The 'Extreme Makeover' of the American Woman:



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An Analysis of Cosmetic Surgery in Television

The 'Extreme Makeover' of the American Woman: An Analysis of Cosmetic Surgery in Television

A thesis submitted to the Miami University Honors Program in partial fulfillment of the requirements for University Honors with Distinction

-- by --

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The most recent statistics from the American Society of Plastic Surgeons (2005) indicate that there has been a remarkable increase in the percent of women that are choosing to undergo cosmetic procedures. Corresponding with the rise in cosmetic procedures is the rise in television programming that uses cosmetic surgery as subject matter. Of the programs listed above, I have chosen to examine Dr. 90210 and The Swan. While both are "reality" television shows, they focus on cosmetic surgery from different perspectives -- Dr. 90210 on glamorized but believable situations, The Swan on the dramatically contrived -- the epitome of the total transformation makeover show. The rising popularity of both cosmetic surgery and its reflection on the small screen is interesting from a cultural standpoint, in that it brings into question the role of the media in both echoing and perpetuating socioeconomic trends, etc. For this analysis I am interested in exploring current feminist perspectives on cosmetic surgery and applying them, where appropriate, to the cultural phenomenon that is reality television. The last two chapters serve to examine the application of the theory to the television programs Dr. 90210 and The Swan.

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INTRODUCTION/METHODOLOGY

The most recent statistics from the American Society of Plastic Surgeons (2005) indicate that there has been a remarkable increase in the percent of women that are choosing to undergo cosmetic procedures. From 2000 to 2004, ASPS documents a 26% increase in women having cosmetic surgery. This increase is taking into account all cosmetic procedures including those that are deemed "non-invasive" (e.g., Botox injections, chemical peels, etc.). Of the surgical procedures, liposuction remains the most popular, followed by breast augmentation, eyelid surgery, nose reshaping, and facelift surgery. A gender comparison reveals not only that 87% of the cosmetic procedures in 2004 were performed on women (8 million total procedures), but also that the types of procedures elected were strongly biased towards gender. For the purposes of this analysis, however, the statistics regarding males' procedures are largely superfluous.

Corresponding with the rise in cosmetic procedures is the rise in television programs that use cosmetic surgery as subject matter. <u>Nip/Tuck</u> (FX), <u>I Want a</u> <u>Famous Face</u> (MTV), <u>Extreme Makeover</u> (ABC), <u>Dr. 90210</u> (E!), <u>The Swan</u> (FOX), and <u>Body Work</u> (TLC), are representative of such programs. With the exception of <u>Nip/Tuck</u>, most shows are variations on the reality television trend, featuring the "real" stories of patients - usually women - who undergo cosmetic surgery. While the makeover aspect is evident in all of the reality programs, some play to this formula more than others. <u>The Swan</u> and <u>Extreme Makeover</u> are examples of such programs. On the other hand, <u>Dr. 90210</u> and <u>Body Work</u> feature patients who are coming to the surgeon on their own accord, hence minimizing the ambush aspect of makeover television. MTV's <u>I Want a Famous Face</u> represents a deviation from the spectrum of makeover "reality" as it documents the plastic surgeries of the patient

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who, for whatever reason, wants to imitate a celebrity's appearance and will stop at nothing to achieve his/her goal. Of the programs listed above, I have chosen to examine <u>Dr. 90210</u> and <u>The Swan</u>. While both are "reality" television shows, they focus on cosmetic surgery from different perspectives -- <u>Dr. 90210</u> on glamorized but believable situations, <u>The Swan</u> on the dramatically contrived -- the epitome of the total transformation makeover show.

The rising popularity of both cosmetic surgery and its reflection on the small screen is interesting from a cultural standpoint, in that it brings into question the role of the media in both echoing and perpetuating socioeconomic trends, etc. From the surgeons' perspectives, the reality TV craze has not been an unqualified positive. While surgeons admit that greater notoriety has been achieved through the media, that is free advertising, they complain that some of the more "extreme" type shows may be confusing the goals of entertainment with the goals of the patient/surgeon (Trivedi 2). From a feminist perspective, cosmetic surgery has always been a source of contention. The debate is further complicated when it is considered that popular television may be driving to some degree both the popularity of, and the cultural implications that surround, cosmetic procedures.

For this analysis I am interested in exploring current feminist perspectives on cosmetic surgery and applying them, where appropriate, to the cultural phenomenon that is reality television. The first seven chapters serve as a synthesis of the research of several important feminist scholars. I have divided the thesis into chapters based on subtopics of interest in the debate. The information contained within each chapter is not representative of all of the current voices in the cosmetic surgery debate, but rather a sampling based on the scholar's prolificacy and/or reputation as an authoritative source. The works of Kathy Davis, Suzanne Fraser,

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Naomi Wolf, Kathryn Morgan, Debra L. Gimlin, Virginia Blum, Elizabeth Haiken, and Susan Faludi were especially instrumental to my construction of a solid critical background. The last two chapters serve to examine the application of the theory to the television programs <u>Dr. 90210</u> and <u>The Swan</u>. For my research into these shows, I taped and watched as many episodes as possible. Out of the episodes available to me, I chose representatives to convert to DVD format and watch repeatedly. The dialogue quoted from each program is the result of taking dictation from the DVD, and therefore is subject to interpretation with regards to punctuation, etc.

(I) COSMETIC SURGERY as a STUDY in AGENCY

This is no cultural dope, blinded by social forces beyond her control or comprehension. She does not see cosmetic surgery as the perfect solution... Under the circumstances, however, it is the best she can do. ~ Kathy Davis, <u>Reshaping the Female Body</u>, 66 ~

The fundamental debate in cosmetic surgery has been, and continues to be, a problem that opposes individual agency to cultural victimization within an imperfect and oppressive society. Determining to what extent, if any, cosmetic surgery as beauty ritual and medical technology can be liberating to its feminine proponents has particularly occupied Kathy Davis, author of Reshaping the Female Body. Davis takes what could be named the pragmatic approach to the debate. In Davis' world, women are implicated in a complex power struggle, in which the possibility for gaining advantages is severely limited by externally and internally imposed constraints. Exploiting these advantages, therefore, becomes an exercise in agency within an imperfect system – a process that is at least temporarily effective in altering the power structure in favor of the particular individual employing such measures as are deemed necessary given her own personal "context." The view that women are rational decision makers and not merely victims of some set of rules resulting from the particular combination of economical, historical, and religious circumstances of the 21st century is one that is held by other feminist scholars such as Anne Balsamo and Victoria Pitts. However, the detriment of the so-called "practical view" expressed by Davis is that it allows for cosmetic surgery on the individual basis, but not as a general solution to the "problem of femininity," thereby implicitly acknowledging it to be a fundamentally flawed position. Furthermore, it is a position that smacks of elitism, in that it hinges on the idea that only those women

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who can afford it can choose the cosmetic surgery fix – these women are deemed agents acting on their own set of constraints while the others or those who cannot are part of the category of women in general for whom surgery is not acceptable "on the whole."

Davis describes her conception of agency on three levels. The first of these is the idea that agency is deliberate action by an individual motivated by exterior conditions: "Agency – or the capacity of an individual to act upon her circumstances – is central to understanding both why women decide to have cosmetic surgery and how they experience the outcome" (157). The second is that agency primarily concerns the struggle with, and implied victory over, the previously existing power dynamic: "Cosmetic surgery is about exercising power over conditions that are not of one's own making" (163). The third component of Davis' definition involves the idea of transcending the power dynamic as a result of claiming control over the outcome of the struggle: "Women paradoxically feel empowered or liberated by the very beauty norms and practices which constrain and enslave them" (55). Davis is hesitant to question the validity of this interior "liberating" experience despite her recognition that the experience may in fact stem from an exterior subscription to the existing (and oppressive) power structure.

Referencing feminist scholar, Dorothy Smith, Davis states: "Women relate to their bodies as objects – not as sex objects for others – but rather as objects of work, as something to be improved, fixed, transformed. While women cultivate the appearance of beauty without effort and adopt a passive attitude of waiting until the male subject finds them attractive, such appearances are deceiving. In reality, women are agents, albeit secret ones" (62). But is this sort of agency truly as commendable as Davis would have us believe? What has prompted this way of

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looking at our bodies as objects to be acted upon by ourselves if not others? Does the cultural imperative to remain secret about the means by which we change our appearances simply imply that there is a certain shame attached all such practices – shame that is perhaps propagated by the conflicting desires to conform to beauty ideals and to camouflage the need to do so? Davis sidesteps these important discussions in order to focus on the trumping power of women's agency with respect to the existing set of oppressive circumstances.

In her research, Davis finds that most of the women electing to undergo cosmetic surgery had thoroughly investigated potential risks prior to the surgery and importantly, had no regrets following the surgery, even in the cases where undesirable side effects had occurred. Essentially, Davis asserts that the typical woman is a capable decision-maker in regards to cosmetic surgery as opposed to "blindly acting out some 'cultural script'" (118). The belief in the agency of women is one that necessarily must strike a chord because the alternative implies a certain lack of control and therefore subjectivity to manipulation. In reference to the medical discourse, however, Davis' invocation of agency contradicts her own admission that "the conditions for informed consent are rarely adequate" (157). Notably, Wolf's discussion of the cosmetic surgery industry supports this conclusion. Without digressing into the impact of consumerism on the medical field and the resulting specialization that has occurred, the consideration becomes whether or not the absence of adequate information negates the agency of women in making decisions about cosmetic surgery.

Davis recognizes that her own attempts to mediate criticisms of cosmetic surgery on an individual level are problematic and/or contradictory at times. Essentially, these attempts operate as an alternative to justifying the practice on the

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macrocosmic level, thereby providing Davis with the proverbial easy way out of the quagmire that enmeshes the discourse of cosmetic surgery. Furthermore, the contradictions in Davis' purpose and methodology are strangely parallel to the complicated justification tactics of the women she interviewed. In respect to the latter, Davis writes: "Justifying cosmetic surgery proved a complicated business. It not only entailed explaining why an operation was legitimate in their particular case, but also why it was not acceptable in general" (162). However, Davis positions her approach to cosmetic surgery as realistic, if not ideologically sound. She describes cosmetic surgery in the terms of a cultural coping mechanism, one that provides women with options, albeit controversial ones, in an imperfect world.

Debra L. Gimlin, author of <u>Body Work: Beauty and Self-Image in American</u> <u>Culture</u> (2002), draws the same correlation between agency and cosmetic surgery as does Davis in her earlier critical works, but concludes differently with regards to the ethics involved in choosing cosmetic surgery. While Davis does not perceive her agents in light of the consequences that their decisions to engage in cosmetic surgery may incur on the contexts that they are seeking to mediate, Gimlin finds her agents guilty of perpetuating the "system." Although, as Gimlin suggests, "the women who undergo plastic surgery are simply making do within a culture that they believe judges them and rewards them for their looks," she also believes they "help to reproduce some of the worst aspects of beauty culture, not so much through the act of surgery itself as through their ideological efforts to restore appearance as an indicator of character" (108-9).

Picking up on the debate in 2003 with <u>Cosmetic Surgery, Gender, and</u> <u>Culture</u>, Suzanne Fraser particularly takes issue with Davis' invocations of agency as a method by which to shift the discourse away from "victimhood," questioning: "Can

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the repertoire of agency work to define femininity in a nontraditional direction while the practices it promotes are enmeshed in the most conventional forms of femininity?" (144). Indeed, Fraser's text offers a rebuttal to Davis' argument for feminine agency on a variety of levels. For example, Fraser criticizes Davis' model of agency for simultaneously promoting independence and conformity to cultural norms. Fraser's primary focus in <u>Cosmetic Surgery, Gender, and Culture</u>, is however, an investigation into the ability of cosmetic surgery to produce the self in gendered terms (23).

As is perhaps endemic to post-modern feminist criticism, Fraser's analysis of the cosmetic surgery discourse rarely leads to particularly concrete conclusions about the feminist implications of cosmetic surgery. Instead, her arguments spiral outward - the only conclusion possible being that there is no ultimate conclusion, but merely discussion. Nevertheless, Fraser offers a valid, if complex, theoretical alternative to Wolf's and Davis' research-based approaches. Framed in the popular critical terminology of relativism, construction, and becoming, Fraser's arguments reflect a recent trend in feminist thought to take a careful and highly qualified position of neither denouncing nor condoning cultural practices (such as cosmetic surgery) but rather analyzing them in respect to predominant cultural discourses. In Fraser's words: "What emerges is that good and bad may be evaluated only temporarily and in relation to context, though this should not preclude willingness to recognize patterns and tendencies toward concretion where they might be evident through investigation" (26). This approach is particularly useful to the focus of this paper, as it opens the floor up to a discussion of the media in relation to the cosmetic surgery debate.

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The trend in feminist criticism to reject the agent vs. victim binary has attracted other scholars to offer alternative approaches to cosmetic surgery. Rebecca Ancheta states: "A primary problem with framing the question of cosmetic surgery as either oppressive or empowering is that it tends to reify the dualistic and competing images of women as either 'dopes' or 'agents.' These two models oversimplify and polarize women's experiences of cosmetic surgery" (144). Nevertheless, her position is ultimately in favor of feminine agency, suggesting in a manner strikingly similar to Davis, "These are not cultural dopes; they are making reasoned decisions within a framework of choices and pressures" (149).

In Kathryn Morgan's view the presence of choice diminishing dynamics, namely the "pressure to achieve perfection through technology" (174) are sufficient reasons to reject the agency solution. "Now technology is making obligatory the appearance of youth and the reality of 'beauty' for every woman who can afford it. Natural destiny is being supplanted by technologically grounded coercion, and the coercion is camouflaged by the language of choice, fulfillment, and liberation" (Morgan 175). Morgan is herself conscious of her suggestions as utopian in "Women and the Knife: Cosmetic Surgery and the Colonization of Women's Bodies," a utopian position that is evident in her belief in "natural destiny" over what she can only construe as the coercive alteration of the body.

In the anti-utopian vein of the cyberpunk feminist, Anne Balsamo, author of <u>Technologies of the Gendered Body: Reading Cyborg Women</u> suggests an alternative solution to the existing debate, stating, "We may need to adopt a perspective on the bodily performance of gender identity that is not so dogged by neoromantic wistfulness about the natural, unmarked body" (79). For feminine bodies operating in the 21st century, the technologization may have already occurred, rendering

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protests against the technology of body alteration ineffectual, and offering instead the possibility of subverting beauty culture with its own weapons. Though Balsamo sees cosmetic surgery as a technology with potential, she expresses some regret that the current state of cosmetic surgery places it squarely within the realm of dominant cultural ideologies. "In spite of the promise cosmetic surgery offers women for the technological reconstruction of their bodies, in actual application such technologies produce bodies that are very traditionally gendered" (Balsamo 78). Victoria L. Pitts, author of <u>In the Flesh: The Cultural Politics of Body</u> Modification, expresses similar convictions regarding the current perceptions of cosmetic surgery: "Rather than expressing a new cultural logic of bodily freedom and personal choice, women's body projects must be seen as linked to the enormous economic, social, and political pressures surrounding women's appearance" (51). Nevertheless, Pitts connects with the theory of agency in her exploration of the cyberpunk model, a model that holds an optimistic perspective for the uses of cosmetic surgery technologies for personal liberation rather than cultural coercion.

(II) SYSTEMS of MOTIVATION and JUSTIFICATION

On one hand, they are using plastic surgery to tell a story about themselves... On the other hand, they must also tell a story about plastic surgery in order to counter the charges of inauthenticity. ~ Debra Gimlin, <u>Body Work</u>, 80 ~

In instances of non-cosmetic surgery, the motives of the patient are rarely questioned. Taking action to improve one's health – even by means of invasive surgical procedures – is an unqualified good according to contemporary standards. Because cosmetic surgery is elective, however, and therefore not necessarily contingent on improving a patient's health, the interrelated systems of motivation and justification are complex. According to Rebecca W. Ancheta, author of "Discourse of Rules: Women Talk About Cosmetic Surgery" (2002), a general pattern of dialogue frames women's justification of cosmetic surgery: "Women use language—and, more specifically, a set of rules—for describing their cosmetic surgery experiences. These rules allow women to reframe questions of oppression and avoid conflict between their beliefs and their cosmetic surgery practices" (144). Ancheta identifies these rules broadly in terms of minimization and selfauthorization.

The rule of minimization involves women's need to downplay the severity of surgery or of recovery, and to exaggerate the positive aspects or results (145). This need originates in response to both internal and external pressures to dismiss the inherently risky nature of surgical procedures, motivated presumably by vanity or some other such "trivial" consideration. The rule of minimization serves to "negotiate the deviance and horror associated with surgery" (Ancheta 146).

Ancheta's observations of dialogic tendencies among cosmetic surgery patients also resulted in her identification of the "rule of self-authorization." "While the reasons [for choosing cosmetic surgery] varied, women consistently pointed out

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that they did not have surgery to please other people" (146). Asserting the legitimacy of cosmetic surgery depends on establishing internal rather than external motivations, and most particularly eschewing the possibility that the choice to undergo cosmetic surgery was made for anyone other than oneself. Simply, cosmetic surgery that is "done for oneself" is culturally acceptable. A patient recognizes this as a behavioral imperative and so articulates it at various stages in her personal justification process. For Ancheta, this rule presupposes a form of denial: "From the participants' perspectives, women are trying to be 'good patients' by upholding and subscribing to the 'doing it for myself' rule. It is a rule that helps them to ignore social influences and minimizes external pressures in their decisionmaking process" (146). Other feminist scholars are similarly interested in this selfauthorization practice. Debra Gimlin states: "Plastic surgery cannot be both something women 'deserve' and something they are forced or manipulated into doing" (103). Naomi Wolf observes: "In a diseased environment, they are doing this 'for themselves.' Most are married or in stable relationships... Their partners 'categorically deny' they encouraged the operations... " (247). A general agreement seems to exist among these scholars that "doing it for oneself" is an inaccurate representation of a woman's true motivations, but necessarily integrated into her dialogue of justification in order to reposition her cosmetic surgery in the positive terms of "independence and individual power" (Fraser 141).

Interestingly, the principle of self-authorization does not necessarily apply to cases in which women pursue cosmetic surgery for purposes of career advancement (Ancheta 147). Suzanne Fraser attributes this to the accepted notion that a woman's success in the working world is at least partly a function of her appearance. "Because the idea of women's need to rely on their appearance for success is a long

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standing one, the use of cosmetic surgery to advance career interests is both a 'modern' yet familiar expression of femininity" (138). More discussion on this and related topics can be found in Chapter VI.

(III) COSMETIC SURGERY and the FEMININE IDENTITY

Given so many fictional episodes of beauty risen from the ashes of homeliness, we might start thinking that it's our duty to our own identity to confirm it through some bold ritual, say cosmetic surgery. ~ Virginia Blum, <u>Flesh Wounds</u>, 193 ~

Following closely from the principle of self-authorization in women's justification practices is the idea that what is "done for oneself" is done for one's personal satisfaction with oneself, or namely to improve one's self-esteem. Debra L. Gimlin, author of Body Work: Beauty and Self Image in American Culture (2002), connects this rationale with establishing the legitimacy of cosmetic surgery, and hence the legitimacy of the cosmetic surgery patient. "By granting cosmetic surgery the power to provide self-esteem, [a patient] effectively legitimizes an otherwise illegitimate activity" (90). The complex process by which cosmetic surgery improves a woman's self-esteem hinges on the integration of the cosmetic procedures into her sense of identity. The promise that her feelings of inadequacy, whether resulting from or transferred to a physical "flaw," can be removed when the flaw is removed is one part of the integration. After the procedure, however, when the feelings of inadequacy, that were previously inseparable from her feminine identity are supposedly disconnected, "[she] must also show, to [herself] even more than others, that the new appearance is both deserved and a better indicator of the self than the old appearance – an appearance necessarily repositioned as 'accidental'" (Gimlin 80). Virginia Blum, author of Flesh Wounds: The Culture of Cosmetic Surgery, has also observed this mechanism of identity displacement: "According to the makeover story of the modern female culture, the after is always construed as the real you that was just itching to assert her identity, to reveal her true face" (191).

As Suzanne Fraser points out, "cosmetic surgery relies heavily on a view that sees appearance as primary to personality development" (129). The implications of

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this statement are such that to reject this view is to accept that the body must be separate and distinct from the person, an idea that suggests a sort of transcendental binary – the body as earthly and mutable, the soul as transcendent and unchanging. On the other hand, to accept this decidedly postmodern perspective is to claim that changing one's body can result in changing one's self. Virginia Blum recognizes the unpopularity of this perspective even as she admits it to be true: "Another lie circulated by both surgeons and the culture at large is that surgery cannot change the 'inner you.' Of course it can. If your nose turns up, if your thighs are thinner, if you look younger - you can have a better life... The inner you... will be transformed" (217). While women who elect to undergo cosmetic surgery must necessarily recognize the truth of this statement on some level, the idea engenders a sort of resistance as well. Because they do not want to admit that they are seeking to change their inner being, they reposition the change in terms of aligning their true person (a person that was merely hidden by their old body) with their true body, a repositioning that necessarily implies a minimization of the change. Gimlin confirms this observation: "Their flawed bodies are inaccurate indicators of character and so they effectively lie about who the women really are... Plastic surgery becomes for them not an act of deception, but an attempt to align body with self" (95).

Ultimately, however, Gimlin finds the attempt to align body with self via cosmetic surgery an inauthentic act because of its necessarily negative connotations. "Plastic surgery fails as a method for constructing a positive self-concept because of the negative social and political meanings attached to it" (103). Blum phrases similar convictions regarding the body-self dynamic in that "plastic surgery pretends to unify the self rather than blast it to pieces. Indeed, plastic surgery offers a sustaining fiction of the self. The foes to the self's continuity are ugliness and aging;

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it is these demons who threaten to disengage how we 'feel' from what we 'look like'" (228-9). Neither feminist critic supports cosmetic surgery as a method by which women can achieve a sense of self-hood that unifies external appearance with internal perception. The impossibility of perfection and the finite nature of the body are the eventual conclusions that each woman must face. Cosmetic surgery merely provides a technique, and indeed the most effective technique available, to *temporarily* stave off such conclusions. The question then becomes, is accepting a "fiction" of oneself, even temporarily, preferable to the "reality," or indeed can the fiction ever become the reality? Or more broadly yet, are fiction and reality indistinguishable, as all human acts are merely performances?

Davis, a proponent of the theory of individual agency, does not claim that cosmetic surgery offers a solution to the "problem" of femininity, but merely a coping mechanism.

The cultivation of bodily appearance is a form of adaptation to the difficulties central to womanhood... It does nothing, of course, to eliminate the wound which women receive to their core feeling about their bodies and sexual identities. Femininity, by definition creates a precarious balance between narcissistic gratification and an ever-present dissatisfaction, fuelled by a deep-seated self-hate (45).

The idea that an essential condition of feminine identification is founded on selfloathing is not unique to Kathy Davis. Indeed, Naomi Wolf suggests that a woman's dissatisfaction with her body "is not aesthetic distaste but deep sexual shame. The parts of the body vary. But what each woman who describes it shares is the conviction that that is what the pornography of beauty most fetishizes" (150). Anne Balsamo shares this conviction. "The naturalized identity of the female body as pathological and diseased is culturally reproduced in media discussions and representations of cosmetic surgery services" (Balsamo 71). That the beauty industry relies on the feminine dissatisfaction with the body for its profitability is not surprising. There would be no market for technological "fixes" if there were no "problems" to fix.

(IV) COSMETIC SURGERY and RACIAL BEING

Most agreed that their decision to alter their features was primarily a result of their awareness that as women they are expected to look their best and that this meant in a certain sense, less stereotypically Asian. ~ Eugenia, Kaw, "Medicalization of Racial Features," 188 ~

Writers like Elizabeth Haiken (<u>Venus Envy</u>) who are concerned with the history and evolution of cosmetic surgery have noted the strong correlation of using cosmetic surgery to mediate features that invoke a racial stereotype:

From the early twentieth-century on, the reigning cultural norms of beauty have been understood to demand an absence of what surgeons call racial or ethnic stigmata, and cosmetic surgery has consistently focused on altering features that differentiate patients from a norm that is always implicitly, and often explicitly, understood to be not just Caucasian but Anglo-Saxon or northern European (177).

In the early stages of cosmetic technology, it was not uncommon for individuals

within the Jewish and Mediterranean ethnic communities to pursue cosmetic surgery, and particularly the "nose-job," in accordance with their wish to minimize the [negative] social and economic repercussions of having a definitive ethnic or racial appearance (Haiken). Eugenia Kaw, author of "Medicalization of Racial Features," has observed a general trend in American cosmetic surgery; namely that is "racially specific." Kaw particularly notes the differences in the surgeries marketed for and sought by white women vs. those intended for Asian-American women. "White women usually opt for liposuction, breast augmentation, or wrinkle removal procedures, whereas Asian American women most often request 'double-eyelid' surgery..." (Kaw 184-5). Haiken makes a similar observation: "Race- and ethnicitybased surgery has always focused on the most identifiable, and most caricatured, features: for Jews, noses; for Asians, eyes; for African Americans, noses and lips" (176).

The racial implications of cosmetic surgery are strongly tied in with the medicalization of the physical being and the market model of cosmetic surgery. Interestingly, the problematization of racial features follows much the same model as the problematization of the female body. The history of racial theory is informative on this subject. "This oft-expressed desire for ethnic anonymity suggests the extent to which the stereotypes evoked by the nineteenth-century 'sciences' of race-which by the 1930s, had been largely discredited—continued to permeate popular culture and consciousness" (Haiken 186). The legacy of racial science is the likely culprit in connecting the physical features (particularly facial) of Asian-American women to their stereotypical characterization as "docile, passive, slow witted, and unemotional are internalized by many Asian-American women, causing them to consider the negative traits as defiling" (Kaw 190). In her research involving medical texts related to this subject, Kaw found that "doctors write about Asians' eyes and noses as abnormal even when they are careful not to associate negative personality traits with these features" (193). Indeed, it seems hardly necessary to overtly claim any sort of knowledge of negative racial associations because the association is already widely perpetuated by the culture at large, and indeed already internalized by the prospective patient. However, medical discourse provides reinforcement for the racially motivated surgeries because it defines the "fix" even as it does not necessarily state the "problem." Kaw concludes, "With its authority of scientific rationality and technical efficiency, medicine effectively 'normalizes' not only the negative feelings of Asian-American women about their features but also their ultimate decision to undergo cosmetic surgery" (194).

As is observed in Chapter VI of this thesis, a woman's investment in her future livelihood, or her projected occupational worth, proved an exception to the

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"rule" that she must be considering cosmetic surgery for reasons of improving personal satisfaction with herself. This method of justification was also observed to apply in cases of racially implicated cosmetic surgery. In her research involving Asian-American women seeking cosmetic surgery, or particularly double-eyelid surgery, Eugenia Kaw points out: "The aesthetic results of surgery are not an end in themselves, but rather a means for these women as racial minorities to attain better socioeconomic status. Clearly, their decisions to undergo cosmetic surgery do not stem from a celebration of their bodies" (191). A subject involved in Kaw's research states her economically based motivations explicitly: "'In a way you can see it [cosmetic surgery to obtain a 'Western' facial type] as an investment in your future'" (188).

The idea that personal worth may be improved if surgical methods are employed against racially significant features suggests the "problem" of race, like the "problem" of femininity, and the various features that are associated with each category and subcategory, have not escaped medicalization by a health system concerned with profitability and marketing strategies. What, then, is the future of cosmetic surgery and racial being? The general consensus that the American culture has become more tolerant of difference implies the gradual phasing out of racially or ethnically motivated cosmetic surgeries. However, this optimism is checked by a fairly recent perspective on ethnicity via the New York Times. "While moderate ethnicity may have become more acceptable, as <u>New York Times</u> personal health columnist Jane Brody cautioned readers in 1989, too much ethnicity is still considered undesirable" (Haiken 225). Is it possible that cosmetic surgery undergone in order to temper the negative social effects of racial markers has merely been reposed to mean cosmetic surgery undergone in order to "acquire 'symbolic

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capital' in the form of a look that holds more prestige" (Kaw 188)? And is this reposition simply a subtler, more insidious indicator of popular culture's resistance to depose racial stereotypes?

(V) CONSTRUCTING the CYBERPUNK MODEL

However, high-tech body modifiers do not wholly eschew dominant ideologies in their body projects. For instance, both cyberpunk and cosmetic medicine link the denatured body to the liberal subject who can personally choose her identity. ~ Victoria L. Pitts, <u>In the Flesh</u>, 183 ~

Just as it is a technology that promises to "transcend age, ethnicity, and even sex itself" (Davis 18), cosmetic surgery seems to offer the hope that it can be used in opposition to the very ideologies it solidifies when used conventionally. A symbol of that hope is French performance artist and feminist Orlan, who has elected to undergo multiple cosmetic alterations of her face to reflect an amalgamation of the features of classic (Western) beauty. Her surgeries have been filmed and shown as performative art, and her evolving visage has become a visible testament to the convictions that motivated the procedures. As Victoria L. Pitts, author of In the Flesh: The Cultural Politics of Body Modification suggests: "The surgeries [of Orlan] are not conventional, directed toward normalizing or beautifying her visage, but rather are aimed at exploring the meaning of femininity, appearance, technology, and the body in relation to her subjectivity" (164). With the chin of Botticelli's Venus and the forehead of DaVinci's Mona Lisa, etc., Orlan has finally achieved what Pitts calls "a slightly bizarre" appearance (164). Although her work may be interpreted by some to be a feminist backlash against cosmetic surgery (as a technology belonging to the dominant ideology), Pitts asserts that "her work appropriates high technology to pursue extremes of customization... Orlan presents a cyberpunk attitude toward technology - she unblinkingly assumes that the body is already technologized, and pursues individual agency within that context" (166).

Although the cosmetic technologies available to cyberpunk patients are clearly grounded in consumer culture, cyberpunks view their actions as a subversive protest

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of that same culture. Kathryn Morgan laments this appropriation of technologies in her groundbreaking 1991 essay, "Women and the Knife." "While the technology of cosmetic surgery could clearly be used to create and celebrate idiosyncrasy, eccentricity, and uniqueness, it is obvious that this is not how it is presently being used" (172). Victoria Pitts also recognizes the similarity between cyberpunk and average attitudes toward cosmetic surgery as deriving from consumer culture:

Cyberpunk surgeries have a lot in common with their culturally legitimized counterparts. They are informed by a sense of identity as ontologically freed from the breakdown of the body's limits. Cyberpunk subjectivity, like that of the cosmetic surgery consumer, is seen as the project of individual choice to shop, invent, and create bodies and identities through technological means (183).

It is unlikely, however, that the model of the cyberpunk patient as subversive agent will be accepted as a solution to the existing debate. Firstly, because the motivations of the cyberpunk and her resulting physical shape remain generally unpalatable to a culture obsessed with sameness or acceptable variation within that construct. Additionally, because the cyberpunk's determination to be placed *outside* of the mainstream is recognized as a form of the same self-consciousness that motivates a typical cosmetic surgery patient to be placed *inside*, the cyberpunk can be dismissed as somehow inauthentically "extreme."

(VI) CAPITALISM and the MARKET MODEL of COSMETIC SURGERY

Soon, the propaganda circle was complete: cosmetic surgeons clipped these articles and added them to their resumes and advertisements, as if media publicity were proof of their own professional excellence. ~ Susan Faludi, <u>Backlash</u>, 218 ~

In the logic of the market model of cosmetic surgery, women are the educated consumers and investors. They seek out ways to increase their future economic worth, not only in terms of employment status, but also in terms of cultural capital. It is widely accepted that a more attractive appearance is rewarded – with a better job, with more money, with a more desirable spouse, etc. What is determined to be "attractive," however, is problematic, not only because attractiveness is inherently subjective, but also because it rests on the history of patriarchy and racism that defines the Western perspective. Anthony and Ratcliff, authors of "Women and Body Image," define this Western ideal as conventional attractiveness. "Though the standards are artificial, they are clearly real in their consequences. Women who are conventionally attractive get more of the valued resources" (129). Elizabeth Haiken comments on the racial implications of attractiveness in Venus Envy: A History of Cosmetic Surgery: "That African Americans generally use words like 'prettier' rather than 'Caucasian' or 'white' to describe the look they want is not surprising... Words like 'prettier' and 'better,' however, are explicitly comparative in nature; they beg the question, 'than what?'" (213).

Integral to the development of the market model of cosmetic surgery is the elective nature of cosmetic procedures. On this subject, Kathy Davis states, "Patients see themselves as consumers, regarding health care as a privilege rather than an entitlement" (29). Because cosmetic surgeons could not pose their services in the language of health, a reason that for many women would justify any reasonable expenditure, they had no choice but to accept the status of their services

as similar to that of luxury good, and market it in a comparable fashion to any other in that category. Hence, cosmetic surgery in some respects has become an indicator of social status. Anthony and Ratcliff reference Haiken's 1997 investigation into the history of cosmetic surgery when they attribute the evolution of cosmetic surgery from a market standpoint to the economic motivations of the early plastic surgeons. "Plastic surgery was originally closely tied to efforts to reconstruct facial and other injuries of veterans returning from the First and Second World Wars, but the supply of such clients was not inexhaustible, nor were they replaced by other individuals requiring reconstruction" (Anthony and Ratcliff 133). In order to replace the demand for their services, the surgeons sought to tap into a pool of consumers already in the market for new technologies of beauty – namely, women. The position of cosmetic surgery as a bridge between the medical field and the beauty industry has allowed for the use of two complementary marketing angles. Both angles effectively employ the methodology of problematizing women's self-image and offering a technological fix to that problematization. Using the medical angle, this problematization is achieved via the appropriation of medical terminology to characterize the nonmedical condition of dissatisfaction with appearance. Susan Faludi, author of Backlash: The Undeclared War on American Women, characterizes the angle used by the beauty industry to effect the same response:

The beauty industry, of course, has never been an advocate of feminist aspirations. This is not to say that its promoters have a conscious political program against women's rights, just a commercial mandate to improve on the bottom line. And the formula the industry has counted on for many years – aggravating women's low self-esteem and high anxiety about a "feminine" appearance – has always served them well (202).

The presence of the generalized and all-powerful "media" component of the modern capitalist system complicates the market model in that it facilitates the creation of a culture of consumerism. The interplay between the market model of medicine and the consumer culture has been documented by various feminist scholars including Kathy Davis and Eugenia Kaw. Davis states: "The development of cosmetic surgery technology is inextricably connected to the market model of medicine, on one hand, and to a consumer culture, on the other" (17). Kaw's focus is more specific, in that her work involves the racial implications of cosmetic surgery, but her conclusion is similar: "The medical system also bolsters and benefits from the larger consumer society by appealing to the values of American individualism and by individualizing the social problems of racial inequality" (195). The influence of the media has allowed for the trajectory of cosmetic surgery to be only partially determined by the advancement of medical technology. Faludi attributes the rise of cosmetic surgery almost exclusively to its use of publicity and to the effect of the publicity on the imagination of the American consumer. "Publicity, not breakthroughs in medical technology, had made all the difference" (219).

The idea that the predominantly capitalistic economic system of America is the larger force behind the current state of cosmetic surgery largely relies on accepting the "agent" model of cosmetic surgery. The given set of cultural constraints under which we operate is to some degree a derivative of the economic system. That it is accepted by the greater culture to seek cosmetic surgery for purposes of career advancement – as evidenced by many women's willingness to admit this as a motive – is both a testament to our belief in the principle of agency and our resignation to a system that rewards "conventional attractiveness" or white, Anglo-Saxon standards of appearance. In questions of judgement, can women be faulted for pursuing individual agency for personal gain within an inherently flawed system? Or does acquiescing to the demands of consumer culture to conform to beauty standards determined to be intolerant of women and blacks, Asians, Jews,

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and any other ethnic or racial "minority" denote acceptance of, or even support of, these systems of oppression?

(VII) MEDICAL DISCOURSE and INFORMED CONSENT

The cosmetic surgeon's gaze doesn't simply medicalize the female body, it actually redefines it as an object for technological reconstruction. ~ Anne Balsamo, <u>Technologies of the Gendered Body</u>, 57 ~

If we are to believe wholeheartedly in the theory of agency in regards to cosmetic surgery, we must also believe that the patient is making informed and rational decisions about her surgical future, given the cultural context in which she exists. The clinical setting, however, complicates the decision making process in that it necessarily implies a skewed power dynamic in favor of the clinician, a power dynamic that may limit the patient's access to information, and hence her conditions of informed consent.

Suzanne Fraser documents the deliberate withholding of information from

cosmetic surgery patients:

Common within the internal literature is a conviction that cosmetic surgery participants, particularly breast augmentation patients, are best provided with only a limited amount of information on the risks involved... In a clearly paternalistic mode, surgeons position women as in need of information only up to the point that they feel reassured about a procedure's safety (127-8).

But more commonly documented is the widespread appropriation of trivialization in doctor-patient dialogue employed as a means to minimize the perceived risks of cosmetic surgery. Rebecca W. Ancheta, author of "Discourse of Rules: Women Talk About Cosmetic Surgery," notices, "Downplaying the invasiveness of surgery is common in the cosme tic surgery community, where surgeries are described as a 'nip and a tuck' and often compared with other everyday beauty practices, such as having one's haircut and using makeup" (146). <u>Beauty Myth</u> author Naomi Wolf is uncompromising in her position regarding this appropriation: "Cosmetic surgery is not 'cosmetic,' and human flesh is not 'plastic.' Trivialization and informalization pervade the surgeons' language when they speak to women" (257). This

trivialization limits full information exchange, and so disqualifies the condition of informed consent, a condition that if upheld strengthens the position that women are not victims of, but agents within, their culture.

The surgeon's position of power is bolstered by the language of both artistic and scientific expertise. As Anne Balsamo (Technologies of the Gendered Body) indicates, "All plastic surgery implicitly involve aesthetic judgements of proportion, harmony, and symmetry" (58). It is accepted in the critical community that these subjectively artistic judgements are implicated by dominant cultural representations of the ideal appearance, one that is necessarily informed by racial, ethnic, and gender expectations. Balsamo sees the dominant expectations of attractiveness as enabled by medical technology (and in particular medical imaging devices) materializing into what she calls "the logic of assembly-line beauty" where "'difference' is made over into sameness. The technological gaze refashions the material body to reconstruct it in keeping with culturally determined ideals of Western feminine beauty" (58). However, the language employed by many cosmetic surgeons serves to position their artistic judgements outside of the influence of culture. This releases them from any sort of accountability as actors in a system that clearly perpetuates social inequalities (gender, racial, etc.). Haiken describes cosmetic surgeons' appropriation of artistry as justification for their practices, "The mantle of artistry has allowed surgeons to claim a disinterested position – a position outside of culture. Their standards, their values, their artistic sensibility, they say, derive from the same timeless canon that produced David and the Mona Lisa" (221).

Variations on the interpretation of the culturally inspired "aesthetic ideal" may lead to disagreement between the patient and the surgeon over what should be done to "improve" her nose, face, breasts, etc. Legitimized by the clinical setting, the

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surgeon may exert his/her interpretation over that of the patient, and thereby influence the patient's surgical decisions. Susan Faludi, author of <u>Backlash: The</u> <u>Undeclared War against American Women</u>, offers the example of a surgeon who asserted his aesthetic vision over his patient's:

As the before and after pictures flash by, Harvey ['The Breast Man of San Francisco'] tells the men how one woman came in complaining about the shape of her nose. She was 'partly correct,' he says: her nose 'needed' changing, but not in the way she had imagined (214-5).

Interestingly, the invocation of necessity strongly frames Harvey's clinical discourse. "Apparently, the use of 'curative' justifications in a diagnosis not only functions discursively to manage an anxious patient, it also legitimates and authorizes the 'elective' surgery for insurance coverage" (Balsamo 64). Additionally, the use of necessity effectively reinforces the problematization of women's bodies, to the degree that it confirms women's worst fears about their "flawed" features. Eugenia Kaw cites this use of medical discourse as instrumental to the choices of Asian-American women to participate in plastic surgery. "With its authority of scientific rationality and technical efficiency, medicine effectively 'normalizes' not only the negative feelings of Asian-American women about their features, but also their ultimate decision to undergo cosmetic surgery" (194).

Even Kathy Davis, the strongest proponent of the theory of agency in cosmetic surgery admits, "The conditions for informed consent are rarely adequate" (157). Indeed, it is hardly realistic to suppose that in all medical settings, risks will be fully and accurately communicated, as this approach would be directly contradictory to the sales-pitch advocacy that has characterized cosmetic surgery since its transition into elective medicine. The question then remains, to what extent are we willing to admit inadequacy of information exchange and still retain the validity of our cultural agency? Or, indeed, is agency even possible given the conflict

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of interest described by Suzanne Fraser – namely, "explanations based on individual agency are valuable in establishing the legitimacy of cosmetic surgery... It indicates the presence of space within medical discourse on cosmetic surgery to credit women with independence and agency when this approach offers benefits to practitioners" (140). Is the patient-as-agent dynamic simply another way we are systematically duped into compliance with the existing set of oppressive cultural demands?

(VIII) STUDIES in APPLICATION: DR. 90210

"It is all a matter of taste. I will give them the best change that I am capable of. I probably will reset their brain a little bit about how they feel about themselves." ~ Dr. Kotler, "Is Bigger Better?", <u>Dr. 90210</u> ~

Dr. 90210 (E! Entertainment TV) is positioned as a reality television program that examines cosmetic surgery from the perspectives of both the patients and their surgeons. The formula of each episode varies, as it balances between three settings: the patient in her home, the surgeon in his, and the patient and surgeon together in the clinic. Footage of the patients outside of the clinical setting informs and validates their surgical decisions; footage of their surgeons attempts to elucidate the "culture" of cosmetic surgery; and the clinical footage is explanative in nature, shown to demystify the procedural aspect of cosmetic surgery by offering a privileged gaze into the doctor-patient relationship. The larger setting of the show, as the title would suggest, is Beverly Hills, CA, a place that is widely recognized as out of the ordinary - for its capacity to inspire awe as a Mecca of glamour and excess, and for its particular set of pressures, pressures to conform to the ideals of beauty and wealth that come with this capacity. This setting, consistent with the obsession with star culture that defines the E! Network, is introduced in the title frames, and rerevealed in montages (of Rodeo Drive, designer storefronts, and luxury recovery facilities, etc.) throughout the show.

"The Fountain of Youth" (Season 1, Episode 3) frames the story of Arlene, a 64 year old ex-industry persona in search of a more youthful appearance by way of a chemical skin peel. Her surgeon is Dr. Kotler. Arlene tells the camera that she is going to be married again, and she wants to look good for her wedding. Although this reason is positioned as the ultimate reason for her pursuit of cosmetic surgery,

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Arlene's language is indicative of many of the justification practices of women who have elected the surgical enhancement of their appearances.

Arlene first asserts, "I'm telling me to do this, because I want to look wonderful for my wedding." This assertion is indicative of the language of selfauthorization. It is important for Arlene to assign the decision to undergo the surgery to herself, to internal reasons, for purposes of positing the decision as valid. Arlene then comments, "I feel very, very youthful, and I want to look as young as I feel." And later, "I've always felt young on the inside. But now my exterior matches my spirit. I've always felt 20 years younger, and now I think I look 20 years younger." This, too, is a validation practice, one that attributes her attempts to bring her external self into line with her internal self, to make what she looks like reflect how she feels. Arlene's third reason is one of external validation. She wants to be known as a "trophy wife" ("As I told my fiancé, I want to be a trophy wife. I want to look like a babe"). This sort of designation is necessarily external. One is not intrinsically a trophy wife; one becomes a trophy wife through the eyes of others.

Interestingly, Arlene's justification practices are mirrored by the surgeons' language. In a cameo appearance (he is not a regular doctor on the show), Dr. Raj Kanodia asserts the reason of aligning appearance with the inner self as the reason for age-related cosmetic surgery: "Women, they want to look younger; they don't want to age – because they have, because their souls are still young." Dr. Ellenbogen attempts to distance himself from the reasons behind women electing cosmetic surgery. "That's why I will always understand and try to make somebody look younger and fresher and better. They don't have to tell me their reasons why they want to do it. Just being a woman is the reason alone." Dr. Ellenbogen's statement is particularly indicative of the viewpoint (see Chapter III) espoused by

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Davis and others that dissatisfaction with the body is an essential condition of femininity.

To the credit of <u>Dr. 90210</u>, the issue of post-operative suffering is not dismissed lightly. However, the language of minimization of the suffering in favor of achieving positive results is also present. Arlene is careful to qualify her pain as a necessary evil to be borne for the sake of her chemically-enhanced face saying, "Well last night I was in a lot of discomfort 'cause it feels like somebody put lots of cigarettes out on your face. But, uh, the secret or the acid test was keeping that photograph of me. I'm gonna look like that again. Vanity, thy name is woman."

Episode 4, "Is Bigger Better?" (of the same season), shows the stories of Ana and Jackie, who both request breast augmentation surgery via Dr. Rey, the show's primary plastic surgeon. The difference between the expectations of the two women is highlighted by the title of the episode – Ana wants a very small augmentation, while Jackie wants to have very large implants inserted.

From a feminist perspective, the most remarkable facet of this episode is the doctor-client relationship between Dr. Rey and Ana. Ana finds herself in the minority of women who want breast augmentation because she desires only a small change. "As I was looking through his pictures, I was really concerned because all of them were, you know, too big. I was looking at the before pictures and saying 'God that's nice.'" Contention between Dr. Rey and Ana over what Ana "really wanted" was immediately evident in the surgical consultation process. She comments about the influence of his opinions on several occasions, stating first, "He wasn't pushy at all, but he was very honest about the fact that people loved breasts, and he liked them large." And then, "For my breasts, I would have liked to be a B. He definitely would have preferred me to be a full C or more, but I, I don't want to go there." In a later

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consultation, the opposition of opinion between Dr. Rey and Ana increases. The

dialogue between the two is as follows:

Dr. Rey: "Here are your implants. They are very, very, very, very petite. I can't remember the last time I used such small implants here in Beverly Hills. No I understand, you're a little more conservative, and uh, you're very petite."

Ana: "Well to me, as long as they can fill my skin, I'm happy."

Dr. Rey: "Yeah, but these will barely, barely fill your skin. I mean we're talking barely. Remember the smaller you go, the wider the cleavage. So I just want you to know your cleavage, it's not going to be the best, ok?"

Although Dr. Rey puts his last comment in such a way as to suggest concern for the fulfillment of Ana's expectations, it is evident from his continual interjection of opinion that he is not only disapproving of Ana's course of action, but hoping to influence it. This is revealing of the power dynamic present in the clinical setting. In medical discourse it has been the case that cosmetic surgeons often attempt – either knowingly or unknowingly – to assert their ideals of beauty in their practice. Dr. 90210 offers a variety of opinion on this matter. Both of the other resident doctors on Season 1 agree that satisfying the patient in absence of their own personal views on beauty is the priority. Dr. Ellenbogen comments, "Plastic surgery is not an art form. If you try to practice it like art, it will never work. It's a modality that certain people use to make themselves happy. When they're happy, it's a success." Dr. Kotler states a similar view in a separate interview: "Beauty is in the eye of the beholder; there is no question. The greatest challenge I think for cosmetic surgeons is to satisfy the patient." Dr. Rey, on the other hand, has definite opinions regarding his artistry as a surgeon. "Nothing uglier than a wide cleavage," he remarks to the camera.

(IX) STUDIES in APPLICATION: <u>THE SWAN</u>

"'Plastic surgery is entertaining,' says Terry Dubrow, one of the plastic surgeons on <u>The Swan</u>, whose L.A. practice jumped from a five-month to a nine-month wait once he started appearing on the show. 'Plastic surgery as entertainment is here to stay.'" ~ Ann Oldenberg, "'Swan': Ready for its close-up" ~

Unlike <u>Dr. 90210</u>, FOX's "reality" show <u>The Swan</u> makes no pretense at being informative about cosmetic surgery, but rather endeavors to be utterly fantastical in all aspects. Indeed, the show takes its title from a popular children's (fairy) tale, "The Ugly Duckling," in which an adolescent swan in a pond of ducks is ridiculed for its appearance, but matures into a swan whose beauty outshines all of its one-time rivals. The formula of the show is not very different from that of its predecessor, ABC's <u>Extreme Makeover</u>, in which people with unfortunate appearances and heart-wrenching life experiences submit themselves for the 21st Century equivalent of the surgical transformation is the supposed transformation of the mind, through a whirlwind course of psychological therapy, and the patient emerges (supposedly) complete.

In an article for <u>Elle</u> magazine in 2004, Ruth Shalit comments on the appeal behind <u>Extreme Makeover</u> and other such cosmetic surgery reality shows: "The show's bathetic formula is as appealing as it is predictable. At the start of the hour, we are introduced to this week's plucky subject, whose stoical exterior, we are told, conceals grievous emotional wounds—the legacy of an unlovely nose, a concave chest, a Himmlerian overbite. But wait, there's hope" (63). The focus of Shalit's article, however, is to follow-up with several participants after their experiences on the program. Her premise is psychologically based, her thesis to determine whether undergoing the extensive number of procedures required on the show is damaging to

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the person after she resumes her old life. Shalit quotes the opinions of experts in gathering evidence to support her hypothesis. "'This is not changing your lipstick from cranberry to shocking pink,' declares Michael McGuire, MD, a Santa Monicabased plastic surgeon... 'A lot of patients have difficulty accepting [change in] just one feature. To do it all in one setting—there's concern about psychological overload'" (64).

Her findings, primarily drawn from personal interviews with the patients, emphasize the positive aspects of the total body change and minimize any evidence of negative psychological repercussions. One interviewee states: "'After I got back [from her April 2003 appearance on Extreme Makeover], I didn't feel any limits anymore... The instant the bandages came off, all my pain, all my insecurities were gone'" (63). Another perspective offers: "'This [appearing on Extreme Makeover] wasn't about vanity,' argues Lori Floyd, a 38-year old mother from Tioga Center, New York, who says that her weak chin and hooked nose made her the town pariah. 'I used to stand out. Now I blend in. It just feels good to be finally free'" (63). The first perspective expresses the language of internal validation, the second of external approval through the act of "blending in." Additionally, the language of selfauthorization (see Chapter II), is integrated into the women's justification of their participation. "Far from being mere canvases for the Extreme team's anatomical artistry, these women knew exactly what they wanted: the opportunity to become their 'true selves.' Before her surgery, Floyd says, 'I could never show the person I really was. Instead I was this person I was forced to be'" (148).

Although the article never questions the ability of cosmetic surgery to [positively] change a woman's feelings about herself, Shalit expresses some

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reservations about its ability to produce a truly authentic self, as evidenced by her comments on the outcome of a patient's ("Jones") surgery:

Of course... the self that emerges through extreme plastic surgery is not necessarily noble or high-minded. When Jones speaks of how grateful she is to 'finally be myself' after \$72,000 worth of cosmetic procedures, she is not talking about the chance to walk in the woods and commune with her inner wisdom. Instead, she's celebrating her apotheosis as a giggly pinup and panties maven (148).

Additionally, Shalit problematizes cosmetic surgery as a solution by offering the perspective of a post-makeover patient who finds the new found approval to be an unsettling reminder of the important of appearance to the American culture: "'I'm not a love-at-first sight kind of girl,' she says. 'But now guys say things like, 'Oh, I fell in love with you as soon as you walked in the room.' And I'm like, Yeah right. Was it the boob lift? The lip reduction?'" (148).

Like <u>Extreme Makeover</u>, <u>The Swan</u> provides a microcosmic view, if somewhat amplified due to the extreme number of surgeries entailed, of women's participation in cosmetic surgery as it details the women before, during, and after their procedures. Unlike <u>Extreme Makeover</u>, which included an occasional male subject, <u>The Swan</u> features women exclusively and incorporates an additional element to the post-operative experience – a beauty pageant. Each week, the 1-hour episode shows the parallel transformations of two women, and at its conclusion the women are judged "on the basis of beauty, poise, and overall transformation" against each other. The winning woman goes on to the pageant (the season finale), while the loser is greeted by her family (whom she has not seen for three months) and sent home.

The already contested nature of the beauty pageant in terms of women's liberation has opened the floodgates of criticism directed towards <u>The Swan</u>. Certainly, the pageant element, enacted in a fashion similar to the Miss America

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contest, is particularly unsettling, given that it confers a monetary advantage onto the winning woman's appearance and the designation of "loser" onto all others, hence validating the judgement of women based on physical characteristics. However, my research places more emphasis on the insidious nature of the show as it both reflects and perpetuates the dominant discourse of cosmetic surgery in terms of agency (Chapter I), justification (Chapter II), identity (Chapter III), and informed consent (VII).

Although I have attempted to cultivate a strong background by viewing the entire season of <u>The Swan</u> as it aired in 2004, I have narrowed my analysis to the third and fourth episodes (season 2). Episode 3 depicts Erica and Christina, two women who have both struggled with weight problems, worked to lose a great deal of it, but still claimed low self-esteem due to dissatisfaction with their imperfect bodies. "My self-esteem is, is very low," admits Erica in the opening of her story. "I want the pizzazz. I want the wow out of life. I want to be somebody." It follows quite logically from there. In order to "be somebody" after a personal life ravaged with weight problems, an unsatisfying relationship (with her previous boyfriend), and dependence (upon the approval of her parents), as the framing of Erica's personal story indicates, she must take drastic measures. This is where <u>The Swan</u> comes in.

Moderated by slim, sophisticated, and Australian Amanda Byram, the team of "experts" includes: Dr. Hayworth and Dr. Dubrow, the resident cosmetic surgeons, Dr. Worth, the cosmetic dentist, Dr. Ianni, the therapist, Debbie Siebers, the personal trainer, Nely Galan, the Swan coach (and creator of the show). In the initial conference, the experts sit at a table and the footage of the prospective patient is shown. Amanda Byram refers to each specialist and asks for his or her

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"informed" opinion about the patient. Her face, her weight, her psychological issues, etc. A diagnosis is conferred upon the patient, *who is not actually present*, and "the Swan plan" is articulated. A computer enhanced 360-degree view of the ugly duckling is put up on the screen. As the computer focuses on her "problem areas," the surgical fixes are delineated beside the images. Erica's "Swan Plan": includes a brow lift, a mid-face lift, lip augmentation with fat transfer, a chin implant with liposuction, neck liposuction, a tummy tuck, breast augmentation, liposuction in 4 lower body areas, dental bleaching with crowns and veneers, and gum recontouring. In the three-month period that she is on the show, she must also adhere to a 1200 calorie per day diet and strict exercise regiment. Weekly therapy with Dr. Ianni is also requisite. Christina's "Swan Plan" is similarly shown, though her particular diagnosis includes a nose job, a brow lift, lip augmentation, laser hair removal, fotofacials, breast augmentation, liposuction in 6 lower body areas, and a full dental reconstruction with zoom bleaching and gum recontouring. She must also fulfill the show's diet, exercise, and therapy requirements.

Perhaps the most disturbing aspect of <u>The Swan</u> thus far is the apparent lack of choice available to the patients. The doctors of the show present a "plan" that seems to lack any input whatsoever from the women who will be held to it. It is likely that legality requires a formal statement of consent by the patients, but as this is not brought out during the prescription process, the end result is that the show is constructed as if the patients consent were not important to the process, that the experts "know better," and that opinions expressed to the contrary are counterproductive to the goals of "becoming a Swan." In this episode, consent became an issue as Erica was faced with the dentist's recommendation to get veneers. The dialogue between Erica and Dr. Worth is as follows:

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Erica: "My veneers? Yeah I guess I decided I didn't want those."

Dr. Worth: "OK. You came here to work on yourself. And your teeth are a big part of your transformation, so I want you to take a couple of minutes and I want you to make your decision on your own."

Later, Erica, faced with the inability to get any outside opinion, and guilted into adhering to "the program," agrees to the veneers. A decision that she later says she was glad she made. Whatever the outcome, however, it is characteristic of the program to not only prohibit patients' input on their surgeries, but also to frame them as the "wrong" opinions. In the case of Christina, breast augmentation was something that she claimed to have always wanted. But not just any breast augmentation – she wanted to be a double D. Her surgeon, Dr. Debrow, is visibly surprised at her request and somewhat dismissive in his reply. We do not discover whether or not Christina did indeed receive her double-Ds, or if Dr. Debrow asserted his ideal of beauty over hers, but we do discover that deviation from the "expert's" opinions is necessarily a negative thing on <u>The Swan</u>. And we wonder, did Christina's resistance prevent her from advancing to the pageant?

Complicating the lack of informed consent that pervades the surgical transformations on <u>The Swan</u> is the language of necessity employed by the show's surgeons and other professionals. Of Erica, Dr. Hayworth says, "She needs an abdominoplasty and strategic total body liposuction." Addressing Erica, he again remarks, "You do need surgical help." Even the assistant professionals have something to say about what Erica "needs." "You're going to need to lose 30 pounds," says one as Erica steps on the scale. Of Christina, Dr. Dubrow says, "She really needs a lot of liposuction. The outer thighs, the inner thighs, the abdomen." Addressing Christina, he affirms, "We're gonna go ahead and change some things. Your nose – it's quite twisted isn't it?" Dr. Worth, the show's cosmetic dentist,

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implies necessity as well in her remark to the rest of the panel of experts: "She is going to need a full mouth reconstruction."

Despite the prescribed nature of the procedures, and the assertion of power on the part of the show's experts, <u>The Swan's</u> creators attempt to place the show within the dialogue of agency in order to legitimize what seems to evade legitimization on so many levels. Using the logic of agency, the participants on <u>The Swan</u> took action to change their bodies and lives by applying to be on the program. Therefore, the expectations of the program, always positioned as keeping with the patient's best interests, must be strictly followed, or the patient is not doing all that she can "for herself."

What <u>The Swan's</u> story is contingent on, however, is the applicability of the Cinderella story to every woman's life. The common touch makes the show appealing, as particularly ordinary women are given the opportunity to assume their beauty as if it were there all along, as if it were just waiting for its reveal. Although Chapter III discusses patients who reposition the made-over self as the real self, <u>The Swan</u> reveals another angle to this discourse. In <u>The Swan</u>, the doctors are the agents who insist that the potential for beauty exists in each of the women, and that an assumption of the "real" self, the made-over self, is the positive of all possible positives. "I think she [Christina] has incredible potential to look amazing," Dr. Debrow comments. Of Erica, Dr. Hayworth asserts, "There is actually [as if implying and dismissing some doubt] a very beautiful girl underneath all this."

Each show culminates in the reveal, a device common to makeover shows, but particularly dramatic in <u>The Swan</u>, as the participants have not seen a mirror for three months. The "Swan" comes out dressed in full formal wear, with prom hair and makeup, etc. amidst clapping and accolades. After being prepped for readiness

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("Erica, this is the moment you've been waiting for your whole life. Are you ready?"), she stands in front of the curtained mirror as the music mounts. The curtain draws back, and she sees the new her. Her reactions are always of delight – screaming, laughing, crying, speechlessness, disbelief. She turns to her team of experts and thanks them for an experience that, despite its hardships, was perhaps the most rewarding of her life. Interestingly, the women feel strangely detached from their new appearances. "I can't believe this is me," says Christina. In Season 2, Episode 4, Swan contestant Kari says of her makeover, "I love *it*. I love it so much."

Another disconcerting facet of the <u>Swan</u> reveal is the similarity of the contestants post-surgery. Alex Kuczynski, writing for the <u>New York Times</u> (May 2004), criticized plastic surgery reality shows for this reason: "But as the patients make their appearances, week after week, viewers have also begun to notice an eerie Stepford-spouse similarity... The cheeks of the patients are all planed upward; lips are uniformly swollen to rubber-doll proportions; breasts stand at military attention." Detailing the first season of <u>The Swan</u>, Kuczynski notes, "Of 17 candidates on <u>The Swan</u>, all received tooth veneers, 16 had liposuction, 15 had forehead lifts, 13 had nose jobs, 13 had lip augmentations, and 11 had breast augmentations." In addition to the surgeries, many of the women are made-over into a Barbie-esque image – along, blond hair, tanned skin, etc. Racial and ethnic diversity is noticeably absent from or underrepresented in the contestant pool on <u>The Swan</u>. In the 2004 season, only one of the contestants was black, and she did not advance to the pageant.

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