GYNECOMASTIA, HEGEMONIC MASCULINITY, AND STIGMA: RESEARCHING MALE CORPOREAL DEVIANCE

A thesis submitted to Kent State University in partial fulfillment of the requirements for the degree of Master of Arts

by

Wesley Blake Huber

December, 2012
Thesis written by
Wesley Blake Huber
B.A., Kent State University, 2008
M.A., Kent State University, 2012

Approved by

______________________________________, Advisor
Clare L. Stacey

______________________________________, Chair, Department of Sociology
Richard T. Serpe

______________________________________, Dean, College of Arts and Sciences
John R. D. Stalvey
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>INTRODUCTION</td>
</tr>
<tr>
<td>2</td>
<td>LITERATURE REVIEW</td>
</tr>
<tr>
<td></td>
<td>Social Construction of Masculinity and the Male Body</td>
</tr>
<tr>
<td></td>
<td>Stigma, Deviant Bodies and Stigma Management</td>
</tr>
<tr>
<td></td>
<td>Cosmetic Surgery and Quality of Life</td>
</tr>
<tr>
<td>3</td>
<td>SAMPLE AND METHODS</td>
</tr>
<tr>
<td></td>
<td>Research Site</td>
</tr>
<tr>
<td></td>
<td>Methods</td>
</tr>
<tr>
<td>4</td>
<td>EMPirical FINDINGS</td>
</tr>
<tr>
<td></td>
<td>Introduction</td>
</tr>
<tr>
<td></td>
<td>Defining the Male Body</td>
</tr>
<tr>
<td></td>
<td>Culture</td>
</tr>
<tr>
<td></td>
<td>Social Stigma</td>
</tr>
<tr>
<td></td>
<td>Effects of Stigmatization</td>
</tr>
<tr>
<td></td>
<td>Embarrassment and Distress</td>
</tr>
<tr>
<td></td>
<td>Disengaging and Concealment</td>
</tr>
<tr>
<td></td>
<td>Social Retreat</td>
</tr>
<tr>
<td></td>
<td>Concealed Stigma</td>
</tr>
<tr>
<td></td>
<td>Social Support</td>
</tr>
<tr>
<td></td>
<td>Significant Others</td>
</tr>
<tr>
<td></td>
<td>Parental Support</td>
</tr>
<tr>
<td></td>
<td>Reengaging “New” Bodies</td>
</tr>
<tr>
<td></td>
<td>Social Return</td>
</tr>
<tr>
<td>5</td>
<td>DISCUSSION</td>
</tr>
<tr>
<td></td>
<td>Conclusion</td>
</tr>
<tr>
<td></td>
<td>REFERENCES</td>
</tr>
</tbody>
</table>
CHAPTER 1

INTRODUCTION

Very little, if anything, is known in the social sciences about gynecomastia, a condition where males develop breasts. Research has shown that incidence of gynecomastia peak at 64-65\% in the male population (Mahoney 1990; Bembo and Carlson 2004), with 7.7\% of those males showing persistent gynecomastia past adolescence, according to Kinsella et al. (2011). As Braunstein (1993) has indicated, the causes of gynecomastia are not only congenital, but have been attributed to both licit and illicit drug consumption (see Tables 2, 3 and 4; 491-492). Because gynecomastia is a condition whereby males exhibit bodies incongruent with standards of masculinity, breasted-men may be subject to stigmatization leading to “discredited” (Goffman 1963) masculinity. Furthermore, men with gynecomastia may be relegated to a subordinate status in relation to non-breasted males and experience social devaluation. Data from researchers Wassersug and Oliffe (2008) show that gynecomastia in cancer patients, for example, is associated with decreases in quality of life and concerns about conformity to anatomical gender norms. Accordingly, physio-psychological concerns associated with breast development are often the impetus for male mastectomy (Brafa et al. 2011).

From a historical perspective, the surgical management of gynecomastia has been dated to antiquity in the practices of Claudius Galen (AD c. 130-c. 200), according to
Holliday and Sanchez Taylor (2006: 185-186). At present, breast reduction stands in the top five cosmetic procedures for men in 2011 (17,645 total operations), with a 58% increase in male mastectomy procedures from 1997 to 2011 (ASAPS 2012: 7-8). These data suggest an overwhelming demand for surgical resolution of gynecomastia among men with the condition.

In this thesis I examine how normative conceptualizations of the male body affect the experiences of males with gynecomastia in social interactions, and how those experiences may change following male mastectomy. While some scholars of biosociology note that intersexed “abnormalities” like male breast growth are an area rich for study (Money and Ehrhardt 1972; Walsh 1995), this biosocial research does not fully explore the social impact of being a male with breasts. Using a grounded theory approach (Corbin and Strauss 1990), I conduct a qualitative content analysis of dialogues from the online gynecomastia group at www.gynecomastia.org. I find that males with gynecomastia characterize their chests as abnormal in light of hegemonic beliefs about masculinity, and that stigmatization associated with gynecomastia results in embarrassment, distress and a sense of lost value for breasted-men. As a result, individuals use stigma management techniques to mitigate the negative effects associated with gynecomastia. Furthermore, the present research shows that males with gynecomastia aspire to have, and benefit from, the support of significant others as well as family members and that when males undergo corrective surgery for gynecomastia, they “reengage” their “new bodies” in ways which they felt they were previously unable to.
CHAPTER 2

LITERATURE REVIEW

Social Construction of Masculinity and the Male Body

Schrock and Schwalbe (2009) note that following the emergence of the second-wave feminist movement in the 1960s and 1970s, sociological inquiries of power dynamics between men and women resulted in a necessary focus on men and “masculinity” (278). As a product of this focus, Carrigan, Connell and Lee (1985) theorized the concept of “hegemonic masculinity.” Connell (1995) succinctly describes this concept as a process through which “a group [of men] claims and sustains a leading position in social life” via 1) the subordination of women and other men, 2) the complicity of males in the maintenance of patriarchal gender ideology (e.g., “bringing home the family wage”), and 3) the marginalization of masculinities which act as alternatives to hegemonic ideals of the time period (77-81). Hegemonic masculinity is thus maintained through widespread acceptance of masculine ideals which encompass, among other things, the masculinity of the male body. Indeed, as Connell and Messerschmidt (2005) state, “Bodies participate in social action by delineating courses of social conduct – the body is a participant in generating social practice” (851). In this regard, current cultural understandings of what it means to be male are shaped and maintained at various levels of interaction.

Over the years, a significant amount of research has solidified the relevance of the body in constructing masculinity. From the identification of sex at birth, males are
masculinized according to what clothes they are dressed in (Cahill 1989) and the toys they are given for play (Pomerleau et al. 1990), both of which are tied to the ongoing process of “doing gender” (West and Zimmerman 1987). Researchers like Thorne (1993) have shown that among school aged children, the presentation of masculinity is associated with increased bodily size and athletic prowess. Corroborating this line of research, Davison (2000) found that in physical education classes, children “reinforce the ideals of hegemonic masculinity” by choosing last for gym class teams those individuals with less masculine bodies (262, 264). Moreover, the process described by Davison (2000) signals the subordination and social devaluation of males whose embodiment is not congruent with masculine ideals.

The current dogma of masculinity extends beyond the adolescent proving-grounds of middle and high school, however, appearing in various other domains of social life. Examining the institutionalization of gender ideology, Acker (1990) notes, for example, that the political economy of most work organizations favors the “unyielding” male body over the female body which is subject to biological constraints like menses and pregnancy. Further, researchers like Barrett (1996) and Kimmel (2006) have found that in organizations such as the military, culture and policy can be staunchly anti-feminine. Specifically, Barrett (1996) found that many male military members he interviewed saw femininity as associated with folding under the physical rigors of training, and that stories of the “weak female” were retold regularly to paint women as inferior (132-133). This conceptualization of “female-body-as-liability,” rather than asset, likely contributes to the devaluation of what masculine capital breasted-men have.
Associations between masculinity and the male body are found in additional arenas of daily life. In social criminology, research on deviant subcultures (Anderson 1999; Mullins 2006) details how the male body is used to cultivate and preserve respect through physical violence. Further, interests in politics (Messner 2007) and medicine (Loe 2001) have noted the pervasive association between male corporeality and perceptions of masculinity. In short, current cultural precepts regarding masculinity are squarely anchored in the male figure, and are continually re-affirmed in daily interactions and popular culture, where images of “tough and rugged” masculinity prevail.

Perhaps the most visible idealization of masculinity against which males are measured is in media imagery and consumer advertising that characterizes the male body as toned and non-feminine. These representations of the male physique are critical in emphasizing that male bodies like those of men with gynecomastia are subject to marginalization as “wimpy,” effeminately “faggy,” or non-normative. Indeed, research has shown that from an early age, young males are sensitized to what it means to be manly. Pope et al. (1999), for example, found that some male action figures have progressively emphasized muscularized builds which are not humanly attainable, and Tantleff-Dunn and Thompson (2000) suggest that such early gender socialization may be intimately tied to lower levels of self-esteem in males due to their less than ideal chest sizes. These idealizations of toned and muscular bodies are further produced for consumption in male fitness magazines which are replete with displays of the physical dominance and imposition of the male body. As noted by Dworkin and Wachs (2009), “The fundamental assumption that underlies most recommendations to men is that
healthy and fit are defined by the image of musculature, muscle size, greater muscle density, and less body fat” (74). True to point, Bordo’s (1999) critique of the historical progression of masculinity, from Greek antiquity to Calvin Klein advertisements, has culminated in the finding that “[T]he athletic, muscular male body…has become an aesthetic norm…” – so much so that catch phrases such as “No pecs, no sex” at national gym chains prominently replace concerns of good health with those of looking better naked (185).

Recent research on hegemonic masculinity suggests that men with abnormalities of the chest like gynecomastia may not only be concerned about the incongruence of their bodies with cultural ideals, but may find themselves stigmatized and relegated to a subordinate status of “inadequately male.” Certainly, the male body underpins our current conceptions of maleness; from “street life” (Mullins 2006) to the politics of becoming the “Governator” (Messner 2007), being masculine is embodying masculinity and employing the male body in ways which affirm a hegemonic ideal. When men or boys’ bodies overtly countervail this ideal, the social consequences of transgressing somatic gender boundaries can be significant.

Stigma, Deviant Bodies and Stigma Management

Mentioned previously, there is a dearth of sociological inquiries on gynecomastia and how it affects men’s sense of self and quality of life. For instance, it is unknown whether men with gynecomastia report lower indices in quality of life as a result of the stigma process. The overt, visible differences of males with gynecomastia can result in out-group labeling and social devaluation, particularly when held against hegemonic
body ideals. Allport (1958) noted that, unfortunately, prejudice toward physical difference comes about because “groups that look (or sound) different will seem to be different, often more different than they really are” and that where visible difference does exist, “it is almost always thought to be linked with deeper lying traits than is in fact the case” (130). Allport’s (1958) focus on visible difference and prejudice closely coincides with Goffman’s (1963) study of discrimination and stigma.

In his seminal work on social stigma, Goffman (1963) states that in order to understand stigma “it should be seen that a language of relationships, not attributes, is really needed” (3). In theorizing this language of relationships, Goffman (1963) identified “discredited” or “marked” individuals as those who have visible physical traits that deviate from corporeal normality, and individuals who are “discreditable” or “markable” as those whose non-normative attributes are unknown but discoverable. Link and Phelan (2001) note that the stigma process is contingent on, among other things, access to social power, and operates using interrelated components of 1) the labeling of human differences, 2) linking dominant cultural beliefs to undesirable characteristics, or stereotyping, 3) in- and out-group creation, and 4) out-group status loss and discrimination. This process of stigmatization has subsequently culminated in the identification of several physically deviant, stigmatized groups.

Roberts (1997) argues that in the 1970s and 1980s, a “culture of paranoia, hypersurveillence, exclusion, and moralizing” resulted in spoiled identities for both the herpetic and AIDS sufferer (280). As a result, these discredited or discreditable populations continue to experience the effects of stigmatization. Recent studies involving
the herpetic population have continued to find that these physically deviant individuals are acutely attuned to the stigma potential of their disease (Nack 2000; Lee and Craft 2002). Even more, stigma associated with the AIDS precursor HIV and gonorrhea (Fortenberry et al. 2002), as well as with STDs in general (Cunningham et al. 2002), has been found to influence things such as the decision to seek medical care for infection. As Roberts (1997) initially noted, one of the fundamental bases for the stigmatization of herpes/AIDS was the perception of immorality associated with either condition.

Other bodily abnormalities (including gynecomastia) can elicit prejudicial attitudes or discriminatory behavior, despite not sharing this moral basis. For example, Snyder et al. (1979) found that when research participants were given the option of choosing one movie seated next to a physically handicapped person or a second movie seated next to an able bodied person, participants rebuffed the physically handicapped, attributing their avoidance to movie preference rather than personal aversion. Other research by Rybarczyk et al. (1995) has noted that among amputees, perceived stigmatization is significant in accounting for depression. Furthermore, hair loss in female cancer patients (Rosman 2004), as well as research on epilepsy (Schneider and Conrad 1980) has shown that experiences with stigma extend well beyond the moral confines of STD contraction to other experiences of corporeal deviance. Like gynecomastia, individuals with epilepsy, cancer or any number of other non-normative conditions of the body can be targets of stigmatization, whether through prejudicial attitudes or discriminatory behaviors. To address the negative effects of stigma,
individuals with somatic abnormalities may attempt to mitigate the consequences of their deviance in manifold ways.

In order to limit the scope of harmful outcomes associated with stigma, many individuals employ stigma management techniques in order to ease social tension. For example, researchers have shown that discreditable individuals may attempt to “pass” as normal by concealing their deviant bodies (Schneider and Conrad 1980; Nack 2000; Lee and Craft 2002), while discredited individuals may withdraw from some spheres of their social lives (Lee and Craft 2002). Moreover, other individuals may engage in “therapeutic telling” in order to reduce the burden of carrying a stigma alone (Schneider and Conrad 1980; Nack 2000). Therapeutic telling additionally represents a way that individuals may benefit from the social support of others during distressing circumstances.

Social support can be attained in a variety of ways, with one purpose being the management of identity stigma. In a critical analysis of types of support, Helgeson (2003) notes that there are three functional support classifications individuals may receive: emotional, instrumental (e.g. financial) or informational (25). Previous research (Dunkel-Schetter 1984) has also shown that not only type, but source of support is important in managing conditions such as cancer. Women with breast cancer, for instance, likely benefit from social support in managing the negative impact of mastectomy, particularly because of the psychosexual importance of female breasts in Western culture. In fact, in spite of this threat, Spiegel et al. (1989) found that women with breast cancer experienced better moods when receiving social support compared to those who did not (890). Even
more, other researchers like Beals (2009) have found that perceived social support has a positive effect on well-being for individuals stigmatized for their sexual orientation.

Experiences of individuals with gynecomastia can be conceptualized similarly to those with stigmatized conditions such as cancer, amputations, or STDs. Deviant bodies and their associated stigmatization highlight the importance of understanding how social relationships contribute to the stigma process. When conventional stigma management strategies do not alleviate the ill-consequences of body stigma, males with effeminizing conditions like gynecomastia may turn to aesthetic surgery. In sociology, much attention has been paid to female body deviance (e.g., researching aesthetic surgery), with little focus on corporeal deviance in the male population. Researching gynecomastia broadens the presently limited focus on male somatic deviance, its stigmatization and resolution, and associated gains in quality of life.

Cosmetic Surgery and Quality of Life

When individuals like breasted-men experience situations creating discomfort for themselves or others, attempts will be made to diminish this discomfort. Indeed, Goffman (1963) noted that discredited and discreditable persons will either pass or cover any discrediting physical properties to alleviate tension or anxiety. Problematically, researchers (Link, Mirotznik and Cullen 1991) have found that coping strategies such as secrecy and, particularly, withdraw can exacerbate the ill-effects of stigma. These compounding effects of stigmatization may be resolved following cosmetic correction, however. As Bradbury (1994) states “When this pattern of behavior and emotional response becomes established, then surgery becomes a successful way of bringing about
a permanent change that allows vigilance to be relaxed and the person to pass without effort” (304). In this regard, undergoing elective surgery can provide a positive alternative to living with a stigmatizeable condition.

Indeed, clinical researchers have established that aesthetic surgery does help ameliorate stigma (although this term is not necessarily used in the clinical literature) and improve quality of life. Macgregor (1981), for example, emphasizes that the psychosocial consequences for the discredited individual are problematic, making them “the helpless victim of negative judgments, prejudice, and discrimination” but additionally notes that cosmetic surgery is “an important therapeutic specialty whose essential function is to improve the quality of life” (3, 8).

Some (Kinnunen 2010) have documented this quality of life improvement as counteracting the aging process or eliminating unwanted ethnic features, while clinicians like Benito-Ruiz et al. (2008) note the use of pectoral implants to enhance self-confidence in men with congenital or injury related muscle loss. Others akin to Gimlin (2000) have cited a litany of motivations for seeking cosmetic surgery, including a fundamental desire to feel “normal.” These motivations are buttressed by reported changes in quality of life following cosmetic surgery.

Existing literatures on male mastectomy emphasize the importance of cosmetic surgery for well-being among breasted-men. In one of the pioneering studies of the effects of gynecomastia on males, Schonfeld (1962) found the psychosocial consequences of gynecomastia to be significant for males, and Kinsella et al. (2012) found that the condition contributed to heightened levels of depression, anxiety and
behaviors associated with stigma management (e.g., social withdraw, passing, etc.) (5-6).

The ill-effects of gynecomastia are suggested by researchers Klassen et al. (1996) to be resolved via aesthetic surgery. However, because of these researchers’ analytical approach, improved quality of life indices specific to gynecomastia are ambiguous in their study. The gap between quality of life and male mastectomy in previous literatures is particularly problematic considering the implications gynecomastia may have for the well-being of males.

Addressing male breast reduction and quality of life directly, Gabra et al. (2004) found that over 75% of the male mastectomy patients the authors contacted were able to “resume their normal social activities” following surgery (6). Like Gabra et al. (2004), Davanço et al. (2009) found similar post-operative improvements, but in specified domains such as mental health and social aspects as living, among others. Moreover, prior researchers Fruhstorfer and Malata (2003), whose primary focus was male mastectomy techniques rather than patient satisfaction, concluded that in their sample, 92% of participants were highly pleased with the result of their cosmetic procedure (240).

In light of such large satisfaction rates, others have attempted to employ more stringent measurement tools for quality of life indices. Modifying the Breast Evaluation Questionnaire (BEQ) typically used for females, Ridha, Colville and Vesely (2009) found that when the BEQ was relevant to males with gynecomastia, there continued to be measurable improvement (62.5% overall satisfaction) in quality of life following surgery (1474-1475). These correlations between corrective surgery and improved well-being
suggest that when mastectomy is perceived to adequately eliminate a male’s breasts, it likely also eliminates any concomitant deleterious consequences.

Projected statistics show that the top five procedures undergone by men in the U.S. for the year 2011 were: 1) nose reshaping, 2) eyelid surgery, 3) liposuction, 4) breast reduction in men, and 5) facelifts (ASPS 2012: 13). Though male mastectomy represents only a portion of elective procedures undergone by men in 2011 – statistics vary, but are approximate to 20,000 – the paucity of sociological literature on gynecomastia, aesthetic surgery and any association between hegemonic ideals, stigmatization and quality of life remains problematic. Moreover, this oversight is troubling in light of research which has shown gynecomastia to have a peak incidence of up to 64-65% in adolescent males (Mahoney 1990; Bembo and Carlson 2004). By studying male somatic abnormalities, scientific researchers of all stripes, including sociologists, stand to benefit from understanding stigma as it manifests in the male body. Particularly, analyses on gynecomastia utilizing theoretical perspectives in hegemonic masculinity and the stigma process may contribute to better understanding gender stratification, social psychological processes, or future directions in clinical research. Ultimately, existing literature on the deviant male body and quality of life changes following cosmetic surgery suggest some critical yet understudied associations in the lives of breasted-men.
CHAPTER 3

SAMPLE AND METHODS

Research Site

The analysis presented below is based on data collected from the California-based website www.gynecomastia.org and shows how gynecomastia affects male experiences, as well as how post-operative experiences differ from those prior to surgery. The use of internet websites to promote scholarly work is hardly a new occurrence. Researchers have used the internet as a source for data collection on an array of topics including gender identity (Hegland and Nelson 2002), sexual compulsivity (Cooper, Delmonico and Burg 2000) and the content analysis of internet rape sites (Gossett and Byrne 2002). Use, as well as growth, of the internet makes data collection from websites relevant and timely, as the burgeoning presence of the World Wide Web in daily life has resulted in an alternative sphere of social and cultural interaction.

The website www.gynecomastia.org is useful for content analysis because it is a highly trafficked public domain offering resources for finding surgeons, sharing individual stories and increasing awareness about gynecomastia. Even more, www.gynecomastia.org has over 150,000 comments available for analysis located in 35 different discussion forums. Regarding the present study, I collected five “threads,” or sequences of dialogue, between users of www.gynecomastia.org from three different
“forums” – online meeting places where discussions are held. This resulted in a sample of 15 threads for a total of 191 comments which were collected and analyzed between November 2011 and March 2012. Description of the sampling logic, as well as the methodological process of analysis for the selected sections, is described in further detail below.

All collected communication between subjects was in the English language, irrespective of the native tongue of each individual; moreover, all subjects were given pseudonyms, creating an additional layer of false identity which was second to the “user names” appearing in the forum. Some individuals identified their geographic location; however, the majority of persons did not indicate where they are from or live. Ultimately, use of the website www.gynecomastia.org was beneficial because “As is the case with other types of data, Internet data can be useful in providing a snapshot of a given subject at a specific point in time” (Hegland and Nelson 2002: 142). Furthermore, data were drawn from this website for analysis because previous attempts to interview gynecomastia patients of the Cleveland Clinic were unsuccessful. In this regard, use of the internet provided data on a population which otherwise may not have been available for study.

Methods

Underpinning this study, qualitative methodology was chosen because very little, if any, sociological research exists on the topic of gynecomastia, making the present research both exploratory and developmental. Because qualitative research can inform quantitative research and provide a platform for future concept development, qualitative
research is valuable in cases like this where both empirical and theoretical development on a given subject is lacking. Further, qualitative methodology provides a means of capturing rich and textured data that may otherwise be lost in the course of quantitative analysis.

Using threads of dialogue from www.gynecomastia.org, I performed a qualitative content analysis on the retrieved text. Krippendorff (1980) notes that the content-analytic approach has been used extensively to understand meanings communicated in various forms of media including text and film (13-20). Additionally, content analysis was chosen because of its burgeoning presence in theses and dissertations (Neuendorf 2002: 30), as well as the advantages of this approach for the researcher. Some noteworthy advantages are that “Communication is a central aspect of social interaction” and that “Content-analytic procedures operate directly on text or transcripts of human communication,” as well as the fact that content analysis “yields unobtrusive measures in which neither the sender nor the receiver of the message is aware that it is being analyzed” (Weber 1990: 10).

My content analysis is a non-traditional analysis in one primary way: I use theoretical sampling – a grounded theory (Corbin and Strauss 1990) approach – as the primary sampling method due to the exploratory nature of the study. Hildenbrand (2004) concisely explains the circular process of grounded theory which involves theoretical sampling: First, small amounts of data are collected for analysis. Secondly, the data are theoretically coded (via “open coding”). Simply put, theoretical coding is a process where analysis of the text results in emergent concepts that point to a theory (for a
summary, see Böhm 2004). In the third step, to validate that the theory applies, more data are gathered in an attempt to contrast previous theoretical assumptions – a process called theoretical sampling. Fourth, newly collected data are again coded in the same manner described in step two. Fifth, emergent concepts from coding are consolidated into key categories which define the body of the emergent theory. Finally, “selective” or “refined coding” identifies the core category/categories and positions all other categories in relationship to it/them as a means of expressing the theory.

To initiate the process described by Hildenbrand (2004), I initially sampled from the forum “Parents/Family/Friends,” motivated by the assumption that breasted-men would either want or need social support to help mitigate any ill-effects of their condition. This was a logical point of departure because, in grounded theory research, selective sampling has to precede theoretical sampling (Draucker 2007: 1138). After choosing the initial forum, threads of dialogue chosen for analysis were qualified on the criteria that they have five or more comments for a given subject. That is, if a user in the forum “Parents/Family/Friends” posted an initial topic asking other users’ advice on speaking to his parents about gynecomastia, the initial posting followed by four more postings would meet the five posting criteria. I chose the “five-or-more” criteria because I expected dialogue threads with fewer than five comments to contain no substantive dialogue to draw theoretical conclusions from. This selection process was applied for all subsequent dialogue selections, and yielded 85 total comments from the initial forum “Parents/Family/Friends.” Subsequently, these comments – as well as future dialogue selections – were placed in “Microsoft Word” files. Use of Word files made text storage
and manipulation (i.e., copying and pasting, adding researcher comments, etc.) user
friendly as I researched. Furthermore, “memos” were written during the analysis process
when I interpreted them to be most valuable. In this regard, memos act as a guiding tool
and serve the purpose of distancing the researcher from the data while going “beyond
purely descriptive work” (Böhem 2004: 271).

In the initial phase of analysis on the “Parents/Family/Friends” comments, “open
coding” was employed, breaking down the data and analyzing small segments of text to
identify, compare and contrast “events/actions/interactions” and give these occurrences
conceptual labels (Corbin and Strauss 1990: 12). Open coding was based on the guiding
question: “How do normative conceptualizations of the male body affect the experiences
of males with gynecomastia in social interactions, and how might those experiences
change following male mastectomy?” After all 85 comments were coded, concepts
emphasizing gender ideology, stigmatization, stigma management, desire for surgery,
social support and positive changes in well-being “post-op” were observed. Due to the
preliminary nature of these concepts, I turned to the “Surgery Success Stories” forum to
determine if accounts given in the “Parents/Family/Friends” section were being validated
by males who were post-operation and recounting their experiences.

Thread dialogue selection for “Surgery Success Stories” was achieved in the same
way as dialogue selection for “Parents/Family/Friends” and produced 54 comments for
analysis. Open coding was done on all “Surgery Success Stories” comments, revealing
distinctly similar concepts to those from the “Parents/Family/Friends” forum. The
similarity between concepts from “Parents/Family/Friends” and “Surgery Success
Stories” led me to ask how the experiences of males accepting of their deviant bodies differed from those wanting cosmetic surgery. Attempting to contrast previous findings, I finally sampled from the forum “Acceptance,” collecting 52 comments for analysis. Through open coding, I found that even among males who accepted their deviant bodies, nearly all retold stories of bullying related to their abnormal bodies, stigmatization and the importance of social support in coming to live with gynecomastia.

Following the open coding phase of all 191 comments, I used “axial coding” to compare the “conditions, context, strategies (action/interaction), and consequences” of all concepts, ensuring concepts were appropriately organized (i.e., differing concepts were segregated) and as “conceptually dense” as the data would allow (Corbin and Strauss 1990: 14). During this process, I used printed hard copies rather than Word files because physical manipulation of the documents proved easier than use of the computer scroll function during analysis. Organization and consolidation of concepts resulted in the development of “categories” illustrating broad, overarching experiences or dispositions associated with gynecomastia. These categories involved: 1) descriptions associated with the cultural meaning of maleness, 2) stigma as a result of not meeting those meanings, 3) embarrassment or distress as a product of stigma, 4-5) social withdraw and body concealment to diminish stigmatization, 6-7) the importance of support from significant others (i.e., girlfriends or spouses) as well as from parents, and 8) the after-effects of mastectomy.

Finally, “selective coding” (or “refined coding”) was done to determine the core categorie(s) in the data. As Eaves (2001) states, “[T]he core category is the central theme
or story line of the data, around which all other categories can be subsumed” (p. 658; see also Charmaz 1983 and Strauss and Corbin 1990). More than one core category can be identified, as was the case in my analysis. I identified two core categories: 1) the cultural meaning of maleness, and 2) stigmatization. These categories represent theoretical frameworks of 1) male hegemonic gender ideology, and 2) the stigma process associated with deviance of the body. These two core categories and all other categories related to them are elaborated upon below in order to answer the research question: How do normative conceptualizations of the male body affect the experiences of males with gynecomastia in social interactions and how might those experiences change following male mastectomy?
CHAPTER 4

EMPERICAL FINDINGS

Introduction

Experiences with gynecomastia and beliefs about the condition are highly complex in the world of masculinity. Most of the experiences of males with gynecomastia are grounded in the understanding that, as breasted-men, their bodies are much different from the normative definition of male corporeality. As such, these definitions of normality dictate the lives of men with gynecomastia. My findings suggest that stigmatization related to gynecomastia can result in embarrassment and distress which, in turn, causes the individual to reduce their body exposure to avoid future stigmatization. The findings presented in this thesis additionally show that men with gynecomastia benefit from and desire support from significant others and family members. Further, when subjects are able to undergo the male mastectomy procedure, the joy of having a “new” body and how those new bodies are presented is dynamically different than prior to surgery.
Defining the Male Body

Culture

For those individuals contributing to the gynecomastia discussion forums, there are clear articulations of what normal and abnormal male bodies are. Classifications like “normal” and “abnormal” among men with gynecomastia are not surprising considering the hegemony of muscularized or toned male physiques as “ideal” in media outlets like health magazines (Leit, Gray and Pope 2002; Hatoum and Belle 2004; Labre 2005). Conceptualizing the masculine body as antithetical to femininity is a frequent occurrence for males with gynecomastia when discussing personal views of their bodies. In a narrative about life with gynecomastia, Aaron discloses how his medical condition has affected how he interprets his own body:

I am 65 and my boobs have grown since I had treatment for a prostate problem 10 years ago. Until then I was a normal male with a normal chest. Since then I have grown breasts slowly but I now have to wear a 38DD bra and there is no way of hiding them. (May 6, 2010)

Having undergone male mastectomy, Fredrick suggests reconceptualizing his body as “normal” may require time and patience:

Having a ‘normal’ chest is just something to get used to. It won’t be easy or automatic, but I guess that is certainly a good problem to finally have! I am going away to Jamaica for a vacation next month and it is really going to be weird ... I almost think I will be more nervous than excited to be on the beach. (January 12, 2008)

Alex regards the transmission of cultural beliefs by the media to be problematic in how men see their bodies, while another commentator notes the prevalence of gynecomastia
and that viewing the male body through the lens of “dominant beliefs” may represent a skewed perception of what normality is:

I was weak before but now I am strong and if you can all go past your insecurities like I have, you too will find the strength to just say no to this misguided representation the media has over the “perfect body” and finally move your life forward and leave these forums.” (April 10, 2010)

Donovan:

At any nudist club, one sees quite a few men with gynecomastia to some degree or another. It’s as common and normal as the statistics indicate. Among nudists, breasts, or lack thereof, on any body, are a complete non-issue. There are women walking around with single or double mastectomies, with various stages and types of reconstruction or none at all …

As the statistics tell us almost half of men may have enlarged breasts to some degree or another at some time in their life. This sounds pretty “normal” to me when it affects about half the population or half the male population, almost the definition of normal as in “common” or typical”. “Normal” isn’t necessarily healthy or desirable, just common. (October 14, 2011)

Still, most “speak the language” of normative beliefs regarding the male body:

Nearly all of what I’ve read so far is either about having surgery or finding ways to hide the fact that we all now have breasts. Breasts of varying sizes and shapes, but whether we like it or not, we look more like our wife or girlfriend than like the sports hero we always pictures ourselves resembling. (Derek – March 16, 2010)

Generally speaking, I would venture that many of us are conflicted about our breasts. On one hand, we’re men with all the stereotypically held conventions of what physical manhood means. That understanding doesn’t include growing breasts of our own. Gynecomastia directly challenges our understanding of physical manhood and our conformity to that understanding. (Nicholas – September 3, 2011)

The perspective Nicholas offers is of particular interest considering the importance of male and female bodies in constructing dominant ideals about corporal
masculinity. Studies, like Barrett’s (1996) on U.S. Naval personnel, have found that hegemonic masculinity relies on the belief that maleness, particularly with regard to the body, is the opposite of femaleness. Even more, and as I previously noted, Connell and Messerschmidt (2005) state that bodies delineate “courses of social conduct,” thereby acting as informative mechanisms in how we not only come to experience, but also view, ourselves and others (851). When males do not meet the hegemonic ideal, however, there are associated ill-effects for their daily lives and identities.

Social Stigma

Because an “acceptable” male body is most frequently determined by social definitions of normality (i.e., flat chests), men with breasts serve as an antithesis to this concept. Directly challenging conventional norms, outward appearances by males with gynecomastia may elicit actions or reactions from other individuals which result in social shaming. Many males readily recount incidents when the visibility of their gynecomastia was a significant factor in socially discomforting situations. In his seminal work on stigma, Goffman (1963) notes that when a body part has not only been stigmatized, but is also readily visible, the individual to whom the body part belongs becomes “discredited” and is subsequently treated with inferiority and discrimination (4-5). Many men like 63 year old Donovan, who with DD-sized breasts has had gynecomastia since age 12, recall the difficulty they experienced growing up with gynecomastia:

Junior high school was hell. There was one boy who went around sticking pins into my breasts and rear end, and those of some of the large breasted girls, to ‘pop your balloons’... My breasts were the talk of the school. They were bigger than those of most of the girls.” (October 14, 2011)
A similar posting elucidates the stigmatizing effect of gynecomastia:

I am the girlfriend of a guy with gynecomastia. He has always been very embarrassed by his chest, and up until the past 6 months we had no idea what gynecomastia was. He is 17 years old, and still in high school - which only makes it worse. His friends are so cruel to him, because of this condition. They constantly make comments to him about his “man boobs” and call him fat. He is not a fat guy – 6’0” and 180 pounds.
(Melissa – July 22, 2007)

For others, socially uncomfortable situations are not limited to adolescence:

Going from having gyno, and being teased and ridiculed your whole life (25 years) to not being tortured for something we have no control over, is a different feeling. Expecting to see the awkward glances and finger pointing when your shirt is off and then having people look you in the eye and just talk to you is very different. (Louis – August 7, 2007; post-operation)

I have and still hear all the comments, like look he has breast, boobs, breasts, moobs, he needs a bra, or can I play with your boobs, or even when my wife and I go shopping and she is shopping for a swimming suit, or a bra, and people say is that for her or me because I have bigger breast than her, sometimes I say yes the bra is for me because I have a Medical condition that causes me to have breast and it is called Gynecomastia. (Austin – August 28, 2009)

Sam, who has accepted having gynecomastia, recalls a stigmatizing experience which occurred at the workplace and has stayed with him:

I have a story of my own from 1979. I was working at a print shop and it was a very hot day in August and on break we all took off our shirts. I got a comment that genuinely pissed me off. It was ‘Hey you big titted fat darn /sic/ put your shirt back on.’ Mind you I weighed a mere 180lbs and am 5’10” so I don’t think I’m fat; boobs – yes since early childhood. (October 18, 2011)

The stigmatization experienced by men with gynecomastia can, at times, even be the result of interactions with other men on the gynecomastia website. In fact, when one male discussed how he had accepted having breasts, another male struck out against him, stating:
I learned a long time ago that it’s a waste of time to debate weirdos and the ignorant. Neither group is interested in the truth; they are only interested in attempting to justify their weirdness. They EXPECT people to accept THEM, and if they don’t, then something must be wrong with THEM, not the other way around. If a wife doesn’t like her man’s bra, SHE’S the selfish one, according to these people. Something’s wrong with HER! This type of person wants to blame others for their problems …

Sometimes; however, people truly do take great delight in their extremism. It is their desire to be extreme, or different. When someone goes out of their way to debate and justify their inherent weirdness or abnormality, that’s our cue to leave them with their bras and the smiles on their faces and simply wish them a good day. (Max – August 31, 2011)

Respondents note that the ill-effects of gynecomastia are not restricted to the moment of stigmatization, but are frequently diffuse among other contexts in their lives.

Effects of Stigmatization

Embarrassment and Distress

Stigmatizing experiences with gynecomastia, such as those described above, are generally concomitant with negative psychological outcomes. While men most frequently disclose these accounts from a first-person perspective, at times family members also express how loved ones experience their bodies. The range of feelings associated with gynecomastia can vary, but a common theme among members of the discussion forums was the embarrassment and distress of breasted-men.

I developed gynecomastia while in middle/high school. I was miserable, embarrassed, and extremely self-conscious. I refused to be seen without a t-shirt on, even though my case was limited to puffy nipples, and my relationships with others – especially those of the opposite sex – deteriorated. (Aiden – August 8, 2010)
Though accepting of his gynecomastia, Darien acknowledges that living with a non-normative body is difficult for most men like Aiden:

There are things about my own body that I would change, through surgical means, if only I could find cooperation from the medical profession. Even though the gynecomastia is not one of them, I do understand the distress that is caused to many, of all ages, when their bodily image changes… (May 27, 2010)

Others state the impact gynecomastia routinely has on daily life:

This gyne doesn’t just embarrass men without a shirt. It affects every decision we make. It affects what we wear, who we date and marry, what we do for fun, what sports we play, what job we do, our confidence, our self worth… Well, you get the picture. (Victor – October 2, 2006)

My surgery is scheduled for July 3rd. My Independence Day!! I can’t wait!! You’re right about the insurance companies; the insurance board really needs to reconsider this surgery. The psychological impact this ‘condition’ has on us on a DAILY BASIS is really indescribable. (Pace – May 27, 2008)

For some men like John, having gynecomastia is so embarrassing that it was even difficult to disclose the condition to family members:

You just have you say to yourself ‘F it’ and just walk in and say it. That’s how I did it. I didn’t want to do it but I just pushed myself and it felt great after coming out with it. I still don’t really like talking about it and still get embarrassed when my parents want to see but at least they know… (December 18, 2008)

This taxing experience is echoed by Reece, while Mickey gives advice on how one member should broach the difficult topic of gynecomastia with his mother:

I woke up one morning and I basically had a nervous breakdown. I thought I would never have the courage to tell my mother but that morning was crazy. I don’t know what happened. I woke up, took a piss and looked at myself in the mirror and just broke down into tears. (January 16, 2009)
You’d be surprised about how understanding people are if you actually sit down and explain your feelings. When you talk to her, put everything out on the table and don’t be embarrassed to express the mental hardship this has caused you. (December 30, 2008)

Even further, experiences with gynecomastia are so dynamic that, as Carla suggests, the potential for embarrassment continues to resonate in her husband’s life, even after male mastectomy:

   My husband just had the surgery and will be going back to the office in a few days. The compression garment will be obvious, and his inability to lift anything or maybe even raise his arms for a week or two will also be noticed. He’s been embarrassed by his condition for a long time, and even though he gets that the surgery was a good idea, he’s not comfortable telling people he’s had it.” (August 24, 2011)

One member notes, however, that for many who cannot afford surgery like Carla and her spouse, the burden of gynecomastia remains persistent:

   I feel for you, it’s a shame but most insurance companies won’t cover the costs, so in the mean time we just put up with it and suffer. Good luck with getting the money for surgery. (Wade – May 1, 2007)

Disengaging and Concealment

Social Retreat

   Individual experiences with gynecomastia are typically characterized by social stigmatization. Because embarrassment and distress can be painful consequences of being a male with breasts, many individuals with this condition adopt strategies for managing their public presence. Varied strategies for the management of stigmatizing attributes are not novel to the male population with gynecomastia. Schneider and Conrad (1980), for example, found that epileptics use multiple strategies to mitigate the
potentially negative consequences of having a stigmatized condition, including social withdrawal and retreat.

For many men with gynecomastia, “retreating” from social situations can alleviate them from potentially distressful or embarrassing encounters. Quentin, a 19 year old with gynecomastia, makes this point:

I’ve been close to a nervous breakdown lately. I wake up not wanting to go to work because of my gyne. (January 16, 2009)

Another respondent provides more detail about how gynecomastia has affected his teen years:

This seriously makes me want to cry, being a teenager with gyne is the most hopeless terrible thing in the world. I’m 19 now and I look back on my life and don’t regret a thing but I think about how disadvantaged I’ve been and how torn away I’ve been from the average teenage life. Not to say I’m not fortunate because in the full spectrum of world problems, this isn’t even that bad, I still have my health. Outside people just would never be able to understand. It honestly feels like being disfigured and I find myself retreating a lot of the time. (Caleb – March 28, 2009)

Howard, a 25 year old in the preliminary stages of receiving intervention for gynecomastia, speaks less directly about his social retreat, but indicates his belief that he will be less isolated following surgery for his condition:

I have enough money to cover my surgery. I think $7,000 is more than enough, but now my real question is how do I find a good surgeon in my area? I’ve been to one and he looks like he’s never done this kind of surgery, so I don’t want to take the risk.

But I must solve this in the next two yrs. at most, because I am tired of lonely life [sic] and want to get married. (November 18, 2006)
As a man who accepts his gynecomastia, Julian responds to another individual who also embraces the “abnormality” of his body, suggesting that males who have the condition not become socially isolated, as typically is the case:

There is more than one solution for gynecomastia and some guys like you and myself in the end decided to live with this condition. Of course it was not easy at first, and some years ago I was very self-conscious about my protruding chest. But we don’t need to hide from the public, for we are no criminals. (August 31, 2009)

However, because public places like pools come with the underlying expectation of upper-body exposure, many individuals continue to be cautious of their public presence:

I think it’s sad that some guys avoid women/dating because of gynecomastia, though. I wanted to fix this for me, not for anyone else. I never let gyne change how I approached relationships. Just how I approached the swimming pool. (Kenton – July 3, 2010)

Lydia affirms this particular perspective by narrating her son’s experience:

For the summer he had taken a job at our Club pool, but he had decided against being a lifeguard - something his 3 other siblings had all done. He worked in the concession stand and never once attended a pool party all summer. Our kids have all been huge swimmers - spending all day at the pool for most of their summers. We again, just thought that maybe he was outgrowing the pool.

She further states:

He had been to the Prom and had a great time. But the day after the Prom the kids usually do something else and one of the girls planned a huge pool party. It was going to be a really big deal with all his friends there. Luke told us that he was scheduled to work and wouldn’t be able to attend. Well, if you have teens, you know that they usually find a way out of work to attend big events like this. And we also knew that he had not originally been scheduled for work, so we assumed he asked to be added to the work schedule. At that point we knew that he was not going to change his mind. He seemed so unhappy. (July 25, 2007)
Concealed Stigma

While avoiding potentially embarrassing situations offers an immediate management of the socially-ill effects of gynecomastia, a significant portion of males utilize strategies other than retreating so that they may stay socially integrated. Many men, for instance, will engage in behaviors similar to chest binding (i.e., using compression garments) in order to feel comfortable around others. Like Goffman (1963), Schneider and Conrad (1980) noted that this process of “passing” allows the stigmatized person to operate more freely in society. Goffman (1963) notes that, “Because of the great rewards in being considered normal, almost all persons who are in a position to pass will do so on some occasion by intent” (74). As many subjects illustrate, passing allows males with gynecomastia to “blend in” when at all possible. Benjamin states:

I’ve got tons of clothes given to me from girls, friends, and family that have just been sitting in my closet for years... and I always dream of the day I can actually wear them out. I’m sick of always wearing hoodies up until the hottest days of summer, and then you have to wear all black/blue baggy t-shirts (and hope the wind doesn’t blow against you). You all know what I’m talking about; I’m sure. (March 28, 2008)

Sanford, on the other hand, recalls the onset of his gynecomastia and attempts to obscure the condition by changing his physical presentation:

Currently [I am] 26. I started noticing it happening around middle school. At first I just thought it was because I was kind of heavy, so to hide it, I started to slouch and gain weight because if my stomach came out further than my chest, I figured it wouldn’t look as bad. (July 18, 2007)

One mother notes that her son willingly engages in water sports, but when out of the water and his chest most visible, he quickly conceals his body:

He has been a swimmer since he was 10. He swam with the gyn but, like your son, was immediately back into a t-shirt between events.”
Still, the most common method of hiding gynecomastia is daily garments:

My Son just turned 18. He is graduating and going to college this next June. We really can’t afford the surgery but are having it done anyhow. He has worn hoodies for the summer, spandex shirts and refuses to play basketball, work out (‘cause he heard it makes them push out more) or swim… It has definitely affected his life negatively and I’m eager to see how it changes as he gets the surgery. (Susan – November 19, 2008)

When clothing by itself does not prove effective in concealing their stigmatized chests, some males, like Lydia’s son, employ a combination of techniques to achieve their desired results:

We did notice one night though, totally by accident, that he was putting duct tape on his nipples. We talked to him about it, he said he didn’t want to talk about it - and we kind of dropped it.

She later states:

We start into the school year and I’m starting to notice that he is wearing three shirts a day. Two undershirts, plus his shirt. I am still thinking that this will just pass. (July 25, 2007)

“I just turned 23 and I have been living with gynecomastia for about nine years. I know your son’s behaviors all too well! T-shirts on the beach, no swimming, LAYERS of shirts, taping the nips, etc. etc. etc. (Pace – May 27, 2008; responding to Lydia).

Aiden gives a similar history of his own actions:

To make myself feel more “comfortable,” I wore two t-shirts, and when that didn’t work, I used heavy duty tape (ouch) and/or Band-Aids. Unfortunately, this continued until my third year of college when I finally built up the courage to contact Dr. Pope’s office to undergo surgery. (August 8, 2010)

Avoiding certain venues, as well as concealing their chests, allows many males to ameliorate the stigmatization they may have otherwise experienced in their social encounters. While these strategies can be effective in the management of gynecomastia,
the help of others in bearing the burden of this condition is an integral part of experiencing, managing, or even living with gynecomastia.

Social Support

Significant Others

Because gynecomastia is a difficult condition to face alone, and because many males retreat or conceal their non-normative bodies to the greatest extent possible, having social support is important in the lives of individuals with gynecomastia. Many breasted-men rely on a support network comprised of spouses and girlfriends to help manage the difficulty of living with gynecomastia. Reliance on this group of advocates is critical not only for males who dislike having gynecomastia, but men who have accepted the condition as part of who they are. These two perspectives, while dynamically different, underscore the importance of support from significant others while living with gynecomastia.

One female concerned about her boyfriend’s comfort level around her solicits this advice online from two men who underwent the male mastectomy procedure:

"Your support will be very comforting to your b/f even though he may seem to shrug you off. It’s of great comfort to have someone to confide in about gynecomastia. Many Suffer in Silence. (Jackson – August 1, 2007; emphasis in original)"

"The only thing I would like to add is that having my girlfriend there to support me as I went through various medical tests, examinations and finally the surgery was more help to me than I can ever put into words. I told her about this site and she spent some time reading the posts to understand how this condition affects sufferers. (Fritz – August 1, 2007)"
Reflecting on a prior relationship, another contributor to the forum describes his girlfriend’s support in a different way:

I put off telling my parents for years, and when I finally had the balls to do it (in large part thanks to my ex-gf pushing me) they were shocked that I didn’t tell them earlier. (Gabriel – January 20, 2009)

Some males emphasize that a strong support network is essential in managing gynecomastia, often citing how spousal support is integral when choosing to live with breasts:

I have the love of a wonderful woman, my family and many friends whom all know of my choices. I have a very rewarding career and a full life … what else should a person achieve in life? (Kirk – August 29, 2009)

I was looking for a kind of permission for wearing a bra instead of choosing surgery. But surgery was no option to me. Then I realized that - if my wife is okay with it - I didn’t need any permit. (Julian – September 28, 2011)

Wayne, who enjoys being a male with breasts and is eager for acceptance from his wife, turns to the online community with his concern:

I have gynecomastia and my breasts have grown from a flat chest to a size 38B in four months and are still growing. I have started loving wearing a bra. How do I get my wife to accept that I have gynecomastia and enjoy it? She is in self denial and tells me it is only fat tissue - which it is not. (July 24, 2011)

Still, another man describes how his wife’s support was welcomed and physically alleviating:

As they got larger and more feminine in shape, my wife offered me a sports bra of hers. It helped with pain and support. Weeks later we were in the mall, and she said let’s go buy you a nice bra. Wow what a thrill!!!!!

I wish we lived in a more enlightened society. Be upfront with your spouse and trust in your relationship. (Edward – September 6, 2011)
Parental Support

Just as the support of spouses and girlfriends is important, parental support is integral for many males who are living with gynecomastia. Typically, younger males rely on their parents, whether emotionally or financially, to assist in the management of their condition. Many contributors to the online forums speak of their gratitude or desire for parental support, while parents who contribute to these online dialogues speak of the financial contributions they make and, sometimes, the struggles they encounter while arranging for the male mastectomy procedure. Recounting how his gynecomastia began, one member notes his mother’s support when he states:

When I was eight, I attempted to jump my bike over a construction gorge; I landed wrong and tea-bagged my ‘boys’ rather hard. A few months later I started growing my ‘girls’ and when mom saw this, she was very understanding and assistive (being both a nurse and an ENORMOUS breasted woman, this helped). (Leon – October 25, 2011)

When one mother detailed how she and her husband helped their son through surgery, a flurry of comments giving little detail, yet representing a fundamental desire for parental support, followed:

Wow... I wish my mom wasn’t such a bigot bitch but more understanding like you! (Richard – February 16, 2008)

I wish I could tell my parents and get it taken care of but nope. (Hugh – May 12, 2008)

I wish my parents could at least support me in my decision to get surgery BUT nooo I have to do the whole thing in secret... (Terry – September 22, 2008)

Jarred, giving an account of the support he received, makes note of his parents’ financial contributions:
My parents are the real awkward type when it comes to issues like sex or health or stuff that’s not every day. My mom and dad were cool about it. They knew it was hurting me so they took care of it. (Jarred – December 31, 2008)

In separate dialogues, Felix and Reece respectively state that both emotional and financial support from their parents were essential to managing their experiences with gynecomastia:

My Mum didn’t know either [until] literally two weeks before my first consultation with a surgeon, and it felt great to break down to her and let her know how depressed the problem made me. She could see how desperate I was and funded the op. (July 23, 2007)

I just straight up told my mom I can’t live my life anymore hiding my chest from the society and from you. I was like have you noticed you have never see me with my shirt off since I was 8 years old. I was like this surgery will change my life for the better. She actually said wow. I can’t believe you waited this long to tell me. She was actually mad at me but she agreed to pay for the surgery. Thank god she is blessing me with this opportunity to get the surgery. (January 16, 2009)

Two mothers, however, state that while they are inclined to provide their sons the financial support for elective surgery, sharing in the burden of gynecomastia can be taxing:

I am the mother of a 17 year old with gynecomastia…we’ve discussed it and he has decided that he wants surgery for it. However since it is considered cosmetic insurance won’t cover it. I am a single mother with terrible credit and am already working two jobs to make ends meet. Does anyone know of any financing options that may be available? (Katie – September 29, 2006)

We are presently fighting with the insurance company to cover this. The bill was $10,000 or so of which only $2,000 was for the doctor.

Stating further:

Frankly, I don’t understand why the insurance companies fight this. If he wanted to see a psychiatrist to deal with the “embarrassment” they would pay for that. Or in the case of your son’s underlying
depression and mood changes, that they would be okay with. I don’t get it. (Brittney – March 23, 2009)

Support from significant others and family members appear, for these males, to be a crucial and coveted aspect of their “management plans” for gynecomastia. Whether garnered to diffuse the burden of distress or finance the mastectomy procedure, males with gynecomastia attempt to draw from their “toolbox” of management techniques the support of people close to them. While not all men reject their gynecomastia, social support used in conjunction with social retreat and concealed stigma may temporarily be effective in providing an improved quality of life for men who continue to hope for surgery.

Reengaging “New” Bodies

Males who have undergone elective mastectomy come to see their bodies as “new” and exciting. These new bodies present an opportunity to reengage social situations that breasted-men may have formerly avoided. The contentment many men express following male mastectomy mirrors the experiences of other social groups who undergo elective procedures.

Recent research on plastic surgery has found that elective surgery has been pursued by both men and women to improve their quality of life, or happiness (Kinnunen 2010). Gimlin’s (2000) study on cosmetic surgery in a female sample, found motivations for surgery ranging from the need to feel normal, to the increase of self-esteem, and the ability to refocus on things other than biological deficits. These different reasons, which at times seem idiosyncratically driven, share the overarching concern of restoring social
value to the body. Males with gynecomastia, like others in studies of elective surgery, have turned to cosmetic surgery to experience the benefits of a new body.

Social Return

Prior to surgery, individuals with gynecomastia have, as shown above, exhibited embarrassment as well as social seclusion because of the stigma associated with their chests. For these men, happiness and excitement are the resounding effects of the mastectomy procedure. When shame of their prior bodies turns to excitement about their “new” ones, males are more frequently inclined to display their chests in ways they felt they could not before. These shifts in self-presentation and attitude are readily observed:

I went back to get my dressings changed today and it was an AMAZING difference. I have stitches going across the bottom of my nipples and two drainage holes…I can already tell my chest is going to be completely flat and I had very pointy, puffy nipples. I can already feel a difference in how I feel inside; can’t wait to finally be able to go swimming and lay out at the beach. (Sanford – July 6, 2007)

Speaking as though undergoing the male mastectomy procedure is equally as spiritual as it is a physical transition, Zachary responds to Sanford:

“Congrats and welcome to the other side buddy.” (July 6, 2007)

Aesthetic surgery not only provides the appealing benefit of a new body, but allows men who once had gynecomastia to reengage in various forms of social interaction (e.g., returning to the pool). With surgery closely behind them, these members of the online community note feeling less restricted and more capable of experiencing their surroundings:

Can’t wait to get back in the gym. Gyne always made me feel like losing weight was impossible so I’m ready to really push myself, get the
body I’ve always wanted, and be the person I’ve always wanted to be but couldn’t. (Ronald – September 24, 2007)

I’m over the moon with the results, chest is flat as a pancake and my nipples look 100% normal now whereas before they used to be inverted. I do plan to lose a bit more weight in the future and I can’t wait to hit the gym/go swimming with my new body. (William – July 26, 2009)

Blake and Marshall echo sentiments similar to Ronald’s, showing a certain anticipation and enthusiasm about what “potential” surgery has opened up for them:

I am only 11 days post op but I can already feel the excitement of going shirtless for the first time in my life.” (Blake – March 29, 2008)

Titless and gone from 17 stone, to 14 and still losing…in the space of eight months … I haven’t even had my first titless summer yet. CANNOT F*CKING WAIT TO SAY THE LEAST … Post-Op OWNS and your right, it’s the mental healing that takes time … (January 12, 2008)

Ha ha post-op rules two weeks after the surgery! It sucks now in my opinion, only on day three here. Can’t wait for a few more days; it’s like a waiting game. (Landan – January 12, 2008; responding to Marshall’s comment)

In a separate posting, Louis’ experience following surgery continues to be illustrative of how experiences with a new body can drastically change the way individuals engage the space about them:

Only when it’s REALLY hot outside do my nipples do any sort of expansion, and even then, it’s NOTHING compared to the old rockets I used to have. I can confidently rip off my shirt, wear a wife beater, and wear any sort of shirt in the hot, hot heat at the beach [and] suntan on my back without thinking about my breasts. It’s quite a different way to live. (August 7, 2007)

Similarly:

So today was the first time I had on any kind of t-shirt and unbuttoned shirt on top. Very surreal experience. Used to wearing 2-3
layers all the time and I can’t wait for summer to have on just one! Just one, wow.

[It’s] exciting, and just like many of you are saying, it’s entirely and literally a new life ahead. I DID feel inferior before, and now I just feel so empowered, so motivated, so . . . HAPPY! (Reginald – March 4, 2008)

Still, others who have been post-operative for some time provide a retrospective acknowledgement of how beneficial male mastectomy has been in their lives. Brain, whose experience differs slightly from those of others, experienced minor complications during his initial mastectomy, but reflects positively on his experience regardless:

At first, I thought my results were below standard and that I had a complication where the skin had adhered to my pec, so I needed a revision to repair that. Not only did I have to go through one recovery but I went through two recoveries. Now that I am fully healed and look back, I still feel that my surgery was a success and I am really enjoying my new chest. (October 31, 2008)

Mark states:

…eight years after I got gyne, I saved for surgery and got it fixed. And honestly I’m happier than ever and I do not come from a rich background at all. And from it I’ve actually got a job I’ve wanted and a girlfriend. Now don’t get me wrong I’m not saying it’s cause I’ve got a flat chest but I now actually feel comfortable in my own skin and stand tall these days. (June 26, 2010)

Ultimately, the purpose of re-crafting the stigmatized body is not only to restore value to an otherwise discredited body, but to become socially reengaged in spheres of daily living from which many men have withdrawn. Consequently, for some men this may mean leaving behind websites like www.gynecomastia.org and moving forward as normative men. Louis states this plainly when he says:
I haven’t been on the boards much since my surgery, and I probably won’t come around too much after this. It’s nice to forget about gyne altogether.

So good luck to all who have had, will have, or are thinking about this procedure. It changed my life a lot and hopefully others can experience a second-life as well. (August 7, 2007)

Many accounts provided by males and their family members suggest just how dynamic life with gynecomastia can be, from experiences of social retreat and concealed stigma to the emotional and behavioral differences men experience following male mastectomy. Sharing portions of their lives with the online community, the men and women visiting www.gynecomastia.org illustrate the difficult experience of living with and managing gynecomastia. Socially stigmatized because of their non-normative corporeality, men with gynecomastia employ various stigma management tools, such as being less sociable or physically concealing their gynecomastia, to avoid further stigmatization. Many men continue to conceal their stigmatized bodies, but do not see this as a single and definite solution to living with gynecomastia. Rather, these men turn, when possible, to what primary social networks they can for support. Sometimes, these networks of significant others and parents create the prospect of a renewed social life, whether through financial support for the male mastectomy procedure, or simply as an accepting and supportive spouse. Ultimately, though, it is the surgical correction of gynecomastia that allows men with the condition to re-engage the social world without fear of public shaming or stigmatization.
CHAPTER 5
DISCUSSION

Sociologically, hardly any attention has been given to the condition gynecomastia or how current conceptualization of normative male corporeality affects males with breasts. My research addresses this gap in several ways. First and foremost, I seek to give voice to men who, isolated by their condition, have turned to a new social sphere of interaction – the internet – to explicate the psychosocial consequences of having breasts. In doing so, I have recognized and brought to light an understudied population. Ultimately, my research addresses this gap in the sociological literature and attempts to create interest in a population of men who represent a non-normative form of masculinity.

As my research shows, when men with gynecomastia conceptualize their bodies, they are intimately aware of dominant notions of somatic normality for men. As Connell and Messerschmidt (2005) have noted, over 20 years of research has shown that “cultural consent” and the “marginalization or delegitimation of alternatives” underpin the preservation of hegemonic ideals (846). Regarding this point, my analysis reveals two primary patterns of hegemony maintenance to which men with gynecomastia are subjected. First, and perhaps most obviously, I found that one of the mechanisms of policing the masculinity of the male body was through cultural messages. In my analysis,
respondents implicate the media or sports icons as conveying the dominant male corporeal ideal. For example, respondent Donovan notes that in Western culture, normality has become confused with desirability, as gynecomastia is statistically normal, but aesthetically undesirable. Blond’s (2008) research has shown that media portrayals of muscularized men as the ideal by and large negatively affects male body satisfaction. My research confirms this for the male gynecomastia population, showing that dominant definitions of masculinity mean the relegation of breasted-men to the subordinate status of “abnormal” despite the frequency of the condition in the general population.

Second, my findings mirror the findings of other research on corporeal deviance, suggesting that when gynecomastia is evident, males with this condition become, in the language of Goffman (1963), discredited and devalued. On the blog site, I discovered that males who do not embody the hegemonic ideal encounter prejudicial attitudes or discriminatory behavior. Males in my sample most frequently experienced derogatory remarks regarding their breasts, but on at least one occasion one male was physically assaulted in grade school when a second male “stuck pins” into his breasts to, as the commentator put it, “pop his balloons.” Additionally, I found that even among males with gynecomastia, those who were happy to live with their breasts were not safe from ridicule by other individuals with the condition. This suggests that even in trusted arenas of disclosure, males with breasts are potentially subject to stigmatization stemming from hegemonic ideals about the body, and this stigmatization can originate from members of their own in-group. As a result of the stigma surrounding gynecomastia, I found that the
ramifications of body incongruence were far reaching, creating embarrassment and distress for males with the condition. Many men spoke generally of their embarrassment, but some explicitly stated that the psychosocial consequences were damaging. As one individual, Aiden, noted, gynecomastia led to the “deterioration” of his relationships.

Aiden’s poignant description of social solvency brought on by gynecomastia represents another significant facet of my data. In this vein, I point to the fact that many males with breasts note their condition has caused them to retreat from certain social contexts. Prior studies centering on bodily deviance have suggested that social withdraw is a mainstay of stigma management strategies (Miall 1986; Park 2002). Indeed, in my research the most vocal respondents on gynecomastia – both males with the condition and parents of children with gynecomastia – noted that gynecomastia precipitated disengagement from situations where upper body exposure was imminent or expected. Given that many subjects in this study experienced embarrassment, distress or othering for transgressing body norms, their social withdrawal is logical. By removing themselves from potentially stigmatizing situations, individuals with gynecomastia actively avoid contexts which might produce negative psychosocial consequences. However, social retreat was not the only stigma management technique employed by breasted-males to eschew themselves of the condition’s ill-consequences.

Like social withdraw, the use of techniques of concealment to pass as a normal (Goffman 1963; Schneider and Conrad 1980; Nack 2000; Lee and Craft 2002) are a typical stigma management strategy associated with gynecomastia. My data suggest that males who attempt to “pass” place themselves in a less easily stigmatized status of
“discreditable” (Goffman 1963) in order to more easily engage their social worlds. Some men, for example, use tape in order to lower the profile of their nipples, wear multiple layers of clothing to obscure their chests, or as one male noted, change posture and gain weight to hide gynecomastia. Some individuals noted that they employed a combination of these techniques in order to achieve the appearance which they desired. In a study focused on transmen, Dozier (2005) notes that expectations about the body are associated with gender just as much as expectations about gender are associated with the body. For men with gynecomastia, then, being masculine means being fully male and ensuring that one of the most fundamental aspects of femaleness which they embody – their breasts – are concealed from the view of others.

Moreover, and in accordance with my data, men who disavow their breasts as well as those who choose to live with gynecomastia suggest that social support is essential in managing their physical deviance. Most men who receive support from significant others like girlfriends or spouses suggest this support is emotionally based. Researching social support, Beals (2009) found that perceived social support has a significant and positive mediating impact on “satisfaction with life” and “positive affect,” as well as a marginally significant impact on “self-esteem” for individuals with deviant sexual orientations (844). My findings parallel this line of research, showing that individuals with deviant bodies benefit from sharing potentially stigmatizing information about themselves with others. In fact, my data suggest that when close others of the stigmatized are accepting of their condition, those males who choose to live with their breasts report being satisfied with their decision not to seek surgery.
Data drawn from the blog site also suggests that parental support is a critical element in the coping process for young people with gynecomastia. Much like other research on stigmatized bodies (Schneider and Conrad 1980; Nack 2000), I found that some adolescents like Felix engaged in therapeutic telling in order to alleviate the burden of “carrying” their secret alone. For Felix, it “felt good to break down” and explain his situation to his mother. My data further demonstrate the importance of instrumental (i.e., financial) support from parents. A number of male contributors recalled the financial backing they received from their parents with a tone of gratitude, noting that their parents had afforded them the opportunity to “leave behind” the condition responsible for their hardship. Moreover, some parents who contributed to the online dialogue described financing the male mastectomy procedure despite the burden of funding an operation not covered by insurance. Ultimately, it was these surgeries which allowed males with gynecomastia to begin to return to aspects of their social lives formerly left behind because of gynecomastia.

As noted elsewhere in the thesis, self-reported quality of life following male mastectomy is substantially higher than prior to surgery (Fruhstorfer and Malata 2003; Gabra et al. 2004; Davanço et al. 2009; Ridha, Colville and Vesely 2009). In the course of my research, I found many men experienced anticipation and excitement about their “new bodies” post-operatively and equal excitement about having to wear fewer layers of clothing, or being able to expose their upper bodies. Some members, like Reginald and Mark note that they felt a sense of pride and value restored to them following surgery.
In accordance with previous research, my analysis suggests that male mastectomy provides a significant improvement in quality of life because it reduces the burden of social stigma that men with gynecomastia face. Put in more sociological terms, surgery allows men with gynecomastia to achieve a hegemonic ideal of masculinity, thereby reducing their exposure to stigmatizing social situations. I believe my research is useful in explaining the social processes (hegemonic masculinity and stigma) that lead men to seek out surgery in the first place. In this regard, my intention is to advance a sociological analysis of gynecomastia and thereby strengthen the explanatory power of clinical studies on gynecomastia beyond simply describing the negative effects of the condition.

The data presented in this thesis are not without limitation, however. First, limited by my use of a single website, www.gynecomastia.org, the sample used in this study most likely reflects some selection bias. There may well be something unique about the population of men who log on and interact on a blog site about gynecomastia and their experiences may not be representative of the larger population of men with the condition. Second, a central component to social stigma which Goffman (1963) explicitly notes is the individual identity and, in the context of my research, sexual or gender identity. Because my methodology was content analysis, I obtained only a cross-section of data to be examined, precluding any exploration of identity development leading up to, or identity change following, the male mastectomy procedure. Herman (1993) notes that there is difficulty in “shaking off” old identities of former psychiatric patients, and a similar process may follow for men who will always be remembered as once having...
breasts. Third, this thesis does not address how race or ethnicity may affect the desire to undergo mastectomy or, even more, how socioeconomic status may or may not provide breasted-males any degree of insulation from the threats of hegemonic masculinity. While the limitations provided here do not constitute the entirety of possible limitations in this thesis, they suggest some fundamental areas future researchers should consider as they explore corporeal deviance vis-à-vis gynecomastia.

Conclusion

At the core of this thesis, I examine how dominant body ideals may affect the social experiences of males with gynecomastia and what, if any, changes in those experiences occur following male mastectomy. Utilizing a grounded theory approach (Corbin and Strauss 1990) to qualitative content analysis, I examined internet dialogues from the website www.gynecomastia.org to explore this interest. I found that males with gynecomastia see their chests as abnormal in the context of hegemonic ideals about the male body and that, because of their non-normative corporeality, these males often experience stigmatization, culminating in embarrassment, distress and stigma management strategies to ameliorate these problems. In terms of well-being, I discovered social support to be a significant factor in the lives of those individuals with gynecomastia, with many individuals citing financial support from parents as critical in managing the stigma of their bodies. Ultimately, when aesthetic surgery is undergone by these breasted-men, the impact on well-being is substantial and positive, with an overwhelming majority of men satisfied with their “new bodies.” Most notably, “post-
op” men are willing to display their chests in situations that, prior to surgery, would otherwise not have been possible.

The findings presented in this thesis suggest several directions for future research. Using my data as a starting point, sociologists may find that workplace discrimination stems from being a male with breasts. Like many other sociologists, Ridgeway and Correll (2004) note that hegemonic gender beliefs associate greater value and competence with males than females and that these beliefs can be pervasive in the workplace (517, 524-525). Males with an attribute like gynecomastia may then experience institutionalized inequality based on the femininity of their bodies. Decisions to hire or promote breasted-men, for example, may hinge on the unwarranted association between breasts and femininity, resulting in prejudicial attitudes toward or discriminatory actions against those men with gynecomastia. Additionally, the data I have collected can contribute to medical research on gynecomastia by presenting a theoretical framework for clinicians to use in understanding why quality of life indices are so low for men with the condition. As of yet, and as I have previously stated, current quality of life research goes no further than pure description of the consequences of being a male with breasts. I see my findings as facilitating a dialogue between sociologists and medical researchers on the topic of gynecomastia. Furthermore, certain subfields of research in sociology stand to benefit from examining men with gynecomastia. For example, the case raises new questions about the identity verification process for the breasted-male population, or might lead social psychologists to question current understandings of theoretical frameworks such as expectation states theory, which is intimately tied to gender.
As an additional point for future research, Goffman (1963) notes that individuals who undergo aesthetic surgery maintain “a record of having corrected a particular blemish,” which suggests that an individual is, in fact, never free of their stigmatized condition (9). In fact, male mastectomy patients may again be subject to subordination or stigmatization via hegemonic ideals about masculine behavior because, as Atkinson (2008) suggests, aesthetic surgery remains a stigmatized pursuit for men. Finally, in the data I collected, some men openly embrace their breasted-bodies, defying corporeal hegemony and social stigmatization. Research by Pyke (1996) has shown that men may employ “compensatory” masculinity as a means of validating their manliness when in a subordinate position in the gender hierarchy. Future research should focus on the ways in which men with gynecomastia employ methods of compensation in order to combat the less privileged status of “male with breasts.” In conjunction with this point, attention should be paid to the ways in which courtesy stigma (Goffman 1963) is imposed on the spouses, families, or friends of men who actively challenge dominant conceptualizations of male corporeality by embracing their breasted-bodies. While not exhaustive, these future directions for research suggest that beyond what I have presented in this thesis, as a condition which intimately affects social relationships, gynecomastia warrants further attention.
REFERENCES


*Gender and Society* 4(2): 139-158.


Gossett, Jennifer Lynn and Sarah Byrne. 2002. “’Click Here’: A Content Analysis of Internet Rape Sites.” *Gender and Society* 16(5): 689-709.


