

ATTITUDES AND IMAGES

**COSMETIC SURGERY
AND ITS ANALOGICAL ASSOCIATIONS**

Visualizing the Beautiful and the Sublime

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New Visual Studies

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No single attitude about beauty has been consistent throughout history. At various times beauty has been revered, feared, scorned and sought after. The idea that carnal beauty is visible evidence of spiritual beauty can be traced back to Plato who believed that ideal beauty in body and form made the spiritual visible. With the arrival of Christianity the attitude toward beauty became more ambivalent. Beauty was feared as a sensual temptation, yet it was also revered as an image of God's grace. The history of Judeo-Christian attitudes toward beauty reflects this struggle to reconcile beauty as a worldly vanity and beauty as God's glory. In the nineteenth century the depiction of the femme fatale conjured up images of a beautiful female who was inherently evil and devouring. Beauty then was suspect and a quality to be feared. Throughout much of history, however, the physical facade was thought of as an indicator of inner personality and character. A beautiful face then would reflect a similarly beautiful moral and spiritual inner self. Yet Tolstoy lamented at the turn of the century, "It is amazing how complete the delusion that beauty is goodness" (Etkoff 40). Shortly thereafter, Sigmund Freud's psychoanalysis promoted a legacy of shame around the body, and beauty in general, suggesting that too much cultivation of beauty reflected pathological narcissism, a cover for shame and worthlessness, in his opinion (Etkoff 19). What we do know is that beauty cannot be ignored, and further, that beauty influences our perceptions, attitudes, and behavior toward others. Appearance is the most public part of the self. It is the visible self that the world assumes to be a mirror of the invisible, inner self. This

assumption may not be fair, but that does not make it any less true. As Nancy Etcoff states in her book *Survival of the Prettiest*, “Beauty has consequences that we cannot erase by denial. Academics may ban it from intelligent discourse and snobs may sniff that beauty is trivial and shallow, but in the real world the beauty myth quickly collides with reality.”

People like to believe that looks don't matter. But marketing executives know that packaging and image are as important as the product (if not more so). We treat appearance not just as a source of pleasure (or shame), but also as a source of information. We live in a world of “lookism” (Etcoff 83), a kind of beauty prejudice practiced at an unconscious level, and we are all both guilty of and victims of this social phenomenon. The fact that we respond to beauty in such visceral ways, including intense pleasure, longing and envy is further proof of the power of beauty in our daily lives.

But what exactly constitutes beauty in the human face and form? Again, there has been much debate and disagreement throughout history on the true characteristics surrounding beauty, and physical beauty in particular. Many people would admit that while they could not actually define beauty, they would recognize it when they saw it. Yet even when they see it, they cannot exactly say why they find it to be beautiful. For the ancient Greeks physical beauty was based upon precise mathematical calculations. The most important human proportion system in Western art dates to the fifth century Greek sculptor Polyclitus whose bodily canons served to influence all of Western art until the early twentieth century when modernism expanded our representations of the body. For Polyclitus beauty resided in an aesthetic based upon proportion and number, whose

elements were clarity, symmetry, harmony and color. Albrecht Durer and Leonardo da Vinci used similar guidelines in their work. However, research now suggests that many of these rigid neo-classical and Renaissance guidelines for human proportion (especially those regarding specific angles) are not necessarily important to our notion of beauty, and that the fundamental nature of human beauty resides primarily in aspects involving innate biological attraction. Yet even though precise measurement systems seem to have failed to come up with a beauty formula, there is evidence that general symmetry plays a significant role in triggering notions of beauty in human beings. What is it about symmetry that attracts us and why?

Nothing captures our attention like a human face, and nothing rivals the face in communicative power. Research and testing over the last decade has determined that newborn infants have a decided preference for symmetrical patterns over asymmetrical ones, including the human face. The fact that newborns are seemingly born with these “beauty detectors” suggests that these innate preferences are in place for a reason. One possible reason that symmetry is tied to beauty is because it acts as a measure of overall fitness. To our ancestors overall physical fitness was the major criteria upon which they assessed reproductive health. Biologists have discovered that in many species animals displaying asymmetrical features have lower survival and growth rates, and therefore, diminished reproduction. To our ancestors, asymmetry in potential mates (male and female) might have been a sign of malnutrition, disease, or even parasites. Since the goal was to reproduce healthy viable offspring, any visible sign that a mating would fail to produce such a result would mean immediate rejection. These physical cues to youth and health (and hence to reproductive capacity) constituted the ingredients of male standards

of female beauty. The job of our biological ancestors was to reproduce, and those who failed to meet the criteria of the first filter were out of luck. In the human species males retain their capacity to produce offspring far longer than the female. The female's role in reproduction is far more demanding and taxing on her body, and therefore, her reproductive life is limited. To ensure that potential offspring were given every advantage of a strong and healthy mother during conception, gestation and delivery, older females were rejected as suitable mates. To put it simply, the Darwinian notion of "survival of the fittest" translated into survival of those exhibiting the greatest potential (outward signs of youth) of healthy reproduction in our ancestors, which in turn evolved into our biological aesthetic preference. For many years this theory of sexual selection was resisted by mainstream social scientists because its portrayal of human nature seemed to depend on instinctive behavior, and thus minimized the uniqueness and flexibility of humans. It was thought that culture and consciousness were presumed to free us from evolutionary forces (Buss 3). Beauty may be in the eyes of the beholder, but those eyes and the minds behind the eyes have been shaped by millions of years of human evolution. Those in our evolutionary past who failed to mate successfully failed to become our ancestors. Simply stated, the argument for beauty as a biological adaptation is that beauty is a universal part of human experience, and that it provokes pleasure, rivets attention, and impels actions that help ensure the survival of our genes. Beautiful human features are a language, devoted to the adaptive problem of how to visually signal one's own value as a potential mate and how to assess the mate value of others through their visuals. Our extreme sensitivity to youthful beauty is hard-wired, governed by circuits in the brain shaped by natural selection. In the course of evolution

the people who noticed these signals and desired their possessors had more reproductive success. We are their ancestors. Which brings us to the present, and as Nancy Etcoff comments, "...such signals are now manipulated by cosmetics, plastic surgery, and clothing, three giant industries in part devoted to false advertising. Additionally, one cannot escape a comment on the irony of sexual attraction: in a world where men and women try to stave off pregnancy for the majority of their sexual encounters, sexual preference is still guided by ancient rules that make us most attracted to bodies that look the most reproductively fit. Nor can we escape the jarring thought that women compete in the mating world for men whose brains are hard-wired to find nubile teenagers highly desirable and particularly beautiful, a biological holdover from a vanished way of life" (Etcoff 24). And since we continue to be evaluated as mate material all of our lives, this in turn drives contemporary women to maintain these standards of youthful beauty for as long as possible, turning to elective cosmetic surgery when the pull of gravity and the passage of time become too great a threat to their abilities to compete for male attention. In fact, certain rules of symmetry that dictated the representation of Western art for centuries, are the highly influential bases from which plastic surgeons borrow to resculpt and reconstruct the human face and body. And lest we think that we humans are too highly evolved from our ancestors, let us realize that beauty brings out the primitive in all of us. Millions have undergone voluntary aesthetic surgery that involves tearing or burning the skin, sucking out fat, and implanting various foreign materials into our bodies. These drastic procedures are fraught with risks (including death), and are not done to correct deformities, but to improve aesthetic details—to keep us from being "voted off the island".

Beauty preferences would not be important unless they had consequences in the real world. Etcoff reports that all the evidence suggests that men's real-life choices are heavily influenced by appearances. There is little evidence that women with greater intelligence have a greater advantage than those women with greater beauty and less intelligence. Good looks, therefore, can be one of a woman's most fundamental assets, but dependent upon a body that ages, it is an asset that a woman uses or loses. Its perishability is only too evident, and a painful lesson for women who in their youth didn't realize that their desirability came primarily from beauty and not from deeper more substantial qualities. In her book *Our Looks, Our Lives*, Nancy Friday comments that like it or not, we live in the age of the Empty Package, when how we look often takes precedence over such enduring qualities as intelligence, integrity, kindness, and honesty. It can be said then that looks play a prime role in a woman's fate in life. No matter how irrelevant to her goals, how inappropriate to her talents, or even how ridiculous the comparison, women are always compared to one another and found wanting. When the other woman is more beautiful, they feel envious; yet envy is hostility toward the very thing one desires. Aware of this, competition among women based on looks is bruising, and consumer cultures have brought the beauty competition among women to frenzied heights. And despite the surreal beauty standard of supermodels (often attained through obsessive dieting and exercise, cosmetic and surgical enhancement, digital alteration and air-brushing), the media insist that their beauty is attainable through hard work, effort, and buying the right product or service. More and more women are choosing to undergo the knife in a variety of cosmetic surgical procedures in an effort to remain competitive in

a world where the cutting edge technology of aesthetic surgery combined with media/marketing is setting new and less natural standards of beauty and desirability. What started out as our ancestors' biological adaptation of a fairly simple beauty aesthetic for mating purposes has evolved into a multi-billionaire dollar industry of designer faces and bodies. Let's take a look then at the visual language surrounding this topic using various framing mechanisms as well as various perspectives, and examine how they work to elicit particular responses.

Let's begin by identifying the framing mechanisms. Images surrounding the topic of elective cosmetic surgery can be categorized as follows: as measurements of proportion and scale; as charts and maps; as methods to advertise, attract and persuade; as methods of explanation; as methods of documentation and comparison; as methods of mapping and diagramming; as guides and methods of instruction; as images of metamorphosis and transformation; and finally, as depictions of scarring, memory, and ghost images. Certain perspectives are obvious, and in this case, the perspective of the doctor/surgeon, as well as the patient, seems most apparent and logical. In addition, we will examine the perspectives of the advertiser to the potential client, as well as the general public's response to imagery surrounding this topic. In doing so, we will learn that imagery is both potent and powerful in its usefulness to a particular end. In the same way that our ancestors learned to read visual cues to assure survival of the species, we have learned to read visual language in our attempts to survive the competition within our species. Let's start with the media's effect upon the general public.

The media knows only too well that women are not necessarily raised to look at men, but rather that women look at other women. Women look at women for several reasons including the pleasure of looking and admiring their beauty. However, another reason is to check out the competition and to see how we stack up to it. Beauty and fashion magazines exploit this natural tendency by highlighting images of the most gorgeous female models among their glossy pages, and causing all but the most beautiful of women to feel pangs of envy, frustration and dissatisfaction with their own appearance as well as the resolve to “do something about it”.

Advertisers cater to women’s desires to improve themselves by providing visual promises of *softer, smoother, tighter, tauter, glossier, shapelier, bigger, smaller, better*. Often there is little text involved because the power of the visual image is “proof” of the promise. When it comes to physical beauty, we don’t like to read about it, we just like to *see* it, and preferably in ourselves. Gazing at the images of the magazine model, we imagine ourselves transformed as well. Never mind that the model probably never even used the product being advertised, or that the product being advertised for weight loss won’t also give you the amazingly glossy hair that the model possesses, or even that the entire image has been air-brushed so that the model’s face appears completely poreless (a condition which would in reality contribute to death of the skin). The power of the beautiful image is overwhelming, and we are not interested in facts. Our beauty detectors have peaked; that is to say, we have lost some of our rationality regarding reality.

Advertisers count on this response to help sell their clients’ products and services. Proof that it works is that we do not seem to learn from a product’s failure to transform us;

instead we tend to blame ourselves as “beyond help”. After a series of failures (not the fault of the product, mind you) the quest for beauty takes on a more desperate tone.

One indication that elective cosmetic surgery has become mainstreamed into our contemporary society is the fact that many women do not bother attempting to hide or deny the fact that they have undergone a procedure. Indeed, women in certain social circles boast about the cost of their surgery in attempt to gain status among their peers. Advertisers of these procedures would have you believe that *everybody* is doing it, and that if you do not join them, you will be left behind. This sets up an uncomfortable tension between those who “do” and those who “do not”. The images surrounding the advertisements of elective cosmetic surgery are geared to subvert the actual procedure (imagery involving blood, swelling, infection and pain, as well as resulting permanent scarring are absent), and concentrate instead on the *marvelous* and *miraculous* results. In other words, the informational brochures regarding plastic surgery usually depict women who have allegedly experienced a life-altering transformation from whatever specific procedure they are seeking to promote. Liposuction brochures might include an image of a beautiful and slender, well-tanned couple (no doubt lovers) clad in designer swimsuits prancing on the white sandy beach alongside water as clear and blue as the sky above. They are smiling and carefree (probably debt-free as well), oblivious to the woes and concerns that plague the rest of us. The image suggests that liposuction can transform *your* life as well. It is extremely appealing, and one might linger for several moments imagining how wonderful it would be to be carefree, debt-free, slender, beautiful, clear-skinned, glossy-haired, and athletic, enjoying an endless vacation in a perpetual sunny

and exotic location, which includes a wild and passionate (yet safe) sex life with a gorgeous man. Viewed in this way one might make an analogical connection between cosmetic surgery brochures and the travel brochures that beckon us aboard a cruise ship destined for pleasure-filled exotic islands. Upon opening the informational brochure on various cosmetic surgery procedures, one might see inside a simple line sketch of the necessary incision sites. The before-and-after imagery is sometimes a sketch as well indicating how the procedure will erase these troubling areas and revitalize your appearance to a more youthful and desirable state. The fact that much of the brochure's imagery is done with simple sketches gives the procedure a light-hearted quality, almost as if the surgeon is an artist who can draw new lines and erase old ones. Seductive and promising, these persuasive images are about the lure of transformation.

Other framing mechanisms involve the images as seen from the perspective of the surgeon or aesthetician (one who helps patients with their decisions concerning which procedures would be most beneficial). The topic is the same; however, the images associated with the planning and performing of actual surgery are vastly different. These professionals are trained to view (scrutinize) the human face and body in a clinical analysis. Many of the images thus framed revolve around mapping and other clinical notations of the face and body. Surgeons and their aestheticians chart their patients' faces and bodies with lines, circles and dashes to note where to make incisions, where to pull and tighten, where to cut out areas of skin, where to shave bone, and where to remove deposits of fat. In this way, analogical associations can easily be made between these diagrammatic surgical charts and a dressmaker's patterns and guides where similar

notations also refer to cutting, folding and stitching. Surgeons view the human body much like a geographic landscape (and during a procedure, much like a construction zone). They view the contours of the body as a human landscape, and as such, analogical associations can also be made between the body charts referred to above, and road maps and topographical guides. These simple face and body charts (often made with a marker pen) are deceptive in their importance to the overall outcome of the procedure. It is ironic that the surgeon performing the procedure that will ostensibly produce a more attractive human face or body, is also witness to the sublime imagery of cut human flesh, gaping wounds, oozing blood, and other visceral imagery that conjures up notions of unspeakable raw brutality. Such imagery, however, is not horrific to the surgeon as it would be to other viewers; rather it serves to inform and direct the surgeon in his/her job. Cosmetic surgery manuals are filled with images of cut and bleeding flesh, of instruments probing subcutaneous layers, of human tissue being snipped, twisted and otherwise manipulated, of bones being cracked and shaved, of gelatinous fat being sucked up tiny hoses and redeposited through needles into other areas of the human body. In another context these would be the nightmarish images of carnal horror and science fiction movies, bringing to mind notions of torture and death and of the sickeningly sublime. The images created on the surgical table could not be more disparate to the images of the advertisers' lure of transformation under a blue sky.

Other framing mechanisms involving the imagery of cosmetic surgery are those as seen by the consumer or patient. As a patient, one has likely seen and responded to the imagery of the advertiser's brochure. Prior to a scheduled surgery, the patient will have a

consultation with the surgeon or aesthetician. It is here where they will view a collection of 'before-and-after' photographs of previous patients whose surgeries have been successful. This may be the first time the patient will see the actual results of a procedure performed on a real person. Initially, it might come as a shock that these images are not of lovely models, but of actual people of various ages and levels of attractiveness. The images are often stark and remind one of the photos seen on drivers' licenses, or even those guilty faces and profile images seen on police records. The 'before' photographs are particularly alarming because the patient is seen in the worst possible light. Deficiencies or deviant features of the face or body are highlighted. The 'after' photographs show improvement not only in the surgical results, but also in the overall lighting and presentation of the patient. In these images the patient is often shown wearing flattering makeup as well as an updated hairstyle and jewelry. Scars and bruising are often cleverly disguised, or at least minimized. Upon closer examination one can usually see a marked improvement of the feature in question. Unexpected and inevitable, however, is the imagery that the patient becomes privy to as an immediate result of one's own surgery. It comes in the form of a self-portrait of bodily trauma and its monstrous consequences. Wrapped in gauze and bandages, grotesquely bruised and swollen, the image reflected back from the mirror is more akin to the victim of a horrific automobile accident or a brutal beating. There is no association whatsoever between the reflected image in the mirror and the lovely image on the cover of the cosmetic surgery brochure. In addition, one must come to terms with the fact that the violence inflicted upon one's body during the course of a cosmetic surgery has been voluntary, causing all kinds of psychological self doubts and fears to surface. Gazing at one's grotesque

reflection, waves of physical and emotional pain often interfere with the patient's ability to see beyond the mirror, often causing confusion and self-loathing. The state of one's mind influences our perceptions of reality, and heightened sensitivity alters our response to images. In this case, the same images that previously evoked notions of pleasure and attraction (the advertising brochures) might now cause feelings of disgust, shame and utter regret. The post-op patient then must first enter the realm of the physically and emotionally sublime before emerging into the hoped-for realm of the beautiful. Slowly as days and weeks go by, drainage tubes are removed along with stitches, staples and screws; swelling peaks and then subsides, bruises change color and begin to fade, and incisions begin to heal. A slow, but sure transformation takes place. This process and the images associated with it remind one of aerial views documenting the change of seasons upon a landscape. And the scarring that remains upon the landscape of the face and body brings to mind the kinds of geographical scarring that occurs during disturbances upon the earth such as meteors, glaciers, earthquakes, tornadoes and floods, not to mention man-made disasters such as bombings and other war-related activity. As the patient eagerly checks for signs of healing, the face (or body) in the mirror eventually becomes recognizable as oneself. At some point, if the surgery has been a success, the improvement of the feature that was unsatisfactory prior to surgery will reveal itself, but the metamorphosis from the sublime to the beautiful is agonizingly slow. It is during this time that the patient becomes intimately acquainted with one's own image, searching not only for the remnants of one's previous countenance, but also indications of a yet-to-be disclosed quality of beauty which was, in the patient's mind, absent prior to the surgery.

Will we ever stop worshipping youthful beauty? Can we learn to see beauty in forms that do not automatically push the ancient biological reproductive buttons of our ancestors? Etcoff writes that “knowledge is power; the more we know about human nature, the better hope we have of addressing the inequalities. The fact that a tendency or preference is innate does not mean that culture, nurture or circumstance cannot radically alter its expression, and therefore, our impulses.” Until then women will continue to correct, alter, or enhance their natural appearance using 21st century technology to better match the aesthetics of female beauty established in the ancient world. The practice of cosmetic surgery embraces many categories including science (biology and anatomy), mathematics (proportion and design), psychology (self-image, envy, desire and disgust), and aesthetics (notions of the beautiful and the sublime); and the imagery surrounding the practice of cosmetic surgery is as unique and varied as the faces that are changed by it.

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