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Cosmetic Surgery: Feminist Perspectives

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Cosmetic surgery is gaining popularity not only in the U.S., but worldwide. The sheer number of procedures being performed makes it seem “normal,” and in the statistical sense it is. Feminist therapists are likely to have clients who are contemplating undergoing one or more of these procedures. Therapists ought to help their clients to understand the motivations underlying a decision to undergo surgery for the sake of improving on nature. In the final analysis, the decision belongs to the woman who may be placing her life at risk to achieve some desired end. The therapist can play a role in helping her to weigh the risks and what will be accomplished in the end.

KEYWORDS advertising, appearance, cosmetic surgery, image, older women

Plastic surgeons reconstruct disfigured faces and graft tissue on burns; they repair cleft palates and remove tumors. Many modern techniques used in plastic surgery developed from efforts to repair faces damaged on battlefields. Cosmetic surgery is a lucrative specialty within the broader field of medicine that aims to enhance appearance, improve on the natural condition, and erase the fleshly record of the effects of the passage of time. Advances in science present us with drastic alternatives for changing our physical selves in ways never faced by our ancestors. These scientific advances give rise to questions without easy answers. If women remodel their faces and bodies, who will they be? Will the outside reflect the meta-physical self, or will it created a mismatch between the woman in the mirror

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and person on the inside? Is cosmetic surgery just an extension of lipstick and mascara? Or is cosmetic surgery fundamentally different than foundation and blush that can be washed away at bedtime?

Feminist therapists serve clients facing alternatives that are drastically more extreme than any faced by previous generations. What does it mean to grow old in an age of cosmetic surgery? To be helpful to women contemplating cosmetic surgery, we must begin by understanding that this is a complex and multilayered topic. In courts of law we often hear the expression *it goes to motive*. It may be that this expression holds the key to helping any woman who is contemplating cosmetic surgery. Does she think that regaining her youthful beauty will bring new love into her life or keep an old love alive? To dismiss her hopes out of hand is to ignore the evidence that ours is an age of superficial images. The fact that a facelift, tummy tuck, or breast implants could win a man's attention may be true. But is this the kind of man whose attention is worth seeking, and what price is his attention worth?

Down through the archaeological record we find evidence that women have endeavored to enhance their looks, apparently in ways that could be operationally defined as promoting the appearance of fertility. Certain features are regarded as attractive across diverse groups of humans (Cunningham et al., 1995), and these features may signify health and fertility. Damage from solar radiation is accumulative over the years of a life, and the visual impact of it on the skin can add 20 years to the perceived age of a woman's face (Grammer & Fink, 2006). Social psychologists have provided ample evidence for the "beautiful is good" effect, which refers to the tendency for people to ascribe positive attributes such as happiness, intelligence, and success to those of attractive physical appearance (Baumeister & Bushman, 2008). Looking good has its advantages.

Globally, 65% of people over age 80 are women; life expectancy in the U.S. is 78.8 years for women and 72 years for men. As women live longer, find partners later in life, and enter into multiple relationships across a lifetime, being attractive may become more important to them. We are members of a species in which beauty, fertility, and youth are highly associated. These facts provide a context in which older women may need to compete against other women for dates and mates. Ironically, women who pursue relationships with younger sexual partners are deemed to be predators (i.e., cougars), whereas it is considered normal for men to do the same. These realities, which come from our biological heritage and cultural traditions, are part of the contextual matrix in which cosmetic surgery decisions must be considered.

In this article we do not address the kind of plastic surgery that can give the victim of a violent attack a new face or provide breast implants for a cancer survivor who has had a radical mastectomy. Operations such as those are intended to repair damage, to fix what is broken, to alleviate suffering. Our focus here is on cosmetic surgery, surgery to improve on what is normal, to enhance nature, and to make recipients more beautiful than their

competition. As we shall see, it is not just women who seek such improvements, but women still account for the vast majority of cosmetic surgeries performed, about 90% in 2006 (*ScienceDaily*, 2007).

Most little girls hear someone exclaim, "Isn't she pretty?" This is praise not for doing but for being; praise not for agency and control, but for a gift bestowed by nature on the child as a passive recipient; praise for looks rather than deeds. In an important sense, cosmetic surgery provides a paradigm shift, a change in how we come by feminine beauty. Once at 20 a woman had the face she was born with and at 60 the face she had earned; now at either age she can have the face she can afford. Beauty is no longer a gift bestowed by nature on a passive recipient; now there is something a woman can do to be beautiful.

Cosmetic surgery creates yet another divide between the haves and have-nots, between affluent, professional women who earn six-figure incomes in industrialized nations and their sisters who subsist in remote villages with unpronounceable names all around the globe. Although impoverished women may desperately need reconstructive surgery to repair fistulae, affluent women are consumers of cosmetic surgeries to beautify their normal labia (i.e., "designer vaginas"; Braun, 2009). Medical tourism makes cosmetic surgery affordable for less affluent American women who can afford a plane ticket (<http://www.globalsurgerycenter.com/>).

At the heart of a feminist perspective is the core belief that gender socialization shapes our behavior. It is from this vantage point that we consider the meaning of transformation through medical intervention, whether the intervention is injecting a bacterial toxin to unfurrow a brow or carving into quivering flesh to remove fat. Culturally constructed norms shape our self-image and teach us how we ought to behave (Frieze, Bailey, Mamula, & Noss, 1989). Messages carefully crafted based on results of social science research influence these norms to serve commercial interests.

A Global Perspective

Charities that provide plastic surgery to poor people show disfigured Black African faces (<http://www.resurgeafrica.org/>), whereas websites about cosmetic surgery in the more affluent South Africa display images of lovely White bodies (<http://www.plasticsurgeon.co.za/>). Cosmetic surgery is gaining popularity on the African continent, and Nigeria and South Africa are becoming destination sites for these procedures. Modupe Ozien Ozolua (<http://nm.onlinenigeria.com/templates/?a=1167>) introduced Nigerians to cosmetic surgery through her company Body Enhancement. In 2005, the 59-year-old wife of President Olusegun Obasanjo, noted for her contributions to children's charities and Nigeria's women's rights movement, died in Spain of complications from cosmetic surgery (Laurance, 2005).

Across the Atlantic, the nation of Brazil has taken the stance that even the poor have a right to be beautiful (Edmonds, 2007). If we ignore the costs

associated with achieving universal beauty through cosmetic surgery, we must question the wisdom of subjecting most of the women in an entire country to general anesthesia. When everyone is beautiful, will anyone really be? The rationale in Brazil, as elsewhere, for cosmetic surgery is often the resultant improvement of self-esteem, a nebulous construct. We face everywhere the commodification and globalization of the human body, which persuades Thailand's younger generation to associate whitening creams and cosmetic surgery with being modern (Warunee, 2002, as cited in Aizura, 2009). Certainly undergoing cosmetic surgery identifies partakers as having the affluence necessary to pay for cosmetic procedures. In Finland, too, happiness is looking younger, more American, and lighter skinned (Kinnunen, 2009). Tailoring cosmetic surgery advertising to specific audiences is often evident:

Our goal is to enhance your appearance, while preserving your cultural identity. We never try to westernize the Asian face and body through cosmetic surgery. Instead, we aim to help our Asian cosmetic surgery patients attain harmony and balance (<http://www.asiancosmeticsurgery.com/index.html>.)

The International Society of Aesthetic Plastic Surgery (ISAPS) recently released a survey of the countries with the most surgical and non-surgical procedures. The 10 nations that topped the list were the U.S., China, Brazil, India, Mexico, Japan, South Korea, Germany, Turkey, and Spain. The ISAPS (2010) global survey showed that liposuction was the most common of the surgical procedures (18.8%), followed by breast augmentation (17%), eye lifts (13.5%), nose jobs (9.3%), and abdominoplasty (i.e., tummy tuck). Notably absent from the nations where cosmetic surgery is popular are the poorest countries on Earth.

Marketing Cosmetic Surgery

Cosmetic surgery is marketed as a means for enhancing self-esteem. Those who profit from this industry are prone to offering this rationale, which provides a psychological, if not physical, justification for surgery (Heyes & Jones, 2009). Commercial messages persuade women of all ages to view any imperfection as a flaw that stands between them and happiness. The message is being absorbed (Markey & Markey, 2009), even though our standards of beauty are based upon digitally enhanced images that cannot be achieved in third or fourth dimensions. It is in the context of such media images and popular and medical discourses that women make choices about whether to seek cosmetic surgery (Mirivel, 2008). What Bartky (1982) identified as the fashion-beauty complex has incorporated a lucrative new medical specialty. Consider the impact of television programs, such as *Extreme Makeover*, which show the transformation of the homely into the lovely,

and their impact on viewers' psyches. Given the value that feminists place on women's choice and control over their own bodies, is it any wonder that commercial interests have seized upon these notions to use as slogans to market cosmetic surgeries? The new marketing angles appeal to a new feminism, an activism of aesthetics (Kuczynski, 2006). The cosmetic surgery industry is an extension of the beauty industry, of course, an industry that learned decades ago how to co-opt the feminist call to empower women into consumer feminism by selling elective surgery and other cosmetic procedures as a matter of "choice" (Cognard-Black, 2007). *Cosmetic Surgery for Dummies* (Olesen & Olesen, 2005) makes it all seem so simple.

In the U.S., in 2009, the most popular surgeries were breast augmentation and liposuction (ISAPS, 2010). These procedures are products being marketed to women to fulfill a need created by media campaigns. Ought we to regard the recipients of these operations as victims of internalized oppression, or as active agents who choose to do something they see as good for themselves? Botox injections were the beginning of the slippery slope, but once injectables were accepted as casually as whitening teeth, norms changed. Now one half of American women report that they expect to undergo a cosmetic procedure in their lifetime (*ScienceDaily*, 2007). What was once unusual has become common. The cost of surgical procedures has decreased as the number of surgeries performed has increased, which makes the option affordable for more women (American Society for Aesthetic Plastic Surgery [ASAPS], 2009). For the budget-conscious consumer, free-standing clinics can now perform procedures without the expense, or the benefit, of general anesthesia (Lack, 2011). Procedures in such settings are marketed as safer as well as less expensive. How much pain can be endured in the name of beauty?

Another affordable way to achieve cosmetic enhancement is to combine the procedure with a vacation to a nation where surgical costs are lower. One website offers a breast lift in the Dominican Republic, a prime destination for medical tourism, for a payment plan of just \$59 a month. The lipotourism trade is a multi-million dollar industry according to Corderi (2005). Procedures can be 80% less expensive in the Dominican Republic than in New York City, an irresistible bargain for some women, and a deadly deal for others.

Transformation

Women's magazines and television shows tell us charming stories of women who have been transformed by cosmetic surgery. The practice of such surgeries has become commonplace, a part of the gossip in the market place, even though the case stories are sophisticated marketing strategies. People are being sold a myth of transformation. Once a sufficient number of people undergo cosmetic surgery it becomes normal, like the binding of feet or

genital cutting. The fact that everyone is doing it is a compelling argument for many. As surgery becomes less expensive and more commonplace, it is difficult to see any difference between liposuction and a trendy new hairstyle. It is the tyranny of the normal that ultimately results in everyone binding their feet or undergoing widespread but deplorable rites like female circumcision. Every trend starts with someone, but trends are the popular manifestation of common culture and what a group of people considers normal. Lasik eye surgery and braces on adolescents' teeth once were uncommon but are now considered a normal part of growing up.

Standing up against consumer culture to challenge the notion that we can improve our self-image and promote our self-worth by buying a product may be a thankless, as well as a hopeless, task. Why shouldn't we buy ourselves beauty? We are worth it, aren't we? Cosmetic surgeons sell their services by treating women's bodies as defective objects, and, in the process of selling those services, turn a woman's dissatisfaction with her body into a medical reality (Mirivel, 2008). Why not fix what is wrong? Aging has come to be seen as correctible by medical procedures, at least during a sale presentation for those procedures. Weight gain around the waist at midlife, designed by nature to produce estrogen after menopause, can be liposuctioned away, and breasts that have served their biological function need not sag as a result. In fact, one can, at least in some sense, even be revirginated surgically for a price (Braun, 2009). Tiefer (2008) drew readers' attention to YouTube videos that promote labiaplasty by suggesting that a woman can be like a 16-year-old again.

Cosmetic surgeons attempt to repair, reverse, or disguise the temporal embodiment of human existence (Gibson, 2006). Catching a glimpse of ourselves in the mirror, we might wonder why an older person is looking back at us, because we still feel like our younger selves. This phenomenon has been dubbed "the mask of aging" (Featherstone & Hepworth, 1991, p. 378). The wrinkles, lines, and sags signify passage through time and convey information to observers about our status relative to theirs, unless we opt to alter our appearance. Signs of aging also convey information about the wisdom, experience, and empowerment of older women. Should we want to erase evidence of those strengths?

The aging body also signifies "visibly and acutely the temporal, finite condition of embodied existence" (Gibson, 2006, p. 54). Is it such a bad thing that humans be conscious of their mortality? Melancholy, according to Freud (1917), could be a refusal to accept what is already gone. Existing literature shows the need to evaluate candidates for cosmetic surgery to screen out those who are at risk psychologically and might be suffering from body dysmorphic disorder (BDD; Figueroa-Haas, 2009). The best patients for plastic surgeons are the "worried well" rather than those who have more serious problems.

Materialism and internalization of sociocultural messages predict which college-age women accept cosmetic surgery and desire it for themselves

(Henderson-King & Brooks, 2009). Media also have direct effects on how older women relate to cosmetic surgery (Slevec & Tiggemann, 2010). Materialistic goals seem to dominate the public arena: affluence, status, and a “great” body. Ironically, however, purchasing things does not make people happy (Grinnell, 2011), and there is no good reason to believe that purchasing a new body will make them happy either. We cannot stop time, so our alternatives are to try to buy a youthful appearance or to accept aging, which might be easier to do if we were not met at each turn by mirrors and photographic images of ourselves that provide a contrast between our present appearance and how we used to look. It may be that we cannot really recall our own face from the past, but only know it from images that have been captured digitally or on film. The actual experience of aging is continuous for most of us; one day follows the next, and each day’s change from the prior day is normally imperceptible, but when we look at a photograph from our youth and compare it to our current selves in the mirror we are confronted with a dramatic difference and suddenly . . . we feel old. Of course, images are part of the marketing ploy used to get us to buy a better and more youthful self.

Feminist critics of cosmetic surgery once focused on beautification, but now they address cosmetic surgery as an identity intervention. Feminist logic should enable us to address what motivates the desire for cosmetic surgical change. Heyes (2007) pointed out that the industry attracts new customers who are willing to invest in correcting flaws; a successful correction means they will want more correction afterwards and thus desire other procedures. Much like the diet industry, cosmetic surgery promises to transform, but it will not be a permanent transformation, as there will always be room for further improvement. We remain a work in progress, and, from this perspective, cosmetic surgery can make us seem decisive, even courageous—virtues extolled in Western cultures (Rosen, 2004). Although women undergoing elective cosmetic surgeries currently outnumber men by nearly 9 to 1, this ratio is changing (ASAPS, 2010). However, the increase among men is accompanied by a rationale that goes beyond vanity (Adams, 2009). The top five elective cosmetic surgeries for men in 2010 were lipoplasty (liposuction), rhinoplasty (nose modification), blepharoplasty (cosmetic eyelid surgery), gynecomastia (pectoral surgery), and otoplasty (ear surgery), all of which were more popular than hair transplantation, a commonly reported interest of balding midlife and older men (ASAPS, 2010). Regardless of income, we have now reached a tipping point where 51% of Americans approve of cosmetic surgery, at least according to a website for the physicians who promote and profit from it (ASAPS, 2010).

Heyes (2007) called for another solution to the psychological needs that cosmetic surgery both generates and claims to address. Ought that solution to go in the direction of a postmodern deconstruction of the body proposed by the performance artist Orlan (as discussed by Davis, 1997)? Is our flesh just another canvas for expression? (see www.Orlan.net). Is it the case that

modern technologies (e.g., test tube babies, genetic engineering, cosmetic surgery) have made any sense of a “natural body” obsolete? Are bodies just costumes or commodities? Such a notion denies our dependence on nature but it certainly conforms to the American goal to pursue happiness. We have entered the age of the democratization of beauty and muscular good looks (Rosen, 2004).

Implications for Feminist Therapy

As in any therapeutic situation, a feminist therapist must first address what has brought a client to seek out a therapeutic venue for addressing her issues. In the case of cosmetic surgery, the phenomenon of cognitive dissonance is a reasonable jumping off point: What we see in the mirror does not match how we feel inside. A woman might seek therapy as a way of coping with possible feelings of inadequacy and discomfort or to manage anxiety related to aging.

Given that cosmetic surgery has become commonplace in our society, the first issue that a therapist ought to address is “Why is the client telling me that she is contemplating surgery?” Is she seeking approval, looking for validation of the logic she used to arrive at her decision, endorsement of her beliefs about herself and/or the necessity for the procedure? Or does she want to be talked out of her decision, perhaps persuaded that surgery is not necessary or shown that there are other ways for her to achieve status and power? Related to an understanding of why she is telling her therapist about her hopes and fears as they relate to cosmetic surgery is the issue of her expectations. Is she doing this to be loved? To look younger so that she can find a job? So she can look at herself in the mirror without tears? Does she even know why she wants to do it?

Once the issues and motives have been revealed and addressed, any underlying disturbance can be treated. For that we might suggest unplugging the television, removing the mirrors, and spending 2 weeks as a volunteer at a hospital in the developing world caring for women with birth defects and deformities that could be addressed by plastic surgery at minimal cost, but are not because those women lack even minimal resources to make them look “normal.”

The rhetoric of feminism was, and is, entrenched in the question of how valuable a woman is to herself, her family, and society in general. In a therapeutic setting, these basic questions should be addressed. A client contemplating cosmetic surgery needs to be gently brought to a place in which she can measure her own value using real yardsticks, not fabricated assessments that promote physical beauty for profit, that nurture insecurity among women and motivate them to mutilate themselves out of a fear of being valueless unless they appear younger than their chronological years.

A feminist therapist can help a woman to establish how she measures her value, and then guide her to a place where she can see that her value

and her power derive from her accomplishments (e.g., her career, relationships, family, friends, talents, abilities), which could be a help to her as she evaluates why she is seeking cosmetic surgery. Without this assessment it may be all too easy to succumb to media propaganda promoted by an industry that generates billions of dollars annually by marketing insecurities to women.

Further insight might come from exploring the client's earliest relationships to understand the motivation that underlies her willingness to take the risks associated with elective surgery. The client must believe that the cosmetic surgery is in some sense "necessary" if she is willing to take such risks with her health. The risks must, in some sense, seem worthwhile. What aspect of her upbringing makes her believe that she needs to alter herself to be pleasing, and pleasing to whom? Is the decision driven by a desire to be sexually attractive? Is this how she values herself and where she thinks her empowerment lies? How much was physical appearance emphasized by the men and women who influenced her early years? Did her parents emphasize beauty and de-emphasize other accomplishments, such as those that are intellectual, athletic, or artistic? Identifying the early criteria that served as the basis for self-esteem could offer insight into reasons for considering cosmetic surgery.

Eliminating the false foundations that underlie the need to alter one's appearance is the next step. Does the client believe, having gained insight and perspective about the value system on which her self-worth is based, that her only value comes from her appearance? An exploration of her family life, close friendships, career choices, accomplishments, and standing in the community would give her a more substantive, broader perspective, perhaps realign her frame of reference and place her consideration of cosmetic surgery in a position proportionate to the other important things in her life so that she can weigh the choice accordingly.

Finally, other strategies for increasing or restoring self-esteem might be explored, such as seeking out and joining activities (e.g., The Red Hat Society) that are populated by individuals within the client's age group who share interests. This would allow the client to see her value within the context of a more realistic social context, among peers who have concerns similar to hers at her particular phase of life. Perhaps physical health issues could be addressed with an eye to helping the client to take control, thus empowering her. Engaging in volunteer work and using her talents to help others also would increase feelings of self-worth and optimism. Engagement in feminist or anti-ageist activism activities should prove empowering for her as well.

In the 1960s women realized they were being defined, and their identities and self-worth were being dictated, by the mores of a society that failed to value them for their inner selves, their talents, and their ability to contribute to the world in meaningful ways other than as housewives and sex

objects. Now, 50 years later, women are once again being defined in a narrow and unimaginative manner in a society that values form over substance, external pleasantness over internal fortitude, and transience over life-long wisdom, knowledge, and experience. The logic of feminism is as current and meaningful now as it was then.

In the final analysis, the decision for or against cosmetic surgery belongs to the woman who will undergo the procedure and who may be placing her life at risk. However, a wrinkle-free face and designer clothing do not make a person. It is as one-dimensional for women to believe that a tummy tuck will solve all their problems as it is for men to believe that Viagra is the route to happiness. We neglect the more the important concerns of life to our collective peril. In the face of the global issues confronting humanity, it is more than a little narcissistic for us to pour any more of the world's resources into mere appearance. What the world needs now is the wisdom of mature women and men who are capable of using the hard-won experience gained over a life time to provide leadership for the human race. When the elders among us prefer to cling cosmetically to the middle stages of life, who will lead the way into the future? In an age enamored of youth, whence comes wisdom?

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