Anne Balsamo, Technologies of the Gendered Body (Duke UP, 1996).

CHAPTER THREE

On the Cutting Edge: Cosmetic Surgery and New Imaging Technologies

Among the most intriguing new body technologies developed during the 1980s are techniques of visualization that redefine the range of human perception.[1] New medical imaging technologies such as laparoscopy and computer tomography (CT) make the body visible in such a way that its internal status can be assessed before it is laid bare or opened up surgically.[2] Like the techniques that enable scientists to encode and "read" genetic structures, these new visualization technologies transform the material body into a visual medium. In the process the body is fractured and fragmented so that isolated parts can be examined visually: the parts can be isolated by function, as in organs or neuron receptors, or by medium, as in fluids, genes, or heat. At the same time, the material body comes to embody the characteristics of technological images.[3] This chapter examines the discourse of cosmetic surgery as it relies upon new technologies of visualization that function similarly to other visualization devices: to fragment the body into isolated parts and pieces and to render it a visual medium.

Carole Spitzack suggests that cosmetic surgery actually deploys three overlapping mechanisms of cultural control: inscription, surveillance, and confession.[4] According to Spitzack, the physician's clinical eye functions like Foucault's medical gaze; it is a disciplinary gaze situated within apparatuses of power and knowledge that constructs the female figure as pathological, excessive, unruly, and potentially threatening of the dominant order. This gaze disciplines the unruly female body by first fragmenting it into isolated parts—face, hair, legs, breasts—and then redefining those parts as inherently flawed and pathological. When a woman internalizes a fragmented body image and accepts its "flawed" identity, each

part of the body then becomes a site for the "fixing" of her physical abnormality.[5] Spitzack characterizes this acceptance as a form of confession:

> In the scenario of the cosmetic surgeon's office, the transformation from illness to health is inscribed on the body of the patient. . . . The female patient is promised beauty and re-form in exchange for confession, which is predicated on an admission of a diseased appearance that points to a diseased (powerless) character. A failure to confess, in the clinical setting, is equated with a refusal of health; a preference for disease.[6]

But the cosmetic surgeon's gaze doesn't simply *medicalize* the female body, it actually redefines it as an object for technological reconstruction. In her reading of the women's films of the 1940s, Mary Ann Doane employs the concept of the "clinical eye" to describe how the technologies of looking represent and situate female film characters as the objects of medical discourse. In Doane's analysis, the medicalization of the female body relies on a surface/depth model of the body, whereby the physician assumes the right and responsibility of divining the truth of the female body—to make visible her invisible depths. The clinical gaze of the physician reveals the truth of the female body in his act of looking through her to see the "essence" of her illness. According to Doane, the clinical eye marks a shift in the signification of the female body, from a purely surface form of signification to a depth model of signification. She traces this shift through a reading of the difference between mainstream classical cinema and the woman's film of the 1940s.[7]

In examining the visualization technologies used in the practice of cosmetic surgery, we can witness the process whereby new imaging technologies are articulated with traditional and ideological beliefs about gender—an articulation that keeps the female body positioned as a privileged object of a normative gaze that is now not simply a medicalized gaze ("the clinical eye") but also a technologized view. In the application of new visualization technologies, the relationship between the female body and the cultural viewing apparatus has shifted again; in the process, the clinical eye gives way to the deployment of a technological gaze. This application of the gaze does not rely on a surface/depth model of the material body, whereby the body has some sort of structural integrity as a bounded physical object. In the encounter between women and cosmetic surgeons, it is not so much the inner or essential woman that is visualized; her

interior story has no truth of its own. Both her surface and her interiority are flattened and dispersed. Cosmetic surgeons use technological imaging devices to reconstruct the female body as a signifier of ideal feminine beauty. In this sense, surgical techniques literally enact the logic of assembly-line beauty: "difference" is made over into sameness. The technological gaze refashions the material body to reconstruct it in keeping with culturally determined ideals of Western feminine beauty.

Cosmetic Surgery and the Inscription of Cultural Standards of Beauty

Cosmetic surgery enacts a form of cultural signification where we can examine the literal and material reproduction of ideals of beauty. Where visualization technologies bring into focus isolated body parts and pieces, surgical procedures actually carve into the flesh to isolate parts to be manipulated and resculpted. In this way cosmetic surgery *literally* transforms the material body into a sign of culture. The *discourse* of cosmetic surgery offers provocative material for discussing the cultural construction of the gendered body because women are often the intended and preferred subjects of such discourse and men are often the agents performing the surgery. Cosmetic surgery is not simply a discursive site for the "construction of images of women," but a material site at which the physical female body is surgically dissected, stretched, carved, and reconstructed according to cultural and eminently ideological standards of physical appearance.

There are two main fields of plastic surgery. Whereas *reconstructive* surgery works to repair catastrophic, congenital, or cancer-damage deformities, *cosmetic* or aesthetic surgery is often an entirely elective endeavor. And whereas reconstructive surgery is associated with the restoration of health, normalcy, and physical function, cosmetic surgery is said to improve self-esteem, social status, and sometimes even professional standing.

All plastic surgery implicitly involves aesthetic judgments of proportion, harmony, and symmetry. In fact, one medical textbook strongly encourages plastic surgeons to acquire some familiarity with classical art theory so that they are better prepared to "judge human form in three dimensions, evaluate all aspects of the deformity, visualize the finished product, and plan the approach that will produce an optimal result."[8] Codifying the aspects of such an "aesthetic sense" seems counterintuitive, but in fact there is a voluminous literature that reports the scientific measurement of facial proportions in an attempt to accomplish the scientific determination of aesthetic perfection. According to one surgeon, William Bass, most cosmetic surgeons have some familiarity with the anthropological fields of anthropometry and human osteology. Anthropometry—defined in one source as "a technique for the measurement of men, whether living or dead"—is actually a critically important science used by a variety of professional engineers and designers.[9] One example of practical anthropometry is the collection of measurements of infants and children's bodies for use in the design of automobile seat restraints.[10] Of course it makes a great deal of sense that measurement standards and scales of human proportions are a necessary resource for the design of products for human use; in order to achieve a "fit" with the range of human bodies that will eventually use and inhabit a range of products from office chairs to office buildings, designers must have access to a reliable and standardized set of body measurements.[11] But when the measurement project identifies the "object" being measured as the "American Negro" or the "ideal female face," it is less clear what practical use these measurements serve.[12]

If anthropometry is "a technique for the measurement of men," the fascination of plastic surgeons is the measurement of the ideal. One well-cited volume in a series published by the American Academy of Facial Plastic and Reconstructive Surgery, titled *Proportions of the Aesthetic Face* (by Nelson Powell and Brian Humphreys), proclaims that it is a "complete sourcebook of information on facial proportion and analysis."[13] In the preface the authors state:

> The face, by its nature, presents itself often for review. We unconsciously evaluate the overall effect each time an acquaintance is made. . . . This [impression] is generally related to some scale of beauty or balance. . . . The harmony and symmetry are compared to a mental, almost magical, ideal subject, which is our basic concept of beauty. Such a concept or complex we shall term the "ideal face."[14]

According to the authors, the purpose of their text is quite simple: to document, objectively, the guidelines for facial symmetry and proportion. Not inconsequentially, the "Ideal Face" depicted throughout this book—both in the form of line drawings and in photographs—is of a white woman whose face is perfectly symmetrical in line and profile (figure 14). The authors claim that although the "male's bone structure is sterner, bolder, and more prominent . . . the ideals of facial proportion and unified

"aesthetic face" symbolizes a desire for standardized ideals of Caucasian beauty.

It is clear that all plastic surgery invokes standards of physical appearance and functional definitions of the "normal" or "healthy" body. Upon closer investigation we can see how these standards and definitions are culturally determined. In the 1940s and 1950s, women reportedly wanted "pert, upturned noses," but according to one recent survey this shape has gone out of style: "the classic, more natural shape is the ultimate one with which to sniff these days."[20] The obvious question becomes, what condition does the adjective "natural" describe? In this case we can see how requests for cosmetic reconstructions show the waxing and waning of fashionable desires; in this sense, "fashion surgery" might be a more fitting label for the kind of surgery performed for nonfunctional reasons. But even as high fashion moves toward a multiculturalism in the employment of nontraditionally beautiful models,[21] it is striking to learn how great is the demand for cosmetic alterations that are based on Western markers of ideal beauty. In a *New York Times Magazine* feature, Ann Louise Bardach reports that Asian women often desire surgery to effect a more "Western"-shaped eye.[22] Indeed, in some medical articles this surgery is actually referred to as "upper lid westernization," and is reported to be "the most frequently performed cosmetic procedure in the Orient."[23] Surgeons Hall, Webster, and Dubrowski explain:

> An upper lid fold is considered a sign of sophistication and refinement to many Orientals across all social strata. It is not quite accurate to say that Orientals undergoing this surgery desire to look Western or American; rather, they desire a more refined Oriental eye. . . . An upper lid westernization blepharoplasty frequently is given to a young Korean woman on the occasion of her betrothal.[24]

Although other surgeons warn that it is "wise to discuss the Oriental and Occidental eye anatomy in terms of differences *not* defects,"[25] another medical article on this type of surgery was titled "Correction of the Oriental Eyelid."[26] In terms of eyelid shape and design, Hall and his colleagues do not comment on how the "natural" Oriental eye came to be described as having a "poorly defined orbital and periorbital appearance"; thus, when their Oriental patients request "larger, wider, less flat, more defined, more awake-appearing eyes and orbital surroundings," these surgeons offer an operative plan for the surgical achievement of what is commonly understood to be a more Westernized appearance.[27] In discussing the reasons for the increased demand for this form of blepharoplasty "among the Oriental," Marwali Harahap notes that this technique became popular after World War II; this leads some surgeons to speculate that such a desire for Westernized eyes "stem[s] from the influence of motion pictures and the increasing intermarriage of Asian women and Caucasian men."[28]

The Marketing of Youthfulness

When a young girl born with "hidden eyes" was scheduled to have massive face reconstruction surgery, surgeons hoped to construct eyelids for her where there were none.[29] The key objectives for her eye surgery were "normalcy" and "functionality," however a review of medical literature on reconstructive surgery reveals that blepharoplasty (eyelid operations) is a common technique of "youth surgery."[30] Because body tissue loses its elasticity in the process of aging, eyelids often begin to sag when a person reaches the early fifties. Bagginess is caused by fat deposits that build up around the eye and stretch the skin, producing wrinkling and sagging, and is most likely the result of a hernia—the weakening of the tissue around the eye—in which the fat deposits push outward and downward. Although eyestrain and fatigue can result from overworking the muscles around the eyes in an effort to keep eyes looking alert and open, eyelid surgery very rarely involves a "catastrophic" or "cure-based" medical rationale. Yet it is quite common, in both the popular and professional literature, for a plastic surgeon to refer to eye bags as a "deformity." This is a simple example of the way in which "natural" characteristics of the aging body are redefined as "symptoms," with the consequence that cosmetic surgery is rhetorically constructed as a medical procedure with the power to "cure" or "correct" such physical deformities.[31]

Several types of aesthetic surgery have been marketed explicitly for an aging baby-boomer population, with the promise that external symptoms of aging can be put off, taken off, or virtually eliminated. By the end of the 1980s, the most requested techniques of cosmetic surgery included face lifts, nose reconstructions, tummy tucks, liposuction, skin peels, and hair transplants—surgical techniques that are specifically designed to counteract the effects of gravity and natural body deterioration.[32] More than a few articles have reported that baby boomers are the preferred market for these new medical procedures; as a demographic group they (1) have more money than time to spend on body maintenance, and (2) are just beginning to experience the effects of aging en masse.[33] Given the size

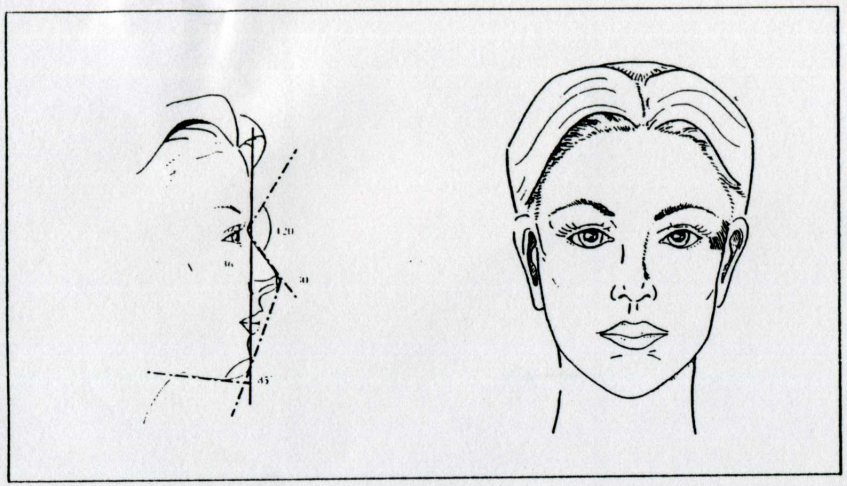


Figure 14. Line drawing from a cosmetic surgery text, illustrating the angles and proportions of the ideal female face. From the "Glossary of Terms" in *Proportions of the Aesthetic Face* by Nelson Powell, DDS, MD, and Brian Humphreys, MD (New York: Thieme-Stratton, 1984), p. 65.

interplay apply to either gender" (2). The only illustration of a male face is contained in the glossary (figure 15). As I discuss later, this focus on the female body is prevalent in all areas of cosmetic surgery — from the determination of ideal proportions to the marketing of specific cosmetic procedures. The source or history of these idealized drawings is never discussed. But once the facial proportions of these images are codified and measured, they are reproduced by surgeons as they make modifications to their patients' faces. Even though they work with faces that are individually distinct, surgeons use the codified measurements as guidelines for determining treatment goals in the attempt to bring the distinctive face in alignment with artistic ideals of symmetry and proportion.

The treatment of race in this book on "ideal proportions of the aesthetic face" reveals a preference for white, symmetrical faces that heal (apparently) without scarring. On the one hand the authors acknowledge that "bone structure is different in all racial identities" and that "surgeons must acknowledge that racial qualities are appreciated differently in various cultures," but in the end they argue that "the facial form [should be] able to confer harmony and aesthetic appeal regardless of race."[15] It appears that this appreciation for the aesthetic judgment "regardless of race" is not a widely shared assumption among cosmetic surgeons. Napoleon N.

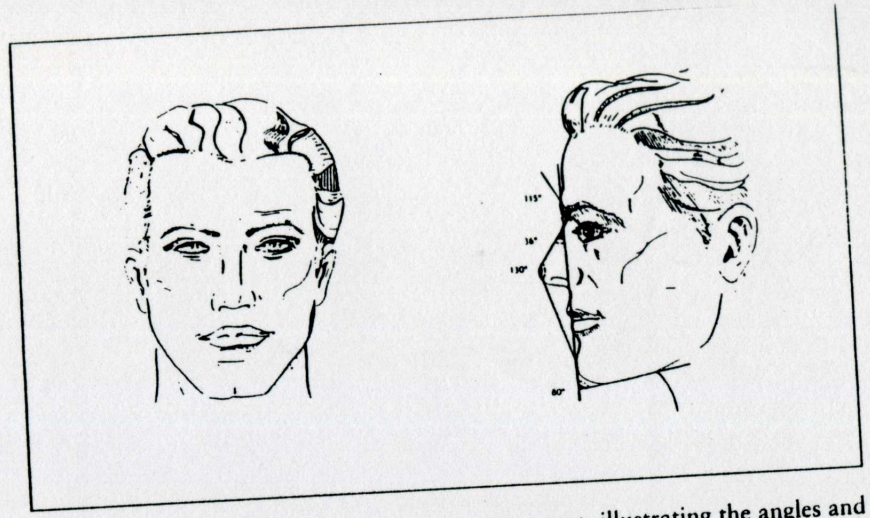


Figure 15. Line drawing from a cosmetic surgery text, illustrating the angles and proportions of the ideal male face. From the "Glossary of Terms" in *Proportions of the Aesthetic Face* by Nelson Powell, DDS, MD, and Brian Humphreys, MD (New York: Thieme-Stratton, 1984), p. 65.

Vaughn reports that many cosmetic surgeons, "mindful of keloid formation and hyperpigmented scarring, routinely reject black patients."[16] But the issue of scar tissue formation is entirely ignored in the discussion of the "proportions of the aesthetic face." Powell and Humphreys implicitly argue that black faces can be evaluated in terms of ideal proportions determined by the measurement of Caucasian faces, but they fail to address the issue of postsurgical risks that differentiate black patients from Caucasian ones.[17] Although it is true that black patients and patients with dark ruddy complexions have a greater propensity to form keloids or hypertrophic scars than do Caucasian patients, many physicians argue that black patients who are shown to be prone to keloid formation in the lower body are not necessarily prone to such formations in the facial area and upper body; therefore a racial propensity for keloid formation should not be a reason to reject a black patient's request for facial cosmetic surgery.[18] And according to Arthur Sumrall, even though "postoperative dyschromic changes and surgical incision lines are much more visible in many black patients and races of color than their Caucasian counterparts," these changes and incision lines greatly improve with time and corrective cosmetics.[19] As an abstraction, the "aesthetic face" is designed to assist surgeons in planning surgical goals; but as a cultural artifact, the

cosmetic plastic surgery."[40] Mary Ruth Wright, a clinical professor of psychology at Baylor University, explains:

> Today medicine encompasses far more than healing, saving, and serving. It has become a commodity, and consumer demands beyond reasonable expectations have emerged. Furthermore, today's concept of medical care goes beyond a physician-patient relationship; it involves society and the community as a whole. Perhaps medicine has overshot its marks; however, little is to be gained by looking back. We are here, practicing medicine in an age where the wonders of technology have put in the hands of physicians what used to be in the hands of fate. The elective surgeon, freed by an exemption from acute medical treatment, is especially affected by the changes that are occurring in the spectrum of modern medicine.[41]

Even though Wright raises the question of whether plastic surgeons are operating beyond the acceptable confines of a medical profession—by performing entirely elective procedures—she dismisses such concerns by refocusing on the biotechnological marvels that "the elective surgeon" can effect. Although her rhetoric sidesteps the question of agency when she states that "elective surgeons [are] freed from acute medical treatment," her statements implicitly argue that it is the mechanism of the marketplace that "frees" cosmetic surgeons from their duties to provide "acute medical treatment."

One of the consequences of the commodification and, correspondingly, the normalization of cosmetic surgery is that electing *not* to have cosmetic surgery is sometimes interpreted as a failure to deploy all available resources to maintain a youthful, and therefore socially acceptable and attractive, body appearance.[42] Kathryn Pauly Morgan, in an essay in a special issue of *Hypatia* on "Feminism and the Body," argues that the normalization of cosmetic surgery—"the inversion of the domains of the deviant and the pathological"—are "catalyzed by the technologizing of women's bodies."[43] From this point, Morgan goes on to discuss the more philosophical question of why "patients and cosmetic surgeons participate in committing one of the deepest of original philosophical sins, the choice of the apparent over the real" (28). The issue I'd like to consider, drawing on Morgan's analysis of the increasing "naturalization" of cosmetic alteration, is to elaborate the mechanism whereby the apparent is transformed into the real. How are women's bodies technologized? What is the role of cosmetic surgery in the technological reproduction[illegible] dered bodies?

Cosmetic Surgery as a Technology of the Gendered Body

In recent years, more men are electing cosmetic surgery than in the past, but often in secret. As one article reports, "previously reluctant males are among the booming number of men surreptitiously doing what women have been doing for years: having their eyelids lifted, jowls removed, ears clipped, noses reduced, and chins tightened."[44] One cosmetic surgeon elaborates the reasons why men are beginning to seek elective cosmetic surgery:

> A middle-aged male patient—we'll call him Mr. Dropout—thinks he has a problem. He doesn't think he's too old for the lovely virgins he meets, but he wants to improve things. . . . When a man consults for aging, generally he is not compulsive about looking younger but he seeks relief from one or more specific defects incidental to aging: male pattern baldness . . . forehead wrinkling . . . turkey-gobbler neck. There are many things that can be done to help the aging man look younger or more virile.[45]

According to yet another cosmetic surgeon, the reason for some men's new concern about appearance is "linked to the increasing competition for top jobs they face at the peak of their careers from women and Baby Boomers."[46] Here the increase in male cosmetic surgery is explained as a shrewd business tactic: "looking good" connotes greater intelligence, competence, and desirability as a colleague. Charges of narcissism, vanity, and self-indulgence are put aside; a man's choice to have cosmetic surgery is explained by appeal to a rhetoric of career enhancement: a better looking body is better able to be promoted (figure 17). In this case, cosmetic surgery is redefined as a body management technique designed to reduce the stress of having to cope with a changing work environment, one that is being threatened by the presence of women and younger people.[47] While all of these explanations may be true—in the sense that this is how men justify their choice to elect cosmetic surgery—it is clear that other explanations are not even entertained. For example, what about the possibility that men and women are becoming more alike with respect to "the body

of the baby-boomer population, it is no surprise that as the first wave of baby boomers reach their late forties we should see an increase in advertisements for services such as dental bonding and implants, requests for "revolutionary" new drugs such as Retin-A, and articles about rejuvenation drugs manufactured in Europe from dried fetal extracts.[34] Even though the size of the target market for these produces will continue to increase during the next decade, the competition among plastic surgeons has so intensified that many of them are using image consultants to design advertising campaigns to attract clients. One campaign that drew a round of criticism from other surgeons displayed a surgically sculpted shapely female body draped over an expensive car. While this is hardly a new combination for U.S. beer advertisers, many cosmetic surgeons claimed that such advertising tarnishes the dignified image of their medical profession.[35]

Plastic surgeons are instructed to warn preoperative patients that "this is medicine and not the beauty parlor," but in the same breath, they are also taught that "in our society many cosmetic surgical procedures are not a luxury but are considered necessary."[36] Apparently this creates a bit of a tension for cosmetic surgeons who on the one hand are keenly aware of the fact that the service they provide is often an entirely elective endeavor, but on the other also realize the potentially serious physical consequences of their medical service. This tension is managed discursively when both physicians and patients construct "curative" justifications for the voluntary submission to surgical treatment.[37] G. Richard Holt and Jean Edwards Holt obliquely refer to the fact that most eyelid operations are done for purely cosmetic reasons and not to increase physical functioning:

> Although there are obvious cosmetic advantages to nearly every blepharoplasty, it must be remembered that functional indications are of primary importance. There are several alterations in function that can be improved by a blepharoplasty, and these should be identified preoperatively. They also serve as important diagnoses that are accepted by many third-party insurance carriers as sufficient to warrant payment for the procedure. *However, they should be reported as such only if they actually exist.*[38] (emphasis added)

Apparently, the use of "curative" justifications in a diagnosis not only functions discursively to manage an anxious patient, it also legitimates and authorizes the "elective" surgery for insurance coverage. In the climate of a recession, insurance reimbursement is vital to the continuing health of a medical specialty.[39] A more detailed discussion of the economics of medical diagnoses is beyond the scope of this essay, but it is likely that an investigation into the determining factors of medical reporting would find that economic forces influence the distinction between what can be identified as a "necessary" reconstructive procedure and procedures that are considered purely "elective."

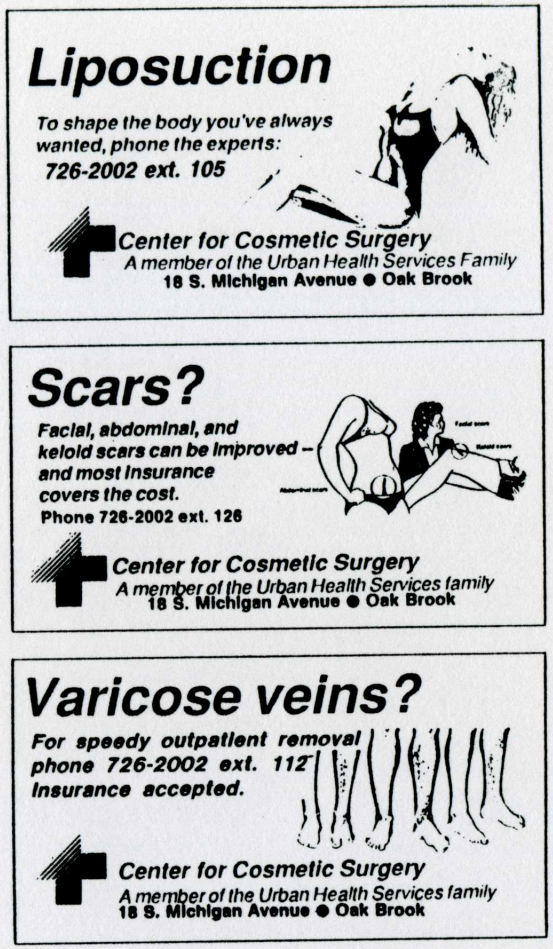


Figure 16. Advertisements for the Center for Cosmetic Surgery, Sunday *Chicago Tribune* (May 10, 1987).

Through the advertising channels of consumer culture, the practices of cosmetic surgery have been transformed into commodities themselves (figure 16). In one medical report, the surgeon-physicians blatantly claim, "Society's emphasis on a youthful appearance has created a demand for

those bodies are technologically refashioned. Thus it appears that although technologies such as those used in cosmetic surgery can reconstruct the "natural" identity of the material body, they do little to disrupt naturalization of feminine corporeal identity.

Wendy Chapkis amplifies this point when she writes: "however much the particulars of the beauty package may change from decade to decade—curves in or out, skin delicate or ruddy, figures fragile or fit—the basic principles remain the same. The body beautiful is woman's responsibility and authority. She will be valued and rewarded on the basis of how close she comes to embodying the ideal" (figure 18).[51] In the *popular media* (newspapers, magazines), advertisements for surgical services are rarely, if ever, addressed specifically to men. When a man is portrayed as a prospective patient for cosmetic surgery (as in figure 17), he is often represented as a serious "business" person for whom a youthful appearance is a necessary business asset. In a 1988 advertising campaign for The Liposuction Institute in Chicago, each advertisement featured an illustration of a woman's (saddlebag) thighs as the "before" image of liposuction procedures (figure 19).[52] And of course, many cosmetic alterations are designed especially for women: tattooed eyeliner (marketed as "the ultimate cosmetic"), electrolysis removal of superfluous hair, and face creams.[53] An advertising representative for DuraSoft explains that the company has begun marketing its colored contact lenses specifically to black women ostensibly because DuraSoft believes that "black women have fewer cosmetic alternatives," but a more likely reason is that the company wants to create new markets for its cosmetic lenses.[54] The codes that structure cosmetic surgery advertising are gendered in stereotypical ways: being male requires a concern with virility and productivity, whereas being a real woman requires buying beauty products and services.[55]

And yet women who have too many cosmetic alterations are pejoratively labeled "scalpel slaves," to identify them with their obsession for surgical fixes.[56] Women in their late thirties and forties are the most likely candidates for repeat plastic surgery. According to *Psychology Today*, the typical "plastic surgery junkie" is a woman who uses cosmetic surgery as an opportunity to "indulge in unconscious wishes."[57] *Newsweek* diagnoses the image problems of "scalpel slaves":

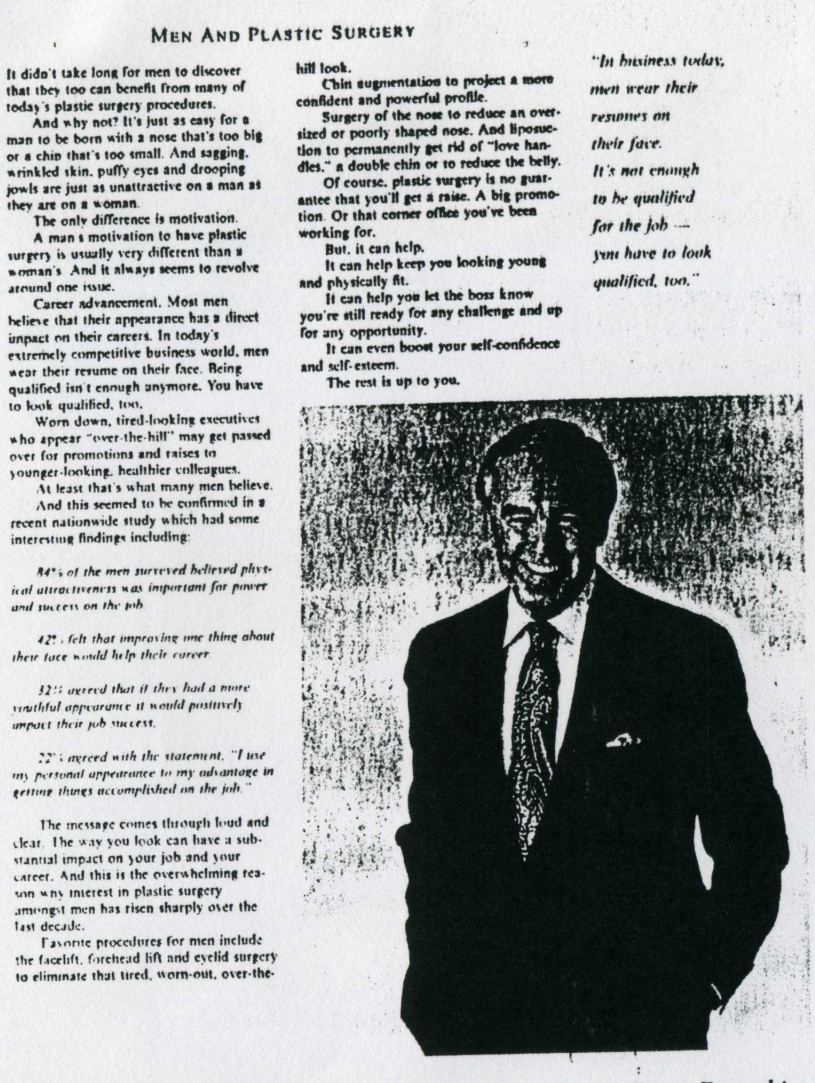
> Women in their 40s seem particularly vulnerable to the face-saving appeal of plastic surgery. Many scalpel slaves are older women who are recently divorced or widowed and forced to find jobs or date again. Others are suffering from the empty-nest syndrome. "They're re-entry women," says Dr. Susan Chobanian, a Beverly Hills cosmetic surgeon. "They get insecure about their appearance and show up every six months to get nips and tucks. . . . Plastic-surgery junkies are in many ways akin to the anorexic or bulimic," according to doctors. "It's a body-image disorder," says [one physician]. "Junkies don't know what they really look like." Some surgery junkies have a history of anorexia in the late teens, and now, in their late 30s and 40s, they're trying to alter their body image again.[58]

The naturalized identity of the female body as pathological and diseased is culturally reproduced in media discussions and representations of cosmetic surgery services. Moreover, the narrative obsessively recounted is that the female body is flawed in its distinctions and perfect when differences are transformed into sameness. However, in the case of cosmetic surgery the nature of the "sameness" is deceptive, because the promise is not total identity reconstruction—such that a patient could choose to look like the media star of her choice—but rather the more elusive pledge of "beauty enhancement." When cosmetic surgeons argue that the technological elimination of facial "deformities" will enhance a woman's "natural" beauty, we encounter one of the more persistent contradictions within the discourse of cosmetic surgery: namely, the use of technology to augment "nature."

Morphing and the Techno-Body

Surgeons are taught that the consultation process is actually an incredibly complex social exchange during which patients and surgeons must negotiate highly abstract goals. The accomplishment of goals is said to be directly related to patient satisfaction:

> [D]efining aesthetic goals with patients obviously involves the hazards of perception. . . . Any practitioner who has recommended and performed orthognathic surgery has most likely encountered patients with unrealistic aesthetic expectations. The surgical team most often accomplishes their functional and aesthetic goals, but, in this situation, the patient is disappointed. . . . Function, aesthetics, and shaping the patient's expectations into reality must all be addressed while keeping in mind the patient's best interests and desires.[59]



MEN AND PLASTIC SURGERY

It didn't take long for men to discover that they too can benefit from many of today's plastic surgery procedures.

And why not? It's just as easy for a man to be born with a nose that's too big or a chin that's too small. And sagging, wrinkled skin, puffy eyes and drooping jowls are just as unattractive on a man as they are on a woman.

The only difference is motivation.

A man's motivation to have plastic surgery is usually very different than a woman's. And it always seems to revolve around one issue.

Career advancement. Most men believe that their appearance has a direct impact on their careers. In today's extremely competitive business world, men wear their resume on their face. Being qualified isn't enough anymore. You have to look qualified, too.

Worn down, tired-looking executives who appear "over-the-hill" may get passed over for promotions and raises to younger-looking, healthier colleagues.

At least that's what many men believe.

And this seemed to be confirmed in a recent nationwide study which had some interesting findings including:

84% of the men surveyed believed physical attractiveness was important for power and success on the job.

42% felt that improving one thing about their face would help their career.

32% agreed that if they had a more youthful appearance it would positively impact their job success.

22% agreed with the statement, "I use my personal appearance to my advantage in getting things accomplished on the job."

The message comes through loud and clear. The way you look can have a substantial impact on your job and your career. And this is the overwhelming reason why interest in plastic surgery amongst men has risen sharply over the last decade.

Favorite procedures for men include the facelift, forehead lift and eyelid surgery to eliminate that tired, worn-out, over-the-hill look.

Chin augmentation to project a more confident and powerful profile.

Surgery of the nose to reduce an oversized or poorly shaped nose. And liposuction to permanently get rid of "love handles," a double chin or to reduce the belly.

Of course, plastic surgery is no guarantee that you'll get a raise. A big promotion. Or that corner office you've been working for.

But, it can help.

It can help keep you looking young and physically fit.

It can help you let the boss know you're still ready for any challenge and up for any opportunity.

It can even boost your self-confidence and self-esteem.

The rest is up to you.

"In business today, men wear their resumes on their face. It's not enough to be qualified for the job — you have to look qualified, too."

Figure 17. Plastic surgery appeal aimed at a male audience. From *Everything You Always Wanted to Know about Plastic Surgery* (New York: Schell/Mullaney, 1991).

beautiful," that men are engaging more frequently in female body activities, or even simply that a concern with appearance isn't solely a characteristic of women? What about the possibility that the boundary between genders is eroding? How is it that men avoid the pejorative labels attached to female cosmetic surgery clients?[48]

In their ethnomethodological study of cosmetic surgery, Diana Dull and Candace West examine how surgeons and patients "account" for their decisions to elect cosmetic surgery. They argue that when surgeons divide the patient's body into component parts and pieces, it enables both "surgeons and patients together [to] establish the problematic status of the part in question and its 'objective' need of 'repair.' "[49] Dull and West go on to argue that this process of fragmentation occurs "in tandem with the accomplishment of gender" (67) which, in relying upon an essentialist view of the female body as always "needing repair," understands women's choice for cosmetic surgery as "natural" and "normal" and as a consequence of their (natural) preoccupation with appearance. However, because their "essential" natures are defined very differently, men must construct elaborate justifications for their decision to seek cosmetic alterations. This analysis illuminates one of the possible reasons why men and women construct different accounts of their decision to elect cosmetic surgery: the cultural meaning of their gendered bodies already determines the discursive rationale they can invoke to explain bodily practices. Although the bodies and faces of male farmers and construction workers, for example, are excessively "tanned" due to their constant exposure to the sun as part of their work conditions, their ruddy, leathery skin is not considered a liability or deformity of their male bodies. In contrast, white women who display wrinkled skin due to excessive tanning are sometimes diagnosed with "The Miami Beach Syndrome"; as one surgeon claims, "we find this type of overly tanned, wrinkled skin in women who not only go to Miami every year for three or four months, but lie on the beach with a sun reflector drawing additional rays to their faces."[50] It is no surprise then, that although any body can exhibit the "flaws" that supposedly justify cosmetic surgery, discussion and marketing of such procedures usually constructs the female as the typical patient. Such differential treatment of gendered bodies illustrates a by now familiar assertion of feminist studies of the body and appearance: the meaning of the presence or absence of any physical quality varies according to the gender of the body upon which it appears. Clearly an apparatus of gender organizes our seemingly most basic, natural, interpretation of human bodies, even when

The most commonly used methods of patient facial analysis are radiographic and photographic analysis, where the facial profile is rendered in a two-dimensional medium.[60] The use of photographs and grease pencils is perhaps the simplest method of the surgeon-patient consultation where the task at hand is to suggest the possible benefits of cosmetic surgery at the same time that the patient must be made aware of the surgical plan. Using a Polaroid camera to produce an instantaneous photograph, surgeons often draw lines with markers to indicate the locations of incisions or stretch lines. "Photograph surgery" is a communication method to negotiate between a patient's expectations and likely surgical outcomes; the reality of those black grease-pencil lines invoke the use of surgical procedures that literally cut into the face and reconstruct it, rendering whatever features nature created obsolete and irrecoverable.[61]

The various two-dimensional consultation methods were developed to effect an "objective method of facial analysis," which is understood to be a necessary part of adequate preoperative planning and postoperative evaluation.[62] Since 1989, however, some cosmetic surgeons have been employing new visualization techniques that render the patient's face in three dimensions. The use of video imaging replaces the use of grease-pencil lines and photographic surgery, which some surgeons found to be an inadequate system of consultation because "even when adjustments have been 'drawn on' by the surgeon, it is difficult for most patients to imagine what they might look like postoperatively."[63] Using video imaging, the surgeon can manipulate an actual image of the client's face. Although the cost and skill requirements of these computerized imaging systems represents a sizable investment, using this method of consultation is promoted as a way to manage patient expectations because it provides more information about the results that surgery can accomplish. More information, in this case, is said to lead to greater patient reassurance. Indeed, one recent study reports that the use of video imaging was well accepted by patients and that most felt that "video imaging improved communication between patient and surgeon, increased confidence in surgery and surgeon, and enhanced the patient-physician relationship."[64]

The video imaging consultation begins with a series of video shots that must be taken with great precision in terms of camera angle, lighting, face position, make-up, and hair display.[65] Preoperative photograph precision is necessary to ensure that postoperative photographs will objectively record surgical results and not camera special effects. The preoperative video shots are digitally scanned into a computer and then ma-

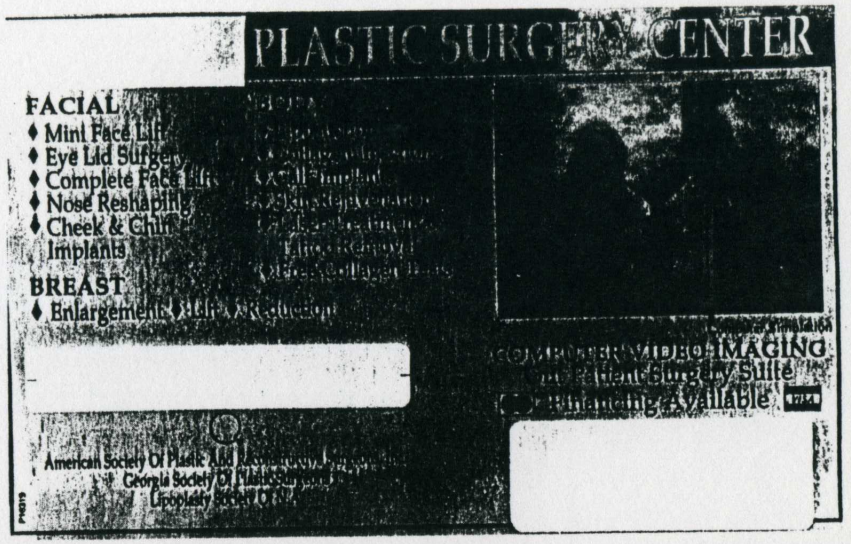


Figure 20. Yellow pages advertisement for cosmetic surgery, showing "before" and "after" images produced by video imaging program.

nipulated with the use of an imaging processing system. To begin the consultation, the cosmetic surgeon displays two images of the patient's face on the computer screen (figure 20). The left-hand image remains untouched and unmarked, serving as the prototypical "before" picture of the prospective cosmetic surgery client. The right-hand image is manipulated by the cosmetic surgeon, using a stylus and pressure-sensitive sketch pad. Using what is really a modified computer "painting" program, the surgeon can manipulate the image in several ways: (1) by picking up a line (a jaw line, for example) and moving it; (2) by reducing a part of the image with an eraser tool (thus eliminating a double chin, for example); or (3) by stretching a part of the face to show what heightened cheekbones might look like. Throughout the various manipulations, the right-hand image of the patient retains its visual integrity in that it continues to resemble the original, left-hand image save for the artistic manipulations performed by the surgeon. The surgeon can either display multiple procedures on one image or reproduce additional images that illustrate the effects of only one procedure at a time. With the use of a range of rendering tools, which are basically a set of artist's tools (spray can, pencil, eraser), the surgeon can redesign a client's face in the space of a 30-minute consultation.

In an interview with one surgeon who uses this method of patient

How Much Does It Cost?

Less than you think.

After years of being perceived as something only for the rich and famous, plastic surgery is now priced for the middle class. People from all kinds of income brackets are undergoing surgery.

In fact, half of the patients who undergo plastic surgery make less than $25,000 a year. Breakthroughs in medicine and outpatient surgery have brought the price of plastic surgery down considerably over the years — even while the quality has gone up.

In addition to reasonable prices, financing is now readily available.

Your monthly payment will be determined by the amount of your down payment, the interest rate and the term of the loan. The examples below were based on an average price, no money down, a 36 month payback period and 17% APR financing. Even though every surgeon breaks down the various expenses (surgeon's fee, facility fee, anesthesia, medications, tests, etc.) in different ways, the prices outlined below are intended to include everything.

Your surgeon can tell you exactly how much your procedure will cost.

Plastic surgery has gotten so affordable that half the people who choose it make less than $25,000 a year.

	Low	High	If Financed...
Surgery of the Nose	$2000	$5000	$72-179 per month
Facelift	$3500	$10000	$125-357 per month
Forehead and Eyebrow Lift	$2000	$4500	$72-161 per month
Eyelid Surgery	$2000	$4500	$72-161 per month
Surgery of the Ear	$1500	$3500	$54-125 per month
Dermabrasion	$750	$3500	$27-125 per month
Chemical Peel	$1200	$4000	$43-143 per month
Cheek Augmentation	$750	$3000	$27-107 per month
Chin Augmentation	$1200	$2500	$43-90 per month
Lip Augmentation	$750	$2100	$27-75 per month
Scar Revision	$300	$4500	$11-161 per month
Breast Augmentation	$2300	$5300	$82-189 per month
Breast Lift	$3100	$6500	$111-232 per month
Breast Reduction	$3000	$7500	$107-268 per month
Breast Reconstruction	$3000	$10000	$107-357 per month
Liposuction	$750	$10000	$27-357 per month
Tummy Tuck	$4500	$12000	$161-428 per month

Plastic Surgery That Doesn't Leave You Looking Plastic

You can spot it in an instant.

Even from across the room. A facelift that looks plastic and unnatural.

A designer nose job that looks like it came off an assembly line.

Eyelid surgery that gives someone a slightly startled, surprised look.

We've all seen what bad plastic surgery can look like.

But have you ever seen it done well?

You probably have — and didn't even know it. Plastic surgery, when it's done well often goes unnoticed.

It should improve your looks without drawing attention to itself.

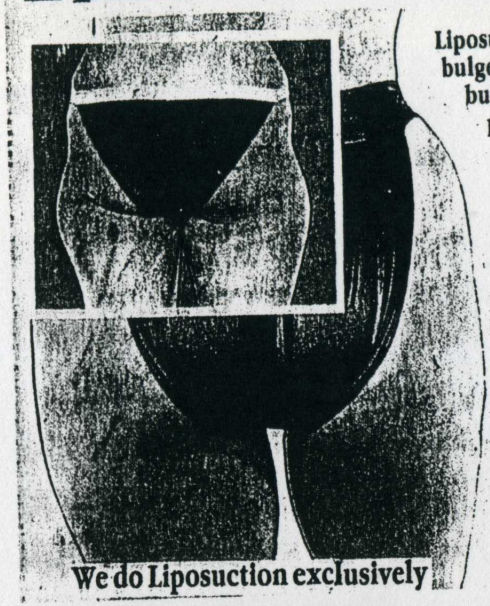
The ideal result always looks natural. Healthy. Beautiful.

This is the type of plastic surgery that delivers the best results and the happiest patients.

Plastic surgery, that doesn't leave you looking plastic.

Figure 18. Plastic surgery appeal aimed at a female audience. From *Everything You Always Wanted to Know about Plastic Surgery* (New York: Schell/Mullaney, 1991).

Liposuction made the difference...



We do Liposuction exclusively

Liposuction helps you lose those bulges dieting or exercise won't budge. Safely. Quickly. Permanently.

Discover the Liposuction Institute. In-office body sculpturing.

Liposuetion, or fat suction-extraction, is a remarkable in-office surgical procedure that reshapes and streamlines your body through the permanent removal of fat that does not respond to dieting or exercise. for example: Pot-bellies, Love handles, Saddle bags, Hips, Double chins, Calves, Thighs, buttocks and large male breasts.

To find out if you could benefit from liposuction, call our clinic today for a confidential consultation with our cosmetic surgeons. Call daily including Sunday (312)259-6161.

LIPOSUCTION INSTITUTE

- CHICAGO (Water Tower Place)
- ARLINGTON HEIGHTS
- OAKBROOK

Gentlemen prefer LEGS...not veins.

If unsightly, disfiguring varicose veins or spider veins make you look older than you really are, an exclusive European method available only through Vein Specialists can make those veins vanish without a trace.

- **Simple in-office, no hospital**
- **No time lost from work**
- **Affordable and insurance refundable**
- **No surgery, no scars**

Your legs can be attractive again.

Lunch hour and evening appointments available. Three conveniently located offices. For information and to schedule a consultation, phone **312-259-0411.**

Vein Specialists

- CHICAGO (Water Tower Place)
- ARLINGTON HEIGHTS

Figure 19. Advertisements for the Liposuction Institute and the Vein Specialists, Sunday *Chicago Tribune* (May 10, 1987).

consultation, he explained that when prospective patients seek surgery they have only a layperson's understanding of facial anatomy. For example, they might believe that in order to get rid of deep lines around the nose that all they need is to stretch the cheeks and tuck the extra skin behind the ear. But what they really need, he clarified, is to heighten the cheekbones with an implant and bob the nose, which will pull the skin taut over the new cheeks; consequently the lines and folds on either side of the nose will be eliminated and the size of the nose will stay proportionate to cheek width. In this example, the imaging device would enable the surgeon to educate the patient about the different methods for accomplishing surgical goals. In fact, this surgeon emphasized that the imaging device allows him to visually demonstrate the transformation of the patient's face that he could easily accomplish in surgery, something very difficult to demonstrate in a two-dimensional format. For him, the imaging system is a mechanism whereby his artistic skill can be previewed by prospective patients.

The imaging program can also be used as a surgical planning device. The program can calculate the distance, angle, or surface of the part of the right-hand image that has been modified. In this sense, a manipulated video image is more useful than a photograph in designing the actual surgery, because the comparison between the video image and the cephalometric radiograph "allows for computerized quantification of treatment goals."[66] Thus, if a nose profile line has been redrawn, the imaging program can measure the difference between the redrawn line of the right-hand image and the original line on the left-hand image to determine the degree to which the nose needs to be modified during surgery; the surgeon can then use that measurement to plan the surgical procedure.[67]

Some physicians believe that the only way to manage patients' expectations is to assure them of the competency of the physician's skill. Traditionally, physicians have done this by showing a prospective patient photographs of previous patients' surgical results. But more recently, the use of new high-tech imaging devices have been employed as a symbol of the quality of the physician's service.

> A computer imaging system is a wonderful educational tool in terms of marketing to patients who may not be familiar with the treatments and materials available today. . . . Marketing the benefits of the system to patients is easy, according to [another physician], because the "high-tech" equipment lets patients know that they can receive "high-tech" treatment. It gives you the image and identity of being on the *cutting edge* of dentistry when you can offer the newest and best materials and techniques available.[68]

So in addition to using it as a counseling and planning device, the video imaging system can also be employed as a marketing tool. In this case, the expert manipulation of a video file using a computer painting program is translated into a marker of technological expertise in the operating room. But this use of the imaging system as marketing tool is denounced by some surgeons, who believe that its use borders on the unethical because it makes it easier to manipulate patients into having procedures that they do not need or want.

During interviews with surgeons who use or have used a video imaging system, I specifically asked about the controversy surrounding the new technology. The strongest claim for the use of video imaging is that it provides a realistic image of the aesthetic treatment objective that the patient can visualize. So while some surgeons dismiss it as a possibly unethical marketing device, other physicians argue that it produces "realistic images," "realistic expectations," and a better representation of reality itself. More telling is the fact that several cosmetic surgeons in the Atlanta metro area have stopped using video imaging as a consultation method because they found that it encouraged patients to form unrealistic expectations about the kind of transformations that can be accomplished through surgical procedures. They report that patients seemed to believe that if a modification could be demonstrated on the video screen, then it could be accomplished in the operating room — that the video transformation guaranteed the physical transformation. Apparently, the digital transformation of one's own face produces a magical, liquid simulation that is difficult to reject. What some patients fail to understand is that one of the significant difficulties with any kind of cosmetic surgery is that soft tissue changes are impossible to predict accurately. A surgical incision or implantation always disrupts layers of skin, fat, and muscle. How those incised tissues heal is a very idiosyncratic matter — a matter of the irreducible distinctiveness of the material body. After hearing from a number of disappointed patients, members of the American Society of Plastic and Reconstructive Surgeons designed an official "Electronic Imaging Disclaimer" to be used by physicians who employ computerized images in preoperative consultations. Among the release statements that the patient must sign is one that reads: "I understand that because of the significant

differences in how living tissue heals, there may be no relationship between the electronic images and my final surgical result."[69] Where advertising executives play with the possibilities of morphing political candidates,[70] cosmetic surgeons offer patients the promise of permanently "morphed" features. One of the key consequences that some surgeons have discovered is that witnessing video morphing dramatically undermines a patient's ability to distinguish between the real, the possible, and the likely in terms of surgical outcomes.

Through the application of techniques of inscription, surveillance, and confession, cosmetic surgery serves as an ideological site for examining the technological reproduction of the gendered body. A primary effect of these techniques is to produce a gendered identity for the body at hand, techniques that work in different ways for male and female bodies. In its encounters with the cosmetic surgeon and the discourse of cosmetic surgery, the female body becomes an object of heightened personal surveillance; this scrutiny results in an internalized image of a fractured, fragmented body. The body becomes the vehicle of confession; it is the site at which women, consciously or not, accept the meanings that circulate in popular culture about ideal beauty and, in comparison, devalue the material body. In other words, the female body comes to serve as a site of inscription, a billboard for the dominant cultural meanings that the female body is to have in postmodernity.[71]

For some women, and for some feminist scholars, cosmetic surgery illustrates a technological colonization of women's bodies; others see it as a technology women can use for their own ends. Certainly, as I have shown here, in spite of the promise cosmetic surgery offers women for the technological reconstruction of their bodies, in actual application such technologies produce bodies that are very traditionally gendered. Yet I am reluctant to accept as a simple and obvious conclusion that cosmetic surgery is simply one more site where women are passively victimized. Whether as a form of oppression or a resource of empowerment, it is clear to me that cosmetic surgery is a practice whereby women consciously act to make their bodies mean something to themselves and to others. A different way of looking at this technology might be to take seriously the notion I suggested earlier: to think of cosmetic surgery as "fashion surgery." Like women who get pierced-nose rings, tattoos, and hair sculptures, women who elect cosmetic surgery could be seen to be using their bodies as a vehicle for staging cultural identities. Even though I have argued that cosmetic surgeons demonstrate an unshakable belief in a Westernized notion of "natural" beauty, and that the discourse of cosmetic surgery is implicated in reproducing such idealization and manipulation of "the natural," other domains of contemporary fashion cannot be so idealized. The anti-aesthetics of cyberpunk and grunge fashion, for example, suggest that feminists, too, might wish to abandon our romantic conceptions of the "natural" body — conceptions that lead us to claim that a surgically refashioned face inevitably marks an oppressed subjectivity. As body piercing and other forms of prosthesis become more common — here I am thinking of Molly Million's implanted mirrorshades and Jael's nail daggers — we may need to adopt a perspective on the bodily performance of gender identity that is not so dogged by neoromantic wistfulness about the natural, unmarked body.