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Reconstructing Women's Identities:
The Phenomenon Of Cosmetic Surgery In The United States

by

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A thesis submitted in partial fulfillment
of the requirements for the degree of
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ABSTRACT

The popularity of cosmetic surgery in the U.S. has increased dramatically over the last ten years—particularly for women, who make up the largest group of cosmetic surgery consumers. Cosmetic surgery can include relatively simple procedures such as permanent hair removal or Botox to more complicated procedures like breast augmentations and face-lifts. The rise in popularity of cosmetic surgery exalts only one kind of beauty and excludes many women from ever attaining this ideal, so while women may feel empowered, surgery acts as a form of assimilation, because the act of cosmetic surgery reifies an exclusionary beauty norm. With cosmetic surgery, this hegemonic ideal is becoming more attainable, and in the process, some women modify their individual identities, which I argue are shaped by such things as ethnicity, age, body shape, wrinkles, etc., and instead tend to become one homogenized group.

I also argue that cosmetic surgery is a form of colonization of the body because most people who do fit with what is perceived as normal and beautiful experience pressure to assimilate. The body becomes colonized (via surgery) much as a country does in the sense that the colonizing group “otherizes” the colonized, and deems their way of life, or culture, as abhorrent and in need of assimilation to the dominant group’s

way of life. The colonizers (creators of the beauty myth) seek to modify women's identities in order to suit the beauty ideal.

The modification of identity is a possibility because some of the most common procedures such as rhinoplasty, eyelid surgery, and Botox, seek to eliminate, or downplay, ethnic, or age associated traits in exchange for traits that adhere to the beauty ideal. External markers such as an "ethnic" nose, or even wrinkles, help define women and link them to their cultural origins or individual identity. Society has deemed such markers, particularly for women, as unacceptable because they are not in line with the U.S.'s beauty ideal, therefore, cosmetic surgery, and the inevitable the move toward monoculturalism threatens women's identities.

Introduction: The Phenomenon of Cosmetic Surgery

Feminist research involves situating oneself in the work because feminism speaks to the personal; therefore, my work on cosmetic surgery¹ is rooted in my own positionality. I came to the topic of cosmetic surgery through my concern with society's extreme focus on thinness and women's body image. I have always been concerned with the media's obsession with thinness and beauty and what it does to women and young girls' self-esteem, but the phenomenon of cosmetic surgery alarms me because women now have a way to permanently modify their "flawed" bodies through age, ethnicity or race to fit society's beauty ideal. My mother has always joked that if she could afford it she would get a face-lift. I always respond with the same cliché answers, "you are beautiful the way you are," "aging is sign of wisdom," and so forth, but these words, coupled with my love and acceptance never seem to be enough. Why is it that I never hear my father, or other male family members wishing for the means to reduce their wrinkles?

Age is not the only target of cosmetic surgery. Physical characteristics associated with racial or ethnic identity markers² are also targeted by cosmetic surgery. This is true particularly for women who are taught never to feel quite at home in their own bodies. Cosmetic surgery perpetuates ageism and racism because the ideal it delivers is based upon a non-inclusive and non-representative beauty ideal.

In recent years cosmetic surgery has become more popular and accepted in the United States, and according to the American Society of Plastic Surgeons (ASAPS), the

total number of cosmetic procedures from 1997 to 2003 has increased 293 percent.³ It is nearly impossible to avoid the deluge of advertisements for cosmetic procedures on television, or reality shows based upon cosmetic surgery. For example, there are reality television shows based around “extreme makeovers”⁴ which take “ugly ducklings” and transform them into “swans”⁵ through the “magic” of cosmetic surgery. Even more presumably legitimate news programs such as those featured on CNN, and other national networks, have also jumped on the bandwagon, detailing the latest innovative procedures, and how to get the best surgeon for your money. Television, movies, magazines and the internet have all seemingly embraced cosmetic surgery.

Cosmetic surgery is not entirely new (some researchers date it back to ancient times), but up until the mid-twentieth century it had been used in the U.S. and Europe mainly to reconstruct bodies ravaged by war.⁶ There was no substantial critique of plastic surgery because it was reserved for soldiers injured during wartime.⁷ Over the last thirty years, however, American plastic surgery has become a booming commercial business, utilized mainly by women, who in 2003 had eighty-seven percent of the 8.3 million cosmetic procedures.⁸

As cosmetic surgery’s popularity rises, the cost of surgery has fallen, making it more affordable to the middle class. For instance, a breast augmentation averages around \$3,400, and a Botox injection is relatively cheap at around \$380.⁹ Most surgeons now take credit cards, so even being unable to pay for surgery is no longer an impediment to sculpting a “better” body.

Cosmetic surgery can include a variety of procedures ranging from laser hair removal¹⁰ and Botox (which paralyzes muscles to eliminate wrinkles), to more invasive

procedures such as breast augmentations, face-lifts, and so on.¹¹ The most popular procedures for women are (in order): liposuction, breast augmentation, eyelid surgery, breast reduction and rhinoplasty.¹² For clarification purposes, I do not consider reconstructive surgeries such as those, which repair breasts after a mastectomy, or the repair of a cleft palate as cosmetic surgery because these types of surgeries repair, and restore the body and are not solely for aesthetic purposes. Rather, this type of surgery, while voluntary, helps people acclimate to everyday society as well as heal from a traumatic event such as mastectomy.¹³ Technology has enabled people to turn back the clock, reshape their bodies and eliminate almost any perceived “imperfections.” As with other technologies, however, ethical questions must also be addressed.

In U.S. popular culture and in the media, women who adhere to the standard of beauty, which exalts features generally associated with Caucasians because it is based upon a heterosexist and racist ideology, are celebrated and those who do not, are criticized. For example, numerous entertainment programs (*Entertainment Tonight*, *E! Entertainment*, etc.) judge women for what they wear, and how they look at formal events. Although, the power of these shows may seem insignificant or trivial, these shows are widely broadcast and viewed as entertainment (even at the expense of some women). Entertainment shows and commentators ridicule women as the “worst” dressed when they make (at best) a fashion mistake in choosing an inappropriate dress, hairstyle and so forth. On these shows women are generally the ones criticizing other women, therefore, some women help to reify the beauty standard and exert power over other women who do not fit this standard. In the U.S., the media, via entertainment programs and other outlets, as well as popular culture, play a significant role in the creation and

propagation of a heterosexist and racist beauty ideal, because what the media considers attractive¹⁴ is featured and celebrated (e.g. “best” dressed) while women who do not fit this mold are admonished (“worst” dressed).

Television networks, magazines and various other media outlets devote the majority of their time and focus to critiquing women’s appearance and encouraging women to dress fashionably, wear the right makeup and generally spend a large amount of their time and money “improving” their appearance.¹⁵ For instance, the February 2005 issue of the celebrity and fashion magazine, *In Style*, cover features various ways women can improve their appearance, with headings such as: “‘Getting Gorgeous: 45 Tricks and Tips from the Pros,’ ‘Oscar Styles You Can Use’ and ‘Spring Trends: How to Wear Them.’”¹⁶ This magazine touts ways for women to be sexier, skinnier, more fashionable, and so forth if women take their advice and buy the necessary products. I will give this magazine some credit because it deviates from the “norm” by featuring the African American plus size actress and rapper, Queen Latifah, on the cover; however, the magazine continues to advertise various products and methods women “need” in order to look better and be more attractive.

Men are also beginning to enter this image-conscious world with the emergence of the “metro-sexual:” a straight male concerned with his dress and personal appearance, however, unlike women, most men do not feel the same amount of pressure, and are not rewarded solely for being attractive. The rates of cosmetic surgery for men are indicative of the lack of pressure men feel to adhere (surgically or otherwise) to their own beauty myth. According to ASAPS, in 2003 men received only thirteen percent of the total number of cosmetic procedures (up from twelve percent of the total in 2002).¹⁷ If men

felt the same pressure as women to conform to the beauty myth then their own rates of surgery might be higher, but this is not the case.¹⁸

Cosmetic surgery results in a more permanent cultural assimilation than other traditional forms of female alteration. The popularity of surgery fuels a monoculture, or homogenized culture because surgery often emulates one particular kind of beauty. In other words, people will begin to look alike. Often, cosmetic surgery alters a body in such a way that modifies identity markers associated with age, race and ethnicity.

Women who undergo cosmetic surgery understand the power¹⁹ that comes with being attractive, as well as the cultural acceptance they receive by adhering to the heterosexist and racist standard of beauty in the United States. The rise in popularity of cosmetic surgery exalts only one kind of beauty and excludes many women from ever attaining this ideal, so while women may feel empowered, surgery acts as a form of assimilation, because the act of cosmetic surgery reifies an exclusionary beauty norm. With cosmetic surgery, this hegemonic ideal is becoming more attainable, and in the process, women are losing their individual identities, which I argue are shaped by such things as ethnicity, body shape, wrinkles, etc., and instead tend to become one homogenized group. External markers such as an “ethnic” nose, or even wrinkles, help define women and link them to their cultural origins or individual identity. Societal institutions, however, has deemed such markers, particularly for women, as unacceptable because they are not in line with the U.S.’s beauty ideal.

Cosmetic surgery has the potential to redesign American women’s identities by creating new identities based upon a non-existent or mythic ideal. Here I will need to utilize the work of postmodern theorist Jean Baudrillard on simulacra to address plastic

surgery's attainment of the beauty myth.²⁰ A simulacrum is a copy or representation without an origin. A surgery-sculpted body is a copy of the beauty ideal, which has no origin because it is artificially created and it does not exist outside the operating room. The simulacrum perpetuates the homogenization of society because cosmetic surgery continues to copy Caucasian looks associated with the beauty myth.

My biggest overall concern with cosmetic surgery is in its proliferation of a non-inclusive or monocultural representation of beauty. The propagation of one type of beauty ideal normalizes medically constructed features such as collagen-injected lips, overly large breasts, and other types of synthetic beauty and devalues ethnic bodies, signs of aging, and other identity markers in exchange for surgically created identity markers. Collagen-injected lips, and breast implants also denote identity, but these markers come at the cost of a previous identity or body that did not fit with the beauty norm.

Feminist theorists engage in much discussion regarding cosmetic surgery, but in my research, I found little discussion or attention given to the effects of surgery, specifically monoculturalism. I contend that women who undergo surgery may end up erasing their individual identity in order to adhere to the beauty norm. The erasure of identity is a possibility because some of the most common procedures such as rhinoplasty, eyelid surgery, and Botox, seek to eliminate, or downplay, ethnic, or age associated traits in exchange for traits that adhere to the present absence of the beauty ideal.

One of the major discussions amongst feminists is whether cosmetic surgery actually empowers women economically and socially, or, if it continues to keep women in a submissive state at the “whim” of the hegemonic ideal. For example, Naomi Wolf

contends that the use of cosmetic surgery results from pressure to adhere to the beauty ideal, and as a result of this, women have little or no agency.²¹ Kathy Davis, on the other hand, argues that women's decision to undergo cosmetic surgery demonstrates women's agency and power regarding assimilation to the ideal. Davis contends women exercise power when they change a physical characteristic they may not like in order to possibly gain relief from this insecurity or increase their chances of economic success or societal acceptance. While these two arguments do not address the homogenization of people via cosmetic surgery, they help to provide a useful launch pad from which to begin examining the phenomenon of cosmetic surgery. I will utilize these two frameworks to illustrate my own argument on the effects of cosmetic surgery. These positions are both valuable for their assessment of the beauty myth (Wolf), and in the acknowledgement of the complexity of the decision to undergo cosmetic surgery (Davis). My methodology for this paper is based on third party research conducted by scholars who interviewed cosmetic surgery patients and conducted their own research on the topic. I also performed several of my own investigations of the media to ascertain statistical data and trends in cosmetic surgery. I will delve into the two feminist theories described above in Chapter One. Chapter Two will feature several examples of the expansion of a monoculture through the use of cosmetic surgery. In Chapter Three I will focus on the specific pressures women face to look good, as well as the role women play in maintaining the beauty ideal. And finally, Chapter Four will explore the nature of the rhetoric society uses to construct bodies as attractive or unattractive and how these ideals have helped to influence the popularity and general acceptance of cosmetic surgery.

Chapter 1: Normative Beauty

In this chapter, I will explore two prominent feminist arguments regarding cosmetic surgery presented by Naomi Wolf and Kathy Davis. I will discuss how neither theory adequately addresses cosmetic surgery as a proliferation of monoculture. I will also explore the cultural acceptance of cosmetic surgery in the U.S., and how a rising number of adolescents feel the same need as some women to alter their appearance. Social psychological research included in the book *Cosmetic Surgery: The Cutting Edge of Commercial Medicine in America* by Deborah A. Sullivan concludes that attractive men and women reap more benefits in society than those who are deemed less attractive. Sullivan explains that: “Attractive adults are less lonely, less socially anxious, more popular, more socially skilled, date more and are more sexually experienced than unattractive people.”¹ Sullivan argues that the benefits of being attractive transfer to economic gain, inasmuch as studies suggest that those that are considered more attractive are paid more, given higher raises, and perceived as better teachers, workers and so forth.²

Sullivan goes on to assert that in racially diverse cultures where northern Europeans occupy positions of power, people tend to value lighter skin, and fat is valued in cultures where food is scarce.³ Sullivan’s logic, that the powerful group values their own characteristics the most, can be applied to the United States, where beauty in society usually favors Caucasian features. This beauty ideal is generally based upon what straight white men⁴ and our traditional institutions value; therefore, the arbiters deem

what is attractive. In other words, Sullivan's cited research shows that people are rewarded for being attractive; however, in the U.S. idealized beauty is not representative of how the majority of women look, therefore, they must work hard (through various means, including surgery) to adhere to this standard.⁵

A social construction is something that is created and maintained through cultural institutions and society. It is also a subjective interpretation of reality, or naming of a concept based upon the dominant groups' perspective. A socially constructed concept becomes "naturalized" by society because it becomes engrained in social institutions and society—it becomes a normalized view or way of thinking. Gender is a social construction so much so that society believes women and men's roles are innate or biologically based, rather than a part of a socially constructed concept. Beauty is also a social construction because it varies between other cultures and shifts throughout time. In the U.S. beauty remains based upon a hegemonic ideal, which excludes characteristics commonly associated with ethnicity and race. For example, the beauty standard of the 1940s and 50s America is no longer the societal ideal. During her time, Marilyn Monroe was one of the most beautiful women in America with her blonde hair and large bosom and curvy figure. By today's standards, her curvy figure is considered fat, as evidenced by a comment made by a much thinner actress and model Elizabeth Hurley: "I've always thought Marilyn Monroe looked fabulous, but I'd kill myself if I was that fat."⁶ In the U.S. today, society generally considers a woman attractive if she is young, thin (sometimes waif model-like thin), with an ample bust (often surgically derived), and white⁷--the Barbie doll best embodies this ideal. The overwhelming majority of women

in the U.S. will never look like Barbie dolls but cosmetic surgery offers ways in which women can achieve some of the thin, white, buxomly assets of Barbie.

Deconstructing the Beauty Myth

Naomi Wolf, author of *The Beauty Myth: How Images of Beauty are Used*

*Against Women*⁸ writes:

“Beauty” is a currency system like the gold standard. Like any economy, it is determined by politics, and in the modern age in the West it is the last, best belief system that keeps male dominance intact. In assigning value to women in a vertical hierarchy, it is an expression of power relations in which women must unnaturally compete for resources that men have appropriated for themselves.⁹

Beauty does play a pivotal role in the overall acceptance and rejection of people, as the study previously noted suggests. Wolf’s assessment, however, implies a one-dimensional approach to power because she attributes all the power to create and sustain the beauty myth to men and societal institutions, and very little power or role in the beauty myth to women. According to Wolf, beauty is based on a white, heterosexual standard, however, she does not acknowledge that women also help to reify and support this standard through their own actions and notions of beauty. Wolf’s conception of power limits the agency women have in constructing their own images of beauty.

Naomi Wolf’s work on the beauty myth has been criticized for essentializing the experiences of women and men. Critics argue that Wolf tends to generalize the experiences of women and men across many different socio-economic planes.¹⁰ For example, the above quote contends that women are assigned value along a vertical hierarchy and compete for resources men appropriate for themselves, which assumes that all men are economically and socially privileged such that they can exert power over women. Wolf refers to men and women without accounting for race and economic

positions which eliminate many men (low-income, men of color) from a position of power to create the beauty myth. Kathy Davis agrees with Wolf that only the few (white, heterosexual men) construct the beauty ideal, but she more thoroughly explains the power dynamic and who exactly has the societal power to create the beauty myth.¹¹ Davis clarifies that subordinate groups such as women and minorities, “are defined by their bodies and are defined according to norms which diminish or degrade them.”¹² Davis highlights how the power dynamic is more complex than a vertical hierarchy where men have all the power and women have none, because, she argues, power and the beauty myth are institutionalized; therefore, the beauty myth is not always apparent, or vertically assigned.

Cosmetic surgery offers a way for women to break out of a body that does not coincide with the beauty ideal. Both Wolf and Davis agree more or less that men and societal institutions create and reify the standard of beauty; however, Wolf does not acknowledge that women also help to reify the standard of beauty, which I argue negates women’s agency. Although I disagree with Wolf’s linear assignment of power (men to women), I do believe the beauty myth is supported and reinforced by many elements in society, especially pop culture, which pressures many women to adhere to this unrealistic ideal. This standard is emphasized and displayed via such institutions as the media, and through people’s interactions with one another. The beauty myth is constantly being reinforced through social institutions.

Davis and feminist author Susan Bordo promote the second prominent feminist analysis of the societal discourse on cosmetic surgery. Davis argues that when women reconstruct their bodies through cosmetic surgery they are taking control over their

bodies and actually gain power in society. Susan Bordo believes that it is naïve to paint women as passive victims lacking any agency or collaboration in our patriarchal society. Bordo cites the example of Sara Gilbert from the television program, *Roseanne* who decided to have her nose “fixed” as a teenager because she felt it was too wide.¹³ Bordo explains Gilbert’s motivation: “I think it’s important to be attractive to yourself. Your body just kind of gets in the way of what you try to do. So if you’re concentrating that much energy on your body, then just change it so you can move on and deal with the intellectual.”¹⁴ From this viewpoint, Gilbert saw her nose, and most likely the insecurity that accompanied its shape, as something that needed to be remedied in order for her to live her life. She took control over her insecurity that she felt impeded her progress in life. Gilbert’s decision to undergo cosmetic surgery empowered her but as Davis and Bordo both argue Gilbert’s decision to undergo surgery was rooted in her inability to fit the beauty ideal. Her “flawed” nose became the center of her focus because of her natural inability to conform to the beauty ideal; however, once she had rhinoplasty, Gilbert fit the ideal more and no longer felt held back by her nose. Despite feeling better about herself, we can also say that Gilbert’s action reified the beauty myth that held her nose to be ugly or unfit—hence, the complexity of the issues regarding women’s agency.

Wolf’s perspective fails to recognize the power women, such as Gilbert, have in the decision to undergo cosmetic surgery, as well as the influence other women have on each other—e.g. Gilbert had her nose done shortly after her television mom, Roseanne Barr had her’s done.¹⁵ Both arguments represented by Wolf and Davis regarding women’s lack of agency and the presence of agency, respectively--are relevant to understanding why women might feel pressure to adhere to a certain standard, and what it

means when they do abide by this standard. It is crucial to implement both theories when examining the phenomenon of cosmetic surgery because they each provide a platform to deconstruct cosmetic surgery. The theory of the beauty myth supports the idea that beauty is not inclusive or representative of various types of women. The beauty myth pressures women in America to assume characteristics associated with the cultural norm of beauty, and because of this pressure women must make their appearance one of their top priorities. Meanwhile, Davis' theory does not go far enough in discussing the cultural ramifications, i.e. monoculturalism, that results from cosmetic surgery.

I would also like to acknowledge that cosmetic surgery and the motivations behind it are complicated; therefore, it is nearly impossible to formulate or find theories that have clear answers on this issue. Feminists have continually moved and challenged the old notions of what a feminist can and cannot embody. A feminist can wear make up and shave her legs--but is she a feminist if she has cosmetic surgery? Kathy Davis explores this issue when noting that one of her feminist friends had plastic surgery. The issue of cosmetic surgery, particularly for feminists is hard to reconcile because the women's movement fought for women's control over their own bodies, but this control is coupled with patriarchal institutions which routinely objectify women's bodies. In the end, there will probably never be a consensus on cosmetic surgery because it challenges the idea that women have the right to be autonomous and do as they wish with their own bodies, however, it is crucial to continue the debate on cosmetic surgery.

The Normalization of Cosmetic Surgery

Cosmetic surgery has become widely accepted in our culture without an accompanying examination of why women mutilate themselves. Many feminists argue

that associating mutilation with cosmetic surgery is too extreme and harsh, however, I assert that the process of cutting and reshaping the body based upon an aesthetic¹⁶ rationale *is* a form of mutilation. Cosmetic surgery is also a form of mutilation because many of the procedures performed mutilate or erase an “original” body part that in many cases, did not fail—but was changed solely for aesthetic reasons. In other words, I argue that an aesthetic procedure, which eliminates a body trait in exchange for a more culturally appropriate body part that is representative of the beauty ideal, is a form of mutilation of the body.

Plastic surgery rates have increased in spite of the physical risks involved. I argue that the media’s tendency to embrace and celebrate cosmetic surgery has enabled people to distance themselves from the actual mechanics and risk involved in cosmetic procedures. An example of this disconnect can also be seen at the grocery store where meat sits packaged ready to be taken home. Consumers are not always familiar with the exact process meat (animals) must take to get to the grocery store because if people knew how animals were treated, or processed, in order to make them into food, some might not want to eat the meat. In other words, people are often lured by the results of surgery but are not always aware of what actually happens behind the scenes. In general, society’s overall acceptance of cosmetic surgery supports the idea that cutting or grinding of flesh and bone for strictly cosmetic reasons is not seen as a form of mutilation, because if it was, some might pass up surgery.¹⁷ And if shoppers really knew how their meat was processed, they might also be less apt to eat it, or support the practice.

In her article, “Cosmetic Mutilation? Shameless Self-Confidence!” Dr. Adrienne Fugh-Berman argues that each culture has a different set of cultural codes or rules that

guide societies and dictate appropriate behavior. For example, in the U.S., large breasts are currently considered more attractive, and according to social science research cited by the men's magazine, *Playboy*, men prefer breasts that are larger than what women would want. The study also goes on to say that men prefer women with large breasts and a small frame which is not always achievable without surgery.¹⁸ Fugh-Berman notes that in contrast, women in France who have any cosmetic surgery typically reduce their breast size, not enlarge it.¹⁹ Fugh-Berman notes differences in what people will accept and endure to achieve a certain look. For instance, in China tallness is valued, therefore, some people opt to have their legs lengthened in order to be taller. The legs are surgically broken and attached to racks, which stretch the leg bones in order to create new bone growth. This process is painful because patients must endure numerous tightening of the racks in order to stimulate growth. This process can also end in deformity or disability for the patient.²⁰ Fugh-Berman writes that Americans are shocked at the lengths Chinese will go in order to increase their height, but yet see no parallel between what the Chinese endure and what American women endure to be seen as attractive or more accepted.²¹ Virginia Blum in her book, *Flesh Wounds: The Culture of Cosmetic Surgery*, offers a look into the operating room to unravel the mystery of the brow-lift. The doctor Blum observed cut two small incisions into the patient's scalp so he could pry the skin apart. He then used a drill to make a tunnel that he could scope with his camera, and with this tunnel, the doctor is able to tighten the skin and lift the brows.²² Blum writes: "At the end of this [separation of skin from fascia], almost her whole face had been undermined... [by] rearranging tissue, restoring the substructure, in order to create a more youthful contour...he pulled the skin back and stapled it shut," marking the

completion of the procedure.²³ Highlighting the mechanics of such a procedure helps to show that what some Americans participate in to be “beautiful,” is no less shocking than what some Chinese endure to be taller.

Women in the U.S. continue to undergo cosmetic surgery even though the procedures they experience are not necessarily any less graphic or painful than the risks Chinese patients face. People continue to have cosmetic surgery in part because they are able to continually distance themselves from the specifics of surgery and possible risks and steps involved in looking good in the U.S. A chasm is created between people and cosmetic surgery, much like the divide at the meat counter in the grocery store—that allows cosmetic surgery to be normalized and not seen as a form of physical mutilation. Although cosmetic surgery is becoming normalized in this culture, other culture’s beauty “rituals” are easily classified as mutilation because their ideals are not representative of what is valued in the U.S. It becomes easy to criticize what others do in the name of beauty.

In the U.S. and China, people who have surgery can choose to accept the risks and pain of surgery in order to achieve their end result. I cannot argue against all surgeries (as they all cut into flesh), because non-cosmetic procedures are often medically necessary such as ones that reduce breast size to alleviate shoulder and back problems.²⁴ Nonetheless, numerous cosmetic procedures can be very dangerous and potentially life threatening. In Debra Gimlin’s article, “Cosmetic Surgery: Paying for Your Beauty,” she explores the various risks from surgery such as: “Pain, numbness, bruising, discoloration, and depigmentation frequently follow a liposuction...Face-lifts can damage nerves, leaving the patient’s face permanently numb. More serious

complications include fat embolisms, blood clots, fluid depletion, and even death.”²⁵

Risks from a breast augmentation are also high (thirty to fifty percent) and can include decreased sensitivity of the nipples, congestion of the breast along with painful swelling.²⁶ Encapsulation, according to Gimlin, is also a serious side effect because this is when the body’s immune system actually attacks the foreign object (implant) by creating fibrous tissue, which can only be painfully broken down manually by a doctor. If this does not work, the implant must be removed so that the fibrous tissue can be chiseled away from the chest wall.²⁷

If society continues to accept major body modifications from cosmetic surgery, it is unclear what else society will be willing to accept and endorse in order to achieve the beauty ideal. It is important to examine exactly why it is that cosmetic surgery is becoming an acceptable beauty tool, and why it is that women are the largest consumers of plastic surgery? It helps to compare our notions of beauty and what people will endure to achieve this look to the ideal and practices of other societies in order to make the familiar strange.²⁸ In other words, people need to examine why plastic surgery is not always viewed as a form of mutilation, but yet it seems easier to classify something such as leg lengthening as mutilation or at the very least, a drastic measure. Inevitably, normalization of a specific look, attained through cosmetic surgery furthers the homogenization of society. If plastic surgery continues to be accepted and the reality or specifics of cosmetic procedures are ignored, then the move toward a homogenized or monoculture is unavoidable.

Cosmetic Surgery and Teens

According to the ASAPS, in 2003, people age 19-34 had twenty-four percent of cosmetic procedures, while those eighteen and younger had less than three percent, and the most common procedures for teens (eighteen and under) are chemical peels, laser hair removal, microdermabrasion, rhinoplasty and otoplasty (ear reshaping).²⁹ The rate of teens who undergo plastic surgery may appear to be low compared to the rates of women ages 35-50 who have forty five percent of the total amount of plastic surgery, however, the number of teens seeking plastic surgery has increased over the years.³⁰ Most surgeons would argue that is unethical or wrong to perform plastic surgery on teens, but there are many parents who want their children to be perceived as beautiful, who push doctors to perform these operations. Author Ann Gerhart highlights one such doctor/parent interaction:

I [Dr. Steven Hopping] had a mother; she lost weight and had liposuction, and she had a short, heavy daughter, 15. She had a bad complexion. She was under psychiatric care. The mother pleaded with me and my staff, and reluctantly, I did the lipo. And now, a year later, her weight is up. She's not any happier. That was a mistake I made. You would love to help these people and be the one to save them. I'm a surgeon; I love quick changes myself. But I didn't solve any problems. I just moved them around.³¹

Teens often suffer from low self-esteem and therefore are more apt to be unhappy with their appearance and to want to conform to what they perceive as beautiful.

Research highlighted by authors Craig Winston LeCroy and Janice Daley, in their book, *Empowering Adolescent Girls: Examining the Present and Building Skills for the Future with the Go Grrrls Program*, has shown that girls, unlike boys, learn through society, the media, and other outlets that they are valued more for their outward

appearance rather than their accomplishments. An example of the differences amongst girls and boys appears when asked about how they feel about their bodies:

Not surprisingly, when asked to describe their physical forms, males identify themselves as being of normal weight or thin, while females are more likely to identify themselves as heavy or of normal weight...even when their weight falls within “normal” standards.³²

If young girls already possess a weakened self-image, then they become susceptible to the “lure” of cosmetic surgery; seeing it as a quick fix to boost their self-esteem and personal appearance, especially if they have a parent pressuring them into plastic surgery. The beauty ideal, combined with low-self esteem in girls, can set the stage for further examination and rejection of girls’ bodies, which can lead some girls to seek plastic surgery to ameliorate insecurities later in life. I am not suggesting that all young girls with low self-esteem become women with low self-esteem; however, young girls and women have a negative or self-critical perspective of themselves based upon the messages they receive from the media and society. In other words, teens are susceptible to the same beauty ideal as adults, therefore, some might also seek cosmetic surgery as a way to conform to the ideal.

Cosmetic surgery is presented by the media as an uncomplicated and empowering procedure that will leave women feeling younger, thinner, etc. and more confident, when in reality cosmetic surgery conforms to the racist and heterosexist ideology of beauty. Cosmetic surgery may be empowering because women feel better about the elimination of saddlebags, or their “big” noses, but women are still assimilating to only one type of beauty that promotes the elimination of individual identity in order to achieve this ideal.

Although teens do not currently represent a large amount of the total cosmetic procedures done, they are certainly influenced and affected by the beauty ideal and

cosmetic surgery as a method of conforming to this ideal. Plastic surgery can be seen by some teens as a solution to their low self-esteem or issues with their bodies. Moreover, teens do not grow up in a bubble, therefore, their ideas of beauty are dramatically influenced by society, and these same teens might some day comprise the larger demographic of older women ages 35-50 who have forty five percent of the total amount of plastic surgery.³³

Chapter 2: Identity Markers and Assimilation

In this Chapter, I will explore what cosmetic surgery means for women's identities and the exaltation of only one type of body or look. I will also explore the effects of the beauty standard in the United States and how cosmetic surgery presents itself as a logical, safe and acceptable alternative when a woman does not meet this high standard. Because the beauty standards in the United States are based upon a narrow set of standards (read Caucasian), they ultimately exclude the majority of women in the U.S. who do not fit this mold.

In her article, "Medicalization of Racial Features: Asian-American Women and Cosmetic Surgery," Eugenia Kaw explores the motivation behind cosmetic procedures by Asian-American women. The most common procedure Asian-Americans obtain (thirty-two percent of the total of Asian-American procedures) is the "double-eyelid" surgery, which creates a crease in a woman's eye to make her eyes look bigger and more Caucasian-like.¹ Other popular procedures include sculpting of the nose tip and/or bridge for a more prominent look.² Kaw states that most women have these operations because they feel it will increase their opportunities of finding employment and overall acceptance by potential mates. They believe that by having the double eyelid surgery they will be more marketable by appearing more alert to their future employers.

Opting for double-eyelid surgery or other such surgeries is a form of self-mutilation, according to Kaw. Not only are these types of surgeries representative of a

type of self-mutilation, but they also work to alienate one from one's racial or ethnic group. Having this type of procedure is predicated upon conformity to a patriarchal idea of beauty, which excludes ethnicity in women and women of color. The women Kaw interviewed repeatedly said that they were not trying to look white, or separate themselves from their cultural heritage; but rather that they sought economic and social acceptance by society. Even though women were assimilating to a standard of beauty that did not include them, they still argued that they were not trying to look white, Kaw explains: "All of the women said they are 'proud to be Asian' and that they 'do not want to look white.'"³ The women she interviewed thought about the procedures before they volunteered for them, and knew that if they had the operations they would be able to avoid the racist stereotypes associated with their Asian looks, both by their Asian friends and family and society. Kaw quotes Elena,⁴ a 20-year-old Korean American: "People in society, if they are attractive, are rewarded for their efforts...especially girls. If they look pretty and neat, they are paid more attention to."⁵ Society rewards women for being attractive, or in this case, less Asian.

The negative stereotypes associated with Asian facial features also help to reify and sustain the beauty myth because Asians, as cited in this research do not want to be referred to as an "oriental bookworm" or less fun, as one woman noted.⁶ Asian-American women said without the double-eyelid surgery their eyes looked tired, sleepy, dull, and that having surgery would make their eyes look more alert and pretty. Therefore, in order to be more socially accepted, Asians are compelled to go under the knife and, in my analysis, modify their identity in order to fit the ideal. Asian women's looks do not fit under the umbrella of the beauty myth; therefore, many are compelled to

undergo surgery to change their features to appear “less ethnic” and more Caucasian-like. Even though many Asian-American women adamantly said they were not trying to look white, they were certainly trying to look “less Asian” in order to fit the racist and heterosexist beauty norm. The modification of Asian eyes, or noses fuels the move toward a monoculture where people no longer have a unique or non-hegemonic identity.

Many of the surgeons Kaw interviewed mentioned some of the same reasons Asian-American women cited for having surgery, although they frequently used much harsher language in promoting “corrective” surgery for Asian-American women. Kaw quotes one doctor:

The social reasons [for Asian Americans to want double eyelids and nose bridges] are undoubtedly continued exposure to Western culture and the realization that the upper eyelid without a fold tends to give a sleepy appearance, and therefore a more dull look to the patient. Likewise, the flat nasal bridge and lack of projection can signify weakness in one’s personality and by lack of force in one’s character.⁷

Clearly, the doctor’s remarks are based upon racist ideals, and not anything to do with the actual “performance” of an Asian eye or nose. Some doctors may reinforce and normalize Asian-American’s insecurities about their features, making them more apt to go ahead with the surgery regardless of reservations. Elena explained to Kaw that while sitting in her doctor’s office she felt sure she needed the eyelid surgery⁸ and explained her experience: “[Dr. Smith] made quite an impression on me. I thought he was more than qualified—that he knew what he was talking about.”⁹

Kaw also notes the weight which doctor’s opinions carry because they represent a Western, scientific perspective that is most often exalted over any other perspective. In the U.S. the medical profession tends to present itself as above cultural influences and, therefore, society tends to think doctors can give unbiased and unprejudiced answers,

when in reality they are also highly susceptible to the same institutionalized ideas of beauty as the rest of society. Kaw argues that the medical community (i.e. doctors) benefit from the culture that instills in women that it should be their goal to be beautiful, and in this case, less ethnic looking because they are the “producers of norm.”¹⁰ The doctors profiled by Kaw focused on the same stereotypes cited by Asian-American women. The doctors were not necessarily any more objective or free from cultural influence than the women who came to see them. There are, however, differences between the medical community (doctors) and patients, because while doctors may also believe in some of the same stereotypes as female patients, they have the power to erase “flaws” associated with Asians (or other ethnicities) with their scalpels. This power enables doctors, particularly those who want to recreate the beauty myth by eliminating features that do not coincide with it, to reify the beauty myth through their patient’s bodies. In other words, doctors invoke their own stereotypes and ideas of beauty upon the bodies of their female patients.¹¹ Doctors reinforce and disseminate the beauty myth. Plastic surgeons interviewed by various researchers cited here generally want to help women even though their own notions of beauty are based upon a beauty ideal. Of course, there are many surgeons mainly seeking profit, but the majority of the surgeons interviewed claimed they wanted to make women happier, by making them more attractive—which perpetuates the beauty myth.

Plastic surgery to reduce racial and ethnic identity markers such as “Jewish noses,” or Asian eyes is an act of cultural conformity because modifying characteristics associated with one’s ethnicity implies that there is something wrong with that ethnicity. The doctors Kaw interviewed based their judgements upon stereotypical views of Asians’

eyes as being lazy-looking rather than indicative of Asian cultural heritage. This assimilation is dangerous because if each Asian or any other minority group feels it is necessary to change their looks to conform to the “norm,” then society will begin to homogenize, and lose any individual or cultural characteristics, other than those of the Caucasian hegemonic standard. What is even more frightening is that those who decide what is beautiful and normal can have an effect on societal notions of beauty. This power is not only limited to doctors, but also societal institutions, making the beauty myth the norm. Given this state of affairs, and the increasing numbers of plastic surgeries, homogenization is a real threat to the diversity of society.

Colonization of the Body

Kathryn Pauly Morgan argues that cosmetic surgery is a form of colonization of women’s bodies because they are, “viewed as a ‘primitive entity’ that is seen only as potential, as a kind of raw material to be exploited in terms of appearance, eroticism, nurturance, and fertility as defined by the colonizing culture.”¹² Plastic surgery is a form of colonization of the body, however, some postcolonial scholars¹³ might not agree with this usage because they might argue the “colonization” of white, middle class American women’s bodies does not approach the severity of struggle women have endured from more “traditional” forms of territorial and cultural colonization. I will, however, continue to use the term colonization as a metaphor, but understand that I am in no way equating the experience of a mainstream American woman with that of a more “traditionally” colonized woman.

From this perspective, cosmetic surgery is a form of colonization of the body because most people who do not fit with what is perceived as normal and beautiful

experience pressure to assimilate. The body becomes colonized (via surgery) much as a country does in the sense that the colonizing group “otherizes” the colonized, and deems their way of life, or culture, as abhorrent and in need of assimilation to the dominant group’s way of life. The colonizers (creators of the beauty myth) seek to modify women’s identities in order to suit the beauty ideal. Performing eyelid surgery on Asian women is a form of colonization because Asian women are conforming to the dominant ideal of beauty that does not include their type of eyes.

Debra Gimlin interviewed women who chose cosmetic surgery to reduce features normally associated with race and ethnicity. The women who reduced their ethnic traits claimed they just wanted to look more “normal.” Women in Gimlin’s study claimed that they were not trying to distance themselves from their ethnicity, but rather trying to look more attractive, or, as in the case of Asian women—more alert. Gimlin writes: “Seemingly indifferent to this loss [of their ethnicity as part of their identity], they accept the notion that normalized (i.e. Anglo-Saxon features) are more attractive than ethnic ones.”¹⁴ In their effort to look more “normal” these women separate themselves from their cultural identity, or in other words, these women feel abnormal.

Bordo points out that we never hear patients ask for a more African American or Jewish-looking nose. Women usually seek to reduce the size of their nose, not increase it. According to the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS), in 2003, forty two percent of all African American plastic surgery patients were most likely to have rhinoplasty.¹⁵ The aesthetic industry and society both exalt and universalize Caucasian features, therefore, it is no coincidence that the most common surgery for African American women is rhinoplasty.¹⁶ The reason that we never hear

about women trying to look more “ethnic” is because within the framework of the beauty myth, these sorts of characteristics are not seen as beautiful or even normal. It is becoming normal in U.S. to create a less “ethnic” looking body with plastic surgery. One of my biggest concerns with plastic surgery is its tendency to reproduce a body or image based upon Caucasian features because the replication of bodies through surgery based upon a white ideal (beauty myth) which modifies the identity of those that do not possess Caucasian features. The result is a homogenization of women’s bodies and modification of identities to fit the hegemonic norm--at the expense of the racial and ethnic identities as well as markers associated with age.

Women of Color and Representation

A perception exists that African American and Latina women experience fewer body image issues because their cultural norms consist of curvier, fuller-figure women, and not the waif-like model of white girls. A 1999 study cited in *Empowering Adolescent Girls* shows, however, that of 1,500 African American women, the incidence of eating disorders, and emotional issues surrounding weight, were similar to that of white women. In *Empowering Adolescent Girls*, the authors comment: “Sadly, the old notion that Anglo American values of beauty and thinness are impacting only Anglo girls may be giving way to a new cultural order of thinness that is spreading across ethnic groups.”¹⁷ While it is still too presumptuous to assume that all African American girls feel pressure to assimilate, the study may highlight a shift to conform to a thinner female ideal, which may represent the homogenization of a beauty ideal even amongst minority groups.

In my own informal survey of teen magazines I was shocked by the lack of magazines geared toward African American teenage girls. Caucasian girls can read

CosmoGirl, *Seventeen*, *ElleGirl*, *TeenVogue*, and *TeenPeople*, just to name a few, most of which feature young white girls on their covers. Magazines such as *Jet*, *Ebony* and *Essence* appeal to adult black women, but there are no magazines specifically for young African American girls. If young African American girls can only choose from magazines for adult women in order to see themselves represented within the pages, then they are likely to turn to magazines geared toward Caucasian girls, which do not feature girls of color prominently. Magazines aimed at adult African Americans, such as *Essence* and *Ebony*, do feature women of color but the majority of the women featured are thin women. For example, when I reviewed a small sample of these magazines I was surprised that the women used in advertisements, and fashion layouts generally, featured thin women—not curvy ones. In one recent issue of *Ebony* there was a section on swimsuits, which featured only thin women. Only when a feature discusses what is the best bathing suit for various women's sizes do they show more than just thin women. These magazines seemed to only feature curvier women when the women are celebrities such as Queen Latifah or Mo'Nique. If young black girls do not see themselves represented in magazines for their age group, then one can assume that girls will begin to internalize and assimilate to the exalted Caucasian look within these teen magazines.

Nadine, a fifteen-year-old Haitian immigrant was introduced in Rebecca Carroll's book *Sugar in the Raw: Voices of Young Black Girls in America*. Until moving to Florida, she never took much notice of her black skin because in Haiti she was just "another girl." Nadine writes that after she moved to Florida she *knew* she was black. Nadine is also conscious of the lack of representation of girls and women like her, particularly within fashion magazines. She writes:

I can flip through page after page of any major fashion magazine and not once see myself. What I do see is women who look nothing like me. After I have bought the magazine and flipped through it, I feel cheated and humiliated for paying the money and for believing that I might see an image I could relate to. And why do I have to buy *Essence* and *Ebony* in order to see an image of celebrated blackness?¹⁸

Nadine is proud of her Haitian heritage and her black skin. Her father encouraged her to learn about her heritage, but despite this embrace of her own culture and that of others with similar pasts, she still notices society's inability to embrace other representations of people. Because girls of color like Nadine do not see women like themselves in the media, they might have to resort to magazines and other media outlets that do not feature girls who look like Nadine. The inability to find oneself reflected back in the media might suggest to a young girl that she is not attractive, or worthy of being featured in the media because she does not look like Barbie, or the white girls featured on *Seventeen* or *TeenCosmo*.

In fact, rates of cosmetic procedures for African Americans show that blacks are influenced by the dominant norm. In 2002, there were 375,025 black cosmetic surgery patients, and that number in 2004 jumped to 487,887—about a thirty percent increase.¹⁹ An article in *Ebony* magazine notes this increase and attributes much of cosmetic surgery's popularity amongst people of color because surgery is becoming less stigmatized. People were initially afraid they would look “too white,” but several of the doctors interviewed contend that people, regardless of race and ethnicity, want to look “good.” Dr. Emily Pollard commented: “our patients want what other people want, a refreshed look of vitality and vigor. I think it's also a myth that plastic surgery robs you of your ethnicity. I don't know what's ethnic about bags [under your eyes].”²⁰ The doctor's comment belies the issue because baggy eyes may not indicate ethnicity, but

they do still portray identity, and the erasure of such markers propagates the homogenization of society. Another doctor's comments reflect Pollards': "There are ways to make changes that preserve ethnic identity."²¹ But how does one preserve ethnic identity when the purpose of the surgery is to conform to the hegemonic standard?

If African American girls are becoming more susceptible to eating disorders, as research above noted, then it is entirely possible that these girls, will also feel pressure to see cosmetic surgery as an option to modify their bodily features to fit the hegemonic ideal propagated by white America. Even though African Americans and Latinos generally value curvier women, the dominant norm in the U.S. is modeled after the white ideal, which does not include various cultural markers generally associated with African American or Latina women. For instance, Jennifer Lopez, a Latina entertainer and Beyonce Knowles, an African American entertainer are both curvier than other white entertainers and yet they are considered attractive within their own communities and by society in general. They are, in part widely accepted, and considered beautiful by society because they are still thin compared to the average woman.²² They also possess facial features, which tend to conform to the beauty norm.²³

Women and girls of color do not live in a vacuum; therefore, their ideas on beauty are also shaped by society's ideals. Women and girls of color may still only be prominently featured in magazines specifically geared toward African Americans, but oftentimes when they are featured, women's bodies tend to resemble the thin ideal. The rise in cosmetic surgery also represent the enculturation of people of color, particularly to opt for procedures to reduce signs of ethnicity—much like Asian Americans who

undergo their own cultural reduction. Women of color do not escape the hegemonic ideal simply because they are not wholly represented in society.

Chapter 3: Feminism and Cosmetic Surgery

In the first part of this chapter I will detail the way in which the beauty myth is reinforced through cultural channels such as work, dress and gender norms, and through the representation in the media. In the second half I will introduce the notion of women as social agents in both the creation of the beauty myth and the construction of personal identities. In particular, I will examine how many women view and consequently link their external and internal identities through the use of plastic surgery. Finally, I will briefly discuss men cosmetic surgery and how, unless the beauty myth changes, men will most likely never feel the same pressure or be as rewarded as women who adhere to the beauty ideal.

First I would like to address women's entrance into the workplace during the 1980s. Both Wolf and Susan Faludi, author of *Backlash: The Undeclared War Against American Women* discuss the backlash that ensued after women made significant social and economic advances. Faludi notes in her work, that during 1980s, after economic development and the second wave of feminism brought women into the workforce in record numbers, middle-class and professional women's wardrobes and overall appearance in the workplace began to be heavily scrutinized. Even though women were making strides toward equality, they were being advised to reexamine how they presented themselves at work. In 1977, best selling fashion author John T. Molloy came to women's "rescue" when he wrote *The Woman's Dress for Success Book*, which gave women simple and affordable ways to dress professionally in the workplace. Of course,

the fashion industry balked at the idea of having a type of affordable, no-frill dress code similar to the suit and tie that middle-class and professional men wore to work.¹ Faludi observed the headlines from fashion magazines, which exclaimed: “‘The Death of the Dumb Blue Suit’ and ‘A Uniform for Submission Is Finally Put to Rest.’ As the later headline (from the *Chicago Tribune*) suggests, these articles were now proposing that business suits, not unequal business status, posed the greatest threat to women’s opportunities.”² Designers replaced the blue suit with sexier versions--like much of women’s previous fashion, which relied heavily upon the changing trends. As Faludi explains, women were no longer supposed to wear the same suits year after year but needed to follow the trends that re-emphasized their sexuality.

Just as women were making some significant steps toward economic equality and independence, their appearance came under fire. One does not have to look into the past to see examples of this, take for example, Hillary Clinton. When Clinton assumed the role of First Lady, her appearance became the focus for much of the media. She adhered to the feminine ideal by wearing conservative business suits, and had longer hair at the time, but because she did not embody the image of other First Ladies, her physical appearance was criticized. Hillary Clinton was not a typical First Lady because she took on leadership roles in the creation of national healthcare and other prominent agendas, and because she was an assertive woman (which particularly contradicted the role as a First Lady), such things as her make-up or weight were used to dismiss her work. President Clinton’s appearance was rarely criticized when people did not agree with his politics or assertiveness.³

Women are more often criticized for their appearance when people (politicians or otherwise) seek to rebuff their politics or behavior.⁴ In contrast, the current First Lady, Laura Bush has not come under the same intense focus by the media because as a First Lady she is not confrontational or aggressive and appears to leave politics to her husband. Women today are given to understand that they are judged by their appearance and if they “get out of line” by challenging traditional gender norms, then even more critical attention will be paid to their appearance. The extreme focus on women’s appearances pressures many women to reshape their bodies so that they fit with the beauty ideal, and cosmetic surgery offers a permanent way in which to fit with this ideal.

The media also plays a critical role in the creation and reinforcement of the beauty myth because many women feel pressure to subscribe to the myth via magazines, television, and movies that feature flawlessly attractive women. Virginia Blum reports that Jenny McCarthy, who is famous for her many *Playboy* magazine covers, said that in her bestselling poster she, “had huge zits...a huge cold sore on my lip...stretch marks all over my butt...birthmarks, bruises. You name it. It’s airbrushed.”⁵ Women in the media are generally constructed in such a way to make them appear even more like the beauty myth than they normally are—furthering the illusion that this ideal is attainable. Even those we may already consider beautiful are not able to attain the beauty ideal unless their “imperfections” are airbrushed. The ideal woman who exists in magazines and in movies is often a product of special effects. How can women outside of media’s lens measure up to the women they see in the media, if the idealized images of the media do not actually exist? What women see in the media becomes perceived as the norm, or beauty ideal and this ideal often becomes perceived as achievable. In other words, what society strives to

become is fabricated. So, despite knowing that many women are airbrushed in photos, and probably do not always look “gorgeous,” people are influenced to emulate their look in order to attain something unreal. The media, through the exaltation of false imagery helps reinforce the beauty myth.

Cosmetic surgery is a simulacrum. Baudrillard’s ideas about simulacra are instructive here because plastic surgery upholds an ideal which is not an original and women are exhorted to perpetuate the value of this non-existent ideal. Cosmetic surgery is a simulation of simulacrum. The beauty ideal is not attainable without medical intervention. The procedures sought by women are generally based upon the beauty myth and the surgically enhanced body is a reproduction of a copy, or beauty myth. For instance, the beauty ideal in the U.S. is an ideal because while some women may possess some characteristics, they do not embody all of them, unless they are surgically provided, or digitally enhanced on a magazine cover. When women seek slimmer thighs or smaller noses they are striving to achieve an ideal, which varies per person and within cultures. The end result is not based upon an original, but a copy, or representation of an ideal. Baudrillard writes:

It is no longer a question of imitation, nor duplication, nor even parody. It is a question of substituting the signs of the real for the real, that is to say of an operation of deterring every real process via its operational double, a programmatic, metastable, perfectly descriptive machine that offers all the signs of the real and short-circuits all its vicissitudes.⁶

The facial and body features attained through cosmetic surgery resemble the attributes “naturally” found in others, however, they are still based upon a simulacrum.

Surgically enhanced faces and bodies are becoming the norm and are able to “blend” in with society and normalized even though they are copies of a representation.

The problem with a simulacrum via cosmetic surgery is its proliferation of only one kind of copy, a copy based upon a heterosexist and racist ideal that exalts Caucasian features over all others. So if cosmetic surgery continues to copy the beauty ideal based upon these racist ideals, then people will continue to be copies of an ideal because this ideal is not wholly representative of all people. In other words, this image (via cosmetic surgery) will continue to celebrate only a few types of facial features, generally associated with Caucasian looks.

Baudrillard contends that a simulacrum image might start off mostly resembling the unoriginal, or beauty ideal, but that after continued copying the image begins to deteriorate, or become less and less representative of the ideal.⁷ If cosmetic surgery's popularity continues to rise, most likely the characteristics modeled after the ideal image will continue to stray further and further from the ideal. So it is possible that the beauty ideal people seek will begin to "mutate" and become less and less like the "original" ideal which means a continuation of a homogenized look. Baudrillard's work proves that the beauty ideal is just that, an ideal, and that cosmetic surgery can never embody the ideal because the embodiment is already a simulation of a simulacrum. Cosmetic surgery can never be original.

Women as Social Agents

It is crucial to note that my analysis does not suggest that women who undergo cosmetic surgery have been duped; indeed many are intelligent women who observe the pragmatic connection between beauty and economic/social success. Other women state that by having cosmetic surgery they hope to feel more in control of their bodies by eliminating insecurities associated with their bodies. In her study, Debra L. Gimlin

interviewed one surgeon⁸ and twenty of his female patients, and confirmed that women who chose cosmetic surgery are “savvy” consumers. The women she spoke with had carefully researched their chosen procedure, doctors, and possible side effects before deciding whether to proceed. Gimlin also spoke to many (exact number not noted) who saw a connection between beauty and career advancement:

Ann Marie [age 50] explains that she “needed” the face-life—despite its financial costs and physical risks—not merely because she is concerned with her appearance, but because of pressures in “the workfield.” She says, “Despite the fact that we have laws against age discrimination, employers do find ways of getting around it. I know women my age who do not get jobs or are relieved of jobs because of age...[The face-lift] will ensure my work ability.”⁹

Many of the women Gimlin interviewed claimed that they had plastic surgery not to make themselves beautiful or more attractive to men, but to get rid of a feature that they perceived to be “dragging” them down. For instance, Gimlin spoke to Marcy who was having her hooknose (as she described it) smoothed out so she would feel more confident about her appearance. Gimlin writes: “They alter their bodies for their own satisfaction, in effect utilizing such procedures to create what they consider a *normal* appearance, one that reflects a *normal* self (emphasis added).”¹⁰ The idea of normal is based upon what society has constructed as the norm, which is a thin, white, attractive woman. When women do not fit completely into this norm, some feel it necessary to change their bodies so that they will approximate it—even if this means eliminating their individual physical identity in order to conform.

Reshaping Identities

Many women report that after having a cosmetic procedure, they feel better about themselves and that their outward appearance better reflects who they are in the inside. The women Kathy Davis interviewed confirmed that before surgery they did not feel

comfortable in their own bodies because their outward appearance did not coincide with their inward identity.¹¹ Davis writes: “Cosmetic surgery was an intervention in identity.”¹² For these women cosmetic surgery was a way of regaining control and proactively constructing a physical identity that represented how they felt on the inside. Women saw surgery as empowering because they said it as an act for themselves only.¹³ In the effort to recreate their outward appearance in the shape of their inward appearance, the women Davis spoke to created an appearance based upon a hegemonic beauty ideal. Here the beauty myth has constructed the scenario in such a way to make women feel empowered because they take control of their bodies and insecurities associated with their bodies with the use of surgery; however, we can still raise the issue that their notions of beauty are most often linked with the hegemonic ideal.

Author Kathryn Pauly Morgan says transforming one’s body through surgery, “is often associated with lived experiences of self-creation, self-fulfillment, self-transcendence, and being cared for. The power of these experiences must not be underestimated.”¹⁴ Women do feel empowered and in control when they improve their appearance because they are taking control over something they feel is harmful to their self-esteem and/or success in life.

For purposes of clarification, I will define some of the ways female plastic surgery patients characterize control. For example, women who undergo surgery generally have an increase in self-esteem because they are realistic about results and understand surgery cannot correct every “flaw,” however; this realism is deeply engrained in patients by doctors who do not want their patients to be disappointed when their new body does not look the way they had hoped. It is also interesting to note that in

many of the advertisements by cosmetic surgeons, “perfection” is presented as attainable for everyone.¹⁵ Even though some advertising by cosmetic surgeons claims to create perfection, many of the interviewed women cited throughout this thesis, were warned by their doctors not to have unrealistic expectations. Some advertising may claim to make women perfect, but once in the doctor’s office, they are told otherwise. Women’s increase in self-esteem or overall pleasure with the results of surgery serves as a way for women to take control over a distressing “flaw.” For instance, between 1997 and 1998, researchers Patricia Gagne and Deanna McGaughey interviewed fifteen women who underwent breast augmentations before the interviews, and almost every woman reported positive results.¹⁶ They also discussed cosmetic surgery, “as a solution to a problem, one that opens new opportunities and has a liberating effect on them.”¹⁷ Gagne and McGaughey noted that most of the women they surveyed (only two had complications requiring the removal of implants), felt more self-confident in their bodies because they had either returned their bodies to their pre-pregnancy look or had assumed a more feminine shape with breast implants. There is less research on women’s happiness with less permanent procedures such as Botox and face-lifts, but I would argue that most women who undergo surgery have “realistic expectations,” therefore, even with less permanent procedures, “flaws” are minimized or erased entirely—if only for a few months or years.

Women in Gagne and McGaughey’s research articulated various measures of control besides the boost in self-esteem. The researchers spoke with one woman, Jane, who felt that because her breasts were so small people treated her like a child.¹⁸ Through the enlargement of her breasts, she believed people would see her as an adult and treat

her accordingly. Her control came from believing people would treat her as she saw herself—a twenty-one year old woman. Jane took control of her insecurity by reducing it through the use of cosmetic surgery.

Women also utilize cosmetic surgery to create new identities based upon how they feel “on the inside,” but this new identity may be marred by the loss of the “original” identity which they embody. In other words, women sacrifice their original bodies in exchange for a newer body via breast augmentations, liposuction, or face-lifts, for example. This sacrifice facilitates the divorce of their outward identity from their inward identity. So, while women claim that through the use of plastic surgery they are simply recreating their bodies in the shape that they feel inwardly, it appears as if they are actually recreating their bodies in such a way that adopts a standard devoid of identity because it is based upon a hegemonic ideal created with medical intervention. The identities created by surgeons and their scalpels are not real or original because they are surgically created. Surgeons manufacture women’s bodies according to the beauty ideal. In doing so, surgeons¹⁹ continue to reify the heterosexist and racist standard, which does not allow women to have an ethnicity (other than Caucasian) or other negative attributes associated with fat or aging. Plastic surgery has begun to normalize surgical features such as larger lips from fat injections, bigger breasts, and cheek implants, for example. If cosmetic surgery continues to spread then people will begin to look like one another, devoid of individuality.

Cosmetic surgery is a phenomenon utilized mostly by women to re-inscribe or achieve a certain form of beauty. The women interviewed by the authors cited here often saw their bodies separately from their inner selves, but still saw it as important to shape

and mold their outward appearance (body) in order to align it with how they felt on the inside. The U.S. experience of the body and mind as separate identities is not a new topic; however, I find it extremely relevant as to why people undergo cosmetic surgery and how they are able to compartmentalize identities in order to reconstruct them. The body is a vehicle for expression and people have always used their bodies to demarcate their culture, wealth, look more attractive, and so forth, but cosmetic surgery is different from previous forms of body construction because it physically and most often permanently, alters a person's body often in a way to adhere to the dominant white ideal. This dominant ideal is surgically appropriated and propagates a monocultural norm. This disconnect also allows people who undergo surgery to separate themselves from, or justify the possible risks because somehow their body²⁰ is separate from "them."

As mentioned earlier in this section, cosmetic surgeons help to reify the body/mind disconnect by informing women that even if they were born with "unattractive" features their bodies can still be reshaped. Virginia Blum explores cosmetic surgery and offers a different perspective because as a young girl she was convinced by her mother and her surgeon to have her Jewish nose altered. Blum writes that she was sold a bill of goods by her surgeon (who botched her nose so badly she had to have another operation to correct it), who told her she could look beautiful, as beautiful as the model in the picture he showed her—not a realistic image. Blum and her mother had trusted the surgeon and trusted in his opinion. Initially, Blum did not want to go through with the surgery because she saw nothing wrong with her nose, but after talking to the doctor, she realized that there was something wrong that could be made "beautiful."

Author Kathy Davis in her article, “My Body is My Art: Cosmetic Surgery as Feminist Utopia?,” introduces a female artist who claims her version of plastic surgery is a feminist act because she constructs her own idea of beauty. Orlan is a performance artists who has had eight plastic surgeries as part of her performance art. She asks cosmetic surgeons to modify her body based upon women in famous paintings, such as *Mona Lisa*’s forehead, and the chin of Botticelli’s *Venus*.²¹ Davis writes:

Instead of having her body rejuvenated or beautiful, she turns the tables and uses surgery as a medium for a different project. For example, when Orlan’s male plastic surgeons balked at having to make her too ugly (‘they wanted to keep me cute’), she turned to a female feminist plastic surgeon who was prepared to carry out her wishes.²²

Orlan is able to challenge the dominant beauty ideology because her surgeries do not always coincide with what is considered beautiful. She constructs an unpopular and abnormal standard of beauty and takes control of the surgery by insisting that doctors give her exactly what she wants even if they deem it unattractive. She also takes power away from surgeons who do not usually strive to make their patients look “ugly” or abnormal because she has them recreate an “abnormal” body. By doing so, Orlan redefines what is beautiful and illustrates how cosmetic surgery does not include inclusive or multicultural representations.

In order for Orlan’s art to be thought provoking, she feels the need to make her audience uncomfortable. She apologizes for any future pain she may cause her audience, but knows that the audience must feel pain. Despite this warning many audience members have been known to walk out from disgust.²³ Orlan’s art brings up an important point that people often forget about—pain. There is pain involved in plastic surgery, and viewing someone else’s surgery can be uncomfortable at best. People have been able to

separate themselves from the pain and actual process of cosmetic surgery. Davis remarks that, “Orlan’s performances require a strong stomach and her audiences have been known to walk out midway through the video. The confrontation of watching the artist direct the cutting up of her own body is just too much for many people to bear.”²⁴

Part of the decision to undergo cosmetic surgery lies in the acceptance of the pain and hospitalization that accompany the procedure. If doctors could eliminate the pain and discomfort of surgery, would cosmetic surgery then escape public debate? In other words, there are many other things women do in order to look good that do not involve pain (make up for example), so is make up more acceptable because of its lack of pain, or because it does not permanently modify a woman’s body? Cosmetic surgery is another, if not more “severe” (because of its permanence) type of body modification that some feminists find unjustified.

Nevertheless, getting back to other feminist arguments, Blum suggests that feminists cannot assume to be above cosmetic surgery or blame women who decided to undergo such procedures. She argues that feminists should not play the blame game, which can end up shaming the woman just as much as the “shaming of physical imperfections that drove us [her] to beautify in the first place.”²⁵ The blame game also exalts feminists who choose not to have cosmetic surgery over those who do choose surgery. I cannot assume a superior role simply because I cannot see myself having surgery strictly for aesthetic reasons. Feminists cannot victimize or villanize women who undergo surgery because the decision to undergo cosmetic surgery can provide societal benefits to women. The social and economic benefits felt by women after surgery can

often cloud the institutional structures in place which pressure many to obtain surgery in the first place.

Men and Cosmetic Surgery

Men are not immune to the pressures of looking good. In fact, the rates of men who undergo cosmetic procedures have also increased. According to ASAPS, men had nearly 1.1 million cosmetic procedures in 2003, and the total number of cosmetic procedures for men has increased thirty one percent from 2002. Men now make up thirteen percent of the total amount of cosmetic procedures in 2003.²⁶ According to ASAPS: “The top five surgical procedures for men are liposuction, rhinoplasty, eyelid surgery, breast reduction to treat enlarged male breasts, and hair transplantation”²⁷ Men are also clearly concerned with looking good, just as women, but the similarities stop there. The pressure felt by men to look good is different from the pressure felt by women. In fact, there has been a recent trend by the media to say that because there is increasing attention put on men’s bodies and images that men and women now suffer the same type of pressure and consequential oppression, to look good. Both Susan Faludi and Susan Bordo wrote about masculinity and the ever-increasing pressure felt by men to adhere to their own beauty ideal, which often emphasizes power and masculinity.²⁸ Kathy Davis contends, in her recent essay, “A Dubious Equality: Men, Women and Cosmetic Surgery,” that regardless of men’s rising rates of cosmetic procedures, cosmetic surgery will continue to be a female phenomenon because men are not judged solely for their appearance. Davis goes on to say that, the tendency to group women and men’s oppression together ignores women’s history of altering their bodies in order to conform to particular norms. It also fails to acknowledge the relationship of men’s beauty norm

with masculinity and power.²⁹ In other words, when men adhere to their own beauty norm it generally includes a move toward more masculine features such as muscles, therefore emphasizing their power and strength in society. Whereas, women's beauty norm emphasizes more feminine traits which tend to downplay their power, unlike muscles in men. Unlike men, women also face much more direct oppression if their looks do not meet the standard.

Chapter 4: Cosmetic Surgery: Another Form of Maintenance and Control

In Chapter four I plan to discuss how cosmetic surgery is often sold under the guise of body maintenance—or retooling. I will also deconstruct the way in which language constructs beauty and value of women's bodies. I will also expound upon the way in which women's bodies are seen as forms of expression and how surgery can control this form of expression. Finally, I will touch on the role that the media, specifically television, has in shaping and influencing the beauty norm.

While compiling the research for her book, Blum interviewed thirty-nine plastic surgeons and experienced the same feelings of insecurity, she first experienced as a young girl in her surgeon's office. Even as an older woman, she felt self-conscious in front of the surgeons she interviewed--as if they were dissecting her every feature and possible solution. Blum concedes that surgeons, by virtue of their profession hold a significant role in the creation of women's identities. Their perception of beauty is invoked upon their patients' bodies, creating a new, better identity for their female clients. She contends that it is extremely difficult for women to refuse cosmetic surgery because the rewards and pressure to be perfect (beautiful) are so great.

Many surgeons sell cosmetic surgery under the guise of body maintenance, often comparing women's bodies to inanimate objects such as cars or houses. One doctor told Blum that women should get early facelifts (as early as twenty-five) in order to maintain their look, much as people maintain the paint on a house.¹ Women also noted in the

various interviews cited here, that their desire to have surgery is no different than updating the look of a house, or even a car. Surgeons and society in general have helped to detach women from their bodies so it becomes easier to compare them to houses or cars simply in need of retooling. Using such logic in order to update women's looks makes cosmetic surgery a much easier proposition because women are no longer innately tied to their bodies. Seeing women's bodies as objects supports the move toward monoculturalism because if women do not see a link between their physical body and their identity then it becomes easier to shape and mold it according to the dominant norm.

Naming Beauty

One of the most cited reasons for obtaining cosmetic surgery for women has been to make their outside appearance reflect how they feel on the inside. For example, some women report that their saggy eyes do not evoke the youthful spirit they possess (on the inside); therefore, it becomes necessary to unite the mind and body—through surgery. What I find most troubling about this argument is not that these women want to see themselves reflected in a way that better suits them, but rather in the rhetoric people utilize to describe themselves. For example, people use words such as baggy, tired-looking, flabby, and many other negative terms to describe body and facial features that are not necessarily bad. Is “excess” skin under eyes, or cellulite a bad thing? Take cellulite for example. Almost every single woman has cellulite because of how women's bodies store fat, but regardless of how ubiquitous it is--women are still not allowed to have cellulite without judgement. There are countless creams (and now liposuction) professing to rid women's bodies of this naturally occurring entity that is not at all detrimental (in the non-aesthetic sense) to a woman's body.² This same sort of rhetoric

can also be found in the way surgeons classify procedures on Asian eyes as necessary. The way in which people perceive Asian eyes as sleepy or less alert is no different from how society defines non-Asian eyes when they age. This can also be applied to how we see other parts of our bodies when we determine that having saddle bags, small breasts or large noses is a bad thing.

The way in which society constructs and identifies bodies is harmful to the acceptance of bodies. What I mean is that, bodies are not usually in themselves detrimental, meaning that they serve a purpose, therefore, they should not be deemed unacceptable or unattractive. A body is considered normal when it is young, slim, attractive and deviant when it ages or does not look like the ideal. Fat on women's bodies (including legs) serves a purpose, among other reasons, because women need a threshold amount of fat in order to menstruate and potentially carry a child. When women become anorexic or bulimic, they can become amenorrheic because they significantly reduce their body fat. However, society constructs fat in such a way to make it wholly undesirable, even when some fat is a biological necessity for women.

Fat may be an extreme example, but there are numerous other body characteristics that are classified as undesirable because they mark the passing of time. In today's society people do not want to accept aging as a necessary end. Part of this unwillingness to accept aging fuels the cosmetic surgery industry. Aging is seen as a disease that must be combated, and signs of aging such as wrinkles or saggy skin is perceived as a weakness—particularly for women.

Other women declare they are ready for a new identity through the use of surgery. Their new identity will most likely encapsulate a younger, thinner body that is deemed

more acceptable by society. Searching for a new identity, either through surgery or other cosmetic means, negates the processes of aging (for example) that actually provide a new identity—one that is not generally embraced or sought out. The identities brought forth through surgery seem more exciting and dramatic because they bring about quick change, whereas an aging body seems much less revitalizing or significant as it continues to wane from the ideal. For example, Blum presents the example of a mother who wants to erase the signs of childbirth. She writes: “Yet, when they decide to have surgery to ‘correct’ the results of childbirth, how will they alter the story their bodies tells?”³ Our bodies, through various wrinkles, scars and overall body shape represent stories and growth as we move through life. Erasing or reshaping such cues detaches us from our bodies even as we try to make a better link to our bodies (think here of women wanting to outwardly represent who they are on the inside). The way society names body traits, particularly for women, leads some women to alter the story their body tells in order to assimilate to the dominant, youthful norm. In order to alter women’s identities to the hegemonic ideal, cosmetic surgery capitalizes upon the way in which society categorizes beauty.

Bodies as Expression

We express ourselves through our bodies: the clothes we wear, the hairstyles we choose, and so forth, which all say a lot about our personalities. Cosmetic surgery is becoming another method for women and men to express a socially desirable sense of themselves, by appearing more youthful, or more “normal.” However, some people do not seem to acknowledge that our bodies are ourselves. In other words, people often see their bodies as disconnected from themselves, as something that needs to be controlled and watched over in case our bodies falter. Aging in our culture assumes we are losing

control of our bodies, and control must be regained, whether that is through cosmetic surgery or other means a person sees fit. Instead of acknowledging aging as an inevitable process, we seek to reel in and contain aging. This is particularly so for women because a woman's worth and acceptance is tied to her appearance. For example, there has been a recent trend in magazines and television celebrity shows rewarding women for looking youthful or redefining what it means to be a certain age. Women like Goldie Hawn, Bo Derek, Tina Turner, Susan Sarandon and others are rewarded for challenging what women in their forties and fifties look like, because they still appear thin and sexy--not matronly. In this case, female celebrities are rewarded with movie roles (beyond roles as mothers) and potential endorsement contracts. For instance, Susan Sarandon just signed on to Revlon's 2005 ad campaign, which features women of different ages and various races. Sarandon is featured as "the older" woman defying her age with the help of Revlon's makeup. The use of Susan Sarandon by Revlon is similar to the popularity of Beyonce Knowles and Jennifer Lopez because although Sarandon is an older woman, she is white, thin, and attractive; therefore, she fits with the beauty norm. Revlon's campaign also perpetuates the beauty ideal because most women do not look like Sarandon, therefore, some women might feel pressure to assimilate, or as Revlon says, "defy your age." The point is, women are rewarded for looking good and even more so when they appear not to succumb to age.

Television and Plastic Surgery

The media has opened its arms to plastic surgeons and the transformations they provide to men and women. The popularity of reality television provides a perfect forum for surgeons to show their "work" to millions of people—a point not lost on the cosmetic

industry. In Deborah Caslov Covino's book, she focused on one reality show in particular on the cable network The Learning Channel (TLC). TLC operates under the guise of education with its parent network The Discovery Channel. TLC, along with numerous other networks jumped into the reality television market with various makeover shows, including *A Personal Story*, which takes the audience through a woman's (and a few men) decision to undergo a cosmetic procedure. The viewer is able to meet the potential patient, her family and friends (who invariably support her 100%), and her doctor. Of course, the show strays from its reality, like most all other reality programs because of their ability to edit content and whom they choose to document. Covino observes that the show is automatically geared toward its inevitable conclusion—that of a cosmetic procedure. Even if the family members feel the surgery is unwarranted, they always support the woman and begin to see the “flaws” that she sees. Each episode ends, “with patients celebrating their outcomes, declaring that the surgery has given them an utterly new lease on life, motivating them, to for instance, go back to school, or dance in public,” according to Covino.⁴ The show acts as an infomercial endorsing the product and its creators without any hesitation or possible side effects. Covino elaborates on the function of the show:

The duplication in each thirty-minute segment of a standard, easily digested plot sequence indicates that the show functions not to educate the viewer about aesthetic surgical processes, as we might expect from the “Learning Channel,” but rather to normalize, routinize, and legitimate the industry as a response to the personal desires of individuals.”⁵

TLC's show is not the only reality program to show cosmetic surgery in a positive light. Other shows, such as FOX's *The Swan*, where women compete, after going through plastic surgery, compete against other contestants in a beauty pageant, or ABC's

Extreme Makeover where men and women blossom following numerous cosmetic and wardrobe transformations. These shows do not give a fair and accurate depiction of cosmetic surgery because complications are downplayed or very rarely shown.⁶ These shows glamorize plastic surgery and avoid why people choose surgery in the first place. I do not expect television designed for entertainment to deconstruct the societal pressure to undergo cosmetic procedures, however, I do expect reality programming, that claims to show reality (pretty or not) to depict a more balanced view of cosmetic surgery. I find an important link to reality television's reluctance to show the reality of surgery and the forces behind it, when Covino notes that in filming *A Personal Story*, the audience is not privy to the prompts given by the crew in order to steer comments of friends, family, the patient or the doctor. The failure to disclose the prompts (which helps to shape the show's premise) is like that of television's refusal to explore the connections between the hegemony of beauty and women's desire to reshape themselves into a new identity. Reality television, as well as the numerous talk shows and "investigative" reports that focus on cosmetic surgery as innocuous help to normalize cosmetic surgery as an uncomplicated and safe procedure.⁷

Conclusion: Cosmetic Surgery as the Inevitable Move Toward Monoculturalism

Cosmetic surgery provides a means to alter and “improve” people’s appearances. Women can enlarge breasts, reduce wrinkles, and eliminate “tired-looking” eyes; however, because the technology is available, should women sacrifice their identities in order to conform to the hegemonic ideal? The results of cosmetic surgery often come at the expense of women’s individual identities.

Cosmetic surgery is a complicated issue because it does make some women feel better by reducing a perceived flaw or insecurity. Women sometimes feel empowered by taking control of something that makes them feel bad about themselves. If a woman spends all her time and energy focused on a perceived imperfection then it has become consuming. As Sara Gilbert noted, having cosmetic surgery allowed her to move on with her life because she stopped fixating over her “flawed” nose after her rhinoplasty. The boost to women’s self-esteem empowers them. Such empowerment is not imaginary since some women may experience real economic or social benefits because of a younger or more “attractive” appearance.

Cosmetic surgery is often lauded in the media and within U.S. culture as a solution for almost any perceived imperfection. Magazines continually feature white, young, thin women and then tell readers how they too can achieve this look—despite the fact that even the women featured on their covers tend not to conform to the ideal. The lack of representation of women of color in the media has helped fuel a rise in eating disorders among young African American girls, and increase rates of cosmetic surgery

for African American women. Society and the media have also alienated Asian Americans because their physical traits do not fit conform to the beauty norm and many feel pressure to alter their appearance to fit the standard.

In the end, plastic surgery eliminates and reduces cultural and age markers that help create women's stories, or identities. More significantly, some women are made to feel that certain appearances, as associated with ethnicity, age, and so on, are not socially acceptable. These women then feel pressure to change their appearance in order to fit the hegemonic standard. The exaltation of only one type of beauty creates a hierarchy where only one standard is valued—at the expense of others.

Inevitably, women's decision to undergo cosmetic surgery reifies the beauty ideal and fuels the propagation of a homogenized culture devoid of individual identity. Women are at a greater risk for homogenization than men because society is more critical of their appearance. Cosmetic surgeons validate and cash in on women's insecurities, playing a significant role in the loss of women's identities.

Women like my mother have been made to feel uncomfortable in their aging bodies, and sometimes opt for a surgical "cure." Society and the media need to challenge the hegemonic beauty norm by embracing various representations of beauty on the pages of magazines and throughout societal institutions. If people do not learn to embrace and celebrate difference, then society will continue to move toward a monoculture.

As individuals, women often derive emotional gratification from cosmetic surgery. Yet these procedures have potentially detrimental effects on the identity of women. In other words, cosmetic procedures are empowering in an individual sense, but only serve to reify a dominant ideal – an ideal that alienates women from their bodies.

The hegemonic standard of beauty is based upon the notion that women should conform to a specific ideal. The majority of women, however, can never adhere to this norm; thus, they must exchange their individual identities or cultural markers in order to assimilate. Despite the potentially positive effects of cosmetic procedures on the self-esteem of individual women, the propagation of these surgeries helps create a monoculture where women are no longer permitted to possess the unique markers which help establish their identities.

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¹ I will use the terms ‘plastic surgery’ and ‘cosmetic surgery’ interchangeably; although the names suggest there may be a difference, both terms are used interchangeably in the literature and often defined as an aesthetic procedure and a corrective procedure.

² I use the term “racial and ethnic identity markers” to signify a person’s identity which is often, but not always, linked with physical characteristics such as skin color, and facial features. Of course, these markers are not the only specific things that distinguish identity or link one with their heritage, because if for example, a black woman has rhinoplasty, she is still an African American woman—regardless of the size of her nose. However, I argue that the beauty ideal is based upon an ideal that does not include people of color, or women who do not fit the ideal, and in general the physical traits that are associated with their appearance.

³ The American Society for Aesthetic Plastic Surgery (ASAPS). “Cosmetic Surgery National Databank: 2003 Statistics.” 2005. www.surgery.org.

⁴ To borrow the title of ABC’s hit reality show, *Extreme Makeover*.

⁵ Which also serves as another premise of the popular FOX reality show, *The Swan*.

⁶ Davis, Kathy. “My Body is My Art: Cosmetic Surgery As Feminist Utopia?” *Feminist Theory And the Body: A Reader*. Janet Price, ed. 1999. pg. 14.

⁷ Ibid. pg. 16.

⁸ ASAPS.

⁹ ASAPS.

¹⁰ Laser hair removal is not generally considered a cosmetic procedure, but is classified as such by ASAPS.

¹¹ One of the newest procedures that is gaining popularity is labiaplasty where women have the labia’s “reshaped.” Because of the narrow focus of this paper, I will not be able to address this procedure, but note that it greatly intertwined with women’s sexuality and, therefore, could be discussed separately from this topic.

¹² The American Society for Aesthetic Plastic Surgery.” (ASAPS) www.surgery.org. 2003

¹³ I acknowledge that judging a surgery for a mastectomy patient over another woman’s breast enlargement creates a value judgement as well as a slippery slope, but for the purposes of this paper I will consider breast enlargements, Botox, face-lifts, and so as aesthetic surgeries which derive from the beauty myth.

¹⁴ The term attractive can mean various things to various people, however, for the purpose of this paper I will use the term attractive to mean those that fit the beauty ideal or beauty myth.

¹⁵ For example, television networks such as *E!Entertainment*, *The Style Channel*, *TLC*, as well as programs featured on numerous other television networks.

¹⁶ *In Style Magazine*. February 2005.

¹⁷ ASAPS.

¹⁸ There is some debate whether straight or gay men have the most surgery. According to one article, “Gays Find Worship of Beauty a Beast” which highlights the death of a gay man from an infection after a liposuction procedure, the rates of cosmetic procedures for straight men are climbing to that of gay men. There is little statistical data to prove this, however, the article asserts that gay men often feel some of the same pressure as women to fit a beauty norm. This coupled with the trauma and possible rejection from coming out of the closet might explain the higher rates of cosmetic surgery for gay men. Ness, Carol. “Gays Find Worship of Beauty a Beast.” *The San Francisco Chronicle*. December 14, 1997. www.sfgate.com.

¹⁹ I will continue to explore the notion of power in regard to cosmetic surgery and how many women feel empowered by plastic surgery and their new appearance, (while some may just feel “prettier,” as well as more socially accepted) but that this power is not an authentic power because women do not gain political power, or power within social institutions.

²⁰ Baudrillard, Jean. *Simulacra and Simulation*. Trans. Shelia Faria Glaser. Ann Arbor: The University of Michigan Press. 1994.

²¹ I contend that agency; in this context, is when a woman makes a choice to alter her body—most often surgically. Davis’ notion of women and the beauty ideal most fits with my definition of agency because she acknowledges that women have a choice in deciding whether to adhere to the beauty myth, and in this

choice women exercise power over their bodies. Wolf does not address women's ability, and ultimately their agency, to make choices to fit the beauty ideal because she paints women as objects forced to adhere to the beauty ideal.

Chapter 1: Normative Beauty

¹ Sullivan, Deborah A. *Cosmetic Surgery: The Cutting Edge of Commercial Medicine in America*. New Jersey: Rutgers. 2004. pg. 20.

² Ibid. pg. 26-27.

³ Ibid. pg. 28.

⁴ Women's Studies graduate student Allison Brimmer offers a good description of this power in her pedagogy. She asks white, male students if when they wake up they feel like oppressors. Of course, the answer is no because they are not wholly conscious of their privilege or ability to create and maintain such things as the beauty ideal because power and social ideologies are diffused and institutionalized throughout society, therefore, those with privilege are not always aware of the power they do possess.

⁵ I do not mean to imply that all women strive for this ideal, but many feel pressure to adhere to it, whether or not they actually work toward attaining the ideal.

⁶ Banvard, Kris. "Meee-Ow!" *The Columbus Dispatch*, 3 January 2000: 02C.

⁷ Of course there are exceptions to this rule for minority women who are considered beautiful, such as the Latina Jennifer Lopez—I argue that she has been able to achieve such mainstream popularity because she has embraced a more mainstream (beauty ideal) and less ethnic look, enabling her to be perceived as "universally" attractive.

⁸ I would like to note that feminists have criticized the work of both Naomi Wolf and Susan Faludi for using a top-down approach to power and submission. While I agree that there are essentialist issues within both authors' theories, for now I will not specifically address critics and I will reserve this discussion for later in the paper.

⁹ Wolf, Naomi. *The Beauty Myth : How Images of Beauty Are Used Against Women*. Perennial: New York, 2002. pg. 12.

¹⁰ Davis, Kathy. *Reshaping the Female Body: The Dilemma of Cosmetic Surgery*. pg. 51.

¹¹ Ibid. pg. 51.

¹² Ibid. pg. 51.

¹³ Bordo, Susan. *Unbearable Weight: Feminism, Western Culture, and the Body*. Berkeley: University of California Press, 1993. pg. 296.

¹⁴ Ibid. pg. 296.

¹⁵ Ibid. pg. 296.

¹⁶ I plan to explore why the motivation behind cosmetic surgery is beyond just aesthetics.

¹⁷ Of course, many do choose not to have cosmetic surgery because they are aware of the process, but in general, society and the media do not highlight the actual process of cosmetic surgery, or in the case of reality television—they do not generally depict the pain risks associated with surgery.

¹⁸ The findings cited in *Playboy* may be controversial but interviews conducted by Patricia Gagne and Deanna McGaughey for their article, "Designing Women: Cultural Hegemony and The Exercise of Power Among Women Who Have Undergone Elective Mammoplasty," reveal that many women who had their breasts modified tended to get them enlarged, believing that their husband's and boyfriend's preferred larger breasts. "Getting to Know Your Girlfriend's Breasts." *Playboy*. February 2004: 104.

¹⁹ Berman, M.D., Adriane Fugh. "Cosmetic Mutilation? Shameless Self-Confidence!" *The Women's Health Activist*. July/August 2004: pg. 11. *ProQuest*.

²⁰ Ibid. pg. 11.

²¹ Again, I plan to argue that motivation to have plastic surgery goes beyond just wanting to look good. Ibid. pg. 11.

²² Blum, Virginia L. *Flesh Wounds: The Culture of Cosmetic Surgery*. Berkeley: University of California Press, 2003. pg. 70.

²³ Ibid. pg. 70.

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- ²⁴ There are, of course side effects and risks associated with breast reductions, but the benefits might outweigh the physical pain endured by women with painfully large breasts.
- ²⁵ Gimlin, Debra L. "Cosmetic Surgery: Paying for Your Beauty." *Feminist Frontiers*. Eds. Laurel Richardson, Verta Taylor and Nancy Whittier. Boston: McGraw Hill, 2004. pg. 95.
- ²⁶ Ibid. pg. 96
- ²⁷ Ibid. pg. 96
- ²⁸ To use Dr. Carolyn DiPalma's phrase.
- ²⁹ ASAPS.
- ³⁰ ASAPS.
- ³¹ Gerhart, Ann. "Nipped in the Bud; More and More Young Women Choose Surgical 'Perfection.'" *The Washington Post*. June 23, 1999: C1. *ProQuest*. pg. 4.
- ³² LeCroy, Craig Winston and Janice Daley. *Empowering Adolescent Girls: Examining the Present and Building Skills for the Future with the Go Grrrls Program*. New York and London: W.W. Norton & Company, 2001. pg. 21.
- ³³ ASAPS.

Chapter 2: Identity Markers and Assimilation

- ¹ The American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS). "AAFPRS 2003 Statistics on Trends in Facial Plastic Surgery." http://www.facemd.org/media/stats_polls/m_stats.html. 2005.
- ² Kaw, Eugenia. "The Medicalization of Racial Features: Asian-American Women and Cosmetic Surgery." *The Politics of Women's Bodies: Sexuality, Appearance & Behavior*. Ed. Rose Weitz. New York: Oxford University Press, 2003. pg. 185.
- ³ Ibid. pg. 189.
- ⁴ Not her real name
- ⁵ Ibid. pg. 189.
- ⁶ Ibid. pg. 189.
- ⁷ Ibid. pg. 192.
- ⁸ Ibid. pg. 194.
- ⁹ Ibid. pg. 194.
- ¹⁰ Ibid. pg. 185.
- ¹¹ Of course, female patients also have a role in the recreation of the beauty myth (as cited by Kaw's interviews); however, doctors hold significant power and influence over a patient and their own beauty ideals.
- ¹² Morgan, Kathryn Pauly. pg. 173.
- ¹³ This term is contested by Dr. Gurleen Grewal.
- ¹⁴ Gimlin, Debra L. pg. 104.
- ¹⁵ American Academy of Facial Plastic and Reconstructive Survey (AAFPRS). "AAFPRS 2003 Statistics on Trends in Facial Plastic Surgery." 2005. www.facemd.org/index.asp.
- ¹⁶ Covino, Deborah Caslav. *Amending the Abject Body: Aesthetic Makeovers in Medicine and Culture*. New York: State University Press. 2004. pg. 47.
- ¹⁷ LeCroy, Craig Winston and Janice Daley. pg. 25.
- ¹⁸ Ibid. pg. 121.
- ¹⁹ ASAPS quoted in, Davis, Kimberly. "Why More Blacks are Choosing Plastic Surgery." *Ebony*. August 2004: 100-102, 104, 106.
- ²⁰ Ibid. pg. 100.
- ²¹ Ibid. pg. 101.
- ²² Some suggest that the average size for a woman in the U.S. ranges from a size 12-14. Regardless, most women do not have the bodies like Jennifer Lopez or Beyonce Knowles.
- ²³ Of course, both of these women are still women of color, and because of that they do not necessarily fit with the beauty ideal, however, because of their light skin tone, thin bodies, and their facial features, they are considered attractive, despite not "completely fitting" with the beauty norm.

¹ Faludi, Susan. *Backlash: The Undeclared War Against American Women*. New York: Anchor Books, 1991. pg. 177.

² Ibid. pg. 177.

³ Of course, there was plenty of criticism of President Clinton's fast-food predilection but this is not the same as the extreme focus put on Hillary Clinton's image and body.

⁴ Another example of this is the term "femi-nazis" coined by Rush Limbaugh. It was easier for Limbaugh to call feminists derogatory names than to take on their argument.

⁵ Quoted in Blum, Virginia L. pg. 35.

⁶ Baudrillard, Jean. pg. 2.

⁷ Ibid. pg. 6.

⁸ Gimlin also consulted six other surgeons, but decided to focus exclusively on one specific doctor and his female patients. pg. 97.

⁹ Gimlin, Debra L. pg. 98.

¹⁰ Ibid. pg. 103.

¹¹ Davis, Kathy. pg. 460.

¹² Ibid. pg. 460.

¹³ This is considerably significant because women often feel guilty for doing things just for themselves—particularly in such a "vain" pursuit.

¹⁴ Morgan, Kathryn Pauly. "Women and the Knife: Cosmetic Surgery and the Colonization of Women's Bodies." *The Politics of Women's Bodies: Sexuality, Appearance and Behavior*. Rose Weitz, ed. 2003. pg. 171.

¹⁵ For example, there is an advertisement featured in Virginia Blum's book, "Flesh Wounds" that advertises liposuction. The copy reads: "Live Your Dreams." To suggest that people can "live their dreams" by having liposuction ultimately portrays a false reality because it implies that with liposuction people can have the perfect body they always dreamed. Pair this with doctor's repeatedly telling their patients to have realistic expectations—and the whole thing becomes quite contradictory.

¹⁶ Gagne, Patricia and Deanna McGaughey. "Designing Women: Cultural Hegemony and The Exercise of Power Among Women Who Have Undergone Elective Mammoplasty." *Gender and Society*. Vol. 16 No. 6, December 2002. pg. 820.

¹⁷ Ibid. pg. 820.

¹⁸ Ibid. pg. 822.

¹⁹ I do not mean to suggest that only surgeons help to reify the dominant norm but that women, and societal institutions also play crucial roles in the support and acceptance of this ideal.

²⁰ Here I do not mean to imply that only those who have surgery are separate from their bodies, but as a whole, society has enabled people to see their bodies as separate, or amendable through such things as various weight loss, and diet regimes, for example.

²¹ Davis, Kathy. "My Body is My Art." pg. 457.

²² Ibid. pg. 459.

²³ Ibid. pg. 458.

²⁴ Ibid. pg. 458.

²⁵ Blum, Virginia L. pg. 63.

²⁶ ASAPS.

²⁷ ASAPS.

²⁸ I mention Faludi and Bordo (Davis agrees with much of Bordo's work on masculinity) not to criticize their assessment of masculinity, but rather to highlight the increasing focus on masculinity.

²⁹ Davis, Kathy. "'Dubious Equality': Men, Women and Cosmetic Surgery." *Body & Society*. Sage Publications: 2002. Vol. 8 (1) pg. 51.

¹ Blum, Virginia, pg. 76.

² Which is not to say that “baggy” eyes or skin is detrimental either, but the media and surgeons tell us that these age markers should not be normal and can be eliminated through surgery.

³ Ibid. pg. 42.

⁴ Covino, Deborah Caslav. pg. 69.

⁵ Ibid. pg. 69.

⁶ I will say though that these shows do film the recovery and pain that is involved with having surgery, particularly the numerous procedures contestants undergo at the same time, but I do not believe that the pain and amount of recovery time is completely represented on television.

⁷ The fictitious drama *Nip/Tuck* centers around plastic surgeons, and often shows the gore associated with surgery. I am not very familiar with this program but do acknowledge that there are non-reality programs that feature the less glamorous side of cosmetic surgery.