SURGERY JUNKIES

Wellness and Pathology in Cosmetic Culture

Victoria Pitts-Taylor

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Rutgers University Press
New Brunswick, New Jersey, and London

Library of Congress Cataloging-in-Publication Data

Pitts-Taylor, Victoria.
Surgery junkies : wellness and pathology in cosmetic culture / Victoria Pitts-Taylor.
p. cm.
Includes bibliographical references and index.
ISBN-13: 978-0-8135-4047-4 (hardcover : alk. paper)
ISBN-13: 978-0-8135-4048-1 (pbk. : alk. paper)
1. Surgery, Plastic—Psychological aspects. 2. Surgery, Plastic—Social aspects. I. Title.
[DNLM: 1. Cosmetic Techniques—psychology. 2. Reconstructive Surgical Procedures—psychology. 3. Behavior, Addictive. WO 600 P692s 2007]
RD119.P52 2007
617.9'520973—dc22 2006025456

A British Cataloging-in-Publication record for this book is available from the British Library

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To Gregory Warwick Taylor, MD, PhD,
with deepest gratitude and affection

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Acknowledgments

I am very grateful to all of the people who agreed to be interviewed for this book. There are also many other people who need to be thanked. They include my colleagues and friends at Queens College and the Graduate Center, City University of New York: Patricia Clough, Deidre Conlon, Paisley Currah, Mitch Duneier, Hester Eisenstein, Harry Levine, Milt Mankoff, Lisa Jean Moore, Robin Rogers-Dillon, Lauren Seiler, Dean Savage, and Charlie Smith. For their research assistance, I thank Joli Brown, Danielle Wellington and Maria Russell. At Brandeis University, Peter Conrad organized a lecture that provided the first audience for my work on surgery addiction. I also want to thank Arthur Frank, who offered invaluable advice and feedback. Other people who gave various kinds of help include Stefan Timmermans, Meredith Jones, Jon Mowitt, Ed Lenert, Brenda Weber, Debra Gimlin, Abigail Brooks, the Honorable Mark Taylor, Chris and Jana Julka, and Nikki Sullivan. In addition, I thank my graduate students in the 2005 Sociology of Bodies Seminar at CUNY Graduate Center for stimulating and challenging my thinking.

At the University of California Santa Cruz, I thank Helene Moglen and Nancy Chen of the Institute for Advanced Feminist Research for organizing the 2005 conference on "Bodies in the Making" and inviting me to give the address.

Much of chapter 1 is based on my talk there, which was first published in the IAFR Feminist Provocations series. At the Biomedical Ethics Unit/Faculty of Medicine of McGill University, Montreal, Leigh Turner organized the "Surgical Solutions" conference in 2006, which brought together ten scholars writing on cosmetic surgery. I thank him and all of the participants for helping me further my thinking on this topic. At Rutgers University Press, Kristi Long gave me her trust and support, and Adi Hovav, my editor, offered help, guidance, and patience. I thank Joe Rollins for assisting with chapter 5, as well for taking me to see Eve Ensler's *The Good Body*, which I discuss in chapter 3, for attending the Bodies conference with me and, most important, for his enduring and invaluable friendship for the past eight years.

Personal life feeds intellectual life. I thank my friends and family for the various ways in which they supported me personally during the years of this writing and research. In addition to those already mentioned, they include Maureen O'Sullivan, who has been a dear friend, and Elizabeth Wood, who has been an important part of my life for over a decade. I am grateful to my parents for their help and encouragement. I thank Milan Ferencei for his encouragement and humor. My sisters, Jennifer Anna Gosetti-Ferencei and Angela Gosetti-Murray John, are inspirations to me in many ways, and I must acknowledge all of their guidance over the years, which has been considerable. I also thank Jennifer for her critique of chapter 3. I am lucky to have such intellectually powerful sisters, and even luckier to have their abiding friendship and enthusiastic support of my work and life.

Finally, and most especially, I am indebted to Gregory Warwick Taylor, MD, PhD, for more than I can possibly list, but including: our stimulating conversations about

medicine and other bodily subjects, his kind interest and ongoing support of my work, his feedback on many of the chapters here, his various efforts to help me finish this volume, his brilliance in his work and dedication to his patients, his perseverance in keeping me healthy, and most especially, for making my personal life so fulfilling. I dedicate this book to him, with my deepest gratitude and affection.

Surgery Junkies

Introduction

Dr. James McCullen, a plastic and reconstructive surgeon in New England, believes that Lydia Manderson, one of his former patients, is a "cosmetic surgery junkie." Dr. McCullen is a well-regarded, board-certified plastic surgeon who once specialized in reconstructive surgery of the limbs, and now devotes much of his practice to body contouring, which includes body lifts, breast implants, and liposuction. His patient Lydia is an affluent widow who is very enthusiastic about cosmetic surgery.[1] Over several years, Dr. McCullen performed multiple surgeries on her face and body. But he has come to believe that Lydia is never satisfied; she is always seeking more beautification or rejuvenation. As he put it in an interview: "She has the money and she wants every little thing done and she's never going to stop." He believes that no matter how much surgery she gets, there will always be another part of the body she will want lifted, tucked, or transformed. Eventually, McCullen decided to end his doctor-patient relationship with Lydia. The last straw for him came when Lydia, as he put it, "went off to New York and had an arm tuck done." When she was unhappy with the resulting scars, she asked Dr. McCullen to do another surgery to fix the problem. He refused, because he no longer saw Lydia as

a good patient. As he put it: "I don't see her anymore. I don't want my signature on her body."

Dr. McCullen believes that it is important for the surgeon to be discerning about his patients. "You make your reputation," he said, "as much on who you turn away as on who you operate on." But how are cosmetic surgery patients sorted? Why was Lydia Manderson considered a surgery junkie by her own surgeon? Since he had performed multiple surgeries on other patients, what made her different? What prompted Dr. McCullen to decide, after a series of procedures, that she'd had one surgery too many? Dr. McCullen worried aloud whether his patient was psychologically unwell. McCullen's assertion that she is a "junkie" means that she has a pathological addiction to cosmetic surgery. In fact, Dr. McCullen told me that he believes she may have Body Dysmorphic Disorder (BDD), a mental disorder characterized by a person's obsession about a slight or imagined flaw in her or his appearance to the point of clinically significant distress or dysfunction.

In the past twenty years, the cosmetic surgery junkie has become a social problem, identified from a variety of perspectives as representing the worst-case scenario of cosmetic surgery. The cosmetic surgery junkie might be the patient who has been turned away by the surgeon as a so-called "poor candidate" for a cosmetic procedure, or one who is considered chronically unhappy, litigious, or difficult by her surgeon. In psychiatry, she is increasingly given the diagnosis of BDD and is prescribed an antidepressant and cognitive-behavior therapy. In the media, the surgery junkie might be a celebrity who seems to have had too much cosmetic surgery or someone who has unusual taste in body modification. In the courtroom, the surgery junkie may enter as a plaintiff, arguing that she is a victim of medical malpractice. In feminist writings, surgery junkies are

women who, in their desperation to adhere to the standards of beauty culture, become "surgical."[2] And for some feminist critics of cosmetic surgery, *anyone* who undergoes an elective cosmetic surgery is a victim who will eventually get hooked on surgical beautification.

The rise of public concern over cosmetic surgery excess and addiction parallels cosmetic surgery's astonishing expansion. Cosmetic modifications of the body have expanded dramatically in number, type, and scope. For instance, in theUnited States in 2005, there were nearly two million aesthetic operations—more than quadruple the number in 1984—along with over eight million nonsurgical procedures like Botox and skin resurfacing.[3] And with the vast expansion in the number of cosmetic procedures, cosmetic surgery has been democratized, with the majority of patients now in the middle class. There has also been surgical innovation, from new approaches to the face-lift to surgery on new areas of the body, such as rib removal, buttocks implants, and genital surgeries such as labiaplasty. In addition, patients getting cosmetic surgery increasingly have multiple procedures during the same operation—in 2004, for example, one-third of cosmetic surgeries involved multiple procedures. It is now ordinary for a cosmetic surgeon to package procedures, like a chin implant to go with a rhinoplasty, or a breast lift to go with a tummy tuck.[4] The market boom has encouraged many doctors to expand their practices to include cosmetic procedures. Since any licensed medical doctor, whatever his or her specialty, can perform cosmetic surgeries, all kinds of physicians, including dentists and ophthalmologists, are newly entering the cosmetic surgery market.[5] And cosmetic surgery is now culturally ubiquitous. On television, in magazines, and on the Web, there are endless discussions of cosmetic surgery, from makeover shows where participants get multiple surgeries

to documentaries and celebrity gossip. Beauty and health magazines, local television news programs, and the Internet are replete with consumer information about cosmetic surgery—how to shop for a surgeon, what procedures are better than others, what the latest technology can accomplish. It is perhaps unsurprising, then, that recent studies suggest that Americans are increasingly comfortable with cosmetic surgery.[6] All of these developments point toward its normalization.

Thus, in contrast to Lydia's story, when in the midst of writing this book I decided to have my own cosmetic surgery, I found that I was a "good candidate" for such a procedure. Cosmetic surgeons I visited believed that I had the right reasons, was an acceptable age, wanted the right procedures, and had the proper attitude. I was expressing, according to the advocates of cosmetic surgery, a sense of psychological wellness by embracing surgery to improve my looks. (I underwent rhinoplasty, which reshaped my nose in the direction of normative beauty ideals.) Many of my friends and colleagues were aghast, identifying women who get cosmetic surgery as dupes of beauty culture and worrying that cosmetic surgery is addictive. Yet the surgeon who performed my operation told me that "people don't see it as a big deal anymore." Another doctor, a dermatologist who sees many Botox patients, told me that conventional fears and criticisms about cosmetic surgery are for the most part "outdated," that people are no longer ashamed of having cosmetic surgery. (In fact, he pointed out that some people now even want what he called the "plastic look" in order to show off their surgeries, as a form of conspicuous consumption.) My choice to have cosmetic surgery, in their view, was an ordinary decision made by increasing numbers of people just like me. The doctors even presented other options I might think about: my surgeon thought I might also like a

chin implant, while the dermatologist recommended blepharoplasty (eyelid lift).

In the eyes of our cosmetic surgeons, Lydia and I are at either end of a spectrum ranging from pathological to normal, from bad to good patient. I am interested in considering the social production of this spectrum. My surgery and Lydia's have both taken place in a historical moment of social uncertainty about cosmetic surgery, in which we are managing our continued ambivalence about it while forging ahead with its unprecedented expansion. In this book, I examine the social construction of extreme cosmetic surgery, cosmetic surgery junkies, and surgery addiction, along with some of the recent manifestations of good and normal cosmetic surgery and patients. In my view, these constructions represent our attempts to socially manage the virtual explosion of cosmetic surgery in our society. I explore some of the processes by which we are deciding what kinds of surgeries, and which kinds of patients, we will socially accept and promote. What are the good and bad surgeries? What are the acceptable and unacceptable reasons for cosmetic surgery? Who are the acceptable and unacceptable patients?

The term "cosmetic surgery junkie" is often used to refer to people who have been deemed "extreme" in their use of cosmetic surgery by various actors and observers. The term is widely used, along with terms such as "plastaholic," "surgery addict," and "obsessed cosmetic surgery patient." These terms are often used interchangeably, although in some contexts, such as the early psychiatric literature on cosmetic surgery patients, distinctions among them are made. What they share is that they stigmatize people whose surgeries are socially disturbing. In this book, I refer to junkies, addicts, and people obsessed with cosmetic surgery, but I hope it is clear that I do not use these terms to contribute to the stigmatization of people who get cosmetic

surgery. Instead, I look at how people are named with these labels, and at the ways such extremes and their corresponding norms are socially determined. I examine the spectacle of extreme makeovers created in the media; the negative characterization of some cosmetic surgery patients as junkies in the media; the medicalization of cosmetic surgery addiction as Body Dysmorphic Disorder, among other diagnoses; the specter of the difficult patient for cosmetic surgeons in the clinic and the courtroom; and feminists' fears about cosmetic surgery. In tracing how these pathologies are socially constructed, I am not endorsing, but rather problematizing, their apparent meanings.

The expected feminist argument against cosmetic surgery is based on the assumption that all cosmetic surgery mutilates the body, victimizes the subject, or expresses her internal pathology. I do not begin from this viewpoint. Neither do I champion cosmetic surgery as a sign of cosmetic wellness or personal empowerment, as cosmetic surgeons and some sympathetic observers have done. Instead, I try to denaturalize the extremes and norms of cosmetic surgery, exposing their social constructedness. One of my primary aims is to show how the meanings of cosmetic surgery are being variously produced in consumer capitalism, medicine, psychiatry, and politics. In postmodern cultures our bodies have been positioned as signs of our personal, individual identities. Thus the cosmetic surgery lobbies and the television spectacles of cosmetic surgery identify important aspects of ourselves—our inner beauty and our sense of personal wellness—that are expressed in cosmetic surgery. And the psychiatric and psychotherapeutic perspectives have identified the truth of cosmetic surgery according to a diagnostic model that has historically assumed the mental pathology of cosmetic surgery patients. Many feminists have identified women's self-hatred

and internalized oppression in cosmetic surgery practices. Others, like medical sociologist Kathy Davis, have argued that women are employing rational agency in their decisions to get cosmetic surgery. The discourses about cosmetic surgery that we find in public culture work variously to bolster its reputation, exploit its patients as spectacles, submit its patients to the psychiatric gaze, and challenge its politics.

Although many of these accounts offer insights that are useful and provocative, I want to critically reconsider them. In contrast to the assumptions underlying many of these approaches, my framework in this book does not begin with the idea that body practices bring out who we really are, and that the key to figuring out the meanings of cosmetic surgery lie only, or even primarily, in understanding the moral characters, mental health, or political consciousness of individual selves who undergo it. Following the insights of postmodern and poststructural social theory, I hold a skeptical view of attempts to declare the truth of individual subjectivities. This is in part because the meanings of neither our bodies nor our selves are as fixed as we often assume them to be. Moreover, social forces are interested in declaring the meanings of our bodies and selves for us. Some of them urge us to transform, improve, update, or change ourselves. Others urge us to embrace our authentic selves. Some do both. Our personal and social lives are full of tensions between stable and unstable conceptions of ourselves, our identities, and our bodies. My personal experience with cosmetic surgery underscored these tensions: I saw firsthand how in cosmetic surgery the body becomes a zone of social conflict, coded on the one hand as a sign of interior wellness and self-enhancement and on the other hand as a sign of moral, political, or mental weakness.

Within this conflict, women who get cosmetic surgery, as Kathy Davis found, use "discursive strategies" to make their decisions to have cosmetic surgery more understandable or defensible.[7] In other words, the narratives women tell to others—and perhaps even to themselves—about their own cosmetic surgeries are partly responses to how others define cosmetic surgery's meanings. For this reason, this book critically explores the discourses surrounding cosmetic surgery rather than critically exploring the cosmetic surgery patient herself. While Davis's account extensively researched what women say about their own decisions to have cosmetic surgery, my research examines what others—institutions, cultural and political interests, writers and scholars, doctors and lawyers—say about cosmetic surgery patients. It is their discourses that I want to interpret and deconstruct. The processes of producing the cosmetic surgery subject, or subjectivation, are the primary target of my thinking here. I believe this approach also tells us, indirectly, something important about the lived experience of getting cosmetic surgery.

The Normative Boundaries of Cosmetic Surgery

In chapter 1, "Visible Pathology and Cosmetic Wellness," I think about the relations between the body and the self, and I suggest how these relations are currently managed in the cultural production and definition of surgical bodies. In a number of ways, the body of cosmetic surgery is read as a code that reveals the pathology of the inner self. At the same time, in consumer culture we see the body's transformation as a sign of personal wellness and identity, a role exploited in cosmetic surgery discourse. I use poststructuralist theory, beginning with the work of Michel Foucault, as a framework for thinking about this

contradiction. I argue for a theoretical approach that highlights the ways in which cosmetic surgery culture produces a "hermeneutics of the self."

In chapter 2, "Normal Extremes: Cosmetic Surgery Television," I examine the commercialization of cosmetic surgery in contemporary popular culture. In particular, I look at the show *Extreme Makeover*. *EM* represents a celebratory attitude toward "extreme" cosmetic surgery. I describe how the show presents its own construction of "extreme" surgery as normal, expressing conventional ideas of the body and self and positioning cosmetic surgery as a tool for personal wellness and self-enhancement. I also address how the American Society for Plastic Surgeons officially responded to *Extreme Makeover*, in effect attempting to influence the social reception of cosmetic surgery television. The complicity and simultaneous ambivalence of cosmetic surgeons regarding *Extreme Makeover* and other shows reflect cosmetic surgery's awkward position as the most commercialized field of medicine.

Whereas *Extreme Makeover* presents the possibility of whole-body surgical overhauls without a trace of addiction or pathology, many feminists have had difficulty imagining any cosmetic surgery, however major or minor, that is not both pathological and addictive. In chapter 3, "Miss World, Ms. Ugly: Feminist Debates," I look at feminist depictions of cosmetic surgery. Many feminist critics of cosmetic surgery have described women's decisions to have cosmetic surgery as instances of internalized oppression that raise the risk of surgery addiction. Alternative accounts in feminist scholarship, to varying degrees, defend women's choices to get cosmetic surgery as rational expressions of women's agency. I suggest that these accounts not only correct some of the problems of feminist research on cosmetic surgery, but also imply the need to move beyond the

"structure-agency" debate. I argue that feminism needs to be more critical of its own problematizations of cosmetic surgery, and suggest that the "structure-agency" debate is epistemologically and politically inadequate.

While a feminist reading blames patriarchal and consumer culture for the problems of cosmetic surgery, a psychiatric one focuses on individual pathology.[8] I pursue the meaning of pathological uses of cosmetic surgery in chapter 4, "The Medicalization of Surgery Addiction." Even though for the past two centuries cosmetic surgery was justified with psychological theories about self-esteem and inner well-being, it has also been read as a sign of mental ill-health. I describe how Body Dysmorphic Disorder, as the current primary diagnosis for cosmetic surgery addiction or obsession, operates as a medically constructed boundary for cosmetic surgery culture. This boundary is not fixed but rather in flux, and is negotiated, maintained, and reshaped by surgeons, psychotherapists, and the media, among others. I argue that current uses of BDD may place the burden of cosmetic surgery's problems unfairly on the shoulders of individual patients.

In chapter 5, "The Surgery Junkie as Legal Subject," I take up the legal construction of BDD in a court case called *Lynn G. v Hugo*. In *Lynn G.*, a middle-aged woman who saw her cosmetic surgeon over fifty times for various procedures decided to sue him for malpractice. The suit argued that her surgeon ought to have known that she had a body image disorder that made her obsessed with cosmetic surgery. The primary question of whether or not the doctor should have operated is never answered in the case. But the case introduces the surgery addict into the courtroom, and raises a whole range of questions about how doctors and patients can deal with extreme cases of cosmetic surgery. I describe the multiple interpretations of the addicted cosmetic surgery

patient that appear in the case, which establishes the patient's psyche as the site of cosmetic surgery's troubles.

In chapter 6, "The Self and the Limits of Interiority," I argue that the ways we think about cosmetic surgery's ethical problems are dominated by the search for the truth of the subject of cosmetic surgery. I see this search as an example of the kind of "hermeneutics of the self" that Foucault claimed dominates modern society. I argue that a critical attitude toward this hermeneutics is essential for thinking about cosmetic surgery's power relations. I argue that in order to respond critically to cosmetic surgery, we must decenter the subject of cosmetic surgery, without losing grasp of how central she is to its power relations. I offer my own story of having cosmetic surgery in order to explore how we might approach the self of cosmetic surgery under these difficult epistemological circumstances.

Notes on Methodology

My arguments in this book are driven by theoretical concerns raised in contemporary philosophy, feminism, and social theory. I also rely on qualitative, interpretive research methods—primarily content analysis of popular, medical, legal, and specialty texts, and also interviewing. This is a mixed-methods approach, which I see as one of this book's particular strengths. At the same time, it also ensures that I will not have wholly covered, let alone exhausted, any one of these methods. There are many important issues in cosmetic surgery that I do not address at length. For instance, although I address a few aspects of racialization in cosmetic surgery, I do not thoroughly theorize or research this issue, even though I see racialization not only as one of cosmetic surgery's primary historical issues but also as one of its most pressing contemporary concerns. Further, I emphasize

female cosmetic surgery patients over male, even though I discuss male patients as well. Women have historically made up the vast majority of cosmetic surgery patients, and female cosmetic surgery patients are most vulnerable to pathologization as well as political critique. Yet the phenomenon of male cosmetic surgery (which is on the rise) represents an important challenge to received understandings of cosmetic surgery. The work I present here, then, should not be read as an attempt to produce a fixed, inarguable truth about cosmetic surgery, or as a complete picture of its problems and issues. Instead, I offer an interpretive account that aims to illuminate some of the multiple and competing meanings about it that are emerging across disciplines and fields in academia, popular culture, medicine, psychiatry, and, to a limited extent, law.

Throughout the book I have used content analysis of textual material. Taking instruction from Deborah Sullivan's work *Cosmetic Surgery: The Cutting Edge of Commercial Medicine in America*, I examined how cosmetic surgeons and their professional organizations are framing cosmetic surgery through their press releases and newspaper interviews. Because of the dramatic recent changes in the cosmetic surgery landscape, and because I wished to build upon the work Sullivan has already done (which covered cosmetic surgery's history through the late 1990s), I limited my focus to the past ten years, and primarily looked at the past five years (2000–2005). I analyzed the press releases from the American Society of Plastic Surgeons and the American Society of Aesthetic Plastic Surgery between 2000 and 2005 to understand surgeons' official participation in managing media messages about cosmetic surgery, cosmetic surgery television, and BDD. I used content analysis to look at newspaper reporting on cosmetic surgery and BDD in twelve major newspapers (primarily

from 1995 to 2005) to examine how BDD has been framed in the public discourse as a social problem. I also looked at the Web sites of surgery societies and individual surgeons and advertisements for cosmetic surgery published in various print and electronic media.

For my analysis of *Extreme Makeover* in chapter 2, I watched television shows on cosmetic surgery (particularly the pilot and first three seasons of *Extreme Makeover*), treating them as texts in the cultural studies tradition. For chapter 5, I examined court opinions from the New York State Supreme Court, Appellate Court, and Court of Appeals in the case *Lynn G. v Hugo*. I also looked at the psychiatric literature on Body Dysmorphic Disorder and the feminist literature on cosmetic surgery, treating both as discourses worth viewing comparatively. I describe my own viewing of Eve Ensler's performance of the surgery junkie in her play *The Good Body*. For my discussion of "cosmetic wellness" in chapter 1, I examined a number of popular books and Web sites on cosmetic surgery.

For chapters 2 and 4, I conducted twenty in-depth interviews with patients and doctors. I first conducted interviews with a small group of eight cosmetic surgery patients (all women), whom I found through a snowball method, which from a social scientific perspective is a nonprobability sample. Such a method is not generalizable, but it is useful because it helps a researcher observe shared cultural codes among people who are connected by some activity, behavior, or identification. As in studies by Kathy Davis, Debra Gimlin, and others, these interviews revealed the great extent to which women wrestled both with cultural encouragement to get cosmetic surgery and with significant social disapproval of such a decision. Like Gimlin, I suspected that women who get cosmetic surgery were strategic in describing their decisions to get surgery

precisely because they expected moralistic or pathologizing treatment from others. I include some of the material from these interviews in this book, but I soon refocused my attention on the social contests that surround the moral, political, medical, and ethical meanings of getting cosmetic surgery. This includes a theoretically rich discussion, in chapter 3, of other, much more extensive interview studies, particularly those coming out of feminist research perspectives, which have struggled to make sense of women's narratives about their own cosmetic surgeries.

The other interviews I conducted were with doctors and other health-care workers whose geographic range spans the East and West Coasts of the United States. I again used a snowball method of finding participants. The doctors are in a variety of subspecialties in medicine (dermatology, ophthalmology, otolaryngology, psychiatry, and plastic surgery) and are all involved with cosmetic surgery in some respect. They are white men, except for two white female surgeons. The other health care workers were two women who had ancillary roles in cosmetic surgery offices. My interviews focused primarily on how cosmetic surgeons account for the recent surge in cosmetic surgery's popularity, and how they view their own patient populations in light of this.

There is also my autoethnographic account of own cosmetic surgery. In chapter 6 I describe my decision, in the midst of writing this book, to have cosmetic surgery. This involved consultations with five plastic surgeons, the surgery itself, and the pre-op and post-op visits, as well as the bodily, social, and familial experience of the surgery process. Without a doubt, having surgery gave me a different angle on the experience than I had from researching texts, speaking to doctors, and listening to other people's experiences. Although the physical aspects of the surgeries

were challenging, interpersonal aspects of cosmetic surgery were even more difficult. Like Davis's interviewees, I received an "endless battery" of moral, political, and medical questions and interrogations by colleagues, friends, and acquaintances, while receiving encouragement from doctors (and, of course, advertisements and television programs).[9] At my first look from the vantage point of the patient, cosmetic surgery culture appeared to be almost simplistically bifurcated between opposing sides. Yet, as I hope to show here, there is a common focus to feminist, medical, psychiatric, and consumerist views: all of them point to the interrogation of the individual subject. Cosmetic surgery positioned me right in the midst of that interrogation, and in the last chapter I try to critically examine this experience.

1

Visible Pathology and Cosmetic Wellness

Cosmetic surgery transforms the outer, physical body, and this very fact renders it controversial. But I want to argue that the cultural, medical, and political relations of cosmetic surgery reach a great deal further than the physical, to what we think of as the self 's interior, to the identity and psyche of the subject. In this chapter, I outline a range of treatments of cosmetic surgery, emerging from psychiatry, feminism, cosmetic medicine, and television, which are explored in this book. My project is to examine the ways in which they discursively establish the subjects of cosmetic surgery. Drawing from insights in contemporary social theory, I describe cosmetic surgery not only as a technology of body modification but also as a technology of psychic inscription. Cosmetic surgery instigates practices and discourses that define the self as well as the body, the personal interiority of the subject as well as its high-tech physique.

Visible Pathology

Cosmetic surgery is historically seen as a corruption of the natural body-self relation. The body that has undergone cosmetic surgery has been criticized for creating an untruthful representation of the inner self, for allowing an impression of the self that passes as someone else. This was one of the moral objections to cosmetic surgery reigning in the nineteenth and early twentieth centuries—that it was highly unnatural not just because it involved physical transformation but because it corrupted the normal, and even biologically driven, coding of a person's character on the body. Historian Sander Gilman describes how cosmetic surgery was feared for helping marginalized people pass into dominant groups, particularly with respect to race and criminality. "One great social fear in early twentieth century Europe and the United States," he writes, "was that the criminal, especially the Jew or black as criminal, would alter his appearance through the agency of the aesthetic surgeon and vanish into the crowd."[1] Such fear, of course, is highly essentialist, assuming that a person's essence is fixed by race, ethnicity, or some other category.

This essentialist logic still endures. We have seen it, for instance, in the relentless social fascination with Michael Jackson's cosmetic surgeries. With his increasingly pale skin and thinning nose, Jackson is variously seen as post-Black, as a denier of his racial heritage, and—combined with his gender- and age-defying body modifications—as a freak. Jackson's cosmetic alterations have become heightened to such spectacle that it has been difficult for us to avert our collective gaze. This is partly because he is seen as using technology to mask what we take to be his more authentic, biologically determined self, which would be Black, male, and middle-aged. In the late twentieth and twenty-first

centuries, our collective unease may be informed not only by traditional attitudes about race transgression but also by a more modern public consciousness about the psychological effects of racism. As Kathy Davis puts it, "Ethnic cosmetic surgery evokes ambivalence. As a kind of surgical passing, it can be viewed as a symptom of 'internalized racism' or as a traitorous complicity with oppressive norms of appearance."[2]

Both historical and contemporary arguments against cosmetic surgery have generally assumed that the given body is authentic and the altered body is unnatural. But although the surgically transformed body has been seen as both immoral and politically incorrect, it is now also interpreted as pathological. Pathologizing discourses interpret the body of cosmetic surgery as a record of symptoms of psychological disorder. Jackson has been understood this way: as cultural studies scholar Nikki Sullivan describes, his surgeries have been repeatedly analyzed in the media, where his face is decoded by a range of experts. Jackson's modified face is, as Sullivan puts it, "read not only as the effect of an abusive childhood, but also as evidence of escalating psychological problems."[3] By repeatedly displaying images of his increasingly modified face as a visual illustration of his psychological biography, the media positions his physical transformation as indicative of increasing internal disorder. His modified face is interpreted as a code of his inner self that can be read easily by experts, if not by the public at large. While his seemingly weird tastes and unorthodox attitudes and actions are also pathologized, the surface body is—tautologically—offered as the material evidence for pathology, which includes, at the very least, cosmetic surgery addiction.[4]

Anomalous, spectacular bodies are easy targets for pathologization, but psychiatrists are now suggesting that

all people who get cosmetic surgeries should be screened for mental pathology, particularly Body Dysmorphic Disorder. Body Dysmorphic Disorder is a diagnosis that is now being used to understand extreme cases of cosmetic surgery, especially what appears to be cosmetic surgery addiction, as well as to establish medical standards for patients' psychological attitudes toward their bodies. Despite its fairly short history as an official psychiatric disorder, BDD is a clinical buzzword in the current cosmetic surgery climate. The diagnosis of Body Dysmorphic Disorder is becoming much more widely understood as linked to cosmetic surgery, and in the public sphere, BDD is becoming a primary focus of cosmetic surgery's social problematization.

BDD is a category that defines the cosmetic surgery patient as pathological, or not, according to its diagnostic criteria. What interests me about the way BDD now circulates in the new cosmetic surgery climate is, to start, this very attempt to find the deep meanings of cosmetic surgery by identifying the pathologies of cosmetic surgery's subject, the (usually female) cosmetic surgery patient. I want to question the way BDD is being linked to cosmetic surgery. As I see it, the recent social problematization of BDD locates cosmetic surgery's troubles in the psyches of individual patients, and thus is a highly conservative response to controversial aspects of cosmetic surgery. Further, I argue that while some psychiatrists, journalists, and others fear that prime psychic features of cosmetic surgery patients can be defined by this new diagnosis, I think it is possible to suggest the reverse: that the increasing prominence of this diagnosis can shape the subjective meanings of cosmetic surgery. Social awareness of BDD plays an increasingly important role in our reception of cosmetic surgery, influences the ways in which we interpret the subjects

of cosmetic surgery, and changes the social and intersubjective context in which people actually undergo surgery.

Psychiatry is not the only framework identifying the truth of cosmetic surgery patients. Feminism shares with psychiatry an interest in locating the subject of cosmetic surgery, in identifying the problematic psychic drive for surgical transformation. Although there are significant differences between feminist and psychiatric views on cosmetic surgery, the former generally square with the latter on at least two points: first, that cosmetic surgery reveals something deep about the individual self; and second, that what it reveals is pathological. Despite their objection to psychiatry's biologism and its apolitical stance, some feminists have applied the psychiatric language of self-mutilation and addiction to women who choose cosmetic surgery. They have described female cosmetic surgery patients as sick women whose psyches have been rendered pathological by patriarchy. But rather than look to biological or psychodevelopmental origins for this pathology, feminist treatments of cosmetic surgery, most of which come under the rubric of the "beauty ideals" perspective, see women's desires for cosmetic surgery as an outcome of beauty culture. This perspective indicts cosmetic surgery itself as politically problematic because of its reinforcement of beauty ideals, while perceiving women who use cosmetic surgery as victims of internalized oppression or false consciousness. Although some feminists, like Kathy Davis, defend women against charges of being dupes of patriarchy and emphasize women's agency as well as the structural relations of patriarchy, most feminist critiques of the practice, including Davis's, suggest that women who get cosmetic surgery suffer from bodily self-hatred as an effect of the pressures of patriarchal culture.

Feminism has offered the most powerful social critique

of cosmetic surgery thus far because it has insisted upon locating cosmetic surgery's problems not only in the psyches of individual patients but also in the industry itself. If cosmetic surgery is inherently suspect, immoral, or otherwise wrong, which is regularly assumed in both psychiatry and feminism, then we must be suspicious of the motives of cosmetic surgeons as well as patients, of the makers of breast implants as well as of the women who use them. In this sense, I find the history of feminist critiques of cosmetic surgery to be much less conservative, and ultimately more fair-minded, than that of psychiatry. Yet I want to argue that feminism's own interest in establishing the truth of the cosmetic surgery patient has not been unproblematic.

I take up a more sustained critique of both feminist and psychiatric treatments of cosmetic surgery in later chapters. But for the moment, I want to argue that they both position cosmetic surgery as a visible pathology—they imagine that the psychic pathology of the cosmetic surgery patient is visibly expressed on the surface, on her or his body. Although no responsible psychiatrist or psychologist would literally diagnose a person by looking at her, I mean to suggest that these perspectives metaphorically treat the body as psychically inscribed. A number of assumptions inform this scenario. Most obvious is the sentiment against elective beautification surgery as self-harming, unnatural, or inauthentic, an idea based on assumptions about the natural, proper, healthy body as pristine or unmodified. But even more significant, I think, is that the self appears to be more or less fixed: there is a truth to the self that is expressed on the body, such as a medically pathological self or a politically corrupted or oppressed self. Similarly, cosmetic surgery is primarily defined by the interiority of the subject. This is especially so in psychiatric and psychological interpretations, but even feminists are open to this

charge. Although feminists have been keen to examine the broader cultural contexts of cosmetic surgery, feminist approaches have been dominated by the agency-structure debate, which wrestles with the question of whether the politically oppressed self can be seen to make choices. Kathy Davis's work, which sees more possibility for agency in cosmetic surgery than do many other feminist interpretations, has opened up opportunities for feminist scholarship to complicate current understandings of cosmetic surgery.[5] Without the ability to believe that female cosmetic surgery patients can be normal rather than pathological, it is difficult to begin looking beyond the individual subject in our consideration of cosmetic surgery. If the cosmetic surgery patient is acting out of deep oppression and self-loathing—in other words, if she is in some way mentally ill—then it seems pointless to critique anything but her subjectivity. To move beyond Davis's contribution, in my view, feminism has to expand its focus far beyond the agency or oppression of the self as the primary site of cosmetic surgery's meanings.

There are other ways of thinking about cosmetic surgery and the relationship between the body and the self that it implies. We can think that the psychic self, as much as the body, can be inscribed. We can apply the insights of poststructural feminist Elizabeth Grosz, who argues that the body can be thought of as actively shaping the psyche as much as being shaped by it. Grosz describes her approach as "a kind of turning inside out and outside in of the body."[6] She uses the metaphor of the Möbius strip to explain this view of the body-self: each feeds into the other and it is impossible to separate them, or identify a discrete originality to either the outer body or the inner psyche. For Grosz, "people's experience of interiority is produced though the surface of the body, which we experience as

already inscribed by cultural and social meanings of our bodies existing in social and cultural spaces."[7] In this view, neither psychic self nor physical body are fixed or natural or authentic, but rather continually created or in process. This post-essentialist perspective on the body and self means that we must think of the meanings of bodily practices such as cosmetic surgery as neither strictly internal nor external, but rather as intersubjective. Cosmetic surgery cannot be understood solely, then, through diagnosing the health or sickness, the authenticity or oppression, of the self.

One of the implications of a post-essentialist view, from the perspective of poststructural theory, is that discourses such as psychiatry that identify apparently fixed meanings for the self have to be critically examined, as Michel Foucault has written. Foucault famously argued that in modernity the soul became the prison of the body, as he wrote in *Discipline and Punish: The Birth of the Prison*.[8] What he meant was that the soul, or the authentic, true meaning of the inner self, has been invented, and that the body is the site for inscribing this truth. In his examples, the sexual self, the criminal self, the medically pathological self, and the insane self were each defined by modern institutions—sexology and education, criminology, medicine, and psychiatry. These definitions were normative, in the sense that they were created and enacted by institutional power and imposed on individual, embodied selves. He described how these disciplinary institutions offered the body up to new forms of knowledge. In the clinic, for example, the body was offered up to the new medical gaze.[9] In sexology, its sexuality was categorized according to new definitions of perversion.[10] In the school, the factory, the asylum, and the prison, the body was trained to be docile, and the individual was trained to self-police.

From Foucault's perspective, we can see medicine and psychiatry as practices of social control that produce certain kinds of bodies and psyches. Individual identities are shaped through the imposition of normative labels and categories, and bodies are made docile as they are socialized. In this sense, we can see cosmetic surgery as a disciplinary practice that medicalizes norms of beauty. Kathryn Pauly Morgan, synthesizing a beauty ideals perspective with a Foucaultian analysis, has argued that cosmetic surgery disciplines the body into and with beauty culture, creating docile bodies for cultural inscription that are underwritten with patriarchal and consumerist values.[11] But a Foucaultian perspective does not permit us to ignore other ways in which the body-subject is disciplined. Psychiatric understandings about Body Dysmorphic Disorder also operate in disciplinary ways, defining what constitutes a healthy attitude about the body through identifying unhealthy or pathological ones. I see many feminist arguments as similarly implicated.

Foucault's analysis pushes us far beyond the questions of whether or not cosmetic surgery is good or bad, and whether cosmetic surgery patients are healthy or sick. Foucault means for us to question the very epistemological basis of these questions. As Gilles Deleuze points out in his reading of Foucault, knowledge-power works through the dual mechanisms of visibility and articulability.[12] Visibility is the matter of what is seeable and why we see it and not something else. A field of visibility outlines the seeable, and what becomes self-evident, in a given era. For our purposes here, we might say that what is visible on the body, such as identity, pathology, health, wellness, or character, is historically shaped, linked to larger social formations and forces. We might ask, then, how do forces like consumer capitalism, the rise of individualism, current conceptions

of health and illness, new configurations of medicine and technology, and other developments influence what we see when we look at the body? And then, what is not only seeable, but also sayable, about these things? What is speakable about the body, about identity, the self? What statements can be made? As Foucault showed in his historicizing treatments of social science, medicine, sexology, and psychiatry, fields of articulability are outlined by systems of knowledge. They are determining; they order the visible, have primacy over them. Visibilities are not created by discourse, but they are inseparable from discursive conditions "which open them up."[13]

Following this reading of Foucault, I see the bodies of cosmetic surgery as sites of visibility where the self is exposed. That we speak so much about the self and see it on the body's surface are not because we have found the real truth of cosmetic surgery, but because we are moved to consider and find this truth in historically specific ways. But I want to point out that in postmodern culture, the selves we see are in at least one sense actually far from fixed. They are not only pathological but also well. They are self-destructive, but also identity affirming. They are in touch with themselves and out of touch, inauthentic and authentic, extreme and normal. Thus the psychic and bodily inscriptions that Grosz identifies as co-constituted are not univocal and singular, but multiple and contradictory.

Cosmetic Wellness

If pathology is visible in cosmetic surgery, so is normalcy. The cosmetic surgery industry is now promoting "cosmetic wellness," whereby the tending and improvement of the outer body is coded as signifying a healthy inner self. This is a discursive strategy with historical precedent:

since the nineteenth century, surgeons argued that their practices improved patients' mental well-being by removing the burdens of abnormal appearance, which included racially or ethnically marked features.[14] Later, cosmetic surgeons appropriated the insights of Austrian psychologist Alfred Adler, who identified the so-called inferiority complex, to explain the benefits of cosmetic improvements. But current promotions of cosmetic wellness, which can be seen in cosmetic surgeons' advertisements, in their public relations campaigns, in their writings, and in the ways they talk about cosmetic surgery to the media and others, emphasize not only the amelioration of stigma but also improvement in overall body image and self-esteem as well as physical health and lifestyle.[15] Cosmetic wellness defines cosmetic surgery as a self-care practice that lays "the groundwork for greater all-around health and well-being, as well as an enhanced ability to take control of one's life," as Dr. Michelle Copeland, a Harvard-trained plastic surgeon from Manhattan, put it.[16] As Copeland told me in an interview, "How we look and how we feel are intimately related. If we look in the mirror and we look tired, we feel tired. If we look in the mirror and we look good, we feel good. If people say we look well, we feel well."[17] This might be a clichéd understanding of the body and self, but cosmetic surgeons mean it literally. According to Copeland, a person with a good self-image who cares about her well-being will not only get liposuction or a face lift when she needs it, however this is determined, but will also stay fit, eat well, exercise, and live life to the fullest.

Copeland wrote her own book extolling the virtues of cosmetic wellness; other doctors have articulated this perspective through the news and entertainment media. In her analysis of articles on cosmetic surgery in women's magazines, sociologist Abigail Brooks describes how cosmetic

doctors and journalists discursively link cosmetic surgery with health and wellness. She describes how technologies are equated with "workouts" for one's face and body, with getting one's skin and body "into shape," and as part of a healthy lifestyle. For example, "as an article in *Vogue* magazine explains, people who have been working out for a year but still 'cannot lose the fat' make 'ideal candidates' for microlipo. According to Dr. Bellin: 'The solution is modest lipo, true body sculpting used as an add-on to a healthy lifestyle.' "[18] This logic surfaces not just in *Vogue* magazine; it is also championed by the American Society for Aesthetic Plastic Surgery (ASAPS), which funded a survey-based study on the psychological makeup of facelift patients. Its findings: while facelift patients may be significantly more dissatisfied with their appearance than what they called the "typical American," they are also significantly more invested in not only appearance but also fitness and health.[19] Thus, cosmetic surgery can reflect one's whole psychosocial identity as healthy and self-attentive.[20] The cosmetic surgery profession also argues that lifestyle is improved with cosmetic wellness. For example, as another professional society, the American Society of Plastic Surgeons (ASPS) describes, a tummy tuck can help a person have a "less restrictive lifestyle": "Imagine feeling inhibited in your daily activities because you're extremely self-conscious about a certain area of your body . . . prospective tummy tuck (abdominoplasty) patients have great dissatisfaction with the appearance of their abdomens, which ultimately affects how they feel and act in certain situations."[21] Further, cosmetic surgeons argue, in direct contrast to feminist critiques, that a cosmetic surgery patient might even treat depression or a problem with her body image surgically. In fact, the very "purpose of cosmetic surgery," says Dr. Gregory Borah, on

behalf of the ASAPS, "is to improve a person's psychological functioning by modifying their body image."[22]

Cosmetic wellness represents not only what feminists have critiqued as the medicalization of beauty but also a much broader shift toward lifestyle medicine. In postmodern culture we have seen a transition from a biomedical culture to what is often called a "biopsychosocial" one, which enlarges our interest in health to increasingly include its social and psychic aspects. Beyond this, though, the focus on health has dramatically expanded to include maintenance, lifestyle, and appearance, while transforming the patient into a consumer. As consumers, we scout the Web for the latest health research, preventative measures, medical trials, and cosmetic procedures. We assume greater responsibilities in our exchanges with doctors and clinics. We take on a wider array of body projects related to health, from dieting to yoga. We take more elective medicines, from those to improve our sex lives to those that limit menstruation, or help us sleep, concentrate, relax, perform athletically, or look better. In all, the trend toward lifestyle medicine has "massively expanded" the subjects of health care from sick bodies to the whole population.[23] Gilles Deleuze accounts for this by describing how disciplinary society has given way to what he calls "control society," which includes "the new medicine 'without doctor or patient' that singles out potential sick people and subjects at risk."[24] Whereas the sick body was once the primary territory of medicine, appearance and beauty are now increasingly seen as occasions for medical consumerism, and healthy bodies are regularly tuned up both inside and out. Cosmetic surgery is the archetypical form of this kind of medicine. It utilizes a vastly expanded role for medicine, positions the patient as a consumer who pursues medical resources for lifestyle maintenance, appeals to healthy

people, and links appearance and beauty with physical and mental fitness.

The rhetoric of cosmetic wellness, combined with increasing public concern over cosmetic surgery's pathological subjects, have set the stage for new discussions of what constitutes the good patient, the good psyche, and the good body image in cosmetic surgery. For instance, the American Society for Aesthetic Plastic Surgery, in the wake of public debate over BDD, has established an outline of how much cosmetic surgery a person should get. "How much cosmetic surgery is too much?" asks the ASAPS. The answer is that it "depends on the reasons it is chosen, when it is chosen, and the patient's expectations. A patient who has a strong personal desire for self-improvement and is able to identify specific, realistic goals for surgery is likely to be a suitable candidate for one or more procedures."[25] Lest we be uncertain about what those goals should be, the ASAPS published a timeline that identifies what women's concerns might be at which age, and which cosmetic surgeries address them. Not surprisingly, it is a pretty expansive list, establishing a regimen over one's adult lifetime that, if one took the advice to its maximum, would amount to approximately fifteen surgical procedures, along with numerous laser treatments and dozens of injections, sustained over a span of forty to fifty years.[26] The promotion of a healthy regimen of cosmetic surgery over one's adult lifetime, in contrast to cosmetic surgery addiction, depends upon outlining a proper body image and body-self relationship. If the surgeries are undertaken in the right order, with the right mental framework, and with the right beauty concerns, cosmetic surgery can come to be seen like regularly scheduled body maintenance.

What distinguishes cosmetic surgery addiction from cosmetic wellness is not the number of surgeries, then, but

rather the interior self, the psychic character of the subject. Correspondingly, there is now a deluge of self-help information in popular culture on the psychology of cosmetic surgery. One example is psychologist Joyce Nash's self-help book on cosmetic surgery, where she asks readers to take a quiz called "Are You a Good Candidate for Cosmetic Surgery?"[27] In a series of questions, she asks readers to account for their interest in cosmetic surgery, to identify what instigated the interest, and to assess their expectations for surgery. The lessons of the quiz are, in my reading, as follows: cosmetic surgery does not substantially improve one's romantic life or employment situation; cosmetic surgery that is designed to please someone else is a bad idea; life crises are bad times for cosmetic surgery, and impulsive decisions are bad; there is pain and physical trauma to cosmetic surgery, and thinking otherwise is bad; needing "a lot of comfort and tender loving care from a doctor or special attention from the doctor's staff" is not good.[28] In contrast, good candidates for surgery: do it for themselves; carefully consider their options; are generally happy with themselves; and take cosmetic surgery seriously. Criteria like these are widely discussed in cosmetic surgery popular culture, although there is some disagreement among the various sources offering advice. The self-help authors Charlee Ganny and Susan Collini, for instance, argue that it is acceptable to want cosmetic surgery in order to get a better love life, or to compete in the job market.[29] And the ASAPS suggests that "Over an individual's lifetime, there may be various stages at which cosmetic surgical or nonsurgical enhancements can improve the quality of life," thus affirming that rather broad goal.[30] Although there is no undisputed norm that establishes the proper body image, the right attitude, and the correct aims for cosmetic surgery, rehearsing what these might or should

be appears to be the goal of the pop-psychology and consumerist cosmetic surgery discourse.

Cosmetic surgery is now linked not only to psychological health but also other aspects of identity. As I describe in chapter 2, on what became the wildly popular television show *Extreme Makeover*, cosmetic surgery is said to help the body express its real self. In one case, a fat man who works as a personal trainer is returned to his true, formerly thin self with high-tech assistance. In the story *Extreme Makeover* tells, he becomes not less but more like the person he really is through surgical body modification. In another narrative, a woman reclaims the "sleeping beauty" inside of her; others reclaim their youthful selves, which are more authentic than the middle-aged selves they now see in the mirror. As I argue, *Extreme Makeover* accomplishes the extreme transformation of the body through highly normalizing narratives linked to reigning ideas about the authenticity and primacy of individual identities. In its selling of cosmetic surgery, cosmetic medicine realigns inner and outer selves, establishing the proper relationship between surface appearance and interior identity.

This is nowhere more apparent than in the development of "ethnically appropriate" cosmetic surgery. On *Extreme Makeover*, a former Philipina beauty queen regains her looks with the help of cosmetic surgery. But for her facial surgery, *Extreme Makeover* made a point of pursuing "ethnically appropriate" cosmetic surgery, reflecting a trend in the industry toward the development of specialized knowledge about non-white patients. While the racialization of beauty has long been part of cosmetic surgery's history, now the promotion of ethnically appropriate surgery is informed by multiculturalism. Instead of aiming to erase racial difference, ethnically appropriate cosmetic surgery

identifies differences in the needs and interests of racial and ethnic groups. Figuring out the variations among ethnic skin types in terms of likely reactions to surgery, lasers and other procedures are now seen as a quality-of-care matter among cosmetic surgeons.[31] But as the *Cosmetic Surgery Times* puts it, the "main caveats in these areas involve cultural features."[32] Such features include attitudes about eye shape among Asians, attitudes about noses among African Americans, Latinos' ideals of body shape, and so on. Ethnically targeted cosmetic surgery now aims to rethink Eurocentric beauty ideals in order to preserve the ethnic features of the person, and to honor her or his racial heritage.[33]

Such attempts may be welcome for some people of color who have been frustrated with the cosmetic surgery industry's homogenized view of beauty. But although ethnically appropriate cosmetic surgery might answer current bioethical criticisms about race and cosmetic surgery, it surely generates new ones. For instance, it reifies racial categories, universalizing beauty within ethnic groups and utilizing an essentialist logic that emphasizes innate rather than social meanings of race. It also demands that individuals see their authentic selves in racially or ethnically specific terms. As Kathy Davis points out, "patients who 'reject' their ethnic background [now] make poor candidates for cosmetic surgery."[34] To my mind, this insistence that individuals identify as properly Latino or Asian is not any more ethical than insisting that they look white. Such logic affirms a normative idea about the proper relationship between the body and the self, where the body's role is to articulate the self's real, authentic identity.

This logic positions cosmetic surgery as a practice of self-definition. In postmodern culture, the body has an expanded role in personal identity. Bodies are now interpreted

as highly specific signifiers of individual identities. They are supposed to suggest, as philosopher Alphonso Lingus puts it, "the very expression, moment by moment, of an inward spirit, or a person belonging to himself."[35] To explain this view of the self as up for individual construction, social theorist Anthony Giddens has described how contemporary life is marked by a sense of uprootedness, mobility, and a loss of traditional anchors for our senses of self.[36] Thus, identity is now less proscribed than achieved. As Giddens sees it, we now have greater opportunities than ever before for self-expression and elective identity. It is now our task to create a personalized sense of who we are, and we do so by undertaking identity projects. These are often made up of consumer practices that increasingly take place in the arena of the body. As body theorist Chris Shilling puts it, affluent Westerners now see the body "as an entity which is in the process of becoming: a project which should be worked out and accomplished as part of an individual's self-identity."[37] Further, current uses of technology escalate the project beyond previously understood limits. As medical sociologist Bryan Turner has it, "the transformation of medical technology has made possible the construction of the human body as a personal project."[38] In *Extreme Makeover*'s rendering of this situation, cosmetic surgery not only helps us be the people we want to be, but might actually be necessary to represent who we really are.

But as I see it, the neoliberalism of Gidden's theory of the late modern self, the idea that society treats the body and self as opportunities for self-creation, does not give enough emphasis to the political economies underlying identity projects. My more poststructural view worries that our identity practices are influenced at least as much by structural forces as by individual agency or creativity.

Contemporary Western identities cannot be separated from consumer capitalism. As Deleuze points out, capitalism not only sells products and services but also codes meanings—for instance, the identities that we are supposed to be expressing when wear that sort of wardrobe, engage in this sort of lifestyle, or undergo that cosmetic surgery.[39] Further, not only is the symbolism of the body for sale but the very ability of the body to signify in such escalated ways is also a part of its commodification. While bodies have always been marked to express social meanings, consumer capitalism speeds up the body's morphing and its role in identity production. As Shilling points out, the very production of the self is now wrapped up in the continual transformation of the body. Postmodern capitalism orchestrates the construction of not only individual bodies but also inner selves—whether healthy selves, empowered selves, beautified selves, authentic selves, or selves in touch with ourselves—through the aggressively commercial targeting of intimate, personal body-self relationships.

Like the pathologies of cosmetic surgery, then, I see its healthful or normative expressions as socially produced. The normal self of the twenty-first century, who embraces certain attitudes about fitness and lifestyle, views medicine as a broad personal resource, envisions the body as a medium for individual narrative, and affirms her authentic identity, is not inherently proper and authentic but rather is a historical production. So is the depth of meaning that she is supposed to be expressing with her body.

Inner Selves and Social Meanings

Cosmetic surgery culture not only creates a surface appearance that is normatively ideal but also produces that

appearance's psychic meanings. When Michael Jackson's face is read as a signifier of the true meaning of his inner self, it is decoded according to standards that are influenced by racialized, gendered norms of appearance. When he fails to look Black and middle-aged, he is understood as a surgery addict and a sick person. The timeline offered by the ASAPS suggests that we might want to undergo at least as many cosmetic surgeries as he, but we must avoid the enfreakment that his extreme surgical project seems to effect (as well as such obvious racial passing). A good candidate for cosmetic surgery will now have a specific set of attitudes about such surgery, will undertake it for the right reasons at the right time, and will want to honor her authentic inner self (even her ethnically appropriate self). A bad candidate for cosmetic surgery will have the wrong attitude and the wrong reasons, will want to change the wrong body parts at the wrong times, and will want to erase her ethnic or racial identity. Thus, as I see it, the dominant logics of contemporary cosmetic surgery now reach significantly beyond beauty ideals. Such logics depend upon essentialist notions of authentic inner selves. They require an understanding of the body and its surface as a signifier of authentic inner meaning. They recruit psychiatric strategies—or, alternatively, political or consumerist ones—to decode the meanings they find.

Is there another way to read cosmetic surgery? A post-essentialist, poststructural view insists that there are no fixed, inherent meanings to the self, and further, that the body-self relationship is a historically specific production. The visibility of the body and self, or the body-as-self, is not inevitable, and its articulability is shaped by power relations. Thus, as Suzanne Fraser tells us in *Cosmetic Surgery, Gender, and Culture*, the subject of cosmetic surgery is a cultural product; she is produced through and