgeons' descriptions of men's motivations for cosmetic surgery as presenting their desire for surgery as being based in functional reasons or health concerns rather than purely aesthetic reasons (Davis, 2002).

The positive side. Most men in the sample, particularly those who were considering a procedure in the future, felt that surgery would increase their self-confidence, decrease their body dissatisfaction, and help them with dating. The potential for boosting self-confidence through cosmetic surgery was a prevalent theme. Although all respondents claimed to already have high self-confidence before intervention, many of them believed that surgery would further boost their self-confidence because they would no longer have to worry about what other people were thinking or saying about their appearance. As John explained, "it can be very hurtful ... [kid's] they'd end up coming up to me, 'oh you have a big nose… Ohh, it's big'… So like, it was always like a concern for me. If you see kids coming up to you telling you that you have a big nose, you wonder what other people are thinking too."

This anticipated benefit was fulfilled post-surgery. The five respondents who had undergone cosmetic surgery all reported that it had increased their confidence. They felt that the surgery affected how they were perceived and treated by others. For example, Eric explained that "in terms of my confidence, it definitely shot up. There was definitely a different response from people around me."

Four men contemplating cosmetic surgery felt that their dissatisfaction with a particular part of their body prevented them from being in control of their appearance and, as a result, they felt they failed to meet agreed-upon standards of embodied masculinity. For example, Greg stated that "[my nose] it's problematic because I can't achieve my version of perfection until I am perfect in my own eyes and if I don't like my nose, then it's not perfect to me, so I can't achieve that perfection. I want control I guess." These respondents believed cosmetic surgery would decrease their body dissatisfaction. Thus, cosmetic surgery was a medical technology that provided hope.

Budgeon's (2003) work on young women similarly linked a desire to become more self-disciplined with gaining more control over the size and shape of their bodies – and their lives. The sense in contemporary society that the body is malleable has allowed for the body and the self to be projects to be worked upon. It is even a cultural imperative to transform and improve bodies and identities (Giddens, 1991; Shilling, 1993). By engaging in cosmetic surgery, participants are able to create a coherent narrative of self-identity that makes sense in their everyday reality.

Various interviewees asserted that discomfort with a particular feature of their appearance hindered them in social situations, particularly in the realm of dating. There was a strong sense that they would not be able to meet women because of their flawed appearance. Some attributed this effect to a particular flaw. One interviewee, Eric, felt that his large nose prevented women from being interested in him: "it's a very prominent feature so they see that and that is kind of usually where it ends." Flaws also prevented men from approaching women. For example John stated: "It's like, do I look good enough to go up to her and talk to her, you know?" Cosmetic surgery was the way to become more marketable in the dating marketplace. Correcting imperfections would increase opportunities to meet and engage with women romantically, and reduce discomfort when interacting with them. In this sense, cosmetic surgery can be consumed or purchased to increase one's *culture capital* or status (Bourdieu, 1973). By purchasing a new nose or feature individuals can take on the *right* style or look, those which are prized within their social group or society, and as such increase their feelings of acceptance and, consequently, social status.

Again, these finding correspond to Budgeon's (2003) findings for young women: "in most cases the underlying concern was about confidence and how changing one's body would allow the self to enter into situations with an increased sense of efficacy" (p. 46). Thus, cosmetic surgery offers both men and women the opportunity to renegotiate their embodiment in a positive direction with regard to romantic relationships.

As noted earlier, according to recent theoretical work the body and the self are reflexively constructed and employed in a risk-oriented late modern world (Beck, 1992; Giddens, 1999). It is argued that the body has become something to work on and gain control over amidst continuous warnings of globalized and manufactured danger. Reflexivity is the personal response to these uncertainties and instabilities. The contemplation of cosmetic surgery can also be understood as risk management by those modifying their bodies via surgery. Considering the de-traditionalization of male roles in late modernity, self-identity develops by reflecting on present opportunities and future potential. As such, reflective individuals use available knowledge to plan their life course – their future. The decision to undergo cosmetic surgery may be based primarily on predictions of the future, and the potential future benefits – increased self confidence,

decreased body dissatisfaction, and more positive social interactions – of undergoing surgery.

Limitations and Recommendations

To flesh out these initial findings for Canadian men, future research using different methodologies (e.g., focus groups, case studies) and larger samples is warranted to more broadly understand the experiences and dynamics associated with masculinity, appearance, and cosmetic surgery. This study had some methodological limitations. First, because recruiting participants was difficult, the sampling frame was smaller than we would have liked even though qualitative interviewers do not usually study very large samples of people. Second, since the interviewer took an active role in data collection, there is a probability that she may have introduced some bias to the study. Although this is always a possible drawback to qualitative methods, and the research outcomes may not be unquestionably certain, the primary advantages of qualitative interviews are the flexibility they offer and the rich, detailed data they can provide. To this end, further investigations on masculinities and the body are warranted to flesh out the effects of the materiality of the male body on gender processes and dynamics. Specifically, using a phenomenological approach, an in-depth exploration of the experiences and thought process of two or three participants in this regard may provide much needed insight.

Lastly, this research did not investigate the affects of social economical status, age, or race/ethnicity on understandings of masculinity and the appearance concerns of men. Such factors may influence the accessibility of different forms of body modification, the value attributed to appearance, and notions of masculinity among different groups of men. Future research is warranted to investigate understandings of masculinity among men of different social economical statuses and ethnicities, as well as, their concerns regarding physical appearance and body modification practices.

Conclusion

Our findings suggest that bodily presentations continue to influence how people feel about themselves. This finding remains consistent with Paechter's (2006) argument that the core identity of being male is experienced and constructed through our bodies. Considering that people are often held responsible for the size and shape of their body (Bordo, 1995; Budgeon, 2003), it is not surprising why men elect to undergo cosmetic surgery despite the medical risk and the potentially shaming and feminizing consequences of doing so (Gill et al., 2005). Gaining control over interpersonal interactions involves opting for cosmetic surgery which individualizes the body and forges an identity. Cosmetic surgery provides an avenue to gain and exercise this control. Men that choose to undergo cosmetic surgery may experience uncertainty, as the surgical results are not guaranteed, but the potential benefits outweigh the risks.

Beck (1995) argued that in late modernity manufactured risks are human produced risks that emerge with the expansion of science and present wide-spreading threats that defy institutional regulation. Cosmetic surgery presents a form of manufactured risk; risk is based on technological development and created by humans, without institutional regulation (i.e.,, any doctor with an MD can perform cosmetic

surgery; specific training is not a prerequisite to practice; Haiken, 1997). As such, men decide to undergo cosmetic surgery only after making personal risk assessments.

Issues to do with bodily performance and display, and norms of embodiment associated with dominant masculinities and self-identity all interact for men when making the decision to undergo cosmetic surgery. Masculine norms disavowing concern with physical appearance – for fear of being perceived as gay or feminine – likely account for some avoidance of cosmetic surgery among men. The aesthetic attraction of surgery, however, was often counterbalanced with rationalizations grounded in medical justifications. Most respondents felt justified in having cosmetic surgery because of its potential to boost self-confidence, improve relationships, and enhance dating opportunities. Our findings among men support Frost's (2005) statement that: "identification, appearance, consumerism and the group are theorized as symbiotically connected… group acceptance and identification may be dependent on what kind of image, including body image, a young person can construct" (p. 75). Moreover, employing Giddens' view of the body as a project, thus a work in progress, any personal post-surgery improvements in confidence and body satisfaction, made cosmetic surgery a viable option for these Canadian men.

In conclusion, in relation to the amount of theoretical work found in the sociology of the body, relatively little empirically grounded work has been conducted to date on embodiment in social worlds (Wacquant, 1995). It is hoped that the interview data we reported and analyzed can contribute to the theoretical debate on embodiment and risk. Similar to existing research on bodybuilding and risk society, this study used risk theory as a starting point. Following the argument that we inhabit an affluent world experienced as presenting various man-made hazards, for better or for worse, cosmetic surgery among men has been increasing in popularity. Despite some puzzlement, and even indignation from outside observers, cosmetic surgery joins bodybuilding, tattooing, and other similar practices in a resurgence of body modification practices in the West in the last 30 years (Featherstone, 1991). The popularity of cosmetic surgery is illustrative of a desire and tendency to assert ownership and control over the human body in late modernity.

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Author Note

Rosemary Ricciardelli, Ph.D., is an Assistant Professor in the Faculty of Liberal Arts and Policy Studies at York University. She earned her PhD candidate in Sociology at McMaster University. She has published in a range of academic journals including the *Sex Roles, Canadian Journal of Sociology and the Journal of Criminal Justice education.* Her research centers on gender identification and risk perceptions among men. Her other interests include body modification, prejudice and stereotyping surrounding men in nursing, prison experiences, and wrongful conviction. Current projects include examinations of male gender identity among men released from federal prisons and among male nurses. Correspondence regarding this article can be addressed to: Dr. Rosemary Ricciardelli, Department of Sociology, Faculty of Liberal Arts & Professional Studies, 2152 Vari Hall, 4700 Keele Street, Toronto, Ontario, Canada. M3J 1P3; Phone: 416-736-2100 ext. 60309; Fax: 416-736-5730; E-mail: rose.czarnuch@gmail.com

Philip White, Ph.D., is a Professor of Kinesiology and Sociology at McMaster University. He has published in a broad range of academic journals including the *Canadian Journal of Sociology*, *Sociology of Sport Journal*, *International Review for the Sociology of Sport*, and *Journal of Aging and Physical Activity*. He co-edited, with Kevin Young, Sport and Gender in Canada (Oxford University Press, 2007).His recent research interests have included issues to do with sport, masculinity, injury, coaching and NASCAR racing. Correspondence regarding this article can also be addressed to: Dr. Philip White McMaster University, Department of Kinesiology, 1280 Main St W., Hamilton ON L8S 4K1; Phone: 905-525-9140 ext. 27014; Fax: 905-523-6011; E-mail: pwhite@mcmaster.ca

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