Georgia State University
Digital Archive @ GSU

Sociology Theses | Department of Sociology

4-22-2008

# The Sticking Out Parts: A Content Analysis of Print and Website Advertisements on Breast and Penis Augmentation

Thomas Christopher Robinson
trobinson24@student.gsu.edu

Follow this and additional works at: http://digitalarchive.gsu.edu/sociology_theses

Recommended Citation
Robinson, Thomas Christopher, "The Sticking Out Parts: A Content Analysis of Print and Website Advertisements on Breast and Penis Augmentation" (2008). *Sociology Theses.* Paper 20.

This Thesis is brought to you for free and open access by the Department of Sociology at Digital Archive @ GSU. It has been accepted for inclusion in Sociology Theses by an authorized administrator of Digital Archive @ GSU. For more information, please contact digitalarchive@gsu.edu.

THE STICKING OUT PARTS:

A CONTENT ANALYSIS OF PRINT AND WEBSITE ADVERTISEMENTS ON BREAST AND PENIS AUGMNETATION

by

T. CHRISTOPHER ROBINSON

Under the Direction of Elizabeth Sheff

ABSTRACT

Breast and penis augmentations are century old processes of body modification continuing in development and practice today. This Masters thesis is a content analysis of breast and penis augmentation print and internet advertisements to explore one facet of augmentation discourse presented in public space. Relevant theoretical literature includes fetish discourse and medical discourse as existing frameworks that conceptualize augmentation predominantly as a process of body fragmentation. After reviewing this literature, I expand to blend together perspectives from three body theorists, Maurice Merleau-Ponty, Michel Foucault and Judith Butler, as an alternate framework for embodiment. I then use content analysis to examine the data collected from 21 print sources and 27 internet sources. The data indicates fetish discourse, focusing on body fragmentation, is the dominant content in breast and penis augmentation advertisements; however, I argue in the conclusion that incorporating elements of embodiment into fetish discourse is a better perspective for future research.

INDEX WORDS: Breast augmentation, Embodiment, Fetish Discourse, Medical Discourse, Penis augmentation, Print advertisement, Website advertisement

# THE STICKING OUT PARTS:

# A CONTENT ANALYSIS OF PRINT AND WEBSITE ADVERTISEMENTS ON BREAST AND PENIS AUGMNETATION

by

T. CHRISTOPHER ROBINSON

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

Master of Arts

in the College of Arts and Sciences

Georgia State University

2008

Copyright by
Thomas Christopher Robinson
2008

# THE STICKING OUT PARTS:

# A CONTENT ANALYSIS OF PRINT AND WEBSITE ADVERTISEMENTS ON BREAST AND PENIS AUGMNETATION

by

T. CHRISTOPHER ROBINSON

Committee Chair: Elizabeth Sheff

Committee: Dawn Baunach
Denise Donnelly

Electronic Version Approved:

Office of Graduate Studies
College of Arts and Sciences
Georgia State University
May 2008

TABLE OF CONTENTS


| CHAPTER | | |
|---|---|---|
| 1 | INTRODUCTION | 1 |
| 2 | THEORY | 7 |
| | Framing the Issue and Cartesian Mind/Body Dualism | 7 |
| | Objectification of Fetish Discourse and Medical Discourse | 8 |
| | Concepts of Body Theory and Embodiment | 15 |
| | Breast and Penis Augmentation as Furthering Embodiment: A Blended Perspective | 19 |
| 3 | LITERATURE REVIEW | 21 |
| | Breast Augmentation | 21 |
| | Cosmetic Breast Augmentation Surgery | 23 |
| | Other Breast Augmentation Methods | 27 |
| | Penis Augmentation | 29 |
| | Surgical Augmentation | 32 |
| | Non-surgical Augmentation | 37 |
| 4 | METHODS | 43 |
| 5 | SAMPLE PARAMETERS AND FINDINGS | 53 |
| 6 | DATA ANALYSIS AND DISCUSSION | 58 |
| 7 | CONCLUSION | 69 |
| ENDNOTES | | 73 |
| WORKS CITED | | 74 |

APPENDICES


| | | |
|---|---|---|
| A | CODE SHEET FOR PRINT ADVERTISMENTS | 80 |
| B | CODE SHEET FOR WEBSITE ADVERTISEMENTS | 81 |
| C | PRINT ADVERTISMENT DATA | 82 |
| D | WEBSITE ADVERTISMENT DATA | 86 |

## Chapter 1

## Introduction

I bought a pair of boots the other month. Actually, in a moment of consumer intoxication, I bought two pairs of boots. Never owning boots before, it was exciting to have two pairs. Since they were new, I wore them around the house to break them in. Normally, I do not wear shoes at home, but the boots were different, and I noticed some interesting things wearing the boots around over the past few weeks. In addition to altering the foot-shoe sensation, the boots also altered me on a personal level. Not some huge personality shift towards a "John Wayne tough guy," but a more subtle change of my worldly perception. Practically speaking, boots wear differently than tennis shoes. The boots made me taller and had hard, non-pliable soles. It seems rational that anyone who had never worn boots should feel physically different walking around in them, yet what I noticed was that wearing the boots also impacted my social self.

I always wanted boots because they are cool. This may be a subjective irrationality, because wearing boots did not suddenly make me cool, and it is entirely possible my concept of boots being cool is more sexual desire than social interaction. However, I did feel cooler, and slightly sexier, wearing boots. Did my personality actually change? Not really, I was still the same bumbling social idiot. Plus none of my friends exclaimed I had spontaneously become the cool kid in the room, but, to me, my interactions with the world did change slightly.

I am not arguing that wearing boots is a form of body modification per say but the simple fact I experienced a personality change illustrates a larger concept of embodiment. Sociological theories of embodiment center on how individual identity is a complex intersection of individual perception, corporeal reality and social construction. I conceptualized the boots as cool because the social context associated with them was encoded to me as cool, and slightly kinky. While

personal opinion shaped my concept of cool, that opinion was the direct product of larger social structures that not only creating the connotation of boots, but providing them as products. Conversely, my internal perception changed because, on the corporeal level not inscribed by social meaning, wearing the boots altered my physical interaction with the outside world. Seeing how something as simple as boots shifted my embodied perspective, I wondered how embodiment could conceptualize more aggressive body modifications, biological alterations that are either permanent or temporary. Body modification is a large topic, so to explore my question, I focused specifically on breast and penis augmentation.

This thesis is a content analysis of breast and penis augmentation in print advertisements and on internet websites. The term advertisement is used throughout to refer to both print and internet sources. I define *augmentation* as a process of enlargement for either the breast or penis. Enlargement procedures can be invasive surgery (silicone implants, fat injections), substance ingestion (pills for "natural" enhancement), or external stimulation (vacuum pumps). Body modification is personal as well as public because embodiment, as an intersubjective process, prevents an individual from escape or denial of the social inscriptions placed on the body (Crossley 2001). Embodiment is the idea that an individual's lived experience is tied to the body through an intersubjective process whereby the physical body serves as a site for "social action which both shapes, and is shaped by, its social environment" (Shilling 2003: 178). Furthermore, theorists argue that the social institutions an individual inhabits engender both the desire and ability for body modification, meaning that the cultural frameworks of body image and function body contextualized modification procedures (Crossley 2001; Pitts 2003; Shilling 2003). For example, several researchers noted that women undergoing breast augmentation chose breast size based on cultural standards more than personal preference (Davis 1995, Freund 2004, Yalom

1997). From these arguments the question arose whether body augmentation was a performance of individual desire and or a reaction to social expectations of the body.

Breast and penis augmentation is sociologically relevant because it captures the intersection between individual agency and social perception of identity contextualized within cultural body ideals. Aspects of breast and penis augmentation in U.S. society reside in socially constructed notions of sexuality and ideal bodies. This embedded process of corporeal value generates a speculation that individuals undergo body modification out of a desire to attain social standards of sexual attractiveness or reach a normal/standard body. However, challenging this concept is that fact that not all forms of breast and penis augmentation are permanent or public. Some processes of breast and penis augmentation, most notably pumping and saline injection, are often practiced in a highly sexualized and private environment. Augmentation restricted by time and public exposure raises the question of whether cultural standards of body presentation influence an individual's desire for such augmentation processes. The general theoretical question behind breast and penis augmentation remains: is the practice culturally motivated, a process of individual embodiment, or something else entirely?

Augmentation is a story of desire from an individual standpoint. Qualitative researchers of body augmentation reported that most of their respondents underwent breast or penis augmentation procedures to increase individual confidence and social sex appeal (Blum 2005; Davis 1995; Gangé and McGaughey 2002, Gimlin 2000; Paley 1999; Panfilov 2006; Pitts 2003). Breasts and penises are sexual objects in contemporary U. S. culture, albeit with different representations in public space. Breasts tend to be objectified and glorified in their excess, as exemplified by Pamela Anderson or Dolly Parton. Biologically, breasts are viewed as part of the reproductive system; culturally, however, breasts are objects of sexual arousal, particularly for

the hegemonic heterosexual male gaze. Hegemonic in this sense refers to the culturally dominant ideology of Western Civilization as shaped by rich, heterosexual white men (Gramsci 1932). I use hegemony in this study to describe the ideology that contemporary United States society is the cultural landscape of such men. Some researchers argued that the desire for breast augmentation centers around this hegemonic sexual gaze, only existing as an attempt to achieve the culturally defined body ideal (Gangé and McGaughey 2002).

Biologically, penises are also organs of the reproductive system. Culturally, penises elicit desire, in part, because they are hidden. Bordo (1999) discussed how the removal of the penis from public view in Western culture served the process of eroticism. Whether or not there exists visual confirmation, knowing a man has an exceptionally large penis can impart respect and intrigue from both men and women. Specific examples are Tommy Lee and his legendary boat driving dick or Dirk Diggler in the film *Boogie Nights*. As with breasts, increasing penis size does not provide benefits in sexual reproduction; in fact several researchers encountered men with penises so large they prohibited intercourse (Bordo 1999, Poulson-Bryant 2005). Who decides what is adequate penis size? The old adage, "bigger is better," seems to apply mainly to men who view larger penises as signs of a virile manhood; most women seem not to care about an extra inch or two (Bordo 1999; Cohen 2004; Paley 1999). Penis augmentation is similar to breast augmentation in that it serves no biological advantage, and can in fact cause irreparable physical damage (Ansari 2003). Despite the hazards with current penis augmentation procedures, doctors continue to explore and develop new techniques on willing patients (Kim et al. 2003; Paley 1999).

My theoretical critique analyzed three broad areas of research: fetish discourse, medical discourse and embodiment. I contextualized fetish discourse within the classical definition of

fetishism as object focused to utilize fetish discourse for examining corporeal fragmentation generated by breast and penis augmentation. Medical discourse was the mode of communication for medical communities. I used medical discourse to analyze literature for the possibility that fragmentation during medical procedures separated patient identity from the body. Also, medical discourse represented the social expertise generated by the medical community possessing cultural influence in public space regarding breast and penis size. The final theoretical perspective examined was embodiment. I conceptualized Embodiment as the real body not only existing as a corporeal element in the world, but also existing for itself as the site of contemplation for the individual (Crossley 2001: 140). Embodiment encompasses the physical placement of individuals in the world and their resulting reactions.

There were several guiding questions for my research. How are augmentation procedures portrayed in the public space of media? What kind of discourse does the content represent? How does the content in the advertisements reflect the lived experience of augmentation? To answer these questions I conducted a content analysis of breast and penis augmentation advertisements from a selection of print media published between January 2006 and December 2006. As a source, print media were readily obtainable and the advertisements were static, allowing data analysis to be an ongoing process. I chose the year 2006 because its recency made data collection convenient. However, an unexpectedly high degree of replication in the data obtained from the print advertisements required an expansion of data collection. To increase the sample size of the study, I also analyzed 27 internet websites selling breast and penis augmentation in September of 2007. Difficulty encountered during the pretest in finding acceptable print media sources necessitated using this new media source.

From my review of theoretical concepts, body fragmentation and embodiment emerged

as two competing themes within fetish discourse and medical discourse. In this study, body fragmentation was conceptualized as an element of Cartesian dualism and embodiment was represented through a blended perspective of several body theorists. This study contributes to the field of body theory by presenting an application of existent embodiment theory to existing practices of body negotiations. The literature review examines breast and penis augmentation from the dual perspectives of providers and practitioners, illustrating the themes of body fragmentation and embodiment. In order to analyze breast and penis augmentation using these concepts, body fragmentation and embodiment, a thorough articulation of the theory originating the concepts is necessary.

## Chapter 2: Theory

### Framing the Issue and Cartesian Mind/Body Dualism

Breast and penis augmentations are experiences of real bodies; however, the theoretical perspectives of fetish discourse, medical discourse, and body theory can expand understanding on these practices by contextualizing them as intersubjective processes. The central issue of this study is to examine the interplay between cultural forces and individual desires that lead to breast and penis augmentation. The theoretical concepts I reviewed framed breast and penis augmentation from two competing perspectives: body fragmentation and embodiment. Cartesian dualism was the clearest theoretical perspective reflecting the concept of body fragmentation. However, a blended perspective of multiple body theorists articulates embodiment better. The body theorists used in this study were Maurice Merleau-Ponty, Michel Foucault and Judith Butler. I begin with Cartesian dualism because it is the oldest theory presented and because it is fundamental in representing body fragmentation in both fetish and medical discourse.

Cartesian mind/body dualism originated with the work of 17th century philosopher Renée Descartes (Crossley 2001). Descartes proposed a dualistic ideology that the mind and body are two separate entities: body as a fleshy machine and mind as intangible soul. Descartes' ideology was very much embedded and influenced by the politics of his time (Crossley 2001). Descartes' mind/body dualism was a reaction against the surge of scientific thought by his contemporary philosophers. By removing the mind from a tangible/Earthly location, Descartes sought to preserve the Christian notion of the soul as possessing a divine origin that was unexplainable or measurable by human science (Crossley 2001). Many academic fields subsequently incorporated Descartes' mind/body dualism, despite the religious undertone. Not only is the framework of Cartesian dualism problematic, the binary philosophy it generated furthers other dichotomous

ideologies. Objectification is present in both fetish discourse and medical discourse. Objectification is the reduction of a complete subject into separate objects or ideas. The objectification of Cartesian mind/body dualism allows the emergence of body fragmentation for both the breast and penis within fetish discourse and medical discourse.

**Objectification of Fetish Discourse and Medical Discourse**

Objectification of the body has a classical history in intellectual discourse tracing all the way back to the ancient Greek philosophers' musings on physical perfection. The penis as a subject of objectivist discourse is a relatively recent phenomenon in Western culture. For example, Freud (1927) originated the idea of penis envy within his theory of psychoanalysis. While Freud applied penis envy to young girls, the term spread through the academic and popular lexicon and is now a general reference to internalized male anxieties of penis size. For example, two years ago there was a British television program focusing on the penis envy of men (Peretti 2006). Size seems to be a central concern surrounding male desire for penis augmentation; however, it is the social correlation between penis size and sexual functioning that objectifies and fragments the penis from the rest of the male body. As Lancaster (2003: 227) framed it, "Simply put: The meaning of the penis is not 'in' the penis, but in how the penis is taken up, distinguished, exchanged, imagined, and instrumentalized in human affairs." This separation of the meaning of the penis from the physical penis serves to generate body fragmentation. Here body fragmentation reaches a height of objectification as some scholars ponder the notion of the penis as another brain. Through an analysis of general cultural discourse combined with individual interviews, Potts (2001) used the term "penis self" to describe the conceptualization of the penis as possessing a consciousness in relation to hegemonic masculinity. Potts' (2001) conclusion is the "penis-self" created by culture served to reinforce

both the sexual hierarchy and mind/body dualism already present in hegemonic discourse.

Breasts also have a rich history of cultural objectification. Yalom (1997) wrote about the changing meanings attached to the breast both over time and across culture. The two primary facets of breast objectification in Western culture are as products for male heterosexual desire and as the lactating breast of motherhood. Yalom (1997) stated these categories are reductionist and generate tension in individual women because they do not typically exist simultaneously, meaning that breast are culturally framed as either sexual or maternal, a dichotomy of ideology. Unlike the penis, the social power of breasts never belongs to the woman herself; rather her breasts have value based on what culture grants her. Yalom (1997) noted how the two categories of breasts, object of desire and symbol of motherhood, are further subdivided, removing the power of the breast farther from the individual woman's possession. Sexualized breasts, Yalom (1997) asserted, are either pleasurable objects for men or sinful objects of temptation. Lactation also subdivided further as either a symbol of good mothering, or something socially unacceptable and therefore the job of wet nurses or servants.

Objectification of the breast and penis illustrates the fragmentation of the body found in fetish discourse and medical discourse. These two forms of discourse capitalize on the social separation of the breasts and penis from the individual in order to support and foster breast and penis augmentation as legitimate social desires. The drive for augmentation to become legitimate is a by-product of the consumer market created to sell various augmentation methods. However, in separating the augmentation desire from the individual, neither form of discourse allows for an embodied perspective to develop. Both discourses instead support Cartesian dualism by framing augmentation as a fragmented desire of body modification.

In her analysis of critical theory surrounding fetishism, Fernbach (2002) concluded that

the discourse of fetishism has moved beyond the rigid sexual definition[1] espoused by psychologists into blended ideologies of the body, identity and society (p. 36). The significance in Fernbach's (2002) basic argument is that fetishism is representative of multiple contemporary social facets and no longer bound by the previous paraphilia centered definition. Fetishism is salient in a discussion of breast and penis augmentation because American culture privileges breasts and penises as sexual organs important in both shaping the sexual attractiveness of a person and their partners' enjoyment of sexual encounters.

I define fetish discourse along the classical lines of objectification: fetish as the desire for a non-human object or specific part of the human body. Fetish discourse is a discourse of fantasy and desire that is not explicitly sexual in nature. Ferbach (2002: 178) advocated the study of fetishism within this context because she viewed the emergence of fetish fantasies as "engendered by the feelings of lack and fragmentation produced in our technological, postmodern culture." For this study, I elaborate fetish discourse as the complex desire for a specific augmentation procedure and the resulting identity shift. My contextualization of fetish discourse takes the term fetish back to one of its original meanings as a magical object that can change a person's life through worship; except here, the fetish object is part of a person's body, and instead of worship, it is augmentation that brings about change.

Fetish discourse serves to contextualize breast and penis augmentation as a fragmented view of the body, meaning an individual perceives the augmentation procedure as an alteration that will change their general social perceptions. This is similar to Marjorie Garber's (1990) account of fetishism as a "theater of display." It is not the act of augmentation that is the fetish; it is the experience of having the augmented body that becomes the fetish as an act of display and play. Breasts and penises become fetish objects in the reduction to a fragmented body, yet they

have the power to transform the whole self through post-augmentation theater. Numerous researchers noted how post-augmentation recipients attribute subsequent changes in social interaction, both their own behavior and others, to the augmented parts (Davis 1995; Panfilov 2006).

Outside of academia, fetish discourse occurs culturally through the categorization of non-medical augmentation procedures as deviant fetish practices. Here, fetish assumes the more contemporary definition of sexual deviance or perversion. The classification of fetish augmentation is largely a social construction generated by the medical community's desire to control the "legitimate" methods of body modifications; therefore, the difference between medical augmentation and fetish augmentation is simply a matter of cultural labels. For the purpose of this study, I did not analyze the distinction between fetish augmentation and medical augmentation, because as cultural labels they are inherently value judgments. Noting the existence of this social distinction is important because it helps frame some justifications made in medical discourse regarding body fragmentation.

In relation to breast and penis augmentation, any procedure performed outside the purview of institutionalized medicine is likely to be socially quantified as deviant and associated with a gratification of fetishistic desire. This is clear in Christopher and Pryor's (2002: 201) article on penis abnormalities (any deviation from their definition of the normal/acceptable penis) in their section on non-medicalized penis modification entitled "Unauthorized Augmentation and Accidents." The contextualization of personal modification as somehow unauthorized represents how the medical institution strives to retain a privileged hold on the body by claiming expertise outside of the individual's grasp. Overall, cultural standards determine the difference between medical and fetish augmentation, and, as such they are fluid

categories, but the larger cultural meaning of an augmentation itself is similar.

I define medical discourse as a straightforward communication about medical procedures. While not confined solely to dialogue between medical personnel, medical discourse is ultimately a professional communication not intended to be understood or reviewed by members outside of the medical community. Because direct restriction do not exist to access medical communication, such as journal articles, medical discourse does exist in lay communication through individuals taking initiative in researching medical knowledge; in fact, some medical sociologists even argue that patient research is becoming a necessary facet of the United States health care system (Charmaz 1997; Abraham 1993). Davis (1995) provided an example of medical communication and knowledge gained through lay acquisition, as one of her respondents was a lay woman considered an expert on breast augmentation because of the knowledge she has accumulated on the subject. Davis (1995: 149-155) presented one anecdote where the woman was discussing breast augmentation over the phone with a doctor and her use of medical jargon resulted in the doctor assuming she was a doctor herself.

The key difference between medical discourse and fetish discourse is that medical discourse fragments the body as a series of problems to be overcome or fixed. While both medical and fetish discourse treat the desire for augmentation as objectification there is no indication that fetish discourse treats the fragmented body as problematic. Furthermore, fetish discourse addresses the post-augmentative body as a display while medical discourse considers the post-augmentative bodies as a reflection of an individual's "true self." *True self* being an undefined abstraction repeated throughout the medical literature reviewed as a way to legitimize augmentation procedures. "True self," in medical discourse, claimed a patient's pre-augmentation body was not their real body and augmentation "fixes" this mistake.

Medical breast and penis augmentations are not socially deviant in mainstream culture. Medical discourse's institutionalization of the body beyond attainable lay knowledge, combined by the medical community treating augmentation as fixing the body, privileges medical augmentations. The complex system of schooling and accreditation of the medical community serves to further legitimize the institutions' monopoly on body knowledge (Starr 1982). Significantly, medical discourse reinforces Cartesian dualism by separating mind and body through the process whereby an individual is made to feel antagonistic towards their body and develop a desire to alter their body in accordance with the social ideal or the fantasy body they feel should be theirs. Contextualizing the body as problematic increases a patients' separation from their body because their body becomes an antagonistic agent in their life.

Body fragmentation is also generated through marketing and the commodification of breast and penis augmentations. Marketing and commodification are social structures that affect both fetish discourse and medical discourse. Marx's concept of commodity fetishism is a way of understanding how marketing and commodification lead to body fragmentation within breast and penis augmentation. Marx (1978) used the classic definition of fetishism to argue that commodity fetishism was the alienation of people from the production of goods. Samuel Knafo (2002) stated this form of alienation could provide people with the means to rationalize experiences (p. 159). Alienation occurs within breast and penis augmentation because individuals do not recognize how augmentation is an unrealizable fetish; therefore, in the Marxist sense, people suffer alienation because they are not privy to the larger capitalistic structures constructing the ideal. And even when individuals are aware that the commodified ideal is imaginary, the nature of fetishistic desire still allows people to rationalize any effort they take towards the ideal. Individuals rationalize processes of augmentation because they can point to the

process as a real effort in attaining the ideal (Knafo 2002).

Framed within Marxist thought, the augmented breast and penis becomes the commodified fetish object because capitalism generates them. As Dimoulis and Milios (2004) stated, the fetish object is not a tangible object but a process of capitalistic subordination. The use of ideal bodies in both print and website advertisements is representative of generated capitalistic ideal subjugating the real.

Analyzing breast and penis augmentation through Marxist commodity fetishism is logical since all of the data sources are selling something, but it is not the actual product of each advertisement that is the fetish; rather it is the ideal body behind the product that is the Marxist fetish. Breast and penis augmentation therefore become capitalist structures of subordination guiding both men and women in the pursuit of an ideal body, which, as the fetish, is never actualizable. Another important facet of Marxist commodity fetishism is that the fetish is never static but constantly manipulated by capitalistic forces. Dimoulis and Milios elaborate this more clearly by stating the "fetishistic image is modified in relation to the reality it reflects" (2004: 30). Histories of the breast and penis illustrate the ideal body shifts both culturally and temporally. Marxist commodity fetishism brings up the question: who benefits from breast and penis augmentation?

Fetish discourse frames breast and penis augmentation as benefiting individuals the most because they are engaging in a form of fantasy play. Medical discourse too frames the individual as the beneficiary of augmentation because they are able finally to have their "true self." But both forms of discourse still treat the body as fragmented and problematic. Even Marxist commodity fetishism fails to fully encompass the intersectionality of the augmentation process, leading to a conclusion that an ideology of embodiment would be a better framework in which to

analyze breast and penis augmentation.

**Concepts of Body Theory and Embodiment**

Medical and fetish discourse frame the process of breast and penis augmentation differently yet neither fully challenges the concept of body fragmentation. In essence, both ideologies still reduce the body to parts separated from the mind by the desire for augmentation. I contend, however, that even though these current forms of discourse on augmentation still contextualize the procedures within Cartesian dualism, augmentation is a process of embodiment. I base this assertion on the fact that my literature review indicated respondents interviewed post-augmentation do not express their experience of life after augmentation from a fragmented point of view; rather the augmentation experience is revealed as an embodied process (Crossley 2001, Davis 1995, Freund 2004). Therefore, in order to fully conceptualize breast and penis augmentation, a perspective of embodiment is necessary. Rather than use an existing concept of embodiment, I chose to blend together the work of several body theorists, creating a unique perspective of embodiment that addresses the problem of body fragmentation in fetish and medical discourse and representing the lived experience of breast and penis augmentation as illustrated by the literature review in Chapter three.

Maurice Merleau-Ponty is a significant embodiment philosopher, and his work on phenomenology has influenced many contemporary embodiment theorists (Crossley 2001). At the core of Merleau-Ponty's phenomenology is the concept that perception is embodied since perception is a process of interaction between the subject and object whereby the subject interprets the object based on the context (Crossley 2001, Grosz 1994). Therefore, corporeality becomes essential to perception because we cannot perceive of ourselves but only through ourselves of the world around us (Baldwin 2004:132). An important concept Merleau-Ponty

argued was that the body is not simply a passive receptacle of external stimuli, but the site of identity construction based on experience (Baldwin 2004). Merleau-Ponty stated that the *I*, or *cogito*, is "one single temporality which is engaged, from birth, in making itself progressively explicit, and in confirming that cohesion in each successive present" (Baldwin 2004:207). Grosz (1994) more simply said Merleau-Ponty argued for an active body constantly engaged in the world instead of a passive body; that a body is the accumulation of distinct experiences.

Despite Merleau-Ponty constructing his view of phenomenology around corporeality, Grosz (1994) noted critically that the physical distinctions of an individual body gets lost in favor of a generalized, non-descriptive body. Merleau-Ponty's own concept of body image is really just about having a corporeal existence and not about an individual's specific, unique physical appearance and the resulting differences of experience between bodies (Baldwin 2004:104). Even with this shortcoming, Merleau-Ponty remains a pivotal theorist from which embodiment sociology can draw.

Unlike Merleau-Ponty, Michel Foucault tended to ignore the lived experience of bodies, framing them instead as epistemological products existing in discourse and distinct to historical context (Grosz 1994, Shilling 1993, 2003). The reason Foucault is important to breast and penis augmentation is his development of bodies as sites invested with cultural power (Crossley 2001). Foucault argued that the construction of ideal bodies in capitalistic societies acts as a form of control through consumerism (Crossley 2001). This is reflected by both the growing social acceptance of breast and penis augmentation and the steady increase of men and women seeking augmentation.

With Foucault, external cultural power structures outside a body control the body (Grosz 1994). This view of the body as nothing more than an *inscriptive surface* (Grosz 1994) explains

cultural variations in augmentation desire. The body as a conduit of social power is specifically relevant to penis augmentation, as my literature review indicated. Men undergo penis augmentation for the social prestige of having a larger penis around other men instead of for functionality. Foucault's view of the body as a malleable phenomenon capable of being invested with different forms of power is problematic on several levels (Shilling 1993, 2003). The most glaring critique of Foucault is that he reduced corporeality to abstract discourse (Shilling 1993, 2003). Furthermore, by denying the body as an accumulation of lived experience, Foucault implied that exterior social structures have more influence on shaping identity and personal choice than other embodiment theories. However, Foucault's critical point - that the body acts as a link between daily practice and the larger organization of power and control - is important to incorporate within an ideology of embodiment because it illustrates how cultural context restricts corporeal desires (Crossley 2001).

Like Foucault, Judith Butler relied heavily on discourse in her critiques on the body; however, Butler focused on the *performativity* of bodies in social space. Butler (1999) used *performativity* to frame the body as a malleable site where individuals can contest or adhere with social inscriptions. A key element in Butler (1993: 3) is that the constructions of subjects always "require the simultaneous production of a domain of abject beings, those who are not yet 'subjects,' but who form the constitutive outside domain of the subject." More simply put, the meaning applied to bodies is based partially on what those bodies are not. For example, in order for someone to be considered tall, there must people shorter than they are. This form of body discourse centers around the cultural definitions of bodies, or, as Foucault would categorize, exterior forms of power inscribing social meaning (Crossley 2001). Like Foucault, Butler recognized that bodies are subject to cultural power structures. "The body has its invariable

public dimension; constituted as a social phenomenon in the public sphere, my body is and is not mine" (Butler 2004:21). In relation to this study, breast and penis augmentations are the elements of *performativity* navigated by individuals.

Butler (2004:28) wrote that embodiment requires a norm against which individuals can gauge their own experiences. This norm, however, is not necessarily a reality of experience, but is more a discursive actualization of the cultural ideal. Pivotal to Butler's view of embodiment is the notion of time and context. For Butler (2004:29) embodiment allowed new modes of reality by viewing the body as a dynamic process in which the individual possess agency through fantasy. Fantasy is both possible and impossible, but regardless of a fantasy's actualization, it plays a crucial role in defining the body as both malleable and a source of contestation against normalization. Fantasy in this sense relates to Garber's (1990) conceptualization of fetishism as a theatrical display, but, unlike Garber's fetishism, Butler's fantasy is the product of individual creation.

All three theoretical conceptions of embodiment directly challenge Cartesian dualism by asserting in various ways that corporeal and mental are not separable and that existence is based on the perceptions and experiences of lived bodies in connection with the outside world. Crossley (2001) argued that the complexities of social structure and interaction challenge the mind as private and isolated from lived experience. Embodiment has potential for explaining breast and penis augmentation desire because it contextualizes both the augmentation procedures and desires as an intersubjective process between individual and culture. This intersubjective framework can deny fragmentation of the body because bodies become lived experiences, not just malleable bags of flesh subjected to the whims of corporeal consumerism.

Any theory of embodiment must recognize that cultural structures partially shape body

modification (Crossley 2001; Shilling 2003); therefore, the contextualization of body modification in mainstream culture is dependent on multiple social signifiers. Pitts (2003) noted that class status can determine what forms of body modification are acceptable. For example, she stated that cosmetic surgery is acceptable and almost expected from upper-class women in the United States, while tattooing and piercing are linked with the lower-class or rebellious subculture groups labeled as "socially deviant." While neither breast nor penis augmentation is totally acceptable, breast augmentation enjoys more acceptance thanks to its greater visibility (Davis 1995). Penis augmentation, however, is something men are reluctant to speak openly about even though my research indicated the number of men seeking augmentation is steadily increasing. Contextualizing breast and penis augmentation as processes of embodiment involves taking into account the social contextualization of breasts and penises as well as the procedures of augmentation.

**Breast and Penis Augmentation as Furthering Embodiment: A Blended Perspective**

Conceptualizing breast and penis augmentation as a process of embodiment furthers critical discourse on body modification. Both fetish discourse and medical discourse fail to fully encapsulate the intersubjective experience of individuals undergoing an augmentation process and support body fragmentation.

Despite the criticism leveled against Merleau-Ponty, I find his phenomenological approach grounded more in corporeality than either Foucault or Butler. Breast or penis augmentation is a desire stemming from the lived experience of the body. While Merleau-Ponty emphasized the importance of social context in setting the stage for the lived experiences of the body, it was Foucault and Butler who went further, arguing that culture applied restrictions on the body.

Breast and penis augmentation become forms of control through Foucault because exterior cultural valuation for large breasts and penises significantly generates the desire for augmentation; albeit the social power invested differs by sex. Foucault's arguments fit nicely within the cultural debate over fetish augmentation versus medical augmentation, whereby the source with the most cultural power, i.e. the medical community, gets to claim privilege and expertise over augmentation processes. What Foucault failed to incorporate with breast and penis augmentation is how liminal (i.e. fetish procedures) challenge the flow of power through the body yet supports the larger control of the body in terms of striving for corporeal ideals.

Butler provided the discursive elements to challenge Foucault's rigid view towards augmentation. Butler's argument that bodies can be individual sites of social contention is born out in an individual's desire to seek augmentations beyond culturally constructed ideals. However, in relation to breast and penis augmentation in general, Butler's view of embodiment was problematic because even though augmentation is an embodied process, it presents the problem of whether the resulting body challenges or adheres to the socially constructed ideal. Blending Merleau-Ponty, Foucault and Butler together as a form of embodiment provides a better understanding on the intersubjective process of breast and penis augmentation and supported by the historical framework and augmentation procedures presented in the literature review.

## Chapter 3: Literature Review

The literature on breast and penis augmentation comes from a variety of sources both academic and popular. While the intended audience was a distinguishing factor in setting the tone of work, the greatest difference I encountered was based on the types of augmentation procedures being reviewed. In general, I found sources dealing with breast augmentation more readily than sources about penis augmentation, and material discussing surgical augmentation procedures was more available than work examining non-surgical augmentation procedures.

Medical texts presented the body as fragmented through reliance on medical discourse. Individuals undergoing a medical augmentation were referred to as patients and disassociated from their individual bodies. Lay and non-medical scholarly work tended to incorporate embodiment by recognizing the social factors leading individuals to augmentation; however, viewing the augmented part as a catalyst of change over the embodied perspective of the augmented part being a process for change presented the text as elements of body fragmentation. I chose to divide the literature review into sections based on these divisions. Regardless of the intended audience or augmentation procedure discussed, the literature revealed the contention between body fragmentation and embodiment framed by the lived experiences of breast and penis augmentation.

### Breast Augmentation

Breasts, in various ways, are historically sites of social presentation and discourse in Western culture. The sexual objectification of breasts is one of the central contextual meanings for breasts in contemporary U.S. society; however, the sexual and erotic breasts are current connotations and not cultural universals (Latteier 1998, Yalom 1997). Despite the variety of other meanings associated with the breast, the erotic breast has grown almost into a cult

obsession in the U.S., with not only men, but women too, buying into the sexual power of breasts (Freund 2004, Latteier 1998, Yalom 1997).

Breasts are a constant part of cultural discourse mainly because of their visibility. Early medical attention divides the breast between two fields of research: lactation and cancer (Yalom 1997). Art, through both fashion and painting, historically classified the breast as facets of a woman's beauty (Yalom 1997). Religion took a moral approach on the breast as either objects of carnal lust or maternal nourishment (Yalom 1997). Yalom (1997) traced in depth the intersectional changes of fashion, social thought and religious crusades towards a cultural conceptualization of the ideal breast. Most relevant to this study was her assertion that with the exception of two brief periods, large breasts have been portrayed as the Western ideal since the Renaissance.

Central in generating contemporary social breast ideals is the media. Aside from the adage that "sex sells," which accounts for breasts selling anything from political messages to produce, the current celebrity focused culture idolizes women who measure up to the ideal image of large breast (Yalom 1997). Despite the fact that a hegemonic view frames most presentations of the breast, women too buy into the myth of the ideal breast, or else how could manufacturers continue to sell products designed to enhance the breast? The ultimate goal of commercial imagery is to create a standard, perfect breast (Yalom 1997). The embedded irony in this media driven "breast world" is that while advertisers bombard us with their conceptions of the ideal, real breasts hide from public view under the guise of modesty. As a result, few people in this country are aware that breasts are far from uniform (Yalom 1997). For most women, even their own breasts are not mirror images of each other (Yalom 1997).

The media generated visibility of ideal breasts contrasting to the social obscurity of real

breasts leads to conflicting corporeal identities. As Freund (2004) noted, breast development is both a private and public affair for young girls. Further compounding this is the eroticism applied to large breasts can be a one sided issue. The culturally view of breasts as part of women's sexual attraction does not take into account that women themselves do not always get sexual pleasure from their breast. Just as with any other sexual desire, sexual gratification through breast stimulation varies greatly between women (Latteier 1998). While some women can reach orgasm from breast stimulation alone, other women find any breast contact to be non-arousing or even painful (Latteier 1998). But, regardless of a woman's personal sexual preference, most women seemingly accept the concept that breasts are central to a woman's sexuality (Latteier 1998). Even though women realize the ideal breast is nothing but a cultural fantasy, they still try to achieve it (Latteier 1998). The cultural concept of the ideal breast generates body fragmentation because it obscures the reality of breasts by encouraging women to disassociate with their own bodies through comparisons with the ideal. The fantasy breasts are portrayed as fetish objects that become commoditized through augmentation.

There are a variety of ways that women augment their breasts. Some of these methods are more successful than others, just as some methods pose a greater health risk to the woman. The idea of breast augmentation is certainly not new. Yalom (1997) reported breast augmentation practices existing for centuries; however, the emergence of technology as well as media flooding culture with images of an ideal body, connect to the currently increasing number of women choosing to undergo some form of breast augmentation.

**Cosmetic Breast Augmentation Surgery**

Cosmetic[2] breast augmentation surgery presented the most abundant amount of available literature, and is the most common form of breast augmentation. The cultural contextualization

of breast augmentation as a facet of a women's general concern with appearance, lead most sources to incorporate an embodied perspective; however, body fragmentation still occurred through the fetishism of the ideal breast. The larger social perspective of women desiring to attain the ideal body is also an element of body fragmentation. Embodiment was readily apparent in the respondents' experiences of augmentation even though the fetish ideal framed their responses.

In the United States, cosmetic surgery is the most visible and debated method of breast augmentation. In fact, cosmetic breast augmentation is the most preformed cosmetic surgery in the country (CNN.com, retrieved March 3, 2007). Cosmetic surgery is visible because doctors publicly advertise their services and post-augmentation can be obvious to those who know a woman. Cosmetic surgery is also visible through celebrity culture that valorizes and rewards women attempting to meet cultural ideals (Blum 2005). Cosmetic surgery is debated by people who feel it only furthers an unattainable cultural ideal, and through the continuing medical and public debates over the issue of safety.

While personal opinion on the matter of cosmetic breast augmentation might differ, general public opinion is steadily increasing towards viewing the procedure as socially acceptable (Davis 1995, Didie and Sarwer 2003, Latteier 1998). Furthermore, the demographics of cosmetic breast augmentation span all socio-economic classes (Didie and Sarwer 2003, Latteier 1998). Racially and ethnically, however, white women still compromise the bulk of women undergoing breast augmentation surgery (Didie & Sarwer 2003). Demographics tended to not be a major concern in medical discourse, meaning medical articles only briefly mention demographics, if at all.

A cosmetic breast augmentation surgery is the insertion of artificial breast, or implants,

into a woman. There are two types of implants currently available in the U.S.: saline or silicone. While many people debate whether silicone filled breast implants are safe, to date there are no conclusive studies directly linking silicone implants to reported serious health problems; however, for most women who suffered post-surgery, the removal of the implants resulted in the decrease or end to health problems that emerged post-augmentation (Freund 2004). Freund (2004) still pointed out while this may be the case, a comparative study is needed to indicate that the number of women becoming ill after receiving silicone breast implants is statistically different from the number of women becoming similarly ill within the general population. Regardless of what fills an implant, saline or silicone, the exterior is a silicone membrane and there is always slight bleeding because the membrane is porous (Freund 2004).

There are several surgical methods for inserting implants into a woman's body. Over the course of my research, I encountered articles by surgeons advocating each procedure as best. The procedure a surgeon recommends depends largely upon the surgeon's personal opinion and experience (Freund 2004). However, there are only two ways in which the implant can sit in the body: over the pectoral muscle or under. Most doctors recommend under the muscle for a "realistic" appearance and feel, but placing the implant under the muscle increases the risk of a higher class of capsular contracture[3] (Freund 2004). While all women experience capsular contracture to some extent, in fact it is necessary for the implant to stay in place, some women experience extremes which result in pain and possibly the removal of the implant (Freund 2004).

Implants also come in a variety of sizes, but the size a woman selects reflects cultural ideals more than individual preference (Davis 1995, Freund 2004, Yalom 1997). Davis (1995) reported a doctor who told a woman he would not put anything larger that a C cup in her; while on reality TV in the U.S., surgeons generally recommend women to go one size larger than what

they ask for. In contrast to both, Freund (2004) stated most women in Brazil undergo breast reductions and lifts to have the small, pert breast considered ideal in that country. The difference in post-augmentation size relates directly to the standards a culture holds as physically ideal for a woman. This poses a paradox that if ideal breast size is arbitrarily constructed and women are aware of this, why are women willing to undergo the potentially harmful process of cosmetic breast augmentation surgery?

Jacobson (1998) reported that when augmentation surgeries were first being developed in the middle of the 20th century, desiring bigger breast classified these women as psychologically disturbed. Now that cosmetic surgery is mainstream, generating a positive self-image is the new social schema underlying the meaning of a woman's desire to have breast augmentation (Latteier 1998). Whatever the specific reason a woman gives for undergoing surgery, appearance is central to the issue because body modifications require social interaction for meaning.

One criticism leveled at contemporary women who desire breast augmentation is that they are overly focused on their appearances. Didie (2003) contradicted this assertion through a comparative study that indicated women considering cosmetic breast augmentation are no more focused on their appearance in general than women not considering surgery. Women who undergo cosmetic breast augmentation do, however, have a higher level of dissatisfaction about the appearance of their breasts (Didie and Sarwer 2003, Sarwer 2000). The most interesting thing to note is that while women undergo cosmetic breast augmentation to change their appearances, most researchers reported that women do not focus on changing their breast size for sexual reasons even though breasts are eroticized in U.S. culture (Blum 2005, Didie and Sarwer 2003, Gimlin 2000, Sarwer 2000). Blum argued one reason for this paradox is that women do not focus on augmenting their breasts for the sexual gaze of men because their concern is with comparing

their breast to other women, or, as she stated, the "Other Woman" (Blum 2005:111).

What is the draw of cosmetic breast augmentation? Sarwer (2000: 851) stated that cosmetic surgery has the power to change people on three psychological levels: body image, quality of life and alleviation of depressive symptoms. Gimlin (2000) and Davis (1995) noted that even with these positive benefits, women find themselves having to justify why they deserve their new body and why their "new" body is a more accurate representation of their "true self." But regardless of why women choose to undergo cosmetic breast augmentation, the procedure continues to be the most well know and researched method of breast augmentation.

**Other Breast Augmentation Methods**

Not as abundant as research on cosmetic breast augmentation, material discussing other forms of breast augmentation focused primarily around medical discourse. The research did not reveal many aspects of embodiment but reinforced body fragmentation through the objectified classification of respondents as patients. These medical articles also furthered body fragmentation by not examining the social aspects behind the desire for augmentation.

Injection of silicone directly into the breast was one the earliest augmentation methods (Yalom 1997). Komenaka (2004) et al. presented a case study of a trans woman who entered the emergency department suffering problems resulting from the free silicone injection into her breast. Today, this procedure is known to be highly dangerous and is no longer performed by accredited surgeons. None of the literature I reviewed discussed why individuals would currently undergo such a procedure, but I speculate individuals, like the case Komenaka et al. (2004) presented, use the method because they are members of marginalized groups and it is the only procedure they can procure.

Augmentation mammoplasty with free dermis-fat grafts was a breast augmentation

procedure developed specifically after publication of the problems associated with silicone breast implants (Botan et al. 2000). Botan et al. (2000) discussed a case report on this procedure which entails removing donor fat and skin from somewhere on the woman's body and adding it to her breasts. The surgeons recommended harvesting the tissue from the interior buttock fold to reduce the appearance of scarring on the donor site (Botan et al. 2000: 84). Botan et al. (2000: 86) stated the results of the procedure are successful. Botan et al.'s (2000) study is the only one I encountered on free dermis-fat grafting, leading me to speculate the resulting scars on the donor site and the inability to completely control the post-augmentation breast size are reasons why this procedure is not more popular. Furthermore, since augmentation is embedded within the cultural ideal of the perfect body, it does not make sense that individuals would choose a procedure that furthers them from perfection, in the form of scars, when doctors can offer both breast augmentation and liposuction, creating a body that more closely adheres to the ideal.

Direct injection of fat into the breast is another method of breast augmentation with several decades of existence. The idea is simple, take excess fat from somewhere on the body and inject it back into the breast; however, problems associated with this procedure are absorption of fat, lumping, and unevenness (Fulton 2003). Fulton (2003) advocated a method of fat injection he stated counters many of these problems. Fulton's (2003) assertions are backed by the 10 year study he conducted where the fat removed from the body was incubated in platelet-rich plasma before being injected back into the woman. Fulton's (2003) results indicated the plasma recharged the fat cells to stimulate growth and prevent re-absorption. The downside of Fulton's (2003) method is that it does not appear to work for every woman and the gain in breast size is not as large as what can be achieved with implants.

**Penis Augmentation**

Men have used various methods, such as weight stretching or hand exercises, to augment their penises for thousands of years. Less researched than breast augmentation, the literature on modern penis augmentation presented similar disparities. Surgical augmentation material was the most abundant form of literature; however, it was the least advertised augmentation method in both print and internet media. Like breast augmentation, penis augmentation literature tended to take a fragmented view of the body, focusing on the penis as an aspect of a man's sexuality and masculinity. The framework discussing penis augmentation, like breast augmentation, considered augmentation as method for addressing the "inadequacies" of a particular man. The research on penis augmentation procedures was primarily medical discourse and reinforced body fragmentation; however, the general literature on the penis and its cultural meanings implied that penis augmentation is a process of embodiment.

Paley (1999) suggested that a man's relationship with his penis may be "the most important relationship of his life." This is an interesting statement capturing the essence of the penis in contemporary society. For men in the U.S., the penis is an intimate part of themselves, yet one which they keep hidden and one which can plague them with doubt and insecurity. The meanings attached to the penis in U.S. culture are not new, in fact Paley (1999) stated penis worship dates back thousands of years, proliferated amongst numerous cultures. Today, however, the penis has two primary meanings, sexual virility and masculinity, and both are social reflections on size and cultural meanings fragmented from the body.

Unlike breasts, penises remain invisible in ordinary social settings. The only time most men see other flaccid penises is in changing rooms, and the only time most men see erect penises is when they watch porn (Bordo 1999, Morrison et al. 2006, Paley 1999). The duality of size

through function, flaccid vs. erect, is part of the confusion generating penis insecurity. The penises in porn tend to be misrepresentative of the size range most studies report as average. In fact, penises in porn are selected partly because of their above average size (Bordo 1999). The locker room or public urinals, also pose similar problems in penis visibility because men who flaunt their penises tend to be above average, generating the same false perceptions as porn (Bordo 1999). Bordo (1999) noted that most men with large penises want other men to know they have large penises, hence locker room and bathroom displays. Another point of interest is that because of human visual perspectives, penises of the same size appear longer on another man across the room than when a man looks down at himself (Van Driel, et al. 1998).

The penis of a man grows the most during puberty (Templer 2002). Numerous authors suggested this as the time men become insecure because adolescent boys compare penises and ridicule those who are smaller (Bordo 1999, Griffin 1993, Templar 2005). However, in my research, the majority of men seeking penis augmentation were not portrayed as victims of juvenile teasing, but were adults who wanted a little more because of the associated personal gains from "being hung." The very definition of "being hung", however, causes confusion in many men. The common conception among men in the United States is that the average erect penis is six inches long (Mondaini et al. 2002), but this number is inaccurate based on the conclusions of research studies described below.

The effect of the misconception on average size is men of average size may experience anxiety because they think they are smaller than average. Mondaini et al. (2002) stated that 85% of his respondents overestimated the average penis size by three cm (a little over an inch). Mondaini et al. (2002) stated the average flaccid length was 9cm, or 3.5 inches, average erect length was not stated. Mondaini et al. (2002) concluded, instead of pushing surgery, counseling

would greatly benefit a man seeking penis augmentation. Out of the respondents in his study, 71.1% decided not to pursue penis augmentation surgery after being counseled and reassured they had average penises, leaving only 28.3% of his respondents still desiring some form of penis augmentation (Mondaini et al. 2002). The most significant thing about Mondaini et al.'s (2002) article is that it took an embodied approach to augmentation. Mondaini et al. (2002) consulted the men as individuals with desires generated by cultural forces, resulting in his offering a non-surgical alternative that addressed the issues of penis size from a more complete perspective.

What is the average penis size? That is a matter of debate, compounded by the fact there are four measurements of the penis: flaccid length, flaccid girth, erect length, and erect girth. Templar (2002: 24) presented data from numerous studies and concluded that the average size for a white male is: 3-4" flaccid length, 1 1/8" flaccid diameter, 5½" erect length and 1 3/8" erect diameter. The most common answer to the average size, six inches erect, is concluded in several studies but originally dates to the Kinsey study in 1948. The problem with the Kinsey (1948) study is researchers did not measure the respondents but respondents measured themselves and then mail their numbers back to Kinsey. Most of the studies in my literature review stated self-response as faulty methodology because men consistently exaggerate their answers (Templer 2002). However, six inches has entered the common lexicon as the average penis size in the United States despite numerous studies concluding 5 ½ inches as more accurate (Templer 2002).

Templer (2002) made a further distinction in his statement, adding the qualifier white male, because the debate on racial differences in penis size. Poulson-Bryant (2005) focused on the creation and context of the black penis in U.S. society, and while he doesn't conduct an empirical study, he does conclude from personal experience the concept of the large black penis

is more of a fetish than reality. Furthermore, other researchers conclude that while there may be differences in average size by race, the difference is statistically insignificant (Templer 2002). But the myth of the large, black penis is illustrative of the larger invisibility of the penis in culture. The penis truly has more power when the suggestions of larger size exist than in actually possessing a large penis. Paley (1999) wrote about a female to male transgender man who felt he gained the power of the penis without actually having a penis simply assuming a male social identity, illustrating further the fragmented body. In summation, the cultural importance of the penis is not just in the flesh, but tied to masculine identity; however, further researching psychological penises was beyond the scope of this study.

**Surgical Augmentation**

Ansari (2003) stated that 1986 is the year penis augmentation surgery, called augmentative phalloplasty in medical articles, really got underway in the United States. Unlike breast augmentation surgeries, penis augmentation surgeries are unregulated by accredited medical institutes and not taught in medical schools (Ansari 2003). In the early nineties, a group of surgeons started *The American Academy of Phalloplasty Surgeons*, but other U.S. medical societies have yet to recognize it as legitimate. One of the founding members, and chairman of the board, resigned in the late nineties due to the large number of malpractice lawsuits against him stemming from the augmentative phalloplasties he performed (Ansari 2003). After resigning from the board, the surgeon stopped performing penis augmentation procedures. *The American Academy of Phalloplasty Surgeons* remains in existence today, still unrecognized. In fact, the *American Urology Association* periodically issues press statements against penis augmentation surgeries on the grounds that they have not been proven safe or effective (Ansari 2003). Further supporting the American Urology Association position, Ansari (2003 ) concluded the second

edition of his book stating that techniques and outcomes remain unchanged since the original publication, resulting in him advising men against pursuing augmentative phalloplasties. Even with the debate over the legitimacy of penis augmentation surgeries, most people writing on the subject, including the surgeons themselves, state that penis augmentation surgeries only enlarge the flaccid penis, not the erect penis.

There are two types of surgical penis augmentations: length and girth. Neither augmentation surgery requires foreign substances to be added to the body; although early techniques did experiment with silicone implants (Bordo 1999). Length surgeries involve the incision on the upper suspensory ligament in correlation with a post-operative weight aided stretching routine. The stretching routine is done for several months after the operation and is necessary for the man to see any gains; however, research indicated the use of weights does not guarantee a gain in length (Ansari 2003). Furthermore, because some of the muscle tissue attaching the penis to the body is severed in the operation, the erection angle changes and a man will find his erect penis pointing outward rather than upward.

Ansari (2003: 4) stated there are five different incision techniques to cut the suspensory ligament. Of these five techniques, he stated the transverse incision is superior because it results in less scar tissue. Even though Ansari made his original assessment in 1997, almost ten years later doctors continue to use and teach the other types of incision techniques. Panfilov's (2006) article is an instructional manual for surgeons to learn the V-Y plasty incision technique, which can result in heavy scarring. As justification for his technique, Panfilov (2006) cited only his own patients. Of the 88 augmentations Panfilov's (2006) performed since 1997, he claimed only two unsatisfied patients; furthermore, he dismissed their criticism, claiming they did not follow proper post-surgical instructions. Panfilov's (2006) reaction to his dissatisfied patients is a good

example of medical discourse because it reveals how legitimizations can turn into the infallibility of the medical institution.

The only other surgical lengthening method I found was Perovic's (2000) study. In his study, Perovic (2000) discussed the lengthening procedure he developed using rib cartilage to build extra length on the shaft of the penis. Unlike incisions of the suspensory ligament, the penis does not lose any muscle strength. However, like other lengthening procedures, men still have to submit to a weight suspension routine to see permanent results (Perovic 2000). What makes me dubious of this technique is first the small sample size, N=19, and second, the fact this technique was not mentioned in any of the other literature. Furthermore, this procedure involves harvesting cartilage from the patient's ribcage, which creates a greater potential for complications.

For girth augmentation, there are three techniques surgeons use: fat injection, dermal graft or alloderm graft (Ansari 2003). Fat injections are the quickest, only requiring the surgeon to suck fat out of the man's body and then inject it into his penis. However, the free fat cells absorb back into the body, meaning the augmentation is not permanent. Also the rate of fat absorption is not uniform, and can result in the penis becoming lumpy. In some cases, fat hardens in areas, giving the penis permanent lumps (Ansari 2003).

The dermal graft technique involves the surgeon removing skin and fat tissue from the man's body then layering it around the penis. This technique is superior to the free fat injection because the fat remains in the tissue; therefore, there is less absorption (Ansari 2003). Fat from the dermal graft can still be absorbed back into the body, creating the same problems as a fat injection. Also, since new skin is being grafted onto the body, there is a risk of the grafts rejection, resulting in the death of the graft tissue and leaving a man with the same size penis as before but with surgical scars (Ansari 2003). In addition to the potential damage to the penis, the

grafts are harvested from the man's body, meaning the man will have scars on the donor sites.

Alloderm grafts are superior to dermal grafts because they are not harvested from the man's body; they come from corpses (Ansari 2003). Alloderm grafting was developed originally for burn victims and others who suffer serious skin damage. Unlike dermal grafts, the alloderm graft is not the same skin as the patient, which increases the chance of the penis rejecting the graft (Ansari 2003).

Kim et al. (2003) are the only researches who addressed the topic of augmenting the glans of the penis, or head of the penis. Their method of augmentation was injecting hyaluronic acid gel directly in the glans using a fan technique. What was interesting about their work was they had two groups of men undergoing the procedure and in addition to the researcher's measurements, the respondents also self-measured. Kim et al. (2003) divided the respondents into two groups with group I (N=100) comprised of men suffering sexual anxiety over their small penises, and group II (N=87) men displeased with the size of their glans after having undergone a previous dermal graft for girth enlargement (Kim et al. 2003). The interesting thing about the study was Group I gained less girth but had a higher rate of overall satisfaction than Group II. The authors postulated this difference as the result of Group I gaining more self-esteem over a smaller gain than Group II who underwent a more extensive process of augmenting their penises. On the technical side, the study only lasted for 1 year so the long term effects of the augmentation technique are unknown.

In general, all the surgical augmentation procedures present potential gains and potential problems. Ansari (2003) stated that the success rate of penis augmentation surgeries was only 50 – 65%, which is considerably lower than other forms of cosmetic surgery. Also, not only do procedures not guarantee permanent augmentation, surgeons are unable to predict how much a

man will gain through augmentation. With suspensory ligament incision, for example, surgeons counsel men to expect anywhere from ½ inch gain up to three inches, but it depends on the man's individual body and his "diligence" with post-surgical instructions (Ansari 2003). When things go wrong, they go seriously wrong. One California surgeon, Dr. Gary Rheinschild, made a name for himself in the nineties through corrective surgeries on men displeased with their previous augmentation outcomes (Ansari 2003). Van Driel et al. (1998) stated that cosmetic outcomes were the greatest reason for patient dissatisfaction; however, my research indicated that there are far more serious problems that commonly occur. For example, instead of lengthening the penis, a suspensory ligament incision can actually decrease the length of the penis by sending the body into shock and causing the remaining ligaments to retract into the abdomen (Ansari 2003). Another problem faced by men is ending up with a penis that is sexually non-functional. This can occur when surgery makes a man impotent, or changes the quality of his erection to the extent that it is impossible or extremely painful for insertion (Ansari 2003).

More serious than the physical outcomes faced by men, is the emotional aspect that goes into penis augmentation surgery. Bordo (1999) and Queenan (1997) discussed how the surgeon, or his associate, tries to sell the man on getting the operation in the first place by emphasizing the joy in having a bigger penis. This hard sell plays on a man's insecurities and desires to have a bigger penis at any cost. Surgeons also tout how the operations are not major surgery, presenting a misleading expectation that any problems would also not be major (Queenan 1997). In contrast, while the surgery may seem non-major since it is brief and cosmetic, the idea that cutting muscles tissue and slicing open the body could ever not be major is matter of medical discourse over social perception. More importantly, both Monaini et al. (2002) and Ansari (2003) concluded that counseling or therapy was more effective simply because most men benefit more

by knowing what an average penis is and realizing how they compare. This conclusion is significant as an embodied approach to penis augmentation because it directly challenges body fragmentation as the only way to "fix" the problem. Counseling or informing men about real penis sizes is an embodied process framing the issue of augmentation as both physical and mental.

**Non-surgical Augmentation**

Like breast augmentation, there is little academic or professional research on non-surgical forms of penis augmentation; however, there are many forms of non-surgical penis augmentation and just as many opinions about their effectiveness. Regardless of the augmentation method, non-surgical penis augmentations are highly advertised and marketed towards men through the allure of the ideal penis. The ideal penis is both the large cock in the locker room and the porn star on the screen. Non-surgical penis augmentation utilizes the duality of penis functionality, highlighting the sexual aspect most.

Vacuum pumps are one of the most known methods of penis augmentation in the U.S., and not solely because of their use. Penis pumps have a fetish meaning and culturally used as comedy fodder; there was a running gag in the first *Austin Powers* movie about a penis pump. Penis pumps can also be found in many adult toy stores; however, medical and general penis experts debate over whether pumping actually works. In my research I found several pumping forums online whose members claimed that pumping creates permanent penis augmentation; however, I did not find any empirical research studies that verified this claim. Griffin (1993) stated that pumping can generate permanent gains, but it all depends of the man's anatomy and frequency of use.

While pumping purely for permanent augmentation is unstudied, impotency researchers

have studied the use of penis pumps by men to achieve erections. Templar (2002) noted the results of one study conclude 96% of the respondents were pleased by the erection the pump gave them. This study, however, did not provide data on the men's penis size. More over, a study examining impotent men achieving an erection is not truly comparable to non-impotent men wishing for a larger penis since the measure of satisfaction in an impotency study is simply achieving a functional erection.

Despite the lack of research, when mentioned, most authors indicate that using penis pumps do not pose a serious health problem, meaning pumping is not likely to damage the penis (Griffin 1996, Templer 2002). Some authors caution readers that this is not an empirical claim and as with any body modification practice, there is the potential to do damage. Potential physical damage includes the possibility of problems related to hemorrhaging of the blood vessels in the penis, as well as, permanent tissue damage due to prolonged swelling (Griffin 1996, Templer 2002).

Manufacturers stated penis pumps work by creating a vacuum that causes the blood vessels in the penis to expand and engorge the erectile tissue to its maximum size. Over time, manufactures claim, continually pumping generates permanent enlargement of the erectile tissue. Most experts state this as a plausible idea; however, enlarging does not increase the amount of erectile cells, it only makes the existing cell tissue larger, which leads to skepticism on the permanence of any gains (Griffin 1996, Templer 2002). Using a penis pump does give a man immediate results, however, because the vacuum pressure draws lymphatic fluid into the penis, making it larger and fleshy (Griffin 1996, Templer 2002). This gain in size only last a few hours until the fluid is absorbed back into the body. In the end, the penis pump is questionable in generating permanent augmentation, but Paley (1999: 34) stated that even without the possibility

of permanent enlargement, men enjoy the seeing their penis grow, even temporarily.

Herbal and chemical pills are another common form of penis augmentation. Ingestion of substances to increase penis size dates back for centuries (Griffin 1996), but even with the hundreds of indigenous cultural mixtures, no proof exist any actually increase penis size. Most of the research I read dismissed pills outright as a waste of time and money.

Creams make a similar claim of penis augmentation as pills, and like pills, claim to be based on centuries old indigenous recipes. With creams, the penis directly absorbs the substance, but no expert has actually concluded this stimulates penis growth. I did read, however, that some creams are reported to work because the ingredients include toxic chemicals (Ansari 2003, Templer 2002). Creams seem effective because the skin on the penis swells from an allergic reaction. In the end, no research reported permanent gains through the use of creams. My conclusion is that using creams is just as effective as rubbing poison ivy on a penis.

Stretching exercises are a big draw on the internet. I found numerous websites claiming to offer full proof programs that enable men to increase the size of their penis by several inches. The underlying claim of success for these methods was that the penis, as a muscle like any other muscle in your body, can increase size through regular work outs. Contrary to these claims, the penis is not a muscle; it is a complex network of unique tissues which do not have the same potential for growth as skeletal muscles (Moore and de Costa 2003).

Stretching methods claimed to work by a similar principle that pumps work. If a man followed the exercises in stretching his penis, he caused the blood in the penis to engorge the erectile tissue and eventual create permanent gains (Griffin 1996). This seems to make sense but without credible empirical evidence, the claim has no weight. Plus, given the average amount of exercise an adolescent boy gives his penis, the claim that simply pulling on it will generate

augmentation looks highly dubious.

Akin to stretching exercises is the use of weights to stretch out the penis. The use of weights is actually anthropologically documented as successful. The most noted occurrence is a religious sect in India where initiates begin stretching their penises in adolescence and eventually end up with flaccid penises around 15 inches long (Templer 2002). What weight stretching sellers do not mention about these men is that their penises are pencil thin and unable to become erect. Even though no research on weight use alone has been conducted, most experts agree that using weights will increase the length of the penis (Griffin 1996, Templer 2002). The catch is that it will also decrease the girth. Weights don't add anything to the penis. Essentially, what weight does is stretch the erectile tissue. You can imagine it as taking a line of squares and pulling them out into a line to rectangles. If each rectangle has the same area as the original square, then the width of the line of rectangles will be less than the line of squares.

Injection of saline and silicone directly into the penis is also a possible method of augmentation. There are several documented cases of men injecting silicone gel directly into their penis to increase its size (Temper 2002). While this works, these case studies are documented because the men eventually suffer trauma and serious damage to the penis as the result of the injection. Saline, however, is not dangerous, nor is it long lasting. I stumbled upon saline injection on a pumping forum where men inject saline, primarily into their scrotum but the penis as well, for sexual gratification. Saline fills the tissue, similar to the lymphatic fluid accumulation of pumping, and is eventually absorbed completely into the body. The length of time the augmentation effect is present depends on the amount of saline used, but based on the accounts I found, complete absorption was within 24 to 72 hours. Saline is a common medical product, it is used during surgery to clean the open body; however, I do not know what effect

continually injected saline into the body has, nor if the potential for long term damage or growth exists.

Guided visualization is the last method I want to mention. I found a pamphlet, *Penis Enlargement the Easy Surgery-free Way*, that taught men visualization scripts to augment the penis. The anonymous pamphlet writers claimed the idea stemmed from a study done in the 1970's where women enlarged their breast through a similar mental technique. I was unable to verify this study, even though the pamphlet stated it was a University study; the pamphlet on the other hand, seemed very unprofessional, containing no citations or authors.

For the visualization method, a man recorded himself reading several scripts provided. The man then routinely listens to them, and the scripts instructed the man to visualize his large, ideal penis and how much more confident it made him. The man was instructed to follow the method for up to 12 weeks. The way guided visualization claimed to work was by focusing on penile circulation, stimulating growth. A study conducted by the nameless authors was the only support for this method provided. No verifiable details for this study were ever mentioned. Overall, I think the program is just a scam; however, the scripts incorporate a lot of self-esteem and confidence building, so even if the penis doesn't grow, I think a man would come out feeling better. Especially since Van Driel et al. (1998) claimed most men benefit more from therapy than attempting an augmentation process. Most of the penis augmentation processes researched view the body through body fragmentation, seeing the penis as fixable element for a man's problems.

The advertisements gathered for this study were intended to examine if the presentation of breast and penis augmentation in public space was reflective of body fragmentation or embodiment. Fetish discourse and medical discourse becomes the framework with which the advertisements are analyzed to asses if they are representative of body fragmentation or

embodiment. The methods for gathering the data, also took into account the gendered differences between breast and penis augmentation.

## Chapter 4: Methods

Breast and penis augmentation are highly gendered social processes. Both aim at developing parts of the body that, as the literature review indicated, are culturally significant in defining sex and sexual desire. Taking this into consideration, I concluded that the best media sources for data would be gender specific and adult spaces. By adult, I do not mean sexually explicit, but because part of the augmentation incorporates a sexual aspect, I did not consider family focused material, such as mothering magazines, good potential for data. I conducted a pretest with several sources to asses them for data potential.

A brief preliminary survey, May and June 2006, determined the data sample. I attempted to use circulation rates as a basis for magazine selection; however, this process was less than successful. I researched U.S. magazine circulation rates on the internet in April and May of 2006. The majority of sources I found were private marketing firms that did not publish circulation rates but sold them to individual clients. Given the scope of this project, the purchase cost of circulation rates from these companies was prohibitive. Furthermore, the one available list of circulation rates that I did manage to find only included the top 25 U.S. magazines. At the time I did not consider the list worthwhile because family or home oriented magazines composed the bulk of the list so I did not consider it likely they would include breast and penis augmentation material. Subsequently, I did not record this data.

I constructed the sample material for the pretest based on magazines I read, or have friends who read. By default, this meant the survey was biased toward middle class white values; however, given the sparsely reported demographics in the literature review, this could be roughly reflective of individuals seeking breast and penis augmentation (Davis 1995, Didie and Sarwer 2003, Freund 2004, Kim et al. 2003, Panfilov 2006, Perovic et al. 2000). The magazines selected

for the pretest were, *Maxim*, *Cosmopolitan*, *Out*, *Spread*, *Men's Health*, *Women's Health*, *Unzipped*, *Playboy* and *Playgirl*. The selection of magazines was pair wise to mirror each other in terms of gendered content, so I reviewed *Playgirl* because I reviewed *Playboy*. Three non-heterosexual sources were included: *Out*, *Spread* and *Unzipped*. For these sources, I was not able to find a dedicated lesbian pornographic magazine. The reason for this was because the lesbian pornography at Insurrection was geared toward straight men and the feminist bookstore, Charis, had stopped carrying pornographic magazines.

In addition to the magazines, the preliminary survey included two newsprint sources, *Creative Loafing* and *The Atlanta Journal Constitution*. Even though publication rates for both of these sources were different than the once monthly magazines, *Creative Loafing* has a weekly publication and *The Atlanta Journal Constitution* is daily, the survey only included two editions from each. The survey used editions of both newsprint sources from the first week of each month. Because magazine publication was monthly, it seemed logical to take the newsprint sources at the start of each month. Using local sources for the newsprint introduced another level of bias in the research in restricting content by geographic location. The use of only local newsprint sources was a decision of convenience in obtaining the sources. Furthermore, because of the nonprobability sampling used in obtaining the magazines, statistical inferences, the use of mathematical statistics to predict attitudes and behaviors in the general population, could not be drawn from any of the final data (Henry 1990).

The conclusions of the pretest indicated most sources as unacceptable for the study. The amount of data obtained from each source during the two month survey was the determining factor of a magazines inclusion. A source only needed one breast or penis augmentation advertisement to be acceptable for the larger study. The result was unexpectedly low, indicating

only three sources for the final survey: *Maxim*, *Cosmopolitan*, and *Creative Loafing*. Most of the sources used in the preliminary study were not acceptable sources because they yielded no data during the study period. The original study design called for the collection of 12 editions of each print source; however, that was not possible for each source. At the time the study began, I was under the impression that all magazines and newsprint could be back ordered. With both of the magazines, every edition was not available for back order. I did not realize this at the start of the study because neither magazine publisher released backorders until the end of the calendar year. I did not find out until February 2007 that 4 issues of *Maxim* and 2 issues of *Cosmopolitan* were not available through back order. I also underestimated the archiving of the local public library and university library, neither of which kept previous editions of either magazine. For *Creative Loafing*, back editions were available, however not in the complete published form. Only previously published articles for *Creative Loafing* were available through the companies website.

*Cosmopolitan* is a publication of Hearst Communications. The content is focused on women and covers a wide range of issues facing that demographic. For example, issues discussed health advice, makeup, clothing, and romance. An overall theme of the publication is concern for appearance and ways to improve appearance in line with hegemonic standards. The overall tone of the magazine is providing advice to women on how to live "better" lives. The publishers intended audience appears to be middle and upper class white women. The current circulation rate is 2,947,220 (wikipedia.org, retrieved March 29, 2008). In all, the data set included 10 copies of *Cosmopolitan*, the months of January 2006 and May 2006 were not available from the publisher nor the Atlanta Public Library or Georgia State Library.

*Maxim* is a publication of Alpha Media Group. The content focused on men and covered a wide range of issues facing that demographic. Issues covered topic areas like health advice,

photo spreads on attractive women, sports, and sex. An overall theme of the publication included ways to enjoy hegemonic male pursuits like sports, cars, as well as, abundant images of attractive women. The overall tone of the magazine provides advice to men on how to live "pleasurable" lives. The publishers intended demographics appears to be middle class white men. The current circulation rate is 2,501,175 (wikipedia.org, retrieved March 29, 2008). This study used eight copies of *Maxim*. The *Maxim* editions published from January 2006 – April 2006 were unavailable from the publisher and the Atlanta Public Library or Georgia State Library.

The local publication reviewed during the preliminary survey containing the most amount of usable research material was *Creative Loafing*. While *Creative Loafing* is published and distributed in multiple cities, each edition is tailored to the publishing location; therefore, the advertising content only reflects the Atlanta area. The *Creative Loafing* sample set was a collection of randomly selected editions published between June 2006 and December 2006. Obtaining copies of *Creative Loafing* published during the first week of each month was the method of random selection used. However, at the time data collection started, I was not aware that previously published editions were not available in hardcopy, nor was I aware I would not be able to get all 12 editions of both magazines. I began drawing additional editions of *Creative Loafing* at the end of August to reach a final total of 12 that I assumed would be equal to the final total of the magazines. The process for selecting additional editions was based on the convenience of remembering to pick them up.

*Creative Loafing* is a local newsprint media source published by Creative Loafing Media Inc. It focuses on local issues through editorials and provides information on arts, events and dining. The publication is free and available at various locations, such as restaurants and street corners, around Atlanta. The publishers demographic target appear to be urban professionals.

There is no published circulation rate.

I obtained the internet sources using two different methods. Websites corresponding to the print advertisements formed the initial sample set; however, several of the published websites were no longer active, necessitating an expansion of data collection. To obtain more websites, I used the Google search engine to type in several key types of augmentation terms in line with the methodology of previous internet content analysis studies (Toucet et al. 2007, Weber, Story and Harnack 2006). The previous studies indicated that typing key terms in Google was sufficient in generating relevant data (Toucet et al. 2007, Weber, Story and Harnack 2006). The key terms I searched were: breast augmentation, breast enlargement, breast enlargement exercises, breast pumps, penis augmentation, penis enlargement, penis exercises, penis pumps. I utilized eight search terms, instead of only breast augmentation and penis augmentation, for two reasons. First, just searching those terms turned up more sites about augmentation in general as opposed to websites advertising augmentation processes. Second, pumps and exercises were focal points in an attempt to capture augmentation procedures represented in the literature review but not in the data obtained from the print advertisements. I saved the Google search results in PDF format to ensure a static list of websites for data collection (Toucet et al. 2007, Weber and Harnack 2006).

The criteria of website selection was assessing the homepage to determine if the site was an advertisement for an augmentation product or service. Unselected websites were purely informational or discussed augmentation processes in general. I used only publicly accessible websites, meaning that the bulk of the content of the site was available to the general public without having to purchase the product or sign up for a membership. Some websites, however, did have membership areas that were available after purchase of the augmentation technique or product. I included such sites if the public access portion of the site had enough information to

make it comparable to other non-membership sites. I wanted to make sure that both print and internet sources were advertisements so that they could be analyzed using principles of previous advertisement research.

I decided to use advertisements' for this study because advertisements are a ubiquitous part of U.S. culture and an alluring area of research because ads serve as cultural signifiers; specifically, advertisements give meaning to words and images, as well as, displaying cultural values and ideals (Kang 1997: 980). Advertisements also posses social power because they mirror and shape cultural ideals through stereotypes (Mastin 2004) and reinforce personal identities as products of mass communication (Vigortio 1998). Advertisements can represent the social ideals of a given cohort but that ideal in turn shapes how the individuals within that cohort relate to themselves and each other.

The central cultural structure behind advertisement research is that advertisements impact culture on both a personal and global scale. This means that ads shape individuals' relationships with themselves and their modes of social interaction. The construction of ideal bodies used in selling products is the clearest example of this phenomenon because ads end up selling a specific product and commoditizing the ideal body as a product. Advertisers have used sex appeal to sell products for decades, and this practice correlates with larger social trends in how individuals regard their own bodies in relation to these fictionalized images. Bordo (1999) and Yalom (1997) both documented how body representation in advertisements changes in correlation to the general cultural concept of ideal bodies. Multiple prior scholars' research focused only on the effect of print media on women's bodies, and emerging research now demonstrated that men too are similarly susceptible to visual presentation of ideal male bodies in ads (Baird 2006).

Shared cultural context is what gives advertisements meaning (Kang 1997). I analyzed

both manifest content and latent content to examine the forms of discourse on augmentation procedures displayed in public space. Latent content is a phenomenon that has an effect on other variables and is usually not directly testable (DeVilles 2003), evidenced as a concept or an idea, such as a large penis increases a man's social status. A large penis effecting social status is latent content because it is not manifest (readily apparent), like income or hair color, and is not constant (unchanging over time), like race (DeVilles 2003). Manifest content is the "visible surface content" of the data (Babbie 2004: 319). The manifest content of a breast or penis augmentation advertisement would be statements of the products effect, or claims made by the products users. Imagery, such as pictures of men and women, are also manifest content.

For the analysis and interpretation of the data, I frame advertisements as rational, cultural products, in agreement with Slade's (2003) assessment that advertisements can not be irrational elements. Slade (2003) argued that advertisements are a form of communication that rely on the viewer to cognitively process the printed information in order to understand the message; therefore, the viewer is engaging rationally with the ad rather than passively accepting the message. Slade (2003) defined rational elements as requiring both comprehension and cognition, while irrational elements required neither. Breast and penis augmentation advertisements in particular require rational thinking on the part of the viewer because the ad is not just selling a product; it is selling the idea that body modification is a catalyst for change in an individual's life.

I developed two code sets to analyze the data. The original code sheet for the print advertisements (Appendix A) and then a subsequent code sheet (Appendix B) based on the first code sheet and constructed to analyze internet websites. In agreement with Weston et al. (2001), I viewed coding as a dynamic process that continued during analysis. Moreover, developing the

code sheets was a recursive process starting with the preliminary survey (Weston et al. 2001). I constructed the print advertisement code sheet by looking at the first few data sources and picking out what seemed to be the most significant elements in them. Whether or not there was a person pictured emerged early in the code development process as being a key element in the advertisements. The more data sources I collected, the further I refined the code sheet; hence, it became important to look at the attire of the pictured individuals and what type of behavior they exhibited. The manifest content of the advertisements formed the basis for the elements of the code sheet. By attempting to identify common elements that emerged across the data sources, I anticipated the code sheet would reflect the emerging themes of body fragmentation and embodiment from the literature review.

Because I was unable to download static versions of the websites, I could not collect recursive data to construct the code sheet. The print function used to capture the Google search pages as PDF files did not work on full websites. While there were programs available to researchers that offer this function, for the scope of this study, using such software was cost prohibitive. I also decided not to print the websites because of resource restrictions, some of the reviewed websites would have been over 100 printed pages. However, I recorded the date of access for each website so that any future research using the same website will have a time frame to note any uploads or revisions to the website. In lieu of capturing a static versions of the websites, I made descriptive notes during the analysis of each site. I developed the code sheet for the internet sources by taking the code sheet for the print sources and making a few adjustments after reviewing the first few websites. One of the major changes was simplifying the way pictures counted by reducing the code items and only distinguishing between informative or gratuitous sexual content.

All coding was done by the principle researcher. A benefit of this is that the coded content will have stability, meaning that the interpretation of each element in the code sheet was consistent during analysis (Weber 1990:17). A disadvantage of a single coder system is a decrease in reproducibility, or intercoder reliability (Weber 1990). The lack of intercoder reliability is problematic because it reduces the reliability of the code sheet, and it raises debate as to whether the content coded by each element is accurate. For the scope of this project, a single coder system was acceptable; however, this posed a limitation on the study. There were several other limitations to this study.

Because neither the print sources nor the internet sources were gathered using a random sampling technique, using a non-random sampling method limited the studies generalizability (Henry 1990). This introduced bias into the sample in multiple ways. While the magazines were national publications, the gender specific content indicated they have targeted demographics. Given the lack of demographic data in the available research, I could not compare the demographics of the magazine target audience with the demographics of individuals seeking breast and penis augmentation as a method to justify why the magazines used were appropriate. With the newsprint, bias emerged by selecting only a local publication. My justification for using *Creative Loafing* is that as a free local publication, its ad base would be relatively diverse. Also, local publications were the best method to include surgical augmentation because surgeons are more likely to advertise in the area of their practice.

Non-random sampling bias also occurred in gathering the website sources through the use of the Google search engine. Google does not use a randomized algorithm to return searched material. However, Touchet et al. (1998) cited previous research that addressed this problem and concluded random searches of the internet were not possible given the current selection of search

engines.

Another limitation was the descriptive nature of content analysis methods. As a descriptive methodology, content analysis is limited in terms of the data's reflection to the larger social structures being studied. This study used content analysis to construct itemized code sheets of elements composing the advertisements. This poses a limitation because the items of the code sheet were subject to researcher bias and may not accurately measure the intended values (Weber 1990). The subjective analysis of manifest content by the reviewer is another common limitation of content analysis (Weber 1990). Subjective review introduces bias in terms of interpretation error. In relation to this study, the limitation of content analysis was in reflecting the actual experience of breast and penis augmentation; however, because this study was exploratory and intended to examine the presentation of breast and penis augmentation in public space, content analysis was appropriate. Furthermore, the above limitations are generally accepted limitations of studied utilizing content analysis methodology (Weber 1990).

Sample size was another limitation. A sample size of 100 would have been ideal; however, due to the limitations of the data sources, I was only able to generate a sample size of 48. The main limitation of sample size was the unexpected high rate of duplication with the print advertisements. This study indicated that future research on this topic should consider focusing on the internet as a richer source of data. Overall, content analysis was an appropriate method to use for this study.

## Chapter 5: Sample Parameters and Findings

The sample consisted of 58 print advertisements pulled from four different sources and individually analyzed by myself according to the first code sheet. After removing duplicate advertisements, there were 21 print advertisements (Appendix C) : N=15 from Creating Loafing, N=4 from Maxim, and N=6 from Cosmopolitan.

The website sample consisted of 27 advertisement websites (Appendix D). Twenty-seven websites were chosen so that there would be a total of 50 advertisements, but during analysis, two print sources were dropped because they were outside the original data collection. One print source was dropped because it was not in one the three data sources. The other source was dropped because it was a duplicate accidentally left in the sample. The websites were not divided into sub-categories like the printed advertisements. The reason for this was because each advertisement website represented a unique data source location, as indicated by the web address. Fifteen websites represented a type of breast augmentation, and 12 of them represented a type of penis augmentation.

Only two (10%) print ads offered both breast and penis augmentation; both were in *Creative Loafing*. None of the websites offered both breast and penis augmentation. All of the printed ads contained an image of a woman, or part of a woman's body; in contrast, all but three (11%) of the websites contained images of women.

The tactic of generating body insecurity in the viewer through visual representation varied on whether the ad was for breast or penis augmentation. With breast augmentation, regardless of the media source, the image most often was of a solo female body, making use of the cultural ideal of thin and big breasted to sell the product. Out of 32 total breast augmentation advertisements, only one (3%) did not feature a picture of a woman. Fifteen (47%) of the total

breast augmentation ads featured only pictures of women. In many of these ads, the focus was not on the breast or augmented breast, but on the overall appearance of the women. This is evident by the women's provocative poses, highlighting how they were "the complete package."

Penis augmentation ads almost never pictured solo male bodies. Out of 18 total penis augmentation advertisements, only four (22%) did not contain at least one image of a woman. Furthermore male bodies were hardly ever shown alone. Male bodies were depicted most often engaged in sexualized contact with a woman, such as embracing, kissing or caressing. Male bodies were also depicted much less overall; male bodies composed 25% of the images in print ads and only 22% of the images on the websites. The images used to market penis augmentations were concordant to the idea of the ads, meaning most of the images in penis augmentation advertisements reflected the sexual nature marketers use to advertise the product. These sexual images reflected the cultural notion that a man's identity is dependent on his virility and ability to sexually satisfy female partners. The male pictures, unless they depicted medical personnel, also reflect the cultural ideal of the male body being lean and muscular. Even the websites that featured men demonstrating the augmentation process used models, not average men, reflecting this large cultural ideal.

Only two (10%) of the print ads featured before and after photographs. I found this interesting because one of the common conceptions of non-surgical augmentations is that they just do not work, and since the bulk of the ads were for non-surgical augmentation, it seems odd to not include visual "proof." This disparity could be a result of legal issues stemming from the possibility that before and after pictures of penises and breasts could be considered pornographic material. Whether or not these images actually constitute pornography was outside of this study, but leaving them out of advertisement generates speculation on the advertisements' claims.

While 12 (44%) of the websites featured before and after photographs, these were mostly found on breast augmentation websites. There were 10 breast augmentation websites featuring before and after pictures compared to only two penis augmentation websites. With the websites, before and after pictures were almost evenly divided between cosmetic surgeons' websites, N=5, and other types of augmentation, N=7.

Nine (43%) print advertisements used a picture of a medical doctor; however, medical expertise was not applied directly in support or explanation of the advertised augmentation procedure. Expertise was inferred through the use of a surgeon's picture and name, exploiting the common cultural concept privileging medical knowledge. While three *Maxim* ads (14%) offered advice from a sexologist, I was unable to verify her credentials even though the ads stated she has a clinic in Manhattan. Furthermore, the purpose of the expert in the *Maxim* ads was specifically to sell the product being advertised through a narrative "proving" it successful.

In contrast, only eight (30%) websites featured the picture of medical personnel, but 10 (37%) of the websites stated the advertised augmentation procedure was medically endorsed. Unlike the print advertisements, having a picture of a medical professional on a website did not indicate the augmentation procedure was medically endorsed. Four websites pictured medical professionals but did not state the advertised product was medically endorsed. Two websites stated the advertised augmentation procedure was medically endorsed but did not present an image of medical personnel.

One of the most interesting results was that five (19%) of the websites were not heteronormative. Most of these websites, four, sold breast augmentation products. These websites were for "natural" breast augmentation products and stated the product would work on men too. The implication here was that the advertised product would work for male-to-female

(MTF) transgender individuals. One website, *Flat to Fem*, focused specifically on MTF individuals. It is interesting to note that when websites include testimonials from MTF individuals, they did not include before and after images, only after images. The one non-heteronormative website for penis augmentation was non-heteronormative because it mentioned gay sex in relation to the advertised augmentation products, which were penis pumps.

The main difference between print and website advertisements was the amount of content The websites can had pages of information available while print ads were confined to a few square inches of page space. Websites also differed in the approach they presented content. The print ads reviewed seemed to focus on stimulating the reader to pursue more information on the product. On the other hand, the websites reviewed focused more on selling the product directly. The most prevalent technique, found on every website, was the statement the advertised product is the consumers best choice.

Simply stating a product as the consumers' best choice is almost an advertising given, but, with more resource space, websites were forced to explain in greater detail just why a product was the consumers' best choice. For cream and pill augmentation products, websites typically mentioned the main ingredients. Some websites went further to explain why certain natural substances generate augmentation and highlighted indigenous origins as scientific proof to this claim.

Augmentation products that rely on devices or exercise were more likely to present their products as being the best through direct clinical studies. Website advertising these products often provided data on in-house studies that proved the product worked. One penis augmentation website surveyed the results of its customers. The methodology of the survey was not mentioned, but the results of the study were presented in scientific looking bar and line graphs.

One interesting occurrence was two websites for penis augmentation that actually discussed the variance of penis size in the general population. Both of these websites stated the average penis size is less than 6". One site posted the number as 5.877 inches and the other that 75% of men are between five and six inches. In summation, all the advertisements were composed of similar elements and ploys used to sell the augmentation process. The concepts of body fragmentation and embodiment were also threaded through the advertisements.

## Chapter 6: Data Analysis and Discussion

A recursive processes was used to analyze the data whereby the content of the data was analyzed through the themes that emerged from the literature review, body fragmentation and embodiment, and the two forms of discourse developed, fetish and medical. The analysis of the content was split by the fact that I viewed the latent content as interpretive of the underlying concepts of body fragmentation and embodiment and the manifest content as reflective of fetish and medical discourse. In general, the content of both print advertisements and advertisement websites mirrored the larger social themes of body fragmentation and embodiment imbedded in breast and penis augmentation. The reason is that even through all of the advertisements focused on "fixing" or improving a specific body part as body fragmentation, the implication was that the result would be holistic, or an embodied perspective, by leading to a generally improved life. The tensions between body fragmentation and embodiment was framed differently by the augmentation processes: breast augmentation framed augmentation as part of a woman's goal in attaining the ideal body and penis augmentation framed augmentation as the masculine need to sexually please a woman.

The content of the breast augmentation advertisements was reflective of body fragmentation because the breast was highlighted as being physically problematic. The ads implied small and uneven breasts were not socially acceptable. Breast augmentation advertisements incorporated an embodied perspective by linking improving the breast with a more general need for women to focus on their bodies. Embodiment applied to improving general appearance was a sly reinforcement of the hegemonic notion that a woman's social value is tied to her appearance. My conclusion is that breast augmentation advertisements portray the augmentation process as a facet of body fragmentation over embodiment.

The penis augmentation advertisements represented body fragmentation on a similar superficial level as the breast augmentation advertisements, augmentation as "fixing" a problematic body part. An embodied perspective embedded in penis augmentation advertisements was the connection of the penis to sexuality, a "good" penis being the root of mutually pleasurable heterosexual intercourse. This is problematic because the literature review indicated that men who underwent augmentation had a more homosocial perspective of embodiment toward the augmentation process (Panfilov 2006). With surgery, respondents indicated that increasing their self-confidence around other men is one of the main reason they desired penis augmentation (Panfilov 2006). My conclusion is that penis augmentation advertisements focus more on body fragmentation by highlighting the sexual aspect of the penis and not reflecting the social status tied to the penis.

While breast and penis augmentation advertisements from both media types used medical credentials, endorsement by a doctor or claims the product was backed by clinical research, none of the print media advertisements used medical discourse. The best example of how medical credentials were utilized over medical discourse was the *Maxim* ads for penis augmentation. I argue the use of medical credentials in the *Maxim* ads was done to create a false medical discourse and thereby impart the social legitimization of medical discourse to the product. My conclusion is even though many of the advertisements from both media types used medical credentials, the use of medical discourse was restricted by media type. Only the websites had the space to present the complex material required for medical discourse. The way medical discourse was used in websites was through anatomical diagrams that "showed" how the product worked or the presentation of clinical research, largely in-house studies.

The format of the *Maxim* advertisements used a sexpert[4] responding to questions about

penis "inadequacies" with the solution of using the advertised penis augmentation product. The questions were presented as letters written to the sexpert asking for her advice. Only one letter was used per ad. The authors of the letters were either male or female, but the problem was always framed as a disappointing sex life that was due to vague male "inadequacies." The general nature of advertisements as short and to the point of selling a product does not leave much room for discussion of the problematic body, but the use of a sexpert as a legitimization tool reflects the elements of medical discourse without being medical discourse. Advertisers know they can use the social concept of medical expertise to help sell augmentation just by placing the picture and credentials of a doctor in the ad. My assessment of the *Maxim* ads is that the sexpert was meant to provide similar credibility of using medical personnel.

Medical personnel and medical procedures (procedures performed by medical personnel) carry social weight that legitimize them as products to purchase; hence the use of pictures of doctors on websites. By using a sexpert, albeit non-medical, the *Maxim* ads attempt to capitalize on this cultural discourse by playing on the social assumption that an expert of any kind can legitimize an augmentation procedure. The *Maxim* sexpert can only legitimize the augmentation by relating her experience of the product's function; her credentials serve to imply she is familiar with research in the field of sex. Ads utilize experts for the same reason but the *Maxim* ads have to convince the viewer of their expert's authority by providing narratives in the ad to legitimize both the sexpert and product performance.

The narratives in the *Maxim* ads are highly suspect and play on men's insecurities by presenting "real" letters to the sexpert asking for advice. In answering the letters, the sexpert presents contradictory stories and leads me to conclude the narratives are false. This would also imply the letters themselves are false. In one letter a women writes about her boyfriend being

bad in bed (i.e. not pleasing her). The sexpert writes back about how she tricked her boyfriend in to using the advertised product which resulted in their having phenomenal sex. In another issue of the magazine, a man writes in about how his sex life is less than exciting The sexpert writes back about having the same experience with her fiancé but then he started to strangely improve. She, the sexpert, asked him what was going on and he admitted to using the advertised product secretly. Both examples are advertising the same product with the same sexpert, which is the source of her discredit since in one instance she tricks her boyfriend and in the other her fiancé surprises her. In other words, after reviewing multiple ads for the same product, the narratives are *non sequiter* of the real life experiences claimed because prior to each event, she had never heard of the advertised product. After all of the ads are viewed together, the result is that the sexpert loses her authority to legitimate the augmentation process of the product. The *Maxim* advertisements did not use medical discourse because the falsehood of the sexpert denies the legitimization inherent to medical discourse.

Some websites also utilized medical credentials to try and create medical discourse. Certain websites simply stated the advertised product was developed by doctors but do not provide any information on these doctors. Several websites displayed pictures of people in white medical coats to support the claim that doctors developed the product. Like the print advertisements, the use of pictures of medical personnel and statements that medical personnel developed the product are meant to provide legitimacy for the augmentation product. This is specifically evident because all of the websites state the advertised product is the best choice. Providing medical support allows some websites to further the illusion that the advertised product was in fact the best choice by playing to the cultural notion of medical knowledge as superior. However, these tactics are not medical discourse because they did not provide an

information generated by medical knowledge, they only stated medical knowledge went into creating the advertised products.

The use of medical personal and credentials revealed an underlying debate between surgical and non-surgical marketers/sellers of augmentation products; a debate representative of the larger social structures of medical and non-medical practices. The ads for non-surgical augmentation often touted the augmentation as being safe and natural, especially for breast augmentation, which played to the cultural notion of women being more in tune with their bodies as well as the public debate over the safety of breast implants. The surgical ads reflected how surgery was faster and produced real results, although they stopped short of guaranteeing anything. The greatest difference between the surgical and non-surgical ads was how the non-surgical ads had to go farther to legitimize their product The prime example in print was the complex narratives of the *Maxim* ads. This is comparable to the fact that non-medical websites were more likely to have links to news or research about augmentation than surgical sites, one surgical site compared to eight non-surgical. Furthermore, only non-surgical websites contained diagrams or drawings of a scientific nature to help explain how augmentation is achieved. The use of medical credentials without medical discourse was reflective of fetish discourse because the credentials are a fetish object of legitimization. Fetish discourse was also prevalent in all the advertisements in terms of Marxist commodity fetishism.

In the advertisements, possession of the fetish object, i.e. the augmented breast or penis, was touted as engendering a change in social interaction. For breast augmentation, the ads imply that obtaining ideal breasts benefit a woman because her overall beauty increases. Beauty in this context is viewed as a product of commodification. The penis augmentation ads imply the social prestige that men receive is tied directly to being more sexually fulfilling in heterosexual

intercourse. I do not think that sex was commoditized here in the same way that breasts and beauty are linked, but I do think the fetishism of the penis by penis augmentation advertisements commoditized masculine insecurity by offering a product claiming to conquer that insecurity. In terms of the larger thematic concepts, fetishism reinforces body fragmentation by portraying augmentation as a singular process that will fix larger problems.

Overall neither type of advertisements for breast or penis augmentation presented were based solely on medical or fetish discourse; however, Marx's concepts of commodity fetishism and fetishism of capital does reflect breast and penis augmentation in general. Marx developed the notion of commodity fetishism in volume one of *Capital* (1978). While Marx discussed fetishism in a strictly economic sense, his concept is applicable to breast and penis augmentation because the data revealed augmentation as a commoditized practice. However, examining the data through medical and fetish discourse only revealed advertisements as a form of capitalistic body consumerism based on the concept of body fragmentation.

Catch phrases were a unique element of the advertisements that held several interesting characteristics to analyze. The catch phrases were utilized as a way of furthering body fragmentation in support of the advertised augmentation process. Catch phrases also reflected a division in the value of augmentation based on gender stereotypes. Phrases found in the breast augmentation ads focused on beauty, and how the product would enhance the woman and make her complete. By focusing on beauty as a whole, the ads reinforced the notion that a woman should be concerned with beauty in general and should make every effort she can to move closer to the cultural ideal. The ads told women that beauty work was something they need to do and something worth doing for both a better body and higher self-esteem.

Phrases in the penis advertisements implied that the male viewer might not be satisfying

his female lover, or that if he thinks he is, he mostly likely is not. This type of scenario plays on the male insecurity that being a "good" heterosexual lover is essential to a man's identity. Furthermore, suggesting men think they are pleasing their lovers when the really aren't, reflects the cultural notions that men are reluctant to discuss sex or are focused only on their own sexual gratification. Contextualized as cultural structures, the ads diverge breast and penis augmentation from each other as being about different social obligations: breast augmentation becomes part of a woman's work to make herself beautiful, penis augmentation is necessary for men to fully satisfy their female sexual partners.

This division of tactics fits within the larger hegemonic framework of how women and men are conditioned differently to define their identities and reinforced body fragmentation by isolating problems to a singular body part. The differences of the gender also reflect how breast and penis augmentation are divided within a heterosexual framework. Breast augmentations are for visual appeal while penis augmentations are for sexual functionality. Advertisements reinforced heternomativity through the wording of the ads because breast augmentation was almost never mentioned in association with sexual gratification while penis augmentation always was. The framing of the catch phrases represented the larger cultural ideals of what it means to be a man or a woman and created a sense of lack, or failure, in measuring up by the viewer.

Unique to the websites was the use of lay testimonials, or customer responses. Like catch phrases, testimonials reinforced body fragmentation. Twenty (74%) of the websites featured some type of lay testimonials. The majority of these were presented as letters or emails customers sent unsolicited to the company. The main purpose in this form of dialogue was to present potential customers with real life success stories; failures or dissatisfied customers were never mentioned. These testimonials revealed a noticeable difference in how men and women

viewed the process of breast or penis augmentation. Breast augmentation responses tended to be longer and more narrative. Women were more likely to frame their experience with the advertised product through dissatisfaction with their breasts and body beginning in adolescences and increasing as they got older. Frequently women mentioned other augmentation attempts they made that had failed or how they were reluctant to go to the "extreme" of cosmetic surgery. Ultimately women concluded their stories with acclaim for the advertised product and often stated just how much they had gained; mentioning the need to buy larger bras was frequent. When a woman mentioned the specific gains she saw from the product, she would do so by stating her original cup-size contrasted to her increased cup-size. Some of the narratives did mention sexual benefits gained through the augmentation product; however, these benefits were framed around how much the woman's husband or boyfriend enjoyed her new, larger breasts.

Testimonials on penis augmentation websites tended to be much shorter and less narrative. I never encountered narratives where men went into detail on the origins of their penis dissatisfaction. Most testimonials about penis augmentation were a few sentences long and stated how great the product worked. They frequently mentioned how much more the man's wife or girlfriend was enjoying sex. Unlike the beast augmentation testimonials, men stated that they themselves also were experiencing better sex as a result of the augmentation. If men discussed the gains from the advertised product, it was always only the net results. Men stated the total amount of growth they experienced but did not provide their original penis size. In general the testimonials for penis augmentation reinforced the general advertising scheme that men need larger penises to improve heterosexual intercourse.

Superficially testimonials reinforced body fragmentation through the use of fetish discourse in that respondents indicated the singular results of the augmentation process as

causing change. In talking about penis augmentation, men mentioned how great their new sex life was because of their new penis. Underlying all of the testimonials is the issue of confidence which could be viewed as part of an embodied perspective. Confidence is more a product of embodiment than body fragmentation because it generated personal change irrespective of the actual augmentation. Using penis augmentation testimonials again, several of the men mentioned that knowing they could please a woman gave them increased confidence in general. This is a sexist statement but it does portray that the men did undergo an embodied experience with the penis augmentation. The claims of increased confidence in lay testimonials illustrate how body fragmentation and embodiment are not mutually exclusive.

In conclusion, the lay testimonials indicated respondents viewed the process of augmentation primarily as body fragmentation, but when the actual responses were analyzed, the total experience is revealed to be one of embodiment. My thoughts on this division between what people say and experience is that the testimonials were framed by the nature of advertisements. As part of an advertisement, it makes senses testimonials would focus on the fetishism of the product and result in more body fragmentation stories because the product would become the solution. Deeper analysis of the testimonials illustrated that embodiment was in fact part of the augmentation process. A direction for future research would be a more thorough examination of lay testimonials and comparing them with respondents in research studies.

In relation to the testimonials, the comparison of men to one another, highly prevalent in research studies on why men seek penis augmentation, was entirely absent from all of the penis augmentation ads. Not a single ad referred to how a man's male peers would view him differently after using the advertised product. However, some of the websites did mention an increase in social prestige a man will gain simply by walking around knowing he had a huge

dick. The websites stopped short of suggesting that a man would expose his augmented penis to other men to garner an increase in social status. This disparity between the research and advertisements is due to the advertisements focus on the product as a sexual fetishism. The common hook for the advertisements was praying on men's heteronormative sexual insecurities. Framed as such, it would be non-heteronormative to suggest men desire bigger penises to show each other. Viewing penis augmentation as a sexual solution reinforced body fragmentation by fetishizing a larger penis as purely sexual. If the ads had also incorporated the homosocial aspect of penis size more, then the tone would have shifted from body fragmentation to embodiment.

Conversely, the ads for breast augmentation, specifically cosmetic surgery, reflected the research by stating that cosmetic surgery enhanced self-esteem and total body satisfaction, something post-surgical respondents frequently noted (Davis 1995, Freund 2004, Gangé and McGaughey 2002, Kim et al. 2003, Panfilov 2006, Sarwer 2000). While still focusing on breast augmentation as a fetish, the advertisements overall presented an embodied perspective of the augmentation process. This is further reflected by the testimonials with longer narratives that built up an individual woman's story and presented the augmentation as a process in her overall life experiences.

In contribution to existing theory, this research indicated that body fragmentation emerged primarily around fetishism of either the augmentation product or the process. This is reflective of Fernbach's (2002) assessment that fetishism occurs partially through the fragmentation generated by modern technology. However, the testimonials hint at the findings of the literature review that when individuals undergo a process of augmentation, they experience a process of embodiment. Taking this into account, this research indicated that it is not the augmentation procedures that generate body fragmentation, but the method by which the

augmentation procedures are framed. Breast and penis augmentation advertisements framed the augmentation process from a perspective of body fragmentation instead of embodiment because, as ads for a product, they needed to commoditize the process of augmentation. Commoditizing the augmentation process resulted in its fetishism as a solution to a problem. The problem was expressed as a singular inadequate body part, thereby, fragmenting the body. In relation to existing theory, breast and penis augmentation advertisements represented the tension between body fragmentation and embodiment because of the structure of the advertisements and not the augmentation process itself. Analyzing breast and penis augmentation advertisements through the theory presented several different directions of where to take future research.

## Chapter 7: Conclusion

In this thesis I first explored the existing theories of fetish discourse and medical discourse. I then examined the works on embodiment of three body theorists: Maurice Merleau-Ponty, Michel Foucault and Judith Butler. From the theory emerged two perspectives on breast and penis augmentation, body fragmentation and embodiment. Applying the theoretical perspectives to the literature review revealed body fragmentation and embodiment are not mutually exclusive and either fetish discourse or medical discourse can incorporate them both. The advertisements utilized multiple tactics to engender a desire for augmentation including elements of both body fragmentation and embodiment. The data indicated fetish discourse was the dominant content discourse portraying breast and penis augmentation in public space. Given the data, fetish discourse is the most useful existing theory to understand breast and penis augmentation; however, I conclude that applying elements of embodiment to fetish discourse can further understanding on breast and penis augmentation.

The results of the data indicated that breast and penis augmentation advertisements differ along gender specific cultural expectations. Gender specific cultural expectations emerged through examining the generation of anxiety. The advertisements created anxiety by implying the viewers existing breasts or penis were inadequate. The implication from the data is that advertisements attempt to elicit desire for augmentation by generating anxiety. The data indicated that the hegemonic structure of beauty being part of a woman's general concern framed the anxiety for breast augmentation. Indications of this were frequent images of ideal women and statements highlighting the importance of heterosexual attraction for women. Heterosexual sexual performance was central in generating male anxiety in penis augmentation advertisements. Tag lines and the *Maxim* narratives were prime examples of tactics used to

generate male anxiety. The data indicated that the increase in confidence gained from an augmentation would reduce anxiety for men and women. This was apparent through several advertisements that explicitly stated an individual would gain confidence post-augmentation and in some of the lay testimonials where individuals claimed post-augmentation experiences of increased confidence. The dialogue of anxiety and confidence in the data leads me to argue that breast and penis augmentation advertisements framed the ideal breast and penis as fetish objects.

The methodological limitations impacted this study in several ways. Other than the testimonials, the data did not address the experiences of individuals who underwent an augmentation process. Even the testimonials were not good sources on the augmentation experience because they were unverifiable. However, the intention of advertisements as selling a product means this limitation applies to all research analyzing advertisements. The small, non-random sample made it impossible to draw significantly generalizable conclusions from the data. Because I was the single coder, reliability of the data interpretation decreased. Overall, the limitations were not serious enough to discount the data and were reflective of the methodological limitations in other content analysis studies (Kang 1997, Touchet et al. 1998, Weber 1990, Weber, Story and Harnack 2006)

The data indicated that fetish discourse was the main content discourse of the advertisements. The data illustrated fetish discourse in two main ways. First, applying the data to fetish discourse revealed that Marxist commodity fetishism constructed the ideal breast and penis as fetish objects and commodified them as products for consumption. Even though the advertisements were selling augmentation products, the ideal breast and penis remain unattainable social constructions no one can ever truly embody. While the data explicitly stated individuals would benefit from an advertised augmentation process, Marxist commodity

fetishism implies the providers of augmentation processes receive benefits in the form of profit.

The second way the data illustrated fetish discourse was the classification of the individual's existing breasts or penis as problematic resulting in the contextualizing of augmentation as a process for obtaining a fetish object. The data indicated the ideal breast and penis were fetish objects because they were valorized by the advertisements as possessing cultural value and capable of improving the bearer. However, the data departed from fetish discourse because the individual can not posses the fetish if is an ideal. Augmentation then becomes a process of embodiment as the individual gains the benefits of augmentation from an increase in confidence. Combining the fetishism of the ideal breast and penis with the increase of confidence claimed by undergoing augmentation, the data indicated that breast and penis augmentation can be a process of both body fragmentation and embodiment.

I argue that breast and penis augmentation are processes of embodiment. This study indicated that fetish discourse was an extant theory that readily encompassed breast and penis augmentation so I advocate highlighting and expanding the aspects of embodiment already present in fetish discourse. Future research could seek to recast the fetish breast and penis as attainable by using Butler and Foucault to contextualize the cultural structures generating the ideal breast and penis as fetish objects. Even though body fragmentation and embodiment are not mutually exclusive, the data indicated body fragmentation was the dominant ideology in the advertisements studied. I feel the media form analyzed, advertisements, was conductive to presenting augmentation this way. Marketing was the driving concept behind all the reviewed advertisements and utilized body fragmentation to reinforce negative cultural physical ideals and generate anxiety for augmentation. Future research could utilize Merleau-Ponty's phenomenology to explore effect of advertisements on the cumulative experience of

augmentation. Finally, expanding on this study, a good direction for further research would be conducting a larger content analysis of internet sources with testimonials, focusing on narratives of augmentation in the testimonials and how they compare with rest of the content on the websites.

**ENDNOTES**

1. Discussing sexual fetishism is not relevant to this study because I define fetish discourse within the classic definition of object oriented desire, meaning the fetish object does not always have a sexual connotation.

2. Cosmetic surgery is not synonymous with plastic surgery in breast augmentation literature. Not all researchers distinguish between the two, but those who do refer to cosmetic surgery as medically unnecessary. Over the course of my research, I have found this definition to be problematic from an embodiment perspective. It is easy to make a distinction cosmetic and plastic when comparing a woman who wants to increase her breast a cup size to one who is undergoing a mastectomy caused by cancer. Where it gets harder is when a woman has physically healthy breast but want to have an augmentation because her breast are two different cup sizes, or a woman who has had mastectomy and is in perfect health again but wants to have an implant to replace the breast she lost. Within medical discourse, any surgery that causes potential harm and does not provide any physical benefit would be cosmetic; however from an embodied view point, identity is not always tied to medical notion of perfect health. Therefore, the claim that a post-mastectomy patients' desire to have her breast replaced is purely cosmetic is a form of subjugation. In the end, while I have made the effort to only use the term cosmetic surgery, it usage is not intended in the exclusionary framework some researchers employ.

3. The medical term for the process of muscle tissue hardening over the implant.

4. Sexpert is a slang term referring to an individual who is informally knowledgeable on sexuality issues and gives lay advice rather than conducting scholarly research in the field of sexology. Unlike sexologist, sexperts lack accredited academic achievements and focus on utilizing their knowledge for personal gain.

**WORKS CITED**


Abraham, Laurie Kaye. (1993) *Mama Might Be Better Off Dead: The Failure of Health Care in Urban America*. Chicago: The University of Chicago Press

Ansari, Faiz. (2003) *Penis Enhancement Surgery: A self-help guide for men*. Victoria B.C.: Trafford Pub.

Babbie, Earl (2004) *The Practice of Social Research, 10th edition*. Belmont: Thomson, Wadsworth.

Baird, Amy L. and Frederick G. Grieve. (2006) "Exposure to Male Models in Advertisements Leads to a Decrease in Men's Body Satisfaction." *North American Journal of Psychology* 8:1 115-122

Baldwin, Thomas, ed. (2004) *Maurice Merleau-Ponty: Basic Writings*. New York: Routledge

Bordo, Susan. (1999) *The Male Body: A New Look at Men in Public and in Private*. New York: Farrar, Straus and Giroux.

Blum, Virginia. (2005) "Becoming the Other Woman: The Psychic Drama of Cosmetic Surgery." *Frontiers*. 26:2 104-31

Butler, Judith (1993) *Bodies that Matter: On the Discursive Limits of "Sex"*. New York: Routledge

— (1999) *Gender Trouble*. 2nd edition. New York: Routledge

— (2004) *Undoing Gender*. New York: Routledge

Charmaz, Kathy (1997) *Good Days/ Bad Days: The Self in Chronic Illness and Time*. New Brunswick: Rutgers University Press.

Christopher, Nim, and John P. Pryor. (2002) "Clinical Update: Abnormalities of Penile shape and function." *Sexual and Relationship Therapy*. 17:2 199-205.

Crossley, Nick. (2001) *The Social Body: Habit, Identity and Desire*. London: Sage.

Cohen, Joseph. (2004) *The Penis Book*. New York: Broadway Books.

Davis, Kathy. (1995) *Reshaping the Female Body: The Dilemma of Cosmetic Surgery*. New York: Routledge.

DeVellis, Robert F. (2003) *Scale Development: Theory and Applications*. London: Sage

Didie, Elizabeth R. and David B. Sarwer. (2003) "Factors That Influence the Decision to Undergo Cosmetic Breast Augmentation Surgery." *Journal of Women's Health*. 12:3 241-253.

Dimoulis, Dimitri and John Milios (2004) "Commodity Fetishism vs. Capital Fetishism: Marxist Interpretations vis-à-vis Marx's Analysis in Capital" *Historical Materialism* 12:3 3-42

Erikson, Kai T. (2002) "On the Sociology of Deviance." *Investigating Deviance: An Anthology*. ed. Bruce A. Jacobs Los Angeles: Roxbury Publishing Company.

Fernbach, Amanda. (2002) *Fantasies of Fetishism: From Decadence to the Post-Human*. New Brunswick: Rutgers University Press.

Freund, Robert M. (2004) *Cosmetic Breast Surgery: A Complete Guide to Making the Right Decision – from A to Double D*. New York: Marlowe & Co.

Henry, Gary T. (1990) *Practical Sampling*. London: Sage

Gangé, Patricia and Deanna McGaughey. (2002) "Designing Women: Cultural Hegemony and the Exercise of Power among Women Who Have Undergone Elective Mammoplasty." *Gender and Society*. 16:6 814-38.

Garber, Marjorie (1990) "Fetish Envy" *October*. 54 45-56.

Gilmlin, Debra. (2000) "Cosmetic Surgery: Beauty as Commodity." *Quantitative Sociology*. 23:1 77-98

Griffin, Gary. (1993, 1994, 1996) *Penis Enlargement Methods: Fact and Phallusy*. Palm Springs: Added Dimensions Pub.

Grosz, Elizabeth. (1994) *Volatile Bodies: Toward a Corporeal Feminism*. Indianapolis: Indiana University Press

Kang, Mee-Eun. (1997) "The Portrayal of Women's Images in Magazine Advertisements: Goffman's Gender Analysis Revisited" *Sex Roles* 37:11/12 979-996.

Kim, JJ.TI Kwak, BG Jeon, J Cheon and DG Moon, (2003) "Human Glans Penis Augmentation using Injectable Hyaluronic Acid Gel" *International Journal of Impotence Research*. 15: 439-43

Knafo, Samuel (2002) "The fetishizing subject in Marx's Capital" *Capital & Class* Spring:76 145 – 179

Lancaster, Roger N. (2003) *The Trouble with Nature: Sex in Science and Popular Culture*. Berkeley: University of California Press.

Latteier, Carolyn. (1998) *Breast: The Women's Perspective on an American Obsession*. New York: Harrington Press

Life Science Institute. ed. (2005)*Penis Enlargement the Easy Surgery-Free Way* Thompson Pub.

Mason, Fiona L. (1997). "Fetishism: Psychopathology and Theory." *Sexual Deviance: Theory, Assessment, and Treatment*. eds. D. Richards Laws and William O'Donohue New York: The Guilford Press.

Mastin, Teresa, Alison Coe, Sheri Hamilton and Shiela Tarr. (2004) "Product Purchase Decision-Making Behavior and Gender Role Stereotypes: A Content Analysis of Advertisements in *Essence* and *Ladies' Home Journal*, 1990-1999." *The Howard Journal of Communication* 15 229-243.

Maxwell, Joseph A. (1996) *Qualitative Research Design: An Interactive Approach*. Sage.

Mondaini, N., R. Ponchietti, P. Gontero, GH Muir, A Nateli, F Di Loro, E. Caldarera, S Biscioni and M Rizzo (2002) "Penile Length is Normal in Most Men Seeking Penile Lengthening Procedures." *International Journal of Impotence Research* 14 283-286.

Moore, Michele and Caroline de Costa. (2003) *Dick: A User's Guide*. New York: Marlowe and Co.

Morrison, Tod G., Shannon R. Ellis, Melanie A Morrison, Anomi Bearden and Rebecca L. Harriman. (2006) "Exposure to Sexually Explicit Material and Variations in Body Esteem among a Sample of Canadian Men." *The Journal of Men's Studies*. 14:2 209-222

Paley, Maggie. (1999) *The Book of the Penis*. New York: Grove Press.

Panfilov, E. Dimitrije. (2006) "Augmentative Phalloplasty" *Aesthetic Plastic Surgery*. 30:183-97.

Peretti, Jacques. (2006) "Pathetic phalluses: Freud was wrong. It's not women who suffer penis envy, but men – they all want a bigger one" London: *The Guardian*. January 30, pg 16.

Pitts, Victoria. (2003) *In The Flesh: The Cultural Politics of Body Modification*. New York: Palgrave MacMillan.

Potts, Annie. (2001) "The Man with Two Brains: hegemonic masculine subjectivity and the discursive construction of the unreasonable penis-self." *Journal of Gender Studies*. 10:2 145-56

Poulson-Bryant, Scott. (2005) *Hung: A Meditation on the Measure of Black Men in America*. New York: Doubleday.

Queenan, Joe (1997) "An Inch Too Far." *Men's Health* 12:5 144-150.

Shilling, Chris. (2003) *The Body and Social Theory*. 2nd edition. London: Sage.

Slade, Christina. (2003) "Seeing Reasons: Visual Argumentation in Advertisements." *Argumentation* 17 145-160.

Starr, Paul. (1982) T*he Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry*. New York: Basic Books.

Templer, Donald I. (2002) *Is Size Important*. Pittsburg: CeShore.

Touchet, Bryan K., Julia K. Warnock, William R. Yates and Kirsten M. Wilkins (2007). "Evaluating the Quality of Websites Offering Information on Female Hypoactive Sexual Desire Disorder." J*ournal of Sex & Marital Therapy* 33:4 329-342.

Vigorito, Anthony J. and Timothy J. Curry. (1998) "Marketing Masculinity: Gender Identity and Popular Magazines" *Sex Roles* 39:1/2 135-152.

Weber, Kristi, Mary Story and Lisa Harnack (2006) "Internet Food Marketing Strategies Aimed at Children and Adolescents: A Content Analysis of Food and Beverage Brand Web Sites." *Journal of the American Diabetic Association* 106:9 1463-1466.

Weber, Robert Philip. (1990) *Basic Content Analysis*. 2nd edition. London: Sage.

Weston, Cynthia. (2001) "Analyzing Interview Data: The Development and Evolution of a Coding System." *Qualitative Sociology*. 24:3 381-400

Yalom, Marilyn. (1997) *A History of the Breast*. New York: Alfred A. Knopf.

## APPENDIX A CODE SHEET FOR PRINT ADVERTISEMENTS

| | |
|---|---|
| adid | alphabetical code identification assigned to the ad |
| ageold | age of model appears over 30 |
| ageyng | age of model appears less than 30 years old |
| attirefll | model is completely clothed |
| attirenon | model is nude |
| attireprt | model is partially clothed or in state of disrobing |
| attireswm | model is in swimwear |
| augb | advertisements is for breast augmentation |
| augp | advertisements is for penis augmentation |
| bfaft | before and after pictures are shown |
| bstchc | the augmentation advertised is touted as better than others or the best choice |
| bttrsex | the product offers claims of better sex or sexual attraction |
| crtn | a cartoon drawing is used |
| dctr | doctor or surgeon is pictured |
| explain | how the product works is explained |
| fpart | number of partial female pictures in the ad |
| fpic | advertisement has a picture of a woman |
| fwhole | number of whole female pictures in the ad |
| grntee | product is guaranteed to work |
| laytstmny | a testimonial is used from a lay person |
| mdcrd | a person with medical credentials endorses or performs augmentation |
| medexpln | a medical definition of how the product works is used |
| modelnum | number of models pictured in the ad (includes illustrated figures) |
| mpart | number of partial male pictures in the ad |
| mwhole | number of whole male pictures in the ad |
| natrl | the augmentation process is advertised as natural |
| nonmdcrd | a person with credentials that are not medical endorses augmentation |
| order | ordering information or contact information is presented |
| other | other cosmetic services or products are mentioned in the add |
| prodnm | name of product, surgeon or medical center |
| protsmny | a testimonial is used from a professional |
| ptnt | augmentation is patent pending or patented |
| pubdate | publication date of the advertisement |
| racennwht | race of model is not white |
| racewht | race of model is white |
| sexintr | image of people engaged in non-explicit sexual activity |
| source | source of the advertisement |
| spcl | a special offer is mentioned |
| tag | a tag line or header is used |
| weblnk | a web link is provided |

## APPENDIX B CODE SHEET FOR WEBSITE ADVERTISEMENTS

| | |
|---|---|
| acsdt | date website was accessed |
| ageold | age of model appears over 30 |
| ageyng | age of model appears less than 30 years old |
| augb | website is for breast augmentation |
| augp | website is for penis augmentation |
| augtyp | type of augmentation method |
| bfaft | before and after pictures are shown |
| bstchc | the augmentation advertised is touted as better than others or the best choice |
| bttrsex | the product offers claims of better sex or sexual attraction |
| corplnk | a link to the corporate manufacture is provided |
| crtn | a cartoon drawing is used |
| dctr | doctor or surgeon is pictured |
| explain | how the product works is explained |
| faq | the site has a question and answer page |
| forum | the site has or host an online forum |
| grntee | product is guaranteed to work |
| hetnorm | product is advertised only within the heteronormative framework |
| ingrd | ingredients or compounds of the product are given |
| invtr | inventor/creator/developer of the product has medical or scientific credentials |
| laytstmny | testimony from a lay person(s) is offered |
| mdcrd | a person with medical credentials endorses or performs augmentation |
| medexpln | a medical definition of how the product works is used |
| natrl | the augmentation process is advertised as natural |
| news | the site contains or has links to current news on the topic |
| nonmdcrd | a person with credentials that are not medical endorses augmentation |
| numflpic | number of female pictures on the website |
| nummlpic | number of male pictures on the website |
| numttl | total number of separate images/pictures on the website |
| other | other cosmetic services or products are mentioned in the add |
| picinfo | pictures/ images are informative, i.e. doctors, experts, testimonial, graphs, before and after images (before and after pictures of the same person are counted as one, also pictures of the product or product usage are only counted once) |
| picsex | pictures are for gratuitous sexual content, meaning pictures are not directly connected to the product or usage of the product |
| pgnum | number of website pages |
| prodnm | name of product, surgeon or medical center |
| protsmny | a testimonial is used from a professional |
| ptnt | augmentation is patent pending or patented |
| ressrc | the site contains or has links to research on the topic |
| spcl | a special offer is mentioned |
| webad | the internet web site |

APPENDIX C PRINT ADVERTISEMENT DATA

| adid | MXa | MXb | MXc | MXd | CSa | CSb |
|---|---|---|---|---|---|---|
| ageold | n | n | n | n | n | NA |
| ageyng | y | y | y | y | y | NA |
| attirefll | n | n | n | n | n | n |
| attirenon | n | n | n | n | y | n |
| attireprt | y | y | y | y | n | y |
| attireswm | n | n | n | n | n | n |
| augb | n | n | n | n | y | y |
| augp | y | y | y | y | n | n |
| bfaft | n | n | n | n | n | n |
| bstchc | y | y | y | y | y | y |
| bttrsex | y | y | y | y | n | n |
| crtn | n | n | n | n | n | n |
| dctr | n | n | n | y | n | n |
| explain | n | n | n | n | n | n |
| fpart | 4 | 2 | 4 | 1 | 1 | 1 |
| fwhole | 0 | 0 | 0 | 0 | 0 | 0 |
| grntee | y | y | y | y | y | y |
| laytstmny | y | y | y | n | n | n |
| mdcrd | n | n | n | y | n | n |
| medexpln | n | n | n | n | n | n |
| modelnum | 7 | 3 | 7 | 3 | 1 | 1 |
| mpart | 3 | 1 | 3 | 2 | 0 | 0 |
| mwhole | 0 | 0 | 0 | 0 | 0 | 0 |
| natrl | y | y | y | y | y | y |
| nonmdcrd | y | y | y | n | n | n |
| order | y | y | y | y | y | y |
| other | n | n | n | y | n | n |
| prodnm | maxoderm | vivaxa | maxoderm | magna-rx | femax | femax |
| protsmny | y | y | y | n | n | n |
| ptnt | n | n | n | n | n | n |
| sexintr | y | y | y | y | n | n |
| source | Maxim | Maxim | maxim | Maxim | Cosmo. | Cosmo. |
| spcl | y | y | y | y | n | n |
| tag | Getting over "the Hump" | Penalty for Early Withdrawal? | "HUNG" JURY? | DOES SIZE REALLY MATTER TO YOUR LOVER? | Herbal Breast Enhancement | Herbal Breast Enhancement |
| weblnk | www.maxoderm.com | www.vivaxa.co | www.maxoderm.com | www.freemagnarx.com | www.breastfacts.org | www.breastfacts.org |

APPENDIX C PRINT ADVERTISEMENT DATA

| adid | CSc | CSd | CSe | CLa | CLb | CLc |
|---|---|---|---|---|---|---|
| ageold | NA | n | n | y | n | n |
| ageyng | NA | y | y | y | y | y |
| attirefll | n | n | n | n | n | n |
| attirenon | n | y | n | y | n | y |
| attireprt | y | n | n | y | n | y |
| attireswm | n | n | y | y | y | n |
| augb | y | y | y | y | y | y |
| augp | n | n | n | y | n | n |
| bfaft | n | n | n | y | n | n |
| bstchc | y | n | y | n | n | n |
| bttrsex | n | n | n | n | n | n |
| crtn | y | n | n | n | n | n |
| dctr | n | n | n | y | y | n |
| explain | n | n | n | n | n | n |
| fpart | 0 | 1 | 0 | 10 | 0 | 3 |
| fwhole | 0 | 0 | 1 | 1 | 1 | 0 |
| grntee | y | n | y | n | n | n |
| laytstmny | n | n | n | n | n | n |
| mdcrd | n | n | n | y | y | y |
| medexpln | n | n | n | n | n | n |
| modelnum | 0 | 1 | 1 | 11 | 2 | 4 |
| mpart | 0 | 0 | 0 | 0 | 1 | 1 |
| mwhole | 0 | 0 | 0 | 0 | 0 | 0 |
| natrl | y | y | y | n | n | n |
| nonmdcrd | n | n | n | n | n | n |
| order | y | y | y | y | y | y |
| other | n | n | n | y | y | y |
| prodnm | femax | brava | Bountiful Breast | Northlake Medical Center | Dr. Brian Howard, M.D., F.A.C.S | Atlanta Plastic and Reconstructive Surgery consultants |
| protsmny | n | n | n | n | n | n |
| ptnt | n | y | y | n | n | n |
| sexintr | n | n | n | n | n | n |
| source | Cosmo. | Cosmo. | Cosmo. | Creative Loafing | Creative Loafing | creative loafing |
| spcl | n | n | n | y | y | y |
| tag | Herbal Breast Enhancement | Larger, Fuller Breasts Without Surgery, Pills of Creams | THE ONLY PATENT PENDING BRAST PILL. | n | n | n |
| weblnk | www.breastfacts.org | www.brava.com | www.bountifulbreast.com | www.CCRSforaperfectbody.com | www.DrBrianHoward.com | www.atlantaprsc.com |

APPENDIX C PRINT ADVERTISEMENT DATA

| adid | CLd | CLe | CLf | CLg | CLh | CLj |
|---|---|---|---|---|---|---|
| ageold | n | n | n | n | n | n |
| ageyng | y | y | y | y | y | y |
| attirefll | n | n | n | n | n | n |
| attirenon | y | n | n | n | n | n |
| attireprt | n | n | n | n | n | n |
| attireswm | n | y | y | y | y | y |
| augb | y | y | y | y | y | y |
| augp | n | n | n | n | n | n |
| bfaft | n | n | n | n | n | n |
| bstchc | n | n | n | n | n | n |
| bttrsex | n | n | n | n | n | n |
| crtn | n | n | n | n | n | n |
| dctr | n | y | y | y | y | y |
| explain | n | n | n | n | n | n |
| fpart | 3 | 1 | 1 | 1 | 1 | 1 |
| fwhole | 0 | 0 | 0 | 0 | 0 | 0 |
| grntee | n | n | n | n | n | n |
| laytstmny | n | n | n | n | n | n |
| mdcrd | y | y | y | y | y | y |
| medexpln | n | n | n | n | n | n |
| modelnum | 4 | 2 | 2 | 2 | 2 | 2 |
| mpart | 1 | 1 | 1 | 1 | 1 | 1 |
| mwhole | 0 | 0 | 0 | 0 | 0 | 0 |
| natrl | n | n | n | n | n | n |
| nonmdcrd | n | n | n | n | n | n |
| order | y | y | y | y | y | y |
| other | y | y | y | y | y | y |
| prodnm | Thomas Cosmetic Surgery Center for Men and Women | Robert A. Colgrove, Jr, M.D. | Robert A. Colgrove, Jr, M.D. | Robert A. Colgrove, Jr, M.D. | Robert A. Colgrove, Jr, M.D. | Robert A. Colgrove, Jr, M.D. |
| protsmny | n | n | n | n | n | n |
| ptnt | n | n | n | n | n | n |
| sexintr | n | n | n | n | n | n |
| source | creative loafing | creative loafing | creative loafing | creative loafing | creative loafing | creative loafing |
| spcl | y | y | y | y | y | y |
| tag | n | n | n | n | n | n |
| weblnk | www.ThomasComsmetic.com | www.viningssurgerycenter.com | www.viningssurgerycenter.com | www.viningssurgerycenter.com | www.viningssurgerycenter.com | www.viningssurgerycenter.com |

APPENDIX C PRINT ADVERTISEMENT DATA

| adid | Cli | CLk | CLl | Totals: 21 | percents |
|---|---|---|---|---|---|
| ageold | n | n | y | 2 | 10% |
| ageyng | y | y | y | 19 | 90% |
| attirefll | n | n | n | 0 | 0% |
| attirenon | n | y | y | 7 | 33% |
| attireprt | n | n | y | 9 | 43% |
| attireswm | y | n | y | 10 | 48% |
| augb | y | y | y | 17 | 81% |
| augp | n | n | y | 6 | 29% |
| bfaft | n | n | y | 2 | 10% |
| bstchc | n | n | n | 8 | 38% |
| bttrsex | n | n | n | 4 | 19% |
| crtn | n | n | n | 1 | 5% |
| dctr | y | n | n | 9 | 43% |
| explain | n | n | n | 0 | 0% |
| fpart | 1 | 0 | 10 | 46 | 67% |
| fwhole | 0 | 1 | 1 | 5 | 7% |
| grntee | n | n | n | 8 | 38% |
| laytstmny | n | n | n | 3 | 14% |
| mdcrd | y | y | y | 13 | 62% |
| medexpln | n | n | n | 0 | 0% |
| modelnum | 2 | 1 | 11 | 69 | |
| mpart | 1 | 0 | 0 | 18 | 26% |
| mwhole | 0 | 0 | 0 | 0 | 0% |
| natrl | n | n | n | 9 | 43% |
| nonmdcrd | n | n | n | 3 | 14% |
| order | y | y | y | 21 | 100% |
| other | y | y | y | 13 | 62% |
| prodnm | Robert A. Colgrove, Jr, M.D. | The Images Cosmetic Center | Dr. Fara Movagharnia | | |
| protsmny | n | n | n | 3 | 14% |
| ptnt | n | n | n | 2 | 10% |
| sexintr | n | n | n | 4 | 19% |
| source | creative loafing | creative loafing | creative loafing | | |
| spcl | y | y | y | 16 | 76% |
| tag | n | n | n | | |
| weblnk | www.viningssurgerycenter.com | www.imagescosmeticcenter.com | www.CCRSforaperfectbody | | |

APPENDIX D WEBSITE ADVERTISEMENT DATA

| acsdt | 9/9/07 | 9/9/07 | 9/9/07 | 9/9/07 | 9/9/07 |
|---|---|---|---|---|---|
| ageold | n | n | n | y | y |
| ageyng | y | y | y | y | y |
| augb | n | n | n | y | y |
| augp | y | y | y | n | n |
| augtyp | cream | cream | pill | pill | tension |
| bare | n | n | n | y | y |
| bfaft | n | n | n | y | y |
| bstchc | y | y | y | y | y |
| bttrsex | y | y | y | n | n |
| corplnk | y | y | NA | NA | NA |
| crtn | n | y | y | n | y |
| dctr | y | n | y | n | y |
| explain | y | y | y | y | y |
| faq | y | y | y | y | y |
| forum | n | n | n | y | n |
| grntee | y | y | y | y | y |
| hetnorm | y | y | y | n | y |
| indvd | n | n | n | y | y |
| ingrd | y | y | n | y | NA |
| invtr | y | n | y | n | n |
| laytstmny | y | y | y | y | y |
| lglpg | n | n | n | y | y |
| mdcrd | y | n | y | n | y |
| medexpln | y | n | y | n | y |
| natrl | n | n | n | y | y |
| news | n | n | n | y | n |
| nonmdcrd | n | n | n | n | n |
| numflpc | 6 | 4 | 15 | 16 | 37 |
| nummlpc | 3 | 2 | 8 | 0 | 0 |
| other | y | y | y | n | n |
| pgnum | 6 | 5 | 14 | 9 | 60 |
| picinfo | 3 | 3 | 62 | 6 | 42 |
| picsex | 5 | 4 | 9 | 1 | 0 |
| picttl | 8 | 7 | 72 | 19 | 49 |
| prodnm | maxoderm | vivaxa | magna-rx | FeMax | Brava |
| protsmny | n | n | n | n | y |
| ptnt | y | n | n | n | y |
| ressrc | n | n | n | y | y |
| spcl | y | y | y | n | n |
| webad | www.maxoderm.com | www.vivaxa.com | www.freemagnarx.com | www.breastfacts.org | www.brava.com |

APPENDIX D WEBSITE ADVERTISEMENT DATA

| acsdt | 9/9/07 | 9/9/07 | 9/9/07 | 9/9/07 | 9/9/07 |
|---|---|---|---|---|---|
| ageold | y | y | y | y | n |
| ageyng | y | n | y | y | y |
| augb | y | y | y | y | n |
| augp | n | n | n | n | y |
| augtyp | pill | surgery | surgery | surgery | cream |
| bare | n | y | y | y | n |
| bfaft | y | y | y | y | n |
| bstchc | y | y | y | y | y |
| bttrsex | n | n | n | n | y |
| corplnk | n | NA | NA | NA | NA |
| crtn | n | n | n | n | n |
| dctr | n | y | y | y | n |
| explain | y | y | n | y | n |
| faq | y | n | n | y | y |
| forum | n | n | n | n | n |
| grntee | y | n | n | n | y |
| hetnorm | n | y | y | y | y |
| indvd | n | y | y | y | n |
| ingrd | n | NA | NA | NA | n |
| invtr | n | NA | NA | NA | n |
| laytstmny | y | y | n | n | y |
| lglpg | n | y | n | n | n |
| mdcrd | n | y | y | y | n |
| medexpln | y | y | n | y | n |
| natrl | y | n | n | n | n |
| news | y | y | n | n | n |
| nonmdcrd | n | n | n | n | n |
| numflpc | 28 | 21 | 37 | 21 | 4 |
| nummlpc | 0 | 3 | 2 | 5 | 5 |
| other | n | y | y | y | n |
| pgnum | 11 | 20 | 41 | 31 | 5 |
| picinfo | 20 | 17 | 14 | 27 | 1 |
| picsex | 4 | 1 | 0 | 2 | 5 |
| picttl | 34 | 30 | 40 | 32 | 6 |
| prodnm | Bountiful Breast | Brian Howard M.D. | Frederick Work M.D. | Rogert Colgrove MD | ProMagnus |
| protsmny | n | n | n | n | n |
| ptnt | y | n | n | n | n |
| ressrc | y | y | n | n | n |
| spcl | y | n | n | n | y |
| webad | www.bountifulbreast.com | www.drbrianhoward.com | www.atlantaprsc.com | www.viningssurgerycenter.com | www.promagnus.com |

APPENDIX D WEBSITE ADVERTISEMENT DATA

| acsdt | 9/12/07 | 9/12/07 | 9/12/07 | 9/12/07 | 9/12/07 |
|---|---|---|---|---|---|
| ageold | y | n | n | n | n |
| ageyng | y | y | y | y | n |
| augb | n | n | n | n | n |
| augp | y | y | y | y | y |
| augtyp | surgery | stretching | stretcher dv. | stretcher dv. | pumps |
| bare | y | y | y | y | n |
| bfaft | y | n | y | n | n |
| bstchc | y | y | y | y | y |
| bttrsex | y | y | y | n | y |
| corplnk | NA | NA | y | y | y |
| crtn | y | n | y | y | n |
| dctr | y | n | n | n | n |
| explain | y | y | y | y | n |
| faq | y | y | y | y | y |
| forum | n | y | n | y | n |
| grntee | n | n | n | n | n |
| hetnorm | y | y | y | y | n |
| indvd | y | y | n | n | n |
| ingrd | NA | NA | NA | NA | NA |
| invtr | NA | NA | n | n | n |
| laytstmny | y | y | n | n | n |
| lglpg | n | n | n | y | y |
| mdcrd | y | y | n | n | n |
| medexpln | y | y | n | n | n |
| natrl | n | y | y | y | y |
| news | n | y | n | n | n |
| nonmdcrd | n | y | n | n | n |
| numflpc | 0 | 1 | 0 | 0 | 0 |
| nummlpc | 49 | 16 | 7 | 7 | 0 |
| other | n | n | n | n | y |
| pgnum | 57 | 67 | 9 | 23 | 80 |
| picinfo | 50 | 29 | 6 | 18 | 51 |
| picsex | 0 | 2 | 4 | 1 | 0 |
| picttl | 50 | 34 | 10 | 23 | 51 |
| prodnm | E. Douglas Whitehead MD FACS | PEGym | penistretcher | Auto Extender | penis pump warehouse |
| protsmny | n | y | n | n | n |
| ptnt | n | n | n | y | n |
| ressrc | n | y | n | n | n |
| spcl | n | n | n | n | n |
| webad | www.drwhitehead.com | www.pegym.com | www.penistretcher.com | www.autoextender.com | penispumpwarehouse.com |

APPENDIX D WEBSITE ADVERTISEMENT DATA

| acsdt | 9/12/07 | 9/14/07 | 9/14/07 | 9/14/07 | 9/15/07 |
|---|---|---|---|---|---|
| ageold | n | n | n | y | n |
| ageyng | y | y | n | y | y |
| augb | n | n | n | y | y |
| augp | y | y | y | n | n |
| augtyp | stretching ex. | drops | strecher dv. | surgery | pills/cream |
| bare | n | n | n | y | y |
| bfaft | n | n | n | y | y |
| bstchc | y | y | y | y | y |
| bttrsex | y | y | y | n | y |
| corplnk | n | n | n | NA | y |
| crtn | n | n | y | n | y |
| dctr | n | n | n | y | n |
| explain | y | y | y | n | y |
| faq | y | y | y | n | y |
| forum | n | n | n | n | n |
| grntee | n | n | y | n | y |
| hetnorm | y | y | y | y | n |
| indvd | n | n | n | y | n |
| ingrd | NA | y | NA | NA | y |
| invtr | n | n | n | n | n |
| laytstmny | y | y | y | y | y |
| lglpg | n | n | n | n | n |
| mdcrd | n | n | n | y | n |
| medexpln | n | n | n | n | n |
| natrl | y | y | y | n | y |
| news | n | n | n | n | n |
| nonmdcrd | n | n | n | n | n |
| numflpc | 0 | 5 | 0 | 16 | 8 |
| nummlpc | 2 | 5 | 0 | 1 | 1 |
| other | y | n | n | n | n |
| pgnum | 22 | 6 | 11 | 6 | 28 |
| picinfo | 0 | 4 | 20 | 23 | 6 |
| picsex | 2 | 5 | 0 | 0 | 3 |
| picttl | 2 | 9 | 20 | 24 | 9 |
| prodnm | Projetc P | Growth | euro extender | Llyod M. Krieger, M.D. | perfect curves breast enlargement |
| protsmny | n | n | n | n | n |
| ptnt | n | n | n | n | n |
| ressrc | n | n | n | n | n |
| spcl | n | n | n | n | n |
| webad | www.penisfiles.com | www.gigp.cpm | www.euroextender.com | www.rodeodrivebreastaugmentation.com | www.perfectcurves.com |

APPENDIX D WEBSITE ADVERTISEMENT DATA

| acsdt | 9/15/07 | 9/15/07 | 9/15/07 | 9/15/07 | 9/16/07 |
|---|---|---|---|---|---|
| ageold | n | n | y | y | n |
| ageyng | y | y | y | y | y |
| augb | y | y | y | y | y |
| augp | n | n | n | n | n |
| augtyp | herbs&massage | herbal pills | cream | herbs/massage | pills/creams |
| bare | n | n | n | y | n |
| bfaft | y | n | y | n | n |
| bstchc | y | y | y | y | y |
| bttrsex | n | n | n | n | n |
| corplnk | n | n | n | n | n |
| crtn | n | n | y | n | n |
| dctr | n | n | n | n | n |
| explain | n | y | y | n | y |
| faq | y | n | y | y | y |
| forum | n | n | n | n | n |
| grntee | n | n | y | n | n |
| hetnorm | y | y | y | n | y |
| indvd | y | n | n | y | n |
| ingrd | n | y | y | n | y |
| invtr | y | n | n | y | n |
| laytstmny | y | n | y | y | y |
| lglpg | n | y | y | n | n |
| mdcrd | n | n | n | n | y |
| medexpln | n | n | n | n | n |
| natrl | y | y | y | y | y |
| news | y | y | n | y | n |
| nonmdcrd | n | n | y | n | n |
| numflpc | 3 | 4 | 14 | 1 | 7 |
| nummlpc | 0 | 0 | 1 | 16 | 1 |
| other | y | n | y | y | y |
| pgnum | 8 | 18 | 15 | 5 | 18 |
| picinfo | 3 | 8 | 16 | 22 | 10 |
| picsex | 0 | 2 | 2 | 0 | 2 |
| picttl | 13 | 12 | 19 | 24 | 13 |
| prodnm | the flat to fab breast enlargement pro | breast actives | perfect woman | the flat to fem program | puerarian breast enhancement |
| protsmny | n | n | n | n | n |
| ptnt | n | n | n | n | n |
| ressrc | n | y | n | n | y |
| spcl | n | y | n | n | n |
| webad | www.flat2fab.com | www.breastactives.com | www.perfectwoman.com | www.flat2fem.com | www.biggerbreastsenlargement.com |

APPENDIX D WEBSITE ADVERTISEMENT DATA

| acsdt | 9/16/07 | 9/16/07 | totals: 27 | percetage |
|---|---|---|---|---|
| ageold | n | n | 10 | 37% |
| ageyng | y | y | 24 | 89% |
| augb | y | y | 15 | 56% |
| augp | n | n | 12 | 44% |
| augtyp | pill | exercise dv. | | |
| bare | n | y | 13 | 48% |
| bfaft | n | n | 12 | 44% |
| bstchc | y | y | 27 | 100% |
| bttrsex | n | n | 12 | 44% |
| corplnk | n | n | 6 | 22% |
| crtn | n | n | 9 | 33% |
| dctr | n | n | 8 | 30% |
| explain | y | y | 21 | 78% |
| faq | y | n | 22 | 81% |
| forum | n | n | 3 | 11% |
| grntee | y | y | 12 | 44% |
| hetnorm | y | y | 22 | 81% |
| indvd | n | n | 10 | 37% |
| ingrd | n | NA | 8 | 30% |
| invtr | n | n | 4 | 15% |
| laytstmny | n | y | 20 | 74% |
| lglpg | n | n | 7 | 26% |
| mdcrd | n | n | 10 | 37% |
| medexpln | n | n | 8 | 30% |
| natrl | y | y | 18 | 67% |
| news | n | y | 8 | 30% |
| nonmdcrd | n | y | 3 | 11% |
| numflpc | 1 | 3 | 252 | 41% |
| nummlpc | 0 | 0 | 134 | 22% |
| other | n | n | 12 | 44% |
| pgnum | 6 | 6 | 587 | |
| picinfo | 0 | 2 | 463 | 75% |
| picsex | 1 | 2 | 57 | 9% |
| picttl | 1 | 3 | 614 | |
| prodnm | just naturally | bust blaster | | |
| protsmny | n | y | 3 | 11% |
| ptnt | n | y | 5 | 19% |
| ressrc | n | n | 7 | 26% |
| spcl | n | y | 7 | 26% |
| webad | www.justnaturally.com | www.bustblaster.com | | |