TRANSIENT BODIES, PLIABLE FLESH: CULTURE, STRATIFICATION, AND BODY MODIFICATION

DISSERTATION

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By

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* * * * *

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ABSTRACT

Body modification practices have become increasingly common in contemporary American society. In 2005 alone approximately 3.5 million individuals underwent some type of cosmetic surgical procedure. Similarly, it is estimated that twenty-four percent of Americans between the ages of 18 and 50 years-old have tattoos, while fourteen percent have body piercings. Drawing upon Shilling’s (1993) notion of the “body project” which suggests that within capitalist, consumer society, the body has become an object to be worked at as a means of accomplishing individual identity, this research endeavors to understand how and why individuals navigate the cultural norms and ideals pertaining to physical (aesthetic) appearance in relation to their own sense of personal identity. I explore more specifically the structural, socio-demographic, and ideological differences and similarities between individuals who engage in socially transgressive practices (tattooing, body piercing) and those who engage in socially sanctioned and increasingly legitimate practices (cosmetic surgery). These questions, and the comparative analyses I undertake, both cross-cut and are rooted in broader sociological concerns regarding questions about the body, social stratification, cultural conformity, and deviance. First, using TextAnalyst, I analyze mainstream media accounts of both cosmetic surgery as well as body
piercing and tattooing. This provides a backdrop for understanding modification practices are understood and received within the broader society. Second, I conducted in-depth interviews with members of two specific populations: respondents who have modified their bodies through tattooing/piercing and those who have done so through cosmetic surgery. These qualitative chapters speak to the role of the body and its manipulation within consumer culture, the decreasing stigma attached to all types of modification, and the stratification and status-oriented processes evident among people who engage in modification. Moreover, my results highlight how: (1) traditional associations between modification and social class status have become somewhat less salient over time; (2) gendered expectations, while less constraining and overt, figure prominently in how individuals choose to engage in their respective body projects and respond to the projects of others; (3) social connections often directly influence whether or not one decides to engage in modification practices; and (4) processes traditionally associated with the lower-class, such as tattooing, have diffused throughout the population more quickly than those more associated with, and legitimated within, upper-class stratum.
Dedicated to Theresa
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INTRODUCTION

The body, as an object of sociological inquiry, has received increasing attention during the past two decades. Researchers have focused on the role of the body in contemporary society (e.g., Shilling, 2003; 2005; Turner, 1996), cosmetic surgery (Davis, 2002; Gimlin, 2000; Haiken, 1997), and, within the Sociology of the body, a growing literature has developed focusing on body modification practices such as piercing and tattooing (e.g., Atkinson, 2003a; DeMello, 2000; Pitts, 2003) tying together research on the body and culture. This literature examines issues of identity and meaning, the communities that form among practitioners, and how the modification of one’s body impacts the individual’s relationship with the social world. The vast majority of this work examines these processes in a Western, consumer-capitalist context.

This project is informed by one simple question: Why do people change their bodies? The practice of augmenting, modifying, and decorating our bodies is neither new nor unique. However, the reasons we choose to engage in these practices, what these practices mean within the larger society, and who engages in these practices have changed dramatically over time. This project explores the structural, socio-demographic, and ideological differences or similarities that exist between individuals who engage in socially transgressive practices such as

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1 Portions of the chapter presented at the 2006 meetings of the Popular Culture Association in the South under the title More Than Skin Deep: Understanding Extreme Body Modification in the Consumer Society.
tattooing and piercing and those who engage in socially sanctioned and increasingly legitimate practices such as cosmetic surgery. To create a holistic understanding of body modification processes, I work to answer a set of guiding questions and generate a comparative analysis of various body projects.

The first question that must be addressed is how and why individuals and specific social groups manipulate and change their bodies. For example, Fisher (2002) notes the historical association of tattoos with working-class males, but finds that up to 60 percent of contemporary tattoo clientele are women. Similarly, the American Society of Plastic Surgeons (2004a, 2004b) indicates that in 2004, 87 percent of all cosmetic surgery patients were women (representing a total of 8,018,157 cosmetic procedures) while 84 percent of cosmetic surgery patients identified as white.

Secondly, I ask how such changes are linked to structures and ideologies pertaining to social stratification. Shilling (2003) expresses concern that contemporary body practices will work toward the perpetuation of “pre-existing social inequalities” (p. 8). While Shilling focuses on the idea that women will be constrained by male beauty ideals, others have focused on the effects of racial stereotypes and how body projects are used to fit a more mainstream beauty ideal. For example, Haiken (1997) examines the historical relationship between race and body modification, specifically by examining cases where individuals have sought to make an “ethnic” nose appear more “Anglo.”

Finally, I examine what the social consequences of changing one’s body are. While medicalized modification processes are more readily accepted by mainstream society, practices such as tattooing still retain a certain degree of
stigma (Fisher, 2002), representing “degradation, criminality, and marginality” (Hewitt, 1997). Likewise, it is often socially more acceptable for women to have (and admit to) cosmetic surgery than men (Davis, 2002).

An integral part of this project, related to the questions above, is the extension of the generic term ‘body modification’ to not only include tattooing and piercing but also cosmetic surgical procedures as diverse practices along a spectrum of bodily manipulation². Social scientists often treat these as two separate phenomena and to some degree they are distinctly different practices. Commonly, piercing/tattooing practices are understood as an expression of identity (see Pitts, 2003) whereas cosmetic surgery is conceptualized as an avenue for the realization of identity (i.e., becoming the person one thinks one is or wants to be) (Haiken, 1997). Of course, these are the more positive assessments of transformative body projects and many theorists have argued that body modification is nothing more than an indicator of maladjustment or the result of structural oppression. Favazza (1996) essentially pathologizes practices such as body piercing, tattooing, or scarification and barely distinguishes deliberate and controlled practices from any other form of habitual self-mutilation. Likewise, Jeffreys (2000; 2005) makes a similar claim, though she frames aesthetic body projects (tattooing and piercing, but also wearing make-up or high heel shoes) as a result of patriarchal and heteronormatively oppressive structures. A comprehensive view might conceptualize diverse body practices as similar approaches to identity construction. *They are not practices that are diametrically*

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² This is not to imply that cosmetic surgery is currently excluded from the rubric of ‘body modification’, however, there does seem to be some overlap between the popular culture and academic uses of the term ‘body modification’ to generally refer to practices such as tattooing or piercing.
opposed, but rather are methods used to accomplish roughly the same goals.

Beyond identity, however, the ability and desire to modify, as well as its general level of acceptance, may be intimately linked to stratification hierarchies and either legitimated or sanctioned through broader cultural views.

The Body in Contemporary Society

The body has long been an integral concept in sociology, whether as a metaphorical tool or a literal construct wherein the individual identity is situated. Classical theorists, particularly Marx, have understood the body as a fundamental element of social structure where the embodied actor must interface directly with society through labor. Weber’s themes of domination and power, though intellectually framed as the machinations of a political system, in practice must be exerted upon the physical actor. Theorists such as Foucault or Bourdieu have conceptualized the body as a site for examining power dynamics and action, while feminist theorists have posited the body as a location of oppression (e.g., Jefferys, 2005) or liberation (e.g., Harraway, 1991).

In light of this foundation, it is beneficial to understand how and why individuals navigate the cultural norms and ideals pertaining to physical (aesthetic) appearance in relation to their own sense of personal identity. Shilling (2003) conceptualizes the relationship, particularly in the more affluent capitalist, post-industrial, Western society, between the individual and his/her body as what he terms a “body project.” The notion of the body project suggests that the body is “seen as an entity which is in the process of becoming; a project which should be worked at and accomplished as part of an individual’s self-identity” (p. 4).
Indeed, Shilling suggests that practices such as plastic surgery strain the boundaries of what we understand to be natural bodies and ties the body ever more closely to the active achievement of one’s self-identity. Beyond this, engaging in body projects allows individuals living in an uncertain and unpredictable world a site where they can articulate expectations and outcomes as well as exert some level of control (Giddens, 1991; Nettleton, 2001; Shilling, 2003). Through these processes the body becomes rife with meaning, informed by the prevailing cultural values, in conjunction with those values reified, and inscribed by the individual.

Similarly, Featherstone (1987) addresses the idea that contemporary capitalist society has begun to move beyond fixed cultural signifiers of social class and status. Within the parameters of a consumer culture, he suggests the individual indicates social location through consumable signifiers (i.e., clothing, automobiles, education, aesthetic taste, etc). Furthermore, Featherstone finds that consumer culture “publicly suggests that we all have room for self-improvement and self-expression whatever our age or class origins” (p. 59). This argument extends to the body as well as long as one can change the body to meet the aesthetic and representational demands of another, one can traverse social strata and transform his/her individual identity by modifying the corporeal form.

Speaking to these societal demands Featherstone (1991) observes that “within consumer culture the body is proclaimed as a vehicle of pleasure: its

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3 Shilling states that “plastic surgery has provided a much smaller, but fast growing number of individuals with the opportunity for a more radical and direct way of reconstructing their bodies in line with particular notions of youthfulness, femininity, and masculinity” (2005, p. 5). In 2005 alone, there were in excess of 10.2 million cosmetic surgery procedures performed (American Society of Plastic Surgeons, 2006a).
desirable and desiring and the closer the actual body approximates to the idealized images of youth, health, fitness, and beauty the higher its exchange value” (p. 177). The body, and the way we relate to our bodies, is both subject to the demands of the consumer culture and transformed by them as well. The body projects in which people are engaged cannot easily be disentangled from the machinations of a larger consumer culture.

The commodification of the body results in the necessity of employing an array of maintenance processes and technologies so that individuals, and their bodies, can “hold onto their market value in a world where appearances rule” (Corrigan, 1997, p. 156). Maguire (2002) echoes these ideas by noting that the body project is an endeavor particularly suited to consumer-capitalist society, as it is “managed and developed through self-work and market choices” (p. 454). In commenting on the fitness industry, Maguire (2002) characterizes the field as a “network of corporate synergies” and suggests that ultimately we come to understand our bodies as being an integral part of a larger system of consumption. Gimlin (2000) proposes that the body is not simply a signifier of self, but is shaped by “the individual’s capacity for material consumption” (p. 80). In the consumer society, the body project is still bounded by the individual’s ability to finance the endeavor; while possibilities many seem limitless, access is not.

Hurst (2005) argues that the commodification of the body, particularly one’s own body, can have socially negative outcomes. Specifically, Hurst (2005) asserts that if bodies, or individual parts of bodies, are consistently viewed as changeable, modifiable, or open to revision and enhancement, they become commodity fetishes, and subsequently products foreign to the owner and
potentially sources of alienation. Blum (2003) understands the body in consumer culture with a bit more subtlety and balance. In her work on cosmetic surgery, Blum (2003) notes the inherent paradox of a “beauty culture” that is simultaneously liberating and coercive. In the market economy we are given the option to consume, as well as options among consumables, while at the same time subject to the aesthetic and representational demands of the larger society.

**Stratification and Body Modifications**

There is a tension between the liberating, expressive nature of body projects and the potential for being constrained by dominant expectations of ‘appropriate’ style and appearance. Bourdieu (1990) conceptualizes the body as an “analogical operator” that manifests the divisions of society, whether between the sexes or social classes, whereby the individual body adopts the “meanings and values” associated with his structural position (p. 71). Bodies can then be used to represent an originating class position or “mirror” the trappings of another position to move about through the social hierarchy (Frank, 1991). Foucault (1984) more explicitly equates the body with social structure and hierarchy, particularly as a site upon which power is to be exerted in the segregations of capitalist society.

The body reflects its position within society, embodying and exemplifying either the privileges or deprivations experienced by the individual. As such, individuals develop an understanding of their bodies, their embodied and lived experiences, informed by their positions in the social structure. Jagger (2000) suggests that “each class or class fraction, then, has a clearly identifiable
relationship with its body, which results in the production of distinct bodily forms” (p. 53). This encoding of class on the body creates a simultaneously symbolic and physical standard of valuation enabling members of higher social classes to characterize their own bodies as better (Jagger, 2000). The practices through which individuals seek to modify their bodies are encoded with these class valuations as well; however, they also offer the chance to move the body within this system as well as allowing individuals to recreate their bodies and inscribe new meanings.

Insofar as class can be encoded on the body, displayed as a symbolic marker of one’s place in the social hierarchy, one still must have the cultural and financial resources to gain access to the new technologies of the body. As Nettleton (2001, p. 49) notes “there is now a vast array of medical technologies and procedures to choose from if we want to shape alter and recreate our bodies – from various forms of assisted conception, to gene therapy, to forms of cosmetic surgery and so on.” However, these innovations are often prohibitively priced and many health insurance companies will not pay for elective, cosmetic procedures resulting in patients bearing the entire cost (Dull and West, 1997).4 Furthermore, research has shown that quality of health and access to medical care is stratified along class lines throughout the world (Lahelma, 2001). If access to basic, necessary healthcare is beyond the reach of some segments of the population, then one might begin to understand elective cosmetic surgery as a

4 According to the American Society of Plastic Surgeons, 9.4 billion dollars were spent on cosmetic surgery in 2005. The average cost for each of the top three procedures was $2323 (Liposuction), $3511 (Nose Reshaping), and $3406 (Breast Augmentation).
stratifying practice, an example of conspicuous consumption, through the 
purchasing of gratuitous commercial healthcare.\(^5\)

The Chapters Ahead

This project is broadly concerned with how and why individuals change their 
bodies in contemporary American society. Specifically, I examine what 
motivates the individual to make these changes and what social end do these 
changes achieve. Furthermore, I explore how these practices are culturally 
informed, how they situate and stratify individuals within the broader social 
context, and how they are incorporated into the framework of the consumer 
society. This project is a comparative study of specific body modification 
practices; principally cosmetic surgery, tattooing, and body piercing. As practices 
that have become increasingly more mainstream, yet continue to invoke a series 
of normative and historical assumptions about their practitioners, these types of 
body modification provide a unique opportunity to examine how individuals 
navigate those assumptions and understand their own use of these practices today.

The first chapter deals with the nature of the social body as the 
coalescence of cultural norms, standards, and expectations (Nettleton, 2001). 
This chapter explores how the body is socially constructed and how culture is 
inscribed a lived through the body. Specifically, this chapter examines body 
modification as a social fact from a Durkheimian perspective. Durkheim (1965 
[1938]) describes social facts as “ways of acting, thinking, and feeling, external

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\(^5\) Sullivan (2001) defines cosmetic surgery as a “business enterprise aimed at generating profit by 
selling a product for more than the cost of providing it’’ (p.13) that employs a variety of marketing 
techniques to generate revenue. This is contrasted against non-commercial medicine where 
doctors are not perceived to be entrepreneurs selling a product.
to the individual, and endowed with a power of coercion, by reason of which they control him”, phenomena which “consist of representations and actions” (p. 3).

Here, I examine the role body modification practices serve an integrating social function, signifying group membership and attachment to one’s community. This chapter explores historical uses of body modification as integrating practices and compares these with contemporary modification practices and their attendant social implications. Finally, this chapter traces the transitions in control over bodies from the holistic, community-held knowledge and control of mechanical societies to the institutional, specialized authority and knowledge prevalent within organic societies.

Chapter two redefines ‘body modification’ to indicate a range of invasive aesthetic practices that reconfigure the individual’s appearance in some way. Specifically, I address ‘non-medical’ modification practices, those that have not been effectively medicalized and are imbued with a distinctly cultural (or subcultural) set of meanings as well as ‘medical’ modification practices, which fall firmly under the purview of medical professionals and are justified and governed within the parameters of the medicine as both a social and regulatory institution. Next, I will trace the historical evolution of both the non-medical and medical modification processes, focusing on how these practices have changed over time, transitioned into Western, specifically American, culture, and become institutionalized. This chapter concludes by summarizing the contemporary state of body modification practices in America today.

Chapter three details the methodologies and analytic strategy used in this project. To that end, I have developed an interview schedule for conducting in-
depth interviews with members of two specific populations: respondents who have modified their bodies through piercing/tattooing/branding and those who have modified their bodies through cosmetic surgery. Responses to interview questions will be used in conducting a comparative analysis of modification practices, how they are employed, and where they overlap with regard to issues of identity, social status, and stratification. This analytic approach is especially appropriate as I am primarily concerned with examining cultural objects and cultural productions as well as the producers of both the objects and their meanings (see Lofland and Lofland, 1995). This type of analysis is also useful for understanding notions of identity and how that identity is manifested physically, as well as underlying themes such as the relationship between social class and choice of body modification processes, rationale for engaging in these processes, and the anticipated outcome.

In Chapter four, I compare mass media accounts and representations of cosmetic surgery and tattooing/body piercing. Prior analyses of popular media accounts have been used to examine cosmetic surgery (e.g., Woodstock, 2001) and body modification (e.g., Pitts, 1999), but have not done so in a comparative fashion. This analysis examines how the mainstream mass media frames different types of body modification by drawing upon common stereotypes, invoking gendered understandings of appropriateness, and incorporating themes of lifestyle and consumer choices. Using TextAnalyst, I analyze articles from eight major newspapers between 2000 and 2006 to generate models of the dominant themes within the texts. These findings provide a foundation for understanding how the
media frames these practices and how the respondents in this study internalize and re-articulate similar frameworks in their personal narratives.

Chapters five and six examine the specific practices of non-medical and medical modification. Both chapters address motivations and approaches to body modification practices as well as analyzing the social and demographic differences among those who engage in each of these modification practices. Chapter five focuses on cosmetic surgery and explores the criteria individuals use to decide to have the surgery, how they evaluate and assess the outcomes, and how they describe what cosmetic surgery “does” for them physically, socially, and emotionally. Additionally, this chapter situates the respondent’s narratives within the broader context of the increasing levels of acceptance for cosmetic surgery and the decreasing level of embarrassment and stigmatization associated with having had cosmetic surgery. Chapter six focuses more directly on tattooing and body piercing, specifically with regard to the social implications of these modification practices, such as the stratifying potential of normatively transgressive modifications as well as how these work to either integrate or alienate the individual from the broader society. This chapter also examines how individuals ascribe meaning to their modified bodies and, as in chapter 5, explores what these modifications achieve for the individual with regard to identity construction and maintenance. Furthermore, this chapter concludes by examining how the two populations vary along a range of demographic characteristics and what these variations suggest about how individuals use their bodies to achieve a desired social outcome.
Finally, chapter seven is the conclusion. In this chapter I summarize the findings of the previous chapters and relate them back to the literature on the body and culture. I examine how body modification practices are used to achieve similar social ends and also how they diverge and perform uniquely different social functions. Furthermore, I explore how these practices have transitioned from deviant to mainstream as well as how they have moved among classes and how, as class indicators, these practices have become vague and non-descript.
CHAPTER 1

CORPOREALITY AND CULTURE: THE MODIFIED BODY AS SOCIAL FACT

How the body exists and what the body means are uniquely social questions, informed through the coalescence of many diverse elements ranging from culture, language, and religion to environment, trends, and fashions. But why is this an important question and one worthy of intellectual and academic exploration? Quite simply, the body is the initial point where culture is inscribed, acted out, and acted upon; the body is the analog interface between the individual and society.

In practice, we mark the body with tangible symbols that speak to the community, literally “inscribing membership of the community in the flesh” (Falk, 1995 p. 99). The body is imbued with cultural indicators of having accepted or rejected the standards of one’s community, as Berthelot (1991) observes “the body as the underpinning of all social practices can, de jure be referred to in all contexts even the most unexpected” (p. 391). The ways in which we mark our bodies function as visual cues, expressing the salience of prevailing norms, representing a passage from childhood to adulthood, or differentiating

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6 Featherstone and Turner (1995) observe that “the body is the first object human beings work on in transforming nature into culture” (p. 3).
insiders from interlopers. Over time, some have argued that the cross-cultural, pan-historical practices of body marking are purely aesthetic (van Dinter, 2005), however, these arguments tend to be relatively superficial, overlooking the functional properties of body modification as encompassing socially integrative processes.

This chapter examines body modification as a social fact that is charged with both implicit and explicit meanings and, more often than not, serves a specific social function. Building upon Durkheim’s conception of social facts, as well as his emphasis on ritual as a key component of social cohesion, I will draw upon several historical and contemporary examples of body practices as illustrations of the intersection of aesthetic standards, integrating practice, and cultural meaning. Also, I examine how control of many of these practices, as well as the body, has shifted away from the public, community-level ritual toward specialized, professional practitioners.

The Role of Social Facts

Social Facts have become a cornerstone of sociological thought and understanding, whereby we treat explicitly social phenomena as having the same constraining properties upon the individual actor as physical phenomena. Durkheim (1965 [1938]) describes social facts as “ways of acting, thinking, and feeling, external to the individual, and endowed with a power of coercion, by reason of which they control him” (p. 3). Therefore, social facts are endowed with the ability to “compel certain actions, thoughts, and dispositions” (Turner, Beeghley, and Powers, 1998) by virtue of their external, social nature. The coercive power of social facts comes from their being enacted by the community
as a whole, as Durkheim notes it is “the collective aspects of the beliefs, tendencies, and practices of a group that characterize truly social phenomena” (p. 7).

Because social facts exert some level of external constraint upon individuals, they are key elements in the integration of those individuals into the social system. Durkheim argues that social facts subordinate the will of the individual to the demands of the larger social structure by “making man understand by how much the social being is richer, more complex, and more permanent than the individual being” (p. 123). The individual in society recognizes the value of adopting and adhering to the normative demands of the community; if he were to reject those demands, he would risk alienating himself and become isolated from the larger whole. Turner, Beeghley, and Powers (1998) expand upon this idea noting that “social facts are “internalized” in that people want and desire to be part of social structures and to accept the norms, values, and beliefs of the collective” (p. 262). Thus, social facts essentially delineate the criteria for the successful integration of individuals into the collective.

We can also look to Durkheim to see how social facts are expressively reified and transmitted within a given a social context. Durkheim (1965 [1915]) argues that rituals or rites are conducted in order to reinforce group solidarity through the expression of commonalities among members; rituals are, in essence,

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7 Durkheim (1965 [1938], p. 113): “The first origins of all social processes of any importance should be sought in the internal constitution of the social group.”

8 Of course, deviance plays a functional role as well. While social facts “constrain” the individual into conformity, deviant acts (Durkheim specifically cites crime) reaffirm the prevailing values of the dominant culture (Edles and Appelrouth, 2005).
a “means by which the social group reaffirms itself” (p. 432). For Durkheim, the overall content of these rites is of fundamentally less importance than the collective action and sentiment these rituals engender. This shared enactment of belief, mythology, and symbolism through ritual further binds the individual to the collective. Just as social facts constrain individual behavior and establish the boundaries of acceptable action within the community, ritual practices work to achieve the same ends, binding more tightly together those who share in the ritual experience while simultaneously excluding those who do not. Of importance here is precisely how the body, and specifically the practice of body modification, works to translate social facts into corporeal inscriptions.

**Social Facts and the Body**

The body is as much a social object as it is a natural object, possibly more, in that it is relentlessly shaped and adapted to the demands of its external social context. Mauss (1979) argues that the body is “man’s first and most natural technical object, and at the same time technical means, is his body” (p. 104), an object that we learn to adapt and use “by the circumstances of life in common, of contact” (p. 121). The manners through which we learn to use and comport our bodies are artifacts of the social milieu in which we are socialized, specialized modes of being and acting relevant to the demands of the culture and context of a given actor (Mauss, 1979; Crossley, 2005). Indeed, Featherstone and Turner (1995) observe “the human body is never found in its natural state, except for a short period after birth” (p. 3). Our conceptions of ourselves are inextricably tied to our embodied experience and our embodied, corporeal selves. The transformation of
the body is the most basic means of marking and establishing one’s affiliations and alliances.

Body practices, as social facts, often serve some integrating role, binding the individual to a given community through symbols external (whether in meaning or practice) to himself. Durkheim (1965 [1915]) comments directly upon body marking as a truly effective way through which the individual affiliates himself with others, observing that tattooing “should be the most direct and expressive means by which the communion of minds can be affirmed. The best way of proving to one’s self and to others that one is a member of a certain group is to place a distinctive mark on the body” (p. 265). In essence, society is represented on and through the body; without the signifiers of commonality, there can be no community. Shilling (2005) comments on Durkheim’s observations, suggesting “manifest via cutting, scarification, tattooing, painting, or other forms of decoration, these eruptions produce a bodily symbolism that helps create a shared moral whole by enabling individuals to recognize others as participants in a common culture” (p. 29). Thus, our bodies become the medium through which we are integrated into society, yet also a conduit through which society is transmitted.

*Body Modification as an Integrating Process*

The practice of marking the body has historically been employed in a diverse array of cultures and societies to various social ends. Practices such as tattooing, piercing, and scarification have been used to indicate group membership, personal

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9 This paper will examine how integrative body practices work in differing types of communities, or, in keeping with Durkheim, collectivities with differing types of social solidarity.
accomplishment and character, transitions from child to adulthood, or status within the community (Rubin, 1988a). Modes of body modification have often been seen as a way of producing a more ‘complete’ body. As Falk (1995) notes, “in many traditional and archaic cultures the unformed and unelaborated body is considered imperfect, unfinished, and even ugly. They solve this problem not by covering up, but by moulding and decorating the ‘natural’ body” (p. 98).

Furthermore, these modifications represent the transformation of a natural object, the body, into a cultural object through “inscribing membership of the community in the flesh” (Falk 1995, p. 99).

It would be a mistake, however, to assume that the significance of bodies has lessened to any extent in contemporary society. Indeed, status markers can be found in the ways we dress, type and style of adornments we use, or attention to fashion. Additionally, building on Shilling’s (2003) notion of a “body project”, body types, and the level of attention given to achieving a type of body also indicate status and, to some degree, quality. Whether one puts in hours at the gym or practices yoga at a private studio, the individual signals to others the level of commitment, time, and financial resources they can devote to their body. Featherstone (1991) finds that, although body maintenance and care routines are not unique to the contemporary consumer society, the “tendency to transform free time into maintenance work imposes even greater demands on the individual” creating an environment where “the monitoring of the current state of bodily performance [is] essential if individuals are to get the most out of life” (p. 182). As such, I argue that body practices and modification schemes are used by
members of both mechanical and organic societies to achieve a specifically social end and that they operate as social facts.

**Types of Societies and the Role of Body Modification**

Drawing on Durkheim’s (1972a) criteria, rather than employing any of the variety of other possible dichotomous terms, I adhere to the notions of mechanical and organic societies, particularly with regard to how the body practices described here are used for societal integration. Of particular importance is the notion that within mechanical societies, individuality is subsumed by the demand for cohesion and collective solidarity, whereas organic society is characterized more profoundly by individuality as an outgrowth of the increased division of labor. Similarly, the mechanical society is distinguished by a relative homogeneity of thought and practices while organic societies foster and develop diverse social practices, modes of thought, and specializations.

It is this specialization that contributes to differentiation in the types of modification processes found in mechanical and organic societies. In mechanical societies, body modification procedures are culturally meaningful practices that are done to achieve and express specific social significance. Furthermore, these are ritualized practices performed by qualified members of the community who possess the appropriate knowledge and status to successfully execute the procedure. In contrast, body modification in organic societies is not undertaken in such fashion and the meanings of these processes and procedures are often ambiguous and open to interpretation. Additionally, specialized industries have developed to accommodate the demand for various types of modification
processes, each with its own occupational culture, criteria for proficiency and regulation, and relationship to potential consumers\textsuperscript{10}. Therefore, this paper will generally characterize body modification in mechanical societies as body practices to indicate singular, unified, and integrated nature of these procedures whereas in organic societies, body modification is divided between medical and non-medical modifications to indicate the greater complexity of social organization as well as the specialized knowledges and organization differences between the two.

\textit{Body Modification in Mechanical Societies}

The practice of marking the body in mechanical societies is invested with profoundly social significance, steeped in an environment of collectivity where symbols, meaning and cultural relevance are explicitly understood (Turner, 1999). These practices provide for meeting a uniquely social goal, demonstrating the cohesiveness of the community and reinforcing the bonds of solidarity. Within the mechanical society, marking the body is an incredibly complex action, one that both absorbs and transcends the individual in a system of meanings that are forged upon each singular body while sustaining the collective body\textsuperscript{11}. In Turner’s words, marking the body was “permanent, collective and largely

\textsuperscript{10} In fact, it is relatively unimaginable that an individual undergoing body modification in a mechanical society would be considered as “consuming” a service.

\textsuperscript{11} In his discussion of tattooing, Pritchard (2000) articulates the complexity of body marking thusly: “Insofar as it marks a distinction or point within a system of relations, the tattoo traces a precarious line between bodies, ‘the corporeal’ or ‘the material’, and systems of meaning, the understanding of bodies or ‘the incorporeal’; no merely a line or inscription that ties together and individuates subject and culture, but rather a marking or inscription that precedes and exceeds the individual act, event, ‘thing’ or idiom, insofar as it is meaningful, while not being reducible to a generalizable system of relations or terms, insofar as it is a specific mark that is irreducibly singular” (p. 332).
obligatory” (p. 39). The lived experience was an embodied experience where loyalties, status, and affiliation were inscribed onto the body of the individual. That body markings ‘do’ something in mechanical societies is generally without question. Whether used as magical amulets, religious icons, therapeutic remedies, or social signifiers, body markings filled a prominent social role and were themselves an integral part of many cultures. As part of this practice, specific processes were developed, individual’s were assigned specific roles in the marking process, and criteria such as age, gender, status, or accomplishment, were developed for when one was eligible to be marked. Aside from these more technical aspects of the marking process, a ritual component was often included, instilling the marking with meaning and significance. It is the combination of these elements that ties body markings together with group cohesion. Below I will give a brief overview of body marking practices along with examples of how they have been used as socially integrating processes.

*Tattooing*

Tattooing is a permanent form of body marking where some type of ink or dye is introduced under the skin to form an image. Historically, methods of tattooing most often employed the hammering of inked needles into the skin using, for example, pieces of bone or shell struck by mallets in New Zealand (Gilbert, 2000), or fish or bird-bone needles in Micronesia (van Dinter, 2005), though handheld lances with needled tips have also been used (van Dinter, 2005). While the introduction of tattooing to the West is often attributed to Captain Cook’s

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12 See Hambly (1927) for an anthropological account of the various uses of body marking.
travels through Polynesia in the late 1700’s (Jones, 2000), tattooing has been practiced throughout the world at any given time, including Europe as early as the fourth millennium BC (Caplan, 2000). Indeed, there is little evidence to support the notion that tattooing, as a practice, had a singular origin (van Dinter, 2005); rather, there is a greater probability “that the few comparatively simple techniques involved were independently discovered more than once” (Rubin, 1988a, p. 15). While there appears to be no singular origin of tattooing as a body marking practice, there are similarities in the social ends tattooing achieves.

Perhaps the most renowned type of indigenous tattooing is the Maori moko, which is generally used to refer to the facial tattoo, though other parts of the body were tattooed as well. There are several consistent patterns found in the application of the facial moko. Full facial moko, as well as tattoos between the waist and knees, were generally found on men, whereas women were often only tattooed on the lips and chin. Additionally, there is evidence that the “amount and quality of moko on an individual were linked to status” (Gathercole, 1988, p. 171). In his discussion of the meaning of moko, Gathercole cites claims by Maori men that individuals without moko are not complete persons. This argument supports the idea that having the body marking fully integrates one into the community. Additionally, van Dinter (2005) discusses the ritual aspects and developments of taboos involved in Maori tattooing such as restrictions against washing or touching food by the recently tattooed and notes that the male tattooist

13 Though as Rubin (1988a) notes: “the most likely derivation of the modern term ‘tattoo’ is from one of several Oceanic languages” (p. 14).
14 Gathercole (1988) notes that the moko tattooing process differed from that standard body tattooing. Rather than using hammered needles, the moko design was carved into the face using chisels with ink added into the wounds afterward.
had the status of a priest. Of importance here is the idea that the tattooing process transcends pure aesthetics and is imbued with social significance, both in the final product and the process itself.

The themes of ritual and religion, as well as status, are common among accounts of tattooing in mechanical societies. Among many Native American tribes, tattooing was closely associated with religious practices\(^\text{15}\) and rites of passage at puberty in addition to celebrating military victories (Gilbert, 2000). MacQuarrie (2000) finds support for tattooing practices among Celtic peoples and, though historical details and documentation are sorely lacking, concludes that the display of high social status is consistent with the tattooing practices of other northern European peoples. In Japan, tattooing came in and out of favor over time and was used for a variety of ends depending upon the official sentiments. Chinese documents from the late fourth century detail decorative tattooing among the Japanese, though by the seventh century tattooing was used solely for punitive measures marking the bodies of criminals. Not until the Edo period, beginning in the early seventeenth and lasting through the late nineteenth century, did decorative tattooing come into fashion again, though it was outlawed by the governing powers. Despite official sanction, tattooing was popular with lower classes in addition to gang members (Gilbert, 2000).

Tattooing has also been used as a punitive process to publicly and visibly mark social deviants. As noted above, the Japanese implemented the practice of tattooing criminals for a period of time, a practice they adopted from the Chinese

\(^{15}\) Gilbert (2000) provides the example of the Sioux who believed that tattoos were necessary for passage into the afterlife (p. 90).
who used tattoos almost exclusively as punishment. Historical evidence suggests that punitive tattooing, as well as the tattooing of slaves as an indication of status, was common among the Persians, the Greeks, and Romans (Jones, 2000), though the Romans also tattooed centurions with identifying information as well (van Dinter, 2005). Instances of punitive body marking are consistent with Durkheim’s notions of criminal punishment in mechanical societies, where retribution overrides restitution and the guilty party is made to suffer as an end in itself (Durkheim, 1972a).

_Scarification/Cicatrization_

Scarification is another type of permanent body marking where wounds are produced in the skin to create ornamental raised scarring. Scarification is one of the more dominant modes of body marking in Africa where, as Rubin (1988b) notes “the dark pigmentation of the peoples of sub-Saharan Africa has determined, by and large, that the sculptural quality of cicatrization, rather than the more graphic medium of tattoo is the predominant mode of irreversibly altering the surface of the human body” (p. 19). Similar to tattooing, scarification is generally performed by using a sharp cutting object to incise the skin; sometimes the incisions are embellished by adding a coloring agent such as soot to create greater contrast (van Dinter, 2000).

Scarification functions similarly to tattooing as a socially meaningful practice of body marking. The Hemba of central Africa developed a schedule for scarification throughout the individual’s life, particularly for the inscription of young girls. With regard to the styles of inscription, Roberts (1988) observes that
there are apparently standard motifs that are worn by men and women of the tribe, while further elaboration is elective. Indeed, Roberts suggests that among Hamba women much pain is endured to reach an acceptable level of aesthetic “perfection” through scarification, noting that beauty is not viewed as an innate quality, but one acquired through inscription. The content of the inscription itself was often of little interest to the community, however, there was often a great deal of significance attached to the process, as “inscription not only signified change in a young woman’s status, it also reiterated commitments and social relationships within the community” (Roberts, 1988, p. 45).

In a similar fashion, the Ga’anda of Nigeria use scarification to encode and transmit social values relative to gender and ethnic identity as well as notions as diverse as fate and economics (Berns, 1988; Rush, 2005). While scarification among the Ga’anda is specific to women, the Tiv of Nigeria incise both men and women for primarily aesthetic purposes and the entire scarification process can last a lifetime (Bohannon, 1988). Practically, scarification serves the same purpose as tattooing, which is fixing indelible marks upon the skin. How these marks are read and interpreted are often highly specific to their given social context, however, their utility as a socially binding practice is relatively constant.

**Piercing**

Piercing practices can take two forms: foreign objects are placed in the body more or less permanently or foreign objects are used to penetrate the body on a temporary basis and subsequently removed. Body piercing has been employed around the globe for both social and aesthetic purposes. Like tattoo implements,
piercings often use locally accessible and valued materials as jewelry whether gold and silver or woods, shell, and bone.

The use of body piercings, particularly piercings in the ears, nose, and lips, are perhaps the most common type of body modifications across cultures (Favazza, 1996; Perlingieri, 2003). In his description of facial piercings in Mesoamerica, Perlingieri (2003) describes the cultural significance of ear and nose piercings and the enlargements of the perforations as symbolic representations of the individual’s place within the cosmos as well as one who is part of a tribe. For the Tlingit of the American Northwest, young women received labrets (piercings through the lower lip) as a rite of passage and to symbolize their status as marriageable women (Jonaitas, 1988). Labret and nasal septum piercings were also common among native Alaskan peoples and were worn by both men and women, though in the northern Yukon, only men wore labrets, again as a rite of passage (Gritton, 1988).

Temporary piercing is also employed as a component of ritual and religious practice. For example, during the Hindu festival of Thaipusan in Malaysia the practice of Kavadi-bearing requires the participant to wear a large structure with long pointed spears that press against and into the flesh (Vale and Juno, 1989). Camphausen (1997) suggests that during this ritual, individuals may also skewer their lips and tongues or have weights attached to their bodies. These practices are employed to elicit sympathy or favor from the gods through the physical suffering and sacrifice of the ritual. A similar instance of temporary piercing is evidenced in the North American Mandan O-Kee-Pa ceremony, where incisions were made in the chest of the male participant, wooden rods were passed
through the opening, and the man was suspended above the ground. The suspension ceremony celebrated the religious and cultural importance of the end of the Deluge, dancing the coming of the buffalo, and the passage of young men into adulthood (Catlin, 1967 [1867]).

**Modeling Body Modification in Mechanical Societies**

In light of the examples above, Figure 1.1 outlines a general model of the integrating role of body modification practices in mechanical societies. These practices induct individuals into the community, making them an integrated part of the whole. The marking of the body transforms it into a social text and “inscribes, constructs, and invests it within a variety of psychical, cultural, and political fields” (Pritchard, 2000, p. 331). The body plays an essential role binding the individual to the community. As such, these modification practices are often best understood as “efforts to stabilize the social order, to achieve union with the divine, or in some other way perform a useful social function” (Cummings, 2001, p. 306).

Figure 1.1 models the relationship between the modification practices performed on the individual and the social integration of the community as a whole. Ritualized body practices essentially function to incorporate the individual into the community, or, conversely, exclude members who have not undergone the ritual marking process. For example, throughout the Caroline Islands, blue vulva tattoos were commonly performed on young women as a rite of passage and necessary to consider themselves women. On the Island of Nukuora, this practice was mandatory for young women, to the extent that
children born to women lacking the tattoo were often killed (van Dinter, 2005). Similarly, the belief of the Maori that the individual is incomplete and naked without *moko* (Gathercole, 1988) indicates the importance of the body marking to both the individual and the community. The use of body modification to mark the transition from child to adult, as noted in the examples of the Tlingit and Mandan above, again illustrates the importance of both the actual practice as well as the attendant rituals. The involvement of the community, through either active participation or the use of collectively understood signs and symbols, again reinforces the idea that these practices both envelop and transcend the individual.

Being marked with the appropriate socio-cultural inscriptions is important with regard to collective solidarity as well as individual identity, insofar as identity within the mechanical society is understood as being a part of the community versus being excluded from the community. Indeed, deviance, and the punishment or exclusion of deviants, reinforces collective definitions of normative behavior and strengthens social solidarity (Durkheim, 1972a). Thus, body marking becomes an effective means of creating and maintaining visibly symbolic boundaries of inclusion.

**Body Modification in Organic Societies**

Analyses of contemporary body practices, specifically body modifications, are often divorced from the historical use of body markings grounded in the assumption that there are insurmountable differences in the way marking was used ‘then’ versus how it is used now. Although the evaluation of “primitive” cultures against the standard of the West, as the model of civilization, has
generally been abandoned, there remains the tendency to characterize the more radical types of body modifications as grotesque and disfiguring. This initial revulsion to certain modification practices\textsuperscript{16} helps us to establish a boundary, though largely superficial, between the manners through which we augment and change our bodies and the manners through which bodies were modified elsewhere. Regardless of the form body modifications take, their fundamental integrating functions remain the same.

In contemporary consumer society, the role of the body has become uncertain, insofar as its signification is often vague and ephemeral. Turner (1992) argues that as we have become more aware of the body as a social construction, as opposed to a wholly natural object, bodies have become unfastened from fixed position within the social structure, a sentiment shared by Featherstone (1987). This instability of the body necessitates a social response whereby the individual can define and situate his or her body within a larger social context and generate shared meanings which integrates the individual into society as a whole.

Shilling’s (2003) articulation of the “body project” provides some insight into how the body is used by individuals to generate specific social meanings of the body and to locate themselves within the social structure. Body projects are essentially the transformation of the body into an undertaking, an object to be worked upon\textsuperscript{17}. Shilling attributes the prominence of the body, and by extension

\textsuperscript{16} Facial tattoos or large-scale scarification are, for example, practices that have an extremely negative connotation in Western society and often result in some degree of social stigmatization for the marked individual at best, or a diagnosis of pathology from the psychiatric community at worst.

\textsuperscript{17} Shilling (2003) notes that body projects are substantively different from the body practices of traditional societies, particularly with regard to the reflexivity of contemporary body projects, as well as the severing of these practices from communal engagement and ritual. However, I argue
the body project, to two specific phenomena in modern society. First, as grand narratives began to lose their utility as structures that provide and support shared meaning, individuals must struggle to compensate for the loss of these structures. Secondly, Shilling argues, via Giddens (1990), that the contemporary world is often perceived as chaotic and disorganized, leaving the body as the final site whereupon the individual can exert control. Additionally, the extent to which contemporary society offers a range of new opportunities for the transformation of the body is often facilitated through technological advances, moving the body and body modification into the realm of consumer services rather than personal practices\textsuperscript{18}. What results from the confluence of these factors is the hyper-individualization of the body in conjunction with a reinforcement of social solidarity, as modifications are often made to conform to some overriding societal expectation. Below I will elaborate on the types of modification common in the contemporary, organic society and how they operate as integrating forces.

\textit{Types of Body Modification}

In mechanical societies, body practices are an integrated component of social life, ritualized and routinized as meaningful processes. In organic societies, in contrast, body practices are not always as directly tied into a system of meanings and there are generally no overarching rites of passage wherein these practices can be incorporated. Additionally, with increased technological proficiency, the

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\textsuperscript{18} Shilling (2003) suggests that the use of technology may dramatically change the nature of body projects and “make this focus on the body even more intense through the creation of \textit{body options}, forms of radical physical transformation that may make obsolete the ‘blood, sweat, and tears’ involved in body projects” (p. 189).
range of modification options has dramatically increased. Therefore, in organic societies there tends to be a dichotomy in modification practices, characterized here as *medical* and *non-medical* modifications.

The dichotomy between medical and non-medical forms of body modification is not established to privilege medical modification as more legitimate or meaningful than non-medical practices, but to indicate a difference in actual procedure, types of professionals who engage in modifications, and to recognize medicine as the dominant form of discourse relative to the body in contemporary society. Hughes (2000) argues that throughout the twentieth century “anything that could be shown to be a concern for the body …was articulated in language that if not medical per se, more often than not could be traced to it” (p. 14). Indeed, as more traditional sources of bodily control and knowledge have declined in authority the medical profession has been “in the ascendancy” (Nettleton, 2001, p. 45). Therefore, medicine tends to be the authoritative voice with regard to the body and its functions in contemporary society.

**Medical Modifications**

Medical modifications are those modifications that are performed by medical professionals and governed as medical practices, conducted in medical facilities, and recognized as medical procedure\(^\text{19}\). The medical field comes with its own professional organizations, schools and standards for credentials, external regulation by the government, and financial relationships with external

\(^{19}\) While this paper specifically addresses invasive, aesthetic procedures to augment the body, there is no compelling reason that the term ‘medical modification’ should exclude other processes and procedures such as gene therapy or *in vitro* fertilization.
institutions such as insurance companies. The medical field is understood as part of a larger social apparatus, the institution of medicine, and medical procedures are imbued with a degree of legitimacy as an extension of that institution. Of interest here are cosmetic surgery procedures, which fit nicely into the category of medical modifications.

The history of cosmetic surgery is closely tied to societal beliefs about pleasing aesthetics and appearances. The first attempts at cosmetic surgery were often to repair disfigurements as a result of disease, war, or punitive measures as well as congenital defects (Sullivan, 2001). It was not until after World War I, where advances in war technologies mutilated bodies and faces, that major strides were made in the field of cosmetic surgery, resulting in more sophisticated procedures and a growing respect for the field (Haiken, 1997). As our ability to change the body increased and improved, the field of cosmetic surgery began to shift from performing restorative, or reconstructive, operations to elective aesthetic procedures. Davis (1995) argues that the rise of cosmetic surgery is directly tied to the dual forces of consumer culture and the market model of medicine. Indeed, the cosmetic surgery industry is almost exclusively driven by consumer demand, creating a field described by Sullivan (2001) as “commercial medicine.”

That the majority of individuals who undergo cosmetic surgery do so in order to meet, or re-attain, some culturally valued aesthetic goes without saying. As Little (1998) observes, all concerns with appearance are reflective of, and

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20 Gilman (1999) traces the growth of aesthetic procedures performed in the United States. In 1981 there were 296,000 such procedures; in 1984 there were 477,700. In 1996 there were 825,000 (p. 3-4). According to the American Society of Plastic Surgeons (2006a) there were 10.2 million cosmetic procedures performed in 2005.
influenced by, “social attitudes, values, and preferences” (p. 163). Cosmetic surgery provides individuals the opportunity to acquire those traits that are most valued, or at least move closer to an idealized image of themselves. As such, cosmetic procedures enable the individual to inscribe transitioning identities upon their body, creating a reflexive and ultimately representational body (Brooks, 2004). However, it is important to recognize that whatever level of self-expression and representation is available through cosmetic surgical procedures, the individual is still bounded by the constraints of prevailing cultural and aesthetic norms.

Cosmetic surgery is a field that deals almost exclusively with the ideals of aesthetic appropriateness and desirability. But beyond this, cosmetic surgery is guided by dominant conceptions of what is or is not ‘natural’, as Davis (2003) observes “cosmetic surgery is predicated upon definitions of physical normality” (p. 5). These definitions of normality strongly influence both how we as individuals perceive ourselves as well as how others perceive us. Some have argued from an evolutionary perspective that characteristics such as body symmetry, averageness of appearance, and youthfulness all signify attractiveness, often as a proxy for reproductive fitness, therefore making the individual more attractive to others (Sarwer, Grossbart, and Didie, 2002). Similarly, research has shown that attractiveness not only affects one’s romantic life, but also tends to have positive effects on psychological adjustment and economic well-being (Sullivan, 2001). Cosmetic surgery has become a medium through which

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21 To draw from Swidler (1986), the individual is using a cultural toolkit that is already packed with normative expectations; they are not generating unique or novel modes of representation, but are instead using dominant and accepted forms.
individuals can better align themselves, specifically their physical appearance, with normative expectations and standards of attractiveness.

Navigating the tensions between beauty standards, ethical practices, and business can become problematic, particularly when the field of cosmetic surgery “medicalizes appearance that falls within the normal range of variation” (Sullivan, 2001 p. 64). Dull and West (1997) articulate a similar concern that medicine has begun to overreach its legitimate boundaries when it starts to construct appearances through surgery that is more often than not, unnecessary. If Medicine, and medical practitioners, desires to maintain its reputation as a healing art then cosmetic surgery, as a commercial and social exploit, presents some degree of challenge. Haiken (2002) identifies a cyclical relationship between the cultural ideals that create a market for cosmetic surgery and the reaffirmation of those ideals when surgeons reconstruct a body along those parameters. Here, cosmetic surgery functions as a ‘solution’ to a specific ‘problem’, not adequately meeting some social expectation, whether it be a realistic expectation or not.

Insofar as cosmetic surgery is tied to social expectations about appearance, it is also inextricably bound to notions of gender. In 2005, 88% of all cosmetic surgery patients were women, representing in excess of nine million cosmetic procedures (American Society of Plastic Surgeons, 2006b). Davis (2002) suggests that while discourse about cosmetic surgery often treats men and women as equally subject to cultural beauty ideals, the practical reality is that women are the primary consumers of cosmetic surgery. Indeed, men who have cosmetic surgery are often been perceived as deviant, vain, or feminine (Davis, 2002; Dull and West, 1997). Conversely, women are characterized as being naturally more
concerned about appearance (Dull and West, 1997) or overly concerned with unrealistic body types (Sarwer, Grossbart, and Didie, 2002). However, as Negrin (2002) observes, these characterizations, used as both stereotypes as well as criticism of women, are not useful as critiques of individuals but rather “the social and cultural system which engenders in women a state of permanent dissatisfaction with their physical appearance” (p. 26). In this context, the body, and the manipulation of the body, is used to reify traditional understandings of gender and to reinforce cultural beauty ideals.

**Non-Medical Modifications**

Non-medical modifications are modifications done in non-medical facilities without the constraints or esteem of the medical profession. Much of the non-medical modification industry has become professionalized, forming professional organizations and working to develop industry standards for acceptable practices. Non-medical modifications tend to meet with varying levels of social acceptance with tattoos and body piercings being generally more acceptable, while scarifications, brandings, and subdermal implants tend to meet with greater levels of stigmatization. In contrast to the medical industry, non-medical modifiers have less social authority to make claims about the body as they do not have the institutional legitimacy of the medical establishment.

Identity is one of the more prominent themes in non-medical body modification accounts. Specifically, the idea of asserting control over one’s body and inscribing it with symbols representative of the self (Featherstone, 1999) operates to set one apart from the machinations of contemporary consumer
society. Becoming tattooed is a “highly social act” (Sanders, 1989, p. 41) informed by how the individual defines himself both internally and to outsiders. The symbols used to mark the body express how the individual understands himself and communicates this to others. These significations can range from the mundane, indicating one’s affinity for a particular band or sports team, to conveying more serious and complex meanings such as religious sentiment, or indicating group affiliation, such as with a gang.

Despite growing popularity and increasing levels of acceptance, permanently modifying one’s body requires a certain degree of commitment beyond simple fashion statement. Sweetman (1999) finds that those who modify their body experience their modifications as more than fashionable accessories, often as expressive extensions of the self. Additionally, as much as body markings are an expression of identity, they also embed culture firmly within the body, to the extent that the tattoo or piercing “will always refer to the inevitably physical conditions of its production” (Sweetman, 1999, p. 65). That an image inscribed upon the body in a permanent fashion makes not only a literal statement, but also an implicit acknowledgement of the process including the discomfort or pain that goes along with it. These meanings culminate in the expression of a representative identity that recognizes both symbolic meaning as well as the processes used to arrive at that point.

As noted above, marking the body often functions to identify the individual as a member of a specific group (Sanders, 1989; Fisher, 2002), though being tattooed in and of itself sets one apart from those who are not tattooed creating a broader community of tattooed individuals (DeMello, 2000). In his
research on tattooing within the Straightedge community, Atkinson (2003b) finds that tattooing operates as an outward expression of both of affiliation with and commitment to a specific lifestyle. In this instance, the tattoo signifies dedication to a given ideology through symbols that are easily recognized by other in-group members in addition to differentiating the individual from outsiders.

Often, in analyses of non-medical body modification, there is discussion of the modern primitive movement, in part because it represents an explicit articulation of body modification as an explicitly social and spiritual act. Modern primitives tend to engage in a range of modification practices, many borrowed from indigenous “primitive” cultures and societies where body modifications are central to community and social organization and considered rather extreme in the context of Western society. When done in the West, these modifications are deployed as methods of resistance against the perceived superficiality, materialism, and corporeal alienation of contemporary, consumer society (Rosenblatt, 1997; Klesse, 1999; Pitts, 2003). While this perspective has some currency, the relatively extreme, and potentially alienating, nature of the modern primitive movement often overshadows other, less aggressive uses of body modification. For example, Pitts (1998) argues that marking the body can be used as an act of reclamation, to reassert the authority over one’s own body that may have been usurped by trauma, abuse, or disease. This approach transforms and politicizes the body, engaging in a broader social discourse in a marginal though perhaps more accessible fashion.

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22 These ideas mirror those of Atkinson (2003b) where participants in the straightedge movement use tattooing and the symbolism therein, as a means of manifesting resistance to the hedonism of contemporary society.
Yet while non-medical body modification has become more acceptable, there still remains a level of stigma associated with these types of modifications, due in part to their historical delegitimation as well as an association with marginalized subgroups (Fisher, 2002). In American society, tattooing has traditionally been associated with the working class as well as motorcycle and street gangs and criminals (DeMello, 2000; Sanders, 1989) while body piercing has historically been associated with the gay and Sadomasochistic communities (Pitts, 2003). As such practices have been culturally stigmatized to varying degrees; they also meet with suspicion from some in the medical community. Favazza (1996) tends to characterize all body modification as “mutilation” and while he withholds making blanket diagnoses of those who tattoo or pierce themselves, he does submit that “as a group such persons probably have increased levels of psychopathology” (p. 287). Similarly, Pitts (1999) finds that in media accounts, body modification is often constructed as a mental health issue and an out-growth of individual self-loathing. Additionally, non-medical body modifications such as tattooing, body piercing, or scarification deviate from normative and acceptable body projects such as exercise and approved methods of changing the body, specifically medicine23.

23 A pamphlet published by the American Academy of Dermatology (2006) describes types of tattooing; of these “professional” tattooing is described thusly:

Professional tattoos take two forms: cultural and modern. Cultural tattoos are placed using the time-honored methods of a certain cultural ethnicity or heritage such as the South Pacific Islands. Modern tattoos are performed using the "tattoo gun" and are placed by "artists" who are paid for their work. A variety of pigments for different colors are used and their artistry varies from poor to fantastic.

This assessment of tattooing creates a false dichotomy between “cultural” and “modern” tattoos, ignoring the fact that all tattoos are essentially cultural productions. Secondly, it implicitly
Figure 1.2 outlines a general model of the integrating role of body modification practices in organic societies. One of the primary differences between this model and the model of body practices in mechanical societies (Figure 1.1) is the two separate modes of body modification. Whereas in mechanical societies there is a lesser division of labor and little industrial specialization, in the organic society the increased division of labor and high levels of specialization (Durkheim, 1972b) lead not only to separate modification processes, but also separate industries. Subsequently, these two industries, characterized here as medical and non-medical modification industries, both directly work to augment the body and achieve the outcome of some physical change. Regardless of having a shared objective, these industries differ with regard to social acceptability and authority, as well as perceived legitimacy.

Comparison

Despite these differences in the modes of body modification, the fundamental purpose of these practices, whether contextualized within mechanical or organic societies, remains relatively unchanged. If there is an integral awareness and use of the body in mechanical societies, then the transition to a more organic form necessitates a level of attention to the body that we often take for granted. Hewitt (1997) articulates this noting that “in a culture where we lack shared meaningful rituals, cohesive values, or clear passage from childhood to adulthood the human body has taken on greater significance” (p. 20). As legimitates the “cultural” practice of tattooing while questioning the validity of tattoo “artists” work for a fee.
society has lost those rituals that reinforce social solidarity and bind individuals to one another, we begin to fabricate, or in some cases appropriate, new rites of passage to mark significant events or display group affiliations.

The importance of these body practices and modifications as means of social integration cannot easily be discounted. Social bodies establish social bonds, As Sullivan (2001) observes:

*All body customs, whether temporary, like tweezing eyebrows and clipping nose hair, or more permanent, like tattoos and cosmetic surgery, are forms of self-creation. They are an effort to achieve a desired identity and connection with a reference-group – marginal, hip, or mainstream. The process of reincarnation is universal.* (p. 5)

Marking the body, regardless of method or outcome, is in itself a signification of identity as well as a mechanism for connecting with others; often it is the sense of community and belonging that motivates individuals to modify their bodies (Cummings, 2001). Figure 1.2 shows how both medical and non-medical modifications are used to integrate the individual into larger social systems. As we are socialized into, and subsequently internalize, the normative expectations of society, we endeavor to meet those expectations. Societal expectations, both implicit and explicit, about the body are no less compelling than any other set of expectations and individuals strive to meet these through the avenues available. Even more marginal modes of body modification can integrate individuals into communities with their own standards and expectations. It is not necessarily the outcome of the modification, but the communal nature of the process and display that is imbued with the most social value.
Conclusion

Although individual motives and the types of modifications engaged in may differ, marking the body creates solidarity, reinforces understandings of what is normal and appropriate, or abnormal and inappropriate, and allows for the expression of both individual and collective identities. In his work on contemporary modification projects, Cummings (2001) argues “the belief that behind or beneath explicitly stated reasons why people modify their bodies lurk subconscious or simply unreflected-upon motives has been a mainstay of scholarly writing about body modification” (p. 304). While this is an accurate observation, and much prior work has attempted to pathologize body modification24, an essential element is often overlooked: modifying the body does something in the Durkheimian sense, in that it bonds individuals with a collective experience.

Body modification practices exist across cultures and transcend simply aesthetics or indigenous beauty standards. These practices are understood to be universal features of traditional societies; significations of status and belonging (DeMello, 2000). In essence, body modifications are social facts. The transformation of the body inscribes it with culture and situates it within a specific context. The practice of modifying the body in contemporary society achieves the same ends as modification in traditional, mechanical societies. Where we lack unifying themes, structures, and practices, we have developed diverse practices that indicate, with varying degrees of explicitness and accuracy, belonging, status, class, and any variety of social characteristics. As such, an understanding of the

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24 Two contemporary examples are Favazza (1996) and, to a greater extent, Jeffreys (2000; 2005)
importance of body marking as a uniquely social phenomenon helps us to gain a more holistic understanding of these practices in all their forms, as well as the meanings they communicate to society as a whole.
CHAPTER 2

MANIPULATED EMBODIMENT: THE MODERN DEVELOPMENT OF MODIFICATION PROCESSES

The meaning and importance of the body has changed dramatically over time, contingent upon the prevailing modes of religious, philosophical, and scientific thought. While we can find no consistent representation or understanding of the body across time and place, this change certainly reassures us of two facts: First, the body, while physically and objectively real, is a social construction and our relationships with our own and other’s bodies are directly informed by these shared conceptions. Secondly, as the body is a social object it must certainly be analyzed from a sociological perspective. Indeed, this fluidity of meaning and the overwhelming importance of social context, institution structure, culture, and dominant ideologies in shaping how we construct bodies, as well as the problems that stem from bodies whether they be crime, disease, or civil unrest, necessitate a sociological inquiry into how bodies are used to achieve specific social ends.

The appearance of the body has often been used as a proxy for discerning the inward character of the individual. Before treatment was widely available, the syphilitic nose, sunken and flat, stigmatized it’s bearer as one who was immoral, of poor character, and diseased (Gilman, 1999). With the advent of effective
cosmetic surgery, these noses could be repaired, though the practice of repair subjected surgeons and the industry to a level of disrepute as they were complicit in helping to conceal the physical symbols of corruption (Gilman, 1999; Haiken, 1997). Similar notions of the body as representative of character have acted as prohibitions to tattooing as well. DeMello (2000) suggests that objections to tattooing have been situated in the belief that the body “is inviolate, too pure to be disfigured” and that being tattooed functions as “a sign of a lack of discipline and self-control, of an inability to consider the future” (p. 140). Nevertheless, there is a long-established history of reading the character of the individual from their physical appearance, or more specifically, from the ways in which they deviated from “normal” and valued appearances. Italian criminologist Cesare Lombroso believed that criminals could be identified by a variety of physical characteristics that set them apart from the law-abiding population as unusually ugly (Synnott, 1993)25. While theories of behavior, particularly criminality, based on appearance have largely been discredited and discarded, current research has show that people still tend to make stereotypical assumptions about others based on appearance, particularly when others appear less attractive or abnormal (Rumsey and Harcourt, 2005).

What Does Body Modification Mean

While the term ‘body modification’ encompasses a range of practices and procedures, there is no clear definition that has been developed to address specific

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25 Among those characteristics were “prehensile feet” and “left-handedness” as well as “outstanding ears, abundant hair, a sparse beard, enormous frontal sinuses, prognathism, broad cheekbones, a low and retreating forehead, oblique eyes, a small skull and, in women, a masculine face” (in Synnott, 1993 p. 96).
categories of practice. Indeed, when the term body modification is used within popular culture and mainstream media, it almost exclusively denotes the practices of body piercing and tattooing. Some academics have developed definitions of body modification that are closely aligned with popular definitions to include “cosmetics, coiffure, ornamentation, adornment, tattooing, scarification, piercing, cutting, branding, and other procedures done mostly for aesthetic reasons” (Myers, 1992 p. 267). Featherstone (1999) extends the term further to include “gymnastics, bodybuilding, anorexia, and fasting” (p. 1) as means of transforming the body. An overarching theme among those who write about body modification is an openness to include new and diverse practices, primarily because we are constantly developing and improving the methods used to modify the body. This project seeks to employ the term body modification to include not only tattooing and piercing but also cosmetic surgical procedures as diverse practices along a spectrum of bodily manipulation.

Practices such as tattooing and body piercing are often understood to occupy a certain social niche, appealing to the lower class or the anti-social and constructed as deviant. Similarly, cosmetic surgery is often situated at the opposite end of this spectrum, the exclusive domain of the privileged and wealthy. Neither of these assumptions particularly holds true anymore, but they do constitute a useful foundation for understanding the prevailing social attitudes and practice concerning each type of modification. This project examines these types of body modification from the perspective that they are not diametrically opposed, but instead can be understood as methods used to accomplish roughly the same goals. Additionally, the focus is upon tattooing and body piercing along with
cosmetic surgery for several reasons. First, they are all invasive procedures, often painful, and often performed by a professional. Second, they are all permanent to varying degrees, certainly more so than cosmetics or hairstyle. Third, they are marketed as consumable body options that require less time and effort on the consumer than other types of body projects such as a diet or a fitness plan. And fourth, they have each developed specialized industries devoted to modifying the body and interact with individuals as consumers of a service.

Throughout this project the terms *medical modification* will be used to describe cosmetic surgery while the term *non-medical modification* will encompass tattooing, piercing, scarification, and branding. The term medical modification is used to denote the association with the institution of medicine and the legitimacy that lends to cosmetic surgery as a practice. Furthermore, it acknowledges the manner through which the modification is medicalized, body parts are rendered problematic and in need of repair, and the divisions between consumer and patient are blurred (Fraser, 2003; Dull and West, 1997). Conversely, the term non-medical modification indicates the absence of cultural legitimacy and lack of preexisting institutional support. These differences can easily be noted when one observes differences in popular attitudes about those who have had cosmetic surgery versus those who may be heavily tattooed. Furthermore, non-modification practices still must contend with hostility from medical professionals (Armstrong, 2002) and charges of deviancy and pathology (Favazza, 1996) to a greater degree than medical modifications. This chapter will trace the development of both medical and non-medical modification practices and then give an overview of how they are used today.
Medical Modification – The Evolution of Cosmetic Surgery

As a matter of medical procedure, cosmetic and reconstructive surgery has a complex history built upon nearly three thousand years of practice and experimentation. Evidence shows developments in the use of skin grafts and procedures for reconstructing noses and earlobes in India as early as 900 BCE and in the late tenth century, the Chinese were using reconstructive surgery to repair the harelip (Gilman, 1999). However, in spite of these early forays into reconstructive surgery, these practices were not generally employed in Western medicine until the late sixteenth century and, arguably, were not successfully integrated as legitimate medicine until the late twentieth century.

The prevailing cultural norms in throughout Europe during the Middle Ages devalued physical beauty as a distraction and temptation that would lead to immoral behavior (Gaynor, 1998). These prohibitions continued relatively unchallenged until the sixteenth century when Europe experienced an epidemic of syphilis, a disease that had the effect of collapsing the nose (Gaynor, 1998). In this context, the collapsed nose “marked the body as corrupt and dangerous” (Gilman, 1999 p. 49). As a result, the nose took on a newly constructed meaning, externally signifying the morality, decency, and social worth of the individual. The stigma associated with the syphilitic nose created a market demand for reconstructive medicine and the reconstitution of the fallen nose yielded both social and aesthetic benefits for the patient.

As a pioneer of reconstructive and cosmetic medicine, the sixteenth century surgeon Gaspare Tagliacozzi is known as the “father of modern plastic
surgery” (Haiken, 2002 p. 5) and is credited with introducing “flap graft procedures” to “replace the nose missing because of trauma or syphilis” (Gilman, 1999 p. 66) as well as publishing a classic text on plastic surgery. Indeed, Tagliacozzi marks a starting point where invasive and complex reconstructive procedures are brought into the realm of Western medicine and the beginnings of the evolution from the reconstruction of maimed and mutilated bodies to the cosmetic procedures performed today. However, due to the spread of myth and misinformation, sanction and censorship by the church, and criticism from the medical community, cosmetic surgery remained a disparaged pursuit and there is little evidence of viable practitioners through the end of the seventeenth century (Sullivan, 2001). Not until the Nineteenth century, when medical advances such as antisepsis and anesthesia were introduced, did cosmetic surgery begin to emerge as a viable procedure (Davis, 2003; Gilman 1999).

The twentieth century saw cosmetic surgery make great strides toward legitimacy, aided not only by continued advances in medicine, but also by the burgeoning American consumer culture and the disfiguring horrors of World War I (Haiken, 1997, 2002). A new, more public, beauty culture was closely tied to the consumer culture in turn of the century American society. Where once Victorian ideals held sway and the “painted woman” symbolized vanity and immorality, the emerging market of cosmetics “definitely recast nineteenth-century attitudes toward female appearance” (Peiss, 1998 p. 61). These

27 Sullivan (2001) cites the work of Eduard Zeis whose 1863 history of cosmetic and reconstructive procedures found, according to Sullivan, “credible evidence of only four other practitioners in Europe who tried to reconstruct noses at the same time as Tagliacozzi or soon after him” and “no evidence of any European doing nose reconstruction in the second half of the seventeenth century” (p. 37)
transitions in thinking about physical appearance transformed the traditional signs of aging into a problem that necessitated attention, to be masked, concealed, and fixed (Haiken, 2000). By the early 1940s, paying attention to one’s appearance was no longer reflective of a narcissistic personality or an immoral character, but an integral aspect of contemporary American femininity (Peiss, 1998). The growing emphasis on appearance, particularly the active role of the individual in meeting normative expectations about appearance, led not only to the widespread use of cosmetics, but also validated cosmetic surgery as a means of maintaining one’s appearance.

Additionally, the brutality of World War I together with the sheer volume of disfigured and wounded servicemen provided the opportunity for reconstructive plastic surgeons to refine their art and make inroads toward social acceptance (Davis, 1995). The war created both a demand for reconstructive surgery and a need for trained and experienced surgeons. At the close of the war, surgeons sought to employ their skills in the open market among the civilian population while also aware that “while reconstructive surgery had achieved some status, aesthetic surgery was still regarded with some suspicion” (Haiken, 2002 p. 6). In order to achieve greater levels of social acceptance for cosmetic surgery, practitioners had to engage in an active process of professionalization to set standards for the field, establish what fell within its jurisdiction, and legitimate the specialty.
Professionalization in the Field of Cosmetic Surgery

Until the mid nineteenth century, medicine, as a practice and industry, was relatively unstandardized and rooted in a combination of science, folk remedy, and ineffective “patent” medicinals. The proliferation of medical schools and the establishment of the American Medical Association in 1847 introduced higher levels of standardization and regulation, though the members of the fledgling AMA derived most of their influence from their social class and level of education, rather than any objective measures of medical qualification (Larson, 1977). Despite these early attempts to organize the field, “medicine” was still divided into competing factions, each claiming an ideological and practical advantage over its competitors28. Larson (1977) suggests that these competing approaches were problematic for the formation of an industry and argues that to take full advantage of the universal market demand for medical services, medical providers must establish “a monopolistic hold on their market” (p. 21).

Throughout the early twentieth century, medical schools were overwhelmingly “proprietary with no entrance standards, no laboratories, and no clinical training” (Sullivan, 2001 p. 41). The ability of “regular” doctors to define the realm and scope of what medicine embodies and the reform of the university system with regard to standards and quality of instruction, particularly in America, enabled the medical community to control the knowledge disseminated as well as the quantity of potential practitioners in the market and, in effect, seize control on the medical industry (Larson, 1977).

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28 Larson (1977) highlights the intense competition between “regular” doctors and proponents of homeopathic medicine in the early nineteenth century, particularly when homeopathy began gaining legitimacy among the upper classes.
The process of professionalization and organizational control exerted by the medical community in conjunction with the advances, and general societal contribution, of plastic surgeons during the war aided in granting aesthetic surgery an increased level of legitimacy. However, aesthetic surgeons were still often seen as disreputable (Davis, 1995) and equated with various other self-proclaimed beauty doctors. Indeed, during the war, the AMA was “engaged in a vitriolic campaign against patent-medicine manufacturers, magnetic healers, homeopaths, chiropractors, osteopaths, midwives, ‘beauty doctors’, and other irregulars whom the organization branded as quacks” (Sullivan, 2001 p. 41).

Through the establishment of professional organizations and subsequent affiliation with the mainstream medical community, via the AMA, plastic surgeons were able to excise less reputable practitioners from the marketplace and implement a greater degree of standardization in the field. The first formal organization, the American Association of Plastic Surgeons, was founded in 1921; in 1931 the American Society of Plastic and Reconstructive Surgeons was established followed in 1937 by the American Board of Plastic Surgery. In 1941, the American Board of Plastic Surgery was recognized as a major specialty board under the auspices of the AMA and by associating itself with “the professional aura with which the American Medical Association was endeavoring to surround medicine and the various rule and requirements the AMA was attempting to promulgate” (Haiken, 1997 p. 55) the formation of the ABPS a generally successful “attempt on the part of some plastic surgeons to seize control of the specialty by defining its boundaries and identifying those qualified o claim membership” (p. 49). By establishing collective organizations, plastic surgeons
were able to articulate the defining parameters of their industry and exert the
necessary influence to exclude those who failed to conform to those ideals.
Additionally, through association with the AMA and integrating into the field of
medicine, plastic surgeons found a new legitimacy as respectable medical
professionals.

Non-Medical Modifications – (Re) Introducing Tattooing and Piercing in the
West

The practice of permanently modifying the human body through tattooing,
piercing, or scarification is common throughout the world across cultures and
time. Despite the overwhelming commonality of tattooing as a practice, popular
mythology holds that tattooing was introduced to the West via Captain James
Cook’s voyages across the Pacific in the mid-1700s (Thomas, 2005)\textsuperscript{29}. This idea
is only partially correct, however, as there is historical evidence of tattooing
throughout ancient Europe (MacQuarrie, 2000; Rush, 2005; van Dinter, 2005).
Indeed, the frozen remains of a five thousand year-old tattooed man discovered in
central Europe in the early 1990’s and the two thousand year-old remains of a
tattooed Pazyryk warrior indicate that Europe had a long and diverse history of
tattooing (Fleming, 2000; van Dinter, 2005). Nevertheless, religious prohibitions
and notions of civilization and savagery had eclipsed the tattoo in the Western
world and Cook’s return from the Pacific marked a \textit{rediscovery} of tattooing and
represents the starting point for the history of contemporary tattooing in the West.

\textsuperscript{29} Although it appears that the word \textit{tattoo} was brought to us by Cook from the Tahitian term \textit{tatau}
(Benson, 2000; Thomas, 2005).
Once it entered into the public consciousness, tattooing, like all cultural practices, was subject to a variety of fads and fashions, coming in and out of vogue depending on which segment of society embraced it. Because of their travels, Sailors were often the first Europeans of the Eighteenth century to have elaborately tattooed bodies and they drew much attention, however, they also occupied a rather unique and low-status social niche and their tattoos were easily associated with notions of class. Tattooing was so closely associated with sailors and their culture that historians often “pinpoint seafaring culture as the cradle of the modern Western tattoo” (Bradley, 2000 p. 142). Indeed, van Dinter (2005) argues that tattooing was closely associated with a variety of lower-class and marginal social groups ranging from sailors and soldiers to prostitutes and criminals. There were often commonalities among the style and placement of tattoos across marginal groups. Criminals frequently had obscene or anti-social tattoos, while soldiers often wore military insignia and prostitutes marked themselves, usually more discreetly than the other groups, with names of lovers or decorative designs (van Dinter, 2005). Tattooing among the marginal elements of society contributed to the stigma associated with the practice. Nonetheless, it flourished and eventually made its way into the mainstream.

By the early 1880s, tattooing had made an entry into England’s fashionable society, popularized by Royalty and the upper-classes and disseminated via stories in the popular press (Bradley, 2000). Some scholars trace the popularization of tattooing among England’s elite to King Edward VII who was tattooed in 1862 on a tour of the Holy Land and whose sons, the Duke of Clarence and York, who were tattooed in Japan by Hori Chiyo in 1882 and in
Jerusalem by the same man who tattooed their father (Bradley, 2000; Gilbert, 2000). Aside from giving tattoos an aura of respectability, there was an attendant burst of popularity for both Japanese and religious styled tattoos, to the extent that “there was so much demand for works by Japanese tattooists that they were invited to Europe to tattoo members of the aristocracy, and in 1895, upper-class girls queued to be tattooed by Burmese tattooists in the Berlin waxworks museum” (van Dinter, 2005 p. 49).

However, despite its permanency, tattooing was subject to the ebb and flow of fashion, and began to lose favor at the start of the twentieth century. Govenar (2000) notes that in America tattooing during the Civil War was understood to be an “acceptable means of expressing devotion and loyalty to country” yet “by the beginning of World War I, military authorities were attempting to discourage the practice” (p. 214) as tattooing had increasingly become associated with the erotic and obscene. Similarly, Fisher (2002) attributes the upper class’ fleeting interest in tattooing to both the “simultaneous increase in the number of social ‘deviants’ getting tattooed during this same time period and an increased visibility of ‘vulgar’ tattooed bodies” (p. 96) during the late nineteenth century. Again the dominant social paradigm for interpreting and evaluating the marked body changed the meaning of tattooing.

**Oddities and Entertainers**

With the advent of the age of discovery and the dispatching of sailing ships from Europe throughout the world, tattooing was first re-presented to the West through the bodies of the captured natives, and of those unfortunate enough to be
“captured” by natives. The capture and display of “savage princes” from the New World was common throughout the late 1600s, with various “Eskimos” and “Indians” bought and sold as entertainment pieces (Oettermann, 2000)\textsuperscript{30}. It was not just the natives that were put on display, however. Enterprising Europeans who were themselves tattooed often toured as spectacular oddities. One of the first Westerners to tour as a tattooed entertainer was the French deserter Jean Baptiste Cabri who was discovered living in the Marquesas in 1804 and brought back to Russia. Cabri was followed by others throughout the 1800s, including John Rutherford who debuted in 1828, James O’Connell in 1842, and Constantine in 1873 (Gilbert, 2000). Indeed, most of these entertainers came with stories of being captured by savages and forcibly tattooed, though the veracity of these accounts is certainly questionable and more likely than not the stuff of promotional fantasy.

The presentation of tattooed oddities extended into the early twentieth century, turning from the display of “savages” and “natives” to that of the sideshow freak. Performers such as The Great Omi, who was completely tattooed with stripes over his body and face, and a tusk pierced through his nose and filed teeth, toured with circuses in England and the United States as novelty acts. Indeed, the novelty aspect was what gained so much attention for those performers who were heavily tattooed. Female performers also toured with

\textsuperscript{30} One of the most famous tattooed natives was Prince Giolo, a South Sea Islander brought to London in 1691. Giolo was entirely tattooed and was purchased in the Philippines by William Dampier. Dampier managed to show Giolo to crowds of the elite and to royalty, yet Giolo died from either chickenpox or smallpox before he was shown more widely (Gilbert, 2000; Oettermann, 2000). Similarly, James Cook brought Omai, a Tahitian, to London in 1774, and though Omai was not purchased, he was put on display as a curiosity and an instantaneous success (Oettermann, 2000).
circuses, heavily tattooed, they were sensational spectacles that transgressed normative gender expectations. It was this combination of transgression and novelty that allowed them to make a relatively stable living as performers. However, the sideshow aspect of the tattooed also contributed to an overall image problem for tattooing. Mifflin (1997) notes that “during the Depression, hordes of people had gone under the needle in hopes of finding work as sideshow exhibits, driving the medium into the shadows of disrepute” (p. 38). This perception of tattoos as deviant and disreputable would persist well into the latter part of the twentieth century and is yet another example of how the popularity, and acceptability, of certain cultural practices are contingent upon fluid social norms.

_Professionalization in the Fields of Non-Medical Modification_

Unlike cosmetic surgery, a field co-opted by and assimilated into an emerging medical industry, there was no similar institutional structure with which tattooing could affiliate itself. As such, tattooing remained a marginal and questionable occupation in this United States, despite periodic flirtations with upper and middle-class society. Progress toward professionalization of the industry was slow and came in spurts throughout the twentieth century, marked by distinct transitions both within the industry and in public perception of tattooing.

One of the first major developments in tattooing came about through improvements in technology, specifically the electric tattoo gun. Samuel O’Reilly is credited with inventing the electric tattoo machine around 1890, marking a great advance in the tattoo industry (Gilbert, 2000). Hand tapping tattoos was a long and painful process and the electric machine not only reduced the amount of
time and pain involved, but also allowed for greater detail in the artist’s work (Govenar, 2000). The new technology enabled more potential artists to become tattooists and created a new market for tattoo machines, pre-made stencil designs, inks, and how-to manuals (Gilbert, 2000). This single advance helped tattooing to gain a foothold in American culture, and while it remained stigmatized throughout much of the next half-century, the skills and techniques of the tattoo artists were passed from mentor to apprentice, preserving the craft from one generation to the next.

Indeed, the apprentice system was an effective means of reproducing and transmitting skills sets and technical knowledge while simultaneously limiting the number of individuals who could enter the profession. This gatekeeping function of the apprentice system allowed individual tattooists to teach the basics of running a successful shop as well as the technical nuances of tattooing, such as mixing inks, performing maintenance on machines, or creating art that successfully transfers from paper to body (DeMello, 2000). Beyond this, the apprenticeship system also instills a set of values and ethics, providing established tattoo artists with that ability “to control, not only the pace at which new tattooists learn their skills, but also the ethic they will practice once they go into business for themselves” (Vail, 2000 p. 68).

The apprentice system has endured relatively unchanged since its inception; however the ease of acquiring tattoo equipment and supplies has made entering the field without having apprenticed under a professional tattooist less difficult (Vail, 2000). Similarly, there are competing claims as to whether the apprentice system is still viable, especially with an influx of formally trained
artists entering the field and circumventing the apprenticeship altogether (Sanders, 1989; Vail, 2000). However, as self-regulation has been usurped, either through alternative avenues of training and access to materials, many states have begun establishing minimal standards and levels of training for operating business that specialize in tattooing or body piercing (Armstrong, 2005). As tattooing moved in and out of the public’s consciousness, whether seen as deviant or fashionable, it was this internal regulation that has helped tattoo artists create a professionalized industry. Today, many studios both tattoo and piercing, rely on these normative internal regulations in conjunction with external state regulations to present a professional front far removed from their more dubious beginnings.

Current State of Body Modification Practices

Body modification processes, whether medical or non-medical in nature, have experienced steady and rapid growth, particularly during the past thirty years. Shifting cultural norms, advances in access and technology, and increased commercial availability have all contributed to the proliferation of body industry service providers. However, despite their similarities, non-medical and medical body modification businesses are part of two distinctly different industries with vastly incomparable access to resources and differing levels of organizational structure. While these types of resources help establish legitimacy in the marketplace and among consumers, especially for cosmetic surgeons who benefit directly from the institutional reputation of medicine as an industry, they also provide their constituents with the means to reach potential consumers with a persuasive and unified message. Medical body modifiers have developed a
sophisticated approach to public relations that far surpasses the advances made by the non-medical modification industries\textsuperscript{31}. As a consequence, the level of information and quality of data pertaining to cosmetic surgery is richer and more comprehensive than those data relating to processes such as tattooing and body piercing.

\textit{Transitioning Demographics of Body Modification Projects}

The amount and quality of data related to these body projects varies greatly. As previously noted, professional cosmetic surgery organizations have been putting more effort and resources into researching the marketplace and targeting their consumers. Sullivan (2001) argues that professional organizations became aware of the media’s interest in statistics, noting that the American Society of Plastic and Reconstructive Surgery was the only organization to keep any statistical data in the 1980s, by 1992 they had sub-contracted that work for better quality data, and upon the success of the ASPRS, organizations such as the American Academy of Facial Plastic and Reconstructive Surgery, American Society for Aesthetic Plastic Surgery, and the American Academy of Cosmetic Surgery all began collecting and releasing similar types of data for marketing purposes. Comparably thorough data on non-medical body modification is more difficult to acquire, primarily due to the lack of professional necessity on the part of the professional organizations.

\textsuperscript{31} There are multiple credentialing and professional organizations that provide a structure of institutional support and public/media outreach for cosmetic surgeons such as the American Association of Plastic Surgeons (founded in 1921), the American Board of Plastic Surgery (1937), the American Society of Plastic Surgeons (1931), or the American Society for Aesthetic Plastic Surgery (1967) among others. By way of comparison, there is appears to be only one viable national tattoo organization, the National Tattoo Association (founded 1976), and one body piercing organization, the Association of Professional Piercers (1994), neither of which have the established history, institutional resources, cohesive organization, or political clout of their medical counterparts.
tattoo and piercing industries and an overall lack of interest by the media, the cost of gathering such data on a large-scale basis as the cosmetic surgery industry would outweigh the benefits.

_Gender and the Modified Body_

The gendered body plays a unique role in the context of contemporary body modification, with certain processes historically labeled as decidedly masculine, such as tattooing (Fisher, 2002) or feminine, such as cosmetic surgery (Dull and West, 1997). These understandings of the gendered body construct an elaborate set of cultural norms pertaining to the body, how one should present the body, and what types of changes are appropriate based on one’s gender. The conventional view that men do not concern themselves with physical appearances and that beauty is the feminine domain (Glassner, 1992) not only informs contemporary interpretations of masculinity and femininity, but often serves as a justification, or prohibition, for engaging in any variety of body projects. Furthermore, while the criteria for “masculine” and “feminine” are continually in flux, Western society has tended to liberalize acceptable body practices, perhaps as a means of expanding the options and approaches for individual body projects as consumable lifestyle choices (Featherstone, 1987).

Because of their disparate histories and divergent cumulative cultural assessments of acceptability and deviance, the contemporary modification practices of cosmetic surgery and tattooing or body piercing rarely recognized as complimentary forms with the potential for invoking, reinforcing, or challenging dominant social norms. However, when one examines these body practices, one
cannot ignore the prominent role gender plays, not only in the marketing of certain services and products but also in the interpretation of the individual’s character, again using body as a proxy for morality.

That women make up the overwhelming majority of cosmetic surgery patients is no surprise; this point is illustrated repeatedly both in the academic literature and in the data collected by professional organizations (see Figure 2.1). In their study of body dissatisfaction, Green and Pritchard (2003) found women to have lower levels of body satisfaction than men and a strong relationship between media influence and the level of reported body image dissatisfaction. Similar claims have been made about the role of media and other cultural influences, to the extent that “cosmetic surgery is portrayed as the pathway to having a face and body just like that of the models in magazines and television commercials, and therefore the only way to directly address dissatisfaction with appearance” (Sarwer et. al., 1998). However, the characterization of cosmetic surgery as an avenue for improving one’s assessment of one’s own body is often an explicitly gendered evaluation.

Even though the number of men having cosmetic surgery has increased in recent years, there remains a double-standard in how motives are attributed to men and women. Dull and West (1997) found that doctors viewed women’s concern about looks as natural and that pursuing cosmetic surgery was a natural outgrowth of their intrinsic nature whereas concern for personal appearance is antithetical to the male experience. Indeed, the notion that cosmetic surgery

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32 All data in Figure 2.1, Figure 2.2, and Figure 2.3 is from the American Society of Plastic Surgeons available at www.plasticsurgery.org.
seems more “natural” for women than men, particularly within medical science, has a long established precedent, since, as Davis (2002) notes, “medicine has historically defined the female body as deficient and in need of repair” so that cosmetic surgery is seen to be “acceptable therapy for women’s problems with their appearance” (p. 55). As a means of legitimating cosmetic surgery for men, the choice is often framed as an occupational necessity where looking better and younger is framed as a career move, keeping the older man competitive with a younger workforce (Balsamo, 1996; Fraser, 2003). Despite the expectation that women are more “naturally” inclined to undergo cosmetic surgery, they still must contend with “charges of shallowness” (Gimlin, 2000 p. 94), whereas men are often able to escape these charges when cosmetic surgery is couched in terms of “career enhancement” (Balsamo, 1996 p. 67). Predictably, there is a vast gulf between the numbers of women and men who undergo cosmetic surgery each year and while the number of men has increased, they constitute a relatively small percentage of the market.

The American Society of Plastic Surgeons (ASPS, 2006e) indicates that of the 1.8 total cosmetic surgical procedures performed in 2005, 84% of patients were female, representing about 1.5 million procedures. Additionally, women accounted for 89% of minimally-invasive procedures (i.e., Botox injections, microdermabrasion, chemical peels, etc), roughly 7.5 million procedures. Conversely, men accounted for only 16% of cosmetic surgery patients or 284,000 procedures and 11% of minimally invasive procedures, about 912,000 procedures (ASPS, 2006d). Also of note, while invasive surgical procedures have decreased by 2% for men and increased by 5% for women between 2004 and 2005, non-
invasive procedures have seen an increase of 1% for men and 14% for women. Figure 2.1 shows the total invasive cosmetic surgical procedures from 1996 through 2005 for both men and women and illustrates the disproportionate number of women who undergo these procedures relative to men.

As previously noted there is a dearth of data pertaining to the prevalence of practices such as tattooing and body piercing. This can be attributed to a variety of factors such as the remaining stigma associated with these practices, the lack of organization within this segment of the body modification industry, or simply the assumption that these practices do not merit critical and systematic analysis. However, a recent study using a nationally representative sample found a “prevalence rate of 24% tattooing among people 18 to 50 years old” along with 14% of the sample who had body piercings (Laumann and Derick, 2006 p. 419). Within that same sample, 22% of the women were tattooed while 26% of the men have tattoos; similarly, 21% of the women had some type of body piercing compared to 8% of the men. Despite the notion that tattooing is primarily a male activity, these findings tend to support the general trend of women being tattooed as well. Indeed, Mifflin (1997) suggests that nearly 60% of tattoo recipients are now female.

Although more women are getting tattooed, there is arguably a greater social stigma for them relative to men, particularly when their tattoos deviate from more acceptable “feminine” designs and locations. Indeed, tattooed women have historically been stigmatized because they violate gendered expectations of appropriate behavior and appearance (Braunberger, 2000). In a study of attitudes toward women with tattoos, Hawkes et al. (2004) found that women with tattoos
were perceived more negatively than those without and that the overt display of tattoos, especially larger tattoos, is also evaluated less positively than women without tattoos. However, the authors note that tattoo women were perceived as “more powerful and less passive” (p. 602) than women who were not tattooed. Similarly, Fisher (2002) notes the historical association of tattoos with working-class males and suggests that this informs a gendered approach to tattoo placement, with men getting tattooed in locations that are easily revealed and women more likely to tattoo areas of the body that are more easily concealed. Atkinson (2002) supports this idea, finding that many women place tattoos in discreet locations, specifically the lower back and hips, and to a degree these have become stereotypically “feminine” locations to place tattoos. These findings speak to the power of normative expectations not only for appearance, but appropriately gendered behavior as well.

Race and Ethnicity

Notions of race and ethnicity are intimately bound to our ideas about bodies in American and Western society. Historically, we have often reduced bodies to their singular parts, conflating value judgments and moral characterizations with aesthetic ideals. Gilman (1999) makes reference to racialized perceptions of noses citing “eighteenth- and early nineteenth-century anthropology that the noses of the black and Jew were signs of their primitive nature” as they were understood to be “too flat” (p. 85). Subsequently, the nose, as a singular feature, comes “to

33Hawkes et al., (2004) did note that having a tattoo was often a mitigating factor in these assessments. For example, men with tattoos typically had a more positive assessment of tattooed women than men who did not. Similarly, tattooed women had a positive assessment of women with large tattoos, a category where even tattooed men expressed a negative evaluation.
signify all that is static and immutable about the African and Jew, whether natural
or cultural” (Gilman, 1999 p. 90). Similarly, the perception of “Oriental” eyes as
different and foreign contrasts them directly with the Caucasian “ideal” of beauty
and has lead to the growth of eyelid surgeries, especially since the end of World
War II, to bring Asian eyes more in line with an Anglo appearance (Haiken, 1997;
Gilman 1999). These themes tend to reinforce Shilling’s (2003) concern about
body projects perpetuating inequality, particularly since they are so closely tied to
exclusionary understandings of desirable appearances as well as preexisting racial
and ethnic stereotypes. As a result, cosmetic surgery, as a means of modifying
the body, has potentially farther reaching social implications than non-medical
modifications.

The ASPS (2005) reports that in 2005, 77 percent of patients having a
cosmetic procedure identified as white, representing more than 7.8 million total
procedures. Minority patients made up a distinctly smaller proportion of patients,
with Hispanics accounting for 9 percent, African-American at 8 percent, and
Asian-Americans at 4 percent of total cosmetic procedures (see Figure 2.2 for an
overview of cosmetic surgery by race). Additionally, nose reshaping was the
most commonly requested surgical for African-Americans and Asian-Americans,
while breast augmentation was the most requested by Hispanics. These patterns
speak to the notions of race and body voiced by other authors and raises pertinent
questions with regard to how race is embodied and how that experience can be
changed with the body\textsuperscript{34}. An ASPS (2006e) press release notes that these figures

\textsuperscript{34} The ASPS (2005) data also indicates that eyelid surgery was in the top three most requested
procedures for Asian-Americans, while nose reshaping made the top three for Hispanics.
represent a 67 percent increase for both African-Americans and Hispanics since 2004 and a 58 percent increase for Asian-Americans. Figure 2.3 shows the overall increase in the incidence of cosmetic surgery among minority populations in the United States from 2000 through 2005.

**Motivations for Modifying the Body**

The methods we use to change our bodies and the reasons we engage in these practices vary over time and place. In smaller tribal societies, body practices have not been individual but social practices; integrating rituals marking the individual as a member of the community. However, as society has grown more complex, so too have our motivations for engaging in transformative body practices as well as our collective interpretations of these practices. An effective paradigm for understanding body practices, particularly within the contemporary consumer society, is the body project (Shilling, 2003), where the body becomes an object to be focused upon, worked at, and improved. Maguire (2002) characterizes this approach to body practices as “body-as-enterprise” (p. 454) where one modifies the body through a variety of consumable options, intertwining individual and class identity through the exercise of consumer choice (Featherstone, 1987). Indeed, Shilling suggests that body projects move into the realm of “body options” facilitated by technological advances that expand our capacity for “restructuring human embodiment” (p. 189). These perspectives offer insight into how we understand our bodies, how our corporeal boundaries are both constructed and deconstructed, and, broadly, why we engage in body modification.
In a society with so many choices and means of changing, modifying, and customizing the body, there are a variety of interpretations and motivations for undergoing any given type of modification. Gimlin’s (2002) study of women who had cosmetic surgery found that the majority of her respondents did not expect cosmetic surgery to make them beautiful, but instead create a more “normal” appearance\textsuperscript{35}. Indeed, what she did find was that these women articulated their decision to have cosmetic surgery as a means of mitigating the effects of aging, to correct physical features that they found to be abnormal or flawed, or to “reduce the physical markers of ethnicity” (p. 99). Similarly, Glassner (1992) argues that some people engage in cosmetic surgery as “an active endeavor – as one more piece in a comprehensive health-and-fitness program” (p. 190), bringing cosmetic surgery closely in-line with the notion of a body project.

These motivations, however, are often articulated differently for men. Because cosmetic surgery is characterized as a feminine pursuit, male justifications must legitimate cosmetic surgery as a masculine endeavor. To counter assumptions of deviance, particularly psychological instability or presumed homosexuality (Davis, 2002), men often use the “career advancement” claim, arguing that they must compete with women and younger men in the workforce and looking young, fit, and attractive helps them to maintain a competitive edge (Balsamo, 1996; Dull and West, 1997). This type of justification also shields them from claims of vanity and self-centeredness and rearticulates the decision to have cosmetic surgery as a masculine endeavor.

\textsuperscript{35} Gimlin notes that these notions of “normalcy” restrictive and that cosmetic surgery works because it is situated “within the context of a culture of appearance that is less about beauty than it is about control based on the physical representations of gender, age, and ethnicity” (2002 p. 96).
Because tattooing and body piercing have had a varied history, been overwhelmingly stigmatized, and have explicit associations with “primitivism” and ethnicity as well as distinct class associations, these processes are often framed in the context of accomplishing individual identity. Even in the face of increasing prevalence and acceptance, these practices are still transgressive, specifically because they move the individual away from the dominant normative expectations of attractiveness.

As the social meaning of being tattooed has changed one might presume that the motivations for becoming tattooed have changed as well. Sanders (1989) argues that the decision to become tattooed is tied to the individual’s definition of self with the tattoo subsequently acting as a signifier of association with some social category of individuals. The tattoo also performs a ritual function, marking a life transition or commemorating a traumatic or momentous event (Sanders, 1989; Fisher, 2002; Pitts, 2003). Another common motif, particularly among women, is tattooing or piercing as a means or reclaiming one’s body, whether from abuse or disease, and marking it as a means of reasserting control (DeMello, 1995; Pitts, 1999; 2003). A more extreme use of these types of modification practices is exemplified in the Modern Primitive movement where body modification is used to set one apart from, and function as a protest of, contemporary society (Cummings, 2001). In this context, the rites and rituals of “primitive”, tribal societies are appropriated as representing a more natural relationship with the earth as well as with other individuals. Finally, in a study

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36 The Modern Primitives movement draws liberally from a vast range of cultures and practices without a strongly unifying political or religious ideology, leading authors such as Kleese (1999) to characterize the movement as a “form of postmodern eclecticism” (p. 17).
of tattooing among college students, Armstrong et al. (2002) found that expression of individual identity was one of the primary reasons for becoming tattooed.

Conclusion

This chapter provides an overview of body modification processes in the U.S. and how they have developed to this point. Specifically, it shows how the processes of medical and non-medical modification have transitioned from deviant and suspect practices to gain varying levels of social acceptance. This chapter also highlights the differences in the practices, not only with regard to who is engaging in them, but also their motivations and expectations for undergoing the modification process.

Drawing on the literature from the previous chapters, this project addresses several questions. Broadly, this project asks how and why individuals and specific social groups manipulate and change their bodies; what are their expectations, what do they seek to achieve through their modification practices? Additionally, I ask how such changes linked to structures and ideologies pertaining to social stratification; what role do race and class play in determining what types of modification projects are engaged in and to what end? As part of this, the notion of body modification as consumable options will be addressed, focusing on how the individual characterizes their body project within a consumer context.
CHAPTER 3

DATA AND METHODS

This research project is guided by a broad question: How and why do individuals and specific social groups manipulate and change their bodies? Specifically, the project focuses on two types of body modification practices; non-medical modifications, typically characterized as socially transgressive practices such as tattooing and body piercing, as well as medical modifications, practices that are generally socially sanctioned and understood as legitimate means of augmenting the body, in this case, cosmetic surgery. Furthermore, this project is designed as a comparative analysis to examine the structural, socio-demographic, and ideological differences or similarities that exist between individuals who engage modification processes with potentially transgressive outcomes versus those oriented toward more normative outcomes. Particularly, this analysis examines how these different modification practices are used as means of accomplishing identity and achieving social status among certain groups as well as broader linkages to issues of social stratification, cultural conformity, and deviance. To generate a holistic understanding of the motivations and cultural implications of body modification practices, I employ multiple methods and data sources, including in-depth interviews and media analyses.
Media Analysis

Chapter 4 compares mass media accounts and representations of cosmetic surgery to those of tattooing and body piercing. The data for this analysis is drawn from articles appearing in eight major newspapers\(^{37}\) between January 2000 and January 2007. Articles were selected if their primary substantive content focused on tattooing, body piercing, or cosmetic surgery. Articles that focused solely on a highly specific event or person, such as a recently tattooed celebrity or a cosmetic surgeon arrested for malpractice, were excluded from the analysis because the primary focus was generally not the issues of tattooing, body piercing, or cosmetic surgery. Additionally, articles dealing with FDA approval of materials for cosmetic surgery and articles about both hearings and legal cases related to silicone breast implants were also excluded. A total of 72 articles are used in this analysis, with 32 articles specifically on tattooing, 18 articles on body piercing, and 22 on cosmetic surgery.

TextAnalyst

The TextAnalyst program is used for the analysis of newspaper accounts of body modification practices. Effectively used by prior researchers in examining the use of Internet websites by white supremacist organizations (see Adams and Roscigno, 2005), TextAnalyst allows for the systematic analysis of text data by mapping out the semantic relationships between specific terms within a document or set of documents and highlighting thematic structures within the text.
Furthermore, TextAnalyst assigns a quantitative value to terms based upon their overall relevance to the text as a whole as well as their relationships to each other, providing an additional level evaluation.

TextAnalyst generates a semantic network of the interrelated terms and themes within a text document through the application of linguistic rules and an “artificial neural network” program that approximates human cognition. The semantic network is constructed based upon both the frequency of terms and their relationships with each other. Within the semantic network, each term is assigned a statistical weight, as are the linkages between terms, ranging between 0 – 100\(^{38}\). The statistical weights help indicate which terms are most integral to the text as well as how strongly different themes are related within the document.

After the text data has been analyzed, TextAnalyst “engages in the process of renormalization – adjusting the statistical weight of each term based on its relationship to others” and arranges these “semantic weights” into the larger semantic network (Adams and Roscigno, 2005 p. 763). Higher semantic weights indicate that a term has a high level of significance within the text. In this analysis, I established a standard threshold for inclusion in the semantic networks to maintain consistency across the texts analyzed. A minimum semantic weight of 20 for the linkages between terms and a minimum semantic weight of 35 for each individual term is required for the relationships and terms to be considered significant for inclusion in the semantic structures.

\(^{38}\) In the Figures in chapter 4, the semantic weight is directly below the term to which it is assigned, the weight of the linkage is directly above the line connecting the two terms.
In-Depth Interviews and Analysis

The data in chapters 5 and 6 is drawn from in-depth interviews conducted with individuals who have engaged in some level of body modification including tattooing, body piercing, or cosmetic surgery\(^{39,40}\). The criteria for inclusion in the sample were having undergone a minimum of at least one invasive, cosmetic surgery or having at least one tattoo or non-traditional body piercing\(^{41}\). This research draws primarily from a purposive sample (Babbie, 2001) of participants who were recruited through flyers and announcements posted in a variety of public spaces. Additionally, about a third of the respondents were obtained through a snowball sample. A total of 28 respondents were interviewed about their experiences with body modification. Of these, 15 respondents have engaged in either tattooing and/or body piercing, 12 have had cosmetic surgery, and one was scheduled for surgery. Two of these respondents reported having had cosmetic surgery as well as tattoos or body piercings and a third individual who had cosmetic surgery expressed interest in getting tattooed.

Individuals within the sample ranged in age from 20 to 66 years of age, with the average age of the sample being 36 years old. Additionally, 22

\(^{39}\) While the terms “body modification” (Featherstone, 1999) and “body project” (Shilling, 2003) have been used to describe a range of practices that include weight lifting, exercise regimens, dieting, or wearing make-up, this project is concerned only with invasive practices. Additionally, tattooing, body piercing, and cosmetic surgery almost always require the services of a professional, establishing a qualitatively different dynamic, generally an economic relationship, than a body project that one can undertake without assistance.

\(^{40}\) Because I have conceptualized tattooing and body piercing as “non-medical modification” and cosmetic surgery as “medical modification”, differences between the different practices are emphasized. Several respondents, however, have engaged in both medical and non-medical modifications, indicating that such practices are not mutually exclusive.

\(^{41}\) Generally, piercings in the ears have become relatively acceptable for both men and women in contemporary American society. As such, ‘non-traditional’ for either sex excludes ear piercings.
respondents are female and six are male. When broken down for specific types of modification, the average age for respondents who are tattooed or pierced is 31 while the average age of respondents who have had cosmetic surgery is 44. While the majority of respondents are white, one is Asian American and one is African American. Nine of the respondents are currently married and five indicated that they are divorced. Finally, three respondents self-identified as gay or lesbian (see Figure 3.1).

**Analytic Strategy**

While much prior research has focused on body modification as the source of community (DeMello, 2000), a movement (Rosenblatt, 1997; Cummings, 2001), or a subculture (Pitts, 2003); this project does not. Hebdige (1979) argues that subcultural practices are routinely co-opted and commodified, extracted from the context in which they are originally developed and introduced and assimilated into mainstream society. The project examines body modification as a spectrum of cultural practices, widespread across a variety of demographics, and of great enough frequency that practitioners can no longer be understood simply as members of a monolithic group. Similarly, this research is not an ethnography of “body modifiers” but an exploration of the lives, motives, and meanings of people who have actively and invasively changed their bodies.

Because my focus is on both the broad social characteristics of individuals who undergo various types of body modification as well as their experiences, expectations, and assessments of those modifications, I use a semistandardized
interview. According to Berg (2001), semistandardized interviews are useful because the predetermined questions allow the interviewer to be “systematic and consistent” in the interview, yet there is flexibility to “probe far beyond the answers to their prepared and standardized questions” (p. 70). A set of broad questions was developed that addressed three general areas: 1) the type and quantity of modification procedures in which respondents have engaged 2) respondents motivation to have these modification and the factors that influenced this decision and 3) respondents assessments of the outcome of these modification procedures. The overall goal is to achieve what Lofland and Lofland (1995) term “guided conversations” wherein the interviewee is integrated into the process and provided with the latitude to introduce his/her own ideas and observations into the interaction. All interviews were conducted in public spaces, typically coffee shops and restaurants, with the exception of two interviews conducted in a piercing studio, one in the respondent’s workplace, and one in the respondent’s home.

Interviews were conversational in nature and I essentially asked respondents to “tell me their story.” As such, I avoided some of the pitfalls of interviewing respondents whose activities and practices could be, and often are, considered deviant (see Hathaway and Atkinson, 2003b). Specifically, I framed the research project as one exploring meaning and motivation, rather than an individual analysis of the respondent’s psyche or deviant proclivities. As a result,

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42 In-depth interviews seemed the most appropriate method for answering the questions at hand. As Glassner (1992) observes “If all you want to know is the percentage of voters who will push the Republican lever in the next election, a large-scale survey of randomly selected citizens is fine, but if you hope to understand the lives and lusts of the lever pushers, you must talk with them directly.” (p.15)
I did not have to establish an “insider identity” (Hathaway and Atkinson, 2003; Vail, 1999)\(^{43}\), but instead relied upon my status as a social researcher to both establish authority as an interviewer while simultaneously legitimating my interest in body modification. Having done research on the histories of body modification and cosmetic surgery beforehand, presenting myself as knowledgeable and informed on the specifics of the practices, and articulating questions in a respectful and inquisitive fashion garnered enough goodwill from respondents to put them at ease and elicit seemingly honest and well thought-out responses. Additionally, there is an inherent benefit to establishing a strong rapport with interview respondents (Fontana and Frey, 1994) and by structuring the interviews as a forum where respondents could tell their own stories, I was often able to capitalize on their positive assessment of the experience and secure several additional respondents through a snowball sample.

While some prior researchers have argued that one might need to prove an insider status while doing research on tattooing or body piercing, Dull and West (1997) suggest that the sensitive nature of cosmetic surgery might cause respondents to be hesitant to participate or embarrassed about having had surgery. During the course of this research, I only had two respondents who required further assurance of my intent or the nature of the project. The first was a middle-aged male who had undergone cosmetic surgery. He asked several times before our meeting about what controls were in place to insure anonymity. During our

\(^{43}\) It is interesting to note that the literature on tattooing and body piercing often notes the necessity of providing some level of in-group credibility, while those researchers who study cosmetic surgery rarely ever report feeling as though they need similar legitimations. Similarly, I was asked by respondents and colleagues alike if I had tattoos, but never once asked if I had undergone cosmetic surgery.
interview, he provided me with a pseudonym and would not provide any
information not directly related to his surgery experience. The second instance
was a young, heavily tattooed woman who wanted to know how I planned to
portray tattooed individuals and tattooing in general, specifically whether I was
going to present tattooing as pathology. Aside from these two cases, the majority
of respondents indicated little interest in whether I had undergone any type of
body modification or how I was going to represent these practices.

**Coding**

Interviews were coded along thirteen broad categories: type of modification,
motivations, expectations, economic considerations, outcomes and level of
satisfaction, future plans for additional procedures, concerns about the procedure,
social effects, recovery, complications, pain, the influence of friends or family,
and the meaning of the procedure to the individual. These codes were informed
by prior empirical research on cosmetic surgery, tattooing, and body piercing as
well as those themes that emerged during the interview processes. Indeed, these
emergent themes are especially salient as they represent common articulations of
meaning and experiences among respondents. Shank (2006) notes the
methodological importance of emergent themes as representing “an awareness in
the mind of the researcher that there are patterns of order that seem to cut across
various aspects of the data” (p. 149). Coding interview data into these categories
enables a more rigorous comparative analysis of those accounts within each
specific category as well as between categories.
Sample Size

The sample size of this research, N=28, while seemingly small, is entirely appropriate for this type of sociological inquiry. As Savolainen (1994) notes, “the goal of case-oriented research is to explain particular outcomes” specifically, “the explanatory task in case-oriented approach is to identify the causal processes that brought about the outcome” (p. 689). This research project is designed to understand the meaning and motivations of those who engage in various body modification practices and to generate findings that speak to those experiences as individual and cultural practices. Additionally, the sample size is consistent with those of prior researchers, particularly when in-depth interviewing is used.

CHAPTER 4

MEDIA ANALYSIS OF BODY MODIFICATION PROCESSES

Previous chapters have discussed how body modification, as a spectrum of practices, has experienced rapid growth over the past thirty years. Practices such as tattooing and body piercing have become more common among college students and middle-class professionals (Hewitt, 1997; Armstrong et. al., 2002; Atkinson, 2002, 2003a). Meanwhile, those same industries have engaged in broad processes of professionalization and improved artistic and hygienic standards (Sanders, 1989; Rubin, 1988). Similarly, the cosmetic surgery industry continues a trend of increased expansion, seeing growing numbers of both surgical and non-invasive procedures (Gimlin, 2002; Sullivan, 2001). As such, these practices are often subject to media coverage, whether as reality television programs or as articles in magazines and newspapers.

This chapter will compare mass media accounts and representations of cosmetic surgery, tattooing, and body piercing. While there is limited scholarship directly examining media representations of body modification practices, several prior analyses have been used to examine cosmetic surgery (Woodstock, 2001) and tattooing (DeMello, 1995) as well as more transgressive practices such as body piercing, scarification, and branding (e.g., Pitts, 1999), but have not done so
in a comparative fashion. Using TextAnalyst, this chapter will examine how body modification is framed and represented in American popular media.

**Mass Media and Framing**

The mass media is an essential structure by which information is disseminated in contemporary society. Similarly, as an entrepreneurial pursuit, one of the primary concerns of media outlets is generating revenue through sales or advertising. In order to reach as broad a market as possible, many media organizations “try to brush over the existence of cultural differences, preferring a generalized frame of middle-class, suburban, domestic respectability” creating a broad “general-interest media” (Jacobs, 2005 p. 85). An outgrowth of this focus on general-interest issues is the media’s tendency to emphasize certain concerns while relatively ignoring others. As such, the media is able to influence the information available and the level of attention shown to a given topic, as well as how consumers understand, process, and evaluate certain issues (McCombs and Shaw, 1972). Certainly, research has shown that “journalists play an important role in constructing the news” and influence readers’ perspectives and understanding through “choices about language, quotations, and relevant information” (Shah et al., 2002 p. 367). While the media has the ability to frame social issues and direct public discourse, it often relies on pre-existing understandings of ideas and simply reproduces symbolic meanings rather than overtly reinterpreting them, problematizing the media’s role as both information provider and moderator of a collective dialogue.
Frames are characterized by Goffman (1974) as ways of organizing and interpreting the occurrences of everyday life in order to generate a meaningful way of understand events, symbols and interactions. Media outlets frame issues in the same way individuals do, by assigning meaning to events, reporting on them, and situating them within a larger cultural context. Jacobs (1996) argues that framing is an integral component of producing and presenting the news by “the transformation of discrete events into meaningful narratives” (p. 393). This transformation is achieved through “organizing complex news topic around distinctive arguments and themes while concurrently downplaying others” (Shah et al., 2002 p. 343). However, the manner in which media organizations choose to frame an issue is not happenstance but rather an consequence of what is believed “sells newspapers or attracts viewers” (Tarrow, 1998 p. 116). Therefore, it is not always advantageous or economically prudent for media organizations to aggressively challenge the status quo, resulting in framing techniques that often reinforce normative standards.

Tucker (1998) argues that media frames are “both a process and an effect in which a common stock of key words, phrases, images, sources, and themes highlight and promote specific facts, interpretations, and judgments” that ultimately “serve to close off specific pathways of meaning while promoting others” (p. 143). Below I will review prior research on media framing of the body and body modification practices. Of particular interest is the use of pre-existing understandings and stereotypes as heuristics for examining body modification practices, specifically as a means of establishing or reinforcing “pathways of meaning” that support normative expectations about physical appearance.
Media Accounts of Body Modification Practices

The body is an increasingly popular subject for the mass media with stories offering advice about diets, cosmetic surgery, and fitness plans while emphasizing the importance of beauty and youthfulness (Shilling, 2003). As such, media representations tend to reinforce cultural beauty ideals while simultaneously encouraging the consumption of goods to help one achieve those ideals.45 Similarly, Falk (1994) characterizes modern advertising as having “one foot in the world of goods and the other in mass culture” (p. 177) representing the coalescence of normative expectations, consumer culture, and a national media. Advertisements frame products as physical necessities, with the prominent theme of much advertising being that “you need our commodity for the sake of your most basic commodity: your body”46 (Glassner, 1992 p. 31). Given the integral relationship between media outlets and advertising, as both an industry and source of revenue, the media has a vested interest in promoting the dominant ideals of attractiveness and personal appearance.

The mass media must also attract the attention of consumers while competing with both traditional and alternative news sources. To capture this audience the media must “seduce consumers with sports, comics, human interest stories, crime, scare headlines, and enticing leads” (Farnen and Payerhin, 1990 p. 98). Reports on the dangers of body piercing, the popularity of tattooing, or the transformative potential of cosmetic surgery package these practices as news and in the process help frame public discourse and shape public opinion. Indeed,

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45 As an illustration of this point, see Peiss (1998) for a discussion of the role of mass media outlets and cosmetic companies in creating a national market for women’s cosmetics.

46 Emphasis in original.
body modification practices have become increasingly normalized through mass media exposure, not only as news or lifestyle pieces, but as the primary substantive content of television shows like *Extreme Makeover*, *The Swan*, *Miami Ink*, or *Inked* (see Carr, 2007; Kosut, 2006). Furthermore, the prevalence of body modification as both the subject of informative accounts as well as source of popular entertainment alternately normalizes and sensationalizes these practices, constantly reframing them to targeted audiences.

**Tattooing, Body Piercing, and Mass Media**

Within the context of contemporary Western society, body modifications such as tattooing and body piercing tend to be broadly understood as transgressive practices as they have the power to violate normative expectations about appearance, gender, sexuality, or race. Pitts (2003) suggests that many modification practices are “received with both repugnance and fascination by mainstream culture” and often characterized as “self-mutilation” (p. 11) by mainstream journalists. DeMello (2000) makes a similar claim, observing that mainstream outlets tend to present an extremely selective account of modification practices, specifically tattooing, drawing a sharp, most artificial, dichotomy between the traditional stereotypes of the tattooed against their more urbane contemporaries. Others have suggested that the media simply reinforces stereotypical associations of tattooing with criminality or other deviant behaviors (Steward, 1990).

Several pieces have focused, either wholly or in part, more directly on mass media representations of tattooing. DeMello (1995) has argued that most
representations of tattooing in mainstream media are “of extremely limited value, because of the distorted picture of tattoos and tattooed people that they painted” (p. 40). DeMello finds that the majority of mainstream articles is often thematically homogenous and divides them into three broad categories: articles about 1.) tattoo artists, 2.) tattooed people, and 3.) events such as tattoo conventions or shows. DeMello notes that regardless of the substantive focus of the articles, they all emphasize “who used to get tattoos, or what tattoos used to be” in order to contrast them with the idea that “tattoo customers today are different” and focus on the “new tattoo generation” (pp. 40-41) of tattooed middle-class professionals. This approach most often ignores those who do not fit into the “new tattoo generation” and relegates others as historical novelty. While it may provide an incomplete picture of those who are being tattooed in contemporary American society, these articles are not inconsistent with Hebdige’s (1979) notion of cultural co-option. In short, Hebdige argues that through the process of co-option, “subcultural signs” are converted into “mass-produced objects” (p. 94), with their original symbolic implications and meaning being diluted or lost.

DeMello’s (1995) account of media representation suggests that mainstream media outlets co-opt and translate tattooing into a practice palatable to middle-class values and stripping away less favorable attributes and associations. Indeed, DeMello finds that tattoos are typically characterized in terms of “personal aesthetics, individuality, and spirituality or personal growth” (p. 41). Again, these interpretations of tattooing remove it from its associations with any variety of deviant behavior, criminal, or class affiliation (see Steward,
This type of media representation reframes and repositions tattooing as a relatively acceptable exploit wherein one can express his/her individuality without being overly stigmatized. Furthermore, by separating the tattoo clientele of the “past” from their contemporary counterparts, these accounts characterize tattooing as a middle-class art form distinct from the stereotypical tattoos of sailors and gang members from a prior era.

Similarly, Pitts (1999) analyzed newspaper articles covering body modification practices and found that these articles were often “concerned with its controversial or shock value” and that many articles “present body modification as a social problem” (p. 291). Specifically, Pitts shows that many articles characterize body modification as self-mutilation or self-harm, positioning modification practices as potential indicator, or symptom, of a mental health problem. Where DeMello (1995) cites the interviewing of middle-class professionals to recast tattooing, Pitts notes the use of mental health professionals as experts to lend credibility to the framing of body modification as pathological practice. Additionally, by framing body modification practices as mental health issues, these articles create a linkage between “tattooing, scarification, piercing, and branding” and “other social problems, especially those which express a lack of control, such as drug addiction, bulimia, and crime” (Pitts, 1999 p. 296). Pitts also argues that by presenting body modification as a form of mental illness, the agency of modifiers is called into question, and although accounts of modifiers are periodically offered to bring balance to a story, they are often reinterpreted by mental health professionals.
Atkinson (2003a) notes this dualist tendency of mainstream media, specifically newspaper articles, to focus on body modification either as fashionable lifestyle choice or threatening and dangerous behavior. Observing that many articles discuss tattooing as art, broad demographic appeal, and higher levels of professionalization within the body modification industry, Atkinson also finds that many writers “prefer to shock, frighten, or alarm” as these types of accounts are “clearly more marketable than is rational and informed discussion” (p. 62). These media discourses have the power to frame body modification practices for both those who are modified as well as those who are not, whether it is constructed as a social problem or the latest trend (DeMello, 2000; Atkinson, 2003a). These analyses suggest that media accounts typically provide an incomplete assessment of body modification and offer sensationalism over useful information.

**Cosmetic Surgery and Mass Media**

As a means of augmenting one’s body, cosmetic surgery has assimilated into mainstream culture more easily than other, more overtly transgressive practices. According to the American Society of Plastic Surgeons, there has been a 775% increase in cosmetic plastic surgery procedures from 1992 through 2005, with an estimated 3.4 million procedures performed in 2005.47 The increasing normalization of cosmetic surgery has been linked to both the escalating commercialization of medicine as well as its pervasiveness in popular culture and

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the mainstream mass media (Brooks, 2004). Additionally, much of the coverage of cosmetic surgery in the media is oriented toward women (Balsamo, 1996) framing a concern with attractiveness and youthfulness as a “natural” concern for women, a perspective often echoed by medical professionals as well (Dull & West, 1997). If the mass media relies on stereotypes to characterize body modification practices, it also relies on gender stereotypes and normative standards of beauty when reporting on cosmetic surgery, often as a means of legitimizing or justifying cosmetic surgery.

Davis (1995) suggests that the media itself has played an integral role in the popularization of cosmetic surgery. First, media coverage of celebrities and their body work glamorizes cosmetic surgery, sending a message that “no one is so beautiful that she cannot become even more so with the help of surgery” (Davis, 1995 p. 18). Secondly, magazines geared towards women as well as daily newspapers often run stories focusing on the ordinary woman’s experiences with surgery or the benefits of surgically improving one’s appearance. Similarly, Balsamo (1996) argues that advertisements typically frame these potential benefits of cosmetic surgery using gendered stereotypes, suggesting that men are represented as more concerned with virility and professional competitiveness whereas women are investing in aesthetic improvements.

Just as DeMello (1995) identified three general thematic frameworks used by the popular press to discuss tattooing, Brooks (2004) identified two narrative frameworks used the representation of cosmetic surgery in popular women’s

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48 Indeed, when the mass media covers cosmetic surgery, there is rarely, if ever, a mention of its disreputable history as opposed to accounts of tattooing or body piercing that consistently reiterate an association with deviance. For a detailed history of the cosmetic surgery industry, see Haiken (1997).
magazines. The “cosmetic surgery as new technology” (p. 215) framework characterizes cosmetic surgery as an easy, legitimate method of maintaining a healthy lifestyle. This framework uses the institutional legitimacy of medicine to present cosmetic surgery as a scientific innovation in health-care and an easy way to maintain one’s quality of life. The “candid account” (219) framework emphasizes individual experiences with cosmetic surgery, with a focus on the, mostly positive, qualities of those individuals who chose to have the surgery. Generally, this approach lauds the individual for having the strength and courage to make the decision to have the surgery as a “pro-active step towards self-improvement or economic success” (p. 221). Haiken (2000) shows that the theme of personal transformation and self-improvement is not particularly new or novel, but a standard approach that has become entrenched in mass media representations of cosmetic surgery.

In the past, invasive, expensive cosmetic surgeries were seen as a superfluous luxury reserved for the rich and famous. A dominant element of the recent mass media framing of cosmetic surgery redefines it as accessible for everyone, not so much as a luxury than as part of one’s physical maintenance routine (Brooks, 2004). This framework constructs cosmetic surgery as one of a range of consumer options for improving one’s appearance and contributes to its normalization “through media representations that suggest everyone is ‘doing it’” (Woodstock, 2001 p. 426). This is a common representation of cosmetic surgery, thematically linked to the personal account as it personalizes the surgery and frames it as something anyone can do. Woodstock (2001) argues that this approach performs a necessary function and that its consistency “suggests a
persistent need to convince readers of cosmetic surgery’s normalcy, that it has shed itself of associations with deception and vanity” (p. 427). Again, this is reminiscent of how mainstream media outlets frame tattooing, by separating what it means in the present from what it meant at some other point in time.

Popular representations of cosmetic surgery also tend to be greatly sanitized, omitting the gory details of the actual surgeries and offering few images of the post-surgical, recovering body. As Davis (1995) observes, “potential unpleasantness and difficulties are downplayed in pictures which show the patient lying bare-breasted and smiling on the operating table with circles drawn where the surgeon will cut” (p. 19). Often, potential health risks are downplayed as well and negative outcomes are attributed to the unpredictability of the aesthetic results or poor physician selection (Sullivan, 2001). One analysis found that 35% of articles in women’s magazines fail to mention health risks altogether, other than temporary side effects, while 16% suggest that there are risks but do not indicate what they are, and 28% address serious problems but characterize them as atypical (Sullivan, 2001). Others have found similar framing techniques in women’s magazines, noting that “the invasive nature of surgery [has] been obscured, first through lack of mention, and later in the framing of surgery as a beauty technique much like others: facials, exercise, diet, etc” (Woodstock, 2001 p. 437). These prior analyses indicate that much of the mainstream media coverage of cosmetic surgery is positively biased and explicitly gendered.

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49 This is generally the case with printed coverage of cosmetic surgery. With popular television shows, the gore appears to be an integral component. This might speak more to the medium than the framing of cosmetic surgery, specifically with an emphasis on the sensational aspect of the surgery.
appearing disproportionately in women’s magazines and oriented toward female readers in daily newspapers.

Representations of Tattooing and Body Piercing in Newspaper Articles

Although tattooing and body piercing both enjoy a degree of popularity and are subject to less social stigma than in the past (Atkinson, 2003a; Mifflin, 1997), the media representations of these practices, while often interrelated, are significantly different. A cursory survey of the titles of articles about tattooing indicates a focus on the lifestyle and fashion aspects of tattoos with only periodic mentions of possible social stigma. Articles on body piercing, however, focus almost exclusively on the potential for negative health outcomes. Because these practices are treated as qualitatively different in the media, I have analyzed the articles that are predominantly about tattooing separately from those on body piercing.

Framing Tattooing

Much of the content on tattooing in the articles examined is focused on the demographics of contemporary tattooees, consistent with DeMello’s (1995) findings. Figure 4.1 reports the semantic network of the aggregated text of the 32 articles specifically about tattooing. The root term “tattoo” has a semantic weight

50 Representative titles include: “Indelible Memories for Veterans of Iraq; Post-Battle Tattooing Ritual ‘as Old as War Itself’” (The Washington Post, November 6, 2005); “Renaissance Time for Tattoo Art; Body Needlework has been Reaching Society's Mainstream, including Women and Teens” (The Atlanta Journal and Constitution October 26, 2000); “Far More Than Skin-Deep; Firefighters Line Up for Tattoo Tributes to 9/11” (The Washington Post, August 24, 2002); “A Tattoo at 50: No Needling Remarks, Please.” (The Seattle Times, September 10, 2000).

51 Titles for articles on piercing include: “’Not a Benign Operation'; Mouth Piercings Worry Dentists” (USA TODAY, March 28, 2006); “Fresh Warnings on the Perils of Piercing” (The New York Times, April 4, 2000); “Popular Piercing Opens Possibility of Serious Illness The Hole in the Trend may be Hepatitis, HIV Years from now” (USA TODAY, July 19, 2000).
of 99, indicating its overall thematic centrality to the text being analyzed. The associations between the root term and “year” (47), “percent” (41), and “woman” (37) all speak to the transitioning demographics of contemporary tattoo clientele. Indeed, the term “percent” (99) illustrates this transition:

*About 16 percent of adult Americans, or 40 million people, currently have tattoos.* (Guerrero, 2005)

*A study by the Mayo Clinic discovered that about 23 percent of university-age students had one to three tattoos and that about 51 percent of them have one or more piercings (other than earlobe piercings for women).* (Ngo, 2005)

*Tattoos and piercings, once fetishes most closely associated with outlaw bikers or fringe lifestyles, now have become mainstream fashion expressions.* (Dade, 2005)

However, the statistics touting the number of people with tattoos are often tempered by the presentation of alternative accounts of those who regret having been tattooed:

*Holzheimer is among an estimated 10 million Americans who have gotten tattoos and among an estimated 50 percent who regret the decision later, usually after careers are launched, marriages are made and offspring have started to arrive.* (Nugent, 2004)

*Some surveys have found that as many as 50 percent of all people with tattoos are "seriously considering" having them removed.* (Roeper, 2001)

Similarly, the term “woman” (99) is prominent within the text as many of the articles emphasized the growing number of women who choose to get tattooed. Gender and age are also used as foils to both contest and reinforce the notion of tattoos as transgressive, simultaneously constructing tattooing as a semi-deviant display of independence and a fashionable accessory. That this type of representation is only employed when discussing tattooing and women suggests a deeply embedded gender frame that paradoxically characterizes tattooing as less
normatively acceptable for women than men while extolling the number of
women becoming tattooed, often in a highly sexualized manner:

For that little flower on the ankle or the butterfly on the lower back, two of
women's favorite tattoo spots, women gladly stand the pain of an ink-filled needle
bobbing up and down like a sewing machine needle on their skin. (Hayt, 2002)

By the late 1990s, low-rider pants and skimpy crop tops made once-hidden
pieces of flesh valuable real estate: A Chinese symbol across the small of a
woman's back, a devil peering over a waistline or a flower on the ankle became
common sights. (Guerrero, 2005)

For that matter, what about the taut young women with the suns around their
navels or the little flowers on their breasts or the names of the boyfriend on the
backs of their necks? Impossible as it may seem to them right now, they will not
be slim and tight forever; they will age, and their bodies will shift on them, no
matter how much exercise or cosmetic surgery they undertake to stem that tide.
And when you're a 60-year-old woman, how are you going to feel about that
four-leaf clover on your lower belly? (Roepner, 2003)

Additionally, these observations are made to contrast the transition of tattooing
away from the traditional stereotype of a male-dominated undertaking:

The urge to tattoo the body is not limited to the men. (Woolley, 2003)

Once primarily the domain of men, increasing numbers of women are plunking
down $75 to $150 per hour for a tattoo. (Hayt, 2002)

Again, the framing techniques here are consistent with those found by DeMello
(1995) that characterize contemporary tattooing as substantively different than in
the past as indicated by the more diverse and affluent clientele. Gone are the
excessive references to criminals, sailors, and motorcycle gangs, replaced by
“young women wearing Lance Armstrong bracelets or carrying Coach” (Davila,
2005). Overall, these pieces represent tattooing as a practice that is a mostly
harmless expression of taste and fashion rather than deviant affiliations.

However, many articles employ a health and wellness frame and include caveats
about the negative social effects of tattoos as well as the possible threat of disease
transmission.
**Health and Wellness**

Several branches in the semantic network relate to the health and wellness frame, warning of the potential dangers of getting tattooed, highlighting the tension between the deviant associations with tattooing and its current popularity. The term “health” (99) in the second half of the “woman” branch is associated with themes of “public health” (89) and “hepatitis” (99):

*But health officials say they are increasingly worried about the health risks posed by such body modification practices, including physical disfigurement and bacterial and viral infections, and not only from needles that draw blood in potentially unsanitary conditions.* (Kreahling, 2005)

As Tucker (1998) notes, when framing a news story, writers are able to shape the tone and message by drawing upon specific sources of information while ignoring others. In this case, some of the articles analyzed drew heavily upon research that emphasized the possibility of negative health outcomes related to tattooing while others used research that downplayed those risks. This suggests that the emphasis on health risks serves a more sensational function while those pieces that de-emphasize those risks are more closely related to the fashion and lifestyle frame:

*Of the 626 patients, 113 had tattoos. Of those, 22% were infected with hepatitis C, compared with 3.5% of the tattoo-free patients. Of the 52 who had gotten tattoos in commercial parlors, 33% had hepatitis C. In all, commercial tattoos accounted for twice as much hepatitis C infection as injection drug use.* (Neus, 2001)

*Studies have not conclusively demonstrated a connection between body modification and hepatitis C. The Texas study, sponsored by the Centers for Disease Control and Prevention, found that college students with piercings, tattoos or both were no more likely than other students to have been exposed to the hepatitis C virus.* (Kreahling, 2005)

Similarly, articles employing the health and wellness frame tend to emphasize the reported linkages between tattooing and anti-social behaviors, a characterization that draws heavily upon stereotypical notions about who gets tattooed and why.
In this analysis, “tattoo” is linked with “piercing” (99), “tattooing and piercing” (98), and “risk-taking” (94). These associations are often used to suggest that tattooing, especially among younger individuals, is an indicator of deviant, self-destructive, or unhealthy behavior:

*The researchers found that participants with tattoos and/or piercings were more likely to have engaged in risk-taking behaviors -- and to have done so to a greater extent -- than individuals without either type of body modification.* (Redfearn, 2002)

The same article provides examples of the types of risk-taking behaviors in which tattooed youth might engage:

*Risk-taking behaviors included eating disorders, drug and alcohol abuse, sexual activity, violence and considering suicide.* (Redfearn, 2002)

Finally, another theme that emerged from this analysis is tattoo removal. The “laser” (99) branch relates only to the removal of tattoos, with linkages to such terms as “removal” (99) and “surgery” (99). Tangentially related to the themes of health and wellness, these articles often present options for having tattoos removed and motivations for removal as well as re-framing tattooing as a reversible process. While many of the lifestyle-oriented articles describe tattoos as “indelible” and permanent or pieces of “art”, these problematize tattoos as mistakes or the result of poor judgment:

*Now, it seems the trend of the 1990s is becoming the regret of the 2000s, as more and more women turn to laser surgery to erase something that's not looking as good at age 35 as it did at 25.* (Guerrero, 2005)

*The growing tattoo-removal business stems naturally from the mushrooming tattoo-application business.* (Ho, 2002)

*The increase in removals may be more than simply a reflection of individual changes in taste...Instead, it may be a sign of society's growing aversion to permanence.* (Sebastian, 2001)
Framing Body Piercing

While tattooing and body piercing are often conflated as similar practices and included in the broad usage of the term body modification, they are treated as substantively different practices in the media framing. Figure 4.2 reports the semantic network of the aggregated text of the 18 articles specifically about body piercing. Unlike the themes associated with tattooing, the articles on body piercing are rarely upbeat lifestyle pieces about when and why people get tattooed instead focusing on the potential health hazards of having a piercing done. The only instance where references are made to the current popularity and demographics of body piercing are associated with the root term in the structure, “piercing” (99):

Exasperating encounters between a freshly pierced teenager and a fulminating parent have become a rite of middle-class family life as the popularity of body piercing shows no signs of ebbing in the nation’s suburbs and small towns. (Harden, 2002)

Body piercings, especially for teenage girls, are the tie-dye shirts of this generation. (Nevius, 2005)

People who drive Volvos are now considering piercings. (Nevius, 2005)

Three of the branches in the structure, “health” (99), “tongue” (99), and “infection” (99) all relate directly to the health and wellness frame, emphasizing the potential health complications that can result from a body piercing. The themes in this structure indicate a causal relationship established through the framing of body piercing starting with the “health” branch where the piercing industry is represented as a mostly unstandardized and unregulated industry. The terms “regulation” (99) and “health and safety” (35) illustrate this point:

And some are putting their health on the line when they pierce themselves or one another or rely on unlicensed operators who know little about aseptic technique
or the medical risks incurred when holes are stabbed through various body parts. (Brody, 2000)

Meltzer said she is particularly concerned about the lack of sterility in some tattoo parlors, where many piercings are performed; the proliferation of teenage "piercing parties" where booze is used as an anesthetic; and, in most states, the lack of regulation of an invasive procedure capable of transmitting HIV and other blood-borne diseases. (Boodman, 2006)

Finding a shop you trust is especially important because many state, city and county health officials and even some artists themselves say enforcement of state tattoo laws and regulation of the industry is lacking. (Jensen, 2005)

This framing of piercing studios as operating without any official oversight or regulations, in conjunction with the implication that many do not adhere to appropriate standard of cleanliness, serves to legitimize claims that body piercings are responsible for the transmission of various blood-bourn illnesses, specifically hepatitis C, as well as other complications such as infections. These claims are made more explicit in the branches “tongue”, through its association with “tooth” (94), “problem” (96), and “swelling” (33), as well as the branch root “infection”, all of which enumerate the most serious of potential health outcomes:

It's impossible to determine how many Americans have piercings -- or how many have problems as a result. (Boodman, 2006)

When sterile techniques are not used, bacteria and viruses can be introduced into the bloodstream, including the hepatitis B virus that can cause chronic hepatitis and liver cancer, and HIV, the virus that causes AIDS. In people born with heart valve disorders, bacterial endocarditis, a potentially deadly infection of the heart, can result if they fail to take preventive antibiotics. (Brody, 2000)

As if that weren't enough, the medical literature has reported cases in which oral piercings have led to hepatitis, tetanus, angina, heart-valve infections, brain and breast abscesses and inflammation of the sac that surrounds the heart. (Roylance, 2003)

If a tattooist or piercer reuses a needle or doesn't properly sterilize one, Siegel said, there's potential although minimal of transmitting a blood-borne virus, such as HIV, hepatitis B or hepatitis C. Also, bacterial infections, such as staph or strep, can occur when the skin is pierced, especially in the mouth. (Jensen, 2005)
Finally, the branches “parent” (99) and “tattoo” (99) are respectively associated with the terms “behavior” (99) and “risky behavior” (58) and “teens” (52). This approach frames body piercing in the same way as tattooing; as an indicator of behavioral problems, substance abuse, and risk-taking or anti-social behavior, specifically among adolescents and young adults. While this approach problematizes body piercing among youth, the same criteria are not applied to older adults whose motivations for being pierced are “rebellion”, “self-expression”, or simply “decorative” (Boodman, 2006). As such, this framing technique constructs a dichotomous understanding of body piercing as an exercise of individual expression among adults and a sign for concern among teenagers:

*A recent study supports parents’ concerns that body piercing and tattooing can be correlated with antisocial behavior, anxiety, criminal activities, unsafe sexual behaviors, eating disorders and self-mutilation.* (Cooke, 2000)

*Body piercing, which usually involves a ring in the navel, eyebrow or lip, but can be performed almost anywhere on the body, is "a marker for an adolescent being involved in potentially high-risk behavior,"* Roberts said. (Golab, 2002)

*Teens who are feeling alienated from others and hostile toward themselves also might choose to express these feelings through piercings, tattoos and other changes in their appearance.* (Cooke, 2000)

These findings are consistent with those of Pitts (1999) and Atkinson (2003a) insofar as body modification is problematized and pathologized. Of interest here is how body piercing is more consistently, almost exclusively, framed as a health hazard especially when contrasted with the representations of tattooing. Several articles approach tattooing as an important and meaningful practice; whether as a memorial among firefighters (Dvorak, 2002) or a ritual for soldiers returning from war (Davenport, 2005). There are no such articles that frame body piercing in this way, and virtually none with a positive assessment of body piercing in general, so
that the overall representation of piercing is as a potentially dangerous fad rather than any sort of meaningful experience.

Representations of Cosmetic Surgery in Newspaper Articles

As a means of augmenting one’s body, cosmetic surgery enjoys a degree of social legitimacy not afforded to the more transgressive practices of tattooing and body piercing. This is reflected in Figure 4.3 which reports the semantic network of the aggregated text of the 22 articles on cosmetic surgery. A close examination of Figure 4.3 yields direct support for the findings of Davis (1995) and Sullivan (2001) who argue that media accounts of cosmetic surgery overly sanitize the process and underreport gruesome details or serious risks. Indeed, there is a conspicuous absence of any terms relating to risks\textsuperscript{52} or discomfort, and there are none that might imply that seeking to change one’s appearance is indicative of some other social or behavioral problem, though that was a prominent rationale in the analyses of tattooing and body piercing. Rather, the articles tend to focus on the range of cosmetic procedures available, some motivations for having these surgeries done, and broad demographics of those undergoing these procedures.

The branches for the terms “plastic” (99) and “cosmetic” (99) form the bulk of the semantic network and are overwhelmingly linked to themes describing different types of cosmetic procedures. Additionally, the root term “surgery” (99) is associated with an overview of general demographics, popular uses, and broad-based motivations for cosmetic surgery, often through highly gendered language.

\textsuperscript{52} Of the articles that do discuss risks, the general starting point is usually a recent, high-profile death, such as writer Olivia Goldsmith, who died during surgery in 2004 (see Kornblum, 2004).
considering the inclusion of the terms “woman” (99) and “men” (99) within the semantic structure:

*Once the secret of rich white women who didn't advertise their nips and tucks cosmetic surgery has filtered down to the masses, experts say.* (Stetler, 2006)

*Women have never been shy about having cosmetic surgery: Nationally, they account for nearly 90 percent of procedures.* (English, 2001)

*A good cosmetic surgery candidate is someone who is doing it for herself, Sarwer says, acknowledging that it can sometimes be difficult to determine a patient's true motives.* (Rubin, 2006)

When men are discussed, however, cosmetic surgery is rationalized and justified. Gender is uniquely framed so that for women improving one’s looks is justification enough for having cosmetic surgery, but for men there must be some extra impetus, lest they be accused of effeminate vanity. Again, this is consistent with Dull and West’s (1997) findings that plastic surgeons considered women more naturally inclined to undergo cosmetic surgery, yet for men concerns about appearance and the desire to address those concerns surgically are “extrinsic to their nature as men” (p. 101). This frame has been readily adopted in media accounts of men undergoing cosmetic surgery:

*These days, though, instead of just joking about cosmetic surgery, some men in high places are having it done -- and not just out of vanity.* (Carr, 2002)

*Andrew has just joined a growing legion of men, many in their 30s and 40s, who are opting for cosmetic procedures to tailor their appearance for a workplace where 20-something energy increasingly trumps experience.* (MacQuarrie, 2001)

*Dr. Anton, for example, says he often talks men out of certain procedures because “too frequent or excessive facial surgeries, especially around the eyes and forehead, can feminize a man's appearance or make the face look unnatural.”* (Carr, 2002)

The theme of race appears in the structure with the terms “African-American” (90) and “Asian-American” (81) linked with “eyelid” (99). Haiken (1997) and Gilman (1999) both addressed the historical use of cosmetic surgery by minorities
to more closely adhere to normative, generally Caucasian, standards of beauty.

Indeed, Fraser (2003) argues that in the mainstream media cosmetic surgery is represented as “white, youthful, and substantially beyond economic restrictions” (p. 39). Also, these themes remain gendered as evidenced by the appearance of the term “African-American woman” (41). The media frame of race in relation to cosmetic surgery is generally ambivalent, reporting on the types of surgery popular among minority populations and essentially reproducing traditional rationales or touting “ambiguity” as an acceptable compromise:

Presumably, Asian patients aren’t aiming to look white by getting double eyelids (after all, African-Americans and other minorities have double eyelids), but the goal is social and cultural assimilation, or identification with some dominant aesthetic standard. (Das, 2007)

Minorities can now hold themselves up against more ethnically and racially ambiguous role models that may still trace their roots to the once-dominant Caucasian standard but are becoming more composite and blended. (Das, 2007)

Despite there being little critique in the framing of race, there is recognition that the dominant ideals within American society are still rooted in European aesthetics. There is also an explicit understanding that our culture is youth-driven and that too plays an important role in our standards of attractiveness. The terms “beauty” (99), “ideal” (71), and “young” (89) illustrate these ideas:

For minorities, cosmetic surgery is no longer viewed as a sign of self-hatred or a rejection of racial identity. (Stetler, 2006)

But others say minorities seek cosmetic surgery for the same reason as whites: In a country obsessed with appearance, it's just one more way to look better. (Stetler, 2006)

However, critics say these are superficial changes to what is essentially a Caucasian-inspired ideal – the big-eyed, narrow-nosed, pillow-lipped, large-breasted, boyishly thin apparition (Das, 2007)

In a youth-driven culture, it's easy to understand why people take the risk, Etcoff says. The surgery provides people "a whole new freedom . . . to look any way they want," Etcoff says. "It used to be people would go into hairdressers and say,
'I want Meg Ryan's hairdo.' Now it's 'I want her nose, her chin.' " (Kornblum, 2004)

Also of significance is the inclusion of the term “extreme makeover” (99). This section of the figure references television programs that are about cosmetic surgery. This is an interesting component of the analysis as the media framing of cosmetic surgery must take into account its own cultural influence and frame its own representations. These television shows “extol the virtues of cosmetic medicine” (Boodman, 2006), creating an environment where cosmetic surgery appears to be a viable and accessible means of changing those characteristics one is unhappy with. Some writers have attributed the growing popularity of cosmetic surgery to its excessive exposure on television:

Thanks in part to television shows like "I Want a Famous Face" on MTV, "The Swan" on Fox and "Extreme Makeover" on ABC, cosmetic surgery is more popular than ever. (Duenwald, 2004)

However, they also note that these shows establish unreasonable or unrealistic expectations that are often inconsistent with real-world results:

Drastic changes in appearance are the rare exception, despite the potential influence of television shows that feature extensive surgery like "Extreme Makeover" and "The Swan." (Gorman, 2004)

The findings here are generally consistent with those of prior research. As with much prior work (e.g., Blum, 2003; Davis, 2002; Davis, 1995; Dull and West, 1997) gender plays a primary role in the framing of cosmetic surgery; specifically, there is a reliance on essentialized stereotypes of male and female behaviors and expectations. Cosmetic surgery still is most often represented as something women do to look and feel better while men are represented as undergoing cosmetic surgery to remain competitive in the marketplace, themes previously identified by Dull and West (1997) and Balsamo (1996).
There is, however, a departure from some previous findings in the areas of race and media. The framing of race has expanded to include minorities, in part because of the steadily increasing rate of minority patients. As such, there is a broader examination of beauty standards and ideals as well as consideration for the influence of ethnic identities on changing cultural aesthetics. Additionally, the discussion of the media influence on attitudes about cosmetic surgery provides an interesting perspective on how the media frames its complicity in creating and guiding part of the broader cultural dialogue, especially with regard to the aesthetic expectations that are created.

Conclusion
This chapter has considered how the mass media frames a variety of invasive body modification practices. As body modification of all types has grown more popular over time, media accounts have had to synthesize these diverse practices into representations that appeal to readers while simultaneously drawing upon common stereotypes and tropes to generate broadly accessible accounts. As such, the media representations of tattooing and body piercing have incorporated a respectable, middle class veneer when discussing “body art”, yet use the language of deviance when discussing the history of these same practices and, by implication, suggest that they retain much of that stigma. This is especially true in accounts of body piercing where the practice is almost entirely characterized as deviant, or at least an indicator of some other problem. Similarly, the framing of cosmetic surgery “normalizes” (Brooks, 2004) the practice, representing cosmetic surgery as a widespread phenomenon that is a safe and accessible way to maintain
one’s appearance, bolster self-confidence, and remain competitive in a youth-driven marketplace.

Within the framing of body modification techniques, there is a clear stratification of practices, where certain procedures such as cosmetic surgery and, increasingly, tattooing are represented as acceptable means of self expression and realization whereas body piercing is negatively characterized as self-destructive. Several findings link together the media framing of tattooing with cosmetic surgery as similar processes. First, the lifestyle frame that characterizes body modification processes as consumer practices to help the individual achieve some expression of identity or correct a perceived flaw is common in stories about cosmetic surgery as well as tattooing. Indeed, this echoes Shilling’s (2003) argument that in the consumer-capitalist society bodies represent a project to be worked at in achieving self-identity. That mass media outlets have embraced this notion and expanded it to include formerly stigmatized practices such as tattooing speaks to the importance of the body as a site where identity, consumption and culture coalesce.

Second, this analysis shows that gender remains an exceptionally salient framing device, especially in discussions of the body. While much research has shown an increase in women participating in body piercing and tattooing (e.g., Pitts, 1998, 2003; Mifflin, 1997; DeMello, 2000), the media framing of tattooing tends to focus disproportionately on women, whether as an assertion of independence or as novelty. Additionally, women getting tattooed are almost always framed in relation to tattooing as a stereotypically male activity. The converse relationship is often used when framing cosmetic surgery, an activity
typically characterized as a feminine pursuit. In this context men who undergo cosmetic surgery are represented as doing so for particularly masculine reasons such as professional competition while others, such as vanity, are de-emphasized. In either case, femininity becomes the operative framing devices, whether exploring how women can be feminine and tattooed or how men can have cosmetic surgery and retain their masculinity.

This analysis shows how the media draws upon existing understandings of body modification practices and frames them to coincide with appropriate themes of gender, class, race, and social acceptability. Specifically, as the degree to which a practice is seen as transgressive diminishes, media accounts similarly reposition their representations to account for changing public sentiment. However, the findings of this analysis are consistent with those of Pitts (1999) and DeMello (1995) in that the media does tend to create a rather one-sided understanding of practices such as tattooing when characterizing them as socially acceptable through the omission of those marginal groups who engage in the same practices. Additionally, coverage of body piercing, especially when treated separately from tattooing, continues to problematize and pathologize the practice as overwhelmingly deviant. Likewise, following Woodstock (2001), Davis (1995), and Sullivan (2001), the representations of cosmetic surgery emphasize the ease and safety of these procedures and frame them as popular methods of countering the aging process and looking young and healthy.

The chapter shows the prominent role the media plays in framing body modification practices as well as how the media is able to reposition certain practices as socially acceptable while reinforcing the deviance of others. While
these accounts certainly reflect changes in public perception, repeated
associations of cosmetic surgery with health, tattooing with self-identity, and
body piercing with danger and disease help to support common assumptions
about each practice. As such, these accounts both inform and reflect how society
understands body modification, offering little in the way of objective accounts to
help foster a more holistic understanding of such practices.
CHAPTER 5

“NOT JUST FOR RICH PEOPLE ANYMORE”: AN ANALYSIS OF COSMETIC SURGERY

Recent trends in cosmetic surgery have indicated not only an uninterrupted annual growth in the number of procedures performed (see Figure 5.1)\textsuperscript{53}, but also dramatic changes in attitudes about cosmetic surgery indicating greater acceptance among both men and women (Figure 5.2). Indeed, while Dull and West (1997) factored the potential for the personal embarrassment of respondents into their research methodology, recent surveys indicate that the stigma associated with having cosmetic surgery is also decreasing for both men and women (see Figure 5.3). As chapter 4 showed, cosmetic surgery is often framed by the media as an acceptable and appropriate means of maintaining a healthy and youthful appearance. All of these factors suggest that cosmetic surgery has become more acceptable for mainstream society and a readily available resource for contemporary body projects.

This chapter draws upon in-depth interviews with 13 respondents, 11 female and two male, who have undergone a minimum of one invasive cosmetic procedure. In this chapter I explore the motivations and expectations of respondents for having cosmetic surgery, focusing on what factors influenced

\textsuperscript{53} Figure 5.1 data from the American Society of Plastic Surgeons, 2006; Figures 5.2 and 5.3 data from the American Society for Aesthetic Plastic Surgery, 2006; Figure 5.4 data from the American Society of Plastic Surgeons, 2007.
their decision to have the surgery and what they expected it to accomplish. I also examine how respondents assess the outcomes of their surgeries, whether they are satisfied with the results, and what criteria they use to assess the results as “successful” or not. Finally, I consider the economic aspect of cosmetic surgery, specifically focusing on cosmetic surgery as a consumable product and the decision-making processes used by respondents in deciding whether or not to undergo the procedure.

Motivations and Meaning

As noted in Chapter 2, individuals engage in cosmetic surgery for a variety of reasons. Prior research suggests that individuals undergo cosmetic surgery to maintain a “normal” appearance, where “normalcy” represents the individual’s ability to control for and mitigate the effects of age and normative expectations for gender and appearance (Gimlin, 2002). Cosmetic surgery has also been characterized as part of a contemporary health maintenance and physical fitness regimen (Glassner, 1992). Additionally, cosmetic surgery is understood as a process that one can use to counter the natural “degeneration from a younger body that better represented who they truly are” (Gimlin, 2000, p. 97). All of these assessments correspond with Shilling’s (2003) notion of a body project where the body is being worked at to achieve both a personal and social end.

When asked about why they choose to undergo cosmetic surgery, my respondents’ stated motivations and assessments of outcomes often focus on non-physical elements. In fact, respondents rarely ever address a specific body part, instead speaking in broad terms about their bodies and contextualizing the
experience within the broader framework of their social, physical, and emotional state at the time. This conflicts with Dull and West’s (1997) assessment that cosmetic surgery requires patients to reduce their bodies into problematized parts, as many times my respondents only briefly mentioned specific parts. Similarly, cosmetic surgery is seen to be an appropriate remedy for physical, social, or emotional problems. In their study on the decision-making processes of cosmetic surgery patients, Darisi, Thorne, and Iacobelli (2005) found that “seventy percent of participants reported emotional and psychological benefits, such as happiness, self-esteem, and self-confidence” while “Forty-five percent of participants (more men than women) expected social benefits from plastic surgery, including being more accepted and more attractive to others” (p. 912). The respondents in this study tended to echo this sentiment, emphasizing these extra-physical qualities when describing their surgery experiences.

When asked about her motivations for having a rhinoplasty, Lauren, a 25 year-old from Palm Beach responded:

*Earlier that year I had a very emotionally traumatic, stressful, just emotionally, physically, mentally draining year. And I, earlier in the year, had gained a lot of weight when I normally was extremely active, thin and athletic and it’s due to all the stress and I tend to notice that a lot people go through these major changes and do these major things after these traumatic events. So I do think that I might also have talked myself into it, knowing that it would be a little bit of a boost and I was feeling so horrible, you know, kind of a celebration, a transition into this new period of moving away from that place and all the stress...So I guess, subconsciously, that had a big factor in it.*

Another respondent stated that she “just wanted to feel better about how I looked” and described several factors that motivated her to have cosmetic surgery:

*I had gotten divorced after eleven years of marriage and had started dating my husband now and I guess I was dating and just decided I was*
tired of the saddle bags and wanted my pants to fit better. I don’t remember a whole lot of thought going into it; it wasn’t like I pondered it for a few years. (Mary, 50, Liposuction)

Being in the “dating scene” was often used to frame individual’s decisions to have cosmetic surgery, as was the perception that these changes would make them more desirable or attractive to others. Philip, a 57 year-old man who had a facelift and eyelid surgery, commented:

I didn’t find myself desirable and looking for a partner I ought to make myself a little more presentable.

And that:

As I am trying to interface and relate to the opposite sex, what I find attractive, I can’t ask anything less of myself than what I ask of potential suitors or people that I’m drawn to, and as I ....it just seemed like a logical step.

Finally, Marlene, 30, enthusiastically described her breast reduction as “the best decision I ever made in my life”, noting that:

It changed my life. Increased my confidence, self-esteem, I was more comfortable, the pain decreased tremendously. It’s great, I love it. I would go for another one.

Each of these respondents characterized their motivations for, and benefits of, cosmetic surgery in non-physical terms. For example, although Lauren had her nose reconstructed, when asked about why she chose to have the surgery focused on her emotional state, stress at her job, and body changes, specifically weight gain, unrelated to her nose. Similarly, Philip framed his cosmetic surgery in relation to his attractiveness to others and the perception that the improvements brought about through surgical intervention would enhance his appeal. Consistent with Darisi, Thorne, and Iacobelli’s (2005) findings, many of the respondents in this analysis expected their surgery to generate both internal benefits such as
increased self-esteem and self-confidence, as well as external benefits such as
greater attractiveness to others.

The importance of these internal benefits cannot be overlooked, and
indeed, the idea that each individual is seeking only personal satisfaction and
fulfillment, rather than external validation, from cosmetic surgery is often
employed to separate “good” surgery candidates from “bad” (Dull and West,
1997). Henderson-King and Henderson-King (2005) found support for the notion
that individuals undergo cosmetic surgery for “intrapersonal” reasons rather than
social reasons, consistent with the theme of “doing it for oneself.” The
expectation of improved self-confidence and self-esteem was common throughout
the responses as were explicit declarations that the respondent had cosmetic
surgery solely “for themselves”:

But I didn’t do it so somebody would see me across a room and go ‘ah,
she looks great’, I didn’t do it for that reason, I did it for me. And I didn’t
really do it for my spouse either. (Beth, 38, Breast Reduction)

I think it was just being back out on the dating scene, feeling emotionally
beat up from my first marriage, and just wanting to do something for me.
(Mary, 50, Liposuction)

It would make me feel happy; it would make me feel fulfilled and beautiful.
I think that’s what it does for people. I like myself now, you know, I’m ok.
But it would make me feel really happy and confident, increase my
confidence. Sometimes it’s low. (Marlene, 30, Breast Reduction)

I’m so glad I did it; I’m glad I did all of it. Because I’m able to live the life
I wanted to live before when I couldn’t hardly breathe and I couldn’t get
out and I didn’t have any self confidence about my appearance. I have a
lot of personal self confidence about like what I do and, you know, I’m a
good mom, but I didn’t have any personal self-confidence as far as how I
looked even though I’d never been hassled about my weight or my
appearance… I’m happy with the direction that I went and I’m glad the
reasons that I did it. I did it just for me. (Tricia, 49, Gastric
Bypass/Lower Body Lift/Abdominoplasty/Breast Lift/Augmentation)
In addition to the prominence of the “self-oriented” motivations and expectations, there is also an emphasis on what is, or what looks, “natural.” As Negrin (2002) observes, “cosmetic surgery as it is currently practiced, presents the surgically altered body as ‘natural’ by disguising all traces of its intervention” (p. 22). This coincides with Gimlin’s (2002) assessment that cosmetic surgery is used to achieve and maintain some socially derived concept of normalcy where the imperfect body is brought under control through this medical intervention and aligned with the individual’s expectations of what is aesthetically appropriate.

When discussing her rhinoplasty, Rebecca articulated this point multiple times in her interview, comparing her old nose with the new, more “normal” nose:

*I also think I was lucky in that my surgeon was really good and I don’t look like I had a nose job. It’s a normal size, it’s not some little, Joan Rivers, pinched little thin you know. It’s just normal now, which is all I wanted.*

She further added:

*I think I lucked out in that I got a good result that looks natural. And I don’t think I’m deluded in thinking that, I think it really looks like a regular person’s nose. And yes, if I had it to do over again I would do the same thing. Just because I can’t imagine my life differently than it is now and looking the way I do now. I just can’t, it’s just me now, so I can’t imagine a difference so I would have to do it again.* (Rebecca, 42, Rhinoplasty)

Additionally, many respondents articulated their results using very similar terms or phrases. While they did not always necessarily speak to a broader notion of “normalcy”, they often did frame the outcome of their surgery as revealing a more accurate representation of themselves:

*My brother-in-law came to visit me and he goes ‘wow, you just look so much more comfortable, you look so much more like you. You look more comfortable.’ And that was probably the best compliment. Because it’s what I always suspected, that I didn’t look super comfortable, cause I’d*
either slouch or wasn’t comfortable in my own skin or I was aware...I don’t know. But, that was one thing I remember, “you look more comfortable, you look more like you’. I’m like, that was what I was going for.  (Beth, 38, Breast Reduction)

It makes me prettier. You know, I’m serious it makes me look better in my clothes, more comfortable in my own skin, that’s what the breast reduction serves to do. It serves to increase my confidence; I wouldn’t have, like, problem areas, I’d just be, like, nice and contoured.  (Marlene, 30, Breast Reduction)

Correspondingly:

It still looks like my nose but a better nose. Its straight and I can breathe. (Lauren, 25, Rhinoplasty)

So that was why that option was chosen and I didn’t know another option. Ok, you know, this is not a good nose, there’s a way to make it a better nose and I can do that.  (Rebecca, 42, Rhinoplasty)

That Beth and Marlene each had breast reduction surgery and articulated a specific outcome as being “more comfortable in my own skin” speaks to the way we understand our bodies and how cosmetic surgery can change them. The results are not explicitly expressed as “smaller breasts”, but as a the broader individual and social consequence of being more at ease with oneself. Again, this corresponds with previous findings that cosmetic surgery accomplishes something beyond simply physical change and what it “does” for the individual is multifaceted, addressing a variety of physical, emotional, and social elements. Lauren and Rebecca also used the same terminology to talk about their rhinoplasties, characterizing their “new” noses as “better noses.” These assessments tend to resonate with Dull and West’s (1997) notion of correcting medically problematized parts. Indeed, Lauren observed that in her experience with the plastic surgeon “they put these thoughts in your head; I didn’t know my
nose was so crooked until he brought it up to me. And then you do look in the mirror and you’re like ‘ok’.”

Many respondents felt that there was a strong social pressure to embody certain aesthetic standards, particularly noting that “society” and the media are constantly barraging us with images of youth and perfection. Sarwer et. al. (1998) cites magazine advertisements and television commercials as informing and influencing individual perception of body image and subsequent desire to have cosmetic surgery. Indeed, the authors suggest that “sociocultural influences on body image may be the most relevant to understanding the role of body image in cosmetic surgery” (p. 13). Most of the respondents here were tuned in to these messages and felt their influence:

There’s such emphasis on looking young and looking attractive and, I mean everything in society pushes you toward that. I think that, I bet you there is not a person who hasn’t thought about it at some point, you know whether they’re younger and they’re thinking ‘wow I’d like a bigger chest’ or you know, I think that there’s just an extreme amount of pressure to fix yourself up and make you look better. (Nora, 57, Liposuction/Chin lift/Botox/Collagen/Dermabrasion)

You can cite the studies or examples where the attractive person gets the job or the fair skinned, beautiful person gets the doors opened for them, right or wrong, I don’t know how we got to that point but those are the rules we have to play by. (Philip, 57, Facelift/Blepharoplasty)

I really knew when I went into it, that we weren’t heading for, we joke around, Britney Spears, you know the perfect Britney Spears body, but it was going to be the best body that I could make this be and make it aesthetically pleasing for me, out of my clothes for me and my husband, and in my clothes for everybody else, and was I going to be happy when I looked in the mirror. And once that plan was in my head, I knew what I wanted to do. (Tricia, 49, Gastric Bypass/Lower Body Lift/Abdominoplasty/Breast Lift/Augmentation)

Nearly all of the respondents interviewed stated that they had friends, family, or acquaintances that had undergone cosmetic surgery. This is consistent with
Delinsky’s (2005) findings that “greater vicarious experience among friends and family who have had cosmetic surgery predicts greater approval of surgery, supporting the concept that knowing people who have had surgery makes it possibly seem more familiar, less bizarre, and more understandable” (p. 2024). These social connections make cosmetic surgery seem accessible while providing a support network of individuals who can relate their own experiences, offer encouragement and assistance, and help legitimate the individual’s desire to have cosmetic surgery:

Since third grade I knew that when I was old enough I was going to get my nose fixed. We have prominent noses in my family, both my parents had theirs fixed back in the dawn of man and it was just, you know, kids tease you about whatever, now I realize if they hadn’t been teasing me about my nose they’d tease me about something else. But when I went home crying or whatever my dad would say ‘well that’s alright, as soon as you are sixteen you can get it fixed’ it was just that matter of fact. (Rebecca, 42, Rhinoplasty)

I was used to [thinking of] myself as being skinny. I don’t think I would have checked it out on my own had M. [his wife] not done it. (Jim, 57, Liposuction)

My sister has had multiple surgeries; I think she may be addicted to it. She had a full body lipo, tummy tuck; these are all at different times. She had her eyes done, she had breast reduction, she had those things put in her butt, shots to make her butt plumper. I wouldn’t go that far, but, I mean, I don’t see a problem with it unless people go overboard. (Marlene, 30, Breast Reduction)

I have a friend who did the, well it wouldn’t really be cosmetic I guess, she did the gastric bypass and lost a lot of weight and then had to have the extra skin removed. But she’s a walking advertisement for that. (Mary, 50, Liposuction)

Assessing Others

Gilman (1999) discusses how the body is imbued with moral meaning and the historical trend of equating “bad” or deformed bodies as reflective of a
correspondingly “bad” character. Indeed, throughout the late nineteenth century in America, the notions of good moral character became integrally tied to the pursuit of self-improvement, both of which began to be conflated with an appropriate and appealing outward appearance (Haiken, 1997). Little (1998) extends this argument to a contemporary understanding of gender and normative beauty expectations by positing that “norms of appearance turn out to be, then, not norms of a good-looking woman, but norms of a good woman” (p. 166).

Many of the respondents articulated similar assessments, not always explicitly gendered, but giving voice to the expectation that one should actively bring their body into alignment with normative expectations. These expectations not only affected discussions of the self but also extended to making critical judgments of others. Interestingly, while critiquing the bodies of others and reinforcing common cultural notions of what is or is not acceptable, these respondents also expressed guilt for those feelings:

But the thing is, it is societal because if you see somebody with just a really big nose or a hooked nose or something, I mean you do notice it because there’s so much of a...I’ve even thought before, and this is horrible, if I see someone like that I think, ‘wow, I would so save my money and have something done about that’. And that’s horrible, but it’s just like, if it’s the first thing you notice... (Nora, 57, Liposuction/Chin lift/Botox/Collagen/Dermabrasion)

You look at women and lately, oh my god I shouldn’t say this, but lately I look at people that are chubby or fat and I hate it. Like, I just hate it so much, and I hate just the thought of....and just even me, I think I’m so chubby and I hate it, I hate it, it’s awful. And I hate even thinking like that. I’ll have to pray on that. (Marlene, 30, Breast Reduction)

During our interview, Melissa looked around the coffee shop and said:

I look around, I look around this room right this minute, and I see people with chins that are hanging down and I think ‘you know that’s really a very easy thing to fix.’ All my friends, if this ever gets printed anyplace,
all my friends are fifty pounds overweight and it would be just such an easy thing to just shore this chin up.

Later she reiterated the point:

You know if everybody’d just get rid of these chins, I’m watching these women walk in right now, if everybody would just get rid of the chin that would make everybody look a lot better. That’s such an easy thing. A man can grow a beard; maybe I’ll start a campaign. (Melissa, 66, “Nips, Tucks, and an Eye thing”)

Some of these same respondents, however, lamented buying in to these ideals or contributing to them through their actions, though they generally maintained their satisfaction with their own experiences:

It’s funny because if I see somebody that has a nose that reminds me of what mine looked like and they are, they appear to be very confident, I’m always like you know I wish that I had not given in to others’ interpretations of me, I wish I had been stronger about that. At the same time, would I do it again? Yeah I would. (Rebecca, 42, Rhinoplasty)

I kind of feel like I’m giving in to this whole thing this pressure to always look nice and everything that I’m kind of giving in to it, and that’s bad. But on the other hand I appreciate that I can afford and that I’ve benefited from it and so, I’m torn about it. Because I generally think its bad for there to be so much emphasis on the way a person looks but it’s like contradictory to think that and at the same time thinking ‘oh I think I’ll do this, I think I’ll do that, I think I’ll do this’. And the other thing is I think it’s bad that I also take advantage of it, so I feel conflicted about it. I don’t think there should be so much emphasis; I think that you should be able to age gracefully. (Nora, 57, Liposuction/Chin lift/Botox/Collagen/Dermabrasion)

As shown in Chapter 4, cosmetic surgery is represented in popular media as an accessible and readily available means of maintaining a healthy and attractive body. This, coupled with the still salient vision of external attractiveness as an indicator of internal qualities, opens those individuals who do not strictly adhere to normative expectations to criticism. Even though some of the respondents voiced concern that society places these demands on the individual or that they
themselves react negatively to individuals they find unattractive, they are still, in part, reproducing the same cultural standards that they are critiquing.

Satisfaction and Outcomes

Evaluating the outcomes of cosmetic surgery is a highly subjective practice. There is a delicate balance between a medically sound result and one that the patient finds satisfying. A 2007 survey by the American Society of Plastic Surgeons indicates that 80% of respondents reported being very satisfied or satisfied with their elective cosmetic surgery experience, with only 4% of respondents reporting that they were dissatisfied or very dissatisfied (see Figure 5.4). In this analysis, a majority of respondents indicated that they were relatively satisfied with the outcome of their cosmetic surgery and that the results met their initial expectations:

*I would do it again. I think it was worth it. I never gained the weight back there. It just makes me feel better.* (Nora, 57, Liposuction/Chin lift/Botox/Collagen/Dermabrasion)

*I was fulfilled because before the surgery I would just hide under bras and clothes. So maybe, I don’t know if fulfilled was the right word. Maybe I was freed not fulfilled, maybe I was just freed. After the surgery I just felt beautiful, I could wear like tank tops, or strapless shirts, or little shirts or little camis, I mean I just, it changed me. I just, like, broke out of my shell. I’m a very shy person by nature, but that helped to lessen the shyness, definitely.* (Marlene, 30, Breast Reduction)

*Sex is great, I mean it’s actually better than its ever been because we’re not limited by mobility and my self-esteem has, like, skyrocketed so you know, that aspect of ‘do you think I’m pretty, do you think I’m sexy’ that’s gone, I know it. So my self-esteem is really, really good, sex is wonderful, and the relationship [with her husband] is so strong now, it’s kind of the icing on the cake.* (Tricia, 49, Gastric Bypass/Lower Body Lift/Abdominoplasty/Breast Lift/Augmentation)
Again, these assessments do not address specific body parts. Instead, they speak to the broader changes in the respondent’s life: improved self-esteem and self confidence, feeling better physically or emotionally, or improved relationships. For many of these respondents, cosmetic surgery is understood as accomplishing more than a physical change; it transforms the quality of their daily life. As such, satisfaction or dissatisfaction with the outcome does not always have a corresponding effect on attitudes toward having future procedures. Some respondents who were pleased with the outcomes of their surgery were disinterested in having additional procedures:

*I think part of it gets into the, it's just my thought process anyway; I can't think of anything else I want done well enough to have it done. And you know, most things would be, I can't think of anything I'd want done.* (Jim, 57, Liposuction)

*I'm also concerned about the slippery slope, if you have one thing done, then all of a sudden I'm focusing on another area of my face that I'm not happy with and then you end up looking like some movie stars who've had way too much work done and it's obvious. So it's like, where do you start and stop.* (Mary, 50, Liposuction)

Others were so impressed with the results that they were already planning additional procedures in the future:

*I'll probably get Botox in the next five years. Just because when I had the rhinoplasty, the muscles in your forehead are like numb and swollen and kind of paralyzed. So I couldn't move my face muscles in my forehead and it also it made an extreme difference in the way I look because I have these line in my forehead that I've always had genetically, but it did give you such a softer look and I was always scared about Botox about how it would make you look, but now that I kind of had a trial Botox when my muscles were paralyzed, um I liked it so I probably will get it.* (Lauren, 25, Rhinoplasty)

*I need a full-body liposuction right now, but I don’t have the money for it and insurance doesn’t cover that. And that’s not to say that like, I think like, I exercise and this and that, but there’s nothing like the scalpel.*
mean it fine tunes you, tones you, I would settle for a tummy tuck right now. (Marlene, 30, Breast Reduction)

Finally, other respondents who expressed extreme dissatisfaction with the results of their surgical experience still did not rule out the potential for having additional surgeries. Philip was not pleased with the outcome of his surgery because he “wanted 1000 and ended up with something less than 1000, as a percent of perfection.” He later added that:

Yes, I would definitely do this again if mentally I thought it was necessary. As there were things that I knew, I wasn’t happy with my nose for example, uh, I could even request a different jaw-line, major departures so since I didn’t exercise any of that I could still say well yes maybe I’d like to radically do things as opposed to just correcting what weight loss and age created. And then again as I repeated, as science and technology keeps coming up with different procedures there may be a whole other route that I don’t know about that might appeal to me. (Philip, 57, Facelift/Blepharoplasty)

Similarly, Leslie was displeased with the results of a rhinoplasty, stating that her “expectations were not met” and that she is “still angry about the result.” However, when asked if she would consider cosmetic surgery in the future, she responded:

Yes, but I would really research the surgeon first. I used a surgeon that several people I knew used and they were all happy with him, so I’m not sure why he messed up my surgery. (Leslie, 43, Rhinoplasty)

Each of these assessments invokes a particular rationalization. Leslie places the blame of her unsatisfactory surgery on the doctor, who was recommended by others. However, by doing this, she is able to retain cosmetic surgery as a viable option and avoid future problems by investing the proper amount of time in researching the physician. For Leslie, the institution of medicine has not been negatively impacted and neither has cosmetic surgery, by
extension. For Philip and Marlene, the promise of cosmetic surgery lies in the precision of technology. Balsamo (1996) suggests that cosmetic surgery transforms the body into “an object for technological reconstruction” (p. 57). It is these technologically-facilitated possibilities of a reconstructed and improved body that inspires Philip and Marlene and sustains both their interest and faith in cosmetic surgery.

**Countering Normative Expectations**

Personal satisfaction can also outweigh mainstream expectations and counter normative beauty standards. Young’s (1992) evaluation of breast enlargement surgery characterizes the practice as one which “has as its purpose only looks: to enhance a woman’s presentation on stage or in magazine photos, to make her look more normal or sexy, to better fill out the look of her clothes” (p. 225). However, in the case of breast reductions, respondents recognized that large breasts are often considered socially desirable, yet all were pleased with the outcome of their surgeries. Elaine, a 34 year-old who was scheduled to have breast reduction surgery noted “some women are just the opposite and they pay big bucks to be my size, to be little around with a big bust, and I’m just not into that.” Indeed, the respondents in this study often articulated the idea that they were uncomfortable with their bodies, that they felt too much focus was on their breasts, or that clothing was ill-fitting and hard to find, all because their breasts were too large:

*Body image was a lot of it; I couldn’t find any clothes, every bit of clothes that I found were way too big for my waist, but barely fitting my top. You know, I felt self-conscious when I was with men, guys. I felt self-conscious; everywhere I went people were staring.* (Ashley, 25, Breast Reduction)
But yeah, I’ve always wanted it done, I just never was happy with them. I just always thought they were the focus for a lot of people that I would meet, especially when I was younger. And when you’re younger you just have a really bad, you just have a low self-esteem about who you are as a person, so it really bothered me that people paid attention to that. (Beth, 38, Breast Reduction)

[When asked what she expected from the surgery] Just relief, I think, less weight, hopefully better posture. I think I’m looking forward to being able to go shopping and find things that fit a lot easier; cute things that fit a lot easier. (Elaine, 34, Pre-surgery Breast Reduction)

Respondents also expressed satisfaction and increased levels of self confidence and physical comfort with bodies that they felt were “more proportional”:

I wasn’t really worried about the scarring, it’s not like I’m young and going to go topless at a rock concert anymore. That wasn’t an issue, I wasn’t worried about that, it was just all about comfort and looking more proportional. And since I’ve had it done I’ve had no back problems. (Beth, 38, Breast Reduction)

My self-esteem raised, I got to be a lot more comfortable with my body... I had big ones they were too cumbersome, I, you know, got little ones, and now I’m perfectly fine. I’m perfectly fine with the way they are. (Ashley, 25, Breast Reduction)

I feel prettier I think, more sexy with it decreased. I tell guys that they’re like ‘you’re crazy, why would you want to decrease your breasts?’ They don’t understand that. (Marlene, 30, Breast Reduction)

These individuals have chosen to change their bodies not simply because of cultural notions of youth and beauty, but to align their physical appearance with their conception of self. As Beth observed “I just didn’t want to be ruled by my boobs, I felt like I’ve always been ruled by my boobs, and so that’s why, it’s completely an emotional choice.” Again, the assessment of the final outcome is rooted less in the actual physical change and more in the overall effects that change has on the daily life of the individual. Improved physical well-being, greater comfort in social situations, and an improved sense of self are evaluated as
the more significant results of having had breast reduction surgery. And while these surgeries can be understood as normatively transgressive, moving away from dominant conceptions of desirability, for the individuals involved, breast reduction surgery clearly creates a body that they find more attractive and more at ease in the world. Similarly, cosmetic surgery normalizes these women’s bodies, creating a more average appearance and reducing the unwanted attention attracted by atypically large breasts.

The Economics of Cosmetic Surgery

Cosmetic surgery has come to represent the pinnacle of the coalescence between consumerism and medicine (Conrad, 2005). There is an implicit assumption that a market economy for medical providers will introduce a level of competition that eliminates inferior practitioners and services through consumer choice, leaving only skilled professionals and high-quality services, in effect, a better medical commodity (see Lupton, 1997). There is an irony to the rapid commercialization of medicine, particularly where cosmetic surgery is concerned, as it “is distinctive in that the suffering medicine is asked to alleviate is in some sense due to social attitudes and norms rather than some disease or biological dysfunction” (Little, 1998 p. 163). Likewise, Conrad argues that the cosmetic surgery industry isolates and medicalizes individual body parts as products to be augmented, though as consumable goods not covered by insurance, so that “while the media and professional promotion fuel demand, virtually all of these procedures are paid for out of the consumer’s pocket” (p. 9). This also alters the doctor-patient relationship, transitioning to a consumer-service provider relationship that places
more emphasis on advertising, innovation, specialization, and the development of industry specific competitive advantages (Conrad and Leiter, 2004; Longaker and Rohrich, 2005).

As with any other consumer good, price can act as a barrier to access to cosmetic surgery. Many of the respondents in this study talked of balancing the perceived benefits of the surgery against actual economic cost. However, other factors, especially the ease of changing one’s body for a relatively nominal fee, served as enticements and helped justify making the decision to have the surgery:

*I’m like, $4,000 will get me a new nose, but it’s that easy, that’s about all the thought that goes into it.* (Lauren, 25, Rhinoplasty)

[About cosmetic surgery as a means of addressing her dissatisfaction with her nose] *I think family history was a big one; it was just that was the solution for that problem. And, um, I was lucky enough that my grandmother was willing to pay for it.* (Rebecca, 42, Rhinoplasty)

*Well, I had the money. I work awful hard. I work seven days a week, long hours. I was up at 4:30 this morning on the computer. And I, it’s a little, I think if you can afford it and it’s not hurting anybody else, I don’t have a husband to say don’t do it, I don’t date anybody who says ‘oh Mel, you look fine just the way you are’. Why not?* (Melissa, 66, “Nips, Tucks, and an Eye thing”)

*This is something like an investment, in my personal happiness.* (Tricia, 49, Gastric Bypass/Lower Body Lift/Abdominoplasty/Breast Lift/Augmentation)

The availability of cosmetic surgery has also changed its meaning. It is no longer an exclusive indicator of class status, but rather a signifier of lifestyle and consumer choice, as Nora observed:

*It’s not just for rich people anymore. People save up their money or they put it on the credit card, there’s just so much pressure to do that.*

This observation was subsequently validated through Lauren’s experience financing her own surgery:
I put it on two credit cards and then paid it off in a month or two.

As cosmetic surgery has been increasingly constructed as a consumer good, cosmetic surgeons have begun to be in direct competition with other consumer goods and service where individual consumers spend their discretionary income. This creates an environment where consumers have a degree of influence where “buyers do have bargaining power over plastic surgeons because they are price-sensitive and willing to shop around for surgeons on the basis of price” (Krieger, 2002, p. 616). As such, cosmetic surgeons, more so than other medical practitioners, are uniquely dependent upon market forces and the state of the economy as a whole (Krieger and Lee, 2004). Subsequently, cosmetic surgery is evaluated as a consumer good in which consumers engage in cost-benefit analyses contrasting the purchase of surgery and its perceived benefits against other consumables they might want to buy:

One of the ways I decide if I want to have a procedure done, aside from evaluating its effectiveness, is to weigh the cost against taking a trip. My husband I and love to travel so I usually think in terms of what trip would I be giving up if I did this. (Nora, 57, Liposuction/Chin lift/Botox/Collagen/Dermabrasion)

My thought in terms of ‘would I ever get another procedure’ probably has more to do with age than anything else. You know, you’re just going to get old, so you know nothing you do is really going to doing anything more than slow it down for this minuitia of a moment. I don’t think I want to go through any form of recovery period just because that takes away from other things you can do and I’d rather do those other things. My time is more valuable now I guess is what it is...I don’t want to be somebody in a nursing home saying ‘I wish I had done this.’ (Jim, 57, Liposuction)

And the financial support from my husband was great, he was very supportive of it...he said ‘if that’s what you want to do and that’ll make you feel good about yourself, then we’re going to do it.’ We even had to
As an extension of the commercial aspect of cosmetic surgery, several respondents reported feeling pressure to purchase more elaborate or involved procedures than what they had originally planned:

In regards to the rest of the work that he did, I really liked the doctor who did it, I know him pretty well, I didn’t know him as well when I had the procedures done. In retrospect I think, was it kind of a sales, you know if you all these things done now its going to be cheaper than if you come in and see me individually, I’m wondering if there wasn’t some sales techniques used on me, I don’t know for sure. And I guess, I probably feel that way just because I didn’t go in with the intention of having more done than just the saddle bags. (Mary, 50, Liposuction)

[On evaluating the surgeon’s suggestions for improvement] It’s almost like you just succumb to them. And even though I’m a health person, I didn’t ask all the questions I should have. Um, its like they are on such a pedestal and the plastic surgeons have to be so confident in their abilities because one little knick and it could ruin my whole face. I mean, they are some of, probably the cockiest physicians that I ever met but they have to be to do their job. (Lauren, 25, Rhinoplasty)

There is also recognition that, for many, cosmetic surgery is a luxury item, a purchase of somewhat superfluous healthcare. Consistent with the prior observation by Little that cosmetic surgery, more often than not, addresses problems that are social rather than biological in origin, Davis (1998) suggests that the issues addressed by cosmetic surgery are “often seen as a luxury problem” (p. 124). In response to a question about cost as a factor in the decision-making process, Melissa replied:

It’s terribly expensive and it really, I always feel guilty. When you travel in third world countries as I do, only, only third world countries, and you think ‘holy cow, I have just spent enough on my face to feed a couple of families in South America for a several years’ you think ‘what an incredibly self-indulgent person I am.’ And then I think ‘well, would I be writing a check for $9000 to feed this family in South America? Probably
not.’ I’d leave it in the bank and leave it to my children who would then go out and buy a fancy car.

Subsequently, after mentioning how expensive cosmetic surgery can be, I asked how much, in total, she had spent on cosmetic surgery over the years:

_I don’t know, I’d have to think about that. I would say, counting what I spent in Mexico, my goodness I don’t like to think about that. As much as my first house cost me when we were first married, I would say, oh goodness, I would say between 20 and 22,000 dollars. I am not, that’s a hard thing to say, over the course of sixteen years. You know, you drop 9,000 here, 5,000 there and before you know it you’re talking real money. I mean that’s even counting a long time ago when I just had collagen put in around my mouth here, it might even go up to 25,000, which is a scary thing. When I am supposed to be such a globally conscientious, liberal thinker, that is really a negative question and I’m sorry you asked it. Damn, boy, that’s, that’s, that is really cause for thought. Well on the other hand, I’ve done good things in the meantime, so maybe it’s not so bad. I work with women in South America, so that makes me feel better. That’s really, that’s really alarming to me._

She then added:

_What else could you have done with that money that could have gone to something better? I thought about that before I had the last one, oh the 250 dollars the other day, that’s not big deal, I could write 250 dollars for these women in South America, now I haven’t, but I could. And probably I should do that when I go home this afternoon to make me feel better._

(Melissa, 66, “Nips, Tucks, and an Eye thing”)

Similarly, though in a less stark fashion, Philip speaks of his cosmetic surgery as a luxury item and although he was less than pleased with the outcome, the benefits have negated the overall cost:

_Society has just made it very acceptable to want to conform in appearance. Once again, very reasonable the money I spent and the recovery time was almost non-existent, so I can’t fault it. And the fact that it, now I’m 2/3 of the way to where I want to be. If I have to accept that no matter how successful the outcome would have been, it wouldn’t have totally made my life the ideal thing the way I wanted it to be._ (Philip, 57, Facelift/Blepharoplasty)
Health and Wellness

As illustrated in Chapter 4, the mass media often represents cosmetic surgery as an extension of a healthy lifestyle (see also Brooks, 2004). This is consistent with Glassner’s (1992) assertion that cosmetic surgery has become co-opted into the realm of good health practices. To be sure, it is nothing less than a continuation of the association of good character with attractive bodies; cosmetic surgery is the newest and most effective tool for maintaining a youthful and attractive appearance. Several respondents equated having cosmetic surgery as part of an overall health regimen and attributed both positive physical and social results to having had the surgery:

*I would put doing the personal trainer thing up there with like liposuction and thermage as the best thing I’ve done for myself because I feel so much more fit and I’ve cut down on my glucose medication because of it, I’ve cut down on my hypertension medication because of it. And I’ll probably keep doing it because it works out so well.* (Nora, 57, Liposuction/Chin lift/Botox/Collagen/Dermabrasion)

*I didn’t do it just because I had back pain because my boobs were too big; I did it because I wanted to be thin and healthy and be flexible.* (Beth, 38, Breast Reduction)

*I look the same only better, which I think would be true of most people who had done what I had done would say they didn’t look that much different, they just look better and healthier and more rested, which is the way most people go into a plastic surgeon for the kind of thing that I had done, is that’s what they want. They don’t want to look that substantially different, they just want to look more rested; eyes a little bit brighter, lines a little bit softer, chin a little bit gone.* (Melissa, 66, “Nips, Tucks, and an Eye thing”)

*And really, long-term health, they even get in the way when I want to exercise; when I want to run, that’s just not an option. So, it certainly opens up a lot of opportunities for my exercise.* (Elaine, 34, Pre-surgery Breast Reduction)
Interestingly, two respondents used the term “maintenance” when talking about the usefulness of cosmetic surgery, echoing Balsamo’s (1996) notion of the technologically reconstructed body. Here, in a very mechanical sense, cosmetic surgery is part of the regular upkeep of the body:

*I have a financial advisor and I’m supposed to keep track of the money I spend. And I said, ‘my God, you’re not my husband, you’re just my advisor’ and he said ‘yes, but you have to know where the money goes so you know how to plan.’ So I’m keeping track of what I spend on the car and that kind of stuff and he said ‘what about trips to the beauty shop and things like that?’ And I said ‘my God, that’s a little private’ and I said what would I call it and he said ‘well you could call it beauty’ and I said ‘how about I call it maintenance.’* (Melissa, 66, “Nips, Tucks, and an Eye thing’)

*I’m guilty of thinking ‘well this is really going to transform my life’ and it hasn’t totally but I’m better off than before. You know, the concept of vanity, you wouldn’t be looked down upon if you decided to lose that fifty pounds or if you decide to get your teeth straightened, or whatever you wanted from a maintenance type of, from a health perspective. It’s accepted to have a glowing tan or a healthy appearance, all these things that society has branded us as the examples of appeal or whatever the word is.* (Philip, 57, Facelift/Blepharoplasty)

**Conclusion**

This chapter has examined why individuals who have undergone cosmetic surgery were motivated to do so, what having cosmetic surgery does for them practically, how they assess the outcomes of their surgery, and how the commercialization of medicine, specifically cosmetic surgery, informs their experience. As proposed in Chapter 1, body modification, here cosmetic surgery, “does” something in a Durkheimian sense; it achieves a social outcome beyond simply a physical change. For the majority of respondents in this study, their cosmetic surgery outcomes not only augmented their bodies, but generated attendant changes in their assessments of themselves, their relationships with others, and for some, the
practical realities of their daily lives. As such, assessments of the surgical outcomes are based on individual understanding of how that change impacts them physically, mentally, and socially. Much of the prior research on cosmetic surgery acknowledges the possibility for these extra-physical results, but tends to problematize them as symptomatic of a superficial culture. This analysis suggests that many people who elect to have cosmetic surgery are aware of and expect these extra-physical results, a finding supported by prior research (see Darisi, Thorne, and Iacobelli, 2005).

Additionally, this analysis found that cosmetic surgery is not always used to adhere to normative expectations of beauty, but to align an individual’s physical appearance with her/his conception of self. In the several cases in which respondents had breast reductions, they were actively moving away from stereotypical notions of attractiveness and desirability in order to attain a greater level of comfort and self-confidence in their personal lives. Indeed, as noted in previous research (Balsamo, 1996; Dull and West, 1997; Little, 1998) as well as Chapter 4, cosmetic surgery is a highly gendered practice. Often these procedures are understood as technologically bringing female bodies into alignment with the expectations of the “male gaze” (Balsamo, 1996). In these cases especially, women can be seen as asserting their own autonomy, rejecting stereotypical expectations, and using the technological and medical tools at their disposal to maintain control over their own bodies. However, while the surgeries they have may be normatively transgressive, they are normalizing, creating bodies that are more in line with that of the average woman.
Finally, as Nora articulated it, cosmetic surgery is not just for rich people anymore. The increase in access, the increased competition among service providers, and the growing acceptance of cosmetic surgery have all contributed to the growth of a consumer-driven cosmetic surgery industry. As a result cosmetic surgery is evaluated as a consumer good with potential consumers engaging in cost-benefit analyses contrasting the purchase of surgery against other consumables they might want to buy. Many of the respondents understood cosmetic surgery as one of multiple consumer choices and made their decisions based the perceived benefits of having the surgery. While others have noted the nature of the cosmetic surgery as primarily consumer-driven (Sullivan, 2001; Conrad, 2005) or as subject to the ebb and flow of the economy (Krieger and Lee, 2004), few had contextualized it within a broader universe of consumable options. While there has been discussion of increased competition between surgeons and the economic pressures created from this internal competition, little consideration has been given to the prospect that consumers may be deciding not simply who to have perform their surgery, but whether they want surgery or a cruise, a trip, a car, or any of a range of big-ticket items.
CHAPTER 6

“I’M JUST TRYING TO ACCESSORIZE”: AN ANALYSIS OF TATTOOING AND BODY PIERCING

Throughout the past thirty years, tattooing and body piercing have enjoyed an increase in popularity and mainstream acceptance. It has recently been estimated that more than twenty million Americans are tattooed (Jensen, 2005). Similarly, research has indicated that among Americans between the ages of 18 and 50 years-old, twenty-four percent have tattoos and fourteen percent have body piercings (Laumann and Derick, 2006). In her analysis of the increasing consumption of tattoos among mainstream consumers, Kosut (2006) notes that increased media use of tattoos, among celebrities and in advertising, injects “a variety of new images and messages about tattoo into the public’s imagination,” adding that these media-mediated messages construct tattooing as “a legitimate and desirable consumer product for all social classes” (p. 1040). This assertion is generally supported by the findings in Chapter 4, where media representations of tattooing construct the practice within a “lifestyle” framework as a fashionable consumer option. Contemporary body projects, practices such as tattooing and body piercing have developed into relatively acceptable modes of self-expression and often transcend historical boundaries of class, age, and gender.
This chapter draws upon in-depth interviews with 15 respondents, 11 female and four male, who have a minimum of one tattoo and/or one non-traditional piercing\textsuperscript{54}. In this chapter I explore the motivations and expectations of respondents for having their bodies modified, focusing on how individuals express their desire for becoming tattooed or pierced in light of the fact that it retains a degree of social stigma and may be perceived as a socially transgressive act. Similarly, I examine how my respondents ascribe meaning to both the experience and the tattoos themselves as well as how being tattooed situates them within the broader social context. To that end, I explore how my tattooed and pierced respondent’s understand their body modifications as either connecting them to, or distancing them from, others, specifically focusing on the role of social connections in their modification experiences.

**Meaning and Motivations**

In contemporary American society, individuals choose to mark their bodies for a range of reasons, from indicating membership in exclusive groups to marking pivotal life events or expressing an aspect of their self-identity. Atkinson (2003a) suggests that the reasoning behind getting tattooed or pierced is one of the more intensely examined characteristics of body modification. Indeed, body modification practices have been characterized as acts of political resistance (Atkinson, 2003b; Atkinson and Young, 2000), reclamation and exhibition of individual identity (Pitts, 1998), or as indicators of certain class, status, or group affiliations (Back, 2004; Steward, 1990). In their research on tattooing among

\textsuperscript{54} “Non-traditional” excludes ear piercings for both male and female respondents. See discussion in Chapter 3.
college students, Armstrong et. al. (2002) reported that, overall, there was “no underlying reason for the tattoo, but that it was, or would be, a form of their self-expression” (p. 319). This seems to support, to a degree, Featherstone’s (1987) assertion that lifestyle practices, whether embodied in tattooing, fashion, or something else, are no longer strictly fixed to social statuses or specific groups. More directly, it tends to echo DeMello’s (1995) observation that the meaning of tattooing in American society has transitioned away from “being a symbol of the outcast” to “that of the rock star, model, and postmodern youth” (p.49). As such, the “meaning” of body modifications has become inscrutably variable and multifaceted, losing some of its functionality as an indicator of any particular social status.

Much of this variability in both motivations for being tattooed and the meaning ascribed to having tattoos is articulated by the respondents in this study. However, many of the respondents described their tattoos as being an explicit and external manifestation of some aspect of their personality. Sara described her tattoos as a way of bringing more subtle aspects of her personality to the forefront:

*Actually, I think that’s why I made them more visible, because I wanted people to see them because they’re me and because one of the things I’ve run into in my life is people tend to underestimate me or the think they know me and they don’t. So, I felt like in some ways by making them more visible I’m making a piece of me known.* (Sara, 26, Four Large Tattoos)

Externally manifesting internal elements of one’s personality or sense of self is a common theme among the respondents:

*I felt like it’s a good way of expressing myself and like, there’s so much better of a way of describing that. Things I felt so deeply on the inside that I wanted to put them on the outside. In the same way that people*
wear certain clothing to say who they are or dress a certain way. People who wear all black. I just felt like that was my way of saying who I was and something that was permanent and would always be there. You’ve got one body all your life, might as well decorate it, right? Something like, if you put it on your skin you can’t be denied it because that’s who you are. (Erin, 25, Six Tattoos, Eleven Piercings)

I guess just, you know, knowing that I wanted one, and just, again I feel like it’s an expression of me. It’s you know, even though it’s pulled off the wall, I think it kinda, where it is and who I am, it seems like its me, it’s part of who I am and it will always be there. I figure, even if I get older it’s on the back of my neck, it’s no big deal. (Lisa, 20, Two Tattoos)

I had always been interested in, I mean like, when I was in college I was a goth chick, punk rock chick, listened to a lot of Dead Kennedys, Sisters of Mercy, Bauhaus, and Gary Newman, New Order, Joy Division, Black Flag, basically like, I was one of those kids who, although I got straight As, aside from those Cs from those professors who didn’t like me, by the end of my freshman year I had a 4.0, even though I didn’t look the part. (Susan, 32, One Tattoo, Two Piercings)

While many of the respondents rarely spoke of politics, and the overall political content of the tattoos of the participants was rather muted, there were still instances where tattoos were characterized as indicators and expressions of political sentiment:

I certainly have meanings for my tattoos, what you see blatantly on my left arm though is about being a fan, is about identifying myself as a follower as a particular type of music, and maybe a lifestyle. You know, it keeps me from; you certainly have people who are going to peg you wrong. It keeps people from thinking I voted for our current president, you know what I mean. That’s pretty odd, but I guess that’s that. (Chris, 30, “40% tattooed”)

For Chris, meaning is bound together in his tattoos, their indication of affiliation with certain groups, and an implicit political orientation. Separately, any of these elements might have a highly specific, contextual meaning; taken together however, they can be read as a clear and definitive statement, not only about Chris’s identity as an individual, but where he stands ideologically and politically.
Additionally, the notion that tattoos are used to indicate some level of peer-group affiliation is expressed:

_As a young kid I was a skateboarder, I grew up in a punk rock scene and there were always those guys who were so much cooler than me, the older guys. I was always wanting to be the cool guy. That’s not to say that’s why I got into it, but I guess it’s deep seeded back there somewhere, trying to be a bigger part of that I guess._ (Chris, 30, “40% tattooed”)

_Charlotte echoes this sentiment:_

_The whole tattoo thing was another whim. Another really, really, more of a recalcitrant whim. Wow, what a strange word to use, I guess. Partly defiance, partly, the desire I think, with tattoos, I think it’s the desire to have a static image, a static symbol manifest and represent who you are. The idea that, well, it’s easy to put yourself, it’s easy to, I guess, identify with a group, but with a group you have to follow the group or be a part of the group, but with a tattoo it’s almost like identifying with a group. It’s this relationship to something static and fixed that’s already there and the desire, I feel, to identify._ (Charlotte, 21, Two Tattoos)

_Inscription of Memory_

Consistent with the findings of some prior research (see Sanders, 1989; Irwin, 2001), many of the respondents in this analysis spoke of their tattoos as a method of marking key points in their lives. Steward (1990) makes a similar observation, noting that sentimentality or the desire to commemorate experiences often motivate individuals to get tattooed. Whether marking transitions or inscribing significant events, tattoos function as tangible representations of ephemeral moments. Emma, a 21 year-old with six large pieces, described her tattoos as a “picture book for my body”, invoking through her metaphor the importance of the images by equating them with a more traditional archive of personal memories.

The importance of marking the body as a means of remembering and celebrating particular experiences was salient for many of the respondents:
It’s another reminder of my past and how my perception of things have grown and matured and way more cynical, to be honest. (Emma, 21, Six Tattoos, One Piercing)

I think even my first one, the one I got when I was 18 I got it, right then my mother had set me up renting a room in a friends house in the neighborhood, basically I graduated and the shoved me out the door. They are like ‘we’ll pay your rent, you’re just going’ and so it was sort of those like you’re living on your own, but you weren’t because your parents are paying your rent and you’re not really being an adult yet. And I really got the first one done when I found my first studio apartment and I was about to like, move into it. So it was just sort of like, I got it right before then. I had a full-time job and I was going to school and I was getting an apartment so it was sort of this sign of, like, ‘look, I can make adult decisions.’ (Sara, 26, Four Large Tattoos)

It’s kind of a chronological thing, I can look back, I can look at my body. You know, you don’t spend all day looking at yourself, but there are times, you get out of the shower, you’re walking through and you catch the mirror and see something on your back and you’re like ‘yeah, I remember that, what was I doing then.’ So it’s kind of like a chronological thing, every now and then it’ll jar your mind and you go ‘yeah, that was cool’ or ‘wait, hold on, I’ll never do that again’, all of which is good. (Chris, 30, “40% tattooed”)  

I think every time I go through a different life situation I want to have something that marks that, shows that. (Erin, 25, Six Tattoos, Eleven Piercings)

Similarly, the permanence of tattoos gives them an added layer of meaning. The act of permanently fixing these images upon one’s body, as opposed to some other, less permanent or tangible method of commemoration, indicates both a greater level of commitment on the part on the individual as well as an increased level of meaning attributed to the event being memorialized:

It’s almost like a totem pole, you know? It’s like; the memories for me remember that point of my life. It’s not in a book that can burn away or I can get lost, you know, it’s permanently on me. So if I want to reflect or meditate, I can just think of the picture on my body. (Kate, 33, Four Tattoos, Two Piercings)

I think because other things can disappear, they can fade away. If you get objects they can be destroyed, they can be lost. With these, they’re more
personal and you’re always carrying them with you. For me, the reason why I ended up getting more tattoos was because I wasn’t conscious of them constantly; they’re just part of my skin. (Sara, 26, Four Large Tattoos)

While many of the respondents who spoke of the memorializing aspect of tattoos situated that meaning within the specific context of their own lives, Jody created a tattoo that was both personal and served as a “living memorial” for others as well. Jody is a 38 year-old educator who is Jewish and designed a tattoo that reads “Never Forget” in the style and placement of concentration camp tattoos:

[On the “Never Forget” tattoo on her arm] I had always thought about having some sort of, when people were tattooed, they were tattooed many places, in the camps, they were either tattooed on their stomach, they were tattooed on their chest, some were tattooed on the outside of their arm some on the inside of their arm, and so depending on what camp you were at, and it was done in very much like what we would see, if you’ve ever seen a holocaust survivor’s tattoo, it looks a lot like a jail tattoo or the old biker tattoos. And so I decided that I really wanted to, as more and more people were dying who had been in the holocaust, and that is one physical way of proving that this happened, because why would all these people just randomly do this? I decided I wanted a living memorial to the Holocaust victims.

Jody talks about the ability to not only use the tattoo as a living memorial but as a teaching opportunity when students notice it in the classroom. This use of the tattoo bridges the personal with the social in an explicit fashion, drawing a direct

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55 As certain interpretations of Judaism prohibit tattooing, Jody told me about an exchange she had with a rabbi before beginning her tattooing process:

* I was raised Jewish and I am Jewish and did call a conservative rabbi to say ‘can I still be buried in a plot in a Jewish cemetery with a tattoo?’ Because the Orthodox will not let you be buried because of the portion in Leviticus where you should not, you treat your body as a temple, um, that you, if you purposely maimed your body in this way that you couldn’t be buried in a Jewish cemetery. And so this rabbi on the phone he said ‘yes, I would bury you in my cemetery’ and for Orthodox or Hasidic Jews, if somebody is a survivor of the Holocaust and they have a tattoo from that, of course that’s exempt.
linkage between an individual, a specific historical event, and a broader social community. Indeed, Jody noted that her partner commented upon the clarity and explicitness of the symbolism of the image and its relation to her own concept of self-identity:

*My partner actually said, my girlfriend at the time, said that this was the first thing I had done that was overtly Jewish, that it was easier for me to come out as a lesbian than to come out as a Jew. So, it was really kind of an eye-opener for me, because I had never really thought about that.*  
(Jody, 38, Four Tattoos)

This level of extra-political awareness and meaning also seems consistent with Pitts (1998) notion of body modification as reclamation. Pitts argues that through these “norm-breaking body practices” women assert a fundamental resistance “against bodily subordinization and victimization” (p. 68). Jody’s body markings certainly make a political statement, speaking to both historical injustices as well as creating a contemporaneous dialogue that draws attention to issues of power and domination. Susan articulates a similar goal with her own tattoo project, an assertion of ownership over her own body, in-line with the theme of bodily reclamation:

*When I turned 18 I literally changed my name and that was sort of an important moment. And I was trying to think, 21 is another sort of turning, in this country at least, 21 is another big milestone age and, to me, there was certainly an element of rebellion to it, um, but, it was also the importance of, this is going to sound strange, but women having control over their own bodies is very important and it’s sort of a way of saying ‘mine.’ It’s weird to think of almost branding oneself, but that’s kind of, almost the idea. And it’s something that nobody can take away from you, it’s something that’s always there and it represents me well, I believe, it’s unique.*  
(Susan, 32, One Tattoo, Two Piercings)

Assessing Others
Body modification, as cultural practice, is often understood as a point of
commonality among practitioners. This is not, however, an easy relationship to
define. Many of the respondents in this study spoke of varying levels of
commitment that go into acquiring and producing quality body art. Additionally,
while many of my participants spoke of having an affinity for fellow body
modifiers, they also included caveats, particularly with regard to the quality and
originality of art as well as those who violate proper decorum. Body art is also
used to designate difference, and outward sign of independence and a rejection of
the status quo:

*I don’t like to be considered that I am part that I’m like everybody else. I
don’t like conformity, and I don’t like things, but then you could argue
that everybody that gets tattoos is any group of conformity. I like to
express that I’m a different person and I have different things that I like
and I have different things, I’m not just some, I’m not an average person,
you know. And I think that tattoos do sometimes show that you’re not
generally the most compliant of people maybe sometimes and or that you
do what you want to do. (Lisa, 20, Two Tattoos)*

*I’m totally fine with being a snob and I judge other people’s tattoos. And I
think all people with tattoos do this, by the way. Because if you’re
sacrificing pain and blood, sweat, and tears for something, you’ve got to
really commit to that thing. So when you see someone who has, like, a
little tweety bird on their ankle you’re just like, ok, you’re a moron, what
were you thinking? Now if their father played tweety bird or something
like that, ok, I’ll grant you that. But by-and–large, I really didn’t like the
tattoos that women got. Women got these really like, ‘look I got a little
rose on my boob’ and it was just lame. (Susan, 32, One Tattoo, Two
Piercings)*

*I like showing them off, I like getting asked about them. I like comparing
tattoos with other people and having discussions about them. It’s sort of
like bonding. (Sara, 26, Four Large Tattoos)*

Ironically, wanting to talk about one’s body art is also open to interpretation.

Below, Elise explains how she enjoys interacting with other modification
practitioners, how their art does indeed create a point of commonality, and how
being modified designates one as part of a unique and separate culture.

Conversely, Emma has nearly the opposite interpretation, understanding those who are anxious to talk about their tattoos as novices who typically have low-quality artwork. According to Emma, quality art speaks for itself:

*I really like getting tattoos and I like talking about tattoos because it becomes like a culture, you know? I have a tattoo, you have a tattoo, we can talk about tattooing, we can talk about design, we can talk about art, we can talk about, it just opens up this entire avenue. And I went through my stage where I was first getting tattooed where I wanted to show them off all the time and now if they come out they come out, if they don’t they don’t.*  (Elise, 29, Six Tattoos, 3 Piercings)

*There’s nothing more annoying than someone coming up to you, saying how great your tattoo is, only so that they have a chance to show you theirs. And most of the time, theirs sucks. The person who thinks they have to start a conversation about your tattoo to show theirs off, normally are not very good. I know that sounds really mean but it’s true. Because, people with really good art don’t feel the need to bring it up, its very self explanatory that you have good art on you. The people that have the trendy tattoos are just not very good ones.*  (Emma, 21, Six Tattoos, One Piercing)

In part, the mainstreaming of tattooing and body piercing has transcended the safely fixed boundaries of subculture. As such, the authenticity\(^{\text{56}}\) of contemporary body modifiers is also open for interpretation. DeMello (2000) notes the tension that newfound mainstream acceptance has caused among professional tattoo artists, suggesting that for some “tattooing has become fashion because everyone has one and very little thought is put into getting them today” and furthermore “as more people wear tattoos, tattooing starts to become a an entirely mundane, mainstream practice” (p. 191). Kosut (2006) takes this assessment a step farther arguing that “the new tattooees are not exotic or deviant

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\(^{56}\) The idea of authenticity denotes something natural and real, without artifice or pretense. For an in-depth discussion of the importance, and fabrication, of cultural authenticity, see Peterson (1997).
It’s like those people [people who have “flash”\(^{57}\)] are less credible or something because you can’t really be seen as a tattooed person because you just went in and picked something off the wall or because your tattoo says ‘princess’ or is a flower or something. Maybe it does have a meaning to them but, like, I don’t feel like it’s something they’ve really studied or wanted or thought about or educated themselves on...[There is] definitely a segregation, I would have to say. And I don’t know if the people who have the very common flash tattoos even know there’s segregation. (Erin, 25, Six Tattoos, Eleven Piercings)

It’s so much more mainstream now, before it was just sailors and bikers. Now, it lots and lots and lots of people have tattoos. And I think that’s probably where some of the hardcore one’s sort of get their snobbery, ‘yeah, you’ve just got your little sorority letters’ or something like that and you’re like, ‘man, I’ve got a whole sleeve, that’s commitment, I’m hardcore.’ But, I think it’s just, I think it still does impact your employability and stuff like that. (Susan, 32, One Tattoo, Two Piercings)

It’s so funny, tattoos are becoming so regular. Like, I’ve started finding articles where they’re talking about how they’re starting to become more accepted in the corporate area. And it’s just like, everyone’s getting them kind of annoys me because it used to be my own little island and now everybody has one. But, I think that might be part of the reason that I pushed to get more bigger ones, is just because I’m not going to be the one that has the little butterfly. Which, you know, none of them are, they’re all tribal. (Sara, 26, Four Large Tattoos)

Some people get tattooed, especially since it’s not taboo any longer, it’s completely socially acceptable to have tattoos all over your body now, I mean sure, some of the older generation pooh-poohs it, but mostly it’s completely socially acceptable and it’s completely ordinary. So now it’s a trendy thing to get their flowers, their dolphins, and their butterflies, and their tribal, just because they think it looks cool. I don’t really understand that philosophy...I don’t understand how anyone can just go in to an artist, into a studio, look through a book of flash and be like, ‘I want that

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\(^{57}\)Flash are standardized designs generally found on the walls of tattoo studios. Among “serious” collectors of custom body art, flash is understood as the least desirable or creative form of tattoo.
Interestingly, and although most of these respondents are female, the critique they offer of “trendy” “tattoos and inauthentic modifiers is implicitly gendered. While much of the research on women’s tattooing and body modification has emphasized its ability to assert personal ownership and autonomy, subvert norms, or redefine femininity (see Atkinson, 2002; Braunberger, 2000; Pitts, 1998), these responses reveal a much more constraining interpretation. References to flowers and butterflies, each mentioned twice, sorority letters, dolphins, and tribal work – itself assessed both positively and negatively, as trendy or inauthentic indicate that to be consider tattooed, marked, or modified, one must go beyond the transgression of simply having a tattoo by inscribing images that further transgress gender norms. Indeed, Atkinson’s (2002) assessment of women who have these types of tattoos is that they are “deftly mould[ing] their tattooing projects into acts of gender conformity” (p. 232). As such, interpreting the practice of body modification becomes doubly confounded, and perhaps women with stereotypically feminine tattoos are the most transgressive; violating mainstream normative expectations by being tattooed while simultaneously violating subcultural norms by being tattooed with insufficiently deviant images.

Conflicting Interpretations

In their discussion of meaning, several respondents talked about the body as a “canvas” upon which one can inscribe identity and display it for others to see. However, while some respondents used the canvas metaphor as a legitimation of body modification and a way to bridge the concepts of art and tattooing, another
invoked the opposite image, describing her tattooed body as a ruined canvas. These variable interpretations of what one’s body art means confounds the notion that there is a monolithic culture among body modifiers, especially when the practice is understood as personally transformative by some and oppressively constraining by others. Below, Emma and Elise both speak of their tattoos as “art” and an avenue for “self-expression” using the body as the medium upon which these images are presented:

Well, tattooing is an art, truly. Basically you’re just using your skin as a canvas and like I said, for me it was a personal reminder of lessons learned, but that’s just me. (Emma, 21, Six Tattoos, One Piercing)

Likewise, Elise offered greater detail about the meaning and expressive nature of her body art:

What I get out of it is, I think the body is a form of self-expression and there’s only so many ways you can express yourself. I think that you’re rather limited in expressing yourself through your personality and through your clothing. I mean if you have to wear a uniform, then you’re kind of, you look like everyone else. If nobody can see the tattoo under your uniform, but is also, it’s a sense of self-identity. I think you shouldn’t get tattoos that don’t say something about who you are. Like all of my tattoos mean something, they all mean something. I think if you say ‘I like this design, it’s pretty’, like, why, why is that important, just because it’s pretty? Well, why do you think it’s pretty? I want to know like; I critique people’s tattoos like an artist critique. Because I want to know what was so important that they wanted to get that permanently on their body. So I think it should be something important to you or personal, like a visual history. The body is a canvas and is a way to express yourself that isn’t through clothing or hair. (Elise, 29, Six Tattoos, 3 Piercings)

Conversely, Charlotte offered a conflicting interpretation of her own body art. Charlotte has two tattoos and expressed that she is unhappy with both of them and would prefer, if at all possible, to have them removed. Speaking directly to the issue of identity, and countering Elise’s proposition that one is “limited in
expressing yourself through your personality and through your clothing”,

Charlotte argued that:

*There’s really much more to saying who you are than putting an expensive and very painful and permanent symbol on yourself... There’s something, I feel, there’s something so much more significant about having it be inside, having your understanding of an identity or an understanding of a symbol that represents you in your mind rather than on your body, because it’s just an external representation.*

Reflecting this disappointment with what is, essentially, a failed body project, she offers a counter-narrative of the “canvas” metaphor:

*The body is a canvas. If the body is a canvas, a tattoo is like burning a hole into the canvas. You can’t cover it with paint, you can’t really; the hole is there. You can patch it up, over; you can cover it in a sense, but the hole is still there and it’s a white, beautiful blank canvas with a big burn mark in it, with a big hole in the canvas. So everything I paint has to be painted around that hole, somehow. It can be incorporated into the painting, but it’s still there; the fact that it’s a hole.* (Charlotte, 21, Two Tattoos)

*Rites of Passage*

Many respondents talked about body modification as a rite of passage, observing that in contemporary society we lack strong, communal, standardized rituals to induct individuals into the culture as adults. Steward (1990) suggests that there is no real ritual or ceremony to mark the passage of young male into adulthood as men, drawing parallels to societies and cultures that do engage in such practices and proposing that tattooing fulfills this role in modern society. Chapter 2 argues that body modification in mechanical societies does indeed integrate members into the social structure and that those same practices are, to a degree, used to integrate into various social groups in contemporary society. The idea of
tattooing as a rite of passage or something that must be “earned” is often articulated:

*I definitely think it’s like a rite of passage that you kind of have to earn a tattoo. I’ve seen one too many prissy young girls come in just to get a little butterfly tattoo and they totally can’t handle it and she’s like ‘why are you even doing this’? You know? I can’t handle getting my blood drawn or whatever, but getting pierced or getting a tattoo is totally, like, therapy, like you’re getting something released you know?* (Erin, 25, Six Tattoos, Eleven Piercings)

There are so many cultures where there are definite rites of passage for adolescents going into adulthood and you know, beyond getting shitfaced on your 21st birthday, Americans don’t really have a lot of those. And so, that was sort of a way to usher in womanhood, I guess, for me. (Susan, 32, One Tattoo, Two Piercings)

The impulse to modify was also characterized as something inherent in all humans. Arthur, a 31 year-old professional body piercer, argued that the desire to modify our bodies is “in us” as people. Arthur reasoned that there were community-building body rituals in pre-Christian societies that have been lost, leaving contemporary society to compensate and reconnect. Kenny, a 50 year-old, heavily pierced respondent made a similar argument:

*I had an interest in it [body piercing], I would call it an innate interest that had nothing to do with societal or fashion trends or sexual orientation trends.*

Later he suggested that the reason for these impulses was “hard-wired”, reiterating the point made by Arthur:

*I can’t really; I defy any of them to explain the why behind it. It’s some deep level neuro-wiring thing, it probably has to do with tribal markings or something, would be my guess, some psychological vestige that expresses itself this way.* (Kenny, 50, Eleven Piercings)

However, the strongest argument for body modification as rite of passage was made by Kate, a 33 year-old with four large tattoo pieces that she described as...
“totems” that are “an expression of what I have been and what I am now.” Kate used a similar argument as Arthur and Kenny, that the advent of a Christian society irreparably damaged these types of body rituals, and reiterated the Susan’s concern that it is specifically American society that is missing these rituals:

*If you look at Africans or certain Asian tribes or even North American Indians, usually there’s a huge rite of passage when you go from youth to adulthood and it’s a community symbolism, it’s not just within the family, it’s a whole community thing where, whether it’s you go out and hunt your first whale, or kill your first kill, or are able to be sexually active and get married, you know whatever, there’s usually some status symbol given to the child.*

Noting that these symbols are conspicuously absent in the contemporary United States, she goes on to add:

*Like American culture in specific, I mean, when you look at Christianity, the dominant religion in this country, the rite of passage, I can speak of Catholicism which is a part of Christianity, but the rite of passage, how much fun is that? Oh, ok, the body and blood of Christ, oh, I get another name for my confirmation, I mean, yeah, there’s community symbolic rites of passage, but it has nothing to do with soul and spirit. It has everything to do with form, function, religion and politics, government, you know? I think since the sixties, we’ve been breaking away from the Puritan ways, you know, we’ve been looking for other realms to feed our soul and our spirits, because they’ve been suffocated. Even with these organized religions, people can practice Christianity all they want and they’ll never know what faith is or to be spiritually connected to a higher unknown.*

(Kate, 33, Four Tattoos, Two Piercings)

Kate’s account specifically contrasts contemporary society with some seemingly idealized past where the importance of social rituals was shared and understood more broadly. Interestingly, she chose to contrast the notion of a transcendent, spiritual ritual with the elements of Catholic confirmation and communion, practices one could reasonably argue are some of the last vestiges of traditional
rites of passage in contemporary society\textsuperscript{58}. It is an equally idealized rendering of the past that assumes any broadly practiced, socio-cultural ritual does not embody the coalescence of “form, function, religion and politics, [and] government.” Cummings (2001) has observed that among some in the body modification community, contemporary society is characterized as “oppressive, harmful, [and] stunting”\textsuperscript{59}. Furthermore, he goes on that suggest that body modification is understood as “expressive of ancient, natural impulses, that are only suppressed at the cost of social, psychological, spiritual, and even physical health” and that it has emerged as viable practice after “a long era of suppression at the hands of civilization” (p. 298). While the rite of passage framework is used by many modifiers, Kleese (1999) described this approach as simply “a particular identity strategy within the late modern condition” (p. 19) and notes that while these practices might represent some degree of in-group community and bonding, body modification itself has become rapidly commodified as part of a growing industry. Although Myers (1992) found some support for the initiatory, ritualized, associative aspects of less mainstream body modifications, particularly with regard to creating in-group solidarity, Cummings overall assesses these rationales as “forceful if ultimately ineffectual” (p. 297) means of recreating the romanticized rites of “primitive” societies.

\textbf{Connection and Interaction}

\textsuperscript{58} One could characterize Bar and Bat Mitzvahs or Quinceanera this way as well.
\textsuperscript{59} Cummings (2001) and Kleese (1999) are speaking specifically of the “modern primitive” movement. Nevertheless, as is evident in the responses of the participants in this study, these types of claims are not limited to any particular subset of the body modification community.
Prior research has shown that the attitudes and behaviors of friends and family often have an influence on whether one chooses to modify his/her body. Armstrong et al. (2004) found that while family had limited influence on a respondent’s decision to get either a tattoo or body piercing, friends had a very strong influence on the respondent. Other research has indication that having friends or family who are tattooed is a very strong predictor of whether the respondent themselves will be tattooed (Adams, 2007). Conversely, others have found that having body modifications is negatively associated with some measures of social integration (Stirn et al., 2006). Many of the respondents spoke of associating with peers who were tattooed:

*Just the people that I’ve always gotten along with or had no problem with are always people that are modified. I always end up seeking out people that are tattooed or pierced to be friends with you know, like I feel more comfortable with them. It’s like they’re not afraid of who they are and they openly express themselves. They have something on their skin that you can automatically see something about them.* (Erin, 25, Six Tattoos, Eleven Piercings)

*My friends also had tattoos and you define yourself with a certain group of people, I’m an artist or I’m a rebel or something, and all you friends have tattoos it’s just like ’I want one too.’* (Charlotte, 21, Two Tattoos)

More important than simply having friends who are tattooed or pierced, respondents also commonly spoke of going to get a tattoo or piercing with a friend or group of friends. It may be this shared experience that exerts the greatest influence, and several respondents chose to become modified after going with a friend as moral support:

*I was never, ever, ever, ever going to get a tattoo in my life. I was going out with my girlfriend at the time while I was in grad school and she was thinking about getting a tattoo and I was like ’fine, if you get one, I’ll get one’. And so, I don’t know where I came up with that idea that I’ll just go ahead and get a tattoo.* (Jody, 38, Four Tattoos)
[After a female friend broke up with her boyfriend] She’d always wanted to get a tattoo and my dad had been living out there [New England] so I knew where a good tattoo artist around there was, so I was like ‘here, let’s go get you a tattoo. Let’s do something life-changing’, so I got her out there and she got this little shark tattoo on her hip and then so I’d be part of the process, I ended up picking out a little Celtic heart. (Sara, 26, Four Large Tattoos)

As soon as I turned 18 I was like, you know, I’m going to get a tattoo since I’ve never, my parents never went for that. I was like ‘I’m going to get a tattoo, I’m going to get a tattoo’ and I got a credit card in the mail, so of course, off to the store. It was like eight o’clock at night and I was like ‘guys, we’re going to the tattoo place and I’m getting a tattoo’ and so then we went. (Lisa, 20, Two Tattoos)

I was friends with this girl S. at the time and I was probably 18 or 19, I think it was right before my 19th birthday. S. and I were good friends, we hung out a lot, and she was going to get a new tattoo and I went with her to the tattoo parlor and I watched her get her new tattoo. It was really cute and she had some other cute ones and I liked it. And I’d always really wanted tattoos, you know that whole bad girl image, you know. And I went ahead and scheduled them for 11:30 the next day, I think it cost me 45 dollars. (Ashley, 25, Two Tattoos, Five Piercings)

**Navigating Stigma**

For all of the respondents, there is awareness that being tattooed and pierced, especially heavily tattooed and pierced, can be socially stigmatizing to various degrees. Most of the respondents situated their concerns within the context of the workplace, either voicing apprehension that their modifications would hinder their job opportunities or speaking of the need to hide them in a professional setting. Even though body modification is becoming more mainstream, employers are often still hesitant to hire employees with visible or extreme modifications (Torres, 2005). These concerns often affect how respondents chose to place their modifications or how they dress in order to conceal them:
[About tattoo placement] I just know with jobs, it’s been more difficult for people and I definitely, as of yet I don’t know what I want to do with my life so I hate to close off any doors just because of something like that. And I don’t feel that it should be that way, but unfortunately I know that it is that way, so you know I kind of, I do consider that when I’ve got stuff. (Lisa, 20, Two Tattoos)

But I don’t wear like, v-neck shirts or short sleeve shirts to school very much because I don’t want professors to think I’m not professional and I don’t take my school work seriously. My husband says its going be really hard when it gets to be summertime, but I said, you know, I have tattoos and I understand that they’re not really culturally accepted across all boards, so I have to, if I want to continue getting tattoos I either have to to get them in places I can hide them or if that’s not an option I just have to be uncomfortable. (Elise, 29, Six Tattoos, 3 Piercings)

My father always said that you don’t want any tattoos or piercings that are very visible because it’ll be harder to get a job; unless you want to work in a factory your whole life. (Ashley, 25, Two Tattoos, Five Piercings)

For Erin, she understands her modifications as integral to her personality and sense of self. As such, covering them up, or placing them more discreetly, to get a job is too much of a compromise, and one she is no longer willing to make:

I didn’t take any out to get a job though. I would take it out if I could, just take it out for a couple of hours and then put it back in. I wouldn’t permanently take it out because I don’t believe in changing myself to be at a job where it has nothing to be with my work performance...I don’t want to have anymore jobs where I have to sacrifice who I am. (Erin, 25, Six Tattoos, Eleven Piercings)

Another respondent, Chris, was entirely unsympathetic to this view. For him, expressing one’s individuality and conforming to society’s prevailing norms, particularly in the workplace, are not mutually exclusive. Furthermore, he emphasized the role of individual agency in the decision to modify one’s body as a mitigating factor:

There’s not a whole lot I can do to change the whole tattoo thing. I don’t mind taking my piercings out; I take my piercings out when I go to work. I don’t feel like its some sort of personal affront to me if I have to look a
certain way, whatever. I can look this way in my own time, I choose to. If someone’s paying me to do something they can ask I look a particular way. Minding they’re ok with tattoos, but I wear long sleeves at work.

He then added:

[About public stigma surrounding body modifications] I guess there is, because you choose to make yourself that much different. I’m not trying to tear down anyone’s individualism or anything like that, but, I don’t know, it’s a job. They have a, it’s their code, they have an image to project on people, they’re trying to protect their product. Don’t work there; don’t work, be a bum. Leave your piercings in and be broke. (Chris, 30, “40% tattooed”)

Conclusion

This chapter has examined how people who have modified their bodies through tattooing or body piercing articulate the function of body modification, what these types of modification achieve relative to individual identity, how these modification practices influence each individual’s relationships with others, and how the navigate and manage the potential for stigmatization. For the majority of respondents in this analysis, tattooing and body piercing function as an overt expression of their concepts of self-identity, either as an expression of some aspect of the self or as a memorialization of a pivotal point in their lives. This finding is consistent with prior research that understands body modification as an identity project (Atkinson, 2003a; Pitts, 2003). However, when respondents spoke of marking their bodies as a sign of affiliation, it was often as an indicator of an affinity with amorphous taste or status groups rather than with the more concrete associations with gangs, social clubs, or formal organizations of the past (see Back, 2004; Steward, 1990). For these respondents, that statement made by body art is more likely to express being a fan of a certain genre of music or art
rather than an explicit assertion of solidarity or class consciousness. Again, this is consistent with Featherstone’s (1987) argument that lifestyle indicators are becoming increasingly detached from a direct signification of class or status, becoming variable symbols of consumer options.

Despite the variety of meanings ascribed to body art by the respondents, several themes are consistent across accounts. These are similar to the “legitimation techniques” described by Irwin (2001). Indeed, Irwin argues that as tattooing becomes more mainstream, individuals develop and use legitimating narratives to frame their tattoo experience, align it with mainstream values, and minimize overt associations with deviance. In this analysis, two frameworks, the inscription of memory and the rite of passage, emerge as prominent themes for describing the motivations for getting tattooed and explaining the practical functionality of the tattoo. The inscription of meaning framework invokes images of sentimentalism and commitment; memorializing an important event binds the individual to others, contextualizes his/her experience within a social context, and displays the event or meaning to others. As a society we employ a variety of methods for enshrining personal and collective memories. By including tattooing as a viable means of achieving this remembrance, it becomes linked to other more socially legitimate practices and is itself legitimated. Similarly, the rite of passage framework achieves the same end by associating tattooing with social ritual. By suggesting that there is some element of the culture that is failing on a spiritual and communal level, tattooing and body piercing are insinuated as viable proxies for the experiences that have been suppressed or lost.
Finally, social connections play a prominent role in both the understanding of body modification, the decision to become modified, and the modification experience itself. The majority of respondents reported going with others, especially friends, to get tattooed or pierced. Consistent with the findings of prior research (Adams, 2007; Armstrong et. al., 2004), individuals who have family and friends who are tattooed and pierced, or at least approve of tattooing and piercing, are more likely themselves to become modified. Additionally, the modification experience is often characterized as a shared experience, establishing or reinforcing a bond between individuals. Indeed, this is best illustrated by Elise, who went with her husband to get matching tattoos after their wedding. Both the tattoo and the experience are representative of a bond and the ritualized interaction serves to reinforce that bond.
CHAPTER 7

SUMMARY AND SYNTHESIS

This dissertation project broadly addresses how and why individuals elect to invasively and permanently change their bodies. Specifically, I examine the practices of modifying one’s body through either cosmetic surgery or tattooing and body piercing. Drawing on Shilling’s (2003) concept of a “body project” whereby the body is transformed into something that is “worked at” in the process of accomplishing self-identity, this study examines the differences or similarities that exist between individuals who engage in socially transgressive practices such as tattooing and piercing and those who engage in socially sanctioned and increasingly legitimate practices such as cosmetic surgery. Additionally, as the body has historically been seen as an external indicator of internal qualities, morals, and characteristics (See Gilman, 1999), I explore how these individuals ascribe meaning to the process of modifying their bodies as well as how they understand these procedures as generating some level of personal and social change within their lives. To that end, I situate these body modification practices within a broader cultural context, examining them as practices with the potential to signal the status of, and subsequently stratify, modified individuals, as well as understanding the role consumer culture plays in informing their decisions.
Theoretical Underpinnings

This project is predicated on the notion that as a spectrum of practices, body modification processes accomplish similar goals. Drawing upon Durkheim’s concept of social facts, Chapter 1 argues that body practices perform an integrating role within a given society, outwardly aligning individual bodies with the values and expectations of the collectivity. Historical and contemporary examples of body modification are used to illustrate how these practices serve an integrating function through the expressive reification of cultural norms via physically altering rituals. Additionally, as societies transition from mechanical to organic forms of social solidarity, the type, use, and meaning of body modification becomes more complex. These changes are represented in models illustrating how modification practices are used as a means of social integration in both mechanical and organic societies.

In contemporary society, the ability to change and augment the body represents a level of control and autonomy on the part of the individual actor (see Nettleton, 2001; Shilling, 2003), particularly when the individual feels he/she has little control over other aspects of social life. Additionally, Featherstone (1987) argues that as traditional status markers decline in significance, the consumption of meaning-laden social signifiers is increasingly used to indicate social status. As the body is progressively incorporated into the consumer marketplace (see Featherstone, 1991), it too is transformed by the demands of the overall consumer culture. Acceptance or rejection of the attendant normative expectations of appearance, particularly when these expectations have been commodified into accessible goods and services, can either signal integration into the larger society
or, if individuals choose to reject these expectations, a solidarity with those who actively transgress normative expectations. While transgression could superficially be characterized as deviance, the marketplace offers no shortage of alternative consumer options, ensuring that the subversive value of transgression is limited. Nevertheless, as Cummings (2001) has observed, altering the body is often motivated by the sense of community it engenders among those who have chosen to modify themselves. It is this element of community and shared experience, in conjunction with the internalization of some set of social values, which aligns disparate modification practices as integrating processes.

**Empirical Foundation**

As noted in Chapter 2, cosmetic surgery as well as tattooing and body piercing have experienced rapid growth and increasing social acceptance throughout the last thirty years. The ASPS reported a total of nearly 3.4 million invasive cosmetic surgeries and non-invasive procedures in 2005, representing an increase of 151% from 2000. Similarly, Laumann and Derick (2006) found that roughly 24% of individuals between the ages of 18 and 50 have a tattoo, while 14% of that same population has a body piercing. These figures indicate that modification practices of all types are on the increase, suggesting that there is both broad-based demand and general social acceptance for a variety of modifications.

While there are fewer statistics for race and gender among tattooees, prior research has suggested that the numbers of women currently getting tattooed are roughly equivalent with those of men (Laumann and Derick, 2006; Mifflin, 1997). There remains greater race and gender disparity among those having cosmetic
surgery, with the ASPS reporting that in 2005, 77% of all patients undergoing cosmetic surgery were white; in that same year, 84% of all patients having cosmetic surgical procedures were female. Likewise, past research has suggest that individuals choose to have cosmetic surgery as an outgrowth of the body as project ideal (Maguire, 2002), as a way of asserting control (Gimlin, 2002), or as part of an overall health and fitness regimen (Glassner, 1992). Similar observations have been made about the processes of tattooing and body piercing, characterizing them as commemorative or social rites (Sanders, 1989; Fisher, 2002), reassertion of bodily control (Pitts, 1999), or as political acts of resistance (Atkinson, 2002). Subsequently, while many of these practices have transitioned away from traditional associations with deviance, within the population of individuals who engage in body modification, there remain stark differences in who chooses to undergo certain procedures as well as their expectations and motivations for having them done.

Substantive Findings

Chapters 4, 5, and 6 address the data analysis and substantive findings of this project. Chapter 4 presents an analysis of media discourse on cosmetic surgery, tattooing, and body piercing, drawing from articles that appeared in mainstream newspapers throughout the past six years. This analysis shows how the media frames various body modification practices and as such, how they have come to be understood by the larger society. The findings of this analysis suggest that within the media discourse, cosmetic surgery and tattooing are linked together as viable modes of self expression. The framing of these practices as “lifestyle”
options speaks to Featherstone’s (1991) argument that within the modern consumer society, “as the consumption of goods increases, the time required for care and maintenance increases, and the same instrumental rational orientation adopted towards goods is turned inwards on the body” (p. 182). These assessments of cosmetic surgery and tattooing also embed them in a broader discourse wherein the body is seen as a site where identity is accomplished, often through acts of consumption. Body piercing, however, remained stigmatized with media accounts adhering to a narrower, certainly medicalized, understanding of piercing either as indicative of underlying mental or behavioral problems or simply as a dangerous and unhealthy practice.

Additionally, gender figures prominently in mass media accounts of body modification. In discussions of tattooing, much of the focus is on women increasingly becoming tattooed and contrasted with tattooing as a stereotypically male exploit. Despite research showing increased female involvement in tattooing (Laumann and Derick, 2006; DeMello, 2000; Mifflin, 1997), women are often disproportionately represented in accounts that focus on the atypical nature their being tattooed or that emphasize the growing mainstream acceptance of tattooing. Similarly, while many articles on cosmetic surgery are focused on women having surgery, men are often also included in these accounts. However, accounts of men having cosmetic surgery are often paired with legitimating circumstances that reaffirm patients masculinity, such as the necessity to look young in order to compete in the marketplace. These legitimating arguments are consistent with the findings of prior research (see Balsamo, 1996; Dull and West, 1997); yet they also position femininity as the operative framing device,
emphasizing essentialized understandings of both masculine and feminine behavior.

Finally, these mainstream accounts illustrate how easily and effectively practices once seen as deviant or transgressive can be reframed as socially acceptable. While they do not present balanced or representative analyses of these body practices, particularly as they are almost uniformly positioned as lifestyle or fashion pieces, these media accounts do appear to be responses to broadly changing public sentiment. Consistent with prior research (see Pitts, 1999; DeMello, 1995; Woodstock, 2001; Sullivan, 2001) this analysis has also shown that the accounts of both tattooing and cosmetic surgery typically present idealized representations of these practices, minimizing possible side effects, dangers, or negative social outcomes, though the dangers of body piercing are almost uniformly stressed. Rather, tattooing and cosmetic surgery are represented as positive outlets for the expression of individual identity and an acceptable method for looking young and healthy.

Chapter 5 presents a qualitative analysis of in-depth interviews with individuals who have had cosmetic surgery. The findings of this analysis indicate that cosmetic surgery accomplishes both personal and social outcomes for respondents beyond simply changing their bodies. Consistent with the theoretical assertion in Chapter 1, cosmetic surgery not only changes the individual’s body, but achieves an attendant social change. Individual assessments of cosmetic surgery and its outcomes are weighed against the social, physical, and mental changes that they perceive to come about as a result of the surgery. Indeed, this also is consistent with research that has found that individuals who choose to have
cosmetic surgery expect extra-physical results such as increased self-esteem and positive attention from others (Darisi, Thorne, and Iacobelli, 2005). Overall, the expectations and assessment of cosmetic surgery is as much an evaluation of how the surgery has changed each individual’s self-perception and social demeanor as it is an evaluation of physical change. Similarly, cosmetic surgery is often used to align an individual’s outward appearance with an internal conception of self. For women who had breast reduction surgeries, they were often moving their bodies away from a hetero-normative ideal, though bringing their bodies closer to a more normalized figure. These changes were often characterized as creating a body that the respondents felt more comfortable with, both physically and socially.

Likewise, this analysis has shown that cosmetic surgery has come to be evaluated as a consumer good with potential consumers engaging in cost-benefit analyses contrasting the purchase of surgery against other consumer goods and services. Indeed, cosmetic surgery was often evaluated as one of many consumer choices. Prior research has characterized cosmetic surgery as a consumer-oriented and driven market (Sullivan, 2001; Conrad, 2005); however, many theorists have failed to consider it as a high-end consumer good or luxury item that consumers choose from a variety of potential options. It is clear from the responses in this analysis that many of the individual who had cosmetic surgery made a carefully planned purchase, furthermore, when they spoke of future plans for surgery, there was often an explicit caveat that cosmetic surgery would be competing with other items for their disposable income.

Finally, Chapter 6 presents a qualitative analysis of in-depth interviews with individuals who have had tattoos or body piercings. The findings of this
analysis suggest that tattoos and body piercings function as an overt expression of
self-identity, either as a manifestation of some aspect of the self or as a
memorialization of a pivotal point in their lives. Prior research has found that
these are common reasons for modifying one’s body (Atkinson, 2003a; Pitts,
2003; Sanders, 1989), using the inscribed images as a sort of pictorial biography
that represent both internal characteristics about the individuals as well as
meaningful experiences in his/her life. This also suggests a break with traditional
understandings of tattoos as indicators of specific group affiliations such as gangs
or military branches (Steward, 1990). While tattooing is certainly still used for
those specific purposes, the practice itself has effectively diffused throughout the
culture so that its explicit connection to various sub-groups has been effectively
severed. Indeed, many of the respondents suggested that their tattoos represented
more ephemeral concepts rather than connecting them to any distinct social group,
other than tattooed people in general. These findings are consistent with
Featherstone’s (1987) observation that within contemporary consumer culture
lifestyle indicators have been reduced to floating signifiers, detached from
specific class or status designations. Tattooing is one of these transient indicators
that has diffused across lines of class, gender, and race and has come to be more
representative of contemporary fashion and trends more than anything else.

This analysis also found a prominent use of “legitimation techniques”
(Irwin, 2001) by the respondents to frame their tattoo experiences, align those
experiences with mainstream values, and minimize overt, remaining associations
with deviance. The two legitimating frameworks most commonly used by the
respondents in this analysis were the inscription of memory and the rite of
passage frame. Both of these frames situate tattooing in a broader social context, either as an active way of memorializing life events or as modern-day rite that substitute for the lack of communal ritual. These frames remove tattooing from the discourse of deviance and recast it as a meaningful, pro-social exercise that connects individuals both to their past and to the broader community.

Finally, this analysis found a strong relationship between body modification and social connections with others who either participate in or are supportive of body modification practices. Consistent with prior research that has noted the importance of support from family and friends in the decision to have one’s body modified (see Adams, 2007; Armstrong et. al., 2004), many of the respondents in this analysis reported accompanying friends when they went to have the modification done. This not only indicates the importance of social support in choosing to have these modifications done, but also constructs body modification as a shared experience and emphasizes the social aspect of these practices.

Parallels and Connections

Despite the apparent differences between cosmetic surgery and practices such as tattooing and body piercing, there are several similarities in the narratives offered by respondents. The most prominent narrative is the “revealing of self” framework where the individual characterizes their modifications as revealing some aspect of themselves that was previously hidden. Among cosmetic surgery respondents, a common assessment was that the surgery made them look “more like themselves”, with common phrases such as “my nose but a better nose” or
being “more comfortable in my own skin.” These assessments suggest that the surgery has revealed a body that was originally concealed and hidden from view. Indeed, Pitts-Taylor (2007) comments on this same framework in cosmetic surgery television shows where “patients are presented as having ideal or more authentic versions of their selves that are hidden or obscured by the body’s given materiality” (p. 48). This same framework was articulated by those respondents who had tattoos and body piercings, however, rather than having their true selves revealed by chiseling away at or reshaping their bodies, they were exposing their identity by inscribing it on their skin. Indeed, when tattooed and pierced respondents argue that their modifications help them better represent themselves, as an expression of their true identities; they are in essence indicting the unmarked, incomplete, unexpressive body. It is ironic that both practices, whose outward effects are so drastically different, are articulated as accomplishing the same goal of better representing who the individual feels they are and exposing their “real” identities, inextricably linked to their “real” bodies, and to the world.

Additionally, the diversity of practices and respondents is striking, cutting across the boundaries of age, race, class, and gender. Traditional heuristics about the typical tattooee or cosmetic surgery patient are rapidly eroding, as these practices become less fixed as indicators of social status and more diffusely practiced throughout the broader culture. Indeed, they are increasingly incorporated into a range of consumable body options (see Shilling, 2003) that are marketed as effective means of looking young, being healthy, or expressing oneself. Traditional categories of who has cosmetic surgery versus who gets tattooed have begun to collapse upon themselves. While individuals may practice
either type of modification to varying extremes, the prohibitive boundaries have
started to erode, primarily as a function of the market economy, offering a
newfound level of access to most. However, the machinations of consumer
culture have not created an entirely level playing-field, and it appears from the
data in this analysis that that the stigma of traditionally lower-class practices like
tattooing and body piercing is declining more rapidly than the financial barriers to
accessing more traditionally upper-class practices such as cosmetic surgery. In
this study, the most obvious difference between the two sample populations is
education (see Figure 3.1). Of the cosmetic surgery sample population, 92% of
respondents had a college degree or higher, while 100% attended some college.
Conversely, only about 47% of the tattoo and pierced population had a college
degree of higher, while 26% had some college, and 26% had a high school
diploma. Similarly, while the majority of the cosmetic surgery population was
employed in professional fields and none were unemployed, several respondents
in the tattoo and piercing population worked in retail/unskilled jobs and two were
currently unemployed.

These discrepancies are partly related to the structure of the respective
body-industries; one can walk into a studio and get a tattoo or piercing for a
relatively small fee, a process that requires little social or economic capital.
However, cosmetic surgery, as a practice, is heavily integrated into the medical
establishment, which in itself presents a certain barrier to access and requires a
significantly larger initial investment than tattooing and piercing. Indeed, it is
cosmetic surgery’s association with the institution of medicine that gives it
legitimacy and allows highly trained practitioners to command high fees; it is also
this relationship that imbues it with its stratifying qualities. Prior research has suggested that health inequalities are influenced by a variety of social indicators, as Lahelma (2001) notes, “education and income, both ordinal measures, give a very clear gradient: the lower the education or income, the poorer the health” (p. 79) and further observing that those at the “top” of the social strata have higher perceived levels of health. With the cosmetic surgery industry operating almost entirely as an “out-of-pocket, fee-for-service business” (Sullivan, 2001 p. 83) while 44.8 million Americans are without health insurance60, cosmetic surgery is positioned as the epitome of consumable medicine. If cosmetic surgery has lost any of its value as an explicit indicator of class, its status as consumable, superfluous healthcare in a society where many do not have access to basic healthcare, certainly positions it as an implicit mode of stratification.

Likewise, economics factored more prominently in discussions of cosmetic surgery than those on tattooing and body piercing. While several tattooed respondents spoke of the necessity of finding a good artist and the willingness to pay for their skills and expertise or of saving money to have work done, the total cost was rarely articulated as an integral element in the decision making process. Not surprisingly, this is partially because tattoos and piercings are less expensive than cosmetic surgery. However, cosmetic surgery was often weighed against the purchase of other, often expensive, consumer goods such as the vacations or other travel plans mentioned by several respondents. Again, having a certain amount of discretionary income, or at least having access to the

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necessary capital, is essential for purchasing cosmetic surgery and underscores the latent class implications of the practices itself.

Gender also appears to be an operative variable in discussions of all forms of body practices, specifically with regard to how and why individuals engage in these practices. While the respondents who engaged in cosmetic surgery rarely emphasized gendered motives or assessments for having their surgeries, there remained an undercurrent of normative expectations for gendered appearance, particularly when respondents spoke of having the surgery as part of being “on the dating scene.” Chapter 4 showed how the broader cultural dialogue on cosmetic surgery more explicitly invokes gendered understanding of these body practices. Specifically, media representations of cosmetic surgery go to great lengths to de-gender (read: de-feminize) cosmetic surgery as a practice as a means of legitimizing it as an acceptable practice for men. In contrast, media framing of tattooing tends to over emphasize female participation as a way of distancing tattooing from its associations as an overtly male practice. Ironically, many of the tattooed female respondents used highly gendered language to delineate those individuals, also usually female, who are “authentic” participants in the body modification culture from those who are not. Typically, these designations were centered on whether a woman had tattoos of stereotypically feminine images such as butterflies and flowers. Ultimately, there remain designated ways of appropriately “doing gender” (see West and Zimmerman, 1987) even when transgressing the perceived boundaries of gender appropriate behavior.

Social connections are an emergent theme found in both the analyses of cosmetic surgery and tattooing and body piercing. Indeed, prior research on
cosmetic surgery (Delinsky, 2005) as well as tattooing and body piercing (Adams, 2007; Armstrong et. al., 2004) has shown the importance of having the support of friends and family influences decisions to undergo these types of procedures. Additionally, this research indicates that knowing others who have had similar procedures contributes to a sense of familiarity that makes these practices seem more accessible. In both populations, respondents noted that they had friends or family who had undergone a similar procedure, and often in the case of tattooing and body piercing respondents reported that they were accompanied by either a friend or family member when they had their modification done. While this shared experience often created a sense of bonding or connectedness for tattooed and pierced respondents, sharing similar experiences also appeared to perform a legitimating function for both populations.

Theoretical Implications

Prior research has tended to characterize tattooing as a monolithic practice, with its own subculture, norms, and a general degree of overarching solidarity (see DeMello, 2000). Similar claims could be made about the practice of cosmetic surgery because, while it lacked the standard structure of a sub-culture, it was often seen as the domain of the wealthy, white woman. And while statistics indicate that wealthy, white women are still the dominant consumer of cosmetic surgery, it has become accessible and acceptable across class, gender, and racial categories, as has tattooing and body piercing. The claim here is not that “everybody is doing it” but rather no one is excluded. To reiterate Featherstone’s argument “we are moving towards a society without fixed status groups in which
the adoption of styles of life (manifest in choice of clothes, leisure activities, consumer goods, bodily dispositions) which are fixed to specific groups have been surpassed” (p. 55). This is not to say that class itself has become irrelevant, indeed it remains quite salient as noted above, but that the cultural signifiers of class have become less discreet. While it seems as though prior researchers have resisted this idea, the prevailing of consumer culture has rendered obsolete the notion of monolithic culture. Even the formerly transgressive practices of tattooing and body piercing have been commodified, packaged, and sold as lifestyle options.

Hebdige (1979) recognized this process as “co-option”, the absorption of some transgressive (i.e., either new or innovative, or simply clashing with accepted norms) cultural form into the mainstream. Hebdige discusses the co-option of cultural forms through what he calls the “commodity form” where there is a “conversion of subcultural signs (dress, music, etc) into mass-produced objects” (p. 94). Furthermore, the ability of the subculture to control these forms is lost once they are converted into the commodity form:

*As soon as the original innovations which signify ‘subculture’ are translated into commodities and made generally available, they become ‘frozen’. Once removed from their private contexts, by the small entrepreneurs and big fashion interests who produce them on a mass scale, they become codified, made comprehensible, rendered at once public property and profitable merchandise.* (Hebdige, 1979, p. 96)

Frank (2002) perceives the shift toward neutralizing transgressive and innovative cultural forms, noting that for the consumer society “its taste for self-fulfillment and its intolerance for the confines of tradition now permitting vast latitude in consuming practices and lifestyle experimentation” so that “consumerism is no
longer about ‘conformity’ but about ‘difference’” (p. 319). As is the case with any style or fashion subject to co-option, the original signifying utility of a practice is diluted or completely lost, tattooing and body piercing are no different. Indeed they have been easily absorbed into the mainstream.

The notion of co-option, however, assumes a bottom-up diffusion of cultural practice, which would seemingly exclude cosmetic surgery, a practice firmly rooted in the upper echelons of society. Correspondingly, Leland’s (2004) argument about the relationship between innovative technologies and culture might help address the diffusion of practices such as cosmetic surgery through a top-down process. Leland assesses the relationship between technology and culture as hostile:

*Technology bites the people who pay the most for it. The first version of any new technology, like automobiles or computer modems, is tremendously expensive, and so it sucks up to the rich. But it cannot live in this insular ecosystem. Unless it is a monopoly, as the phone system became, competition and technical advances will drive the price down and the market outward. The rich pay fortunes for primitive machines so the poor can get the next generation. The better the tech, the faster it lowballs itself. Value is a dead weight.* (p. 333)

While Leland is speaking broadly of technology, the same processes are at play when it comes to cosmetic surgery. What was primarily the exploit of the rich in the past has filtered down and become accessible to the middle and working classes, financed variously through medical flex accounts, savings, and credit cards. Indeed, it has been argued that “cosmetic surgery economics is standard economics…greater supply leads to increased competition and lower prices” as a result “discount cosmetic surgery has become increasingly widespread for reasons that are structural to its market” (Krieger, 2002 pp. 615-618). New markets and
an expanded consumer base have the unintended result of driving down prices and
opening the cosmetic surgery market to an even greater number of consumers so
that cosmetic surgery is diffused in a top-down fashion.

What I am suggesting from this analysis is that we would best be served
understanding cultural diffusion as a multi-directional process fueled by the
consumer culture. As the authors above have noted, the marketplace is driven
toward increasing efficiency and increasing profits; exclusivity is not conducive
to either. To that end both the upper and lower strata of society are mined for
cultural innovations that can be commodified, package, and sold into mainstream
society. Marketplace appropriation has become the primary source of cultural
innovation, providing consumable lifestyle options across traditional lines of class
and status. However, it should be noted, in light of the findings here, that
although cultural diffusion does appear to be a multi-directional process, the
resources of those in higher social classes increase the pace of bottom-up
diffusion, while those in the lower strata of society must wait for the market
forces of consumerism to drive down the price of elite goods and services to
facilitate top-down diffusion. Nevertheless, practices like tattooing, body
piercing, and cosmetic surgery are stripped of their historical significations and
presented as a series of morally and socially ambiguous consumer options.

Conclusion
This project has examined how and why individuals change their bodies in
contemporary society. Examining the dual processes of cosmetic surgery and
tattooing and body piercing, I have shown how these body modification practices
have transitioned away from their stereotypical associations with class and
gender, as well as attendant associations with social deviance, to become socially
acceptable and widespread means of changing the body. Additionally, I have
shown that, while more commonly practiced and less bounded by traditional
notions of gender, these modification processes are still imbued with subtle and
dichotomous implications for appropriately gendered behavior. Furthermore,
although class has become less explicitly associated with these practices, tattooing
and body piercing have diffused more widely through the population than
cosmetic surgery, primarily due to the prohibitive cost and institutional barriers of
cosmetic surgery as an extension of the medical establishment. Finally, this
analysis illustrated the importance of social connections as a method of
legitimating various body modification practices and their integral nature in
individual’s decisions to consider and subsequently undergo such procedures.
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APPENDIX A

FIGURES FOR CHAPTER 1
*As part of community versus excluded from community.

Figure A.1. Body Modification in Mechanical Societies
Figure A.2. Body Modification in Organic Societies
APPENDIX B

FIGURES FOR CHAPTER 2
Figure B.1. Cosmetic Surgical Procedures 1996-2005
Figure B.2. Cosmetic Surgery by Race/Ethnicity
Figure B.3. Cosmetic Surgery among Ethnic and Minority Populations
APPENDIX C

FIGURES FOR CHAPTER 3
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<td>11 (39%)</td>
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<tr>
<td>Homosexual</td>
<td>3 (10%)</td>
<td>1 (3.5%)</td>
<td>2 (7%)</td>
</tr>
</tbody>
</table>

Figure C.1. Demographics of the Sample Population
APPENDIX D

FIGURES FOR CHAPTER 4
Figure D.1. Semantic Network of Newspaper Articles on Tattooing
Figure D.2. Semantic Network of Newspaper Articles on Body Piercing
Figure D.3. Semantic Network of Newspaper Articles on Cosmetic Surgery
APPENDIX E

FIGURES FOR CHAPTER 5
Figure E.1 Cosmetic Plastic Surgery and Minimally-Invasive Procedures by Year 2000-2005.
Figure E.2. Would Consider Cosmetic Surgery for Self, Now or in the Future
Figure E.3. Would not be embarrassed about having Cosmetic Surgery
Elective Cosmetic Surgery N= 301; Medically Necessary Surgery N= 315

Figure E.4. Overall Satisfaction with Surgical Experience