Makeover Culture

Landscapes of Cosmetic Surgery

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I certify that this work has not been submitted for a higher degree at any other institution, and that the thesis presents original research, except where otherwise indicated.

Meredith Jones, 2006

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ABSTRACT

This thesis examines contemporary cosmetic surgery within a multidisciplinary feminist framework and is particularly interested in anti-ageing cosmetic surgery. It looks at many discursive and concrete examples of cosmetic surgery and casts a net that is inclusive of a wide variety of voices. These discourses are analysed in relation to the idea of ‘makeover culture’. Makeover culture is shown to be an increasingly important part of everyday life that is not confined to – but is particularly evident within – cosmetic surgery. It is a paradigm where the performance of becoming is more important than achieving a static point of completion or finality. In makeover culture good citizens enact an urgent and never-ending renovation of the self. Cosmetic surgery is positioned here as both symptom and manufacturer of makeover culture.

The word ‘makeover’ is dotted through popular culture rhetoric, where it is increasingly applied to a range of activities or lifestyle practices such as home renovation, interior decorating, gardening, urban renewal, food preparation, and even business invigoration. For my purposes ‘makeover culture’ describes the set of cultural logics – the landscapes – in which cosmetic surgery is embedded.

In these environments cosmetic surgery is an important part of a socio-cultural paradigm that values endless remaking, improving, renovating, importing and rejuvenating. In other words, cosmetic surgery is both indicative and constitutive of the makeover culture, an arena in which ideal objects and subjects are always being improved, and in which everything – including the body – is always ripe for enhancement.

The thesis’ theoretical cauldron contains cultural studies, media studies, feminist philosophy, Actor-network theory, feminist theories of space, and psychoanalysis. I analyse cosmetic surgery as it appears in many mediascapes. The public narratives of some famous ‘extreme practitioners’ of cosmetic surgery are reviewed, as well as the stories of those celebrities who are secretive about cosmetic surgery and aim for a more ‘natural’ look. Also carefully analysed are the cosmetic surgery experiences told to me by more everyday recipients and doctors in interviews.

I aim to develop a feminist understanding of contemporary cosmetic surgery that is beyond ideas of agent and victim, that goes further than the rhetoric of ‘just don’t do it’, that sees more similarities than differences between women who choose cosmetic surgery and women who don’t, and that positions the doctor/patient relationship
inside a network of technologies and assemblages that includes many actors. The thesis offers suggestions about how people – especially women – may live critically and constructively with cosmetic surgery in all its contradictory, concrete, discursive, and imaginary forms. It acknowledges that there are complex pleasures and desires associated with cosmetic surgery, intertwined with its offensiveness and terrors.

Keywords: cosmetic surgery; plastic surgery; the body; makeover; media; myth; ageing; monstrosity; postmodernism; spatiality; temporality.
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Many people have helped in the creation of this dissertation. My supervisor, Zoë Sofoulis, showed constant interest and pleasure in the project and has been endlessly generous with her diverse body of knowledge, her library, and her profound insights. I am looking forward to no longer being Zoë’s student so we can get on with enjoying our friendship which has been a delightful side effect of the supervisory process. Thanks also go to my co-supervisor, Elaine Lally, who offered sound advice towards the end of the writing process, read the entire thesis whilst on holidays, and also employed me in various research assistant roles throughout my candidature. Bob Hodge worked as occasional ‘meta-supervisor’ in the final stretch and his overview and attention was brilliant. The amazingly multilingual Reena Dobson made French translations for me, sometimes at a minute’s notice. Cressida J. Heyes generously encouraged my scholarship after hearing me speak about Lolo Ferrari in 2003 – I look forward to our continuing co-editorial projects. Catherina Landstrom piled me high with reading and taught me about Actor-network theory over coffee in King St. Three women whose postgraduate paths intersected with mine – Rebecca Huntley, Raya Massie, and Ingrid Richardson – became my friends during this time and provided encouragement and inspiration through their perseverance and brilliance: thank you.

The Centre for Cultural Research at the University of Western Sydney provided a comfortable space, a quiet environment, and a collegial atmosphere throughout my candidature, for which I am very grateful. Professor Shirley Alexander at the University of Technology, Sydney, lent me an office in 2003, which facilitated not only the production of some thesis chapters but also the start of my beautiful and sustaining relationship with Richard Trowsdale. The Australian Federal Government granted me an Australian Postgraduate Award with stipend for three and a half years, without which I would not have written this dissertation at all.

The thesis of course would not have been possible in this form without the people who consented to be interviewed. Although they must remain anonymous I thank them deeply for coming forth and being so candid and honest about intensely personal issues.
This work is dedicated to my family: Betty and David Gabriel-Jones, Gareth and Dorian Jones, Laura Carroll, Hugh and Samantha Bailey, Richard Trowsdale, and Ruby-Rose O’Halloran... and also to my brand new family: Julia Griffin, Helen Parker, and baby Griffin Parker.
We are surrounded by the image of the woman’s face, the obsession of the portrait and the cover girl alike. The face is what belongs to the other; it is unavailable to the woman herself.

(Susan Stewart, 1993: 125)

Is each of us a mini-construction site?

(Rem Koolhaas, 2001: 421)

‘It’s going to be more complicated than that,’ interpolated Lizzie. ‘This old witch sees storms ahead, my girl. When I look to the future, I see through a glass, darkly. You improve your analysis, girl, and then we’ll discuss it.’

(Angela Carter, Nights at the Circus, quoted in Mary Russo, 1994: 179)
1
THEMES, ARGUMENTS, BASICS

A little rhinoplasty can always make the pretty look prettier.

Makeover culture is a paradigm in the context of contemporary life that is rich, varied, and contradictory. This introductory chapter flags some of its manifestations in landscapes outside of – but complementary to – cosmetic surgery, and begins making connections between them. It suggests that an analysis of makeover culture may be possible within a framework built around the notion of ideological complexes (Hodge and Kress, 1988). The data and media used throughout the dissertation are introduced, paying attention to why they were chosen and how they shaped the argument’s construction. A small history of cosmetic surgery is offered along with definitions of ‘elective’ and ‘anti-ageing’ cosmetic surgery. Some dominant feminist engagements with cosmetic surgery are introduced. Finally, the thesis’ main themes are detailed with reference to chapter structure and the trajectory of the argument.
INTRODUCTION

Cosmetic surgery is not merely a medical discipline, nor a set of surgical techniques exercised on human bodies. Rather, it is a series of interlocking practices and discourses comprising medical and surgical techniques as well as many media forms such as academic analyses, advertisements, autobiographies, feminist writing, histories, medical literature, popular magazines, and regulatory/legal texts (Blum, 2003; Davis, 1995, 1998, 2002, 2003a, 2003b; Fraser, 2003; Gilman, 1999; Haiken, 1997). This dissertation examines the multifarious disciplines, endeavours, industries, cultural logics, and normative values that shape the ongoing construction of contemporary cosmetic surgery. I locate my arguments in a problematic area that sees cosmetic surgery as a constantly negotiated site of power, and I situate it as part of the complex web of social relations that form its historical and cultural context. Knowledges are created by the social relations and interconnections of power that are intertwined with them and cosmetic surgery, like any knowledge, is always being reborn via the infinite social and power relations around it. In my study then, it is unfruitful to identify individuals as doing the ‘right’ or ‘wrong’ thing via wholesale acceptance, refusal, or having ‘good’ or ‘bad’ cosmetic surgery. In the process of this research I have observed cosmetic surgery being constantly reborn and reinvented via print and electronic media, via new surgical techniques, and via multifarious individual approaches. Various groups and individuals stand to make money from the practice, and there are unlimited ways in which people benefit and/or suffer as part of its effects. For these reasons this piece of writing can only be utterly situated and never objective. It is itself bound up inside the social structures, discourses, profit margins, power plays and evolving techniques that make up the borderless site of cosmetic surgery.

Many feminist researchers and writers do not hesitate to place themselves as part of the discourses they study, and as writer and researcher I place myself firmly within the ongoing practice of creating discourse around cosmetic surgery. But I am also physically part of cosmetic surgery in an everyday sense – I absorb advertisements, compare the smoothed faces of celebrities to my own, and enjoy the thrill of cosmetic surgery horror stories – along with everyone else who waits in line at the supermarket, watches television, or visits the cinema. I am part of the makeover culture and subject to its pressures and pleasures.

A critical discussion of contemporary cosmetic surgery is important because this technology is increasingly widespread, available, desirable, and normalised. I see the normalisation of cosmetic surgery as regrettably and perhaps horribly inevitable, and
wish to critically examine it as part of everyday life: as a titillating, sometimes scandalous, contradictory, seductive, and embedded part of the cultural landscape. I also want to propose alternative uses for cosmetic surgery; uses that could exist alongside the practice’s normalisation. Overall the thesis offers a reading of everyday, popular discourse around cosmetic surgery intertwined with the voices of my interviewees and some imaginative, utopian alternatives.

When I began work on this project, I collected feminist analyses of cosmetic surgery and other beauty technologies, read up about surgical procedures, and began interviewing people who had received or were planning to have cosmetic surgery. My leisure time was also overtaken by cosmetic surgery: I bought magazines with headlines like ‘They’re All Freaks!!’ positioned above pictures of celebrities who had taken cosmetic surgery ‘too far’. I devoured them enthusiastically but then put them on the ‘not serious enough for the thesis’ pile.

At parties I began to have some interesting conversations. It turned out that people love to talk about cosmetic surgery: there is much pleasure to be had from this activity, and we are fascinated by both the scandals and the perceived successes around the practice. Listening to me through the din, people would think I was training to be a cosmetic surgeon and would launch into requesting advice about how to have certain features altered or signs of age removed. Many had a list in their imagination of things they’d like to have done. Once upon a time we all had an idea of which movie star would play us in the story of our life; now it seems we have an idea of the cosmetic surgery we could have in order to be a movie star ourselves. Virginia Blum, author of one of the handful of scholarly monographs about cosmetic surgery, says ‘Little by little, we are all becoming movie stars – internally framed by a camera eye’ (2003: 288).

When it was established that I was merely writing a cultural studies PhD and could not take scalpel to my friends, I was still asked for advice about procedures and was even asked to recommend surgeons (of course I didn’t do this). Some friends and acquaintances have had cosmetic surgery since I began this project. Most happily gave me in-depth interviews about their motivations and desires around the surgery as well as the surgical experience itself, and about their feelings months after the procedures. A very close friend surprised me by telling me a secret: both she and her male partner had cosmetic surgery a decade ago. My thesis topic was leaking into my personal life: people were confiding things in me that they wouldn’t otherwise have done.
Meanwhile, the pile of seductive, trashy, and ‘not suitable for the thesis’ magazines grew and grew. Discourse about celebrities defined as cosmetic surgery ‘disasters’ or ‘weirdos’ – Farrah Fawcett, Cher, Michael Jackson, Cindy Jackson, Orlan – mingled on my desk with the narratives from my interview recipients. I quickly realised there was really no way to distinguish my planned academic, feminist analysis of cosmetic surgery from one that took into account the multifarious intersections with popular culture and everyday life that cosmetic surgery inevitably has. I began to take articles about people like Farrah Fawcett and Michael Jackson from sources like *NW* and *New Idea* as seriously as I was, for example, taking Kathy Davis’ socialist-feminist analyses of women cosmetic surgery recipients in The Netherlands. I started thinking about cosmetic surgery not as a bordered practice done by certain individuals but as a world, a network of human and non-human assemblages, and a series of diverse dialogues.
MAKEOVER CULTURE

Later in my candidature, struggling with how to describe this miscellany, I sat down with Jerry Springer. And suddenly a carnivalesque moment gave rise to my thesis: that we are living in a makeover culture. The program was about friends and family telling their loved ones how embarrassing they are because they dress inappropriately. In most cases the problem was that overweight middle-aged women were dressing ‘like teenagers’. A very large woman came on stage wearing a micro-mini black frock and high heels. Her waiting family members shook their heads in disgust and the audience booed and jeered. But then Springer said that the woman had recently lost 100 pounds. Instantly boos changed to cheers and the woman sat down proudly, ready to defend her right to wear skimpy outfits. What was happening here was indication of makeover culture’s force. The large woman was suddenly praiseworthy because she was undergoing a transformation: she was no longer horribly fat but was now ‘losing weight’. Negative judgments about her inappropriate dress sense changed to praise for being in the process of becoming slimmer. Thus we learn from the ‘pedagogical voice of reality TV’ (McCarthy, 2005) that a big woman can’t have fun with her clothes but a woman who has lost 100 pounds can, even if those two women are exactly the same. This is because makeover culture valorises and rewards processes of working on the self. I show throughout this dissertation how makeover culture is utterly invested in normalised modes of beauty, how it is about the display of ongoing process, change, and labour, and how it can sometimes support more imaginative or controversial manifestations of becoming.

My broad argument is that makeover culture is a state where becoming is more desirable than being. It valorises the process of development rather than the idea of completion. It is closely related to renovation and restoration, and includes elements of both, but where renovation and restoration imply achieving a final goal or a finished product, makeover – used either as noun or verb – is in the present tense. Despite appearances then, makeover culture is not about the creation of finished products – whether they’re houses, psyches, bodies or gardens – it is about showing subjects, objects and environments being worked upon and improved. This is why the large woman was applauded for losing weight: being in a process of self-improvement – being in makeover – over-ride her inappropriate dress sense. Good citizens of makeover culture change, develop, improve and transform themselves,

1 The Jerry Springer Show is a U.S. program shown on daytime television in Australia. A live talk show based around members of the public making ‘confessions’ to each other, it includes topics like ‘I love you both’ and ‘Surprise! Your wife is a man’.
and perhaps do this ceaselessly. For individuals the paradigm of makeover rewards the display of continual development, improvement and growth made via intellectual, emotional, or aesthetic means. I argue that in makeover culture, success is judged on the display of the never-ending renovation of the self.

Other scholars are also beginning to work around these ideas, for example media and cultural theorist Frances Bonner has identified ‘makeover’ as a new television genre (2003: 130-136; also see Brunsdon, 2003). Deborah Caslav Covino’s book Amending the Abject Body (2004) uses the phrase ‘makeover culture’ almost unproblematically. Although never categorically explaining what it means Covino states that ‘…”makeover” has become an increasingly popular name for the normalisation of the self around procedures and prospects that are tied up with body image and related forms of abjection’ (2004: 14). The online journal Flow: A Critical Forum on Television and Media Culture has recently published a number of articles that analyse makeover television programs in line with new economies of labour (McPherson, 2005), work ethics (Kim, L.S. 2004), and models of government (McCarthy, 2005). Clearly, the phrase is becoming important in critical and academic feminist vocabularies, but it needs explication and elaboration.

For the purposes of discussing how makeover culture intersects with cosmetic surgery, one of the important things is labour revealed. The television program Extreme Makeover, analysed in detail in the next chapter, shows cosmetic surgery operations in ways they have never appeared on mainstream television before: operations are filmed, blood and gore are crucial parts of the show, and patients’ excruciatingly painful recoveries are followed in detail. Media theorist Tara McPherson has suggested that on makeover television shows

bodies become one with the bitstream, as easily morphed as a Photoshop file. Beauty is no longer a surface phenomenon, with the exterior reworked to match a ‘beautiful’ interior through a careful consumption of products. The inside and outside now collapse and blur, all up for reconfiguring and all requiring hard work (McPherson, 2005).

Hard work is the key point: makeover culture is about industriousness and the display of labour. Programs like Extreme Makeover that show or describe painful recovery periods, embarrassing consultations and vulnerable anaesthetised subjects frame cosmetic surgery as hard labour. It becomes something that only the hardiest and most motivated consider: it becomes an act of courage and bravery, part of the toil of makeover culture.
McPherson situates her observations about the labour revealed in makeover programs inside wider changes connected to electronic culture. Just as electronic culture, especially in the form of the internet, blurs boundaries between work and home – ‘work follows us home and shopping follows us to work’ – she suggests that makeover television helps to define another new space for labour: the body. Television, as part of electronic culture, skills us ‘for the new modes of living demanded by post-fordist economies, modes that require a new relationship to our very corporeal selves’ (McPherson, 2005). I argue that one of these new relationships is enacted via cosmetic surgery.

Makeover does not only refer to cosmetic surgery; it can describe many aspects of contemporary culture and resonates with other important trends. For example, makeover’s visualising of the previously hidden is similar to the ‘medi-porn’ (Cadigan, 1991) that features in forensic police programs like ‘CSI’ and ‘CSI Miami’ where internal organs, dead bodies and autopsies are shown in graphic detail, and in the Visible Human Project, a digital rendering of the entire human anatomy, thoroughly analysed by Catherine Waldby (2000). Makeover culture is also strongly evident in the increasing popularity of mediatised home renovation, interior decorating, choosing ‘correct’ clothing, ‘confession’ and ‘self-improvement’ shows like Dr Phil and Oprah, and other practices of ‘self-improvement’ such as lifelong learning.

IDEOLOGICAL COMPLEXES: CONTRADICTIONS IN MAKEOVER CULTURE

Makeover culture by no means describes a neat and logical world. Its products and rhetoric are often illogical and hypocritical, indeed it might be more accurate to describe layered, incorporated ‘makeover cultures’. And while it is important to note the many contradictions that exist within the worlds of makeover culture and cosmetic surgery, simply pointing to the proliferation of inconsistency is not enough. Investigating makeover culture’s ‘logics’ requires a theoretical or interpretative framework that can explain the contrasting elements and tendencies within it. So I begin from the standpoint that contradiction can work in the service of general discursive and cultural formations. Robert Hodge and Gunther Kress state in Social Semiotics (1988) that ‘forms of intercourse (verkehr: communication, systems of exchange) correspond to particular forms of social organization and are necessary to their very existence’ (1988: 2-3). They argue that modes of social organization such as contemporary capitalism (in and by which cosmetic surgery has been created) require particular types of discursive intercourse in order to survive and thrive, and, importantly, that contradiction is a characteristic of them. Hodge and Kress explain
how contradiction can work to enhance and strengthen social forms instead of undermining them:

In order to sustain... structures of domination the dominant groups attempt to represent the world in forms that reflect their own interests, the interests of their power. But they also need to sustain the bonds of solidarity that are the condition of their dominance. Dominated groups are not always and everywhere blinded to the operations of these structures – as they have been portrayed in certain Marxist accounts. They in their turn attempt to resist the effects of domination, often succeeding, in countless many social encounters within social structures (Hodge and Kress, 1988: 3).

The interplay between discourses of domination and resistance and the countless grey areas between these two poles create what Hodge and Kress call ‘ideological complexes’. The term expresses ‘...a functionally related set of contradictory versions of the world’ (1988: 3) that are used by the dominant group to coerce or by the resistant group to subvert. It is important that they are theorised here as functionally related. These contradictions operate together to create a stable whole, working against dysfunction. The hypothesis suggests that contrasting viewpoints do not destabilize dominant cultural forms but can cross-hatch to create a solidly fused structure that is stronger precisely because it incorporates different paradigms.

Seeing makeover culture and cosmetic surgery as incorporated parts of a series of ideological complexes allows me to study contradictory, oppositional elements without posing them against each other. For example, in Chapter Three I engage with surgical discourses and doctors’ voices, in Chapter Six I deploy the myths and biography of Lolo Ferrari, a pornography worker who had the largest breast implants in the world, and feminist voices resonate throughout the dissertation. This multivocal strategy might seem schizoid: feminist theorists are strongly resistant to and critical of cosmetic surgery; surgeons form a dominant group that stands to gain much wealth and status from the widespread adoption of cosmetic surgery; and Ferrari’s cosmetic surgery voice is apparently deeply submissive. But the framework of ideological complexity makes it possible to see these three diverse strands – and many others throughout the dissertation – as interlocking, each adding to the strength of a dominant discourse, here theorised as makeover culture.

Kathy Davis has observed that cosmetic surgery is not reducible to a single viewpoint but is ‘...problem and solution, oppression and liberation...’ all in one (1995: 67). Even within single texts there may be many contradictory viewpoints (Fraser, 2003). For example, the website Awful Plastic Surgery <www.awfulplasticsurgery.com> quoted at the beginning of this chapter, embraces
diverse views on cosmetic surgery. It emphasises the dangers of cosmetic surgery and even has a section dedicated to cosmetic surgery deaths: ‘earlier this year, Micheline Charest, a co-founder of the CINAR animation company, died on April 14 from complications of plastic surgery. She was 51. Charest had cardiac arrest following a face-lift, breast-lift and liposuction’ (November 15, 2004). It includes gleeful ‘exposures’ of cosmetic surgery deemed to be ugly or awful: ‘yet another photo illustration of Meg Ryan’s yucky plastic surgery. Wouldn’t you rather have a few wrinkles than look like your face was made of plastic? Her lips are awful’ (September 22, 2003). And yet it exhorts celebrities who are deemed to ‘need’ cosmetic surgery to quickly get some:

Chris Noth has really huge under eye bags; seriously, according to a makeup artist who worked on ‘Sex and the City’, they are so large you could get lost in them. Weirdly enough, Chris has not jumped on the celebrity plastic surgery bandwagon although he definitely could use an eye job; lets give him some encouragement by showing him these [airbrushed] before and after photos of what he could look like once he gets an eye job (September 30, 2003).

Further, the site celebrates ‘good’ cosmetic surgery:

Blue Crush star (and Orlando Bloom girlfriend), Kate Bosworth, has made some barely perceptible changes to her nose in the past year. Her nose used to be much rounder and snub. Now, her profile is stronger and her nose tip is more defined. A little rhinoplasty can always make the pretty look prettier (December 28, 2003).

In addition to these seemingly oppositional views of cosmetic surgery, Awful Plastic Surgery has an ever-changing side banner of cosmetic surgery-related advertisements. An article mocking someone’s large inflated lips will have a link to a product that promises ‘luscious lips without injections!’ A posting about lopsided breast implants will have a link to a cosmetic surgeon who specialises in mammoplasty. The ‘crimes’ that this website uncovers are committed by vain celebrities who ‘go too far’, or by greedy or incompetent doctors: ‘someone sent us a photo of Bree Walker’s huge lips. And they are massive, rivalling both Lisa Rinna’s and Melanie Griffith’s huge pairs of trout lips. Whoever is giving her lip collagen injections should be arrested for malpractice’ (November 2, 2004).

Ideological complexes can describe what is going on here: a series of inversions and revisions, congratulations and condemnations, all working to convey a cultural dominant. They also negotiate and arbitrate makeover culture, as I show in Chapter

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2 Chris Noth played ‘Mr Big’ on Sex and the City.
Five, where I discuss the policing of makeover culture that happens via popular women’s magazines. In many ways *Awful Plastic Surgery* is a microcosm of the world of cosmetic surgery wherein subversive, critical viewpoints dovetail with ones that support the dominant culture. Hodge and Kress assert that ‘an ideological complex exists to sustain relationships of both power and solidarity, and it represents the social order as simultaneously serving the interest of both dominant and subordinate’ (1988: 3). The ‘social order’ that I am addressing here is what I call ‘makeover culture’. Voices within makeover culture may be resistant, conservative, compliant, angry, manipulative, old, and new; they may contest and dispute each other but nevertheless construct *together* a cultural form that is sturdy and growing.

Ideological complexes cannot operate alone: by themselves they would fail to function because of how they exploit contradictions. Hodge and Kress suggest that ‘the different halves of their contradictions would cancel each other out’ (1988: 4). They rely on a vital layer of meaning-creators that Hodge and Kress call ‘logonomic systems’. Logonomic systems regulate ideological complexes:

> A logonomic system is a set of rules prescribing the conditions for production and reception of meanings, which specify who can claim to initiate (produce, communicate) or know (receive, understand) meanings about what topics under what circumstances and which what modalities (how, when, why) (1988: 4).

There are many logonomic systems that support and police the ideological complexes of cosmetic surgery within makeover culture. For example the doctors’ voices examined in Chapter Three operate within logonomic systems of medical discourse, scientific expertise and sometimes artistic sensibilities. The women’s magazine discourses especially addressed in Chapters Four and Five work within logonomic systems that perpetuate and define specific notions of beauty and normality. The ‘body-text’ of artist Orlan in Chapter Seven works within a logonomic system of subversive and controversial art practice. All of these systems, despite having different rules and different expected recipients or receivers, interlock to support makeover culture. Within most of the discourses addressed there are residual older traditions implicated in newly emerging ones. My own part in creating discourse is an example of this: I see cosmetic surgery as too complicated a practice to be analysed in terms of agency or victimhood, the two most common feminist angles on the technology, yet these modes of engagement are never left out of the picture of networks, industries, narratives, and desires that I paint.

**WHAT IS COSMETIC SURGERY?**
A life-size wax model illustrating surgical techniques (The Gillies Archive of Plastic Surgery)

As we learn from the excellent comprehensive histories of cosmetic surgery written by Elizabeth Haiken (1997) and Sander L. Gilman (1999), cosmetic surgery operations date from at least as early as 600BC, when Indian surgeons were making new noses from flaps of skin brought down from the forehead or across from the cheek for people who had lost them through disease or injury. There is textual evidence that similar operations were performed in Europe, especially Italy, from the 1400s but it was not until WWI that plastic surgery really became a powerful and recognised branch of medicine. This was due to three factors: shrapnel, a by-product of new military weaponry, such as created horrible injuries including burns; trench warfare, where often only the top of the soldier was exposed, meant that injuries disproportionately affected the head and face; and advances in medical and emergency treatments simply meant that more soldiers survived their injuries. The huge numbers of men with gross facial disfigurements returning from war necessitated research and experimentation into techniques for rebuilding their faces. New Zealander Harold Delf Gillies (1882-1960), sometimes called the father of cosmetic surgery, invented many techniques still used today. The picture above is of a wax model showing his technique of skin grafting using ‘pedicule tubes’ – pipes of the patient’s own living tissue ‘borrowed’ from non-injured places on the body – to supply blood to aid skin grafting.3

In contemporary popular culture and media the terms plastic, cosmetic, reconstructive and aesthetic are often used interchangeably to describe cosmetic surgery. ‘Plastic surgery’ generally covers the entire field. ‘Reconstructive surgery’ is done to treat deformity due to disease, congenital defect or injury. ‘Cosmetic surgery’

3 Sculptor Paddy Hartley is working on an artistic response, Project Façade, to the Gillies Archive held at Queen Mary’s Hospital in the UK. He is modifying original WW1 uniforms using digital embroidery to reflect and remember the injuries that servicemen endured, and the treatments that Gillies offered (<http://www.projectfacade.com/index.php/about>).
(and the lesser-used ‘aesthetic surgery’) refers to elective and often anti-ageing procedures. I am interested in cosmetic surgery which consists of operations not related to birth defects, burns, disease, injury or mastectomy; operations conducted on bodies that are generally accepted as undamaged except by time and age; and operations that often aim to minimize or eradicate signs of ageing such as drooping, wrinkles, loss of skin lustre and ‘middle age spread’. Elective, anti-ageing facial cosmetic surgery is often referred to as ‘facelift’ surgery, which implies a single operation but is usually a collection of procedures (often all done under one anaesthetic) such as ‘S’ lift, browlift, and blepharoplasty. Elective anti-ageing cosmetic surgery can include many procedures. A basic list would include:

- ‘S’ lifts or rhytidectomy, where the skin and muscles of the jaw and neck are lifted and tightened after cutting an ‘S’ shape around the ear (rhytidectomy alone is sometimes referred to as a facelift, especially in Britain. See British Association of Aesthetic Plastic Surgeons <http://www.baaps.org.uk/> for a full explanation of this procedure);
- browlifts/forehead lifts, conducted via line incisions or endoscopic (keyhole) surgery where stab incisions are made above the hairline in order to cut and raise the muscles of the brow;
- blepharoplasty, where skin and fat are removed from the upper and lower eyelids;
- Botox® and collagen injections, that ‘freeze’ muscles and ‘plump up’ wrinkles and lines respectively;
- lip surgeries, where collagen or the patient’s own tissue or fat – for example that removed during an abdominoplasty (‘tummy tuck’) – is injected, and/or vermilion advancement, where the mucosa on the inner lip is turned out to create a fuller look;
- liposuction, where cannulas are inserted between the skin and the muscle, then connected to a suction machine, and fat cells from localised areas are removed;
- dermabrasion, laser, or acid peel treatments that ‘resurface’ the skin of the face and neck by removing dermis mechanically or chemically so that new skin must grow;
- mammoplasty (breast augmentation or reduction), performed either by inserting sacs of silicon or saline or by removing breast tissue via insertions in breast, nipple, armpit or navel;
- rhinoplasty (nose jobs), where the nose is reshaped via bone and cartilage reduction or manipulation; and
• malar (cheek bone) and chin augmentation or reduction, where small implants are placed under the skin or where bones are filed down.

This dissertation uses the generic term ‘cosmetic surgery’ to refer to various compilations of procedures and their aesthetics in relation to both individuals and collectives. For example, I might discuss a certain person look and how it has been surgically modified, or I might analyse a more generalised ‘surgical aesthetic’ that is not confined to a single individual. Some chapters address specific operations, for example chapters Four and Five are largely about facelifts and Chapter Six focuses on breast augmentation.

WHERE IS COSMETIC SURGERY?

Exploring various ‘landscapes’ of makeover culture allows me to deconstruct the many diverse and often contradictory elements that form its whole. Cosmetic surgery exists within multiple discourses – public and private, spectacularised and pathologised, dismissive and admiring. They intersect and move around each other in continual processes of revelation, modification, and normalisation. ‘Normalisation’ is used in two ways in this dissertation. Firstly, to talk about how cultural practices like cosmetic surgery work to minimise difference and diversity and perpetuate sameness and, secondly, to talk about how cosmetic surgery is becoming more normal and mundane in relation to everyday life. The world of cosmetic surgery includes overlapping environments of architecture, medicine, popular culture, media of all sorts, ‘high’ and ‘low’ art forms, and personal histories and temporalities. I look at cosmetic surgery under the broad umbrella of ‘media’ in the sense elaborated by James Carey and Harold Innis who displace domination or transmissive models in favour of a view that sees media as cultural transactions based on dialogue (Carey, 1989). ‘Communication’ in this broad sense contains elements of ritualised sharing, interaction and travel as well as more straightforward transmissions of information; it is the entire process through which cultures and societies are created, maintained through time and across space, and established via institutions. Cosmetic surgery viewed in this way is made up of multifarious transactions and conversations: it is socially situated and experienced and is part of an active set of cultural and geographical flows. It is embedded in many types of media and contributes to their creation. For example, there are now specialist cosmetic surgery magazines, specific cosmetic surgery sub-genres within more established magazines, and reality television formats that have evolved with and because of cosmetic surgery.
Following the ‘dialogue’ model (also called the ‘ritual’ model by Carey) allows me to include in ‘media’ all sorts of communications and cultural products and productions: celebrities, popular women’s magazine articles, web sites, feminist engagements, myth, animations, conversations, specialised cosmetic surgery magazines, television programs, fairy stories, medical texts, and body-modification texts. While actual surgery is grounded in the corporeal specificity of particular living bodies, these bodies are not self-contained but are part of larger social, cultural, economic and medical structures. As a technological practice, cosmetic surgery is both material and symbolic. It is not simply adopted, rejected, or misappropriated. Instead, subjects and communities interrelate with it and are actively constituted through their interactions with it. These interactions may occur through direct surgical contact or through the growing array of media discourses and cultural forms that reference cosmetic surgery either directly (like documentaries about the practice) or indirectly (like the surgicalised faces of movie stars).

The data collected and drawn upon includes qualitative interviews with recipients and surgeons made between 2002 and 2005, feminist scholarship, especially about cosmetic surgery and media samples from women’s magazines, websites and television. I conducted interviews with sixteen cosmetic surgery recipients. They all lived and worked along the Eastern seaboard of Australia, mostly in Sydney but also in Melbourne, Brisbane, and Queensland’s Sunshine Coast. Some interviewees answered an advertisement I placed in Sydney’s Wentworth Courier and North Shore Times, I connected with others by word of mouth, and some were friends. Only one person I approached through the grapevine refused to speak with me about her cosmetic surgery. The interviews were based on a predetermined set of questions but many became free flowing and turned into conversations. As some of them were with friends and acquaintances, they dovetailed with other conversations and occasionally happened in unexpected places like cars and on the telephone. Most were taped and then carefully transcribed but impromptu interviews had to rely on my note taking. All attempts have been made to keep the interviewees anonymous. I also spoke in more formal settings with two plastic surgeons and one cosmetic surgeon.

While all the interviewees were Australian, much of the media analysed originated in the UK and the US but was sourced in Australia. The ubiquity of UK and US cosmetic surgery images and stories in Australian magazines, television, and cinema shows how the media flows around it are closely integrated with accelerating
processes of globalisation. This is also manifest on a corporeal level because most cosmetic surgery equipment and implants are manufactured outside Australia. Undergoing cosmetic surgery is ‘acting globally’ at a number of levels: being penetrated by material that has been created on the other side of the planet makes a locally situated body an international body in a very physical sense. Having cosmetic surgery can have both local and global significance: a secondary school teacher in Australia who has an ‘S’ lift or liposuction or breast augmentation might travel to Thailand or South Africa to have her operation cheaply and away from curious family and friends. She may immediately feel different in her local environment, but cosmetic surgery also initiates her into a glamorous globalised mediascape of cosmetic surgery, a world where she may be aesthetically positioned alongside a movie star who lives in Beverly Hills. And conversely, her surgery may place her globally in terms of disfigurement, illness, medical controversy, ongoing court battles, legal findings, and perhaps eventual compensation.

BEFORE/AFTER
One of the ways that makeover culture elaborates cosmetic surgery is within a framework that carefully shows the gruesome work of modification, something I deal with in Chapter Two. However, until quite recently the predominant way of representing cosmetic surgery was in terms of the trope of before/after. Before/after is discussed extensively in this thesis. It has in some ways been subsumed by makeover culture but it nevertheless maintains a complex and crucial role within the new ways that makeover culture represents cosmetic surgery. Put simply, before/after is a type of representation where the labour and pain of cosmetic surgery are hidden. The hermeneutic framework of before/after typically uses two contrasting photos of a body part, one before surgery and one after recovery is complete, which may be months or even years post-surgery. It allows only before-surgery and after-surgery images to be shown while, importantly, the ‘during’ is

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4 There are whole worlds of Asian cosmetic surgery that of course intersect profoundly with those of Australians but I do not address them here.
5 The term ‘mediascape’ was introduced by Arjun Appadurai to describe one of the ways that global culture was developing in the late twentieth century. He writes that ‘mediascapes refer both to the distribution of the electronic capabilities to produce and disseminate information (newspapers, magazines, television stations and film production studios), which are now available to a growing number of private and public interest throughout the world, and to the images of the world created by these media… What is most important about these mediascapes is that they provide… large and complex repertoires of images, narratives and ethnoscapes to viewers throughout the world, in which the world of commodities and the world of news and politics are profoundly mixed. What this means is that many audiences throughout the world experience themselves as a complicated and interconnected repertoire of print, celluloid, electronic screens and billboards (Appadurai 1990:9).
obfuscated. ‘Before’ shots are usually placed to the left of ‘after’ shots, adhering to a visual grammar and a mode of reading where left-becomes-right. The pairs of photos give the impression of seamless change. Often the ‘after’ shots are better lit and framed, and the subjects are smiling or wearing more flattering makeup. The most important aspect of before/after is that there is no ‘during’ – the processes of creation are obscured in order to portray a hermeneutic ‘magic’ – signs of labour are eliminated. This has been a source of consternation for feminists – and also for some surgeons – because cosmetic surgery usually involves major surgery that is neither simple nor undemanding, and such magical representations promote a potentially harmful practice as trouble-free and inviting, on a par with putting on lipstick. Most importantly, before/after implies transformation, or more correctly, transmogrification, which is magical transformation or conversion. The transmogrification of before/after expresses surgical change without labour, pain or recovery time.

Susan Bordo has analysed the written narratives that often accompany before/after images: ‘...the transportation of fat from one part of the body to another is described as breezily as changing hats might be’ (1993: 246). Vivian Sobchack points out that such representations feed the mythology of the ‘quick fix’ and she calls this tendency the ‘morphological imagination’. She says that ‘...what you simply have is transformation without necessarily the notion of development’ (quoted in Muller, n.d.). Change and transition are elided by the before/after slash. Time and space are compressed: the strict duality of before/after folds the space-time where consultations, operations and recoveries neatly away.

Paradoxically, hiding the labour of cosmetic surgery and linking it with supposedly uncomplicated transformations is one of the things that equates it with danger, mystery, vanity and frivolity. We intuitively or common-sensically understand that behind the scenes – hidden in the slash between before/after – there are real and
intensely painful experiences happening. Representing cosmetic surgery in terms of trouble-free change may fool some but it also creates a feeling of hidden danger: the sense that there is more happening in the gap between before/after than is being shown.

Before/after can also apply to actual experiences. For example, photos of prospective patients are sometimes digitally altered to create an image of the expected final result before surgery commences, making the process seem instant and painless before it begins (Balsamo, 1995: 226). There are websites where for a small fee you can submit a photo of yourself and it is returned having had ‘cosmetic surgery’ so you can see the ‘result’ before even consulting a surgeon (<http://www.beautysurg.com/see/digital.html>). Nobody returns to work with their nose in plaster, two black sutured eyes and weeping skin. Instead people ‘go on holiday’ to have their operations, returning mysteriously ‘refreshed’. Cultural silences around the actual process of cosmetic surgery, captured perfectly by the logic of before/after, mean that the substantial emotional and physical pain, risk, and suffering involved in the transformative methods are disavowed.

Before/after shots create a stasis, and the viewer must call on a suspension of disbelief to accommodate the silent space between them. Feminists, artists and others (often journalists) have tried in the last few decades to expose the ‘during’ between before/after by describing or demonstrating how operations are done. And of course the gruesome images that this sort of political out-to-shock discourse creates are intended to add to the undesirability of the practice. The commonest case against cosmetic surgery has been that it is a hazardous, agonising process pursued by only the most narcissistic. And until recently, danger, vanity, and narcissism have been strong counter-arguments used to offset the magic of the powerful before/after rhetorics. Cosmetic surgery as transmogrification – where labour is not articulated – has been balanced by the counter-claim that it is a gruesome practice conducted for the worst reasons.

However, in the last few years popular discourse around cosmetic surgery has undergone an important change. As if ingesting anti-cosmetic surgery discourse, where ‘labour exposed’ is paramount, spatial and temporal moments between before and after have been increasingly revealed. Importantly, the ‘between’ moments have been uncovered not only by feminists or people who are anti-cosmetic surgery, but by

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6 ‘Medical tourism’ is a growing industry, especially in developing countries (Taipei Times, 2003:16) One website offers ‘the ultimate five star pampering cosmetic surgery package’ in Capetown, South Africa <www.surgeryabroad.com>.
the very industries that stand to gain from a widespread acceptance of the technology as part of everyday life. The television programs Extreme Makeover, I Want A Famous Face and The Swan all show operations in process yet are all constructed around the elevation of cosmetic surgery. And ironically, in making public the gory facts of operations and recovery periods – the corporeal routes via which cosmetic surgery moves from before to after – the technology has been demystified and has become increasingly widespread. ‘Between’ images so carefully hidden only a few years ago are now commonplace. The often gruesome narratives and pictures appearing regularly in various media serve to desensitise and initiate a formerly surgical-virgin audience so that cosmetic surgery is no longer associated with danger but instead becomes an everyday mediated occurrence. What was recently unwatchable is now on television at dinnertime, on shows like Extreme Makeover, a text discussed extensively in the next chapter.

FEMINIST PERSPECTIVES ON COSMETIC SURGERY

The dominant before/after model has been a huge influence on feminists who engage with representations of cosmetic surgery. Feminist analyses of cosmetic surgery have also, until recently, been working with the fact that cosmetic surgery was practically and discursively unusual. Both these bases have altered. The practice of cosmetic surgery has become much more normalised and widespread, and makeover culture now incorporates before/after in complex ways. The previously uncrossable gap between before/after and the bleak realities of surgery has been broached within makeover culture. The glamour and transmogrification inherent in before/after and the blood and gore of surgery are now co-joined and embraced, a change graphically demonstrated by reality television cosmetic surgery. Thus, critiques that demonstrate the contradictions between the promises of the glossy ‘after’ images and the concealed realities of the gruesome slash between before/after are no longer enough in the new cosmetic surgery paradigm. Dramatic cultural shifts mean that feminist arguments based on analysis and critique of what before/after obfuscates no longer work. Appraisals of cosmetic surgery within makeover culture need to recognise that inconsistencies, denials and contradictions form part of its strength. The notion of ideological complexes is again useful: contradictions here do not undermine makeover culture but make it more potent. Inconsistencies in makeover culture, like the one that maintains the fantasy of before/after while revealing the ‘between’, are integral parts of its logic. They provide discursive intercourse and allow the culture to survive and thrive. It is clear then, that newly adaptive ways of looking at and theorising cosmetic surgery from feminist viewpoints are needed.
Suzanne Fraser’s book *Cosmetic Surgery, Gender and Culture* (2003) is useful as a starting point for a discussion about the roles of various feminist discourses in the world of cosmetic surgery. Fraser herself eschews the path that asks why women choose cosmetic surgery, or whether it is a ‘good’ or ‘bad’ practice. She instead adopts a ‘surface model of investigation’ where she examines discourse about cosmetic surgery: discourse that she finds powerful in the construction of gender, particularly femininity. She asserts that ‘what is said about cosmetic surgery and how it is said indicates a great deal about how femininity and masculinity are configured in contemporary culture’ (2003: 3-4). And ‘what is said about cosmetic surgery’ includes what feminists say, so Fraser holds the same analytical lens up to feminist discourse that she holds to medical, magazine, and legal discourses. She finds many similarities in expression across diverse writings around cosmetic surgery. Indeed, she argues that texts making significantly different arguments (for example pro-cosmetic surgery advertisements and anti-cosmetic surgery feminist journal articles) often express the same underlying beliefs and assumptions about nature, vanity, and agency. Thus she finds that ‘...the status of texts as either for or against cosmetic surgery is often irrelevant to their role in reproducing traditional notions such as the value of the natural’ (2003: 71). While this is an example of ideological complexes in action, Fraser’s most interesting and provocative findings are the strong similarities she identifies between women’s magazine discourse where positive attitudes towards cosmetic surgery are far more prevalent than negative ones, and academic feminist discourse, which is largely negative about cosmetic surgery.

Fraser argues that although academic feminism is critical of cosmetic surgery it constructs a ‘logical and positive relationship between women and the surgical pursuit of “beauty” or “normality”’. And further, that ‘feminism... produces femininity and cosmetic surgery as fundamentally compatible’ (2003: 98). Specifically, Fraser finds that some feminist discussions of cosmetic surgery problematically appeal to ‘nature’ as an essential category; and others, in positioning women as agents rather than victims, ignore how ‘agency itself is constructed in culture’ (2003: 112). For example she shows how Kathryn Pauly Morgan (1991) vacillates between using ‘natural’ (in inverted commas) to highlight its problems as a category and natural (without inverted commas) ‘for establishing the value of the non-surgical body’ (2003: 101). Similarly Naomi Wolf (1991) is shown to move between an awareness of the constructedness of ‘nature’ and her own use of the notion to adhere ‘to the nature/culture divide in criticising cosmetic surgery’ (2003: 104). Susan Bordo’s look at cosmetic surgery in *Unbearable Weight* (1993) also comes under close scrutiny. Fraser finds that in using the Foucauldian model of the body as
surface which is inscribed by culture, Bordo is still suggesting that there is a body before culture: ‘although Bordo makes it clear that no body can exist that is not touched by culture, the repertoire she uses constructs a body that at least for some initial moment, exists beyond culture; before the imprint’ (2003: 106).

Carole Spitzack, whose classic article ‘The Confession Mirror: Plastic Images for Surgery’ (1988) is discussed in detail in Chapter Three, is no exception to Fraser’s observations: while acknowledging her own complicity and effacement in the system of beauty, and clearly sympathetic to women who have had cosmetic surgery, Spitzack describes them damningly. The receptionist in the surgeon’s office she visits is ‘a beautiful featureless woman’, the faces of the women in the waiting room are ‘streaked by man-made colour’, while the women themselves are ‘objects before me, seemingly pure surface’ (1988: 42). While acknowledging the legacy of feminist writings like Spitzack’s that are ‘anti’ cosmetic surgery like I take Fraser’s point, that much feminist writing about cosmetic surgery perpetuates the idea of the female body as raw material waiting to be worked upon, to heart. This idea not only adds another dimension to my reading of feminist analyses of cosmetic surgery, but more importantly it shapes my own: I use it to try to ensure throughout that the voices of my interviewees are respected and the appearances of those who have had mainstream cosmetic surgery are not belittled.

Fraser notes how feminist academic writing often places the cosmetic surgery recipient as complicit in and effaced by a repressive system (2003: 97-121). She argues that this further positions women as weak and malleable and therefore ideally suited to surgical intervention. Her fine critique makes it clear how ubiquitous cosmetic surgery and cosmetic surgery discourse are, and she points out, quoting Haraway, that discourse has important material effects – ‘we inhabit these narratives, and they inhabit us’ (2003: 185). So discourse about cosmetic surgery is everywhere; we are all – at least metaphorically – cosmetic surgery recipients; and feminists are as guilty as anyone of seeing the female body as raw ‘natural’ material ready to be moulded. But her book left me wondering where to go from here. For me the answer is to move from only doing discursive and textual analysis, as Fraser does, and propose, as Kathryn Pauly Morgan did fifteen years ago, that cosmetic surgery must be used for feminist ends. I am interested in whether the materialities of cosmetic surgery can be adopted and changed rather than ignored, disparaged, or damned. This dissertation aims to find out whether there is room for imaginative feminist deployments of cosmetic surgery’s postmodern surfaces without losing sight of its material effects and experiences. In Claudia Springer’s words, what I wish to
do here is advocate ‘...feminist strategies that partake of surface paradox but do not abandon meaning’ (2001: 205).

Feminist literature about cosmetic surgery can be fitted into four broad areas: ‘Just Say No’, ‘I Did it For Myself’, ‘I Just Want to be Normal’ and ‘Feminist Cosmetic Surgery’. I outline these below and introduce some of the main protagonists of each whilst keeping in mind that all the writers I mention fit into multiple categories. My aim is not to place particular writers inside certain set viewpoints but rather to flag the main wide and overlapping feminist approaches to cosmetic surgery.

‘Just Say No’
The first approach remains at its core highly critical of cosmetic surgery as an essentially commercial, repressive, demeaning and hazardous practice. Naomi Wolf’s bestselling book The Beauty Myth (1991) exemplifies this stance. She argues that ‘cosmetic surgery processes the bodies of women, who make up the vast majority of its pool, into man-made women’ (Wolf, 1991: 220. Also see Baird, 2004; Bordo, 1993; Greer, 1999; Lakoff and Scherr, 1984). Although never condoning cosmetic surgery, this line can be somewhat sympathetic to the needs and desires of women who undergo elective cosmetic surgery procedures. It does this by positioning them as victims of two increasingly repressive and interlocking cultures: one that glorifies the body-beautiful, and one where medical discourse is a vital part of the patriarchal machine, upholding and promoting the notion that women’s bodies are inherently sick, disabled, and lacking. This medico-beauty paradigm invents terms like ‘hypomastia’ or ‘micromastia’ (medical descriptions for small breasts); it redefines aesthetic characteristics as conditions or diseases and links them to psychological ailments. Historian Sander Gilman quotes H.O. Barnes, a doctor writing in 1950, ‘...hypomastia causes psychological rather than physical distress. Its correction has been receiving increased interest only since our ‘cult of the body beautiful’ has revealed its existence in rather large numbers’ (1999: 238). In other words, when it comes to cosmetic surgery, misogynistic culture and medicine have been intertwined in the ‘discovery’ of both diseases and cures (Fraser, 2003a; Jacobson, 2000; Zimmerman, 1998).

Dystopic scenarios are never far away from ‘Just don’t do it’ views of cosmetic surgery. Susan Bordo tells the story of an old Twilight Zone episode where people of the future choose from a limited number of body models (1997: 9-12) and argues that cosmetic surgery wants to make all women look the same:
with created images setting the standard, we are becoming habituated to the
glossy and gleaming, the smooth and shining, the ageless and sagless and
wrinkleless. We are learning to find any ‘defect’ repellent, unacceptable... [for
example] we expect real breasts to be as round and firm as implants (1997:
3).

These standards particularly relate to female celebrities, whose high visibility in the
d public sphere is tolerated only so long as they allow men (movie directors and
fashion photographers as well as cosmetic surgeons) to frame, position, and remake
their bodies. Importantly, in this scenario it is only men who are able to define and
create female beauty, and if women’s agency is recognised or acknowledged it is only
as a willing or somewhat aware pawn who knows how to disable herself in order to
embody the beauty norm of her time. It is not surprising then that dystopic writings
about cosmetic surgery call for women to resist at all costs: the rhetoric is much like
Reagan’s old ‘Just Say No’ drug campaign. Cosmetic surgery is identified as a
destructive practice for individual recipients but also for women as a whole, who all
suffer from scrutiny and discrimination that circulates around their appearances
(Gagné & McGaughey, 2002: 814). The solution to this strand of argument is
struggle: to work daily to embrace and keep our differences and wrinkles, to
constantly argue against the repressive structures that uphold cosmetic surgery as a
solution for imaginary diseases, and to hope that cosmetic surgeons will eventually
go out of business for lack of patients. At its blackest, this mode of cosmetic surgery
examination successfully and logically argues that a ban on genital mutilation (such
as that in force in the UK) should also mean a ban on cosmetic surgery, and vice-
versa (Jeffreys, 2000; Sheldon & Wilkinson, 1998; Winter, Thompson & Jeffreys,
2002).

For many feminists though, struggle and resistance in terms of simple refusal is too
simpistic. Any body, whether practicing actual cosmetic surgery or not, is
embedded in mainstream beauty culture: a culture that has formed and is formed by
a myriad of disciplines including cosmetic surgery. Virginia Blum’s book *Flesh
Wounds* (2003) argues that it is unconstructive for feminists to be polarised in their
critiques of cosmetic surgery:

> Let’s be clear about what is happening here so we don’t continue to harass
> one another about the relationship between our politics and our bodies. *No
> one* who wants surgery ‘resists’ it. In many ways the wanting is partly the
> doing, inasmuch as you’ve already said yes to a whole host of surgery-related
> activities – that you would go that far, that you have already pictured your
> surgically reconstructed body part. Those who urge us to resist are never
> tantalized by a surgical solution in the first place, so they aren’t resisting

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7 See also Balsamo (1996: 71) and Padmore (1998).
much of anything. Hence, there is no difference really between the ‘good’ feminists who resist the seduction and the ‘bad’ feminists who capitulate (2003: 63).

And she rightly points out that ‘sometimes capitulation and resistance happen in the same arena’ (2003: 64; also see Radner, 1995: 172). Philosopher Cressida Heyes suggests that ‘... a feminist ethical response to cosmetic surgery involves creating conditions of possibility for effective counter-attack, a major part of which will be affirming women’s embodied diversity’ (Heyes, n.d.) I would like to include surgically-altered bodies as part of this affirmed ‘embodied diversity’ and am particularly interested in how a ‘counter-attack’ might be staged from within cosmetic surgery itself.

The second and third broad areas of feminist cosmetic surgery analysis are more localized, focused on individuals who have had cosmetic surgery. Kathy Davis’ distinguished work spans these two areas (1991, 1995, 1996, 1998, 2003). Below I introduce her arguments and weave them with some of Susan Bordo’s responses.

‘I Did it For Myself’ and ‘I Just Want to be Normal’

Being sensitive to the narratives of individual cosmetic surgery recipients often interacts with a strand of justification for cosmetic surgery put forward by patients and surgeons which is that cosmetic surgery is a way for the ‘outer’ self to become aligned with the ‘inner’ self. Feminists looking at cosmetic surgery through this lens may focus on the agency of recipients and recognize that cosmetic surgery can provide positive psychological and social benefits, even as they problematize the essentialism inherent in the belief in a true inner self. While locating cosmetic surgery as a practice rooted in the discourse of feminine inferiority it acknowledges and examines the fact that its recipients often describe it as a form of liberation. For example, Davis’ book *Reshaping the Female Body: The Dilemma of Cosmetic Surgery* begins with a concern for ‘the horrors being perpetrated on women’s bodies by the medical system’ (1995: 1) but her initial sociological research into cosmetic surgery came about because she ‘disliked the concomitant tendency among feminists to treat the recipients as nothing more than misguided or deluded victims’ (1997: 168). Davis interviewed women in The Netherlands who had undergone or were planning cosmetic surgery and found that these were intensely difficult decisions that were far from frivolous or unconsidered. Her distinguished work shows that women who have cosmetic surgery are not mindlessly adhering to patriarchal imperatives, but are actively and consciously engaging with them. They are not victims but agents,
working within a repressive system in deeply considered ways. Susan Bordo is highly critical of this approach:

I’m doing it for me... In these constructions ‘me’ is imagined as a pure and precious inner space, an ‘authentic’ and personal reference point untouched by external values and demands. A place where we live free and won’t be pushed around (Bordo, 1998: 193, her italics).

Bordo asserts that Davis’ line of granting ‘agency’ to cosmetic surgery recipients ignores the cultural pressures that lead to the ‘need’ for cosmetic surgery:

In focusing on narratives of individual ‘empowerment’, Davis – like Oprah’s guests who claim they did it ‘for themselves’ – overlooks the fact that the norms that encouraged these individuals to see themselves as defective are enmeshed in the practice and institution of cosmetic surgery itself. And so is individual behaviour (1998: 202).

Davis finds that choosing cosmetic surgery is not about trying to be beautiful but rather about becoming ‘normal’. The women she interviewed described themselves as abnormal – even deformed – before cosmetic surgery and said they did not seek to stand out as attractive but rather to blend in (see also Arthurs & Grimshaw, 1999:125 and Gimlin, 2000). They described great emotional, psychological and social suffering as a result of perceptions about appearance: ongoing distress led to their decision to have cosmetic surgery. In this light cosmetic surgery is a treatment that can fix psychologically disabling ‘abnormalities’, and thus is not only understandable but, for some individuals, unavoidable (Davis, 1995: 74; 1997: 169).

Davis argues that in deciding to have cosmetic surgery women initiate dramatic change and are able to become agents in the transformation of their own bodies and lives (1996) and that for some women cosmetic surgery is the only possible solution to a long-term ‘biographical’ problem (1990; also see Goodman, 1994). She comes to the complex conclusion that cosmetic surgery can be an act of empowerment even while it is a symptom of oppression, and describes her position as a ‘balancing act’ that is

...finding a way to be critical of the practice which is dangerous, demeaning, or oppressive – without uncritically undermining the women who see it as their best, and, in some cases, only option for alleviating suffering which has gone beyond the point of endurance (1998: 131).

Bordo, in a beautiful academic narrative that contrasts personal struggles depicted in the films Braveheart and Babe in order to discuss the many cultural imperatives that create our bodies, says that Davis’ findings are ‘typical of a certain contemporary preference for the rhetoric of ‘agency’ over close analysis of social context and cultural reality’ (1998: 196). And further, that the idea of ‘agency’ adds nothing
beyond ‘rhetorical cheerleading concerning how we, not the images, are ‘in charge’’ (1998: 197). She asserts that the models of empowerment that Davis presents obscure social and cultural realities and that in particular,

there is a consumer system operating here that depends on our perceiving ourselves as defective and that will continually find new ways to do this. That system – and others connected to it, generating new technologies and areas of expertise organised around the diagnosis and correction of ‘defect’ – is masked by the rhetoric of personal empowerment (1998: 201).

Davis herself sums up Bordo’s critique of her work nicely: ‘in her view, any cultural analysis worth its salt has to provide a ‘picture of the landscape’ and not just ‘individual snapshots’’ (2003: 11). I don’t aim to act as arbitrator between these two scholars but I hope this thesis combines their approaches. In chapters Two and Eight I provide literal pictures of physical landscape, and throughout the thesis I describe and analyse various media landscapes. But there are also many ‘individual snapshots’ dotted throughout, and like Davis I take each person’s voice and statements at ‘face value’ (Davis, 2003: 10). ‘Every competent actor has a wide-ranging, but intimate and subtle, knowledge of the society of which he or she is a member’ (Giddens, quoted in Davis, 2003:12). I show how most cosmetic surgery recipients are ‘competent actors’ who have discerned social and cultural imperatives and opportunities and carefully weighed up how to position themselves in relation to them.

Like Bordo, Fraser also notes similarities between Davis’ thesis and discourses that seek to promote and advertise cosmetic surgery by advocating the strength needed to undertake it. She argues that because Davis’ ‘active agent’ approach exalts women who choose cosmetic surgery it subtly denigrates women who do not. And she sees an important parallel between feminist description of women who choose cosmetic surgery as battlers who overcome great adversity and cosmetic surgery promotional material:

The emphasis on battle, courage and heroism appears in both popular and internal medical material, and ties in closely with other repertoires that emphasise women’s activeness and strength of will in undertaking surgery. At the same time, it implies that women who don’t choose to have surgery have surrendered; that they lack the necessary moral fibre to obtain or maintain appearances (2003a: 39).

The parallels are clear but I argue that there is an important difference between Davis’ idea of strength and choice and cosmetic surgery advertising’s idea of those qualities. Cosmetic surgery advertising seeks to convince a broad audience of
‘normal’ women to buy a product. Davis has begun with the belief (gained from her interviewees) that women who have cosmetic surgery see themselves as deformed or abnormal. Fortitude in this instance then is connected to being an outsider, taking drastic steps to integrate oneself into mainstream society, to be seen as normal. The fortitude that Fraser observes, in advertising stories about women being strong enough to keep themselves nice, is all about staying inside society, not being rejected because of age or ugliness, remaining in the centre. The subtle difference is between fixing what has never been perceived as ‘right’ (Davis) and maintaining or enhancing what is acceptable (Fraser). Rather than arguing with each other, I believe that these two scholars are talking about different stages in the growth and normalisation of cosmetic surgery.

The unendurable suffering that Davis’ interviewees expressed must be considered in relation to the fact that cosmetic surgery was available at small cost under The Netherlands’ national health scheme, and crucially, if deemed psychologically necessary (Davis, 1995). Hence, it is no surprise that her interviewees spoke about their desires to have cosmetic surgery in terms of fixing deformity, because deformity and its psychological effects are accepted as serious medical conditions. I am not suggesting that the women Davis interviewed were manipulating the system, but rather that they had ingested the imperatives and values of a particular logonomic system that were something like ‘if you really need cosmetic surgery, you must be deformed or abnormal, or at least strongly believe that you are’. The women Davis interviewed were operating in an environment where cosmetic surgery was more acceptable if couched in terms of mental anguish. An interesting study would be to reinterview Davis’ subjects in the current climate of cosmetic surgery, a climate I argue has changed considerably. Would they still describe themselves as having been abnormal or deformed before surgery? And if they are considering more cosmetic surgery, how do they explain their current desires?

But things have changed: from the mid 1990s cosmetic surgery began to be repositioned as something ‘normal’ people could have, as something you didn’t have to be psychologically compromised to want (Brooks, 2004). One woman I interviewed straddled this divide and her story shows how the cosmetic surgery scene has changed.
Nearly twenty five years ago Ellen\textsuperscript{8} got breast implants. She had slightly asymmetric breasts because of heart surgery as a child and the difference between them increased after she breastfed her children. Her husband was cruel:

[he was] constantly reminding me of the fact that my breasts ‘aren’t right, they’re not normal’ to the point where it was not uncommon for me to be the brunt of the joke in front of other people... because my breasts weren’t 100% as he put it.

Ellen internalised his criticisms and saw herself as deformed. A general practitioner\textsuperscript{9} performed Ellen’s operation, but – like the women Davis interviewed – Ellen needed a psychiatric referral. She told me

...in those days you actually had to go to a psychiatrist to get referred to have a breast enlargement done and I actually didn’t have any problems there because of the fact that it was a medical thing and it really was affecting me mentally... [it cost] very little because I got most of it back. I got almost all of the money back. I had four young children and money was an issue with me. I could not have afforded to pay for it.

A quarter of a century later, having long divorced the abusive husband, and now in her sixties, Ellen was considering a facelift at the time of interview but with quite a different attitude:

I’d have no qualms about having plastic surgery done on my face, and I am seriously thinking about it... to me it’s part of looking after yourself and if it’s an essential part of looking after yourself then so be it. But at least I’m taking the pride in myself to make me want to look better, and that’s got to make me a better person... If I won lotto I’d have a facelift tomorrow. It’s just a matter of the money.

Just as her approach in the late 1970s had mirrored the societal and medical beliefs of the time, in the early 2000s Ellen had taken on board the new popular rhetoric of cosmetic surgery being part of ‘looking after yourself’. Her early cosmetic surgery needed to be justified psychologically and medically, her later cosmetic surgery was seen as a part of self development: part of the being a good citizen of the makeover culture. Sociologist Abigail Brooks has observed that contemporary cosmetic surgery is still sometimes occasionally presented in the popular media as a ‘cure’ for psychological ill-health but with a subtle difference: ‘saying ‘no’ to cosmetic technologies, increasingly accessible and easy to use, may risk ill health and

\textsuperscript{8} Names of interviewees have been changed to preserve anonymity.

\textsuperscript{9} General Practitioners can still perform cosmetic surgery operations, although they are more likely to do a short course and call themselves ‘cosmetic surgeons’ now. I outline the differences between Australian cosmetic surgeons and plastic surgeons in Chapter Three.
irrationality’ (2004: 225). In this schema the normal individual risks being marked as abnormal for not using a normalising technology.

The links Ellen made between cosmetic surgery and money are important too: her early ‘necessary’ cosmetic surgery was paid for by the Australian government health system; twenty five years later she must save her own money (or hope to win lotto) for ‘optional’ cosmetic surgery. Cosmetic surgery is now a purchase, characterised more often by rhetorics of fashion, consumerism, and self-presentation than as a medical or psychological necessity. Ellen’s trajectory follows this change of scene. The women Davis interviewed were similar in attitude to Ellen’s younger self; the discourses that I examine are closer to those that Ellen aligns herself with now. Philosopher Cressida Heyes describes the change too: ‘Botox parties are the *reductio ad absurdum* example here: the image of the woman who saunters over to the syringe-wielding doctor for a quick jab between the eyebrows hardly conforms to the agonised and anguished subject Davis describes’ (Heyes, n.d.; also see Fraser, 2003: 3).

**Feminist Cosmetic Surgery?**

Most theory in this area sees cosmetic surgery as ‘unalterably opposed’ to feminist values and goals (Haiken, 1997: 275) or as ‘almost by definition, “bad news” for women’ (Davis, 2003: 21). However, a small but important collection of researchers devote some time to the idea that feminist cosmetic surgery may be possible. For example, Davis includes a favourable chapter about Dr Suzanne Noël, a French feminist and pioneer of cosmetic surgery practicing in the early 20th Century (2003). Madame Noël not only reached the top of a male-dominated field but also invented new surgical techniques, published her findings, and operated on women in the firm belief that she was improving their lives, mainly by improving their career prospects. Rather than judge Noël by contemporary feminist standards, Davis situates her in her own time period and notes that:

As [a] feminist, Noël belonged to a woman’s organization which was concerned, first and foremost, with gaining access to work, particularly work in the professions... She was convinced that cosmetic surgery alleviated suffering and was a useful tool for helping women – to be sure, affluent, professional women – to achieve financial independence and social recognition (2003: 36).

She concludes:

...we should look for Madame Noël’s feminist contribution—not in her attempts to empower individual women through face-lifts, but rather in the
kind of professionality which she represented. While this may not be enough for a feminist cosmetic surgery, it is an ingredient which a feminist critique of cosmetic surgery should not ignore (2003:37).

Davis conditionally recognises the contributions of a feminist surgeon (but notably not on that surgeon’s own terms), and she sees via her interviews that having cosmetic surgery can be an act of courage and empowerment rather than a capitulation. What she doesn’t consider is how recipients of cosmetic surgery might be enacting feminist values. Anna Kirkland and Rosemarie Tong have argued in their promisingly titled ‘Working within Contradiction: The Possibility of Feminist Cosmetic Surgery’ that although cosmetic surgery exists because of socially constructed demands it is nevertheless possible to choose it for personal, ‘legitimate’ reasons that are ‘not necessarily damaging to feminism’ (1996: 151). They suggest a style of counselling in order for patients and doctors to uncover the ‘true reason’ for wanting surgery. To me this approach is naïve, ignoring the fact that cosmetic surgeons are not psychologists, are keen to do surgery fast and often, and that most cosmetic surgery recipients are quite sane and know exactly what they want and why. Further, actions that are ‘not necessarily damaging to feminism’ are rhetorically somehow outside it, or neutral: in this schema cosmetic surgery is only viable if it is (impossibly) separated from – and has no effect on – feminism.

Anne Balsamo, Kathryn Pauly Morgan and the artist Orlan have ventured into more complex arguments for feminist cosmetic surgery, suggesting collectively that ‘...it is not the surgery itself that is oppressive but the ends it serves, particularly when those ends reify cultural hegemony’ (Gagné & McLaughey, 2002: 818). Balsamo and Morgan make strong stands against cosmetic surgery as they see it being deployed but also consider how it might be inverted or reappropriated under feminist terms. For Balsamo, if cosmetic surgery were to be open rather than secretive about its own histories and labours then the constructed and artificial nature of beauty would be highlighted. She suggests that history and labour revealed might mean that surgically altered bodies would bear their scars and alterations proudly or that cosmetic surgery would not necessarily be about eradicating indications of life and experience, as is currently the case with ‘anti-ageing’ cosmetic surgery. Balsamo suggests that if conceptually separated from normative femininity then cosmetic surgery could be ‘a vehicle for staging cultural identities’ (1996: 78-79). In Chapter Two I show how Balsamo’s call for the industriousness of cosmetic surgery to be revealed has indeed occurred, but has not been accompanied by a distancing from notions of normative beauty. Texts like Extreme Makeover do in fact show the history and labour of cosmetic surgery but they do this in order to reposition cosmetic surgery as a
necessary part of being a good citizen of the makeover culture rather than as a way to open possibilities for staging alternative cultural identities.

In her foundational article ‘Women and the Knife: Cosmetic Surgery and the Colonization of Women’s Bodies’ (1991), Morgan, following Judith Butler, suggests two ‘performance-oriented forms of revolt’, both of which include having cosmetic surgery. The first valorises ‘ugliness’ and thus destabilizes the beautiful, exposing its ‘technologically and culturally constitutive origin and its political consequences’ (1991: 45). Morgan suggests that in this cosmetic surgery utopia women might choose to have wrinkles scored on, breasts pulled down with weights and hair dyed grey (1991: 46). Her second suggested form of revolt explores the ‘commodification aspect’ of cosmetic surgery: Morgan imagines commercial boutiques where an array of body-altering technologies, products, and implants are openly for sale, where purchase of larger or smaller breasts is like purchase of a new pair of shoes (1991: 45-47). Ironically, this demystification of cosmetic surgery has actually happened in the fifteen years since Morgan wrote her piece. In a landscape of commercial democratisation of cosmetic surgery there are now adjustable breast implants and many shopping centres have ‘day spas’ or clinics that offer Botox® and other minor surgical procedures. However, the array of non-normative differences that Morgan imagined has not occurred – instead of widespread cosmetic surgery leading to a plethora of modified differences and the embrace of a put-on, take-off attitude to cosmetic surgery, it has in fact resulted in more normalisation and more aesthetic homogeneity.

Orlan, whose ‘Carnal Art’ consists of having ‘live’ cosmetic surgeries performed on herself, uses cosmetic surgery to disorder dominant beauty norms. She says, ‘my work is not a stand against cosmetic surgery, but against the standards of beauty, against the dictates of a dominant ideology that impresses itself more and more on feminine (as well as masculine) flesh’ (quoted in McCorquodale 1996: 91). Her engagements with cosmetic surgery are complex and rich, and are dealt with in detail in Chapter Seven. Orlan is performing Balsamo’s assertion that feminists ‘...need to understand how technologies get employed to serve certain agendas, and start to figure out how they may be deployed to serve other agendas’ (interview with Muller, n.d.). This dissertation also sets out to examine some of the agendas cosmetic

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10 The saline implants are fitted with a valve. It can be accessed after a local anaesthetic and a small incision, and the implant can be made smaller or larger by adding or reducing saline through a tube. This technology is mainly used when women’s breasts swell due to pregnancy and/or shrink after breastfeeding, so rather than highlighting the manufactured nature of the implants it does the opposite – keeping the breasts a uniform size throughout hormonal fluctuations.
surgery currently serves, and proposes alternative agendas that might be feminist, utopian, or simply unexpected. For example, intergenerational confusions and their intertwinings with cosmetic surgery are examined in Chapter Four, but are not theorised as necessarily negative. Indeed, some positive relationships between women of different generations are suggested.

The ageing body, especially the ageing female body, is often posited by feminists as a ‘natural’ antidote for the culturally dominant and mandatory forms of youthful femininity and mainstream beauty. However, as I argue in Chapter Four the two need not be at odds. Utopic cosmetic surgery might be a joiner of opposites, a uniting force. Not by making everyone look the same, that common dystopic refrain, but by making everyone ‘surgical’ to use Blum’s (negative) phrase. For example, in the joining together of vintage beauty and cosmetic surgery glamour, old chins might hang down, wisteria-like, while amazing horns or spikes emerge from other parts of the body, or less controversially, while gloriously upright bosoms thrust heavenwards. Noses might be reshaped to form tremendous silhouettes while the wrinkles around them are as lovingly nurtured as the surface of a raked Zen garden. Feathered wings could spring from shoulder blades and tanning salons might eschew the standard yellow-brown spray paint for a choice of rainbow colours.

Most feminist engagements with cosmetic surgery have been necessarily largely influenced by the dominant before/after model, and by the fact that cosmetic surgery has until recently been relatively unusual. I argue that makeover culture means before/after has changed, and cosmetic surgery is now much more common. Because cosmetic surgery is implanted into everyday culture, a stance that actively works against it is no longer useful for feminists. New ways of looking at and theorising cosmetic surgery from feminist viewpoints are called for. Rather than rally in opposition to a powerful set of discourses and practices, feminists need to engage with them imaginatively. This does not mean condescendingly offering ‘understanding’ to cosmetic surgery recipients (this implies that they are ‘others’ and are dupes of the beauty myth) but instead requires accepting that cosmetic surgery is now a meaningful part of our world: metaphorically, we are all cosmetic surgery recipients, we are all makeover citizens, and we must find ways to constructively understand, examine, and live with this fact.

Further to this, I argue throughout that alternative and subversive adoptions of cosmetic surgery are possible and are happening, not just with ‘extreme practitioners’ like Orlan (Chapter Seven) and Lolo Ferrari, (Chapter Six) but also for example with people who use cosmetic surgery to design, rather than deny age, to call into question
traditional intergenerational relationships, (Chapter Four) and to challenge surgeons' traditional monopoly over provision and acceptable aesthetics of cosmetic surgery (Chapter Two). Within makeover culture there are numerous little signs pointing towards the possibility of utopic cosmetic surgery. My final chapter is unashamedly utopian and imaginative. Like feminist ethicist Laura Purdy, I believe that utopic suggestions have the power to encourage change. In an article about the possibility of feminist medical practice Purdy concludes:

No doubt my suggestion will be rejected as utopian. It is. But there is no alternative: either feminists and our moral allies change the culture of medicine or we must be resigned to the unacceptable status quo for women’s health. And although no contemporary society is anything like a feminist paradise, some of what has been achieved would have looked utopian 50 years ago’ (Purdy, 2001: 260).

NATURE AND BODIES

It is well established in feminist studies that culture and nature are contestable, uncontained, and blurred categories (Butler, 1990; Haraway, 1991; Pierce, 1977; Tuana, 1983). However, in all sorts of discourse around cosmetic surgery the concept of the ‘natural’ appears. Suzanne Fraser is particularly critical of the use of ‘nature’ and carefully explains how it is overused and abused:

‘Natural’ is a word that always replaces a complex of often less convincing, powerful or controllable ideas and issues. It is a rhetorical device, where its power to persuade is frequently taken for granted, indeed, relied upon. Even where it is taken up for the purposes of persuasion to a ‘progressive’ or ‘radical’ viewpoint, its limitations, implications, and consequences mean it is a blunt and dangerous instrument. I am certain that if notions of nature were somehow prohibited from such discussions, their shape and content would perforce become more complex and specific (2003: 69).

Throughout this work I show how the idea of ‘the natural’ is contested, negotiated and re-formed in the promotion of, or arguments against, cosmetic surgery. Feminist scholars have shown that ‘natural’ is a cultural rather than a biological term. I show here how it is also a political and strategic term, used to enhance sets of images and the terms of desire. As cosmetic surgery becomes more mainstream and more common, the idea of ‘natural’ takes on new meanings. In popular cosmetic surgery discourse, ‘natural’ does not mean that which is organically occurring in nature, or that which is ‘untampered with’ by culture and technology. Rather it is a term that has come to embrace the correct amount of ‘work done’. ‘It looks natural’ is the highest compliment that can be paid to cosmetic surgery results, and ‘how
unnatural!’ is the lowest. However, the actual aesthetic characteristics of ‘natural’ are always up for contestation and refuguration. As more and more icons, celebrities, and non-famous people are having cosmetic surgery, and having it younger and younger, natural in this context begins to mean normal. Normal is a territory increasingly inhabited by those who have had eyelifts, breast enhancements, and skin resurfacing. In this world of the normal, droopy eyelids, small or saggy breasts and age spots or freckles become ‘unnatural’. Natural in terms of cosmetic surgery is most likely to mean ‘good-looking work’, work that fits certain visual standards and specifications.

The idea that ‘natural’ is a culturally created state has been so well explained by feminists and theorists of the body that it is almost a cliché to put inverted commas around ‘nature’ and ‘culture’. It is simple and effective shorthand though, and signals that the body is neither cultural nor natural but a complex mix of technology, biology, and sociality. Anne Balsamo carefully wraps ‘bodies’ in inverted commas too, and it is her description of how ‘bodies’, ‘nature’ and ‘culture’ happen that I adhere to throughout this thesis. She says that we must reconceptualise the body as a ‘boundary concept’ between two systems of meaning: the ‘organic/natural’ and the ‘technological/cultural’ (1995: 215). For Balsamo ‘…the body’ is a social, cultural and historical production: ‘production’ here means both product and process’ (1995: 217). Seeing the body as both product and process is particularly relevant to makeover culture and cosmetic surgery: it allows me to theorise how bodies are produced by cosmetic surgery, but also how in makeover culture they are presented as never-complete processes of becoming.

Balsamo is wary of theorists who posit the body as a purely discursive entity, as something only created via mediascapes and ideology, because what they miss is ‘…a material dimension that takes into account the embodied markers of cultural identity’ (1995: 219). I endeavour to take notice of both material and discursive modes of production of the cosmetic surgery body, and to note how they are always also productive of each other.

**BECOMING**

The idea of makeover culture works around the central notion of becoming, a concept that other feminist writers about cosmetic surgery have found useful. Virginia Blum uses the term ‘becoming surgical’ to describe how once someone has cosmetic surgery she is likely to have more: she argues that cosmetic surgery can even become a primary mode of being. In her damning description of unbalanced power in doctor-
patient relationships Blum argues that ‘...becoming surgical is the cornerstone of the contemporary experience of cosmetic surgery’ (2003: 274). Fraser also uses becoming as a theoretical base from which to analyse cosmetic surgery. Her work circles around the creation of gender and she uses Deleuze and Guattari’s version of becoming to ‘...explore cosmetic surgery in terms of change’ (2003: 24). She concludes that neither cosmetic surgery nor genders are static, and that ‘gender undergoes constant becomings in discourse on cosmetic surgery’ (2003: 194). I begin from the point that all cosmetic surgery, as part of makeover culture, is about becoming, and work to dissect and interpret this notion.

I look at what various recipients attempt to become via cosmetic surgery, and at what they are perceived by media to have become (often these two are at odds). For example, Chapter Two looks at becoming, via cosmetic surgery, in the context of architectural and media environments and Chapter Four looks at rhetorics of becoming ‘younger’ versus becoming ‘better’ via my interview material. Chapter Five engages with Lolo Ferrari (television star, pornographic worker and bearer of the largest breast implants ever) to explore how stasis is an important aspect of becoming, especially in relation to anaesthetics. Discourse around recipients of ‘failed becomings’ is analysed in Chapter Five: Farrah Fawcett, Jocelyn Wildenstein and others are shown to have committed various indiscretions in their cosmetic surgery becomings, thus becoming monstrous. In Chapter Seven the French performance artist Orlan is shown to use cosmetic surgery in a quest to become three-dimensional high art, and Michael Jackson is analysed alongside her as a self-made ‘two-dimensional’ living cartoon. Whether people become beautiful, acceptable, monstrous, or something as yet unnamed, I find that almost without exception becoming via cosmetic surgery is fraught with instability and danger. Cosmetic surgery, as a technologised mode of becoming, is likely to upend binaries at the heart of traditional first world Western cultural beliefs, calling into question notions like ‘natural’, femininity, age, beauty, race, and even death.

Chapter Eight deploys architect Rem Koolhaas’ notion of ‘Junkspace’ (2001) in order to further elaborate on parallels between bodies and architecture. Junkspace describes contemporary built places (like shopping malls and airports) that depend on being endlessly updated and altered. Koolhaas argues that these environs are never quite finished – they’re always under construction – promising to be perfect in the future. I argue that bodies in a state of makeover are aesthetically close to (even part of) junkspace: always in their gym gear or hospital gowns and bandages, waiting in hospital rooms for the day they will be ‘perfect’ or ‘complete’.
The notion of becoming can also be applied to industry around cosmetic surgery. As medicine, beauty, media and even tourism industries converge around the technology the field becomes loaded with insecurities and unstable definitions. ‘Industry’ refers to the corporate and capitalist enterprises that grow and blend around cosmetic surgery, but also to a sense of industriousness: this is the busyness of work and effort expended in the makeover culture. I contest that far from being solely defined within discourses of vanity or avariciousness, the ‘superficiality’ of cosmetic surgery is currently morphing – within makeover culture – and is increasingly linked to commendable industriousness. It is now presented as a productive activity – part of the praiseworthy reinvention and manufacture of the self – as often as it is presented as a folly of the rich and frivolous. The methods and dialogues that reposition doing cosmetic surgery as a ‘good thing’ bring the protestant work ethic strongly into play in a postmodern context.

POSTMODERNISM

Makeover culture is shown to share late twentieth-century roots with postmodern transformations in architecture and media as well as ideas about what we accept as ‘natural’. Postmodern theorisation—whether about art, literature, history, architecture or geography—is generally sceptical about boundaries, especially those boundaries that arbitrate, sometimes on almost moral grounds, about ‘quality’. Thus postmodern approaches make efforts to analyse and possibly dissolve distinctions between popular culture and high art; nature and culture; and theory and practice (Humm, 1995: 215). They call into question—often with the use of inverted commas—notions about ‘truth’ and ‘fact’. Postmodernism is addressed and deployed throughout the dissertation as a way to engage with and explain cultural change. For example, Chapter Two works with a key piece of writing about postmodernity and postmodern architecture in particular—Fredric Jameson’s Postmodernism, or the Cultural Logic of Late Capitalism (1984) to argue that makeover culture is absolutely intertwined with postmodernity. Chapter Three challenges common feminist ways of looking at power relationships between surgeons and patients, but is in fact typically ‘feminist postmodern’ in that it insists on plurality and on suggesting there are many complex power plays at work in what could easily be theorised as a simple binary. Chapter Eight aims at an explicit and imaginative utopic cosmetic surgery that might be aesthetically and ideologically aligned with recent postmodern buildings and is thus both theoretically and, perhaps, ‘practically’ postmodern.

MYTH AND MAGIC
Fairytales have always had multiple uses and are not restricted to enjoyment by children: Jack Zipes advises that they have ‘...instructed, amused, warned, initiated, and enlightened’, and importantly, they are ‘...shared and exchanged, used and modified according to the needs of the tellers and the listeners’ (1991: xii). The needs of the tellers and listeners of stories about cosmetic surgery are at the heart of an analysis of its discourse: myth and fairytales can be used to discern those needs.

The tale begins with ‘Once upon a time’ or ‘Once there was’ and never really ends when it ends. The ending is actually the beginning. The once upon a time is not a past designation but futuristic: the timelessness of the tale and its lack of geographical specificity endow it with utopian connotations — utopia in its original meaning designated ‘no place’, a place that no one had ever envisaged. ‘We form and keep the utopian kernel of the tale safe in our imaginations with hope (Zipes, 1991: xiii).

Fairytales are eminently portable: they are able to move across space and time, adapting to infinite past and future scenarios and a vast array of spatial environments. They may easily be set in outer space, in virtuality, in the contemporary world or in imagined other eras. As Jack Zipes explains above, they also create temporal-spatial worlds within their own narratives that are circular and operate in a spaceless, timeless ‘no place’. My arguments about becoming and the makeover culture are well served by this idea. The idea that cosmetic surgery is not only expressed through myth but also mirrors it is important. This dissertation shows how cosmetic surgery creates alternate worlds, how it often powerfully reinforces staid and misogynist paradigms, but also how it can offer radical re-interpretations of them. Most fairy stories and myths set about upholding patriarchal structures, but many of them have quite accessible sub-stories that can be read as subversive; and as creative writers know they are easily rewritten from radical and/or feminist viewpoints. I suggest that cosmetic surgery is the fairy story of the makeover culture, offering support to a patriarchal world but also continually threatening to undermine it.

Within the networks of human and non-human assemblages and dialogues around cosmetic surgery there are a number of recurring narratives and mythologies. Some chapters deploy myth to explore aspects of cosmetic surgery. Jocasta, my version of Oedipus Rex, is exercised to discuss mother-daughter relationships and intergenerational issues in Chapter Four; Pygmalion is adopted to consider doctor-patient relations in Chapter Three; the heroines from Snow-White and the Seven Dwarves and The Sleeping Beauty are lined up with Lolo Ferrari to examine anaesthesia and the promise of painless transformation in Chapter Six. In some places I deploy fairytales or myths as templates to look at how cosmetic surgery is
depicted and enacted. Elsewhere I identify how they are used in popular culture to explain, enhance, or detract from cosmetic surgery.

**OUTLINE OF CHAPTERS**

*Architecture of the Body*

Cosmetic surgery sits inside the makeover culture paradigm, and within makeover culture there are many landscapes. Chapter Two introduces some of these landscapes. It begins with a concern about how cosmetic surgery aligns with postmodernism, particularly postmodern architecture. Fredric Jameson’s 1984 analysis of the Westin Bonaventura Hotel in downtown Los Angeles is used as a template to position cosmetic surgery as part of what he calls the cultural logics of late capitalism: logics and aesthetics that are homogenous, alienated, alienating, glossy, and superficial. I show how the before/after model can be read as a clear and evocative example of the cultural logics that Jameson describes. The second part of the chapter examines a mediascape; the television program *Extreme Makeover* is theorised as a quintessential example of cosmetic surgery at work in makeover culture. Further, I show how *Extreme Makeover* crystallises the way that before/after has been refigured within makeover culture.

*Makeover’s Materialities*

The *Pygmalion* myth, where a sculptor makes a perfect woman and she comes to life, is a story often used in commentaries on cosmetic surgery. Chapter Three looks at the role of the surgeon inside makeover culture, but while the *Pygmalion* story places doctors at the centre of the cosmetic surgery matrix, I reconsider them within the expanding context of a set of morphing industries that support and create makeover culture. In this environment they are analysed as part of an intertwined and co-dependent assemblage of actors that includes cosmetic surgery recipients and products such as Botox®. I show how in many small ways the highly material arena of cosmetic surgery is being challenged ‘from within’: how its metaphorical tables and chairs are being rearranged, and how this in turn points to the possibility of utopic cosmetic surgery existing not as an irrelevant and inaccessible island, but here among us.
**Stretched Middle Age**

Key themes in makeover culture include renewal and restoration – the use of cosmetic surgery for anti-ageing procedures is the main topic of Chapter Four. Age Studies pioneer Margaret Morganroth Gullette says that

... ‘aging’, has traditionally been considered a continuum in which visible change is driven by *involuntary* mechanisms, such as biochemical processes or external stress, trauma, accident... [But] we can disrupt the alleged passivity of age appearances – occasionally, as needed – by the idea of intentional changes of behaviour. A body, like an identity, is better thought of as a series of try- ons and reaffirmed performances: new consolidations. Age on the body can involve both passive accretions and will (2004: 161, her italics).

Gullette actively ejects cosmetic surgery as a possible part of the disruption of this traditionally perceived continuum. For her it is misguided and crude – ‘...bad acting and a misreading of culture’ (2004: 161-162) – where age tries to hide, usually unsuccessfully, behind some of the signals of youth. I argue that anti-ageing cosmetic surgery does allow subjects to perform wilful presentations of the self. Chapter Four is primarily about the ways in which cosmetic surgery is able to upset and undermine traditional relationships between chronology and appearance, and the ways that these ‘disruptions’ of temporality are represented in various media. It especially focuses on one sub-genre, the mother-daughter cosmetic surgery article.

**Makeover’s Monstrous Mistakes**

Cosmetic surgery is becoming more popular, more prevalent and more ‘normal’. It is necessary then to look at how concepts of ‘normal’ are being negotiated and re-negotiated within makeover culture. Chapter Five argues that once cosmetic surgery has been chosen, the manner in which it is carried out and its display are subject to continual and obsessive scrutiny. Doing cosmetic surgery is fraught with the possibilities of ‘going too far’ or going wrong in many subtle ways: it is a difficult and complicated arena in which to operate as an active consumer. I analyse a selection of the abundant damning reports and speculations about cosmetic surgery ‘gone too far’. For celebrities in particular, the endless inspection of their cosmetic surgeries in popular women’s magazines and tabloids means that the line between ‘right’ and ‘wrong’ cosmetic surgery is very fine and always subject to variation. My argument is that cosmetic surgery recipients are always at risk of overstepping boundaries because, as Margrit Shildrick says, ‘the other is always discursively mobile’ (2002: 28). Using feminist explanations of monstrosity I show how cosmetic surgery is used as a way to regulate, define and police ‘normality’. Looking closely at Jocelyn
Wildenstein, Farrah Fawcett, and others, I show how cosmetic surgery’s ‘failures’ or ‘weirdos’ are responsible for helping to define the borders of acceptable surgical beauty. But I also propose that they simultaneously work to suggest subversive uses of the technology and alternative aesthetics.

**Anaesthetics and Death**

Lolo Ferrari was a pornography star and is usually seen as a cosmetic surgery victim or addict and an example of ‘what not to do’. Chapter Six reviews these evaluations of her but moves away from issues of agency and empowerment. Ferrari’s novel relation to anaesthesia is interpreted with reference to the fairytales *Snow-White and the Seven Dwarves* and *The Sleeping Beauty*. Using these mythical templates I suggest that her use of cosmetic surgery can also be seen as subversive. When used as levers into an analysis of cosmetic surgery Ferrari’s confronting attitudes towards aesthetics and anaesthesia point to a new understanding of cosmetic surgery in relation to temporality. An examination of Ferrari reveals two important cosmetic surgery landscapes that work in chiasmic juxtaposition. One is a mythical one where promises of transformation abound and where cosmetic surgery is linked to magic. The other is a surgical and anaesthetised landscape where actual transformation takes place.

**Extreme Practitioners**

In contrast to uses of cosmetic surgery for anti-ageing, for looking ‘normal’ or attaining ‘beauty’ are those cosmetic surgery practices that are deliberately excessive. Chapter Seven engages closely with Orlan and Michael Jackson. These two artists may be the high priest and priestess of makeover culture, or the monstrous mother and child of cosmetic surgery. Their intensely public relationships with cosmetic surgery are scrutinised in terms of the many boundaries that they each traverse, their chosen monstrousness, and their foci on always-becoming. I argue that each of them has become a living work of art through cosmetic surgery. They are also martyrs for makeover culture, publicly performing rituals of suffering, their bodies acting as conduits through which collective pain can be gathered and expressed. Their fascination with becoming digital and the ways that they operate in both real and virtual worlds makes them self-consciously postmodern. By performing difference and acting out makeover culture’s values, these artists dramatically combine what all extreme practitioners discussed in previous chapters do. Whether they are successful artists or spectacular failures is irrelevant: their radical embodiments and
excessive relationships with cosmetic surgery herald the utopian, carnivalesque and radical imagined cosmetic surgeries that are discussed in the last chapter.

**Fractal, Collaged Bodies**

What are the utopic possibilities for cosmetic surgery and makeover culture in a postmodern cultural landscape? This dissertation speculates that it is possible not only to propose but also to manifest utopic cosmetic surgery. The urban landscapes that I describe in my final chapter – where cosmetic surgery is used to create all kinds of beauties and grotesqueries and is never secretive about its labours or processes – are certainly technically possible if still culturally unacceptable. I contrast the landscapes of the Bonaventura, whose postmodern cultural logics are analysed by Jameson, with Federation Square in Melbourne in order to provide an architectural template for imagining utopic cosmetic surgery practices. Chapter Eight closes the architectural frame that the second chapter opened. I imagine how a cosmetic surgery paralleling Federation Square would be self-consciously grotesque, blurring lines between radical body modification practices and cosmetic surgery. It would be mobile, changeable, non-secretive, and would acknowledge its own history and violence whilst exhibiting its beauties. This conclusion clarifies the shifts in feminist points of view that I have argued for throughout the work.
MAKEOVER SPACES, MAKEOVER CITIZENS


I saw all the mirrors on earth and none of them reflected me… Jorge Luis Borges

When the only physical beauty is created by plastic surgery, the only urban beauty by landscape surgery… Jean Paul Baudrillard

Makeover culture has enjoyed a rising trajectory in recent years. This is examined here by looking at the cultural logics embedded in and around the ‘before/after’ model, a dominant trope in the representation of cosmetic surgery. I describe a trajectory that is moderately chronological: I argue that before/after – previously a powerful trope in its own right – has been gradually subsumed by, and now occupies a crucial role within, makeover culture. To visualise and contextualise the differences between before/after and makeover culture I examine two landscapes in which cosmetic surgery appears. One is a concrete, architectural space where bodies actually exist – the Bonaventura Hotel – the other is a television and web-based space – Extreme Makeover. The Bonaventura is analysed somewhat metaphorically – via Fredric Jameson’s famous reading – in relation to before/after and ‘older’ cultural logics around cosmetic surgery. Extreme Makeover, a striking part of the contemporary mediascape, is offered as a quintessential example of the new cultural logics of makeover culture at work.

11 Extreme Makeover is one of many similar cosmetic surgery/reality television programs, including The Swan, I Want a Famous Face, Cosmetic Surgery Kids, Dr 90210, and Australia’s own Ultimate Transformations.

WHY ARCHITECTURE?

As I explained in the previous chapter, popular discourse around cosmetic surgery has until recently been dominated by the before/after model. Before/after makes cosmetic surgery seem almost magical by hiding effort and pain – by obfuscating ‘during’. But in the early 21st Century the slash between before/after has been opened up by programs such as *Extreme Makeover* where operations are shown in gory detail and recipients’ emotional and physical labours are central components of narrative. Feminists and cultural scholars have long recognised that examining bodies, behaviours or objects outside of their everyday environments can result in strangely disembodied findings (Davies, 2000; Gatens, 1996; Grosz, 1994). For example, Bronwyn Davies points out in *inscribing body/landscape relations* that ‘theoretical writing about the body generally constitutes the body in isolation from the physical spaces in which it exists’ (2000: 13). To redress this she writes about ‘...bodies in landscape, bodies as landscape, and landscapes as extensions of bodies, all being worked and reworked, scribed and reinscribed’ (2000: 249). With Davies’ *modus operandi* in mind I consider both mediascapes and urban spaces wherein cosmetic surgery is enacted and displayed. Cosmetic surgery manifests in malls, supermarkets and shopping centres as well as on television and cinema screens. Just as print and electronic media are part of the cosmetic surgery world, so is architecture. And cosmetic surgery is itself architecture of the body, fashioning the ways that bodies look, function, interrelate with each other and interact with environments.

Jameson’s famous 1984 description of the Bonaventura’s lobbies as user-unfriendly and superficial resonated with my observations about before/after. His analysis provided an analytical template: a tool for dissecting the logics of this mode of expression (Jones, 2004). I summarise these speculations here but then move into a discussion about how makeover culture has embraced the before/after model.

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BEFORE/AFTER AND JAMESON’S\textsuperscript{14} BONAVENTURA

The Westin Bonaventura Hotel, in downtown Los Angeles

For Jameson postmodernism and postmodern objects are the exemplary cultural expressions of global capitalism (2001). He states that postmodernism is not merely a style, nor a description of a purely heterogeneous and random contemporary moment, but rather a ‘cultural dominant’ that encompasses many genres, diverse features and preoccupations that exist simultaneously. And he suggests that within architecture postmodern changes in aesthetics are most apparent: ‘…in the realm of architecture… modifications in aesthetic production are most dramatically visible’ (2001: 551). The Bonaventura Hotel, in downtown Los Angeles, is the acme of postmodernity: a ‘…full-blown postmodern building… [offering] some very striking lessons about the originality of postmodernist space’ (2001: 575).

In postmodernity the body is not a pure object that might be worked upon, but is in essence an artefact: existing through its inscriptions, its material loyalties, and its position as a spatial and temporal product. Aesthetic production in postmodernity is closely intertwined with commodity production: art and artistic endeavour are layered with commercialism and capitalist imperatives. The body is increasingly used and understood as both an article of trade and as a cultural artefact that can be restored, renovated, augmented, and refined via purchase of services and accessories. Two plastic surgeons, aiming to describe in lay terms all of the options that cosmetic surgery offers, philosophised in 1970 at the beginning of their book:

We engage architects, interior decorators, industrial designers, and artists to embellish our homes, public buildings, and commercial products. Why should

\textsuperscript{14} I call it ‘Jameson’s Bonaventura’ because I have not visited the building myself and so see it via his descriptions in addition to websites and photos.
we not, then, seek to beautify that which we must look upon most often: ourselves (Aronsohn & Epstein, *The Miracle of Cosmetic Plastic Surgery*, 1970:1).

Cosmetic surgery can be theorised as one of the diverse features existing as a part of postmodernism. It shares cultural logics with postmodern architecture: they spring from the same capitalist aims and desires. It is especially fitting that the Bonaventura – theorised by Jameson as the quintessential example of postmodernism – is located downtown in Los Angeles, the world capital of cosmetic surgery and closely overlain with the world of movies and celebrity.\(^\text{15}\) In fact one cosmetic surgery reality television program, *Dr 90210*, directly capitalises on this (90210 is the Beverly Hills postcode): ‘this show is based in Beverly Hills, California, the epicenter of the plastic surgery world’ (<http://www.ienhance.com/dr90210/dr90210-premiere.asp>).

I suggest that the aesthetics produced and valued by traditional, mainstream cosmetic surgery – especially when expressed in terms of before/after – align with those that Jameson saw in the Bonaventura: this building and mainstream cosmetic surgery share a system of cultural logics that derive from the same source values. 

*Entrances and Orifices*

Jameson describes how the entrances to the Bonaventura are unimposing, almost invisible, and do not behave like traditional hotel doorways. Rather than grand portals that clearly mark transitions from streetscape to interior they are minimal and strangely placed. They move the visitor into unlikely and inconvenient positions within the building, immediately placing guests on floors without lobbies or reception areas. He analyses this incongruous, confusing placement of entrances as the building’s anthropomorphic desire to be

\[
...a\ total\ space,\ a\ complete\ world,\ a\ kind\ of\ miniature\ city.\ In\ this\ sense,\ then,\ ideally\ the\ minicity\ of\ Portman’s\ Bonaventura\ ought\ not\ to\ have\ entrances\ at\ all,\ since\ the\ entryway\ is\ always\ the\ seam\ that\ links\ the\ building\ to\ the\ rest\ of\ the\ city\ that\ surrounds\ it:\ for\ it\ does\ not\ wish\ to\ be\ a\ part\ of\ the\ city\ but\ rather\ its\ equivalent\ and\ replacement\ or\ substitute\ (2001: 577).\]

Cosmetic surgery and before/after parallel this reading of postmodern aesthetics in a number of ways. In the Bonaventura the notion of gradual change – from outside to inside – is problematised. Similarly, before/after pictures of cosmetic surgery

\(\text{15}\) Statistics for 2004 collected by the American Society of Plastic Surgeons show the USA with the highest number, 21.06\%, of world cosmetic surgery procedures. Within the USA, the Mountain Pacific region, which includes California, has the largest number of procedures with 29\% of all patients.
operations obliterate moments of transition, implying magical and instantaneous change. On a purely corporeal level cosmetic surgery mirrors the Bonaventura’s lack of openings: many cosmetic surgery operations diminish the body’s openings: nostrils become smaller, ears are pinned back and cut down, even labia minora are reduced to make the vaginal entrance seem smaller (Weil Davis, 2002). And procedures that make eyes wider and lips bigger (blepharoplasty, lip enhancement) leave them metaphorically closed because they are rendered fixed and less flexible. Removal of ‘hooded lids’ creates a slightly immobile, doll-like stare, while collagen-fattened lips and implanted breasts can seem like hostile barriers between the body and its surroundings. ‘Before’ photos show mobile faces that have moved over time, skin around eyes becoming droopy and fleshy, lips thinning and blending with the face. ‘After’ photos show features fixed, controlled and immobile: the entrances to the body have become standardized and somewhat inaccessible. So cosmetic surgery, both materially and when enmeshed in the logics of before/after, zips up the openings to the body. Just like the Bonaventura, cosmetic surgery bodies in this schema aim to be ‘total spaces’, ‘complete worlds’ that are seemingly unaffected by the ‘outside’ world.

**Façades and Faces**

The Bonaventura’s outer membrane is all gilded and curved mirrored panels. Jameson analyses the façade as a

...great reflective glass skin [that] repels the city outside... In a similar way, the glass skin achieves a peculiar and placeless dissociation of the Bonaventura from its neighbourhood: it is not even an exterior, inasmuch as when you seek to look at the hotel’s outer walls you cannot see the hotel itself but only the distorted images of everything that surrounds it (2001: 577, also see Soja, 1994: 158).¹⁶

The poreless, smooth lustre of the Bonaventura’s ‘skin’ parallels the results of anti-wrinkle surgeries as well as laser dermabrasion and chemical peels. These procedures seek to minimize pore size and blemishes and thus make the body’s surface seemingly impenetrable, securely separating inside from outside, and they appear to repel outside forces like gravity, time, and sun. While the hotel’s façade declares its separateness from the world its sparkling, mirrored mask also reflects that world – city, sun, and sky. Likewise cosmetic surgery is a reflection of ‘outside events’ because the surgical face is a compilation of concentrated codes that replicate

¹⁶This dislocated site that is conceptually separate from its neighbourhood – but nevertheless functions as a commentator on the very environment it seeks to absent itself from – is also close to Foucault’s idea of the heterotopia, which paradoxically invisibilises its occupants whilst simultaneously drawing attention to them (Foucault: 1986).
or mimic what is considered beautiful: flawless skin, streamlined nose, almond eyes, cupid-bow lips, defined jawline – these heterogeneous elements, that rarely manifest on a single face, are all ‘captured’ by cosmetic surgery and presented as a homogenous whole.

**Gravity-Defying Elevators and Face Lifts**

The lifts of the Bonaventura are not hidden inside shafts but are spectacularly externalized on its outer walls. More than mere functional or engineering components, Jameson suggests that they

...henceforth replace movement but also, and above all, designate themselves as new reflexive signs and emblems of movement proper... this is a dialectical intensification of the autoreferentiality of all modern culture, which tends to turn upon itself and designate its own cultural production as its content (2001: 578).

The externalisation of a previously hidden form of labour (the lifts) is a foreshadowing of makeover culture, where displays of mechanics and process are valorised. In the mid 1980s the ‘work’ of the building was externalised and became an entertainment spectacle – now, two decades later, the ‘work’ of cosmetic surgery has come out from the space between before/after and is an entertainment spectacle in texts like *Extreme Makeover*. More speculatively, the lifts create liveliness on the immaculate surface of the Bonaventura and the liveliness is stilted in the same way that eyes still blink and mouths still open on faces injected with Botox® or pulled tight by facelifts. Cosmetic surgery exalts pristine, tranquil skin and immobilised facial muscles, allowing only certain kinds of regimented busyness to remain on the surface.

The elevators, decorative and entertaining, are self-referential, making their own cultural production their content. Cosmetic surgery turns in on itself in a similar manner: no matter what the intentions and desires of its recipients, the end effect is often that they share a similar look. An extension of this is that the ‘origins’ of beauty have changed because of cosmetic surgery: people now have cosmetic surgery in order to look like other people who have had cosmetic surgery. One example is cosmetic surgery consultant and guru Cindy Jackson, the ‘living Barbie’. Jackson, shown below with her biggest fan and ‘twin’¹⁷ has had many cosmetic surgery operations. She takes the normative, heterosexual aims of cosmetic surgery to their extreme and logical end, perfecting homogenized beauty so effectively that it

¹⁷ On the Cindy Jackson website this photo is captioned ‘An Extreme Makeover of an Extreme Makeover’.
becomes a uniform, one she is happy to share. She gives advice (for a price) on how others can do the same:

the features I have now aren't my own; they are a kind of uniform, specifically tailored according to scientific principles to make me look as appealing as possible to men. Why should I mind if other women want to achieve the same results? (<http://www.cindyjackson.com>)

Cindy Jackson (right) and her ‘identical twin’.
On the website this photo is captioned ‘A makeover of a makeover’ (<Cindy Jackson official website <http://www.cindyjackson.com>)

Beauty itself becomes surgical, defined by cosmetic surgery: wide-open eyes, exalted breasts, fattened lips, tiny upturned noses, prominent cheekbones, all atop a superslim body. Even the ‘mistakes’, the aspects of cosmetic surgery which are noticeably manufactured (too-tight facelifts, too-high breasts) are privileged over the ‘un-cut’ versions of the body. As cosmetic surgery is increasingly commoditised, it is becoming desirable to have it for its own sake. Virginia Blum has noticed this too. About Jewish women having their noses reshaped to fit a ‘gentile ideal’ she says that

For the most part this nose created on the surgeon’s table had no relationship whatsoever to the rest of her features (or any human nose that I know of). It didn’t matter. The nose itself was the mark of a coveted cultural assimilation (Blum, 2003: 39).

A very fashionable nose at the moment is one that is ‘sculptured’ (‘refined’ as one surgeon described it to me) at the tip to create a little vertical dent. Teenage pop star Avril Levine sported one of these tips when she visited Australia in 2004; rock star and lesbian pin-up Melissa Etheridge wears a more extreme version. The sculptured nose-dent is a form of cleavage, mirroring pressed-together breasts as well as the ‘new cleavage’ so often demonstrated by Paris Hilton that used to be known in Australia as ‘plumber’s crack.’ This fashion in women’s noses is imitated in an increase in chin augmentations for men, who may also choose a ‘dimple’ a la Kurt Cobain’s (non-augmented) chin. For men and women, the creation of some ‘face
cleavage’ on either nose or chin sexualises the face, brings the sexual organs like vulva, buttocks, breasts, with their symmetry and their centre opening or parting up to the face. There is no need to undress anymore, the body is on the face.

ARCHITECTURE OF THE BODY

I have suggested above how a body technology such as cosmetic surgery works at aesthetically bringing into line the non-surgical body with glistening, high-tech and depthless architectures like the Bonaventura. We only have to imagine two bodies in a Bonaventura elevator – one wrinkled and saggy, the other lifted and stretched – and it is clear that mainstream cosmetic surgery’s aesthetics can also be ‘full blown’ examples of postmodernism; they parallel postmodernism’s mirrored, depthless and self-referential aesthetics and they fit within its architecture.

Jameson has been criticised for presenting a somewhat uniform and dominant cultural logic of postmodernity (Balsamo, 1995: 233) and for universalising his (white, male) body and experience within it, especially when discussing the Bonaventura (Kirby, K. 1996; Sofoulis, 1996). I have aligned a mainstream cosmetic surgery body with his work on the Bonaventura and so have myself created a homogenous subject that fits neatly into a dominant cultural logic.

Jameson declares that humans have not ‘kept pace’ with the ‘mutation in built space itself’ that postmodern architecture has created. ‘The newer architecture… stands as something like an imperative to grow new organs, to expand our sensorium and our body to some new, as yet unimaginable, perhaps ultimately impossible, dimensions’ (2001: 576). It is possible to follow Balsamo’s lead and stretch this alignment to imagine a ‘… matrix of forms of technological embodiment… ’ (1996: 233) that might be possible both within the Bonaventura as well as other structures. Along these lines I take Jameson’s imperative to ‘grow new organs’ literally. Imagine a compass on a stick, grown like a phallus, to help navigate the spaces that so confuse Jameson; or eyes in the backs and sides of our heads with which to negotiate the vast indoor spaces; or wings to fly about massive atriums such as the Bonaventura’s lobby; or monkey-like tails for swinging between its artificial trees, or perhaps individualized and customized escalator-implants that extend and retract at will from the soles of our feet.
These dream-like scenarios are not as far-fetched as they may seem: Joe Rosen, a celebrated North American plastic and reconstruction surgeon, promises to be able to grafts wings onto humans by 2007: ‘Human wings will be here. Mark my words’ (Hari, 2002). Although unassisted human flight won’t be possible with this model, the wings will be made of flesh and bone and will enjoy full sensation: depending on the style chosen the wings could resemble those of angels or large bats.

Here we have a surgeon jumping the border between ‘acceptable’ cosmetic surgery and what are usually seen as radical and subversive types of body modification. Rosen pushes the boundaries of beauty-bound youth-mimicking cosmetic surgery up against those of hugely fashionable, somewhat subversive body modifications such as tattooing, piercing, branding and corseting. By refusing to stay within the range of procedures mapped out by his colleagues as acceptable, Rosen confronts both traditional cosmetic surgery and acceptable therapeutic prosthetic surgery. By going beyond simple beautifying via normalisation, but also by hijacking prosthetics traditionally used for repair of disabled or deficient bodies, Rosen combines techniques of body enhancement with radical limb repair/creation and designs a whole new area of potential human etymology.

While many practitioners of New Age body modifications see procedures such as tattooing, scarification and piercing as tribal, connected to the cosmos and deriving from ancient rituals, cosmetic surgery is usually characterised as consumerist, suppressive and misogynist. The two areas of body modification and cosmetic surgery even tend to have their own sets of specialised academic critics and analysts, with body modifications usually being written about by psychologists and sociologists while the critique of cosmetic surgery is an area most often looked at by feminist philosophers and cultural theorists. A woman with breast implants is rarely compared to a person with a pierced tongue, a face-lift is seen as significantly different from a tattoo, and the corporeal results have wildly different connotations and public receptions. Rosen’s attempts to suture these very different attitudes gains him harsh criticism from his colleagues: ‘[he’s] way too far out, totally beyond
mainstream medicine or mainstream cosmetic surgery. No plastic surgeon I know would do anything of this sort, and nor should he’ (John Hugill quoted in Hari: 2002). But Rosen does my rhetorical work for me here: he said to his detractors in a conference speech in 2001: ‘why do we only value the average? Why are plastic surgeons dedicated only to restoring our current notions of the conventional, as opposed to letting people explore, if they want, the possibilities? (Hari: 2002). Most cosmetic surgeons, as I will show in Chapter Three, work very hard to insinuate themselves into the medical mainstream as respectable and highly qualified specialists. Perhaps because he comes from the luxury of a stellar profile as a reconstructive surgeon, Rosen has a different project. His visions point the way to a future where cosmetic surgery, body modification, and prosthetics may merge and lead to operative wings: a drastic thought, but one that redefines the average facelift as a hopelessly bland deployment of available technologies.

In order for cosmetic surgery to move from its current narrow and homogenous view of beauty to being a celebration of the radically modified or even ‘the grotesque’ it would have to display its assorted effects without embarrassment, embracing both heterogeneity within its own realm and its overlaps with prosthetics and other body modifications. There are many conservative binaries and attitudes currently embraced in the world of cosmetic surgery that prevent it from being radical, perhaps liberating, and truly interesting: it strongly upholds gender, racial and class divides as well as more abstract differences between the ‘normal’ and the ‘monstrous’. Part of my aim is to illuminate ways that makeover culture flags a future that could be rich with chosen mutations.

**A Marriage Made in Melbourne**

While the Bonaventura is an unwitting subject of postmodern theory and my placement of cosmetic surgery bodies in it is deliberately contrived, another building actively makes the parallel between the surface emphases of postmodern architecture and cosmetic surgery. The picture here shows what is known as the ‘Sam Newman/Pamela Anderson’ house. Sam Newman is a well-known Australian footballer and television celebrity who in 2000 commissioned architect Cassandra Fahey to design his house in the Melbourne suburb of St Kilda. Pamela Anderson was a star of the US television series *Baywatch*, a huge hit in the 1990s and the first ever American program to air in China. Some say that it was Anderson’s implanted breasts and tiny red swimsuits that were the real stars of the show; she is also known for her silicon-enhanced lips and very blonde hair. Although it was Fahey’s

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18 Architect Cassandra Fahey’s name for the work is ‘White Noise’.
first commission she was given almost free reign: the only requirements were that the house be ‘exotic’ and provide both light and privacy for Newman. The home’s façade is a huge panelled mural featuring Pamela Anderson’s face. Entry is gained through her mouth, which flips up with the garage door. The mural is printed on highly polished perspex so that from some angles it is not Anderson’s face we see but reflections of ourselves, the streetscape, and the sky. This house embodies my parallel between the Bonaventura’s reflective surface and the ‘reflectivity’ of the beauty that mainstream cosmetic surgery creates: in its mirrored façade we see ourselves and/or a ‘perfect’ surgically-altered face, and the two become confused. It literally conjoins a surgically-altered body with a piece of postmodern architecture.

19 The ‘open mouth’ may be a comment on Anderson’s pornographic status. In 1996 she and her then-husband Motley Crue drummer Tommy Lee starred in a sex video that they said had been stolen from their home and distributed on the Internet. The garage door is also acknowledgement of another St Kilda icon, Luna Park, a fun-park entered through a huge grinning mouth.
Fahey’s work recalls Jeff Koons’ art that features replicas of ubiquitous cultural icons like Disney toys, balloons, puppies, flowers, and celebrities like his figurine of Michael Jackson at the beginning of Chapter Seven. Koons plays with their scale, miniaturizing them or making them gigantic. The gigantic image Fahey has chosen remarks on Anderson’s status as an icon of popular culture as well as her own chosen gigantism – her breast implants. Sam Newman told a reporter, ‘the Pamela Anderson thing has been blown out of all proportion… for which I blame her plastic surgeon, but never mind’ (Peterson, 2005). The face is about the size it would be in a close-up at the cinema – where it would be unremarkable – but at street level its proportions shock. Fahey’s building confronts drivers and pedestrians with a glossy, flat, pixilated image instead of a three dimensional house. A review tells us that

Internally the spaces are superbly simple yet the building attracts warm sun and large sections of light. Over three levels from the garage and study spaces staircases lead to the ground floor entry, lap pool and living spaces, while the top floor is a tree house sharing views over the park from a large bedroom (2003, The Royal Australian Institute of Architects website)

But in fact the house itself reveals nothing of its internal shapes, offering only two dimensions.

This structure comments on the manufactured nature of identity in contemporary culture and deliberately conflates notions of self and environment. In her discussion of cosmetic surgeons’ use of technological imaging devices to predict how patients might look post-surgery (and to help sell cosmetic surgery procedures), Anne Balsamo suggests ‘…it is not so much the inner or essential woman that is visualised; her interior story has no truth of its own. Both her surface and her interiority are flattened and dispersed’ (1996: 58). Anderson’s pixelated face is literally flattened and dispersed, and while it incongruously suggests that there is nothing ‘inside’ it still holds a certain disruptive and unsettling power. Laura Mulvey has famously suggested that woman’s image in film is ‘…an indispensable element of spectacle… yet her visual presence tends to work against the development of a story-line, to freeze the flow of action…’ (1989: 19). This disembodied façade demonstrates this power to interrupt: cars slow down in front of it, pedestrians are startled. The house wears its image like a mask: the façade allows no intrusion and reveals nothing of the home’s layout, size, or style. Both Anderson and the house seem to be ‘all front’ even though Fahey’s decision to use the face denies the audience access to Anderson’s defining feature, her breasts. The face-alone nature of the work ensures that this building stares back, turning objectification and commodification around on itself. This structure plays with themes of superficiality, manufactured identity,
celebrity, ‘internal’ and ‘external’ subjective spaces, and the commoditisation of everyday life. It also juxtaposes ‘high’ and ‘low’ art by using a B-grade celebrity: Fahey would have made a different statement if she had used the face of an A-grade actress like Nicole Kidman or Halle Berry. By using a media space (a screen) to define an urban space, the building calls into question the relation between 2D and 3D embodiment in contemporary culture, something I discuss further in Chapter Seven in relation to Michael Jackson. I have suggested that there are strong resonances between cosmetic surgery and certain architectural spaces, specifically in relation to the trope of before/after. The next section deals with a media space, *Extreme Makeover*, showing how before/after has been embraced and is deployed by makeover culture. *Extreme Makeover* is as much about surfaces as the Bonaventura or the Pamela Anderson house is, but it also shows makeover culture in action, revealing and commoditising the temporal and physical spaces between before and after.

**MAKEOVER CULTURE AND EXTREME MAKEOVER**

If you have always dreamed of having an extreme makeover, which includes multiple plastic surgeries, this is your opportunity!

All candidates must be U.S. citizens and in good physical health. If selected, we will give you a truly Cinderella-like experience by changing your looks completely in an effort to transform your life and destiny, and to make your dreams come true. This is all accomplished through the skills of an ‘Extreme Team’, which includes the country’s finest plastic surgeons, eye surgeons and cosmetic dentists, along with a talented team of hair and makeup artists, stylists and personal trainers (*Extreme Makeover* website).

Just as the Bonaventura agitated Jameson with its autoreferentiality and denial of connection to the world, before/after as a representational framework that shrouds cosmetic surgery in deceit and secrecy has been a source of concern and fury for feminists – and also for some surgeons – because it makes major surgery look easy. It also keeps cosmetic surgery recipients silent – they are merely static, fragmented body parts. The reaction from some critics and artists to before/after has been to actively try to open the hidden space, to write about or even publicly enact real operations, to use gore as an antidote to glamour. The French artist Orlan, discussed in detail in Chapter Seven, is most famous for these interventions, with her radical performative operations enacted throughout the 1990s). While before/after has always had its commentators and detractors, working to undermine its transmogrative power by showing what happens in the between, until recently those voices have definitely been in the minority.
Hiding labour is unsustainable: eventually the working world intrudes. A lasting fantasy of magically transformed bodies and sites is only possible with huge expense and effort. If cosmetic surgery, with its promises of transformation, wanted to become mainstream, it needed find some way to popularise its messiness: to make transition itself a desirable state. This is what makeover culture does. Makeover discourses centre on the display of labour, the exhibition of progress and improvement, and the demonstration of continual remaking.

*Extreme Makeover* is a clear product of makeover culture and is also an excellent example of cosmetic surgery at work in this new arena. It recruits members of the public and showers them with cosmetic surgery overhauls that most could never afford. And indeed, money is presented as the only barrier to cosmetic surgery in this schema that leaves unquestioned the necessity and desirability of cosmetic surgery. Vicky Mayer writes about sitting next to a potential recipient of an extreme makeover on a plane, and learning how for ‘Sue Ellen’ this wasn’t a luxury but a chance for basic health care. Having spent all her life suffering from terrible teeth, and completely unable to pay for the work required, the nervous first-time plane traveller told Mayer that

> she would be a likely candidate for a nose and boob job, eye tucks, and a face peel – ‘the one where they scrub your skin off.’ She said she didn’t care about all the rest. ‘As long as my teeth get done, they can do whatever’... ‘If I had good health insurance, I wouldn’t be doing this’ (2005).

The fairy godmother aspect of shows like *Extreme Makeover* is quite real, touching people who have been left behind by the brutal North American health system.

**Worthy Citizens**

Most of the cosmetic surgery recipients on the program receive major surgical and dental work, usually between five and ten major operations each. Surgeons who donate their services to the show gain celebrity status – the program is probably much more lucrative than any form of advertising. The official *Extreme Makeover* website lists contact details for the ‘Extreme Team’ for each makeover, including beauticians, fashion consultants, dermatologists, dentists and even the caterer. Each program features two or three individuals, usually white women, who are introduced to the audience as deserving and interesting. The rhetoric of vanity is pushed as far from the fore in these programs as possible. *Extreme Makeover* explicitly mobilises the *Cinderella* makeover story. Just like Cinderella, who is beautiful underneath the grime of her unwashed face and suffers under hard cruel
circumstances, these subjects are not narcissistic but instead *worthy* because of having suffered hardship. Participants are selected on the basis of their physical ‘flaws’ as well as their willingness to bear all, in the manner of a *Dr Phil* interview where innermost intimacies are writ large.

We learn young to be little Cinderellas

They are often the meritorious poor, seeking physical transformation as a method of self-improvement and a way of expressing their ‘true selves’. Blum suggests that ‘according to the makeover story of modern female culture, the after is always construed as the real you that was just itching to assert her identity, to reveal her real face (2003: 191). People wanting to have their ‘real selves’ revealed include a ‘church choir singer’, a ‘dedicated mother [who has] has worked hard to make everyone else happy’, a man who has endured ‘the loss of his wife, his job and his savings all in a short period of time’, and a woman who has ‘worked the land as a rancher, surviving the hardest elements’ (*Extreme Makeover* website). Acceptance onto the show is highly competitive, and open auditions attract up to ten thousand people with cosmetic surgery offered as both luxury prize and liberating option to people whose lives are presented as having been thwarted in some profound way by less than beautiful looks.

**Screens and Public Bodies**

After being told that they have been accepted for an extreme makeover, at which they usually cry and thank God, beneficiaries are video-documented as they go through a period of six to eight weeks of consultations, operations, recovery, exercise, dieting, and grooming. The culmination of each program is a dramatically enacted ‘Reveal’ ceremony where they present their new bodies and faces to their
children, partners, and friends, and of course to the cameras. Importantly, the transformations themselves occur away from friends and family, out of the context of patients’ normal lives. In this way, despite the heavy documentation of the painful procedures, the before/after as a structuring trope remains paramount. The audience follows the recipient on a ‘secret’ and ‘private’ transformative process, from which their closest friends and family are excluded. We are privy to images of gory medical detail via the space of the television screen, and we are promised visions of more ‘secret bodies’ in future programs: ‘Sarah is a breast cancer survivor who seeks a new breast two years after her mastectomy. Her story begins with her heart-wrenching application tape, in which she courageously shows Extreme Makeover producers her scarred left chest’ (Extreme Makeover website).

This is a kind of cosmetic surgery pornography: through the Extreme Makeover lens we observe bodily intimacies normally reserved for the private sphere. Like pornographic images and bodies, the public metaphorically owns the bodies of those transformed on Extreme Makeover. And like the bodies of actors, especially those who appear in pornography, bodies seen through the television/scalpel optic become artefacts for public consumption. As in the Pamela Anderson/Sam Newman house, we see reflections of ourselves in these perfectly re-made body-sites. They have been made over in the warmth of the public gaze, they have been cut open, penetrated, and positioned for display, and they are finally renovated to a state that is highly acceptable to the mainstream and can be happily and proudly ‘public’ henceforth. Blum suggests that we live in a culture where ‘ubiquitous identification with celebrities’ (2003: 177) and general acceptance of their constant cosmetic, digital, and stylistic metamorphoses as unremarkable is largely because our relationships with them are mediated through screens:

Not only are we increasingly familiar with the surgical transformations of actors; it is as though the film screen justifies these transformations or renders them at once permissible and inevitable through its functioning as a site of transformation. Both the television screen in our homes and the movie screen, which can ‘become’ whatever is projected onto it, are socially sanctioned sites of transformation… In the relationship with the screen the viewer is caught up in the process of limitless change and transformation (2003: 177).

Screens render transformation familiar, making it everyday and common. The violent and gruesome processes of cosmetic surgery (sawing away of nose cartilage, strenuously forcing implants up under breast muscle) are made more acceptable when transmitted via the screen. Two powerful transformative devices – the television screen and the scalpel – are bonded on Extreme Makeover, making cosmetic surgery palatable, and positioning all viewers as potential matter for makeover. The
program’s official website includes links to ‘Makeover Experts’ in your town, and also features an ‘apply for finance’ link. Like bodies, ‘inner selves’ are similarly eviscerated, exhibited, and improved for public consumption on *Extreme Makeover*. Many of the recipients express their most private insecurities, from terror of rejection to feelings of sibling rivalry and inadequacy. The makeovers are always presented as portals through which the individuals will gain confidence, become the people they ‘really are’ and fulfil themselves in careers and romance.

**Banishing Vanity**

The producers police a fine line in choosing recipients: they must be deserving, like Jeff, who is presented as heroically having ‘lost 200 pounds on his own in only one year with a rigid diet and exercise regimen’ and Tammy, who ‘...feels as if she’s been living in perpetual adolescence. Her self-esteem, personal relationships and love life have been scarred by the severe acne she’s suffered from all her life’ (*Extreme Makeover* website).

The recipients often have a ‘dream’: Jeff wants an ‘extended body tuck’, a procedure to remove the great flaps of skin that were stretched out and lost their elasticity when he was obese. We are told that ‘the procedure is his once-in-a-lifetime chance to live the normal life he’s always desired, a dream he desperately wants to see come true’. Tammy also has a dream: ‘[as] the oldest dancer in her dance school, her dream is to perform in front of the chorus line – if only she were confident enough to be in the spotlight’ (*Extreme Makeover* website). But as well as being deserving and having a dream, both of which fulfil classic narrative trajectories and provide easy fairytale-type storylines, *Extreme Makeover* recipients also include a selection of utterly ‘normal’ individuals, whom the audience can relate to on the level of everyday concerns: ‘after two decades on the job, Peggy, a 48-year-old crime scene investigation detective from Colorado, wants to look 20 years younger at her upcoming work anniversary party. She is transformed from looking dead tired to drop dead gorgeous’ (*Extreme Makeover* website).

These stories are presented in exactly the same way as the ones that feature people like Sarah, the breast cancer survivor, and DeShante,

...a 22-year-old church choir singer from Pittsburg, California, [who] feels that her life has been marred by her cleft palate and lip. Called ‘harelip’ by kids when she was young, DeShante underwent four operations until her parents’ money ran out. Consequently, the congenital deformity has never been corrected – until now (*Extreme Makeover* website).
Deshante’s problem is not presented as anything to do with a user-pays health system or her black family’s poverty but rather just bad luck. The previously hidden space between before/after may be opened up for inspection in this text, but elisions to do with class and race are still very apparent. By setting relatively common concerns such as ageing against more unusual concerns like post-mastectomy implants and hare lip reconstructions, cosmetic surgery is presented as an antidote equally applicable to every person. By parallelling anxieties that would have once fallen into the category of vanity with what might easily be called deformities, they are conflated and each becomes as valid as the others. The suffering of the woman with droopy breasts is figured as equally deserving of intervention as the suffering of the woman with only one breast because of cancer. Most people can probably relate to at least one of the recipients on *Extreme Makeover*. Every disappointing physical attribute can now be medicalised and linked with psychological hardship, and cosmetic surgery is presented as the panacea for all manner of psycho-social problems and crises of confidence.

*Labour Revealed*

The majority of each program is taken up by footage and discussion about consultations, procedures, operations, and recoveries. These processes are not presented as horrible messy moments to be endured on the pathway to better selves, but rather as almost enjoyable, in and of themselves. Rhetorics of care are emphasised, with anaesthetists figuring in every program and gentle nurses hovering post-operatively. Even post-surgery the transformations continue with celebrity hair stylists, makeup artists, and fitness trainers. The episodes are very much about the process of becoming, during surgery and recovery and then through continued personal growth after – and as a result of – resuming everyday life.

The operations on *Extreme Makeover* take up to ten hours but are televisually condensed into a few minutes. Significantly, the labour of cosmetic surgery has been introduced into mainstream discourse. Time is compressed but repeated close-ups of clocks during the operations are a reminder that there is nothing instant about this process. As I suggested earlier, this opening of the time and space between before/after has, counter-intuitively, contributed to cosmetic surgery becoming increasingly mainstream and fashionable. The simple explanation to this it that gruesome narratives and pictures desensitise and initiate a surgical-virgin audience so the process of cosmetic surgery is no longer associated with danger and pain but instead becomes an everyday media event. In this sense television is a sort of
cultural anaesthetic, allowing us to experience a kind of virtual surgery, making that small step to real surgery a little bit easier. But the connection is more complex: it is to do with showing *labour revealed*, within a very specific framework. When painful recovery periods, embarrassing consultations, and vulnerable, anaesthetised subjects are displayed, cosmetic surgery becomes associated with hard work and sacrifice. It is removed from vanity and narcissism and becomes something that requires motivation, something that tough and hardy people with a strong ethic of self-improvement consider: it becomes an act of courage and bravery, and self-determination.

So rather than being presented as vain, subjects on *Extreme Makeover* are presented as commendable. Witnessing someone go through suffering and distress in order to reach their target is an ancient narrative that enlists barracking: we want the protagonist to achieve her goal. The bleeding and bruised cosmetic surgery recipient is a kind of Cinderella, just as the show’s producers suggest, and the audience identifies with her, especially if she’s been presented as deserving to begin with.

Joy in process is further glamorised by couching recovery periods in luxurious surroundings. Patients recuperate in fine hotels, and future series will feature the *Extreme Makeover* Mansion where they will improve in panoptical luxury. Clearly, a will for magical and easy transformation is still a very strong theme in texts like *Extreme Makeover*, but I think that the between stages, the moments of becoming, are now just as important, if not more important, than achieving an end result. In fact, what makeover culture most validates is a ceaseless, stretched, *period of becoming*, rather than a finale that displays a completely transformed self. Transformation then, becomes a temporal and spatial *mode of being*, replacing a static end result: makeover culture is a lifestyle in itself. Cosmetic surgery recipients perhaps epitomise these new ideals: they are not simply transformed: rather, they are engaged in active becoming.

**Little Pedagogies**

As I indicated in the previous chapter makeover culture relates to practices, trends and desires other than cosmetic surgery. For example, the ‘knowledge economy’ is understood and theorised as a new paradigm where adaptation, capacity, and potential are the human characteristics that are most valorised. When it comes to employment in the knowledge economy, *flexibility* is more desirable than permanence or fidelity. In this environment there’s no rest, no difference between work and leisure, and the working-learning self must be constantly mobile. Nikolas Rose
suggests that identity is now a ‘project’ (1996: 160), that life in the contemporary world is all about making identities via practices like lifestyle shopping and homemaking. Further, he suggests that citizen formation doesn’t happen according to external morals and obligations anymore. Rather, ethical selves are created via active self-fabrication. Ethical life is now taught in what he calls the ‘little pedagogies’ of talk shows and soap operas (1999: 164) – and I would add, now, makeover shows. *Extreme Makeover* is in this sense a site for teaching and learning, a site for ethical formation, a site where we learn ways to be flexible, changeable, and never-resting. Subjects on *Extreme Makeover* in this way are the role models of makeover culture.

Tara McPherson similarly notes that: ‘...while the ‘reveal’ is still important, the shows narrate the labour involved in transformation in a manner quite different from earlier makeover tales. The ‘before’ and ‘after’ are still key, but the in-between expands’ (McPherson, 2005). She links it to digital technologies and the many blurred boundaries they help create:

> The recent explosion in transformation TV situates television firmly within electronic culture, narrating recombination across our very bodies and homes, underwriting a continuum that runs from the extreme surgery shows to the seemingly tamer worlds of *What Not To Wear* and *Trading Spaces*. Electronic forms are complexly situated within the workings of capital. Thus, the bleed between product and information, between work and leisure, between old and new bodies can be seen as *skilling us for the new modes of living* demanded by post-fordist economies, modes that require a new relationship to our very corporeal selves (McPherson, 2005, my italics).

Further, there is a well documented global movement, of which Australia is clearly a part, towards conservative governments. Some academics suggest that this is in part a reaction against what is at least perceived as an increasingly dangerous, hostile and violent globalised environment. Makeover culture can be conceived as part of this conservative trend too, in a number of ways. While it is about flexibility, change, and engagement with fashion, it is also about continually rebuilding the self and the self’s environment: it is about constantly strengthening a personal fortress made up of good grooming and self presentation. Makeover culture parallels the knowledge economy imperative for working individuals to be always supple and open to adjustment, but also shows desire for personal fortress building in the face of an unpredictable outside world. In makeover culture we are obliged to constantly add layers of product to homes and bodies and environments to ensure, paradoxically, both ceaseless flexibility and engagement, and increased isolation and safety.
Magic Reinstated

At the end of each Extreme Makeover program, after the Reveal, the before/after rhetoric – where labour and pain are airbrushed away – is strongly restated. This is done using a device where the screen is simply divided in two, with the left side showing an image of the ‘before’ body while the right side shows an image of the ‘after’ body, with a voice-over describing the work done. The two digital bodies rotate so they are viewable from 360° and are ‘haloed’ by a series of glowing rings.

Despite all the blood and gore then, final bodies on Extreme Makeover are presented digitally: as virtual figures that are incapable of pain and are also on permanent display. In the before/after model this was about showing magic at work, but in makeover culture it is also about the display of hard-won achievement: the ‘old you’ is not abandoned in makeover culture but is repurposed as a ghost-twin, an emblem of how far you’ve come. Significantly too, after or final bodies are in this way presented as always linked to their ‘befores’. Carole Spitzack has suggested that no matter how much we may cut, tuck, suck and lift, within our ‘improved’ bodies will always lurk the shadow of our ‘diseased’ pre-operative selves. She says that inside flawless ‘after’ bodies lurk impure representations of uncut body parts ‘flawed and pathological’ (1988: 52). Jordan Crandall, in an article about gym-work and mirrors, puts it this way:

…it is nearly impossible to assess where one stands in the spectrum: the ‘real’ body is always shuffled into the deck. Image and corporeality, present and future, are enmeshed in an oscillation that beats to the rhythm of routine... It seems that wherever there is an image there is an incomplete body running after it, endeavouring to catch it or interpolate itself into it (1997).

Makeover culture opens up the space between before and after and situates ‘running’ inside that space as the most productive and worthy activity for its citizens. Makeover culture does not abandon before/after, it merely makes the transition between them never complete. ‘Afters’ in this schema are never permanent, in fact in makeover culture the ‘after’ is the new ‘before’, simply heralding the next portion of makeover labour. Efrat Tseelon writes that ‘beauty, for the woman, is an identity claim, except that it is a conditionally spoiled identity. It is only through hard work that the woman can avoid being shown up as ugly’ (1995: 80, my italics). The hard work of makeover culture is a way to ensure constant running from the ‘incomplete body’ that Crandall invokes. Both the magic and the horrors of before/after remain

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20 The glowing, concentric rings are similar to those that surround Maria, the robot that stars in Fritz Lang’s 1927 silent film Metropolis. Significantly, they appear around her in the scene where she is created.
intact inside makeover culture: they are merely transformed via a new set of indicators.

A will for simple transformation is the most unsubtle and old fashioned reason for cosmetic surgery, but is nevertheless still a very strong theme in texts like Extreme Makeover. In contrast to this I argue that the between stages, the moments of becoming, are now more important than achieving an end result. In fact, what is most desirable now is a ceaseless, stretched, period of becoming, rather than a finale that displays a completely transformed body-product. Transformation then, becomes a temporal and spatial mode of being, rather than a static end result. I use the word becoming rather than transformation because they are subtly different: transformation brings to mind a quick change, a definitive before and after, whereas becoming connotes growth and slower change. Becoming can be explained as a mode of living whereas transformation implies rupture and a stop-start action foreign to daily life. The cosmetic surgery recipient is not simply transformed: rather, she displays herself as a person engaged in active becoming: age is not something out of control that is happening to her, instead she is manufacturing her own becoming.

Transformation and Makeover

The body that shows its becoming-process is displaying and enacting ‘makeover’ while the one whose labour is hidden – especially via before/after – merely shows ‘transformation’. Makeover and transformation are closely related but vary in some significant ways:
<table>
<thead>
<tr>
<th>Transformation</th>
<th>Makeover</th>
</tr>
</thead>
<tbody>
<tr>
<td>Result achieved by Magic.</td>
<td>Result achieved by Work.</td>
</tr>
<tr>
<td>Labour hidden.</td>
<td>Labour displayed.</td>
</tr>
<tr>
<td>Time is conflated or diminished.</td>
<td>Time is shown more chronologically.</td>
</tr>
<tr>
<td>Cosmetic surgery is painless: pain is barely mentioned.</td>
<td>Cosmetic surgery is painful: pain is a rite of passage.</td>
</tr>
<tr>
<td>Patient and doctor and the only actors shown.</td>
<td>Many more actors are shown: beauticians, fitness trainers, nurses, and psychologists.</td>
</tr>
<tr>
<td>‘Becoming’ is hidden in the slash between before/after.</td>
<td>‘Becoming’ is integral to process of transformation.</td>
</tr>
<tr>
<td>The temporal story is contained in the before/after; cosmetic surgery is all there is.</td>
<td>The temporal story is stretched. Recipients speak of childhoods and post-cosmetic surgery lives. Cosmetic surgery is positioned as part of the life-span.</td>
</tr>
<tr>
<td>The action-space is confined to the recipient’s body, which is removed from everyday life for the period of hidden change and later reintegrated.</td>
<td>The action-space includes operating theatres, surgeries, other cities, other practitioners’ spaces: beauticians, fashionistas, hairdressers, personal trainers.</td>
</tr>
<tr>
<td>The body is presented as closed and finished once surgery is complete.</td>
<td>The body is presented as open and malleable, always ready for more work.</td>
</tr>
<tr>
<td>Cosmetic surgery results try to be indistinguishable and ‘natural’.</td>
<td>Cosmetic surgery results may boast themselves.</td>
</tr>
<tr>
<td>Cosmetic surgery, while necessary for some, is essentially a shameful practice.</td>
<td>Cosmetic surgery is a reward, something earned, and is potentially available to all.</td>
</tr>
</tbody>
</table>

Cosmetic surgery is no longer hidden: its corporeal processes have been opened up and now our knowledges of it are more scrutinised and more specific. These knowledges are often gruesome and repulsive, so why is cosmetic surgery more desirable than ever? I argue that it is because the articulated makeover does not replace magical transformative discourse but works cleverly in conjunction with it: together, makeover and magic create a very powerful set of rhetorics. We could easily assume that makeover has replaced transformation but on the contrary it adds another layer to cosmetic surgery discourse: fantasies of transformation remain dominant, now accompanied by a new and potent ally. Rhetorics of magic and labour combine to create makeover culture.

**Pleasure and Pain**

In the paradigm of the makeover culture and becoming-transformed, there is little to distinguish between the pleasures and the pains of cosmetic surgery. Pain is a rite of passage, a kind of industriousness combined with valid effort to be gone through for the pleasurable result. Cosmetic surgery used to be presented as the ‘easy way out’, for example, liposuction was for the faint hearted who wouldn’t exercise or wanted slim bodies too soon. Now, cosmetic surgery is more likely to be presented as
something to be gone through, something requiring great effort and self control, much like dieting and gym work. The decision to have cosmetic surgery is shown to be one that is made with a great deal of thought and consideration. At the same time, it is easier to consider or even decide to have cosmetic surgery because of the wealth of material about it available. Pain can give validity to the feeling of ‘deserving’ to look better after cosmetic surgery. It can operate as a marker of an important life-transition, it can work as a kind of eliminatory of past hurts and harms – like one of my interview recipients who used it to diminish the physical signs of her alcoholism (see Chapter Four, p. 138).

CONCLUSION

The neutralisation of blood and pain via our screens and other everyday media means that cosmetic surgery has been distanced from vanity, frivolity and narcissism. The opening of the space between before and after allows other cosmetic surgery voices to join the dominant surgical and journalistic ones. In the mediascapes of makeover culture recipients of cosmetic surgery now speak and give reasons for their surgeries and it emerges that there are all sorts of motives for undergoing such processes. Rather than being for the rich and vain, cosmetic surgery in makeover culture is positioned as a means to improving mental wellbeing, and as part of the continuing development of the self. The opening up of the processes between before and after is happening synchronously with the re-framing of the rationales for having cosmetic surgery. Exposing the ugliest elements of cosmetic surgery has made it more desirable.

Makeover culture combines postmodern notions of a fluid, malleable self with modernist notions of self-creation and self-improvement, and values that are close to the protestant work ethic. The idea of the self as a transformable construct rather than a fixed entity is not a new one of course, but I argue that the difference is that in makeover culture the transformation of the self is imperative. Self-renovation by whatever means is compulsory and never-ending. We may certainly choose what we want to transform into, and how we would like to ‘realize our full potential’, but transformation itself is not elective and nor is it ever finished. Self-improvement is something that makeover culture insists everyone needs: it is a continuing enterprise that may be realised via home renovation, lifelong learning, constant career enhancement, or bodywork such as cosmetic surgery. Good citizens\textsuperscript{21} in the

\textsuperscript{21} English scholar David Russell has written about the relations between bodies and citizenship, particularly bodies that make sexual or ‘tumescent’ transgressions. He explains that citizenship in Western democratic cultures is not automatic but is based on
makeover culture are in a permanent state of becoming something better. In modernity we are entrepreneurs of our own selves (Rose 1999), in postmodernity we have many selves to choose from (Poster, 2001; Turkle, 1996). In makeover culture it is not who we choose to become or to develop into that is important, as much as the *display* of our ongoing improvement that is crucial. The visible act of labouring to acquire one's choices, the public performance of moving from one self to another: these are the signs of a good citizen of the makeover culture.

The Bonaventura is a building that perfectly houses and mirrors makeover and groomed bodies. In the model of before/after they are bodies that have been transformed *elsewhere* and only reveal themselves once they’re perfectly healed. In contrast, makeover culture ‘surfaces’ or ‘outs’ labour: bodies in permanent transition are its goal. Texts like *Extreme Makeover* exemplify this change. In them the spatial and temporal moments between before and after are increasingly documented: not by people who are anti-cosmetic surgery or making radical statements like Orlan, but by the very industries that stand to gain from a widespread acceptance of the technology as part of everyday life. These programs show the surgeries themselves, they dwell on the miserable healing periods, and cosmetic surgery recipients suddenly have voices and personalities. Texts like *Extreme Makeover* still definitely privilege transformation, before/after, and magic, but they also show what used to be invisible: they have opened up what happens between and made it desirable. These landscapes are forming makeover culture whilst also reflecting it.

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moral worth: ‘...in the operation of state-defined rules and in common practices an assumption of moral worth [is necessary]’ and those who are deemed ‘...less responsible are defined as unworthy of or unfitted for the privileges of full citizenship’ (Linda McDowell, quoted in Russell, 2004: Bit 2).
3

MORPHING INDUSTRIES

We are neither audience nor actors, residing in neither the amphitheatre nor the on the stage: rather we are ‘in the panoptic machine, invested by its effects of power, which we bring to ourselves since we are part of its mechanism (Foucault, 1977: 217).

I don’t regard appearance as terribly important anyway. It’s what the society wants that I’m reacting to (Dr Young, interviewee).

Michelle Del Guercio, ‘Liposuction’ Plastic Surgery series

Many narratives and critiques situate the surgeon – or the surgeon/patient relationship – at the heart of the cosmetic surgery matrix. I prefer to see him\(^22\) as one interdependent part of the makeover culture network. He is analysed here as part of an entanglement, an assemblage of actors that includes cosmetic surgery recipients and non-human actors such as Botox®. I figure the surgeon as central to the materialisation of cosmetic surgery but also as a conduit by which non-human and human cosmetic surgery actors come together. Doctors, recipients, and strange creatures such as Botox® form an intertwined and co-dependent collection at the hub of cosmetic surgery culture. Agency in the recipient/surgeon/product assemblage is questioned here: who is the provocateur, who or what has power, and how is power determined?

\(^{22}\) In this chapter I refer to surgeons as ‘he’ and recipients as ‘she’. While there are certainly female (even perhaps feminist) cosmetic surgeons who deserve attention, as do male recipients of cosmetic surgery, my generalisations merely highlight the gendered state of contemporary cosmetic surgery. Most cosmetic surgeons are men (one in nine is a woman) and most cosmetic surgery recipients (91%) are women (Davis, 2003: 41). Suzanne Fraser says that in popular culture surgeons are nearly always presented as male and recipients as female. She argues that this is not merely indicative of how things are but that such discourse is also materially productive, helping to create the conditions that it represents: ‘the representation [in popular magazines] of surgeons as male and recipients as female is both the ‘product and process’ of cosmetic surgery as a technology of gender; here gender stereotypes emerge from and help produce asymmetrical patterns in surgical practice’ (2003: 63).
AGENCY IN THE MAKEOVER NETWORK

Agency is constituted and distributed in multifarious ways in makeover culture, and Actor-network theory (ANT) is a useful tool for thinking about this. The ‘actors’ in ANT are heterogeneous agents that may be human or non-human, organic or artificial, visible or hidden, and located in the past, present, or future. The ‘network’ in the title is a way of recognising that any entity or process is made up of multifarious interconnected actors. This network is formed and deformed by ‘a series of transformations – translations, transductions’ and is always in motion (Latour, 1997). In this paradigm, while doctor and patient are clearly agents inside the network that creates cosmetic surgery, so are professional organisations, hospitals, mediascapes, consulting rooms, syringes, Botox®, implants, and anaesthetics. For my purposes, ANT’s argument that networks are constructions made by dynamic and intertwined collectives of both non-human and human actors points in some important directions. Humans are de-centred and are not placed in opposition to non-humans (Pile & Thrift, 1995: 36); this means that traditional dichotomies like nature/culture and natural/artificial are problematised as a matter of course: ‘the observer must abandon all a priori distinctions between natural and social events’ (Callon, 1986: 200, also see Pile & Thrift, 1995: 35-37). Not only is agency credited to non-humans, but objects may also intersect with humans, ‘exchanging properties’ with them (Latour, 1994: 46; Sofoulis, 1998: 4).

While accounting for many actors, ANT does not position them as equal or symmetrical. Rather it shows how powerful positions are defined during ‘negotiations’ and are created when certain actors enlist texts, artefacts, and processes as ‘enrolled’ or ‘allied’ players (Callon, 1991; Risan, 1997). Michel Callon writes that rather than trying to identify who holds power analysts must look at how actors ‘...define their respective identities, their mutual margins of manoeuvre and the range of choices that are open to them’ (1986: 201). Here I look at some actors involved in the perpetually forming and de-forming creative matrix of cosmetic surgery, especially surgeons. I do not find that ‘margins of manoeuvre’ are static but that they are constantly pushed and negotiated by various actors. Callon continues,

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23 Actor-network theory (ANT) has been developed by Bruno Latour (1987; 1993), Michel Callon (1986) and John Law (1992) as a sociological approach for the examination of cultures, artefacts and processes. One of its most useful characteristics is that it states any ‘actor-network’ contains vital objects or things as well as people. These ‘non-human’ actors play key roles in determining power and establishing ‘truths’ and should be treated as equal participants by sociologists. It is no mere coincidence that ANT is useful for an analysis of makeover culture. Its origins are in social studies of science and technology in the making. One of its main aims has been to explore the processes by which ‘facts’ and scientific ‘truths’ emerge over time. Its focus on methods of becoming and the ways that norms are produced aligns it nicely with makeover culture.
...the capacity of certain actors to get other actors – whether they be human beings, institutions or natural entities – to comply with them depends upon a complex web of interrelations in which Society and Nature are intertwined’ (1986: 201). I trace some of these interrelations here, to point to ways in which surgeons seek compliance from other actors, how they sometimes fail in this endeavour, and how their positions are being recalibrated inside makeover culture. The ANT approach to agency is close to sociologist Nikolas Rose’s in that neither views agency as intrinsic to the individual. For Rose, the ‘psy’ disciplines and liberal democratic governance are institutional structures that people develop themselves within. The subject resides not in some essential core ‘self’ but in a ‘complex of apparatuses, practices, machinations, and assemblages within which human being has been fabricated’ (1996: 10). Zoë Sofoulis says that ANT ‘...emphasises the dialectical and somewhat haphazard processes of emergence and compromise through which entities and contexts mutually shape each other’ (1998: 4). This mutual shaping means that agency is movable, contingent, always questionable and is never a one-way process: ‘agency, if it is anything, is a precarious achievement’ (Law, 1994: 101).

COSMETIC SURGEONS AND PLASTIC SURGEONS

...all collectives are different from one another in the way they divide up beings, in the properties they attribute to them, in the mobilisation they consider acceptable (Latour, quoted in Pile & Thrift, 1995: 36).

Plastic surgeons and cosmetic surgeons form two entangled and occasionally warring collectives. The two plastic surgeons I interviewed were at pains to point out the differences between cosmetic and plastic surgeons in Australia. They were keen to tell me that although they practice cosmetic surgery, they are not solely cosmetic surgeons: for them, cosmetic surgery is just one category of plastic surgery. Plastic surgery might involve work on skin that is burned or scarred, face and hand reconstructions, skin cancers, and many other surgeries that are not primarily ‘aesthetic’. The Australian Society of Plastic Surgeons certifies doctors as plastic surgeons after at least eight years of specialist plastic surgery training. However, any medical doctor in Australia can hang a sign and print business cards calling himself a cosmetic surgeon. In the United Kingdom the rules are similar: plastic surgery is one of only nine medical specialties recognised by The Royal College of Surgeons. Plastic surgeons are not registered until they have trained in plastic surgery, usually for six years after qualifying as a doctor. As in Australia, ‘cosmetic surgeons may be highly skilled and capable but there are not currently any regulations covering their training’ (The Royal College of Surgeons, England <http://www.rcseng.ac.uk/>). In the United States, board certified plastic surgeons complete approximately seven years
after medical school training in order to specialise in plastic surgery (The American Board of Plastic Surgery, Inc. <http://www.abplsurg.org/index.htm>). However, as in England and Australia, any medical doctor with minimum qualifications can legally call himself a ‘cosmetic surgeon’. Plastic surgeons reside in closed collectives, well-established in history and protocol, and are desperately trying to protect their borders.

Plastic surgeons tend to denigrate the qualifications and expertise of doctors who call themselves cosmetic surgeons – one I interviewed referred to their training with contempt as a mere ‘weekend workshop’. Another Australian plastic surgeon’s website has the advice: ‘WARNING: BEWARE OF DOCTORS WITHOUT RECOGNISED SPECIALIST SURGICAL TRAINING CALLING THEMSELVES COSMETIC SURGEONS’ (Linley Clinic Plastic Surgery <http://www.linley.com.au/Linley/training.htm?=training_text.htm> capitals in original). Another plastic surgeon described the situation to me in terms of a battle to be ‘won’:

... we spend a lot of time attempting to convince government that they must stop this nonsense of allowing unqualified people to call themselves cosmetic surgeons. We are winning. We will only win when ultimately the rest of Australia adopts the Queensland policy of having what we call vocational registration, that is, a doctor has to register his speciality to be allowed to practice in that speciality. And cosmetic surgeons will not be able to call themselves surgeons because they’re not (Dr Fred).

This may be so, but many cosmetic surgeons insist that their work is as good as or better than that of plastic surgeons, and suggest that the plastic surgeons are actually lobbying for a monopoly on a highly lucrative market. Libby Harkness, in her well-researched consumer’s guide to cosmetic surgery in Australia, writes that ‘some procedures, such as liposuction, breast reconstruction and chemical peels, were not initially the province of plastic surgeons’ (1994: 28). Although plastic surgeons claim historical ownership of most cosmetic surgery procedures, there are many other specialists doing cosmetic surgery. For example, ear, nose and throat specialists might do rhinoplasties and otoplasties (pinning back ears), ophthalmic surgeons might perform blepharoplasties (eye lifts), oncologists might reconstruct breasts, and dermatologists might carry out peels and dermabrasions. It is not inconceivable that some of these ‘non-plastic surgeons’ are actually better at performing those particular surgeries than some plastic surgeons might be because of more intimate knowledge of particular areas of the body, and more practice in operating on those areas.

Added to this complex web of specialisations, qualifications, and expertise is the difference between hospitals and clinics in Australia: public hospital boards usually
only allow certified plastic surgeons to practice cosmetic surgery, but any doctor can set up his own surgical clinic or private hospital. This can be disconcerting: one woman I interviewed had a consultation with a cosmetic surgeon who told her that her blepharoplasty would be performed ‘upstairs’, above his suburban consulting rooms. She was surprised that the operation could take place outside of a hospital and decided to seek a plastic surgeon instead. ‘It was unprofessional, it was like “oh we’ll just whiz you upstairs and get it over and done with”. It made me just want to leave and run out of there’ (Kelly).

So, if you visit a cosmetic surgeon he may be a plastic surgeon who calls himself a cosmetic surgeon because he mostly does aesthetic surgery; he may be some other sort of specialist like a dermatologist, or he may be simply a general practitioner or MD who has probably completed some sort of short course about cosmetic surgery.

Cosmetic surgery operations can be performed in major public hospitals, in private hospitals, in small or large private clinics, and in theatres attached to consulting rooms. Plastic surgeons lobby the Australian Competition and Consumer Commission (ACCC) continually for changes to the laws that regulate who can call themselves cosmetic surgeons, but even within their ranks there are arguments about who can ‘belong’, and being a highly-trained plastic surgeon doesn’t guarantee being officially recognised by peers. A former president of the Australian Society of Plastic Surgeons told me that one very high profile Sydney plastic surgeon – someone who is constantly in the media talking about cosmetic surgery – had been denied admittance to the society because his image is disapproved of:

[He’s] a properly trained plastic surgeon, and he does cosmetic surgery, and his surgery is as good and bad as everyone else’s... [But] he is prepared to be regarded as being unacceptably commercial by the vast majority of his medical colleagues and laugh all the way to the bank, basically is how I see it. I value my reputation with my professional colleagues extremely highly, and I wouldn’t do anything to threaten that, like doing what [he] does... He made an unsuccessful attempt at joining the Australian Society of Plastic Surgeons and he was rejected purely on that ground alone. His qualifications and training were perfectly adequate (Dr Fred).

The surgeon’s crime is that he is unashamedly commercial, working on developing a high personal profile and then using that to build a lucrative practice. In Latour’s terms, aspects of his mobilisation were deemed unacceptable by the collective to which he wanted entry. So it seems there are subtle – and not so subtle – issues to do with etiquette and upholding the delineations between plastic and cosmetic surgeons at stake here too. Clearly plastic and cosmetic surgeons are enmeshed in webs of politics, infighting, labelling and disputes about surgical territory, expertise,
and reputation. Medical, commercial, and ethical imperatives fuel their debates as they compete for clients. Michel Callon says that “understanding what sociologists generally call power relationships means describing a way in which actors are defined, associated and simultaneously obliged to remain faithful to their alliances’ (1986: 224). What we see here is a constant tug for the power to speak and the power to represent; the struggle here is for the authority to command a logonomic system. Within the changing landscape of cosmetic surgery in makeover culture surgeons’ old alliances become problematised – below I look at some of the ways they deal with this.

PYGMALION’S MANY FACES

Ovid wrote his version of the Pygmalion story, *Pygmalion and the Statue*, around the time of the birth of Christ. It tells the story of a king who is disillusioned with the sexual frivolity of the real women around him. He is not merely disheartened by women, he loathes and abhors them:

Pygmalion loathing their lascivious Life,  
Abhorred all Womankind, but most a Wife:  
So single chose to live, and shunned to wed,  
Well pleased to want a Consort of his Bed.  

(Ovid: *Metamorphoses*, Book X  
<http://www.latein-pagina.de/ovid/ovid_m10.htm#5>)

*Pygmalion, Jean-Michel Moreau, 1741-1814*

To distract himself from sexual cravings he carves a statue of a woman but then falls in love with it. He prays to Venus, the Goddess of Beauty, to bring the statue to life, and eventually Venus consents. The statue’s name is Galatea and she becomes the perfect wife for Pygmalion.

The *Pygmalion* tale endures and has been famously reworked in plays, films, and books. It is also common in narratives about cosmetic surgery, where it is deployed as part of scholarly feminist critiques (Blum, 2003: 92-96; Davis, 1997: 31), by
psychologists (Goin & Goin, 1981: 115), within journalism (Bankard, 2004) and in the websites of cosmetic surgeons who describe the Pygmalion complex not as a psychological disorder but as: ‘...the desire to create perfection, not out of marble but out of human flesh’ (Talwar, 2002; also see Sachs). One website says ‘Just as a sculptor uses a mallet and chisel to render a 3-D human form, the plastic surgeon wields a cannula, or hollow tube, which is inserted through a small incision, to reconfigure stubborn fatty areas’ (Manley, n.d.). The myth is brought into play both positively and negatively in relation to cosmetic surgery: detractors easily and frequently couple it with the Frankenstein story to emphasise cosmetic surgery’s ‘unnaturalness’ and monstrous implications, while supporters mobilise it to historicise and eternalise a contemporary practice, hoping to make cosmetic surgery appear more conservative by aligning it with Classical artistry.

*Pygmalion* is enlisted as an actor in order to firm up or define various positions – different viewpoints try to ‘enrol’ it to strengthen their own situations. And I enlist it myself below to describe some of the roles that surgeons play in the cosmetic surgery arena and some of the ways surgeons describe or ‘sell’ themselves. They can be artist-sculptors, metaphorical fathers, lovers/husbands, and abusers.

**Spitzack’s Confession and Surgeon as Lover**

In 1988, feminist communications scholar Carole Spitzack visited a cosmetic surgery clinic and underwent a ‘diagnosis’ and consultation. She describes the visit in detail, with all its ‘subtle splitting and jarring that prompts intense self-scrutiny, leading to an externalization and internalization of disease’ (1988: 41). I have immense regard for this piece of scholarly ‘life-writing’ and consider it one of the foundation-stones of feminist analysis of cosmetic surgery. I do not endeavour to override or contradict any of Spitzack’s observations but rather to show how they have been further problematized and complicated by makeover culture.

Spitzack’s consultation moved beyond what she had expected: her inquiry about a rhinoplasty ended in forceful and unwanted advice about major facial skin resurfacing. She experienced intense embarrassment when she was placed in front of three brightly lit mirrors and asked to describe her ‘problem’. Then, once she had ‘confessed’ and her ‘problems’ had been identified – and she had accepted that two operations instead of one were necessary – the physician offered to help her deceive her insurance company by stating the operations were ‘necessary’ surgical

24 Spitzack posed as a prospective patient, a brave research strategy that I would never have received ethics clearance for.
procedures. Spitzack interprets this as: ‘we will be cohorts in deception, like lovers committing a crime’ (1988: 46-47). She describes how the surgeon sits close to her, ‘no more than three feet away’ and how he gently places his hand on her back to adjust her so he can see her (1988: 46). The ‘love’ situation she describes is similar to an unhealthy relationship where one party is controlling, working to destroy the self-confidence of the other in order to make them dependent. The doctor undermined her confidence, using the power of diagnostic language to make her ‘realise’ that her skin needed resurfacing. He then presented her with a ‘solution’ that was bound up in secrecy and co-dependence. The surgeon-patient relationship described here is a lopsided one where woman is triple victim: of her own insecurities, of the surgeon’s display of expertise and problem solving, and of his greed.

There are other ways in which the surgeon can be configured as lover. Physically, he has intimate access to the woman’s body, he penetrates with scalpel and implants while she is prostrate, he and his employees are her physical caregivers, and he is necessarily her confidante. Virginia Blum notes that ‘insofar as conventional heterosexual male and female sexualities are experienced psychically and represented culturewide as the relationship between the one who penetrates and the one penetrated, surgical interventions can function as very eroticized versions of the sexual act’ (Blum, 2003: 45).

The surgeon/lover connection also echoes through promotional rhetoric:

I can easily push my ‘aesthetic’ button. It takes little for a male surgeon to appreciate female beauty. But to go beyond lust, to define physical beauty, and to struggle to bring it forth through operation, is a different matter, requiring study and training (Robert Goldwyn, quoted in Adams, 1997: 60).

For Goldwyn, artistic skill in surgery is intrinsically tied to sexual attraction. He describes the surgeon-patient relationship in terms of sex and gender: the act of cosmetic surgery may go ‘beyond lust’ but it remains an extension of (hetero)sexual feelings. Thus cosmetic surgery is positioned as a ‘natural’ extension of ‘natural’ impulses; it is a surgical moment always tied to desire. Baudrillard has written, a little cryptically, that we are in an era of ‘…production of the Other... romantic love

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25 Many North American cosmetic surgery websites include links to finance companies such as Cosmetic Fee Plan, which promises ‘...the most attractive patient payment plan designed specifically for cosmetic surgery. We can help you to achieve the look that you desire by providing a convenient method of paying for your procedure’ (<http://www.amerifee.com/cosmetic-surgery-financing/>). The site has an online application form, and offers loans of up to US$25,000 for cosmetic surgery procedures. As I said in Chapter Two, further cultural and social analysis of the cosmetic surgery loan system, its long-term implications on recipients, and its connections with class and race are called for.
is no longer about winning over a woman’s heart, or about seducing her. It is rather a matter of creating her from inside [de l’interieur], of inventing her...’ (1995). The dystopic schema he describes is close to makeover culture where love – of the self in particular – is created, worked for, desired, and won, rather than simply given. In makeover culture ideal people – those who are beautiful and lovable and worthy – are those who have worked on themselves and/or sought others to work on them. Baudrillard asserts that now, the only love possible is that figured via procedures such as cosmetic surgery: procedures that create lovable objects. His view is extreme but it resonates with the connections that makeover culture makes between creation and desire. We see these connections explicitly in cosmetic surgery where medicine and beauty, sex and surgery, and artistry and lust are all intertwined.

Spitzack’s experience was psychically abusive and her interpretation of ‘surgeon as lover’ saw him as a dishonest exploiter. I propose that the ‘dirty’ tactics she experienced must now be more subtly manifested in makeover culture, where power relations around cosmetic surgery occur in an information-saturated mediascape. One of makeover culture’s characteristics is an abundance of information – it has informed people about cosmetic surgery, particularly about what happens between ‘before’ and ‘after’. Infotainments like Extreme Makeover, I Want a Famous Face, or Cosmetic Kids, however absurd, can result in lay people gaining a previously unimaginable amount of knowledge about cosmetic surgery. An active potential consumer of cosmetic surgery would also be able to seek out more technical documentaries and hundreds or thousands of cosmetic surgery websites and chatrooms. Crucially, there was very little of this kind of media available when Spitzack had her consultation. She was reliant on the surgeon as sole information provider, specialist, and technician. His role was multiple, active, and transcendent while hers was singular and passive – and she was expected to be grateful for his expertise. Makeover culture may position cosmetic surgery is ubiquitous, even obligatory, but in makeover culture the client is no longer entirely dependent on the surgeon for information about what she ‘needs’ and what procedures are available. My interviews show that surgeons are now often the end-point of recipients’ research about cosmetic surgery rather than the starting point. In makeover culture I suggest that the surgeon is more suitor than lover: he must woo his client, ‘win her’, and then hang onto her. Theirs is a relationship that must be negotiated and conducted within a wider mediascape.

**Surgeon as Slasher**
The slash between before and after is frequently literal. Many cosmetic surgeries are violent. They do not require meticulous and intricate work. The precision and noetic concentration of the brain or heart surgeon is a far cry from the physical brutality of a breast augmentation or liposuction operation. Slits in the breast are prised apart and the implant is forced between fat and muscle: the surgeon exerts a fair amount of leverage and force. Liposuction cannulas look like long metal straws. They are inserted and then rotated rapidly, the surgeon moving his arms as if he’s stirring a big tin of paint.

Ovid describes a textural, fleshy scene as Pygmalion molests Galatea into life:

   But next his Hand on her hard Bosom lays:
   Hard as it was, beginning to relent,
   It seemed, the Breast beneath his Fingers bent;
   He felt again, his Fingers made a Print,
   ‘Twas Flesh, but Flesh so firm, it rose against the Dint:
   The pleasing Task he fails not to renew;
   Soft, and more soft at every Touch it grew;
   Like pliant Wax, when chafing Hands reduce
   The former Mass to Form, and frame for Use.

   (Ovid: Metamorphoses, Book X <http://www.latein-pagina.de/ovid/ovid_m10.htm#5>)

Galatea morphs from ivory to wax to flesh under his probing fingers and her living flesh is always and already his property. Although alive she remains one step away from wax and is ‘pliant’ and ‘framed for use’: thus the perfect woman is utterly malleable. Spitzack’s surgeon ‘blandly’ described how he would dislocate or break her nose before carving it into a more ‘feminine’ shape. Horrified, she writes ‘having one’s nose broken calls forth violent imagery: physician as bodily harm, as villain’ (1988: 46) and her subsequent brilliant analysis works partly as a cathartic retaliation.

Sometimes real-life Galateas fight back. Dr Franz Gsell, a well-known cosmetic surgeon who practiced in Germany in the 1990s and early 2000s, transformed his much younger wife via multiple operations. Tanja and Franz enjoyed a high society life together for a decade until she left him to live with a young car dealer. Gsell continued to fund his estranged wife but finally threatened to cut her off financially. He was then killed with an axe after two masked men broke into his villa. Tanja was tried for conspiracy to murder, acquitted, and inherited Gsell’s fortune (Vasaga, 2003). Franz Gsell’s cosmetic surgery career and death was widely reported as a Pygmalion-gone-wrong scenario, where a man is misguided enough to attempt to
create a perfect woman for himself only to have her turn against him (Alexander, 2002; Vasaga, 2003). This gory example shows again how the Pygmalion narrative can be rewritten by various players and is never clean-cut.

The victim/abuser framework is not usually inverted as dramatically as it was by Tanja Gsell. However, it is problematised inside makeover culture simply because makeover culture repositions cosmetic surgery patient as ‘client’. In order to become more desirable and widespread cosmetic surgery must become a commodity that does not stigmatise its buyers and that (preferably) elevates them in some way. Thus in makeover culture cosmetic surgery is gradually being repositioned as an optional, desirable, ‘lifestyle choice’ rather than something you ‘need’ because you are ‘sick’. While this normalisation has many implications that are deeply disturbing for feminists (Brooks, 2004; Brush 1998; Gillespie 1996) it also has some significant and possibly positive side effects. Instead of elective, aesthetic surgery being dressed up as ‘psychologically necessary’, and instead of doctors using their medical arsenals to bully women into having cosmetic surgery, they must now sell the procedures to discerning and knowledgeable clients. Re-defining a patient as a client partly de-stigmatises the cosmetic surgery recipient. It replaces the unhealthy, diseased body that Spitzack was made to ‘see’ via her doctor’s cruel three-sided mirror with a consumer-body: a body that buys, ingests, and displays itself, rather than a body that is subject to intervention because of deformity. As noted in the previous chapter, Extreme Makeover takes a rhetorical stance that affirms both kinds of cosmetic surgery recipients as equally deserving.

Another part of makeover culture that has problematised the centrality of the surgeon is that recipients have internalised the medical gaze and become their own ‘surgeons’. Media like Extreme Makeover give potential recipients the tools with which to ‘diagnose’ themselves. This means, perhaps, that more people will see themselves as deficient as boundaries between acceptable and unacceptable appearance become ever more subtle. But it also means that part of the old doctor-patient relation is re-calibrated. He becomes a means to an end rather than an arbiter of beauty and normality; he acts as the scalpel while she is the all-important expert eye. Orlan’s important work through the 1990s foreshadowed this shift in power, and she also recalibrated the traditional relations between surgeon and patient by remaining awake during her operations. Conceptions of cosmetic surgery patients throughout most of the 20th Century were that they were deformed or had suffered terrible hardship, and often that they had low self-esteem and even mental illness (Haiken, 1997). In contrast, Abigail Brooks has traced the normalisation of cosmetic surgery through changes in media accounts and notes that ‘the
contemporary notion of the ideal cosmetic surgery client’ (2004: n. 23) is strikingly different. Cosmetic surgery is now presented as an ‘accessible, rational, and practical tool to improve physical and mental health. Increasingly… plastic surgeons identify their ideal clients as already “normal”, “healthy” individuals’ (2004: 226).

This is a change that surgeons are sometimes and perhaps surprisingly keen to acknowledge. An editorial of the *International Journal of Cosmetic Surgery and Aesthetic Dermatology* – written by a cosmetic surgeon for a readership of cosmetic surgeons – strikingly places agency, expertise, and responsibility away from the surgeon and with the recipient: ‘beauty is in the eye of the beholder. The patient undergoing cosmetic surgery is the beholder in determining his or her own beauty and as such, determines what procedures are to be done and by what means’ (Hernandez-Perez & Khawaja, 2003: 207). In this scenario the surgeon is the servant of the patient: his expertise is in providing a service to a client rather than determining whether she needs that service or not. Later the writer advises, ‘the satisfied patient results in other patients being referred, so the physician should pay attention to the patient’s own desires’ (2001: 234), making clear the economic imperatives behind this view. The doctor is selling a product, and the customer always comes first. Indeed, it can be argued there are two competing logonomic systems here, a doctor/patient model where the doctor’s expertise wields authority, and a provider/consumer model where the customer’s choices hold the most power.

**Pygmalion Becoming Galatea**

In makeover culture, surgeons are certainly Pygmalion figures but they are also Galateas themselves, subject to their own and their patients’ judgemental scrutiny. One plastic surgeon I interviewed spoke about possible surgery for himself in the future:

…if the need arises I will, if my brows come down or I get a lot of jowling. It depends how long I stay in the game. My boss is about 60, and had a blepharoplasty – cosmetic surgeons have to look good themselves, and I’m currently sought as a young surgeon, because I’m not a fuddy-duddy. People don’t want to have someone operating on them who hasn’t bothered with himself. You’d have to ask, why hasn’t he done something about those eyelids or that double chin or whatever? (Dr Young).

So to further complicate the new set of imperatives in makeover culture, doctors now become patients: this surgeon positions himself as part of makeover culture and sees the presentation of a ‘becoming’ self as interconnected with remaining vital – not being a ‘fuddy-duddy’ – and maintaining a good business. He is a walking self-
advertisement and is also part of the general validation and normalisation of cosmetic surgery.

Dr Garth Fisher, one of the founders of Extreme Makeover, posing for the cameras (http://www.wchstv.com/abc/extrememakeover/garthfisher.shtml).

In 1998 I analysed a number of cosmetic surgery websites as part of my honours thesis. Most photos of surgeons then showed non-surgical faces, something that jarred for me as it positioned them as always whole and perfect while the women in the sites – shown only via before/after – were flawed and segmented. The celebrity cosmetic surgeons on Extreme Makeover have clearly all had work themselves, and photos of surgeons on websites now appear increasingly surgical. Surgeons are walking advertisements for their own products.

In makeover culture I see surgeons beginning to ‘perform’ as much as the bodies they wish to operate upon. With the media selling the procedures now, and in some ways having taken over the marketing of cosmetic surgery itself, doctors are left, in an increasingly competitive environment, with the need to sell themselves. Websites are becoming more elaborate: many include sections about surgeons’ ‘philosophies’ of cosmetic surgery:

My philosophy regarding cosmetic surgery is to provide a natural change that is in harmony with the patient’s features. Each patient that presents to my office is treated courteously, professionally, and with great attention to individual detail (http://www.drmosharrafa.com/)

Plastic Surgery is both an art and science, and can not be practiced with a cookbook. No two patients are the same, and my main goal is to sit down with every patient and individualize their care. This practice philosophy allows both my office staff and me to give our patients optimal care (http://www.dr-adams.com/).
Here Pygmalion as lover comes to the fore: the surgeon is primarily a carer, someone who ‘puts you first’. This rhetoric is also found in relation to less-than-perfect cosmetic surgery:

...if there is a problem, that’s when the doctor-patient relationship needs to be strongest. Some patients you have big relationships with are the ones who had little problems. We [have to] be partners, go through it together... Some problems have to be fine-tuned. That’s when it’s important to have a good relationship with your doctor. You have to stick together, and if a revision is needed for the final result, be prepared to go for it (Dr. Michael Powell quoted in ‘10 Tips for a Successful Face Lift’ <http://www.consultingroom.com/Aesthetics/News/Display.asp?ID=393>)

The doctor’s voice portrays the doctor-patient relationship like a marriage where couples must ‘stick together’ through difficult times. The aim of this highly manipulative rhetoric is to discourage unhappy patients from seeking compensation or making formal complaint, and rather to return to their original surgeon for further expensive treatments. It sternly enlists the patient’s courage and audacity – ‘be prepared to go for it’ – and her ability to maintain strong relationships. But alongside the calculating language there is an important acknowledgement of the cosmetic surgery recipient as a ‘partner’ or an implicated and influential actant, in ANT terms. This rhetoric acknowledges patient and doctor as collaborators rather than as active creator and passive receiver. It may have been cynically written to minimise lawsuits but in doing so it accepts the woman’s powerful position as a critical and potentially litigious consumer. The patient is seen as something of an avid shopper: faithless, wandering, and only willing to commit to a ‘purchase’ after perusing all options. It is the potential promiscuity of the shopper that the surgeon here is trying to counteract: he wants loyalty and commitment – ideally he wants a monopoly – while she wants to choose, to leave her options open, and to litigate if the project fails to live up to its promises.

One surgeon, Dr Weston, interviewed by journalist Christine Rosen, said that trying to determine whether a patient might be suffering from body dysmorphic disorder or something similar is made even more difficult because ‘[we] sit down with patients in consultation, but we’re both obviously interviewing each other’ (Rosen, 2004: 5). Rosen expresses a horror at this situation:

26 Body Dysmorphic Disorder is a chronic, often secret, psychological illness that includes severe and debilitating preoccupation with a defect in appearance that is not apparent to others (Phillips, McElroy, Keck Jr, Pope Jr and Hudson, 1993).
Cosmetic surgery is one of the only surgical procedures that eagerly embraces the practice of self-diagnosis... it is difficult to imagine traditional physicians taking seriously a person who walks into their office, states with absolute certainty a complete diagnosis, and demands a specific cure (2004: 3).

But she forgets that cosmetic surgery is elective surgery that seeks aesthetic change: in this instance, the patient must self-diagnose to a degree, if only in order to make the appointment.

One of the risks for the surgeon in makeover culture is that if he refuses to perform surgery for some reason the client can simply have the operation/s with another surgeon. The dangers for the patient are that she will not receive proper medical care: a disturbed patient might be taken advantage of for the sake of the surgeon’s fee. This is a black scenario though and what usually happens during consultations is a series of careful negotiations between surgeon and recipient. She is patient, client, and expert, he is technician, doctor, and expert: they must each tread their multiple roles carefully. Each person is ‘interviewing’ the other, usually cautiously and with much preparation. Most of the women I spoke to had done in-depth research about procedures they thought were appropriate, and had shopped around for a surgeon, sometimes for many months. The meeting with the surgeon was the end of a process of gaining knowledge rather than the beginning of it.

**Surgeon as Artist**, **Patient as Impostor**

I asked a plastic surgeon how he learned the aesthetic (rather than medical) skills necessary to change faces and he told me:

> All plastic surgery is about that.... And you train in it. That’s what training’s all about, it’s not picked up like cosmetic surgeons at a “weekend workshop” [said with contempt, making quote marks in the air] or observing someone, it is actually working with [an experienced specialist] in hospitals, seeing the patients before the surgery, being operated on, doing the operations, seeing them in an outpatient clinic, and eventually doing your training, being examined in it – you’ve gotta learn aesthetic proportions, its all been done for thousands of years (Dr Young).

My interpretation of this wordy answer is that there is no specific training or examination for surgeons in terms of artistic skills. Their aesthetic training is picked

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27 The connection between art and science is the subject of an important body of psychoanalytic theory. It argues that ‘pure art’ and ‘pure science’ share similar psychic processes of projection and introjection and are two sides of the same coin: ‘complementary... surfaces of one truth’ (Sharpe, 1935: 201). Further study of cosmetic surgeons using this body of knowledge might yield important insights. However, my concern here is not with the psychoanalytic processes of surgeons-as-artists but with their ongoing negotiations of a secure position within makeover culture.
up on the job, by watching others, through experience, and is intimately connected with ‘thousands of years’ of cultural and aesthetics. It is very much a cultural training then, based upon social judgements and individual taste. Historian Elizabeth Haiken has pointed out that while ‘methods for measuring and calculating objective standards of beauty have gone in and out of style …the rhetoric in which many plastic surgeons indulge has not’ (2000). She notes that

if the phenomenon of plastic surgery is shaped by culture as well as by medicine, it seems logical that its practitioners would be as well… plastic surgeons shape and are shaped by the specific culture they inhabit – in this case, the visual culture (movies, magazines, models) of the United States in the twentieth century (2000).

Foucault’s links between sight and medicine show that vision, aesthetics and surgery are not only allied in cosmetic surgery but form a triad at the core of all modern medicine: ‘…the great break in the history of Western medicine dates precisely from the moment clinical experience became the anatomo-clinical gaze’ (1973: 146). In this philosophical schema cosmetic surgery is not a branch of clinical practice that is on the outer edge of ‘real medicine’, and nor does it embody a newer set of surgical preoccupations than other surgical specialities. Rather, cosmetic surgery’s linking of vision and aesthetics with surgery places it at the heart of what surgery is and how it developed. Lyons and Petrucelli, in their huge tome Medicine, an Illustrated History (1978) write about the distinctions between many different kinds of medical practitioners in the Middle Ages. For example, physicians might ‘…advise venesection but would rarely think of actually performing it’ (362). The people who actually performed surgeries were barbers. ‘It is difficult for us today to fathom the wide range of concerns allocated to barbers in the past – not just the care of locks and beard but also tooth-pulling, minor operations, the setting of bones and the like’ (Lyons & Petrucelli, 1978: 362). So the precursor of modern surgery was linked to grooming and artistry as well as to science and medicine. Contemporary cosmetic surgery is an echo of this early linking of surgery and beauty, of medical practice ‘on the street’ or of surgery-on-demand.

As I explained in Chapter One, Australian mediascapes are saturated with North American and English images. I suggest then that Australian cosmetic surgeons also learn their aesthetics not only through ‘thousands of years’ of history but through the beauty values of the culture they are part of. In Chapter Four I show how cosmetic surgery recipients tread a series of fine lines in relation to versions of beauty that are never entirely solid. Similarly, surgeons’ understandings of desirable aesthetics must
have some grounding in contemporary ideas of beauty, but this ‘expertise’ is very
difficult to convey.

While surgeons can easily advertise medical and surgical training by listing
qualifications, memberships, etc., it is harder to advertise artistic sensibilities. In the
competitive world of makeover culture though, marketing is mandatory:

Dr. Palmer can help you achieve the look that you’ve always desired through
a combination of surgical mastery with a blending of artistic vision and sound
aesthetic judgement that’s taken years to cull. But, aesthetic vision and
expertise vary among surgeons – so be sure that you’re in the hands of
someone who is highly skilled, well experienced and aesthetically gifted... like
Dr. Palmer (<http://www.beverlyhillsplasticsur.com/procedures.html>).

The ‘aesthetic gift’ is something that many cosmetic surgeons try to sell. Numerous,
perhaps most, North American surgeons have websites, and Australians are catching
up. These range from simple pages with contact details to detailed textual and
pictorial resources with hundreds of links. The fancier sites have some interesting
characteristics in common. There is often a self-professed devotion to charity,
sometimes with the charity named after the doctor himself. There are usually some
flattering portrait-style photos of the doctor along with his resume and
qualifications. There are invariably before and after photos of his patients. But the
most surprising change for me since 1998 is the propensity of cosmetic surgeons who
display their own works of art. It seems that cosmetic surgeons are also painters, photographers,
sculptors and even musicians.

Many professionals have artistic hobbies, but why do cosmetic surgeons actively
include theirs as part of their advertising? Because as makeover culture’s
mediascapes problematise their positions of power they must enrol new actors in
their collective, create a network that is supported from many angles, and sell
themselves as something other than experts offering a ‘cure’. Some loss of status as
sole expert is compensated by the deployment of a new kind of artistic expertise.
The most vivid claims about artistry that I’ve come across are on the website of
Francis Rogers Palmer, III, M.D:

Dr. Palmer has been Director of Facial Plastic Surgery for the Head and Neck
Surgery Department at the University of Southern California School of

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28 See Dr. Francis R. Palmer III at <http://www.beverlyhillsplasticsur.com/art.html>
29 See Dr. Michael Evan Sachs at <http://www.michailevansachs.com/artgallery.htm>
30 See Dr. A. Chasby Sacks at <http://www.azcossurg.com/aboutus.htm>
31 See Dr. Tony Prochazka at <http://www.finecosmeticsurgery.com/our_doctor.htm>
32 There is a long history of connections between art and science, artistry and medicine.
Medicine since 1991. As an artist in watercolor, oil and acrylic mediums who’s [sp] style can best be described as photorealism, he considers himself a modern day soft tissue sculptor adding his artistic flair to every aspect of his surgery. ‘Plastic surgery is artistry’, says Dr. Palmer, author of an upcoming book revealing his revolutionary new concepts of beauty and aesthetics in plastic surgery. ‘Plastic surgery, in order to be inspired work, must incorporate both the art and science of beauty. The surgeon must have an aesthetic eye’ (<http://www.beverlyhillsplasticsur.com/index2.html>).

This ‘aesthetic eye’ was somewhat evident when Spitzack attended her consultation. She suggests, pace Foucault, that the eye/gaze of the surgeon is a form of discipline situated within a powerful set of knowledges that construct the body of woman as pathological, excessive, unruly, and a potential threat to the dominant order. Similarly, Anne Balsamo writes that ‘...the cosmetic surgeon’s gaze doesn’t simply medicalize the female body, it actually redefines it as an object for technological reconstruction’ (1996: 64). Spitzack felt in the consulting room that she was being watched by a series of experts (many of them housed in the body of the doctor) and that she herself suddenly knew nothing: ‘all around me, one who does not know, the eyes of judgment, from persons who know’ (1988: 43). But in makeover culture those visual experts are dispersed, no longer holding together in the figure of the doctor. This is one of the reasons surgeons are so keen to emphasise their artistic expertise and sell their ‘aesthetic eyes’ – they are trying to grab back the gaze that they once held almost exclusively. The concentrated bullying that Spitzack experienced is perhaps less likely to happen now that everybody is an expert. Pressure is dispersed and panoptic as makeover culture makes everyone – especially potential recipients – into ‘expert eyes’.

Artistic accomplishment is exceedingly hard to judge. I have suggested that makeover culture makes every media-watcher a cosmetic surgery aesthetical expert. Some surgeons are worried and threatened by this emerging environment of new experts. Their attempts to promote their own artistic skills show an anxiety about having lost control over an area of cosmetic surgery that they once dominated. One plastic surgeon I interviewed was contemptuous of women doing their own research and he disagreed with their aesthetic choices because he saw himself as an expert whose opinions were being ignored:

...some people are already fairly savvy, they’re on the internet, they’re scanning, they’re looking at pre and post [surgical photographs], reading it, even younger people coming in, eighteen- or nineteen-year old ladies, they’re already onto it, they know what I’ll tell them on statistics... they’re researched, and if they come to me I’ve usually got a letter from their GP saying ‘Sharon wants to have her breasts augmented, I’ve suggested strongly against it but she still insists so please assess’. She’ll come in and say, ‘He’s a schmuck, what’s he know, I’ve got the right to vote, I live with my
boyfriend, I’m 19, I’m going to uni next year, I want to go on vacation, what’s wrong with having large breasts?’ What can I say? What can I say? (Dr Young).

He felt bombarded by young women wanting breast implants that he thought were too large. He wasn’t against implants per se – far from it – but had his own ideas about what looked good: ‘someone who doesn’t look like they’re augmented, but rather just having nice breasts – perky – cleavage’. While Spitzack says she was fearful that she ‘…might not identify [her] problem correctly, which would certainly not be missed by this man who sees and knows’ (1988: 45), the women Dr Young described to me were confidently self-describing. They certainly didn’t see the surgeon as an omniscient seer and knower but rather as a means to an end, as technician rather than aesthetic expert.

The plastic surgeons I spoke to were very concerned about their loss of aesthetic power. Dr Young quoted above wasn’t concerned about medical issues to do with large breast implants – for example he didn’t mention that encapsulation (painful internal scarring that can make the breasts hard and lumpy) is more likely to occur with larger implants – but with aesthetic issues and matters of power. He was working within two conflicting sets of logonomic systems. He didn’t like being treated like a mere service provider by a young woman armed with a lot of information and a set of aesthetics that didn’t match his own. In fact, I got the strange impression that he viewed these new ‘knowing’ clients as impostors! His status as expert and his role as artist, which at the time of Spitzack’s writing were unquestionable, must now be negotiated with clients’ self-determined needs, expectations, knowledges and aesthetics.

Interestingly, this was something that the cosmetic surgeons – those practicing cosmetic surgery who were not plastic surgeons – seemed to have grasped already. They were much more embracing of the ‘the client comes first’ dictum. Dr Tony, a cosmetic surgeon, told me

…they will want to get a second opinion, naturally, and they will look on the internet and talk to people. If I can give her what she wants I will, if it’s in my area of expertise. But she might go to someone else…maybe he’s cheaper, or she thinks he’ll do superior work… I’d say about fifty percent of my first timer consultations return [to have a cosmetic surgery procedure] (Dr Tony).

ANOTHER IMPOSTOR: BOTOX®
Your social appointments are escalating as the festive season nears. End the year looking rejuvenated and fresh. Smooth, Youthful, Beautiful. Spend fifteen minutes having BOTOX® wrinkle treatment and reap the rewards through the party season and New Year. Rejuvenate, Refresh, Revitalise (Botox® brochure, inVIVO communications, collected July 2004, italics in original).

Botox® is one brand name for a neuromuscular blocking agent called botulinum toxin. Botulinum toxins paralyse or weaken muscles they are injected into, and have been used since the 1960s to treat eye muscle disorders such as uncontrollable blinking. Doctors noticed that the frown lines of patients who had been treated for eye disorders were diminished or ‘softened’, and by the 2000s the toxin was being aggressively marketed as a wrinkle treatment.

Although the brochure states ‘It’s not magic, it’s Botox®’, there is a strong idea of magic at work here. By declaring it’s not magic, the text implies that an uninformed viewer would think it was magical because of its amazing effect. Botox® is thus aligned with transmogrification and offered as a medical wonder. It is even allied with penicillin, arguably the twentieth century’s real wonder drug (and importantly taken at some stage by most people): ‘Botox® is a highly purified protein that is extracted from bacteria, in a similar way that penicillin comes from a mould’. Just as Extreme Makeover shows the miserable mundanity of having cosmetic surgery and the recovery process whilst retaining the magic of before/after in the Reveal, Botox® is
here framed as magical and simultaneously as mundane as antibiotics. Connections between magic and labour and miracles and mundanity are vital in makeover culture where everyday life is meant to be transformative and ever-improving.

The main protagonist in this brochure’s text is not the beautiful woman but Botox® itself: ‘to... ensure a safe and effective treatment, ask for Botox® by name’. And actually the product is alive: it is a living toxin made from the same bacteria that causes the food-poisoning botulism\textsuperscript{33}. Botox® is the star, cosmetic surgery recipients are both audience and stage, and doctors play mere supporting roles. Botox® is not the only product that sets out to define itself in this way. Inamed Aesthetics, one of the world’s largest suppliers of breast implants, has a website (<http://www.inamed.com>) that shows pictures of the saline- or silicon-filled objects strangely disembodied from surgery and bodies. One floats like a white lily on blue water. They are reminiscent of flying saucers, tupperware containers, flowers and sea-creatures, and are represented as anything but ‘medical’. The objects are presented as beautiful in themselves - whole and self-contained, even living (one has a streak behind it, denoting prior movement, one is surrounded by rippling water). How long will it be before the brand name of breast implants is part of their appeal?

The back page of the Botox® brochure advises ‘to find out if Botox® might work well for you, please consult a cosmetic specialist who is a trained professional and can judge the optimum treatment to enhance your appearance’. The procedure, the decision, the recipient and the doctor take second place to the registered, branded, marketed product. A surgeon told me:

\begin{quote}
...the various plastic surgical supply companies, [the suppliers of] prostheses, or the suppliers of injectables, market directly to the public. And the surgeon becomes an intermediary in this, so that the public become the customer of the surgical supplier rather than what in the ordinary course of events would be the correct way, that the doctor is the customer and the controller of the product (Dr Fred).
\end{quote}

The ‘correct way’ – where doctor is main protagonist – is compromised by the power of the brand name. Doctor is recast as middle man or technician. Botox® is only a brand name but has been marketed so strongly that all the recipients I spoke to thought of it as ‘the product’. The surgeon continued:

\footnotesize\textsuperscript{33} Because Botox® is a living substance a vial – which holds enough for several injections – must be used within four hours of opening. Sometimes patients have to pay for an entire vial whether they use it all or not. Botox® parties are a way to share the cost and so reduce each recipient’s bill.
It’s a great name, very hard to break, its like being called Hoover instead of vacuum cleaner or something like that, or Durex instead of sticky tape – its like that, its something that’s clear in the public’s minds. And they’ve managed to link their name to the product so accurately that it will be very hard to break (Dr Fred).

**My Labor, and My Leisure Too**

The model on the cover of the Botox® brochure is like a Jackie O for the new millennium: impeccably groomed, serene, wealthy (cashmere jumper, diamond earrings, capped teeth) and – very importantly – married (rings on wedding finger). Perhaps in an attempt by marketers to move Botox® away from stereotypical associations with ‘dumb blondes’ this woman is decidedly brunette. She is more elegant than glamorous, more middle-aged than youthful. She looks actively composed, and busy but unruffled. This image in many ways embodies the notion of anti-ageing cosmetic surgery being about trying to look ‘better, not younger’ that I analyse closely in the next chapter. The inside of the brochure says ‘you stress. You squint into the harsh sun. You concentrate. And over time those expressions leave their mark on your face making you look older, tired or stressed’. While the self is older and almost inevitably more tired, it is no longer acceptable to show tiredness, even though makeover culture valorises work and labour as parts of ‘lifestyle’. The blurring between work and leisure (perhaps most clearly articulated in television shows like *Backyard Blitz* where heavy-duty landscaping is confused with a fun weekend) has resulted in a strange dichotomy: work is commendable and desirable but its physical effects on the body are not (unless they’re muscles from gymwork). In turn the eradication of those signs of labour – via cosmetic surgery – becomes an act of labour itself. Work and get wrinkles, work more to pay to have them removed.

In short, Botox® has an agentic presence that appears in the cosmetic surgery world somewhat independently of patients, clinics or doctors. It is an artefact in itself. Latour talks about the importance of ‘things’, of non-human actors as effective and necessary in societies. He critiques non-ANT explanations of social order by explaining that they ignore or take for granted things and objects. Important social and political ‘constraints’ are found in things. For example,

> doors, and other artefacts, act as constant constraints on our behaviour. Though they are physical mechanisms, their effect is indistinguishable from normative or moral control: a door allows us to walk through only at a certain speed and only in a certain place in the wall... (Collins and Yearley, 1992: 317).

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34 This is a line from Emily Dickinson’s poem ‘Because I could not stop for Death’.
Botox® is one of those things, like a door, that creates a ‘constant constraint’—simply because it stills the muscles of the face. But as well as being a physical mechanism it is a thing that has a ‘normative or moral control’. In fact it is not about giving the illusion of having led a leisurely life. Rather, it is part of the new presentation of labour within makeover culture, where leisure becomes a form of work, and working—no matter how hard—must never leave us looking exhausted because ‘tired is ugly’. Having Botox® and other cosmetic surgery is no longer about denying the marks of labour but is now part of the presentation of a successful hardworking self: a person who can afford the treatments, a person who ‘looks after herself’. So Botox® is a moral actor in the deployment of cosmetic surgery. It locates itself as a middle class and desirable accoutrement, a sign of deserved, worked-for wealth and comfort: your botoxed face says that you are part of a deserving group that can afford to choose to look ‘better’. ‘Botox®. A simple, non-surgical procedure that can dramatically reduce even your toughest wrinkle within days. So it’s really up to you. You can choose to live with wrinkles or you can choose to live without them’ (inVIVOcommunications, Botox® brochure, bold in original).

Agency is superficially located in the hands of the consumer, who has the ‘choice’ to live either with or without wrinkles in the same way that she has the choice to live with or without a cracked vase. This brochure text acknowledges the hard-earned status of the middle aged woman who is needed by her growing children and her successful husband, who perhaps has her own dynamic career, and who leads a very busy life. Serenity is not an option or a desire for her, but its illusion is. Her feelings might include stress or anger but her face must present a smooth consistency. Like the 4Wheel Drive that she might buy for herself, or a skiing holiday, Botox® is presented as a reward for hard work, as a treat, but also as part of the correct management of public image, part of the staging of enterprise and success. I saw this brochure in the waiting rooms of cosmetic surgeons and also in beauty salons and in general practitioners’ rooms. People who may never have contemplated cosmetic surgery for themselves, or only read about it in relation to celebrities, would have picked it up. Botox® - a relatively cheap35 and very effective (although temporary) wrinkle-killer positions itself as a necessity for the contemporary world.

THE PATRIARCHY, AND THE IMPORTANCE OF A GOOD CHAT

The rise of makeover culture has by no means obliterated uneven doctor-patient relationships. Just as makeover culture has enveloped before/after, expanded its

35 Botox® costs between AU$300 and AU$500 per treatment, and needs to be repeated every three to six months.
slash but kept its magic relatively intact, it has also enveloped relations between patient and doctors that are patriarchal. For Virginia Blum, there is still little negotiation in the patient-surgeon interaction. She tells of a surgeon she was interviewing ‘turning on’ her, demanding to know whether she’d had a nose-job, instantly reassigning her from interviewer to patient, from expert to ‘defective female plastic flesh’ (2003: 21-22).

There is no choice involved in this relationship. If his effect happens only through my response, I can at the same time argue that my response wells up uncontrollably to the positional power he commands over my body... This institutional power is inextricably tethered to the degree to which women are the perfect subjects of and for cosmetic surgery (2003: 22).

Cosmetic surgery clearly happens in a misogynist and patriarchal framework but patriarchy alone cannot fully explain relations of power in the worlds of cosmetic surgery and makeover. One of the dangers of this mode of analysis is that it can presuppose that gender relations are set and unwavering. Feminist Actor-network theorist Susan Ormrod suggests that a more useful set of tools with which to examine gender and technology issues combines ANT and a discursive analysis where ‘the social is constructed in and through discourse’ (1995: 31). This approach recognises that subjectivity is constructed through text, representation, and interpretation. Thus discourse is in constant productive relation with material and semiotic worlds. Latour puts it rather poetically:

Discourse is not a world unto itself but a population of actants that mix with things as well as with societies... Interest in texts does not distance us from reality, for things too have to be elevated to the dignity of narrative. As for texts, why deny them the grandeur of forming the social bond that holds us together? (Latour, 1993: 90).

Ormrod draws on these ideas to suggest that rather than being oppressed by forces from outside women are always somewhat implicated in their own oppression (or otherwise) and are ‘active in positioning themselves within discourses and in investing a commitment to subject position’ (1995: 31). In other words, gender is neither fully pre-existing nor taken for granted but is seen in the context of always being made and re-made. Our gendered subject positions are utterly tied up with the discursive social-material world, and are thus subject to change and negotiation.

Some of the women I interviewed described being somewhat intimidated in their consultations. However the general reaction to this wasn’t the ‘internalisation of disease’ and sense of dejection that Spitzack describes, but rather a dismissal of that particular doctor:
When I went to talk to the surgeon about general appearance I asked him what he would do if he were me and he said apart from taking the fat pads out or having this procedure [blepharoplasty] he would… inject fat [into my face] – you know how you can take fat cultures from your thighs and put them into your face? – because he looked at my face and thought it was thin. And he thought I would look better with that procedure. And I thought about that and I thought mmm, no (Simone).

This interviewee attended a consultation wanting to fix her puffy eyelids and also actively sought the doctor’s opinion about the rest of her face. When he told her that he thought she should have fat injected into her face she rejected his suggestion quite determinedly. Interestingly, she told me that it was partly because she had dieted for years to be thin and the last thing she wanted now was a fatter face, even if it did make her look younger. She then saw some photos of women who had had the fat-injecting procedure, and thought they looked like chipmunks.

Most of the women I interviewed had shopped around for surgeons and procedures, and several had taken intense dislikes to certain surgeons. One who was seriously considering a face lift told me:

I already went and spoke to one surgeon... who was recommended by my GP... it was a woman... I didn’t like her, I really didn’t like her. I didn’t like the consultation, I found it, although it was highly informative, and fact-giving, it was... I found her a bit Margaret Thatcher – ‘you will do this and you will do that’ – she was a bit kind of authoritative... I came away shaking... I put it on the back burner after that consultation so maybe it was quite good, because it made me really think about it. I just didn’t like her (Donna).

Another said ‘I went along and he just made me feel really at ease’. Both interviewees connected with their doctors on a level much more to do with trust (or lack of it) and understanding than medical expertise. Liking the doctor and being made comfortable was important and had a direct impact on their decision to have surgery or not. Another interviewee had thought about breast enlargement for a long time but didn’t proceed until she met a surgeon socially. He was the father of her young daughter’s schoolfriend and she had many informal chats with him before making her first appointment.

Anthropologist Rebecca Huss-Ashmore has found that ‘for most patients, cosmetic surgery is a positive experience that may change not only how they look but how they feel about themselves. They describe this change in terms of “transformation” or “healing”’ (2000: 29). Interestingly though, her thesis is that this transformative and healing process does not come about because of the surgery. Instead she
suggests it is formed through language, specifically via narratives that are created, recreated and played out by patients and medical practitioners before and after the actual operations. She found that the process of cosmetic surgery is described by recipients as having had a restorative effect between self and psyche, and body and image:

I think that it occurs through the creation and acting out of a therapeutic narrative, a lived story in which the ‘me I want to be’ or the ‘me I really am’ is brought into being through the linguistic, emotional, and physical experience of surgery and recovery (2000: 32).

Spitzack describes this relation in a much more dystopic way: ‘the highly material illness’ of physical/aesthetic imperfection is ‘cured’ through complex and overlapping mechanisms of confession and surveillance’ (1988: 38). Both viewpoints show the importance of narrative in cosmetic surgery practice, and strangely bely the power of the surgery itself.

OPENING BLACK BOXES

Power is defined by ANT as acquired within networks and specifically as a result of certain convergences and connections: ‘entities (whether human or non-human) within … networks acquire power through the number, extensiveness and stability of the connections routed through them, and through nothing else’ (Couldry, 2003: 1). These connections are utterly contingent and situated, dependent on a series of historical and cultural factors. They are thus far from ‘natural’ and yet are often seen as unquestionable because they are what ANT describes as ‘black-boxed’: their connections and convergences become invisible, and the artefacts become opaque, their inner workings hidden. Blackboxing allows scientific theories and technological inventions to appear as complete and whole entities that ‘... float mysteriously above the surface of social interaction’ (Couldry, 2003: 2).

The power that doctors yield is based in the structures and networks in which they are embedded – in this way they don’t exactly ‘hold’ power, rather, it holds them: its networks converge to exalt them. Traditionally these networks have been made up of elite schooling, professional organisations, universities, hospitals, and medical journals, as well as those less visible networks that include supportive wives,

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36 Bruno Latour glosses blackboxing as ‘...the way scientific and technical work is made invisible by its own success. When a machine runs efficiently, when a matter or fact is settled, one need focus only on its inputs and outputs and not on its internal complexity. Thus, paradoxically, the more science and technology succeed, the more opaque and obscure they become’ (1999: 304).
hardworking nurses and multifarious cleaners and receptionists. In makeover culture the network becomes more complex as it is heavily mediatised as well as institutional, professional, political and social. In makeover culture part of a surgeon’s power comes from his ability to decipher media trends, involve himself in them, and to be able to see when he might be ‘too implicated’ in them – like the surgeon denied admittance to the *Australian Society of Plastic Surgeons* because of his ‘inappropriate’ media profile. Foucault reminds us that the birth of modern medicine was tied up with new networked and institutionalised formations of power that allowed doctors to ‘see’ and to be powerful. He tells how in the eighteenth and nineteenth centuries:

... the medical gaze [began to be] organised in a new way. First, it was no longer the gaze of any observer, but that of a doctor supported and justified by an institution, that of a doctor endowed with the power of decision and intervention (Foucault, 1973: 107-123).

I suggest that in makeover culture the medical gaze is undergoing another profound reorganisation. Mediatised visualising technologies – all manner of scans and rays – now ‘see’ the internal body, while television cameras and screens ‘see’ the external body. The gaze, compacted and focused in the figure of the surgeon through the gathering and centralising forces that Foucault excavated, is now being fragmented in makeover culture. In makeover culture the doctor’s status as seer and owner of the diagnostic gaze is still vital, but it is segmented: he must share it with all sorts of media texts and – especially in relation to cosmetic surgery – with the patients themselves. The surgeon Spitzack visited had customised videos playing in his waiting rooms: strikingly, they featured sets of identical twins. One has surgery and then the other is convinced to do so after seeing her more beautiful ‘self’. In makeover culture this diabolical selling tool saturates the wider mediasphere. While this clearly means that we are all constantly bombarded with the kinds of images and messages that Spitzack found undermined her body images so thoroughly, it also means that surgeons cease to be sole holders of this kind of information. While Foucault’s institutions were hospitals and medical boards, perhaps the most influential institution now supporting and justifying cosmetic surgeons is the mediascape, which influences purchase of equipment, doctor-patient relations, and even diagnoses. The doctor’s eye, once the primary diagnostic tool in medicine – ‘the history of modern medicine is utterly tied up with the development of the gaze as a diagnostic tool’ (Foucault, 1973: 107-123) – is now augmented by a vast media eye, by the patient’s increasingly critical eye, and by computer images of madeover faces.
By the time Spitzack is actually in the consulting room she is thoroughly belittled, having been bombarded in the waiting room with textual and audio-visual material that makes her feel inadequate. Ironically, as an academic researcher she even finds the bookshelves in the consulting room oppressive: ‘I see a row of intimidating and impressive titles’ (1988: 44). But I can’t imagine any of the women I interviewed feeling like that – they are operating in a slightly different set of power relations. Makeover culture means that cosmetic surgery has become a kind of shopping: shopping for a surgeon, for a procedure, for a product and for a place to recover. In makeover culture cosmetic surgery is one of many consumable items designed for ‘improvement’ of the self. Surgeons are still powerful but their status as sole determiners of procedures, aims, needs and beauty has been compromised and is now in a process of constant re-negotiation.

Importantly, makeover culture positions cosmetic surgery as part of a range of optional aesthetic modifications rather than as a treatment for an illness. Surgeons express both pleasure and dissatisfaction about this: while they mourn their decline in autonomy and status, they acknowledge that stronger patient knowledge and better dissemination of information about cosmetic surgery equals more business. This change perhaps also means that responsibility for shady practitioners is now more broadly spread – the onus is very much on the consumer to research the expertise of her practitioner – user beware.

The surgeon now negotiates multiple provider roles: in some he supplies medical expertise and guidance, in others he performs a service that has been pre-determined by the consumer and more generally by fashion trends in makeover culture. The balance between medical and commercial modes is delicate and must be constantly re-negotiated. Cosmetic surgery is often contradictory: an individual woman is the buyer while the doctor is the seller, so theoretically she is in the stronger position of power. But in medical terms she is also the patient, the one who is ‘sick’ and in need of treatment. As client, purchaser and ‘definer’ of her own body she is potentially powerful. But as patient, sufferer and ‘victim’ of her (unsatisfactory) body she is at the mercy of the doctor. In electing cosmetic surgery she perhaps takes control of part of her own corporeal being, but in submitting her body to the surgeon’s scalpel or laser she also acknowledges his position of power and expertise and subsequently places a huge amount of trust in him. The internet creates a new landscape in the cosmetic surgery world, and the vast amount of free information it provides means that the distribution of agency and the human actors within cosmetic surgery have been altered. Further, the growth of powerful brand names in the arena like Botox® – but also Newfill®, Restylane and Perlane –complicates the network of actors
negotiating, co-opting and undermining each other. These cultural shifts show that feminist analyses of cosmetic surgery undertaken largely in terms of doctor-patient power relations are not adequate in contemporary makeover culture. The Pygmalions of makeover culture are multiple and intertwined nodes of surgeons, recipients, media products like *Extreme Makeover* that dictate and reflect trends, and strange new entities like Botox®.

**CONCLUSION**

The view of doctor/man/creator versus patient/woman/created is one fraught with gender inequalities. Not only does this line of analysis re-create the dichotomy that it describes, it also keeps the action focused on the simple dyad of doctor/patient: there is a closed, two-handed relationship here at best, and at worst, the patient is also obliterated, leaving only the heroic doctor standing, sweating and labouring for his own glory (Davis, 2003: 41-57). The doctors I interviewed were often painfully aware that there were networks larger than themselves at play, that theirs was an industry being recreated by other industries, particularly by the popular media, and that the cosmetic surgery industry was morphing at a rate they found difficult to keep up with. One told me, when I asked him whether he had a computer imaging system so that clients could see digitally-created before and after photos of themselves before surgery, ‘[I don’t, but] I’ll end up doing it, because that’s what the market wants, everyone wants it, and we’re unfortunately driven by what the media tell us we’ve got to tell our patients’ (Dr Young). In other words, makeover culture texts like *Extreme Makeover* demonstrate that ideal surgeons have computer imaging, and this in turn means that doctors may be seen to be technologically lacking if they don’t offer computer imaging. ‘The media’ is often demonised as coercing women to be beautiful, and even to seek cosmetic surgery, but here we see how a media product intimidates and shapes the practices of surgeons too. In makeover culture media interpretations of professionalism blur with real-life professional settings: clinical practice may be shaped by images in *Extreme Makeover*, just as homes are shaped by images in magazines like *Home Beautiful* and holidays must live up to expectations put forward in *Gourmet Traveller*.

The making of Galatea occurs partly in the real world and partly in the mythical one, partly out of material stuff and partly out of magic, and comes about because of Pygmalion’s loathing, lust, and also his loneliness. Pygmalion and Galatea are actors inside a network of materiality, myth, and misogyny. The contemporary cosmetic surgeon operates as a decentralised actor in a network where he is simultaneously lover, father, salesman, aesthete, medical expert, competitor, artist, advertiser, and
servant. What is more, he may morph into a Galatea himself. In makeover culture there are messy assemblages and moments where Galatea may be unfaithful to her origins, may turn on her creator, or may actively employ his expertise to her own ends. She is likely to be a discerning shopper, a canny ingester of research, and a knowing and aware consumer.

Cosmetic surgery is a set of cultural logics and a vital part of the makeover culture. The world of cosmetic surgery intertwines and mobilises classic Pygmalion narratives and woman-as-agent stories, and has many additional complexities. This is a world where agency is negotiated and movable through doctor-patient relationships and interactions, where human and non-human players such as Botox® have roles of high importance. There are no definitive or paramount agents in this world, but rather a series of actors who are continually informing and impacting upon each other. Many of these actors ‘push’ the networks that they exist inside, pointing to possibilities for changes in focus and power: these are examined in the following chapters.
4 THE STRETCHED MIDDLE AGE

…the lady one day asked her mirror- ‘Mirror, mirror upon the wall, Who is the fairest fair of all?’ it answered- ‘O Lady Queen, though fair ye be, Snow-White is fairer far to see’. The Queen was horrified, and from that moment envy and pride grew in her heart like rank weeds (Grimm, 1898).

The ‘stretched middle age’ is a central part of makeover culture. Here I introduce the term and explain how it fits within makeover culture’s stages of endless becoming and its preoccupations with anti-ageing, the youth paradigm, denial of death, and immortality. Interview responses to questions about temporality and age are closely examined to try to understand whether some cosmetic surgery recipients are really attempting to ‘turn back time’. The popular rhetoric of trying to look ‘better not younger’ – found across many cosmetic surgery discourses – is scrutinised. I surmise that ‘better not younger’ may be part of a new attitude to being-in-time rather than a desperate attempt to recapture youth – that it is not about denying ageing but rather about designing it. However, within this overarching semi-utopic view there are some difficult and contradictory discursive actualities: one is expressed in the media sub-genre of the mother-daughter cosmetic surgery story, some examples of which are explored. I offer an alternative deployment and reading of anti-ageing cosmetic surgery that suggests that while generational tensions are highlighted by mainstream cosmetic surgery discourse, the practice may offer opportunities for new connections between mothers and daughters, both literal and figurative.
INTRODUCTION

This chapter is concerned with cosmetic surgery as it relates to temporality, ageing, and intergenerational relationships. It examines these themes through three strands: the notion of the ‘stretched middle age’, analyses of interview materials, and some close media analysis. The first strand argues that cosmetic surgery is part of a suite of anti-ageing technologies available for individuals to enact a compulsory, desirable and normative stretched middle age. In the stretched middle age, chronology is indeterminate and ‘looking good’ is subtly differentiated from ‘looking young’. Even though the aesthetics of cosmetic surgery aim to mimic the visual characteristics of youth, recipients strongly deny making pretence at youth and instead talk about ‘looking good for one’s age’ or becoming ‘better, not younger’. The second strand interprets answers to do with time and ageing from the interview material. Interviewees expressed complex and specific reasons for their anti-ageing cosmetic surgery, and I identify ways in which they were designing, not denying, their ageing process. The third strand is a close-reading approach to media analysis, showing how one set of texts and images works, prism-like, to direct light on some of the broad cultural logics that surround cosmetic surgery, in particular those to do with intergenerational relationships.

YOUTH AND OLD AGE

You love your mum. Sure you do. But be honest. Have you ever noticed the Serious Crow’s Feet Problem she has? Winced at the way her chin triples itself? Ever thought quietly to yourself, heck, I hope I don’t take after her in all departments? (Gloss: The Essential Anti-Ageing Magazine, 1998: 26).

The quote above is from a now-defunct Australian publication called Gloss: The Essential Anti-Ageing Magazine. Although this particular magazine did not enjoy a long life, it is part of a group of high-production ‘glossies’ that emerged in the late 1990s in Australia including Australian Cosmetic Surgery Magazine, The Art of Cosmetic Beauty and Body, Health and Beauty, which are all still in circulation. They are merchandised in newsagents’ women’s magazine sections and are devoted to providing information, advice, opinion and advertising about beauty products, cosmetic surgery, health, ageing, and well-being. Anne Ring, an Australian sociologist who specialises in media and health, convincingly argues that these magazines have been created in line with the progressive deregulation of medical practitioner advertising in Australia. Further, she shows that they are full of ethically questionable links between journalism and advertising (1998, 1999a, 1999b, 1999c, 2002). Like Extreme Makeover, the specialist cosmetic surgery magazines comprise an
arena where advertising and editorial are linked and often interchangeable, even indistinguishable. Cosmetic surgery has come to prominence as ‘infotainment’ in the same period as media hybrids like ‘advertisorials’ and ‘edutainment’ so it has developed hand in hand with a series of ethically problematic mediascapes built around consumption. To examine the status of intergenerational relationships between women inside just one of these mediascapes is an endeavour that may seem very narrow but I would argue it ties in with much wider concerns.

Mary Russo notes that part of the over-developed world’s presentation of abundance is the creation of ‘arbitrary contrasts and competitions which seem natural or self evident’. One of these arbitrary competitions or ‘false choices’ is what she calls the ‘commodification of generational difference’ (1994: 178). She quotes Guy Debord:

Wherever there is abundant consumption, a major spectacular opposition between youth and adults comes to the fore among the false roles – false because the adult, master of his life, does not exist and because youth, the transformation of what exists, is in no way the property of those who are now young, but of the economic system, of the dynamism of capitalism. Things rule and are young (Debord, Society of the Spectacle, quoted in Russo, 1994: 178-179. Debord’s italics).

Cosmetic surgery is one of these things – it is a product fundamentally linked to the ‘commodification of generational difference’. ‘Matis skincare has decided to give you the option of staying young. It boasts twenty-three products that “mimic” the components of a young skin...’ (editorial about a face cream in Gloss, 1998: 14).

In an era where the health of aged individuals is better than it has ever been because of improved cancer treatments, effective medications for heart disease, and an increasing availability of prosthetic devices such as artificial hips and pacemakers, we might suppose that the prospect of old age – at least in the wealthy first world – would be more palatable than ever. But media and popular culture representations of old age overburden the public consciousness with negative stereotypes, which result in a dread of impending old age. While youth is granted privileged status and is associated with active sexuality, independence, beauty, and productivity, ageing is often represented as its opposite: frail, useless, unattractive, and dependent (Biggs, H. 2002; Biggs, S. 1999; Bytheway, 1995; Friedan, 1994; Gillear & Higgs, 2000; Macdonald, 2001). ‘Youth’ is a relatively new category, developed as part of western capitalist industrialisation in the period post WWI (Hareven, 1995: 123; Hine, 1999: 237-8). The rise of the ‘cult of youth’ has been proportional to the decline of old age as a respectable, productive and interesting state of life (Fischer,
Cultural theorists Mike Featherstone and Andrew Wernick put it succinctly: ‘...consumer culture with its images of youth, fitness and beauty lifestyles... produced a new set of exclusions of older people’ (1995: 7). Negative representations and views of the elderly almost certainly lead to social, political, legal, and medical discrimination (Biggs, H. 2002: 175). For women, ageing also means being squeezed into social invisibility (Gibson, P. 2000) and being represented as generally unattractive. This tendency is so acute that ‘...for western women, ageing has been and may yet be experienced as a kind of “trauma”’ (Kaplan, 1999: 171; also De Beauvoir, 1970; Gulleete, 1997, 2004; Woodward, 1995).

Ageing bodies are never simply organic structures subjected to decline over time; they are continually inscribed with cultural meanings, they reflect societal influences and attitudes. As an added complication, although the process of ageing may traverse countless subtle permutations, the life course is traditionally divided into two extremes: youth and non-youth, with the former almost always being much more desirable. Despite their vastly different representations, youth culture and older age are not disconnected. Kathleen Woodward, a scholar who has written about ageing and psychoanalysis, points out that youth culture currently works hand in hand with patriarchy in the denigration of older women: she quotes Australian activist lesbian Barbara MacDonald: ‘youth is bonded with patriarchy in the enslavement of the older woman. There would, in fact, be no youth culture without the powerless older woman’ (1995: 89). Similarly, there would be no such thing as youthful beauty without its opposite, aged ugliness. The cartoon shown here expresses this incongruity very well (turn it upside down), showing the perceived intertwining of mother and daughter, age and youth, the way that women’s beauty is only really ever presented as the flip side to ugliness (Bordo, 1990; 1993; Brand, 2002a; Davis, 2003; Tseëlon, 1995), and the way that representations of beauty are nearly always associated with youth.
Thomas Walz notes that representations of sexuality of ageing people in popular culture have changed somewhat in recent years. He documents a movement in popular media that shows older people as healthy, engaged with the social world, and attractive. Importantly though, positive light is only thrown on those older individuals who ‘…are ageing well (i.e., who look and act young)’ (Walz, 2002: 99). Feminist scholar Deborah Covino, who includes in her examination of abjection in relation to cosmetic surgery an analysis of the magazine *Modern Maturity*, calls this media phenomenon ‘happy ageing’ and notes its dedication to the ‘productive management of longevity’ (2004: 101). In makeover culture individuals who are deemed to be ‘ageing well’ are working at displaying continual and persistent efforts at stretching middle age. One of the technologies used to do this is cosmetic surgery.

**STRETCHED MIDDLE AGE**

While much discourse around cosmetic surgery is about regaining or maintaining youth and beauty, many cosmetic surgery texts are about the ‘management’ and ‘control’ of ageing bodies. In this paradigm, active resistance to ageing is an important consideration for many adults and can even constitute a ‘lifestyle’. Chris Gilleard, a psychologist who specialises in old age, and Paul Higgs, a medical sociologist, argue that the quest for good health and the prevention of morbidity are now ‘central to the renegotiation of public and private responsibilities in

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37 Covino says that ‘in 2000, *Modern Maturity* was the most widely circulated magazine in America, having long held that distinction’ (2004: 98).
contemporary society’ (2000: 128). Care of the body is increasingly interwoven with social responsibility as ‘costly old age’ is seen to drain government-funded health and welfare systems. In a user-pays health system the imperative to stay fit and healthy is perhaps even more poignant. Body disciplines that minimise use of medical resources and help contribute to a person remaining ‘productive’ into old age come to be seen as virtues (Chaney, 1995; Gilleard & Higgs, 2000: 128). This postmodern virtuous old age – especially for women – abandons traditional notions of age as a period of stasis and rest, or less positively as a period of slow degeneration. Instead makeover culture obligates its subjects to perform ‘lifestyles’ until the day they die (Katz, 1995: 69). A magazine editorial says ‘in the future, there will be no excuse for looking a day over the age of 35’ (Boland, 1998: 28). Middle age then, is not a transit lounge passively inhabited between youth and old age. It is an increasingly significant, actively worked-upon and cherished life-phase with very flexible borders.

In the schema of the stretched middle age a person’s corporeal chronology is rendered less significant than their perceived ability to elasticise their middle age by way of pharmaceuticals, hormone replacement therapies, body modifications such as dieting and exercise, social activities, financial independence, and the compulsory ‘youthful outlook’. Cosmetic surgery is an increasingly important element in the toolkit for the stretched middle age. In the environment of the stretched middle age I argue that cosmetic surgery is less about reclaiming or reinventing youthfulness and more about attempting to create a look of indeterminate age or ‘agelessness’.

The notion of a stretched middle age involves multifarious levels and areas of consideration. To describe stretched middle age as a ‘period of life’ is inaccurate, as its very existence makes borders and categories – that mark subjects as being a certain age – indefinite. Youth is a nebulous category in the stretched middle age where people ideally look ‘ageless’. A smoothly stretched middle age wherein age is vaguely indeterminate and one always looks ‘good’ is the platonic ideal of cosmetic surgery. The reality, however, is that the ideal must be constantly strived for, maintained, and updated via continuous renovations and restorations of the self. A ‘stretching’ of time implies a continuous energy, a temporality that is gradually and evenly expanded and extended. However, the stretching that creates the extended middle age depends upon the maintenance of various illusions – for

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38 In fact stretched middle age is beginning earlier and earlier. One of my students in 2005 told the class she uses Botox® regularly. Her face was extremely smooth and when she smiled and spoke the skin on her forehead and around her eyes didn’t move. She did indeed appear ‘ageless’ but throughout semester I assumed she was in her forties. She told me in the last class she was twenty six.
example of youth, health, and fitness – and ongoing enactment of this maintenance is exceedingly difficult. In order to perform an indefinite, possibly infinite, period of looking ‘good for your age’, a series of jerky ruptures is necessary, a set of transforming events that create convulsions or folds at key moments in the lifespan. These are the moments in which the work – the production – of ‘staying young’ or ‘looking one’s best’ is carried out.

In the case of cosmetic surgery, these necessary ruptures are created by doctor-patient narratives (as discussed in the last chapter) and by the actual operations, anaesthetics, and post-operative recovery periods. They happen in the space between ‘before’ and ‘after’ but as the stretched middle age becomes more important this ‘between’ grows in significance, spatially and temporally. Further, as I explained in the last chapter, ‘after’ in makeover culture is the new ‘before’, quickly moving from celebrating its success to denoting the start of a fresh quest for improvement. Another way to view this phenomenon is to see the ‘between’ bleeding out of its previously set boundaries and becoming paramount. These ‘still’ moments in time contribute to the creation of the illusion of a stretched middle age, and although they are often hidden from the public eye they mark the places on the body – literally, metaphorically and temporally – where changes have occurred. Featherstone and Wernick have described the ageing body as ‘…never just a body subjected to the imperatives of cellular and organic decline, for as it moves through life it is continuously being inscribed and reinscribed with cultural meanings’ (1995: 2-3). Bodies and subjects are inscribed and reinscribed during these moments of transition and/or rupture. Individuals may have only one cosmetic surgery operation or may thread ‘maintenance’ procedures through the course their lives. Either way, while the results of the surgeries are important, the process of the operations and other cosmetic surgery procedures themselves are also significant and difficult moments in life that belie the smoothness of time that the ideal of a stretched middle age promises. It is during these moments of change, rupture, and transition that transformations occur, allowing the continuance of the stretched ideal to then flow.

Margaret Morganroth Gullette, a feminist cultural critic who has written much about ageing (1997; 2004), characterizes the way in which the ideal of progress intersects with conventional developmental narratives: ‘we have all been taught from childhood on through everyday practices and celebratory occasions that we relinquish a past self only to come into a same-but-better one’. What a shock then, when our age suddenly means that we encounter the reverse cultural story: middle age as decline (2003: 50). These two counternarratives present a future that can only be ‘better’ or ‘worse’ (Gullette, 2003: 197) but I suggest that the stretched middle age
is one way of trying to reconcile them. For example, often after radical surgery, dieting, or gymwork people in middle age declare their bodies to be ‘better’ than they were when they were twenty: such modifications work to upset chronological stages of rise and fall, and of ability and decrepitude.

**TEMPORALITY AND DURÉE**

A well known dialogue between feminist philosophers Rosi Braidotti and Gail Weiss can be deployed to highlight the diverse ways in which feminists have tackled thinking about temporality in relation to new technologies. In her *Nomadic Subjects* (1994) Braidotti presents a pessimistic analysis of new reproductive technologies and strongly condemns their practitioners whom she characterises as male scientists who seek to gain control of women’s bodies. She argues that emerging reproductive technologies metaphorically freeze time (1994: 47) and thus undermine a peculiarly feminine/maternal understanding and experience of duration and becoming. It is her view that the relationship between mother and foetus is temporally and spatially compromised, if not hijacked altogether, by technologies like *in vitro* fertilisation. In exploring the ‘temporality of the techno-body’ (1999: 163) Gail Weiss responds strongly to Braidotti’s argument. Weiss suggests that while new reproductive technologies are concerning from feminist standpoints on many levels, they may also offer some exciting new ways to view and experience bodies and time. She suggests they might even offer possibilities for ‘...new ways of linking bodies up to one another, expanding their interconnections, and, in so doing, increasing their intercorporeal potentialities’ (1999: 174). To support her position Weiss deploys theories of time and temporality from Henri Bergson’s *An Introduction to Metaphysics*. For Bergson, time and temporality are different: time is ‘objective’ – measured, clocked, mappable and separated into discrete chunks. Temporality, or ‘durée’, is ‘subjective’ – it is how we experience time, how we perceive ourselves travelling and having travelled through it. Time is outer while durée is inner awareness, and while the two are no doubt inextricably linked, they are nevertheless separate, and thus different philosophical methodologies are necessary for understanding them: these are analysis and intuition respectively. I will briefly describe these two methodologies.

Analysis moves around an object, weaving strands of seeing. The more strands, the deeper the understanding, and yet this understanding can never be complete. Many points of view are necessary and many strands are used to link the unknown object with those more familiar. Thus understanding of an object builds up and is almost manufactured. Intuition on the other hand involves not links, threads and layers but
immersion: utter involvement with an object, diving into it so as to experience its ‘unique being’, which is inexpressible. Intuition is ‘intellectual sympathy’ where one places oneself within an object in order to coincide with what is unique and inexpressible about it. Coinciding means existing with and is different from observing, marking, linking and comparing, which are all aspects of analysis. Because analysis aims to understand an unknown object by linking it to elements already known, it is about translation and representation – it relies on symbols and resemblances. Bergson says that analysis, in its ‘eternally unsatisfied desire to embrace the object around which it is compelled to turn’ builds up an ‘always incomplete representation’ and an ‘always imperfect translation’. Intuition on the other hand, is ‘a simple act’ (Bergson, 1955: 23-24).

Weiss notes that Bergson suggests that durées are never isolated but always interconnected and suggests that through a ‘violent effort’ we can extend ourselves indefinitely, and possibly even transcend ourselves by intuitively grasping this continuum. Part of seeing and experiencing the interconnections between the durées of techno-bodies and our own durées is ‘...the recognition that technology is part and parcel of our own durée...’ Technology is not something that should be viewed as outside, or ‘out there’ but rather as ‘within our own bodies, facilitating the death of solipsism by affirming the intercorporality of time’ (Weiss, 1999: 170). Weiss advises that we should not call certain technologies monstrous

...until we have interrogated [their] intercorporeal implications and effects. And, to the extent that we are embedded and encompassed within the techniques and practices we critique, such an interrogation can never point the finger at a monster without a mirror being present (1999: 175).

New reproductive technologies then, have the power to disrupt our understanding and experience of durée, ‘a durée that extends, transforms, and transcends itself through these very technologies’ (1999: 113). Through the rest of this chapter I analyse interview and media material to show that cosmetic surgery – which can so easily be theorised as a ‘freezing technology’ in relation to age and time – can also

39 If analysis is impotent in the understanding of durée, then ‘a corresponding analysis of the durée of the techno-bodies produced by contemporary biotechnologies via an exploration of the desires and fantasies that motivate their practitioners will also fail’. (Weiss, 1999: 111) Thus the desires and fantasies of the practitioners – whether Weiss’ biotechnicians or my cosmetic surgeons – are irrelevant. If these men who ‘freeze time’ are aiming to kill the maternal (or feminine) body, this doesn’t necessarily mean that their productions will carry out these wishes. As I said in Chapter Three when discussing feral Galateas, and as Donna Haraway has pointed out, ‘illegitimate offspring are often exceedingly unfaithful to their origins. Their fathers, after all, are inessential’ (1991: 151).

be understood in terms of durée. I wonder if working towards an understanding of the durée of cosmetic surgery may show that it also has the potential to disrupt or re-order traditional notions of temporality. But following Weiss’ suggestions about new reproductive technologies I wonder whether cosmetic surgery may also, potentially, offer us new ways of experiencing connections between bodies. My last section, *Immanent Change*, works less analytically and more *intuitively*, endeavouring to coincide with the ‘unique and inexpressible’ bond that two women described when they underwent cosmetic surgery together.

**DESIGNING – NOT DENYING – AGEING**

One of the issues I covered in the interviews was that of temporality. I wondered how a person who has ‘erased’ ten or fifteen years from her appearance deals with notions of time – time as experienced both internally (durée) and externally (chronological time) – and whether there is a tension between the two. In asking questions relating to temporality, I wanted to find out how issues of age are negotiated post-operatively: if a more youthful appearance has been achieved, and if the person now ‘feels younger’, how is actual chronological age dealt with? My assumption was that somehow the offending years would be negated or pushed into remission. For example, if someone says she is fifty but is really sixty-five, then in order to maintain believability she must blur or eradicate fifteen years of experience. Frankly, I expected people to tell me that they regularly lied about chronological age after having cosmetic surgery but I found quite a different set of attitudes toward time and ageing. While most interviewees had sought eradication of some ageing signs, they all denied lying about their age. Many of them had very modest expectations of the physical results of their cosmetic surgery, and didn’t actually think it would make them look younger. Importantly though, there was still a strong desire and hope for *transformation* connected to cosmetic surgery. These transformations were about enhancing the display of health and fitness, eradicating signs of past trauma, signalling a new outlook on or approach to life, or rewarding oneself for hard work.
Most interviewees vehemently stated that rather than trying to look younger they were trying to look better. The rhetoric of ‘better not younger’ is also found in advertising and promotional rhetoric around some cosmetic surgery. Many cosmetic surgeons now say they don’t aim to make people look younger but rather ‘more attractive’, ‘improved’, ‘good for their age’ and ‘the best they can be’. Even though most interviewees conceded, when pressed, that the signs of youth are concurrent in our society with the signs of attractiveness (primarily signified by smooth, taut skin), they maintained that they weren’t trying to pretend they were younger per se, but rather trying to ‘look good for their age’.

For Virginia Blum, ‘better not younger’ is part of a horrendous scam:

A forty-eight-year-old patient... is so thrilled with her new look that she assures us, ‘I plan on maintaining my face and body so I can keep getting better and better’. But she won’t get better and better. She will just keep making interventions in what is getting, from the surgical standpoint, worse’ (Blum, 2003: 197).

But in the logic of makeover culture, this cosmetic surgery recipient is getting ‘better and better’, although certainly not in the sense of actually looking younger. This patient, in her projected plan of ‘maintenance’, is embracing the labour of makeover culture and a state of active becoming. Doing this through cosmetic surgery may certainly, as Blum insists, render her increasingly surgically vulnerable and unhealthy but I suggest that is almost tragically beside the point. The positive rhetoric of ‘better and better’ denotes movement, change, and growth in abstract ways relating to display: in makeover culture a face altered by cosmetic surgery is proof and demonstration of a developing and improving self. Blum’s approach is from a critical feminism that is outside any position wherein continual surgery could be seen as positive and sensible. An intuitive approach allows me to work within the logics that makeover culture creates and to see that the woman who describes herself becoming ‘better and better’ is in many ways a successful citizen of the makeover culture.

The youngest of my interviewees stood out in her responses to the temporality-related questions. Simone was a very successful professional who had just celebrated her fortieth birthday party in great style with family and friends and was about to undergo a blepharoplasty operation, her first cosmetic surgery operation (although she had previously had Botox® injected into her forehead and collagen injected into her lips and nasolabial lines). A few days before her scheduled
operation she was quite clear about the balance between the hope for transformation and the more ‘sensible’ approach of looking ‘better not younger’. Early in the interview she made it clear that the doctor had told her she would look ‘better not younger’ and she worked this rhetoric into her answers:

I don’t know whether I’ll look younger but I expect to look better. So far as when I look in the mirror I see a person with very puffy eyes and that’s the first thing that I see. Having this done will apparently remove the puffiness.

Further into our conversation I asked her whether she expected her life to change as a result of the cosmetic surgery and her answer was much more complex, worth quoting at length:

That’s a very confronting question. I think, I could answer it very tritely and say no, I don’t think my life will change because I think that really probably it won’t, but I have this hope - and I haven’t really thought about it until you asked me this question... I look in the mirror and I think, what I’m hoping is, after the procedure I’ll look in the mirror and not immediately see the bags under my eyes, so I won’t be so self-critical. And as a result of not being so self-critical, I might be more positive about myself, and therefore more positive in my life, and therefore my life will be better because I think only I can make my life better. So I’m old enough to realise that I’m not going to look twelve and men aren’t going to flock to me as a result, but it’s done to make me feel, sort of much more, a happier person. Or to be less negative about myself. So in that sense I hope it effects a change in the way I see myself (Simone).

Simone’s hope for self-transformation was carefully couched within realisable physical goals (eyes that aren’t puffy) and also within the popular contemporary rhetoric of happiness being a result of ‘being positive’. The prospect of failure was also built into her answer (‘really probably my life won’t change’) but nevertheless, the expectations weighing on the simple eradication of eye-bags were great. A domino effect was hoped for: non-puffy eyes would lead to feeling less negative about herself which would lead to being happier.
Growing Old Gracefully

The phrase ‘growing old gracefully’ is problematic and like the Pygmalion story is deployed by different and even warring camps around cosmetic surgery:

On the one hand, it is argued that procedures such as facelifts, chemical peels and liposuction can assist us in growing old gracefully. On the other, growing old gracefully means refusing to tamper surgically with the evidence of ageing (Fraser, 2003: 74).

Both approaches are linked to underlying values of the ‘natural’: one that believes nature should be left alone and one that thinks it should be ‘contained, moulded, and improved upon’ (Fraser, 2003: 75). Like the term ‘natural’, ‘growing old gracefully’ is mobile and equivocal, and usually moralistic. The statement ‘I’m growing old gracefully’ may mean choosing not to have cosmetic surgery, or may indicate a belief that having it is imperative. In makeover culture it is increasingly the latter that is dominant: for example Oprah Winfrey has begun to ask her celebrity guests if they would consider not having cosmetic surgery rather than if they would consider having it. Certain celebrities who have clearly had no cosmetic surgery are labelled ‘brave’. When cosmetic surgery becomes the norm individuals who don’t have it must explain themselves, must have an arsenal of ‘bravery’ and talent to fall back on. Dame Judy Dench and Diane Keaton may be able to ‘get away’ with it and still have successful lives and careers: perhaps it is more difficult for the rest of us.

Camille, a fifty-six year old housesitter and pet minder who had undergone a lower face (‘S’) lift, a blepharoplasty and a chemical face peel two and a half years before the interview, said when I asked if she would have anything else done in the future, ‘no, no more – that’s enough – I had what I wanted done – no no [laughing], now I can grow old gracefully’. The interviews showed an interesting separation of inner and outer representations of time: along with a strong desire for certain unwanted signs of ageing to be minimised or wiped clean, there was a simultaneous acknowledgment and even a celebration of actual chronological age. Camille believed she had partly chosen how and when to age because she saw cosmetic surgery as having given her options about how to present the visible, physical signs of being middle-aged. Perhaps in saying ‘now I can grow old gracefully’ she was not denying her ageing process via cosmetic surgery but designing it – ‘grace’ signified control, poise and self-acceptance.
Special Circumstances

I asked interviewees whether they felt there were any special circumstances in their lives that led to cosmetic surgery:

Oh definitely. This is really, um, to remove, I don’t know if it’s the last trace, it’s the last obvious trace physically, the last physical trace of breaking up with my de facto partner back in ’98. And then basically becoming a very serious alcoholic for several years which led to, well I don’t know if the alcohol has led to the puffy eyes, but that’s what I see now, they are puffy. They might have come along anyway because of my age, but they probably weren’t assisted by all this alcohol and this misery. So I’d just sort of like to erase that (Simone).

Simone felt that the extraordinarily distressing break up with her partner nearly four years earlier had directly contributed by way of alcohol to the appearance of her eyes. I said ‘so you’re having cosmetic surgery to eradicate the trauma of this break up of the long-term relationship four years ago?’ and she was quick to correct me:

I wouldn’t say it’s to eradicate the trauma. I’d say it’s to eradicate the physical appearance, the signs of the trauma... On one level its almost like well, at least to look at my face, we might go back to – I don’t expect to look seven years younger – back to just looking, not looking younger, I can’t explain it because I don’t want to be younger, and the rest of my body would betray my age in any event, but looking like I didn’t have a really shitty time getting over somebody in the last four years. [I want to look] as if I broke up with somebody, had a bad few months and then righted myself and went on, like most normal people do. Most people don’t sit there and drink a bottle of wine a night and cry and smoke and all that sort of stuff (Simone).

Other interviewees answered the ‘special circumstances’ question with specific corporeal facts – lopsided breasts because of heart surgery as a child; severely sunburned skin; losing vast amounts of weight so the stomach skin was like an empty supermarket bag. Simone however, related her unwanted physical feature to an emotional event and her own reactions to it. While she didn’t want to pretend the trauma had never happened, she wanted to be rid of what she saw as a constant physical reminder of it. Just as the former de facto partner was now well and truly out of her life, she also wanted to erase what she saw as the legacy of the break up as it showed on her face. For her the cosmetic surgery marked a turning point in her life, the beginning of something new, and was linked with other ‘life-improving’ practices:

I do concede that having this done [the cosmetic surgery] has been triggered by turning forty. I’ve got no doubt about that. This is the year of giving up smoking, not drinking as much, having plastic surgery... So it’s trying to sort
of regulate my life so that I can go forward ... trying to set myself up for the next ten years with a better base than where I was (Simone).

Simone’s answers show the complexity of desires and hopes around cosmetic surgery operations which are utterly intertwined with emotional as well as physical lived realities, and can be part of a ‘package’ of self-improvement. Although aware that turning forty had ‘triggered’ the cosmetic surgery, Simone had no desire to actually look younger per se but rather wanted to erase a particular sign that represented a specific time in her life. She was perhaps aiming to look like a more ‘normal’ forty: someone who hadn’t drunk a bottle of wine a night for four years. Certainly using this reckoning she was truly aiming to look ‘better not younger’.

Of course the definition of ‘better’, ‘attractive’, ‘improved’ and ‘good for your age’ is based on the primary indicator of youth – smooth taut skin – so there are constant and frequent confusions and failures of delineation between youth, health, fitness and attractiveness. Further, the choices that appear abundant via the deployment of cosmetic surgery are in fact strictly limited and regulated because the very definition of attractiveness in mainstream western culture is one based on indicators or mimicries of youth. Women who have had cosmetic surgery, especially if they have had multiple procedures, start to appear ‘ageless’: their faces don’t exactly look youthful, but don’t show the standard signs of age. The ‘ageless’ look is often homogenous and uniform, and can be argued to create sameness and diminish individuality. But there are possible advantages to this: the anonymity of mainstream beauty, and of ‘agelessness’ may offer shelter from judgement and perhaps allows its bearer some more freedoms to ‘be herself’ where they are not subject to the slurs, assumptions and derision commonly cast on older women.

**Balancing the Body**

While health and fitness are part of the anti-age technologies used to fashion the self, they do not necessarily fit into the beauty ideal – a very fit person may be very wrinkled, covered in age spots and grey-haired. But our visually-oriented culture increasingly demands that ‘looking after one’s body’ be aesthetically obvious, and cosmetic surgery is one way to show this. So along with eating bran, keeping fit and dressing well, some people will have cosmetic surgery operations simply to show they are looking after themselves. Closely linked to this is the practice of rewarding oneself with cosmetic surgery for having successfully maintained a health or fitness regime – the cosmetic surgery procedure is the icing on the cake, the visual indicator that we are transformed in more ways than having simply lost weight. One interviewee, Anne, a 49-year old with two pre-teen children, had spent three years
and about AUD$20,000 on a personal trainer and gym fees. She had been overweight for more than twenty years and lost about thirty kilos. She said:

I’ve spent all this money and time doing this and it’s been really successful. But with losing the weight there’s no shape to [my face] anymore. I feel like it’s all drooped. [The ‘S’ lift and neck lift] will make my face fit my body more... well it’s my face that people see first... I want to be fit because my children are teenagers (Danielle).

For Anne, being fit and slim did not complete the picture that she wished to present as a rejuvenated self: she also needed to look younger. She linked having cosmetic surgery to being fit, and saw it as an adjunct to losing weight, a reward for herself: ‘I know I’m just as healthy without it, of course! But its just a small thing to make me feel better... otherwise the weight loss doesn’t really help me [in looking younger]’. Again, looking younger and being fit and healthy were utterly intertwined: being slim with a wrinkled neck ‘doesn’t help’ her, because she is seen as old before she is seen as being slim. As Woodward points out (1991), age tends to cancel out other defining identity factors, even gender. So it is not surprising that the visual cues associated with ‘looking after oneself’ may take precedence for some individuals over health practices. A face-lifted woman who is unfit or unwell may still be perceived as healthier than her sister who is well and fit but has wrinkled skin. This privileging of the appearance of health is something cosmetic surgeons also pick up on in their advertising:

You’ve worked hard to keep your body trim and fit and your positive attitude has helped to keep mind, heart and spirit youthful. Now, cosmetic surgery’s latest breakthroughs can do the same for your face so that it’s a more accurate reflection of the inner you. Dr. Sachs also discusses cheek implants, chin implants, facial liposuction, lip augmentation, rhinoplasty, facial rejuvenation, laser skin resurfacing, and scar removal (Michael Evan Sachs M.D. http://www.michaelevansachs.com/printdocument.asp>).

a more practical reason for cosmetic surgery was explained by Danielle, who at nearly 60 years had lost a massive 55 kilos. For her, weight loss and cosmetic surgery were directly linked in the refashioning of a specific body part - her arms:

If I’d lost the weight earlier [my skin] would’ve bounced back more. But I had the big flaps and I just couldn’t get into some clothes. Stretchy stuff was okay... [but] if a dress had slim arms they wouldn’t squeeze into it... If I wore a sleeveless dress I’d be size ten and I loved that, but my arms didn’t go [with the rest of my body]...(Danielle)

‘Bat wings – lots of loose skin’ is a description of the upper arms of older people where after weight loss or liposuction the skin hangs or sags below the muscle when
the arm is lifted. This condition is sometimes called ‘bingo arms’, associating it with a predominantly working-class activity and intimating its undesirability for class as well as aesthetic reasons. The solution for Danielle was to have the soft skin on the inside of her upper arms cut away, and the scars she bore from elbow to armpit were striking. She took a strange pride in not having had liposuction, and justified her arm-lift as a trade off:

I thought about it [liposuction] but I knew it [the weight] would just come back... I lost weight by changing my diet and exercising every single day, that’s the best way to do it cause [the weight] won’t come back unless you go back to coke and chips... I didn’t have [liposuction] at the beginning because it was better to do it with willpower. But at the end I needed [cosmetic surgery] because there was nothing I could do about the sagging.

For both Anne and Danielle losing weight created a perceived imbalance in their appearances. A slim body is associated with youth and must therefore be topped with a face that doesn’t ‘sag’. Similarly, a slim body must be seen as slim and taut all over, and having one body part (in this case the arms) that doesn’t ‘bounce back’ after weight loss is seen to spoil the whole effect. Both women felt it necessary to justify their cosmetic surgery to themselves and to others by proving that they had the willpower to change their bodies, that they had done everything they could through hard work (dieting and exercise) and that cosmetic surgery was a necessary adjunct to their own achievements. Danielle in particular was scornful of people who choose liposuction over dieting. For her the hard work put into losing weight justified cosmetic surgery but otherwise she considered it only for the weak-willed. So successfully doing makeover in one part of your life (dieting) leads into needing to do it in another (having surgery). And simultaneously, the success in the first instance also justifies the second instance: makeover is its own reward.

**No Excuse for Looking Old**

Danielle’s cosmetic surgery was also justified because ‘there was nothing I could do about it’. Her sagging arm skin was unalterable except with surgery. So in fact there was something she could do about it, but she needed to be an active consumer and employ an expert. A philosophical or practical acceptance of what is ‘unalterable’ is not necessarily an admirable quality in makeover culture. As I showed in the analysis of the Botox® pamphlet Chapter Three to say ‘I have wrinkles, I have sagging skin, there’s nothing I can do about them’ is in many ways now ‘incorrect’, on moral as well as technical levels. Increasingly in makeover culture the choice is not to have cosmetic surgery rather than to have it. Just as a contemporary woman attending an important public event will probably feel the need to wear makeup, the
middle-aged woman of the mid-21st century may well live in an environment where cosmetic surgery is the absolute norm. For middle and upper class women the decision not to have cosmetic surgery will be a political (or an aesthetically perverse) one, a resolution that says certain things about the bearer of wrinkles or the carrier of jowls. In other words, a face unmarked by cosmetic surgery (or rather a face that retains the marks of age) will be a face that makes a statement.

MUTTON CUT UP AS LAMB

In Disney and post-Disney versions of the fairytale *Snow-White and the Seven Dwarves*, the wicked stepmother is punished at the end by accidental death – she falls down a ravine or chokes. But in pre-Disney versions of the story she must take part in her own sickening murder. She decides to attend the ball being held in celebration of her stepdaughter’s wedding, unaware that her enemies – including her stepdaughter – are expecting her and have devised a special welcome:

The evil queen was so petrified with fright that she could not budge. Iron slippers had already been heated over a fire, and they were brought over to her with tongs. Finally, she had to put on the red-hot slippers and dance until she fell down dead (Grimm, 1987: 222).

There has been much feminist analysis of the negative influences that fairy tales can have on young girls’ self-esteem, given that fairy tale heroines patiently await princes to set them free, are ideal and uncomplaining domestic workers, and have outward beauty that indicates inner perfection. But what do such tales have to say to older women? Apart from the occasional benevolent fairy godmother, the only ageing women in these narratives are those who are desperately grasping at fading beauty, demented with jealousy of their daughters, and ready to commit murder, infanticide, and abuse to maintain or gain power. Often they suffer horrible deaths or punishments. Less gruesomely, the burning red shoes may represent menopause with its hot flushes, just as the Sleeping Beauty’s pricked finger represents menarche. But either way ageing is depicted as utterly undesirable and its dwellers contemptible. Many contemporary stories echo ancient narratives. Here I focus on a set of present-day tales about mothers, daughters, youth, age, power – and cosmetic surgery.

As I stated in my introductory chapter it is impossible to attempt a cultural analysis of cosmetic surgery without paying close attention to the media products that comment upon it. In the case of cosmetic surgery this attention leads to the realisation that media do not only reflect the practice but also produce it. They express and promote its deployment as desirable or undesirable, necessary or
frivolous, normal or abnormal; its results as beautiful or ugly; and its experience as excruciating or just mildly uncomfortable.

**Mothers’ and Daughters’ Age Old Problem**

As I show through this thesis, cosmetic surgery is a perpetual and popular subject in women’s magazines. It has also spawned its own magazines: specialist glossies devoted to cosmetic surgery and related topics. Suzanne Fraser has identified a number of cosmetic surgery genres, including the popular magazine genre (2003: 61-96). Building on her meticulous findings I identify a sub-genre inside the magazine genre – the mother/daughter/cosmetic surgery story that is found in specialist cosmetic surgery magazines and more general women’s magazines. These pieces usually feature celebrity mother/daughter comparisons but may also include the narratives of ‘normal’ people. I argue that they strongly express a contradiction that lies at the heart of discourses around contemporary cosmetic surgery, namely, that while cosmetic surgery works to annihilate the markers of ageing, it simultaneously relies on a continued divide between age and youth.

This media analysis focuses two multiple-page spreads specifically devoted to the issue of mothers, daughters, and cosmetic surgery in the magazines *Gloss* and *NW*. *Gloss* was the short-lived publication mentioned earlier and *NW* (formerly *New Woman*) is a weekly magazine available in many outlets including supermarkets in Australia. Predictably, they position cosmetic surgery as an antidote to the aesthetic effects of ageing. Less predictably, they advocate cosmetic surgery as a ‘solution’ for youthful daughters as well as for ageing mothers. *Gloss* has a suite of interviews, articles, and commentaries collected under the headline ‘Like Mother, Like Daughter’. The *NW* piece is called ‘Age old problem’ (2002: 22-25). It places stars’ ages next to their names and gives them an ageing score out of ten on the ‘wrinkle rater’. Significantly, the score is not based on the star’s looks but on how her mother has aged.
Jennifer Lopez and her mother (Australian NW, January 21, 2002: 23)

Each star in the NW article is paired with her mother, and it is the mothers’ faces that come under vicious scrutiny: they are criticised for having ‘sagging jowls’, ‘laughter lines’, ‘turkey-gobbler necks’, ‘permanent frowns’, ‘tired eyes’, ‘crows feet’, and ‘thick noses’. These are presented as ominous signs of what lies ahead for their still-beautiful daughters. We’re told that in twenty years’ time, Gwyneth Paltrow will be ‘wrestling with wrinkles’, Geri Halliwell will have ‘thin lips’ and Catherine Zeta-Jones will have ‘heavy eyelids’, while poor Nicole Kidman ‘is already showing the problem areas that will plague her in old age’. Of the nine celebrity daughters compared to their mothers only one is determined by the expert cosmetic surgeon – who was ‘consulted’ by the journalist, obviously, not by the celebrities – as being *unlikely* to eventually require cosmetic surgery.

The aim of this kind of scrutiny and almost apocalyptic rhetoric is to keep the ageing female body within the borders of acceptable femininity – that is, youthful femininity – by predicting and ‘fixing’ transgressions even before they occur. Fraser notes that in magazine discourse

...appropriate femininity has two forms; first and ideally – youthful, and second, when youth is no longer possible, committed to the pursuit of a youthful appearance as an endorsement of youth as the ideal manifestation of femininity (2003: 74; also see Gullette, 2004).
So the ideal feminine body must be presented as youthful, or at least as doing work to try to appear youthful. Legitimate femininity is either genuinely youthful or is dedicated to simulating a youthful appearance. As Simone De Beauvoir painfully observes:

From the day a woman consents to growing old, her situation changes. Up to that time she was still a young woman, intent on struggling against a misfortune that was mysteriously disfiguring and disforming her; now she becomes a different being, unsexed but complete: an old woman (1970: 595, my italics).

The consent to ageing is crucial because the stretched middle age is dedicated to a continual struggle against the signs of age. Thus, cosmetic surgery is easily presented as something that’s utterly correct to desire and indeed crucial in the enactment of ageing: it is presented as an indispensable rather than an optional tool for the stretched middle age.

While the article in NW works by emphasising perceived negatives due to ageing in the faces of the mothers, a similar piece in Gloss works by complimenting the mothers for the cosmetic surgery they are deemed to have had. Three sets of mother/daughter celebrities are analysed in this piece, which is written by one of Sydney’s most famous cosmetic surgeons, Darryl Hodgkinson, who has a very high media profile himself. He estimates, from photos, that all three of the mothers have had extensive cosmetic surgery, ranging from three to seven operations each. He describes the mothers in glowing terms: Blythe Danner, Gwyneth Paltrow’s mother, is ‘quite youthful’, Ivana Trump, mother of Ivanka, is ‘transformed’, and Janet Leigh, mother of Jamie-Lee Curtis, is ‘very pretty’. The daughters’ faces are analysed against the mothers’ to see how they will fare in comparison, and Hodgkinson categorically states: ‘for all of these stars to maintain a youthful appearance, cosmetic surgery will be required as each generation ages’ (1998: 24).

Are These Stars Cheating Their Genes?

Cosmetic surgeon Dr Darryl Hodgkinson was asked to tell us why these stars are winning the war against aging — and how their daughters will cope with the coming years.

Gwyneth Paltrow and Blythe Danner

Dr Darryl Hodgkinson was asked to tell us why these stars are winning the war against aging — and how their daughters will cope with the coming years.

Gwyneth Paltrow and Blythe Danner (Gloss: The Essential Anti-Ageing Magazine, October/November 1998: 24)
Intriguingly, both of the articles feature the Hollywood actress Gwyneth Paltrow and her mother Blythe Danner. Two very similar photos of the pair are used to illustrate seemingly contradictory arguments: while the NW article states that Danner’s ‘jowls’ are a big problem, the Gloss article suggests she has probably had a nose job, facelift, browlift, and eye surgery, and compliments her on her ‘youthful appearance’. NW analyses the mother’s face unfavourably and presents her as having not had cosmetic surgery: the daughter is duly warned about how not to take after her. Gloss examines the mother’s face positively, assuming she has had cosmetic surgery, and she is complimented on having corrected her faults: here, the daughter is told she should follow in her mother’s footsteps or risk ugliness. So although the articles treat the mother quite differently – in one she is praised while in the other she is ridiculed – the shared conclusion is that the daughters will definitely need cosmetic surgery.

These articles lock mother and daughter together in endless mirrored pairings, where each can only refer to the other. It seems that without cosmetic surgery the mother is forced to look at the youthful beauty that she no longer has, while the daughter sees the utterly undesirable face of what she will inevitably become. Only cosmetic surgery can release them from this negative bind: here cosmetic surgery is the handsome prince. In the article the mother/daughter relationship is represented as symbiotic: pictures from both articles show them as intertwined, overlapping, and touching. Each couple is carefully framed so they are on their own: mother and daughter have no reference points apart from each other. Different colours separate the different pairs and some images even have their backgrounds removed, so the visual language here implies that this twinning is all there is: mother and daughter are inseparable. In the subtext the mother’s wrinkles are presented as active and malevolent, about to invade the daughter and take her over, while the daughter’s youthful beauty haunts the ageing mother, constantly reminding her of her own shrinking lack. This was a cultural dominant that most of my interviewees adhered to and spoke about.

Some of the women I interviewed expressed profound interest in not looking like their ageing mothers. One told me:

I’m about as old now as my mother [was] when I first begin to [see her] as a woman, as opposed to my mother... I’ve sort of realised that I’m quite like her now... I got her body... I always noticed this thing about my mother’s body, which was... that she had like a fat build up in her thighs... I can’t remember when I first noticed my own thighs, but certainly now, I definitely know that... the worst part of my body is my thighs, which is why I’m thinking about going and having liposuction (Simone).
And in an inversion of sorts, some women express pleasure in the results of their cosmetic surgery in terms of similarities to their daughters: one 38 year old said after liposuction: ‘My butt looks like my 14-year-old daughter’s… I never would have dreamed that was possible’ (quoted in Karash & Smith Knight: 2000). And one of my interviewees, a woman who had breastfed four children, told me after having breast implants:

Before, I had nothing left at all. All I had was a nipple and it was hanging over itself like a crease… [Now] I’m rapt, totally rapt, going shopping and trying on clothes is just so great, I can do it with [my 16 year old daughter] and I don’t feel bad because you know, she has the most lovely little round breasts (Judith).

JOCASTAN POWER

The turning-away from her mother is an extremely important step in the course of a little girl’s development (Sigmund Freud quoted in Hirsch, 1989: 91).

There’s something a bit weird about a mother and daughter who look the same age. Both Priscilla and Lisa Marie Presley are said to be fans of plastic surgery and, as time passes, whatever work they’re having done seems to be turning them into twins (NW, 2002: 22-23).

… mothers and daughters need alternative models for relating to one another outside the ‘family plot’… (Ray, 2003: 113).


This picture shows Lisa Marie, Elvis Presley’s daughter (below) with her mother Priscilla (above). These two women have done precisely what the NW and Gloss
articles seem to recommend: they have taken full advantage of aesthetic technologies of the self, particularly cosmetic surgery, and each is carefully performing the stretched middle age. Yet they are ridiculed for their efforts whilst simultaneously being held up as beautiful individuals to be emulated. Here is an example of contradictory ideological complexes jointly weaving together to sustain a dominant cultural logic. The incongruous rhetoric also shows how the enactment of the stretched middle age has the potential to render Oedipal anxieties impotent, by positioning mother and daughter more as ‘equals’ even as it gives rise to huge fears and desires about the loss of clear generational differences. Fear and desire are the emotions at the nexus of cosmetic surgery, particularly anti-ageing cosmetic surgery, and contemporary popular texts like those analysed here emphasise both the yearning for a closure of the generation gap and a horror of losing traditional markers of, and margins between, age groups.

This juxtaposition of fear and desire highlights an inconsistency that lies at the heart of all discourse around anti-ageing cosmetic surgery, which is that while it deconstructs or even annihilates the markers of ageing, it is nevertheless utterly reliant on a continued divide between age and youth. Hence, in order to promote anti-ageing cosmetic surgery as a tool with which to enact middle age ‘properly’, many texts around it reinforce repressive generational stereotypes whilst simultaneously promising escape from them. By privileging the fraught paradigm of the two-handed mother/daughter struggle women are locked into the unbeatable slow machine of clocked and chronological time. The grimmest extension of this viewpoint is that we view the future with a sense of dread and loss, looking either at our daughters, who flaunt the youth that we have lost, or at our mothers, who inhabit the undistinguished, unrespected position that awaits us as we inevitably age and decline. It is this sad paradigm that texts such as the NW and Gloss articles analysed above present: in the guise of offering transformation and escape from destinies that are always presented as undesirable they shut down the possibilities of alternative temporalities and in fact lock us into a constant battle against time.

The stretched middle age means that old and clear boundaries between generations are blurred. As technologies of the makeover self proliferate – from hair dye to cosmetic surgery to bio-reproductive developments – they bring anxieties and even panics to the surface. Mother/daughter/cosmetic surgery texts express that alarm neatly because they recognise the possibilities of technologies that render age less definable and promote the body as more malleable, therefore offering all sorts of potential new freedoms and novel experiences of temporality and spatiality. But they are also caught up in a deep-rooted mythic horror of compounded generations:
the classic Oedipal state where two adjacent generations struggle and even war with each other.

Freud’s Oedipal complex – wherein the young boy wishes to become his father, naïvely at first by desiring to marry his mother and kill his father – is part of the boy’s development as a human, moving him from the presocial to the social and allowing him to achieve maturation as an individual both within the family and the wider society (Gatens, 1996: 52-53; Hirsch, 1989: 28-29). In relation to women, the Oedipal complex can be used to describe conditions where women compete with, undermine, or hurt each other in order to be more successful within a patriarchal system. Hence ‘the bond between mother and daughter, daughter and mother, must be broken so that the daughter can become woman’ (Iragaray, Ethique, 1984: 106, translated by and quoted in Hirsch, 1989: 43).

In the Ancient Greek drama that Freud used as his template for the complex, King Oedipus commits material crimes of incest and patricide. But these crimes flag a far greater offence to do with his correct position in time: he oscillates between generations, ignorant of his proper place, travelling ‘backwards’ to marry his mother and ‘forwards’ to become his daughters’ brother. Keeping this in mind and turning the prism slightly to focus on the mother he marries, Jocasta, we can theorise a ‘Jocastan Complex’ where the mother becomes or remains powerful and desirable by challenging her assigned place in chronological time. She marries her son, thus becoming ‘younger’, and experiences dual or triple relationship roles (as mother, grandmother and sister) with her daughters. She is the pivot in a series of events that twist the normal flow of time: she refuses the negative role assigned to her because of her age. Partaking of cosmetic surgery might then described as a Jocastan action: it is one way for women to hang onto or regain central positions in the active adult world, avoiding the marginalisation that comes with age.

In Oedipal situations tensions and confusions – and of course tragedies – occur because of generational enmities. Oedipal nightmares result from families being too intimate (in Sophocles’ Oedipus of course it is actual reproductive incest) so the urge to flee such closeness is strong. One way of viewing anti-ageing cosmetic surgery and the stretched middle age positively is as a way to alleviate Oedipal tensions, by simply allowing mother and daughter to occupy the same temporal space, and to effectively banish the generation gap, at least aesthetically. While the daughter may use cosmetic surgery to escape the tyranny of her mother’s genes and to distance herself from her aesthetic fate, the mother concurrently uses cosmetic surgery to come closer to how the daughter looks. But this coming together is highly problematic,
because cosmetic surgery, while seeming to offer an alternative to Oedipal tensions by minimising the generation gap, also does exactly the opposite. The analysis in this chapter of one particular sub-genre shows that in fact cosmetic surgery relies on perpetuating mythic fears – that are grounded in generation gaps and Oedipal tensions – in order to declare itself necessary.

Marianne Hirsch (1989), Kathleen Woodward (1995), and Ruth Ray (2003) all offer alternative feminist readings of the Oedipus myth as well as substitute paradigms. For Hirsch, woman-centred myths such as the story of Persephone and Demeter are more useful than Oedipus. She says that classic myths have ‘hegemonic power... delimiting force, and ...explanatory potential’ (1989: 29) but also insists that new theoretical paradigms – that focus on maternal perspectives and don’t rely on a divide between mothers and daughters – are vital. Woodward suggests inserting the oft-forgotten grandmother into the mother/daughter equation in order to surpass the Oedipal binary. Her revision of the mother/daughter plot encourages us to be flexible about notions of chronology and temporality, seeing ourselves always in the bodies of our mothers and grandmothers, rather than in a dreadful future: ‘...the figure of the older woman... was in fact present in my past all along, and [she will be] present in my future, time willing’ (1995: 92). Feminist gerontologist Ruth Ray argues that while tensions between mothers and daughters can be used to initiate personal growth we also need other stories through which to relate to each other. She acknowledges that ‘in the practice of daily life, it is difficult to resist the pull of the old Freudian psychodrama of mother/daughter conflict. Yet, we must try’ (2003: 120).

And what we may get when we try is what Mary Russo describes as ‘provisional, uncomfortable, even conflictual, coalitions of bodies which both respect the concept of “situated knowledges” and refuse to keep every body in its place’ (1994: 179). Through ‘violent efforts’ of understanding and intuition we may alter our understanding and experience of durée. We may even be able to use technologies like cosmetic surgery – that in many ways try to ‘freeze’ us in set generational camps – to extend and transform our relationships, to disrupt conventional notions of temporality, and experience different connections between bodies. Intergenerational relationships in this schema may be highly fraught with never-ending dialogues, conflicts, negotiations and alliances, but they are not impassable: their boundaries are penetrable.

Instances of dialogic connections between bodies are more plentiful in fiction than real life. In The Female Grotesque (1994) Russo shows how Fevvers, the winged
woman in Angela Carter’s *Nights at the Circus*, and her mother Lizzie, ‘a gnarled old leftist’, work together to create an intertwining of old and new and a productive merge of two generations. She argues that ‘the spectacle of the new is produced and can therefore be counterproduced’ (1994: 179). The characters of Fevvers and Lizzie represent an ‘intergenerational grotesque’ (1994: 178) similar to the one Mikhail Bakhtin analyses in his evocative description of ancient terracotta figures of senile, laughing, pregnant ‘hags’ (see Chapter Six, p. 177). Fevvers’ wings signify youth and newness to most characters in the novel, but Lizzie sees in them the ‘Annunciation of my own Menopause’. The wings on the younger woman’s body balance the onset of menopause in the older woman’s. The wings represent new growth and are a metaphorical pregnancy: one body becomes reproductive as the other farewells that possibility. The key is that the existence of the wings allows Lizzie to see her menopause as an almost transmogrative ‘annunciation’ rather than a loss. Russo notes, ‘the figurative biological clock is communal’ (1994: 178). So here are intergenerational bodies presenting themselves and interpreting each other as continuous as well as dissimilar. In this view old and new are interlocked – showing that the new need not be unequivocally tied to youth.

**IMMANENT CHANGE**

One of the feminist issues in relation to cosmetic surgery then, is not only to analyse the destructive Oedipal ways that its discourses pitch women against each other, engendering anxiety and dread – as I have done in the media analysis above – but also to try to identify or suggest alternative paradigms. One such alternative reading of the mother/daughter/cosmetic surgery relation comes from deep inside the practice itself. There is a recently reported ‘trend’ in mothers and daughters presenting to plastic surgeons together. 44% of member-surgeons of the American Academy of Facial Plastic and Reconstructive Surgery reported that mother-daughter pairs had consulted them in 2003. While there are no previous statistics for comparison, the fact that the question was included in the 2003 survey suggests that the phenomenon had increased (AAFPRS 2003 Survey, 2004: 6). Although problematic in all sorts of ways, that beg further feminist research, for my purposes the presentation of mothers and daughters to cosmetic surgeons together in order to each seek a surgical procedure points to a phenomenon that can be theorised as running parallel or even in opposition to an Oedipal situation where women are in competition with each other. I suggest, intuitively, rather than through a systematic analysis, that cosmetic surgery – and other less violent deployments of the stretched middle age – could be used in new ways for women to enjoy sisterly, friendly relationships that do not rely on competitiveness and opposition. Future research
into the attitudes, feelings, and relationships of mother/daughter pairs who have undergone cosmetic surgery might surprise us. Unlike the editorial, discussed above, about the Presley women, a London Daily Mail article allows a mother and daughter pair to tell their own story, keeping editorial comment in the affirmative: ‘heads turn when mother and daughter Carol, 48, and Sarah Hamilton, 24, walk down the High Street, their admirers oblivious to the generation gap between these two petite blondes...’ (Levy, 2000). Sarah had breast augmentation while her mother Carol had an eyelift and lip implants, and they shared a hospital room. Post-surgery, Carol said, ‘for the first time in ages, I played the protective role of a mother... I washed and brushed Sarah’s hair, opened doors for her and fed her. It was like having a baby again. The whole experience made us feel incredibly close’. Sarah said, ‘I feel proud to walk down the street with such a stunning, young-looking mother’ (Levy, 2000). For this pair cosmetic surgery seems to have re-emphasised traditional mother/daughter roles whilst simultaneously re-designing them as equals. Carol and Sarah are a far cry from Lizzie and Fevvers. These two ‘petite blondes’ are of course deeply implicated in all of the normalising and repressive aspects of cosmetic surgery, but they are also enacting a Jocastan wish-fulfilment of becoming ‘sisters’. The ways in which they interact with cosmetic surgery and define it in terms of their relationships with each other may provide feminists with alternative means of thinking about the ‘warring generations’ aspects of cosmetic surgery.

CONCLUSION

The stretched middle age is not a gradual progression between youth and old age but rather an indefinitely stretched period of makeover. Although its aim is not to recreate youth it nevertheless relies on the markers of youth being increasingly adapted and contrived in order to stave off the markers of old age. ‘Staying young’, which in the schema of makeover culture means successfully negotiating the various practices and performances of anti-ageing, is argued by Gilleard and Higgs to be a tri-faceted process made up of exercising consumer choice, being financially independent so as to resist the stigma and marginalisation of being an ‘old-age pensioner’, and having the cultural know-how that allows you to be accepted as not too distanced from youth culture (2000: 128). I would add a fourth facet, one that the success of the first three are dependent upon: being able to ‘read the signs’ of an ever-morphing set of judgements about what is acceptable at any given time in terms of the display of age. In other words, being able to place oneself securely inside the stretched middle age, and thus present as a good citizen of makeover culture.
While cosmetic surgery grows as part of a suite of body technologies and lifestyle practices that are working to create and maintain the stretched middle age, its positive possibilities are largely ignored by popular media that prefer to encase it within ancient discourses that privilege conservative panic. Specifically, fear and terror of ageing is still embraced and is deployed as a wedge between mothers and daughters. Only two generations of women exist in this paradigm – young/good and old/evil. Rhetoric around anti-ageing cosmetic surgery continually re-emphasises the contained dichotomy of two standardised states of being, especially for women – young and old – by adopting the signs of one in order to stave off the signs of the other.

A stretched, indefinite middle age created via technologies such as cosmetic surgery – combined with societal changes and the lengthening of women’s reproductive years – means that a questioning of the notion of the generation gap is unavoidable. Repositioning our attitudes towards technologies like cosmetic surgery may offer entirely new ways of seeing and experiencing temporality, and could lead to the superfluity of terms such as ‘generation gap’. Sadly, while cosmetic surgery grows as part of a suite of body technologies and lifestyle practices that are working to create a swelled period of middle age into which almost every adult will potentially fit, the discourses around it are dealing with its radical possibilities by using outdated and repressive paradigms that undermine the potentially innovative possibilities that it offers.

While cosmetic surgery as it is currently deployed – and especially as it is currently represented in the popular media – offers limited transformative possibilities in terms of our understandings of temporality, it nevertheless potentially offers new ways of experiencing temporality and durée. These may include notions of temporal stasis in which transformations occur; the idea of designing rather than denying the ageing process so that certain indicators of age are eliminated or minimised while others are embraced; and the possibility of relationships between mothers and daughters that are not based on ‘negative old’ versus ‘positive young’ dualisms. Cosmetic surgery also has the potential to allow people to create or eliminate physical indicators of psyches they have developed or discarded for themselves. Psychic rejuvenation or transformation, as for Simone, quoted above, is thus coupled with a corresponding corporeal change. As part of a set of technologies and life practices that are creating a stretched middle age, cosmetic surgery offers multiple and varied new ways for inter-generational relationships to be enacted. The physical markers that differentiate people at thirty, forty, fifty and sixty, may be replaced by
an extended and standardised middle age, which could allow infinite opportunities for ageism to diminish and for more lateral relationships to develop.

In this schema the ageing mother might not bleed and burn to death in red-hot iron shoes in order for the new queen to rise to power. Instead, mother and daughter might dance with each other at the ball, lovingly and generously twirling their pasts and futures together.
Makeover culture encourages endless work on the self in exchange for benefits such as inclusion, recognition and acceptance. I have argued so far that cosmetic surgery is one of the quintessential expressions of makeover culture; we might assume then that participating in cosmetic surgery guarantees reward and respect. But individuals who use cosmetic surgery operations to perform the work of makeover culture must negotiate some complex boundaries: having cosmetic surgery does not guarantee benefits and can be a distinct disadvantage. This chapter looks at how and why certain women, especially some celebrities, come to be defined as monstrous in relation to their cosmetic surgery, and suggests that monstrosity plays a key role in makeover culture.
INTRODUCTION

Monsters have a special place in the cosmetic surgery world. The grotesque or monstrous celebrities I analyse in this chapter are identified in popular magazines as such: they are famous women who have ‘gone too far’, who are ageing disgracefully or are deemed to have used cosmetic surgery improperly. I suggest that they occupy complex roles within makeover culture. They are the special agents of a particular abject and/or hybrid otherness that cosmetic surgery as emerging technology requires to make itself legitimate. In this sense they are necessary for the practice’s integration and normalisation; they are the ‘unnatural’ measuring sticks against which the ‘new natural’ can be measured and condoned. The regulation, definition and policing of the normal and the monstrous within makeover culture is examined through them here. Further, I suggest that makeover culture holds special regard for abjection and hybridity, two important characteristics of monstrosity. The abject and the hybrid are necessarily designated specific temporal and spatial positions in makeover culture because ‘normal’ individuals must be both abject and hybrid in order to ‘do’ makeover culture correctly. Makeover culture stringently regulates these acceptable modes of abjection and hybridity; I call them ‘proper’ abjection and ‘proper’ hybridity. I offer brief explanations of monstrosity, abjection, and hybridity below, and then explain what ‘proper’ or ‘discrete’ abjection and hybridity are inside makeover culture. I then examine three ‘indiscretions’ performed by celebrities – indiscretions that violate the rules of proper abjection and hybridity – in order to explain why those individuals are deemed monstrous and how that monstrosity works to support makeover culture.

MONSTROSITY, ABJECTION AND HYBRIDITY

The definition of monstrous at any moment is determined by countless social, cultural and historical factors: ‘monstrous’ is not a firm or immutable category but one that is subject to constant reinterpretation and change. Many theorists working with the term start with the unknowability of the monster. Feminist philosopher Rosi Braidotti describes it as ‘…the most irrational non-object… slippery enough to make the Encyclopaedists nervous…’ (1996: 150) while cultural theorist Margrit Shildrick explodes its meaning to include ‘…any being who traverses the liminal spaces that evade classification’ (2002: 5). Psychologist and Actor-network theorist Steven D. Brown argues that monsters are ‘category errors’ (1999: 147) because they fail to fit properly into safely anchored domains. Moving towards some sort of definition, Mary Russo, author of the much-loved The Female Grotesque (1994), suggests that
listing stereotypes is a useful, if flawed, way to convey meaning. Her taxonomic gives an indication of what is meant by monstrous without trying to narrow it down:

Naming represents a particularly vivid way of recalling the persistence of those constrained codings of the body in Western culture which are associated with the grotesque: the Medusa, the Bearded Woman, the Fat Lady, the Tattooed Woman, the Unruly Woman, the Hottentot Venus, the Starving Woman, the Dwarf (Russo, 1994: 14).

Rather than being ontological or explicitly analytical the list is a way of naming the monstrous while leaving room for more additions.

However, whilst accepting that the monstrous is by definition mutable and never fully knowable, it does have two enduring broad characteristics: abjection and hybridity. Abjection in relation to bodies happens when boundaries are opened or violated. Mary Douglas argues in her foundational symbolic anthropological work *Purity and Danger* (1979) that:

Any structure of ideas is vulnerable at its margins. We should expect the orifices of the body to symbolise its specially vulnerable points... Spittle, blood, milk, urine, faeces or tears by simply issuing forth have traversed the boundary of the body. So also have bodily parings, skin, nail and hair clippings, and sweat (1979: 121).

And philosopher Elizabeth Grosz summarises that ‘the abject is what of the body falls away from it while remaining irreducible to the subject-object and inside/outside oppositions’ (1994: 192). The abject may vary according to place and time but it always reminds us of our penetrable or leaky borders, of our uncontainability and our susceptibility to infiltration. Hybridity is closely related to abjection: they both deal with borders, margins, contaminations and (mis)categorisations. While many hybrids are utterly acceptable, monstrous hybridity refers to objects or subjects that contain juxtapositions or interweavings that are mismatched or incongruous. The hybrids that form between technologies and the human body are often seen as monstrous, especially if the technologies are new. For example *in vitro* fertilisation, machinic transplants, and the *Visible Human Project* (Waldby, 2000; Zylinska, 2002) have all been characterised as somewhat monstrous. Cosmetic surgery is a new technology that is grappling with its status in relation to hybridity – many discourses around cosmetic surgery work with notions of foreign objects in bodies, of ‘unnatural’ pieces of plastic or silicon merging with ‘natural’ flesh.
MAKEOVER’S PROPER ABJECTION AND HYBRIDITY

The monstrous has been defined as that which is outside and therefore ‘other’, but in a discussion of makeover culture it is important to note that it can also be that which is between. Russo’s work is on the grotesque but the terms ‘monstrous’ and ‘grotesque’ are somewhat conflatable and have strong resonances: she writes, ‘the grotesque body is the open, protruding, extended, secreting body, the body of becoming, process, and change’ (Russo, 1994: 62-63). So as well as defining the normal by being what it is not, the monstrous is the site where ‘becoming, process, and change’ occurs. Makeover culture is at its heart about processes of transformation and therefore has an intense and inseparable relation with monstrosity.

All bodies that undergo cosmetic surgery will be abject at some stage, especially during operations and recovery periods. Any body in a process of transformation is abject – sweat, blood, tears and messiness are seen by makeover culture as steps on the path towards bodily improvement. In this way, abjection is an important part of the makeover process. However, abjection is dangerous. Kristeva describes it as frightening and abhorrent:

The in-between, the ambiguous, the composite. The traitor, the liar, the criminal with good conscience, the shameless rapist, the killer who claims he is a saviour... Abjection is... a terror that disassembles, a hatred that smiles... a friend who stabs you (Kristeva, 1982: 4).

How then, can makeover culture both embrace abjection as a key step on the pathway to self-improvement, and restrain its menacing aspects – aspects of mess and uncontainment that threaten an established order? I suggest that the problem of abjection is dealt with in makeover culture in two ways: firstly, specific spatial and temporal frames are designated in which the abject is acceptable: the operating room, the period of quiet and unobtrusive recovery, ‘during’ photos as shown on certain cosmetic surgeon’s websites (as shown below) and certain mediascapes like Extreme Makeover. Importantly, all of these sites privilege before and after, so the ‘during’ in which the abject occurs is tightly bracketed by images or descriptions of comfortable mundanity.
Secondly, makeover culture projects monstrous abjection on to certain bodies or entities so that its own version of ‘proper’ abjection can be normalised. Georges Canguilhem explains in his foundational medical-philosophical work, *On the Normal and the Pathological* (1966, reprinted 1978), that ideas of normality are formed in relation to the establishment and then rejection, or attempted elimination of, abnormality. He also argues that normality is entirely dependent on its environment and will vary in relation to time and space. In a simple but effective example he says: ‘with a disability like astigmatism or myopia, one would be normal in an agricultural or a pastoral society but abnormal for sailing or flying’ (1943, reprinted 1978: 118). Similarly, Marilyn Monroe was the goddess of her time yet her body would be unacceptable on today’s red carpets – she might even be listed in the ‘They Need Lipo’ section of <www.awfulplasticsurgery.com> – and if we could send a typical body-conscious woman of the current century back to the 1950s she would be considered pathologically obsessed with thinness. ‘Normality’ is utterly contingent on place and time. I suggest that currently, a violent process of negotiation about what is normal in the makeover environment is being played out in popular magazine texts. These magazines are arenas where cosmetic surgery, in trying to establish itself as normal, reacts aggressively towards what it wants to eject: what it endeavours to make monstrous. In fact the negotiation of the normal in these contexts relies on the tug between different ideological systems – and as I have shown in previous chapters, it is by being inclusive of inherent contradictions that a paradigm like makeover culture draws its strength. The celebrities discussed below play a vital part in makeover culture’s containment of abjection: they are makeover culture’s ‘over-participants’, spectacular cosmetic surgery monsters who are ridiculed, set apart and determined as ‘not us’. They represent abject monstrosity because their intense relationships with cosmetic surgery, viciously scrutinised by the media, have rendered their bodies metaphorically always-open and always uncontrainable.
All bodies participating correctly in makeover culture will traverse designated abject pathways. Similarly, all bodies in makeover occupy categories of hybridity. Indeed, with its ceaseless renovation and supplementation of the self, makeover culture is largely about performing ‘proper hybridity’. ‘Expressing oneself’ through clothing or home decorating, as we are exhorted to do by television makeover programs, is a form of hybridity – an interweaving of the self with suits, jewellery, cushions, scented candles and bath salts. Less metaphorically, cosmetic surgery creates hybridity by inserting substances like plastic, silicon and saline into the body. This hybridity is tolerated and indeed condoned as ‘proper’ so long as it adheres to certain rules of discretion. The website <awfulplasticsurgery.com> is a good example of when and how cosmetic surgery hybridity is praised and when it is vilified. As I explained in Chapter One the site delineates strongly between appropriate and inappropriate cosmetic surgery, with sections like ‘Ooops, I Messed Up My Face’ and ‘Scary Celebrities’, which feature ‘awful’ cosmetic surgery where hybrid monstrosity is spectacularised. However, the site’s ‘Good Plastic Surgery’ section congratulates celebrities for getting their hybridity right, for example: ‘Natalie Imbruglia went from no boobs to cute saline ones. They look mighty nice!’ and ‘Madonna is the queen of good plastic surgery. She had her nose slimmed in the early 90s.’ The site’s definition of ‘good’ cosmetic surgery is summed up in relation to singer Jennifer Lopez’s supposed nose job and lip reduction, neither of which I can even discern: ‘she’s an example of good plastic surgery, because the changes are not extremely noticeable and [they] enhance her looks’ (<www.awfulplasticsurgery.com>).
Hybrid *monstrosity* in makeover culture, specifically in relation to cosmetic surgery, designates others who fuse together and display odd or unacceptable combinations. For example, the sculpture/human juxtaposition that is Jocelyn Wildenstein’s face, shown above, is a clear and obvious mix of organic and manufactured elements, most notably a large chin implant. Similarly, the old/young and sexy/abhorrent confusions that happen around ageing celebrities like Farrah Fawcett and Cher, discussed below, are partly due to displays of ‘unseemly’ hybridity. In makeover culture celebrities who deliberately exhibit or even flaunt their hybridity are deemed as monstrous as Kristeva’s ‘killer who claims he is a saviour’. Prosthesis is an important part of hybridity because it can emphasise abjection or lack, calling into question the integrity of the body. Cultural theorist Joanna Zylinska writes,

> A prosthetic extension reveals a lack in the corpus to which it is attached, the very need for, or even a possibility of, such as attachment of extension indicating an original incompleteness, or perhaps unboundedness, of the self (2002: 215).

In cosmetic surgery procedures that involve augmentations or implants this is very clear:

‘Courtney Love is back on the rampage. Before she was arrested this week, she went to Wendy’s where she flashed patrons. This photo is an outtake from her ‘excursion’ and you can see that her implants have become so hard that they have made ripples in her skin. All together now, let’s yell ‘Ew, yuck, Courtney’. Hopefully, the courts will unfreeze her bank account so that she can get new implants. Her Franken-tits are scary’ (<awfulplasticsurgery.com>).

Courtney Love at a ‘Wendy’s’ ice cream parlour, 2003 (<awfulplasticsurgery.com>)
The monstrosity identified in this text is not to do with having implants but rather with the fact that Love (a rock star and actress, and Kurt Cobain’s widow) has drawn attention to them: the ripples in her skin emphasise that prosthetics are present and belie an illusion of ‘naturalness’. Smooth, demure implants are ‘mighty nice’ but those that call attention to themselves become ‘Franken-tits’. Cosmetic surgery relies on hybridity being normalised – on the cultural and bodily ‘acceptance’ of foreign objects – but makeover culture demands that those foreign objects be incorporated as parts of the self and ‘blend in’. Bodies like Love’s, that either actively or inadvertently display their prosthetics, extend the moment of augmentation beyond its temporal and spatial boundaries. By showing scars or lumps the illusion of seamlessness is destroyed and the strict temporal and spatial boundaries designated for monstrosity inside makeover culture are violated.

CELEBRITIES AND TWO-FACED TEXTS

When connected to celebrities cosmetic surgery is glamorised, normalised and demonised. It is alternately presented as the weird obsession of another breed, extraordinary and not an option for the average person, or as an acceptable commodity to be aimed for, something available and desirable for everyone. David Marshall’s cultural study of what he calls the contemporary celebrity system suggests that celebrities are ‘marketable commodities’ (1997: x). He shows how there are many contradictions that work together inside this system:

In one sense, the celebrity represents success and achievement in the social world… In another sense, the celebrity is viewed in the most antipathetic manner. The sign of the celebrity is ridiculed and derided because it represents the centre of false value… The celebrity sign effectively contains this tension between authentic and false cultural value (1997: x-xi).

Here is another example of ideological complexity – contradictions working in the service of a cultural dominant – in this instance ridicule/admiration and mundanity/otherworldliness highlight and create the status of the celebrity. These ambiguities and tensions are particularly played out via the powerful scrutiny that the bodies of female celebrities are subjected to. Marshall writes that ‘the intense focus on the body and its reformulation is central to the construction of the female star. The body itself becomes the expression of and the control of the public personality’ (1997: 266-267). Virginia Blum argues that there is a deep relation between celebrity culture and cosmetic surgery, and that the star system has in fact created a beauty norm that in turn gave rise to widespread adoption of cosmetic surgery:
Of course, stardom can happen only in the context of a large audience that converges in the celebration of the iconic actor. Consider how necessary this institutionalisation of star culture has been to the creation of a culture of cosmetic surgery. In order for cosmetic surgery to be appealing, not to mention a viable professional solution, enough of us have to agree on standards of beauty... the star is both the standard and an instrument of standardisation (Blum, 2003: 55).

This is unsubtly manifest in the television program I Want A Famous Face, a reality TV show styled similarly to Extreme Makeover but featuring individuals who want to look more like certain celebrities, usually for the sake of furthering their careers. This program is the example par excellence of the intertwining of the film and television industries with the ‘morphing industries’ of cosmetic surgery. Twin teenagers want to look like Brad Pitt to become models and then actors (they begin acting lessons after the cosmetic surgery); a Playboy model wants to look like Pamela Anderson and a plus-size model wants to look more like British actor Kate Winslet. The program demonstrates that stars create universal standards of beauty that are held up as ideals: if your beauty doesn’t mimic or at least refer to the two-dimensional image of a star in print or on screen, then it isn’t proper beauty. The flip side to this is that while ordinary people may have cosmetic surgery to look like celebrities, celebrities must have cosmetic surgery in order to keep looking like their on-screen selves. Comedienne Joan Rivers, who said ‘I wish I had a twin, so I could know what I’d look like without plastic surgery’ uses her cosmetic surgery experiences as material for her routines (<http://www.brainyquote.com/quotes/authors/j/joan_rivers.html>).

Others share the pressure they feel to have cosmetic surgery:

...I work in an industry where if you don’t get a little nip and tuck, a lady of my age is going to end up playing Katie Holmes’s great-grandmother in the Dawson’s Creek reunion. I’m never going to be Halle Berry, but I want to look as good as I can (Kathy Griffin aged 42, July 14 2004, People Magazine).

Some stars ‘fail’ in their cosmetic surgery attempts, and no longer live up to the ‘star standard’ – then they smash down to earth and become anti-stars. Farrah Fawcett, former ‘golden girl’ of the 1970s television program Charlie’s Angels, was referred to on the cover of the Australian New Idea magazine (February 28, 2004) as a ‘Fallen Angel’ because of her cosmetic surgery. What is the point of such vilification, and why is some cosmetic surgery described as ‘awful’ while some is praised?
Relations between monstrousness and normal are emphasised by Susan Bordo, who points out that in a society preoccupied with body size, bulimics and anorexics are likely to be displayed in lurid and grotesque detail: ‘...such presentations encourage a “side show” experience of the relationship between the (“normal”) audience and those sick individuals on view (“the freaks”)’ (1990: 85). As I stated above, weight-loss dieting is only ‘normal’ when held up against a monstrous ‘other’ like anorexia. I suggest that a parallel normal/pathological dichotomy is set up in the world of cosmetic surgery: as it becomes mainstream and, as one magazine writer puts it ‘more and more of us are making a decision once reserved for the rich and famous’ (Tulloch, 2004: 137), those who ‘overdo’ cosmetic surgery in the same way that anorexics and bulimics ‘overdo’ dieting are displayed as freaks. And like the ideal glamorous body size which exists in a tiny margin close to severely underweight in medical terms, the ideal surgicalised aesthetic occupies a precise point on a vast spectrum of possible cosmetic surgery looks. A certain exact range of results is carved out and negotiated as ‘normal’. 

Preparation for the Oscars begins at Christmas, with enough stars begging for appointments with their plastic surgeons for it to be referred to as the plastic
surgery season... I... removes brow wrinkles, collagen... plumps up lips, and new this year are FotoFacials – intense pulsed light therapy used to tighten the skin (Broadbent, 2002: 27).

On the set of Monster-In-Law, Jane wowed all with her new, stretched head. Looking more like a woman in her 30s, Jane’s face was a far cry from what she sported at the Golden Globes in January. ‘Jane looks amazing’, says a cast member (Lang, 2004: 16).

Those who have cosmetic surgery are often characterised as deranged, hyper-vain stars ‘begging’ their surgeons for treatment. Cosmetic surgery results produces are criticised but also implicitly praised in this sort of journalism: Broadbent, quoted above, suggests that cosmetic surgery is a desperate measure but chooses to describe Botox® as able to remove wrinkles rather than as, say, ‘freezing the face’, which another popular way to describe its effects. And she writes that collagen only ‘plumps up lips’ without mentioning syringes, allergic reactions or numbness. Lang, writing for the Australian Woman’s Day, makes Jane Fonda monstrous by saying she has a ‘stretched head’ but simultaneously describes her look as ‘amazing’, usually a compliment. Suzanne Fraser neatly characterises the tone of such articles as one of...

...mild titillation, where the reader is invited to wonder at the strange, sometimes sad and often extravagant cosmetic surgery experiences of famous people. Such pieces can express a range of emotions from curiosity to horror, pity or admiration at once (2003: 62).

Her reading accepts a distance between subjects and readers of such writing where one world voyeuristically reads about the inhabitants of another. But I suggest that there is something deeper going on here. The double-edged approach of much writing about cosmetic surgery indicates cosmetic surgery’s cultural situation in the early 21st Century, which is between normal and monstrous practice; between beautiful and grotesque results. The ideological complexity of these internally contradictory texts creates a dynamic interplay that continually recasts and redefines monstrosity and normality in relation to each other. In Georges Canguilhem’s essays reflecting on his On the Normal and the Pathological he reaffirmed that ‘the normal is not a static or peaceful, but a dynamic concept’ (1978: 146), and that the normal is established ‘by devaluing everything that the reference to it prohibits from being considered normal...’ (1978: 147). So the abnormal does not come about separately from the normal but rather it is that which has been ejected and excluded from the normal: ‘that which diverges from the preferable in a given area of evaluation is not the indifferent but the repulsive or more exactly, the repulsed, the detestable’ (Canguilhem, 1978: 147). Monstrosity – ‘the repulsed, the detestable’ – becomes a preoccupation when intense cultural change is occurring because it is on its borders that the normal is negotiated.
The cultural and social dangers in having cosmetic surgery, in terms of being abject- or hybrid-monstrous and overstepping all sorts of decorous imperatives, are especially prevalent for women in the public sphere. Mary Russo recalls gleaning as a child that ‘making a spectacle out of oneself seemed a specifically feminine danger’ (1994: 53). Her broad analysis of the dangers of being caught in the public eye resonate and parallel the dangers that I identify for women, celebrities in particular, when doing cosmetic surgery:

...these women had done something wrong, had stepped, as it were, into the limelight out of turn – too young or too old, too early or too late – and yet anyone, any woman, could make a spectacle out of herself if she was not careful (Russo, 1994: 53).

The unbounded arena of cosmetic surgery has variable borders of acceptability: being able to gauge when to start and when to stop the procedures or ‘maintenance’ is a vital part of the success of the project. Individuals who are deemed to have had ‘too much too often’ or ‘too much for too long’ are likely to be ridiculed by the media, their cosmetic surgery procedures outweighing any other news about them. Celebrities and indeed all women, as I showed in Chapter Four, tread a fine line between losing their status because they are ‘old’ and losing their status because they are ‘old trying to be young’. Conversely, some women become celebrities merely by virtue of their cosmetic surgery; who would know of Jocelyn Wildenstein, Lolo Ferrari, or the British page-3 model Jordan if not for their spectacular cosmetic surgery as reported in popular magazines and tabloids?

COSMETIC SURGERY DISASTERS

Articles found in popular women’s magazines about monstrous cosmetic surgery come under headlines like ‘Celebrity Plastic Surgery Disasters’ and feature a range of stars who have ‘gone too far’ – ‘when some stars go too far in their quest to look prettier and younger, the results are shocking’ (Renshaw, 2002: 17). The ‘disasters’ generally constitute overstepping boundaries in three broad areas:

• age-appropriateness;
• presentations of correct femininity and gender; and
• what might be called the blind embrace of a perverse aesthetic.

These three categories of indiscretion are extensive and always overlap but for my purposes here it is useful to delineate them. In the following three sections I address
the ways in which cosmetic surgery is represented as being done wrong, and consequently how its recipients are shown as monstrous. In the ‘age-appropriateness section’ I draw on Mary Russo’s theorisations of the grotesque, particularly her engagements with Mikhail Bakhtin’s ‘senile, laughing hags’ in order to discuss representations of the ageing celebrities Cher and Farrah Fawcett. In the ‘femininity-done-wrong’ section I deploy Joan Riviere’s psychoanalytic articulations about a mask of femininity in order to engage with representations of celebrities – in this case Meg Ryan and Pamela Anderson – who respectively perform their femininity ‘right’ and ‘wrong’. ‘Perverse aesthetics’ are examined, again mobilising Russo’s notions of the grotesque, via Jocelyn Wildenstein.

**Indiscretion One: Ageing Disgracefully**

The cover of the January 2002 Australian magazine *NW* featured a striking extreme close up photo of singer and actress Cher. Inside were ten pages devoted to articles and photos to do with cosmetic surgery. The cover photo closely frames Cher’s heavily powdered face: it looks stretched out by her cheek implants but heavily wrinkled around the eyes; her hooded eyelids are bulbous and glittering with purple eye shadow. Headlines around the picture yell ‘Plastic Surgery Disasters’ and promise ‘Shocking New Pics’. A quote placed below Cher’s chin between postage-stamp sized photos of Anna Nicole Smith, a Playboy model who married a geriatric billionaire and is known for her extensive cosmetic surgery, and Jocelyn Wildenstein, a New York socialite famous for her feline-styled cosmetic surgery states ‘They’re all freaks’.
Cher and Farrah Fawcett are regulars in the ‘cosmetic surgery freaks’ style of reporting. While Cher still elicits praise for her music recordings and tours and is occasionally touted as being in excellent shape for her age, Fawcett is primarily a figure of ridicule. The tone is often malicious. Cher is compared to cheap cuts of meat: ‘…the list of body parts she has tinkered with reads like an economy sausage – they include her nose, teeth, cheeks, stomach, buttocks and navel’ (Renshaw, 2002: 16). The list of negative descriptors of Cher’s appearance is almost endless, including adjectives like excessive, distorted, unnatural and weird. But Cher’s main crime seems to be that despite all her cosmetic surgery, she is now looking ‘old’. An ‘eyewitness’ to the filming of one of her video clips told NW that ‘when you got up close, you could see the ravages of time under the special lavender coloured foundation she had on’. The NW article reveals that Cher has been ‘forced to turn to lighting trickery and heavy makeup to conceal her true appearance’ (Renshaw, 2002: 16). She is shown as dishonest and desperate, and just like the evil fairy in The
Sleeping Beauty and the wicked stepmother in Snow-White she must resort to ‘trickery’ to appear young enough to be in her own video.

Fawcett is another regular in articles about monstrous cosmetic surgery:

…she turned up looking totally unlike her former self, having had her nose shockingly re-sculpted to reveal huge nostrils. Her previously modest pout had been transformed into a gloss red ‘trout pout’, and her eyelids appeared to have been pinned back to such a degree that she almost looked like an alien (Bromley & Vokes-Dudgeon, 2004: 4).

In order to theorise these very contemporary representations of aged monstrosity I am deploying Mary Russo’s reading of the work of Mikhail Bakhtin, particularly her writing around his descriptions and analyses of the ‘senile, pregnant hag’ (Russo, 1994: 1). Bakhtin describes some small but striking ancient terracotta figurines found in Kerch, in The Ukraine. They are statuettes of women who are aged but pregnant, dying but laughing:

There is nothing completed, nothing calm and stable in the bodies of these old hags. They combine a senile, decaying and deformed flesh with the flesh of new life, conceived but as yet unformed... Moreover, the old hags are laughing (Bakhtin quoted in Russo, 1994: 63).

Russo insists that the figurines are more than embodiments of the grotesque, and much more than examples of the inverse of the ‘monumental, static, closed and sleek’ ideal Classical body. For Russo these little figures are ‘...loaded with all of the connotations of fear and loathing around the biological processes of reproduction and of aging’ (1994: 63). She adopts the figurines to write about how maternal bodies disrupt signs, overlap boundaries and generally upset ‘...the political economy of the sign as it is produced in dominant discourse’ (1994: 67). I draw upon them here in a similar way, to look at how ‘overdone’ cosmetic surgery bodies also disturb order, straddle borders and create disquiet.

The confronting and contradictory Kerch figurines compare well with common representations of the bodies of Cher and Fawcett. Cher and Fawcett have youthful visages but are chronologically beyond middle age – the parallels between them and the Kerch figurines lie in the juxtapositions inherent in their embodiments, in the ways they intertwine traditional opposites: age and beauty, fertility and decrepitude. The ‘creators’ of these representations – the unknown sculptor and the near-anonymous magazine writer – can also be compared in terms of their aims and desires. Both emphasise and put side by side incongruous elements in order to create pictures of monstrosity, both highlight women who are doing their femininity ‘wrong’.
Senility and pregnancy are usually mutually exclusive, as are age and beauty, but in both cases the women who embody both are shown as unrepentant, perhaps even exuberant, and this further demonstrates their ability to horrify.

The Kerch statuettes are shown to be disgusting because of embodied oppositions: they are rotting and disfigured on the outside but produce and hold life within. The surgically modified woman is an aesthetic inversion of the laughing and senile pregnant hag: Cher and Fawcett are shown to be smooth and ‘preserved’ on the surface but are old – chronologically postmenopausal – and barren on the inside. In both ancient and contemporary texts there is a fascination with juxtapositions, decay/creation, surface/interiority, Cher and Fawcett are Kerch figurines turned inside out, the idea of an inappropriately grasped youth playing on their skins instead of in their wombs.

Fawcett and Cher, as we know them through magazine texts, are makeover culture’s ‘laughing, senile hags’ who exemplify disharmony and incongruity and embody ‘inappropriate’ extremes. They threaten order with their obvious hybridity.

Joanna Freuh describes the ageing female body as ‘uncharted territory, outside cultural maps of conventional femininity...’ (1996: 82). As I showed in Chapter Four, it is a body that has an extremely small and prohibitive space in contemporary Western culture. One way to deal with being relegated to this ‘uncharted territory’ is to have cosmetic surgery: this is something that many celebrity women do. But those who are defined as doing it to extremes, like Cher and Fawcett, enter a different kind of uncharted territory. Just as the unaltered ageing feminine body is often displayed as monstrous, so is the body that has been altered ‘too much’. Part of the horror evoked by images of ‘overdone’ faces like Fawcett’s is because with lopsided nostrils and peaked eyes they are aesthetically confronting, but part of it is because Fawcett’s face displays her lack of passivity associated with both femininity and ageing: she has taken action, however misguided, against being relegated to the outskirts. Articles such as ‘Celebrity Plastic Surgery Disasters’ demonise this active, unconventional femininity.
‘Insiders believe Farrah, 54, has recently acquired a new Michael-Jackson style nose, which – as our picture shows – has tipped her over the edge from well-preserved to plain weird. Farrah has always refused to grow old gracefully. In 1995 she posed for Playboy and smeared herself in mud for a nude video’ (Renshaw, 2002: 18).


By comparing Fawcett to Michael Jackson via her rhinoplasty, Renshaw is making more than an aesthetic observation, since to my eyes Fawcett’s nose doesn’t even look like Jackson’s. Perhaps Farrah is being marked as being as weird-looking as ‘Wacko Jacko’. Jackson is often depicted as being of dubious morals, gender and sexuality. Thus to be metaphorically burdened with his nose Fawcett is being marked as strange and somewhat abhorrent, confused and confusing. Further, Fawcett is shown through this one damming comment to be of dubious gender: she has embraced the mask of femininity so entirely that her ‘real’ gender is called into doubt.

Noeleen O’Beirne says wryly, in an article that discusses her own personal as well as theoretical dealings with ageing, ‘it would appear that a feminine continuum does not exist for women who survive into old age’ (1999: 111). While nude videos and Playboy shoots are nothing unusual for Hollywood starlets, for Fawcett to partake of such overtly sexual and feminine acts at fifty is unacceptable to many popular magazine journalists and their readers. Her age overrides her femininity and her sexuality: a seriously overt performance of either of them leads to ridicule, and she is subjected to it here by being accused of the worst cosmetic surgery crime imaginable: having Michael Jackson’s nose.

Margrit Shildrick says that ambiguity is what defines the monstrous body as both fascinating and disturbing: ‘it is not that the monster represents the threat of difference, but that it threatens to interrupt difference – at least in its binary form –
so that the comfortable otherness that secures the selfsame is lost’ (2002: 303). Fawcett’s cosmetic surgery interrupts the difference between those ‘successfully’ growing old in makeover culture with the help of body-disciplining procedures like cosmetic surgery, and those who are failing at the performance of acceptable ageing by simply ‘letting themselves go’. She has seemingly followed all the correct paths but has ended up looking ‘wrong’. Her results now blur boundaries and interrupt difference and she becomes monstrous, embodying both horror and fascination.

Her stunning looks as one of the Charlie’s Angels captivated a generation of men... But Farrah Fawcett is looking far from angelic these days. Instead, one trip to the plastic surgeon too many has left the ‘70s sex bomb looking decidedly odd (Renshaw, 2002: 16).

It only took Fawcett ‘one trip too many’ to overstep the boundary between beauty and horror: this exemplifies the arbitrariness of the boundaries and also the harsh punishments awaiting those who overstep them.

**Indiscretion Two: the Lopsided Mask**

While figures like Cher and Fawcett are almost universally vilified for their cosmetic surgery, there are others who evoke ambiguous reactions to their cosmetic surgery: they are alternately represented as beautiful and monstrous. With these celebrities it is as if popular magazine discourse can’t make up its mind: are they monstrous or not? Have they had inappropriate cosmetic surgery or not? Are they beautiful? At the time of writing Dannii Minogue is being equally and alternately depicted as having successful and unsuccessful cosmetic surgery, as are Roseanne Barr, Meg Ryan, Sharon Osbourne and Pamela Anderson. I suggest that the level of vitriol against these uncertain stars is inversely proportional to the status of their careers, so a well-received movie might provide a respite from being judged surgically monstrous. The oscillation in discourse surrounding them shows that they inhabit a highly contested zone where the risk of being monstrous is everywhere.

In its tenth anniversary issue (March, 2002) the magazine *Who Weekly* featured a mock boardgame based on the past ten years of Pamela Anderson’s life. The game is headed ‘If it’s not her breasts, it’s her boyfriends. Pamela Anderson’s now you see ‘em, now you don’t decade left us stuck between Kid Rock and a hard place’ (*Who Weekly*, 2002: 110). The game, in *Snakes’n’Ladders* style, traces Anderson’s rise from *Playboy* centrefold in 1992 through to her engagement to rock musician Kid Rock in 2002 via one marriage, two children, a divorce, a few boyfriends, a successful television career and one movie flop. While the love life is not strikingly different
from any actor’s, or perhaps not even much different from any woman in her twenties who might marry and have a family and then divorce, what makes Anderson eminently burlesque and easy to parody is her breasts. She had her famous implants removed in 2000 because of worries about silicon leakage, but then decided on bigger saline augmentations in 2001. ‘Now you see ‘em, now you don’t’: why is vacillating between implants and changing their size a worse crime than either having them or not having them? From the point of view of makeover culture, Anderson is demonstrating the process of continual work, adjustment and choice. But makeover culture is about improvement, and by removing the implants Anderson temporarily denied their status as advances in her pursuit of beauty.

The in-out-in breast augmentations are deemed monstrous because the hybridity here is unstable. The removable implants also highlight the body as abject: open, penetrable and malleable. It is shown as a container lacking stern definition, as inflatable and deflatable: in other words as quintessentially maternal and therefore monstrous. But these breasts are also threatening because they highlight the presence of, and the ability to remove, the mask of femininity.
Joan Riviere wrote in her foundational article ‘Womanliness as Masquerade’ (1929) that ‘...women who wish for masculinity may put on a mask of womanliness to avert anxiety and the retribution feared by men’ (1929: 35). ‘Masculinity’ refers to the privileges and stimulations that came with being male and were unavailable to most women in the early 20th Century. Riviere focuses on ‘a particular type of intellectual woman’ – the equivalent of our contemporary mythological ‘superwoman’ – who has a successful career wherein she competes with or outshines men, is a superb housewife and mother whilst also being ‘properly feminine’ in her appearance and demeanour. This notion of being ‘properly feminine’ is of interest here. Riviere’s analysis has been highly influential for many feminist scholars (Doane, 1982; Johnston, 1990; Iragaray, 1985) and has had varied interpretations. My reading of it is that it is mainly about self-protection: women who desire powers associated with masculinity and who work towards having them, but who believe (usually accurately) that they will be punished for taking what is not ‘rightfully’ theirs, assume the mask (shown via ‘excessive’ signs of femininity) as a measure against retribution. Riviere theorises that womanly masquerades are what make the achievements of women palatable to men: without them most women would not only fail to qualify for the recognition they deserve but would also be punished for their ‘masculine’ achievements. Certainly, women who have achieved high status in contemporary society have not done so without huge effort, compromises, and a series of never-ending skilled enactments of various gender roles. Judith Butler (1990) has shown that these are not usually calculated performances but rather culturally taught and conditioned, and largely unconscious. The correct performance of femininity is vital for most women, and I think more so for those in the public eye, something Julia Baird has recently demonstrated in relation to Australian women politicians (2004), and amply shown in the figure of Margaret Thatcher with her trademark handbag, a quintessential feminine marker.

There is a strong fear associated with the mask of femininity because it calls into question ideas of essential or ‘natural’ femininity. It suggests that if it is possible to stage femininity, then it is also possible to un-stage it. Russo says, ‘to put on femininity with a vengeance suggests the power of taking it off’ (Russo, 1994: 70).

Here then is the reason that Anderson’s big-small-bigger breasts are so loathed: in show and tell style they demonstrate that femininity is unstable. Riviere’s work complicates this, suggesting that the masquerade is not an act per se because it cannot be distinguished from a women’s ‘true self:’
The reader may now ask how I define womanliness or where I draw the line between genuine womanliness and the ‘masquerade’. My suggestion is not, however, that there is any such difference; whether radical or superficial, they are the same thing (1929: 38).

This part of Riviere’s analysis (which is given in an almost throw-away manner) is one of the central concerns of Steven Heath’s article ‘Joan Riviere and the Masquerade’, written 57 years later. With great sensitivity Heath guesses that Riviere herself was one of those remarkably unclassifiable and problematic intellectual women whom she studied. He implies that perhaps her article was autobiographical, or that it at least works through the topos of a mask that is all there is, a masquerade that hides nothing; ‘the masquerade says that the woman exists at the same time that, as masquerade, it says she does not’ (1986: 49). He explains this in terms of femininity being seen as not masculinity, and therefore being fundamentally about dissimulation or deception:

In the masquerade the woman mimics an authentic – genuine – womanliness but then authentic womanliness is such a mimicry, is the masquerade (‘they are the same thing’); to be a woman is to dissimulate a fundamental masculinity, femininity is that dissimulation (1986: 49).

Russo puts this idea succinctly: ‘femininity is a mask which masks nonidentity’ (Russo, 1994: 69). If womanliness itself is a masquerade, if there is nothing else, then a mimicry such as cosmetic surgery could be seen to be of little consequence. Lifetimes of efforts, suppressions and performances – all the continuous rituals observed in the enactments of femininity – might easily make a ‘little nip’n’tuck’ seem an insignificant step in an ongoing process of self-protection tied in with self-definition. But for Heath these tensions create ‘a tourniquet of reassurance and disturbance’ (1986: 54). The masquerade provides reassurance as it preserves life and protects from danger, like a tourniquet, but causes harm if it is applied with less than exact pressure. Ideally, the mask facilitates equilibrium, a strange balancing act between risk and security that is easily tipped too far one way or the other when it is performed wrongly. In order to serve its purpose the mask must be strong and stable but not obvious as performance. The Thatcher handbag is again a perfect example – she got it ‘right’. If the mask brings attention to itself it will suddenly be hybrid-monstrous, and/or abject-monstrous, prosthetic, revealing a lack in its host. Grotesque ‘outings’ of celebrities like Cher and Farrah Fawcett happen because they are performing femininity obviously. Their masks, via cosmetic surgery, have tilted and become visible – they don’t quite fit any more. Their cosmetic surgeries don’t
encourage a suspension of disbelief but rather bring attention to the masquerade. And Anderson is ridiculed in the same way for bringing attention to her mask: for wearing it with a vengeance but more importantly, for showing that it is removable and optional.

For all the violent 'outing' around falling and failing stars like Fawcett, who suffer every procedure being viciously scrutinised, there is a corresponding eerie silence around the cosmetic surgery of celebrities who still enjoy A-list status. For example, Oprah Winfrey, who some argue is the most powerful woman in America, appears to have had a nose-job but it is simply never mentioned: an extensive google search yields nothing but a few chat-room speculations. Winfrey is an icon of self-transformation and triumph over adversity and thus one of the primary spokespersons of makeover culture. But her philosophy of self-confessed self-improvement, that philosopher Deborah Covino describes as a 'dedication to the physical and psychological transformation of abjedion into fulfilled selfhood' (2004: 83) does not extend to sharing her cosmetic surgery with her vast audience.

Often it seems that interviewers, journalists and audiences are willing to collaborate in the fantasy of wrinkles just disappearing overnight with the help of a healthy diet or a new-found interest in yoga or pilates. An interview with Meg Ryan in the same edition of a Marie Claire edition that featured a highly critical report on Chinese women having their legs surgically lengthened41, politely neglected to mention her cosmetic surgery, collaborating in the fantasy that Ryan is really believable as the twenty-something ingenues she plays in her romantic-comedy movies. ‘Though she turned 40 last November, the former high-school homecoming queen appears 10 years younger in person. Up close, there’s not a discernible blemish or crease on her face...’ (Gold, 2002: 84). The interview shows complicity between interviewer and interviewee in what is not said:

You look incredible - even better in person. But when you stare at yourself in the mirror, is there anything you’d change?
I wish my legs were longer. I wish my feet were smaller. I wish my hair was longer.
Do you worry about getting wrinkles?
What are my choices? Not to get older? I’m all right with it. I’m really all right with the whole shebang. I like seeing the life on people’s faces and in their eyes (Gold, 2002: 86).

41 While it is not uncommon to encounter two unrelated pieces on cosmetic surgery within one magazine, and find them completely at odds on questions of cosmetic surgery’s legitimacy or desirability, they may share other, more far-reading perspectives on things like the meaning of ‘nature’, or the location of agency (Fraser, 2003: 62).
A couple of facelifts under her belt and Ryan is alright, she’s really alright, but she doth protest too much... the interviewer is perhaps overwhelmed by her attractiveness; he seems unaware that Ryan is dissembling. More likely though, the text is part of the publicity machine that surrounds the launch of a movie and has its own set of rules, prohibited topics, and a particular genre to comply to. Enjoyment of movies needs a suspension of disbelief, and suspension of disbelief is necessary in relation to the actors themselves as much as to the characters they play. Notably, since 2002 Ryan’s career has taken a downward turn and consequently her cosmetic surgery has begun to attract negative attention. But for the moments when stars can do no wrong, the media will more often than not participate in the collective endeavour of constructing and maintaining the mask of femininity. In 2002 Ryan’s mask was still utterly tied up with her most acceptable and desirable femininity and her status as star, a status that requires cooperation and collaboration between media, audience and performer.

In trying to ‘unmask’ cosmetic surgery recipients popular media texts such as the ones I have discussed here are performing acts of violence that aim to crack the mask to reveal something terrible – or perhaps just a horrible nothingness. The texts themselves seem to know the power of their ‘unmasking’ or ‘outing’ techniques, as while working to reveal the cosmetic surgery of some stars, they are complicit in supporting a suspension of disbelief about the cosmetic surgery of others. Such supportive secrecy is utterly conditional, and only extends – usually for a short period – to those who manage to juggle appropriate femininity, ageing, and having cosmetic surgery. So the mask of femininity is related to monstrosity and cosmetic surgery in various ways. It will be ‘exposed’ as hybrid-monstrous and phony if it is deemed age-inappropriate, as in the case of Fawcett and Cher; it will be invisibly, sliently supported if connected to a powerful woman or looks like ‘good work’, and it will be abject-monstrous if it calls attention to itself by being unstable, as in the case of Anderson’s breasts.

In the heightened, intensive beauty-world of Hollywood there is no event where women of the A-list are more on display and more subject to comparison with each other than the annual Academy Awards. The beginning of the 21st Century presents us with a glittering theatre on each Oscar night where there is hardly a face on the stage that hasn’t been surgically altered. For me, a single female face stands out each year, a face folded with time and (still) untouched by surgery. Judy Dench in her late middle-age is the Hollywood icon of beauty without surgery. Stars thirty years her junior hold her up as a role model even as they book in for another neck lift. Dench expresses fear at not having ‘gone under the knife’ and refers to her own lack of
surgery quite often, joking, that hers is the only face in the room with wrinkles and that she always thinks every new acting job will be her last because of this. But just as Oprah’s diminished nose is ignored because of her high status, Dench is ‘excused’ from the Hollywood imperative for cosmetic surgery for a variety of reasons including her eminence as an English Shakespearean actor (her presence, face-lifted or not, adds instant ‘class’ to any movie production). Her non-altered face itself gives her a certain aura of eccentricity and ‘authenticity’. Dench is an exception, the one needed to prove the rule, and significantly – like Robert Redford until he had a browlift and blepharoplasty – she is constantly noted for not having had cosmetic surgery. There is a saying, ‘a woman must be twice as good as a man to receive half the pay’. Perhaps we might also say, ‘An actress must be twice as good to receive half the amount of cosmetic surgery, or infinitely better to need none’.

**Indiscretion Three: Beautiful Aliens**

Mary Russo explains in the introduction to *The Female Grotesque* how the concept of the grotesque can embody the ‘grotto-esque’ style of art, a style that emerged ‘only in relation to the norms which it exceeded’ (1994: 3). The Classical style that preceded the grotesque was linked to what was seen as the natural order, exemplifying harmony, ‘true’ representation, beauty and eternity. Grotesque art was the nemesis of the Classical, overrunning margins and creating hybrids: ‘…combining vegetation and animal and human body parts in intricate, intermingled, and fantastical designs’ (Russo, 1994: 3). The new style engendered fury in Classical champions: ‘if we can draw the human head perfectly, and are masters of its expression and its beauty, we have no business to cut it off, and hang it up by the hair at the end of a garland’ (Ruskin commenting on Raphael’s grotesqueries, quoted in Russo, 1994: 5).

Jocelyn Wildenstein was a low-profile New York socialite before she became internationally infamous during an acrimonious divorce in 1999 from her billionaire art dealer husband. He cited as a problem her continual cosmetic surgery: a ‘…bizarre proclivity to have continuing plastic surgery, hair transplants and tattooing, which has submitted us to public ridicule (Alec Wildenstein quoted in Delves Broughton, 1999). In true makeover culture citizen style, Jocelyn Wildenstein simply retorted that her cosmetic surgery was part of her ‘health regime’.
The photos of Wildenstein are actually hard to believe: it seems at first that they have been airbrushed or digitally altered. Certainly most of them are deliberately unflattering, extreme close ups, angled from below, harshly lit, but there are too many similar photos of her in circulation to doubt that there is some real resemblance. Wildenstein seems to be in permanent soft-fade, her features too ‘moulded’ for reality. None of them in themselves, objectively speaking, are overly strange: an aqualine nose, almond-shaped eyes, high cheekbones, defined, thick lips, a strong chin. But together, they form an unfitting aesthetic that is very distanced from the mainstream. Wildenstein in fact looks the way we might imagine a ‘beautiful’ alien, and apparently she is ‘...ecstatic with her work. She feels beautiful. She looks in the mirror and she loves what she sees. She got exactly what she wanted’ (Renshaw, 2002: 17). And this is what really disturbs and enrages some people: that she is happy in her monstrosity. Further, it seems that some people find her attractive: she has no shortage of lovers. Wildenstein is demonised largely because she is pleased with results that are considered ugly by the mainstream: it is one crime to have too much and ‘wrong’ cosmetic surgery, but a worse one to be unapologetic about the results.

The painter Zeuxis took on the task of painting Helen of Troy, but could find no model beautiful enough. The solution was to use many different women as models, choosing the most beautiful features of each to combine into an idealised whole for the painting. Thus the mythical beauty of Helen was preserved – no single living woman could do her justice alone – she was more beautiful than anyone who came after her. Paradoxically, while Helen’s beauty was reinforced as utterly other-worldly it was also shown to be easily re-composed or mimicked from an assortment
of disparate pieces. Idealised beauty is thus defined as both unattainable and eminently constructable. The undertones of monstrosity are strong here because monsters are frequently shown to be made from a collection of fragments that combine into a horrifying rather than a unified whole. Our most famous and loved monster, Frankenstein’s experiment, the horrifying flip side to the lovely Helen, is constructed from the body parts of corpses, whose features were nevertheless selected for their beauty: ‘His limbs were in proportion, and I had selected his features as beautiful. Beautiful! Great God! …now that I had finished, the beauty of the dream vanished, and breathless horror and disgust filled my heart’ (Shelley, 1818: 101). The Frankenstein monster, created by a scientist from corpse parts and electricity, is entirely hybrid: he remains in parts and is never ‘whole’ and hence is never human, never accepted. The cosmetic surgery recipient can suffer a similar fate via media representation: Frankenstinian analogies imply that she is less than human, wholly created by science, a messed up mix of elements and technologies.

Jocelyn Wildenstein is often referred to as the ‘Bride of Wildenstein’. Frankenstinian rhetoric is very popular with journalists writing about cosmetic surgery, for example: ‘are we rapidly becoming a nation of Frankenstein’s monsters? Will we endure anything in the futile pursuit for perfection?’ (Williams, 2002). And ‘there has always been this powerful Frankenstein element about cosmetic surgery. The quest for beauty beyond our genetic inheritance or youth in spite of advancing time can go grotesquely wrong’ (Boseley, 2000).

Fragmentation works both for and against ideas of beauty. The cosmetic surgery ‘experts’ routinely consulted by journalists (they may be beauticians, ‘Hollywood insiders’ or surgeons) will uniformly praise one celebrity’s nose, arms, lips or skin, separating that part from the rest of the body. For someone deemed beautiful, glorification of one lovely part works synecdochally: the piece stands in for the whole, rendering the entire person beautiful. Such body parts almost have their own lives – cosmetic surgery recipients tell surgeons ‘I want Halle Berry’s lips’ – but like good children they return home often enough to reconnect and enhance the body from which they sprouted. A good example is Nicole Kidman’s feted transluscent skin, the result of intensive peels to remove freckles, and her tiny sculpted nose, both of which are regularly isolated and described as excellent, and add to her stature. Perhaps it is when too many body parts become independent that they are deemed too disparate: wayward children who no longer lend harmony or respect to their host body. Jocelyn Wildenstein’s features do this: her cheeks, her eyes, her forehead and her lips are all striking enough to be deemed untoward. When combined they form a grotesquerie that means their host can only be deemed, at best, perversely beautiful.
The cosmetic surgery recipient, made up of organic and non-organic elements, is always a collage and hence a hybrid. She must massage a place for herself within the realm of the beautiful and avoid the grotesque/monstrous. Her hybridity is acceptable and may even be lauded as ‘Classical’, like Halle Berry’s, if she adheres to a number of strict rules to do with femininity and age. But it takes only a couple of misplaced steps along the cosmetic surgery path – a lopsided nose job, features that don’t ‘match’, a movie flop, even wrong makeup – for her to become grotesque, and to be aligned with Frankenstein’s monster rather than Zeuxis’ Helen.

**SPECTACLE AND THE CARNIVALESQUE**

Bakhtin and Russo argue that the grotesque body is ‘...first and foremost... a social body’. In contrast, the freak body or the body-on-show is antisocial or outside of the social. These two kinds of body can also be characterised by the cultures they thrive within: for Bakhtin the freak body is part of a culture of spectacle, utterly linked to the Enlightenment and Modernity, whereas the grotesque body is part of a culture of carnival, cognisant with the Middle Ages and early modern Europe (Russo, 1994: 61). In medieval times the grotesque was eminently accessible and was not distanced through the tropes of theatre but was performed off stage and in the streets by the general populace. In contrast, Russo identifies freaks, such as those people in circus sideshows, as part of a new bodily canon of the late nineteenth century that both superseded and incorporated the grotesque: the freak may ‘appear, reproduce, or simulate the earlier carnivalesque body described and idealized by Bakhtin’ but it does so in an entirely new and different social context. Spectacle is about maintaining distance between audience and exhibit, while carnival encourages reciprocity between participants within an event so that an individual might be alternately performer/spectator, active/passive and watcher/watched: ‘audiences and performers were the interchangeable parts of an incomplete but imaginable wholeness’ (Russo, 1994: 78).

Bakhtin’s descriptions of historical grotesque bodies in carnival show that they were neither distanced from nor objectified by their observers but were rather participatory figures that blurred boundaries between genders, species and social classes. The idealised carnivalesque body was democratic, exuberant, open and excessive, but most importantly it was indistinguishable from the social body: ‘the grotesque body is... the body of becoming, process, and change... the grotesque body is connected to the rest of the world’ (Russo, 1994: 62-63). Unlike the socially interactive carnivalesque body, the freak body is thoroughly cognisant with spectacle
and is defined in terms of its difference from its audience; it is housed in an abnormal individual body that is outside of the social. Notably, the freak has no need to perform acts like sword swallowing and contorting, demonstrations that merely ‘prove’ abnormal bodies: his or her body is enough in itself to create interest. More importantly, the freak is a bodily construct that is created in different social conditions to those that produced the grotesque: the freaky spectacle is part of a set of visuals based on objectification and a demarcation between audience and exhibit. The former carnivalesque symbiosis between performers and participants is cleaved apart, creating an interruption and a gap that allows some people to be voyeurs while others must become spectacles. Russo argues, via Bakhtin, that ‘…spectacle was the antithesis of the carnivalesque’ (Russo, 1994: 38).

I suggest that one of the features of makeover culture is that the distinctions between spectacle and carnival, between grotesque and freaky bodies, have become seriously problematic. Spectacle is about making clear delineations between the normal and the monstrous, while carnival deliberately muddies separations. While there are strong elements of spectacle and audience/exhibit segregations in the display of cosmetic surgery monsters, there is also something carnivalesque about the ambivalence that the texts examined in this chapter have towards their subjects. The implicit glorification of cosmetic surgery – the very means by which these monsters have fallen from grace – encourages audience members to join in. In this schema the people on the television show I Want a Famous Face don’t seem so deranged: they are merely openly participating in a carnivalesque makeover culture, where lines between spectacle and audience, celebrity and ordinary person, are all crossable. I suggest that texts like the ones analysed above, where cosmetic surgery is simultaneously normalised and monstrified, work to join audience and exhibit. Flawed stars, despite often being characterised as despicable, suggest a carnivalesque combination of audience and exhibit, a connection that the rules of spectacle prohibit. The representation of certain cosmetic surgery recipients as monstrous contrasts with the positive rhetoric that surrounds the practice in many of its medical and social guises, wherein cosmetic surgery is eminently valid and desirable. These oppositions mean that the person who undertakes a surgical re-creation or reclamation of self is brave indeed, for eventually she will probably be damned if she does and damned if she doesn’t.
CONCLUSION

The ideal self in makeover culture is unstable compared to the contained self of modernity which is ‘supposedly fully present to himself, self-sufficient and rational’ (Shildrick, 2002: 5). The makeover culture self, although not fickle, is flexible, developmental, and always in-progress. This means that the differences between bounded selves and uncontained others are often unclear and therefore highly contested. Makeover’s monsters are not non-humans outside of culture but quite the opposite. They are beings who are deeply, inextricably embedded in the heart of the dominant discourse. They are practitioners who do their culture ‘too much’, people who dwell not on the outskirts but at the core. Monstrosity’s unstable and morphing characteristics allow it to dovetail nicely with the inherent becoming of makeover culture, where flux and uncertainty are essential. Monstrous texts and figures like those analysed in this chapter show how close mainstream and liminal cultures are in makeover culture. This chapter has shown how certain figures are constructed as monstrous for specific reasons to do with normalisation. In the cosmetic surgery world an enforced and media-generated monstrosity is the counter-balance to the increase in and acceptance of cosmetic surgery procedures that might otherwise be deemed generally offensive. The subjects who bear this burden are the abject- and hybrid-monstrous others against whom a morphing notion of normality is measured. Chapters Six and Seven explore a different kind of monstrosity: one that has been designed and sought out by its subjects via cosmetic surgery and one that baffles people even more than that of Jocelyn Wildenstein.
Because I could not stop for Death—
He kindly stopped for me—
The Carriage held but just Ourselves—
And Immortality
(Emily Dickinson, 1890).

Lolo Ferrari was in Cyprus before we got her... she’d had so many hands on her that there was a hole between her breasts – so we had to fix her
(A curator describing the Lolo Ferrari waxwork on display at the Checkpoint Charlie Museum in Berlin, Reuters, 2005).

Makeover culture is a paradigm that is unfolding in the contemporary moment: it is utterly tied up with postmodern values of consumption, revision and the importance of surface. However, it also has mythical and richly metaphorical elements. Here I examine an extreme practitioner of cosmetic surgery, Lolo Ferrari. Her famous breast augmentations, together with her lesser-known statements about loving the state of anaesthesia, are analysed in order to highlight some temporal fantasies that are part of makeover culture. These include the promise of magical transformation and the dream of being in a landscape where youth and beauty remain untouched by time. In line with my aim of examining cosmetic surgery in ways that augment the traditional feminist areas of interest – agency, control, and ethics – I offer this interpretation to show how the aims and desires of the makeover culture are rooted in legend and are abundantly symbolic.
INTRODUCTION

Lolo Ferrari was a French pornographic star. Born Eve Valois, she changed her name to Lolo, which is French slang for breasts and mother’s milk (Greer, 2000). In the late 1990s she became known for her appearances on the BBC late night show Eurotrash where she was a sometime presenter. She could be relied upon to deliver pithy and risqué soundbites in a sexy French accent along with the spectacle of her massively augmented breasts. Ferrari’s chosen bodily configurations were of extreme proportions: after between eighteen and twenty-five cosmetic surgery operations (reports vary), most of them to enlarge her breasts, she became literally mythic, resembling an ancient fertility goddess, or perhaps the graffiti project of a horny adolescent. Her breast implants were supposedly the biggest in the world, winning her a place in the 1999 Guinness Book of World Records. She died early in 2000 at the age of either thirty or thirty eight (reports vary) of what was first thought to be an overdose of prescription anti-depressants. Later her husband and manager, Eric Vigne, was arrested and charged with her murder by suffocation (Henley, 2002; 2002a). Whether suicided or murdered, Ferrari is a full-blown tragic figure: the Marilyn Monroe or Kurt Cobain of a world at the nexus of celebrity, cosmetic surgery, and pornography. The last series of photos taken of her show that each breast ended up about the size and shape of a basketball: the great silicone sacs had distorted the skin on her petite frame so that it became dark and inflamed, riddled with stretch marks. Her aureoles were the size of her palms. One of the myths around Ferrari is that like ‘Elephant Man’ John Merrick she had trouble sleeping because of her unusual body. Whether true of not, she was probably in serious muscular and dermatological pain.

42 At the time of writing a trial has not taken place. The charges may have been dropped, as online searches in English and French reveal nothing further.
There is a compelling kitsch poetry about Ferrari’s life. She was utterly self-aware and simultaneously self-destructive, humorous and melodramatic. Like some of the other celebrities of the cosmetic surgery world such as Cindy Jackson, the self-styled Barbie doll and member of Mensa (cindyjackson.com), and the musical genius Michael Jackson (who I discuss in Chapter Seven), Ferrari occasionally displayed comic, biting insight into her own created self. She declared: ‘I’m like a transvestite... I’ve created a femininity that’s completely artificial’, and ‘I hate reality — I want to be wholly artificial’. (<http://www.goodbyemag>) Her ability to poetically self-analyse and her philosophical depth make cultural analyses of her life even more compelling. She embodied many contradictions: she was simultaneously victim and successful businesswoman, little girl lost, exploiter and manufacturer of her own assets. Ferrari carried her staged femininity like a shield but also like a weapon of self-annihilation, eventually making it, literally, so heavy that it became unbearable.

Most writing about Ferrari – apart from that found in pornographic magazines – is quick to define her as severely disturbed, even as suffering from body dysmorphia. She is held up as an example of what not to do in articles that purport to give a balanced view of cosmetic surgery. Here, I attempt to avoid judging or ‘diagnosing’ Ferrari and focus instead on two intertwined aspects of her cosmetic surgery. The first is the most obvious: her breasts. I examine them in relation to gigantism,
normalised notions of femininity, and as symbols of the transition from girl to woman. The second uses one of her most striking statements – that she loved being under anaesthetic – to look at how immobility, stasis and death are crucial parts of makeover culture.

**LOLO'S ENCHANTED SLUMBERS**

After surgery, you lie in bed waiting for your day. Instead of obscuring your face, the bandages seem more like a blank field of possibility – of the beauty promised, of the happy ending to the surgical story (Blum, 2003: 11).

The notion of magical transformation during cosmetic surgery is common, and most of the cosmetic surgery recipients I interviewed expressed wonder when describing their awakenings. One told me:

Oh definitely, I was so excited, at the prospect of being a new person, and I know when I woke up and you know I looked down and could see these breasts looking up at me and you know they were strapped and I also had a maternity bra on and I thought it was hilarious to be quite honest that I had these breasts that you could actually see, sitting up in front of you. But from the very first day I was just so thrilled with them, really (Patricia).

Lolo Ferrari took this one step further, declaring: ‘I adore being operated on... I love the feeling of a general anaesthetic – falling into a black hole and knowing I’m being altered as I sleep’ (<http://www.goodbyemag>). Purporting to love the experience of the actual anaesthetic is something I did not find expressed elsewhere in the cosmetic surgery world. However, the idea of unconsciousness leading to transformation is not new. Being comatose while others take responsibility for your fate, and what is more waking up as a different person, has strong roots in myth,
particularly in fairytales like *The Sleeping Beauty*, and *Snow White and the Seven Dwarves*. These tales can be used as portals into an understanding of Ferrari’s actions within makeover culture and into some of the mythical promises of cosmetic surgery in general.

Ferrari’s complete openness about her cosmetic surgery, along with her striking appearance of course, arguably made her subversive. She never indulged in any of the common discourse surrounding cosmetic surgery that upholds ‘natural looking femininity’, an entirely problematic concept itself as I explained in Chapter One (p. 48). In this way she is like the controversial Orlan, a French performance artist who has strived valiantly to highlight the *processes* of cosmetic surgery in addition to the results it creates (Ince, 2000; Jones & Sofoulis, 2002; Lovelace, 1995; O’Bryan, 2005). Via a series of semi-public operations, Orlan shows the becoming of cosmetic surgery: the gory, messy, and bruised stages of transformation between the usual before and after shots that glossy magazines provide. Although Ferrari’s operations were behind closed doors she also embraced this state of constant becoming. Further, multiple operations meant there was never a finished result for Ferrari, there was no ‘before’ or ‘after’ to speak of: she underwent constant metamorphosis but also interminable stasis, having the same operation over and over again. These two extreme practitioners are opposites in relation to agency and cosmetic surgery. Orlan remains determinedly conscious during her operations, directing the proceedings, talking to the audience. In stark contrast Ferrari completely gives herself over to the surgeon and to anaesthesia. She proclaims a rich enjoyment of the procedures, describing the loss of power via general anaesthetic as a joy that she ‘adores’. Her strongly stated satisfaction with unconsciousness almost for its own sake is unseemly and unacceptable to the mainstream, which perhaps puts it on a par, in terms of good taste, with her pornographic movie roles. Like the stereotypical promiscuous woman who seeks out sex and enjoys it too much Ferrari is too vocal about her taste for unconsciousness. In a culture where self-control is paramount and there is a growing cult of self-determination and self-awareness, the notion of willingly surrendering to an anaesthetic is something abhorrent, something definitely not meant to be pleasurable, but perhaps something very seductive as well. In this way Ferrari is as subversive as Orlan in her cosmetic surgery project.

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43 The fact that two of the most extreme cosmetic surgery practitioners of the late twentieth century – Ferrari and Orlan – were French merits further analysis but is beyond the scope of this project.
Ferrari had the same operation over and over again.

**Briar-rose and her Enchanted Castle**

Fairy stories offer perfect versions of the seductive fantasy where glorious transformation happens in sleep. In *The Sleeping Beauty*, newborn princess Briar-rose is cursed by a vengeful old fairy. Wicked mother figures in fairytales are almost always old, and therefore depraved. As I showed in Chapter Four, age itself can be enough to connote evil. The curse placed on Briar-rose by the crone-fairy means that the princess will die on her fifteenth birthday, but her fate is lessened by a good (and young and beautiful) fairy. So at age fifteen Briar-rose pricks her finger on a poisoned spinning wheel needle (a loaded phallic symbol), but instead of dying she sleeps for a hundred years, along with everyone in her castle. The century passes, a prince wakes her with a kiss, and they live happily ever after. But for my purposes here it is not the happy ending, nor the ways in which Briar-rose comes to be cursed, but the ‘between-time’, the hundred years of sleep, that is paramount. The good fairy is not strong enough to completely counteract the revengeful fairy’s curse, so the remedy to death here is stasis.

The hundred-year entombment mimics death in its immobility but preserves the princess’s beauty without decay, and indeed the entire castle and its contents are unaffected by the century gone: after the enchantment is lifted ‘the cream was not sour for all that a hundred years had passed, nor was the butter rank’ (Rackham, 1920: 106). As the century ticks away Briar-rose is simultaneously alive and dead, occupying a place between. Arthur Rackham, author of perhaps the most well known version of the tale, uses signifiers of both death and life to describe her:

She was lying upon a couch with her lovely hair spread out like a stream of gold; and, oh! No words can tell how beautiful she was. Softly the Prince came near and bent over her. He touched her hand; it was warm as in life,
but she did not stir. No sound of breathing came from her parted lips, fresh and sweet as the petals of a rose; her eyes were closed (Rackham, 1920: 94).

Although she has no breath her lips are ‘fresh’ and although inert she is warm. The mixed life/death description shows that her state is different from either sleep or death: it is something more like purgatory or limbo, a state of between/becoming, a state common in fairytales. Novelist and mythographer Marina Warner notes that these moments of limbo are commonly interpreted in academic literature as a ‘slow incubation of selfhood… [and] eventual sexual fulfillment’ (1994: 219-29). But Warner herself prefers to see them as symbols of the ‘dark times’ that can follow the first encounter between an older woman and her new daughter-in-law. The combination of these two readings suggests that such sleeps are a fantastical way to bypass uncomfortable, messy, transformative teenage and early-adult years. We simply fall asleep as pre-teens and wake up as fully-fledged adults with heroic, adoring husbands and our difficult mothers and mothers-in-law out of the way. In the stories the supreme beauty of the sleeping, or dead, princesses is dwelt upon – their immobility is part of their desirability. Thus the chief fascination in the fairytales is not the curses or in the happy endings but the poison-induced living embalmment of their heroines. Makeover culture incorporates this promise of mythical transformation while sleeping, a theme nicely illustrated by the splash page of the Australian Cosmetic Surgery Advisory Centre. It features a dreamscape of golden tones wherein a beautiful young woman lifts her blindfolded face towards a bright light as her image is mystically reproduced fourfold, signalling a revelation about to occur when she ‘wakes up’ (<http://www.csac.com.au/>).
The sections of narrative about the times of enchanted limbo contain vivid imagery. In Rackham’s version of *The Sleeping Beauty* the process of the castle falling asleep is told in rich detail over eight paragraphs (compared to only two paragraphs about the kiss and the happy ending):

All through the castle the charmed slumber spread. Courtiers, officers, stewards, cooks, errand-boys, soldiers, beadle, - nay the very horses in the stables and the dogs in their kennels were stricken motionless as though they were dead. The flies ceased to buzz at the windows and the scullions fell asleep as they were washing up the dishes, and a cook in the very act of boxing the ears of a kitchen knave (Rackham, 1920: 71).

The 100-year entombment is richly elaborated, with a thick hedge providing an insulatory protection for the sleepers:

And all round the castle there grew up a hedge of thorn, tangled with ivy, woodbine and creeping plants, so dense that from a distance it seemed like a little wood. Higher and higher it grew, closing round the castle like a wall until all that could be seen was the top of the highest tower, and the flagstaff from which the royal standard hung limp and motionless (Rackham, 1920: 74).

The cursed castle is unaffected even by the wind, but while the flaccid flag certainly indicates a lull in sexual activity – only to be reactivated by the virile prince once he penetrates the pubic hedge a hundred years later – the temporary death of the sexual is confined to within the castle walls. Outside, things are different, and it is here that the narrator moves the omniscient point-of-view to find life and time
progressing in more everyday ways. These descriptions highlight the castle’s long-term separation from seasonality and temporality:

Spring came and brought to the fields and woods outside the new life of leaf and flower. The trees awoke from their winter sleep and clothed themselves gloriously in green; the birds began to sing again and the swallows and martins built their nests under the eaves... but within the thorn hedge no life stirred, and neither flower nor tree answered the call of spring (Rackham, 1920: 74-75).

Briar-rose is beauty personified in this frozen temporality that denies a century of ageing; she is even beautiful beyond language, as the narrator tells us there are no words to describe her. The fascination in the story of The Sleeping Beauty lies not in the curse or in the happy ending but in the poison-induced living embalment of its teenage heroine: in the preservation of her youth over an entire century, in her ‘escape’ from the power of an evil mother figure, and in her symbolic transformation from child to woman during that time.

**Snow White’s Glass Coffin**

Like Briar-rose, Snow White is immobilised by a wicked mother figure. Her stepmother, demented by Snow White’s beauty, instructs a hunter to take her into the woods and kill her. He takes pity on the child and sets her free, and she ends up living with seven dwarf miners. But the stepmother finds out she is alive and pays a visit in disguise, giving the girl a poisoned apple. Snow White then ‘dies’. The dwarves ‘...were going to bury her, but she still looked as fresh as though she were alive, and still had her beautiful red cheeks’. So they make her a glass coffin ‘into which one could see from every side’, where she lay ‘for a long, long time, and her body didn’t decay. She looked as if she were sleeping, for she was still as white as snow, as red as blood, and her hair was as black as ebony’ (Grimm, 1973: 269-70). Snow White, even in death, is to be looked at: a series of colours. Like Briar-rose she is in a state of suspended animation: neither dead nor alive, not breathing yet ‘fresh’. Her glass coffin and Briar-rose’s comatose castle are quarantine stations where the girls stay out their transitions into adulthood. The coffin and the entombed castle are structures that hide transitions, making the move from helpless child to powerful woman (both girls become Queens) appear effortless.
Like the extended descriptions of the timeless century in *The Sleeping Beauty*, the Brothers Grimm version of *Snow White and the Seven Dwarves* dwells on descriptions of life continuing around the ‘dead’ princess. The grief-stricken dwarves place her coffin out in the open on a mountainside. Places-between, mountainsides are neither low nor high but are in geographical transition, mimicking and complementing the heroine’s state of between/becoming. Snow White rests in a place that is neither celestial (where she would be if she were truly dead) nor terrestrial (where she would be bound by gravity and other earthly laws), and the environment mirrors her transitional/static state. Wild birds visit her and weep: ‘first an owl, then a raven, and last of all a dove’ (Grimm, 1973: 269). The order of the birds symbolizes a movement from night to day, death to life and wildness to domesticity: the owl only flies at night and is rarely seen out of the wild, the raven is glossy black and traditionally associated with death while the white dove is easily tamed, a symbol of peace and love. In the Disney film version this theme is elaborated: pairs of anthropomorphised woodland animals visit Snow White to pay homage. They adopt human characteristics, including monogamy, presenting as heterosexual pairs. Thus while she is sleeping the beasts cutely act out Snow White’s transformation into a woman who will be powerful (a queen) and yet fully domesticated (married). They are free yet safely ‘tamed’. As she sleeps, Snow White effortlessly moves towards an acceptable domestication, one which she will embody utterly as the Prince’s wife. So, like Briar-rose, during her ‘death’ she painlessly undergoes the transition from girl to woman that is usually fraught with anxiety, mistakes and conflict.
Snow White and the Seven Dwarves is more overtly sexual than The Sleeping Beauty. When the seven dwarves come home to find Snow White seemingly dead after biting the poisonous apple their treatment of her body is sensual:

No breath came from her mouth, and she was dead. They lifted her up, looked to see if they could find anything poisonous, unlaced her, combed her hair, washed her with water and wine, but nothing helped; the dear child was dead and stayed dead. They laid her on a bier, and all seven of them sat down and wept for her, and wept for three whole days (Grimm, 1973: 269).

Snow White, while unconscious, undergoes foreplay in a sensual act that precedes her marriage to the Prince. The dwarves provide non-threatening sensual touch that is not initiated by the heroine so that the taboos about the expression of female sexuality are bypassed. Partly because her lovers are dwarves (and therefore not ‘whole’ men) but more importantly because she is unconscious, Snow White can be safely lifted, unlaced, combed, washed and wept over (by seven strong labourers no less) without having to face the punishments that might normally await sexually active girls. Her temporary death is license to experience the forbidden while also providing her with a seamless transition into sexual adulthood.

Lolo Ferrari’s Anaesthetics

Ferrari in her ‘bridal gown’. 
The state induced by anaesthetic – fatal if not administered properly – is in line with the poison-produced deathlike sleeps that Snow White and Briar-rose experience. Lolo Ferrari endeavoured to make other aspects of her own life magical, and lived as if enchanted. Her house in the south of France had a white picket fence and a pink interior, she favoured princessy outfits complete with tiaras, and even wore her own ironic version of the white lacy bridal gown. Others have picked up on the fairy story aspects of her life including Marie Claire journalist Elisabeth Alexandre:

She was really very touching. You wanted to imagine her in a dream world with a big, airy house and white bunny rabbits and pink butterflies and friends who would like her truly for what she was, not for the money they could make out of her. The reality was very different (quoted in Henley, 2000).

Ferrari’s narrative also features an evil mother, whom she told reporters was hateful, overbearing and castigating:

My mother told me I was ugly and stupid... She said I was only good for emptying chamber pots. I wanted to be an anaesthetist, but you can't learn with a mother like that. Actually, I'm like my mother. She thinks she's ugly too. When I was born, it was herself that she saw and she stuck all sorts of negative stuff on me. She did all she could to stop me living. My mother was always very unhappy with my father. My father was this macho guy who was never there and deceived her openly. So she revenged herself on me. She told me I was revolting too, that no one would ever want me. She hit me sometimes with a riding crop. I was frightened and I was ashamed; I wanted to change my face, my body, to transform myself. I wanted to die, really (quoted in Henley, 2000).

She describes a horribly tragic real-life fairytale scenario, right down to the Cinderella chamber pots. Cosmetic surgery operated as Ferrari’s ‘curse’, the poisoned instrument by which she would ‘die’ and yet awaken magically transformed, having escaped her evil mother and become beautiful. Instead of eating poisoned fruit or pricking her finger or becoming an anaesthetist herself Ferrari had anaesthetics. Her deep embrace of them is not a strange sickness confined to a single individual but a slight twist on the everyday cultural logics of makeover culture and stretched middle age, which valorise endless transformation into something better but also endless stasis or agelessness. Extreme Makeover promises a ‘truly Cinderella-type experience’. Anaesthesia provides both stasis and the promise of transformation. I have argued that in makeover culture the process of becoming is more desirable than awakening, more important than reaching a point of finality. Is it any wonder then that Ferrari chose to enter anaesthesia over and over? She spent her whole adult life having operations or working towards them, effectively cancelling out an ordinary transition into womanhood, and when she wasn’t actually in the ‘black hole’ of
anaesthetics that she loved so much she created a perpetual twilight for herself with prescription sedatives (Henley, 2000).

The picture of Snow White at the beginning of this chapter shows her about to bite into the poisoned apple, about to lose her innocence and ingest something forbidden. But the picture of Ferrari next to her, with her red-apple-lips, shows that she is the forbidden, she has become that which is simultaneously desirable and poisonous.

The apple is itself a double of the beautiful feminine corpse it will produce: ‘on the outside it looked beautiful, white with red cheeks’. Its beauty arouses desire even as it hides death: ‘whoever saw it desired to have it, but whoever ate even one piece of it had to die’ (Bronfen, 1992: 106).

Warner says that ‘the idea of awakening, sometimes erotic but not exclusively, goes to the heart of fairy tale’s function’ (1994: 417). Certainly when Snow White and Briar-rose wake up their worlds have changed – they are fully-fledged sexual adults and their enemies have disappeared. But stasis is also vital to these narratives. Created by anaesthesia in cosmetic surgery, stasis is a between-state that both mimics and denies death. Paradoxically, animation is neutralized so that transformation can occur. The princesses bypass the often painful and fraught temporal processes that would have seen them confront their powerful mother figures and develop from girl to woman. Instead, they enter periods of hibernation from which they wake transmogrified, desirable and strong. Similarly, cosmetic surgery recipients’ transformations are linked practically and mythologically with the ‘little deaths’ that anaesthesia creates. Dan, a recipient on Extreme Makeover, mumbled happily as he slipped into pre-operative unconsciousness, ‘I’m going to Disneyland’, and indeed he was: the finale for the episode was his ‘Reveal’ and wedding combined, in Disneyland. Dan instinctively and literally linked anaesthesia, transformation, and his final, fantasy destination: his anaesthetic promised him a pathway to a land of magic and a happy ending.

**What a Lovely Corpse**

For literature scholar Elisabeth Bronfen, Snow White’s transparent coffin ‘elicits an aesthetic viewing’ (1992: 102). In it she becomes an art object – the dwarves even write her name in golden letters on its side – subjected to the gaze and separated from time and space. Importantly, the prince does not love her before she ‘dies’: Bronfen asserts that it is only once the fluid feminine body is cleansed, purified, immobile and available for the uninterrupted gaze – in other words only because she is an art work – that he desires her so strongly. It is significant that he demands
possession of the entire coffin – the display, not just the body – from the dwarves. Importantly, his erotic desire is only at the level of viewing; seeing her still, undemanding body is connected with pleasure and with possession in much the same way as gaining pleasure from looking at pornography is usually connected to purchase or ownership of the erotic image. Bronfen continues: ‘... Snow White performs the apotheosis of one of the central positions ascribed to Woman in western culture; namely that the ‘surveyed’ feminine body is meant to confirm the power of the masculine gaze’ (1992: 102). She says that the figure of the immobilised ‘dead’ woman on display depicts both female sexuality and death, which are ‘...the two enigmas of western culture...’ (1992: 99). When women’s bodies like Snow White’s are inert and exhibited, both death and female sexuality are contained and controlled so that the threat that each presents to the living, masculine subject is diminished. Such representations render the ‘...mutable, dangerously fluid, destabilised feminine body... cleansed, purified, immobile’ (Bronfen, 1992: 99).

Ferrari’s body takes on the form of an artwork via the same mechanisms. She is rendered inert by her anaesthetics and becomes an aesthetic object\(^45\) – whose primary function is to be looked at sexually – because of her breasts. Her breasts, the products of her moments of immobilisation, are also a permanent disavowal of the ‘mutable, dangerously fluid’ woman’s body that Bronfen describes. Semiotician Gillian Fuller notes that

In a seeming mock commentary on Irigaray’s fluid metaphysics of female desire, Lolo has had 23 litres of silicon pumped into her breasts, yet this bountiful fluid does not result in process only more product. Something that was once subject to the instabilities of gravity and chance are now stable, hard and above all big (1997).

Ferrari’s breast implants are uncontained by the usual temporal and spatial boundaries to which mammaries are subject. As a pornography star she is available, indefinitely and forever, to a sustained gaze that parallels the unreturned gaze that Snow White undergoes while she is incapacitated\(^46\). I suggest that her own statements about loving anaesthetics are implicit recognition of this linkage but also a way of claiming and subverting the gaze. She actively becomes passive (a

\(^44\) Bronfen analyses many representations of feminine death including the anatomical wax casts of cadavers – mainly women – that were popular in the eighteenth century. She also looks at Richardson’s 1747 novel Clarissa wherein a man wishes to embalm the heroine’s corpse, remove her heart and keep it in spirits so he can look at it forever.

\(^45\) Anaesthetic and aesthetic have the same etymological root, the Greek aesthēsia: perceptive or sensible.

\(^46\) Many pornographic websites still include pictures of Ferrari and make no mention of her death.
contradiction-in-terms similar to ‘passive aggression’) and thus gives voice to the ideal, immobilised figure of perfect femininity. Passivity need not be all negative, certainly submission and surrender can be active and chosen, especially in sadomasochistic sexual scenarios. Susan Bordo points out in her discussion about the trend towards ‘soft’ portrayal of male bodies in advertising campaigns that the act of offering oneself is in fact far from passive: “‘passive’ hardly describes what’s going on when one person offers himself or herself to another. Inviting, receiving, responding – these are active behaviours... It’s a macho bias to view the only real activity as that which takes, invades, aggresses’ (Bordo, 2000: 133).

Using this logic, undergoing cosmetic surgery may be a forceful rather than a passive act. This is part of Kathy Davis’ line: whether cosmetic surgery comes from feelings of inadequacy or not, to actively work against an unacceptable appearance, to say ‘I am not this face or body’ and do something about it is a method of defiance (1995). Texts like Extreme Makeover also present cosmetic surgery as something that courageous individuals do in efforts towards self-determination. But Ferrari is very different from the women Davis interviewed and especially different from recipients of extreme makeovers. The cultural contradiction where women are negatively construed as ‘passive’ by the many perpetrators of cosmetic surgery within makeover culture if they don’t have cosmetic surgery, but also ‘passive’ by many feminists if they do have cosmetic surgery, is one that Ferrari seems to inhabit. Rather than using cosmetic surgery to fix a ‘deformity’, as did Davis’ interviewees, or to ‘amend the abject body’ so it might join part of a clean and smooth community of similar individuals (Covino, 2004) as recipients of Extreme Makeover are doing, Ferrari forcefully and continually re-designed herself as a singular caricature for the male gaze. She did this in such a confronting way that it cannot be seen as merely bending to fit a stereotype.

Bronfen uses Freud’s theory of scopophilia, where he asserts that there are two linked categories of desire – visual and tactile – to theorise the attraction of the ‘dead’ beauty.

The ‘embalmed corpse’ satisfies as an object of sight and alleviates the viewer of any need to progress to the ‘normal sexual aim’. Death sanctions what would otherwise, for Freud, be a perversion – the exclusive privilege of the gaze as it becomes, supplants, and excludes the sexual activity connected with touching the other (Bronfen, 1992: 102).

Freud asserts that normally and healthily visual desire leads to tactile desire. In other words, enjoyment in seeing progresses to a desire to touch what we see.
Bronfen theorises that in the figure of the permanently sleeping beautiful woman or the embalmed corpse these two categories of desire are collapsed: there is visual desire, but the desire to touch is either not acceptable or not possible. Further, when death is connected in this way to the inaccessible – to that which is untouchable – death itself also becomes remote and therefore unthreatening, completely other; it cannot touch the viewer: ‘…any image of death contains as one of its signifiers the observer’s survival’ (Bronfen, 1992: 102). The anaesthetised, augmented, pornographic Lolo Ferrari is similarly completely visually available but untouchable. Pornography, but especially I would argue pornography that represents hyper-feminine pneumatic bodies like Ferrari’s, obfuscates the possibility of touching. The link is strong between the immobilised feminine bodies that Bronfen asserts conflate desire and tactility and Lolo Ferrari. Her love of anaesthetics was the literal manifestation of this parallel: her work as a pornography star and her specific body modifications are the metaphoric manifestations of it.

**OUR BREASTS, LOLO’S BREASTS (*)(*)**

It is significant that in line with falling asleep as a child and waking up as a woman, the operation Ferrari chose to undergo over and over again is the one that most differentiates a woman from a child: breast augmentation. Most cosmetic surgery operations work at making the appearance increasingly youthful: dermabrasions ideally create a baby-like skin, blepharoplasties widen the eyes, lip enhancements give the mouth a perpetual baby pout. But breast augmentations work at the other end of the mother/infant dyad. A full bosom signifies fertile, sexualised adulthood and represents the opposite of childhood asexuality or ‘innocence’. Ferrari’s breasts are an extreme example of the symbolic move from girl to woman. What Ferrari most resembled was a skinny little girl playing dress-ups with breasts made out of balloons. So here the transition from girl to woman turns around on itself, circling back to its opposite: the breasts might appear to represent fertile womanliness but in fact represent only themselves, as they are clearly a costume. This is something recognised in popular culture too: a mocking headline on Awful Plastic Surgery about seventeen year old Hollywood actress Lindsay Lohan says ‘I’m Not A Little Girl, See I Have Fake Tits’ (<awfulplasticsurgery.com>). The dress-up aspect of Ferrari’s breast-performances highlights her ironic embrace of this notion which on her body is played out to its physical extremes: identity becomes utterly bound up with the ultimate feminine signifier, and that signifier itself is ‘false’. Ferrari herself said ‘I’ve created a femininity that’s completely artificial’ (<http://www.goodbyemag>).

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47 (*)(*) is sometimes used to represent Ferrari by her fans on websites.
Perhaps Ferrari was aware of Riviere’s ‘mark of femininity’ or perhaps she intuitively understood it. Either way, she was an articulate analyst of her own condition.

Perhaps the purpose of breast implants in makeover culture is, more than anything else, the implants themselves. Marianne Guarena, author and star of the website ‘YES THEY’RE FAKE!’ did not want ‘natural’ looking breasts. For her, the fakery was part of the appeal:

I am thrilled to finally be getting my new boobs!! I am so excited I feel as though I am on a high. I have always wanted fake-looking, round boobies and here I am about to get me some, not to mention get my fat sucked out and put in my face! lol!

(<http://www.breastimplants4you.com/journals/marianne_highprofiles.htm>)

I suggest that a new aesthetic is rising where artificiality works as an end in itself, where the clearly manufactured is prized over an organic or ‘natural’ look. One interviewee had to describe her new breast implants to me because we were talking on the telephone:

Oh, I wouldn’t say they look a hundred percent natural… they’re quite spaced, separated. And now, I mean, it’s like coz I’ve lost that four kilos I’m too skinny to have such big breasts. And they’re up high and real perky, there’s no sag. They look more sexy than natural ones! [laughing] (Judith).

Deborah Covino writes that in contemporary Western culture ‘the ideal body is an aesthetic image, conceived and presented as or in a medium other than flesh’ (2004: 4). Using this logic the less ‘fleshy’ implants appear the more desirable they are. But there are two other reasons for the desirability of noticeably ‘unnatural’ breast implants. Firstly, many celebrities and ‘beautiful people’ have large and obvious augmentations. While in surgical-aesthetic terms these might be seen as ‘failures’, as far as cultural capital goes they are connected to the hugely successful. In this way some of the aesthetics of cosmetic surgery that aren’t quite ‘right’, that look a little strange, for example bee-stung lips, over-high breasts, and tightly pulled faces, become desirable themselves – ‘I have always wanted fake-looking, round boobies’. Secondly, makeover culture valorises works-in-progress. The breast that is ‘finished’ and ‘natural looking’ blends in and looks like it has always been there. While this is the ideal outcome for some, others prefer to extend its obvious artificiality into infinity. With a large, high, ‘unnatural’ breast the operations may be temporally ended but makeover remains ‘present’ into the future. What is the point of having implants, of making yourself over, if nobody knows?
Feminists and other scholars have shown that in the late twentieth century the privileging of the image of the pubescent girl made the ideal female image progressively younger, slimmer, taller and more androgynous (Bordo, 1990; Stratton, 1996). But despite this small breasts (commonly attached to thin bodies) were pathologised, labelled as ‘micromastic’ or ‘hypomastic’. Sander Gilman notes that ‘small breasts come to be seen as infantilizing, and the sagging breast as a sign of the ravages of age’ (1999: 249). Breast implants fix these problems. They are placed high on the chest to minimise ‘fall’, their shape remains round forever, and of course they abolish smallness. Breasts have been subject to various expectations at different times in history, depending on what sorts of bodies are ‘ideal’. Jon Stratton offers a useful historical analysis of the changing (historical) ‘ideal’ woman’s body, especially the radical shift to a body with minimal fat in the second half of the twentieth century: ‘it became slimmer, while breasts and buttocks became problematic’ (1996: 151). Naomi Wolf has noted that until the mid twentieth century various distributions of sexual fat were considered attractive (1991). We only have to consider whether liposuction would have been favoured in the Victorian era, or breast implants favoured by 1920s flat-chested flappers to see that cosmetic surgery practices are determined by whichever ideal body type dominates at a given time. This is not to say that cosmetic surgery simply reflects fashion. In fact, as cosmetic surgery becomes more accessible and ‘normalised’, it can be seen as a contributing force in the dictates of fashion: which came first, the breast implant or the wonderbra?

Put simply, cosmetic surgery promises a way to regain ‘femininity’ (curves) without getting fat. This is not to say that the only women who have implantation surgery are those who are thin and muscular, but rather that the ideal feminine body is based around firm flatness that can be further ‘improved’ with select augmentations. The most pervasive, powerful and normalising set of disciplines upon which contemporary heterosexual women’s bodies are shaped is that of the tyranny of slenderness (Bordo, 1993; Chernin, 1994; Hesse-Biber; 1996). Surgeries that make bodies bigger via augmentation and implantation, or smaller via liposuction and flesh and skin reduction, cannot be viewed without considering this paradigm. Thus cosmetic surgery’s privileging of gigantism (as in breast augmentation) for some body parts can only be understood when it is paradoxically situated within a framework of smallness. Bodies subjected to cosmetic surgery are usually bodies firstly

48 One reading of the change from a full-figured body to the lean one we know today is in terms of women’s move into public life. Full bodies can be understood to be domestic, wholesome and mothering while slim ones appear more ‘masculine’ and therefore have a better ‘cultural fit’ in the public domain, so are more acceptable as women enter the workforce and the professions.
structured and processed by a disciplinary surveillance structured around slender
tautness. Breast and lip augmentation surgeries, particularly as they relate to
notions of gender, must be discussed in conjunction with the slenderness
normalisation process. The tightly contained feminine ideal will often lack the curves
that are considered erotic, and here is where cosmetic surgery comes in. Buttock
implants are still rare but lip implants and breast augmentations are common ways
to make the body bigger and more ‘womanly’. So contradictory elements work in
tandem to create a cultural dominant: two seemingly opposite logics of body
modification – one that reduces and values the small, one that augments and values
the full and generous – conjoin to create the culturally functional and acceptable
contemporary ‘feminine body’.

Dieting and gym work create ideal feminine bodies that are thin, upright and hard –
in other words phallic. In turn, breasts become a most problematic region of the
female anatomy because they define the body as that of a woman whilst
simultaneously detracting from its phallic quality. Jon Stratton suggests that while
large breasts don’t strictly ‘fit’ into a phallic ideal they are aesthetically and
culturally necessary because they reassure the man that the ‘male’ (phallicised) body
he sees before him is in fact female:

...as a consequence of cultural fetishism, men want women both to have
breasts and to have no breasts, which is further compounded because the
process of reducing body size to fit phallic ideals reduces breast size. One
reason for the attraction of breast augmentation surgery is that with it a
woman can have a phallic body with clearly emphasised breasts (Stratton,

Just as periods of magical slumber transform persecuted girls into desirable women,
‘domesticating’ them, implants also ‘tame’ the phallic female body, bringing it back
into line as primarily gendered feminine.

There is another layer of anxiety around breasts because they simultaneously
represent maternity and eroticism, aspects of womanhood that are almost
obsessively disjoined at most cultural sites. Phenomenologist Iris Marion Young
identifies the patriarchal dependence on a division between motherhood and
sexuality as ‘one of the most overdetermined dichotomies in our culture’ (1992: 198).
She finds that the conflicting discourses of mothering and sexuality constitute the

49 All but one of the cosmetic surgery recipients I interviewed were what I call ‘lifetime
dieters’; they had dieted and exercised all of their adult lives and were very much
invested in being slim and slimmer. One murmured as we drove past an overweight woman,
‘I would kill myself if I was that fat’ (Kelly).
main expectations of women in relation to their breasts, making both arenas fraught. But Young also implies that ‘breasts are a scandal’ because they resist limiting themselves to these conflicting discourses, and shatter the border which creates this division (1990: 199). Fuller says that breasts are contradictory because they symbolise both motherhood and sexuality:

...breasts rupture the stability of the categories they are meant to delimit: in one imagining the breast is cloaked, covered by the head of a suckling child, in another it is revealed and fully fetishised in magazines like Hooters and Big Ones (Fuller, 1997).

Fuller is reviewing a 1997 exhibition by Sydney artist Suzanne Boccalatte\(^5\) called Generation Airbag. Structured as an altar to Ferrari – presciently a few years before she died – pairs of bronze mirror-finished breasts were placed on the floor making a runway-like row of ‘lights’ leading up to a huge photo of Ferrari, topless. Fuller suggests Boccalatte is contextualising Ferrari’s breasts as ‘...an almost perfect disavowal of the threatening mother – they are complete pornographic objects inasmuch as these tits are all sex and no reproduction’ (Fuller, 1997). The artwork exemplifies not only the many contradictions around Ferrari herself but also contradictions that are inherent in all breasts. For Fuller, ‘...each [brass] tit can be read as a clone dropping off the mother tit or as a discarded body bit that doesn’t make the grade (indeed casting “imperfections” have been left intact)’ (1997). The disciplinary discourse of heterosexual femininity requires that women straddle the border between sexiness and ‘good mother’, but breasts somehow defy these oppositions, never being solely sexy or maternal. This is perhaps one of the reasons that breasts are so problematic: they are, in some important sense, unable to be categorised, straddling two axes of femininity, the reproductive/maternal and the sexy.

\(^5\)Boccalatte hasn’t moved far from breast-work; her most recent exhibition featured intricately engraved emu eggs.
Young states that in our patriarchal culture, ‘focused to the extreme on breasts’, women feel that they are judged – and often are judged – according to the size and shape of their breasts. A woman’s experience may be as varied as the size and shape of breasts themselves, but her ‘life experience’ and her ‘breasted experience’ will be linked, for breasts are ‘in question in this society, up for judgement... and [woman] has not escaped the condition of being problematic’ (1990: 198).

Susan Bordo asserts that a constricted, smooth profile without bulges or protuberances is now the ideal rather than thinness per se. Anxieties about bulges and lumps can be seen as a metaphor for fear and loathing of ‘...internal processes out of control – uncontained desire, unrestrained hunger, uncontrolled impulse’ (Bordo, 1993: 89). The alien in the body is the horrifying bulge, flab or sag and displaying control over it allows people to define themselves as good makeover citizens:

…the well-muscled body has become a cultural icon… the firm, developed body has become a symbol of correct attitude; it means that one ‘cares’ about oneself and how one appears to others, suggesting willpower, energy, control over infantile impulse, the ability to ‘make something’ of oneself (Bordo, 1993: 94-5).

While we may dutifully labour inside makeover culture’s gyms and diets to ‘make something’ of ourselves, our breasts remain recalcitrant as one of the few body parts which cannot be made firm or ‘improved’ through exercise or dieting. In order to
make something of one’s breasts they must be implanted. Thin, athletic bodies with defined abdominal muscles but little mammary tissue feature in almost all ‘before/after’ sequences on cosmetic surgery websites.

Before  
After  
Cosmetic Institute of Australia website (<http://breastimplantsaustralia.com/pic16.html>)

**The Gigantic**

Breast implants do not unproblematically bestow acceptable femininity. Like the celebrity cosmetic surgery that I discuss in Chapter Five, if not ‘done right’ implants create dissonances and engender hatreds by being wrongly shaped, too scarred, or – more commonly – too big. The ‘too big’ implant indiscretion is perhaps the most visible one and therefore the most demonised in the popular media. Ferrari shares this category with women like Jordan, a page-three model and star of British Celebrity Survivor, and Anna Nicole Smith, a playboy model who married a geriatric billionaire. These B-grade celebrities fit a ‘giant feminine’ category: they overcompensate for being phallic. While Smith and Jordan have perhaps unwittingly overstepped the very margins they sought to reconstitute, Ferrari was quite aware of the borders she was transgressing. In this way Ferrari’s breasts are feminist: they break down barriers, they consciously push the feminine body beyond its patriarchal casings. Fuller describes Ferrari as a ‘feminist bad girl’ whose high, tightly encased, upright breasts are the embodiment of a ‘hyper femininity’ that both subverts and critiques ‘...the braless, freeswinging and ultimately maternal breast of the 70s feminist good girl’ (1997). Perhaps upholding Ferrari as an embodiment of third

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51 This cultural paradox is exemplified and the whole tension between ‘hardbodies’ and breasts is intensified in bodybuilding culture. The bodybuilding arena is perhaps the site in Western culture where women’s bodies are seen to be the most masculine, particularly during competition where bodies must display maximum muscle and minimum fat/softness. In bodybuilding breast implants are almost standard. Writing in 1998, Heywood stated that at least eighty percent of A-grade competitive women body builders in America have breast implants, and all women featured on the coveted cover of *Flex* have had implants (1998: 35-36).
wave feminism is stretching it but she certainly enacts a form of femininity that is overtly subversive as well as complicit, and that makes a running and ironic commentary on itself.

Susan Stewart says in her poetic book about narratives of the miniature and the gigantic, *On Longing* (1993), that fantastic gigantic body parts become symbolic environments in themselves, engulfing their surroundings as well as their bearers: ‘what often happens in the depiction of the gigantic is a severing of the synecdoche from its referent, or whole’ (1993: 89). For example, she shows how the enormous and consuming breasts depicted in *Gulliver’s Travels* become environments in themselves, swallowing up their world, including the narrator. She explains that the sense of being engulfed comes about via the position of the observer:

[with gigantism] the partial vision of the observer prohibits closure of the object. Our impulse is to create an environment for the miniature, but such an environment is impossible for the gigantic: instead the gigantic becomes our environment, swallowing us as nature or history swallows us (1993: 89).

Most pornographic images centralise the vulva or anus, emphasising woman’s receptivity. But images of Ferrari, no matter what angle they’re taken from, are dominated by her breasts. Out of scale with her tiny body they threaten to engulf the viewer and have indeed already engulfed Ferrari, who is supposedly their environment – they are huge blots on the landscape of her body. She initially ‘ingested’ them by buying them and taking them in, but they then metaphorically swallowed her such that they are her. The gigantic is without containment: combined with the synecdochical over-signification of the part it is this that makes Ferrari’s breasts overwhelming, anti-receptive, a visual ‘opposite’ to the standard spreadeagled pornography bodies.
The breasts themselves became fetishist symbols of the all-powerful, threatening mother figure who dominates her daughter's life as described in many fairy stories: Ferrari's augmentations simply replaced the power that her mother wielded over her as a child. She remains simultaneously separate and connected to them, and gains freedom from the tyranny of the mother only by replacing it with the might of her ever-expanding mammarys. In a 'real' fairytale the transformations that Ferrari underwent while under anesthetic would have freed her from the wicked and controlling mother or stepmother. But her breast implants created a new 'bad' mother, one that through gigantism became environmentally and historically overwhelming. Ultimately – and predictably – Ferrari's transformations had the opposite effect in her life to those of Snow White and Briar-rose, serving only to replicate the condition she had deigned to escape, and setting up an alternative oppression. This is her tragedy and the reason her story had to end in suicide or murder rather than with a kiss from a prince.

_Tumescent Citizenship and Surplus Embodiment_

That shit isn't natural either. They could've recycled all the plastic in this bitches chest and made a few bumpers for a couple SUV's... Lolo Ferrari, who was billed as 'the woman with the biggest breasts in the world' and had a reputed 71-inch (177.5 cm) silicone-enhanced bust and was as ugly as her tits were big. As soon as they rule out that one of those tits of hers didn't get a mind of its own and roll up on her face in her sleep, I think they might have a case against the husband.

The above quote, taken from Nkrumah Shabazz Steward’s popular web log, is a florid yet typical example of common attitudes towards Ferrari. Vilification is standard in writing about her while mockery and misogyny abound. Most myths connect her breasts to her death:

- she died in surgery;
- one of the implants burst and her breast became gangrenous;
- both implants burst on an aeroplane because of cabin pressure;
- the weight of them suffocated her by pressing on her lungs, or
- (Steward's novel variant quoted above) they rolled up and smothered her.

In an Actor-network theory analysis the breasts would in fact be semi-autonomous actors, in which case stories about them taking on mythic proportions and 'turning against' their creator might be even more resonant. The rhetoric in the myths around Ferrari's death suggests that having transgressed so many boundaries she _deserved_
death-by-breast – for many, and the breasts coming ‘alive’ and killing her is an apt ending to her story.

Cultural logics around deeply transgressive individuals position them as lesser, as unworthy, and as ultimately more expendable than the rest of us. English scholar David Russell notes that many critics working around citizenship locate the nexus of ‘moral worth’ in the body (2004: Bit 3). The ideal citizen is corporeally invisible, with a ‘neutral’ body that doesn’t stand out: ‘...the ability to make the body abstract, invisible, and non-identifiable has been the most desirable quality for a citizen to possess’ (2004: Bit 4). He suggests that perfect citizenship is embodied by white middle-aged and middle-class men, as confirmed with a quick glance at the Australian Parliament or the US Congress, while women, the disabled, the poor, blacks and foreigners – people who are visible because of their embodiment – are often considered to be lesser citizens. These ‘problem citizens’ suffer because of ‘surplus embodiment’ (Russell, 2004: Bit 6) and may seek to diminish or minimise their corporeality in order to gain legitimacy. Cosmetic surgery is in many ways an attempt to ‘blend in’, a way to invisibilise the self’s corporeality: it is a kind of uniform. The ways that Kathy Davis’ interviewees talked about their surgeries fitted this model, but Ferrari’s surplus embodiment is created rather than rectified by her cosmetic surgery.

Russell argues that ‘”surplus embodiment” and “citizenship” remain inextricably tangled and mutually exclusive’ (Russell, 2004: Bit 18). He shows how white male pornography stars are successful precisely because of their excessive and very visible embodiments: large penises or other remarkable physical attributes are what their careers are built upon. He focuses on Ron Jeremy, a performer known as ‘The Hedgehog’ in 1980s sex films because of his round shape and ample hairiness. Ferrari too gained fame and success through her surplus embodiment. However, Russell shows that when these individuals attempt to integrate into normal citizenship their tumescence marks them as unworthy. Ron Jeremy wanted to act in non-pornographic movies and was apparently a talented actor but his parts were repeatedly cut when producers found out about his past. Ferrari’s tumescent citizenship makes her a spectacular failure and an important part of the ideological complexity of makeover culture. Her ‘expulsion’ from respectable citizenship because of cosmetic surgery makes her the exception that proves the rule.
CLOSURE, OR SECOND BURIAL

Elisabeth Bronfen uses the work of religious anthropologist Robert Hertz to describe how bodies like Snow White’s – immobile, indestructible, ‘art’ works – cannot be sustained. Eventually, they must either properly die and decay or be reanimated. Hertz examined societies that practiced primary and secondary burial rites, and asserted that in these rituals death was not a singular event but rather a progression: a transit that ends in total separation from the world of the living after going through a series of ‘between’ stages. He described the double death rites of the Olo Ngaju people of Borneo (MacDonald, 1999) where two burials – one ‘temporary’ and one ‘final’ – occur before death is fully accepted. During the first burial period the dead person is seen as neither in this world nor in another but rather in-between, occupying a role of doubleness. The doubleness, necessary but problematic, is ended with the enactment of a second burial, after which the spirit of the deceased is definitively sent to the other world. Bronfen suggests that whilst in the first burial’s transition stage the corpse represents a temporary triumph over death and a kind of immortality – it is dead and alive. But she asserts that eventually and inevitably ‘this dangerous though fascinating interzone must cease’ (1992: 104). Put simply, the living cannot sustainably co-habit with the dead. The corpse-object of the first burial works as a link between worlds but cannot remain open permanently. She asserts that the first burial corpse is a fetish that makes desire merely optical, rendering death visible but untouchable. However, the reassurance that this provides is dangerous in the long-term. This is because ultimately the corpse represents nothingness: it no longer has a living referent. Second burial then puts it finally to rest, severing its connection to the living world and replacing it with monuments that may resemble the deceased but are definitively representational. This is why life is described in such richness around the ‘first burials’ of the ‘dead’ princesses: to emphasise that ‘first burials’ create environments in which the dead share space with the living.

Contained and everlasting bodies like Snow White’s in the coffin or Ferrari’s in its pornographic frames deny the mutability of the feminine body and also death itself. They stave off temporality and work to reassure the viewer that he is both masculine and alive. It is not only the object of the gaze but also the gazer who is outside of temporality, and this must also come to an end: staving off time is eventually an act that cannot be sustained. Bronfen notes that representations of, and narratives about, dead feminine bodies eventually require reanimation or decomposition.
Second burial need not be literal. In a culture like ours, where the dead disappear rapidly and the ‘transit passage’ is hidden or denied, this is particularly the case. We rarely have the opportunity to view or deal with real dead bodies: many people’s first and last contact with the deceased is via a closed coffin. Our ‘first burials’ come in the form of representations of death. Baudrillard says that many of our cultural forms are deathlike and notes, in a theory about Californian houses which could equally be attributed to cosmetically altered bodies that:

All dwellings have something of the grave about them, but here the fake serenity is complete. The unspeakable house plants, lurking everywhere like the obsessive fear of death, the picture windows looking like Snow White’s glass coffin, the clumps of pale, dwarf flowers stretched out in patches like sclerosis, the proliferation of technical gadgetry inside the house, beneath it, around it, like drips in an intensive care ward, the TV, stereo, the video which provide communication with the beyond... (1998: 30).

The surgically enhanced body also has a ‘fake serenity’, for all the signs of age, wear and tear and grief have been stretched out. It too is filled with technical gadgetry which keeps it ‘alive’, it too strives to be whole unto itself, communicating with ‘the beyond’, the outside world, without being affected by it. While cosmetic surgery can be read as fear of mortality and disgust with corporeality, it is also precisely the opposite. It involves the killing of a living human part (skin, muscle), and the replacement of the live with the dead (an implant). Similarly Efrat Tseëlon notes the similarities between the processes of preparing a body for mummification and cosmetic surgery. They both paradoxically cut into and thus damage the skin of the body in order to preserve that very surface: ‘the aesthetisation of death and the beautification of the living are defensive strategies. They are designed to protect the person from realisation of some lack by creating an illusion of wholeness and immortality’ (Tseëlon, 1995: 117).

Makeover culture’s ‘finished products’ are the unlived-in spaces shown in ironically named ‘lifestyle’ magazines – the perfectly tszued\textsuperscript{52} interiorscapes with every throw cushion placed just so. These ‘still lives’ are also ‘living deaths’, as are still pornography images, especially those that feature unreal and plasticated ‘living dolls’ like Ferrari. The messy stages of makeover culture then, the stages of renovation and surgery where nothing is contained, lead up to ideal deathlike images, where everything is finalised and static.

\textsuperscript{52} ‘Tszuj’ is a word popularised by the television show \textit{Queer Eye for the Straight Guy}. It means ‘...taking something and tweaking it, fluffing it, nudging it or finessing it to be a little more fabulous and a lot more fun’ (Allen, Douglas, Filicia, Kressley, Rodriguez, 2004: 9). In the case of interior decorating it might mean adding a ‘final touch’ like a scented candle, in fashion it might mean a stylish rolling of the sleeves or addition of a scarf.
Snow White in her coffin is a symbolic first burial and so are many parts of Lolo Ferrari’s life. Ferrari enacted her own first burials – an utterly subversive act on a par with suicide – in the form of multiple, loved anaesthetics. She was always flirting with the idea of being a fetish, an embalmed, non-fluid, immobile hyper-feminine representation of death to be gazed upon. But stuck in the groove of a continual stream of first burials, and given that first burial is ultimately incomplete and untenable, Ferrari had to die. Her ‘second burial’ was her actual death. In fairy stories, the second burial is usually performed as a kind of rebirth, but Bronfen suggests that Snow White’s reanimation can be seen as a kind of sacrifice – ‘a sacrifice of the haunting fetish, the double’ – that which is dead and not-dead. Similarly, makeover culture creates and re-creates bodies that are dead and not-dead, that are, like Ferrari’s, hard and implanted, metaphorically dead and alive at the same time. So makeover culture too must have its sacrifices, its martyrs for the cause. The ‘sacrifice’ of makeover failures like Lolo is necessary for the continuing health of the culture. Like the preserved corpse, Ferrari was a double that had to cease, that was not sustainable. Snow White and Ferrari both finally return to a state that relies on temporality, a state of mutability. In this way Ferrari is makeover culture’s biggest fan but also its most infamous martyr.

CONCLUSION

Lolo Ferrari overplays makeover culture, enacting it in a perverse, perhaps inverse way. She worked and played with cosmetic surgery on literal and mythological levels. Her deliberate agency in inflating the mask of femininity was simultaneously embrace and rejection of it. Her embodiments of the makeover culture were as much about highlighting the death that it aims to circumvent as avoiding it. She showed that makeover culture is about designing death as much as it is about designing life.

The suspensions experienced by Snow White, Briar-rose and by Lolo Ferrari via poison and/or anaesthesia are clearly extended moments where transformation can happen without pain. When used as portals into an analysis of cosmetic surgery, they point to the beginnings of a new understanding of it in relation to temporality, namely its complex relation with death and immortality. They also echo makeover culture, which when ‘correctly’ performed embodies rhetorics of elasticity, adaptability, and mobility, in both physical and mental/emotional terms, and is above all a state of constant becoming. Makeover culture, for all its endless construction of newly finished surfaces, also always creates sites that are in disarray, like the dusty ‘ruins’ of renovations-in-progress, the chaos of redecorating
and the mess of the body in and just after surgery. These are all ‘little deaths’, foreshadowing and ‘doubling’ for death as they facilitate makeover culture. The look of a bombed house is akin to the plaster- and debris-strewn renovation-in-progress, the anaesthetic and bruised downtimes of cosmetic surgery make people look like car crash victims who have nearly died. These are reminders that cosmetic surgery and makeover culture are still subject to death and finality, that in fact it is these inevitabilities that they work in connection with.

An analysis of cosmetic surgery as an anti-ageing technology that works against death and towards a fantasy of immortality could easily slip into utter condemnation of the practice as being ultimately absurd. However, in acknowledging that cosmetic surgery within makeover culture involves embracing deathly moments, and that these suspensions-in-time are part of the life of makeover culture at work, feminists are better placed to understand how makeover culture works at deep mythical and symbolic levels. Cosmetic surgery seen through this lens is a new manifestation of an ancient set of symbols about femininity, suffering, transformation and death. This seems to have been something that Ferrari had an intuitive understanding of.

Her eventual real death was no surprise. She said in a late interview, ‘All this stuff has been because I can’t stand life’ (<http://www.goodbyemag>). Like a dead infant, she was buried with her favourite teddy bear in a white casket that she had chosen herself a few weeks before dying. Perhaps finally in death she managed to prolong forever the delicious ‘black hole’ she had sought via anaesthetic so many times.
Orlan and Michael Jackson have intensely public relationships with cosmetic surgery. They each traverse many boundaries and have in some sense chosen monstrousness. Here I suggest that their monstrous embodiments are always-becoming – their literal and metaphoric body openings uniquely position them as beings that are lusciously welcoming the future. Following Joanna Zylinska’s work on Orlan I argue that Jackson too performs a ‘prosthetic ethics of welcome’ (Zylinska, 2002). While these artists have become living, fleshy works of art through cosmetic surgery they are also fascinated with ‘becoming digital’. Their multiple engagements with ‘real’ and ‘virtual’ worlds point to other dimensions of makeover culture. They exemplify a delinquent makeover citizenry – dramatically combining the horrors and desires that we attach to cosmetic surgery. Whether they are successful artists or spectacular failures is irrelevant: their excessive relationships with cosmetic surgery herald imagined, future cosmetic surgeries and suggest alternative trajectories for makeover culture.
INTRODUCTION

Orlan and Michael Jackson may be the monstrous mother and child of cosmetic surgery. Monsters threaten and problematise accepted structures and are often seen as harbingers, foretelling disturbances in the established order, heralding or symbolising unwelcome but important change. For Jacques Derrida, the very possibility of a future relies on a ‘species of monsters’ that exist in the present. A monster need not be horrifying, it is something that shows itself [elle se montre] – that is what the word monster means – it shows itself in something that is not yet shown and that therefore looks like a hallucination, ... it frightens precisely because no anticipation had prepared one to identify this figure (Derrida, quoted in Zylinska, 2002: 233).

In other words, some monsters not only signify what we are not (that which must be ejected or quarantined) but also what we are becoming: that which may eventually be embraced. Cultural, feminist and ethical theorist Joanna Zylinska argues that constructive engagements with an unknown future require an ethics of welcome, a modus operandi that is open and hospitable. Zylinska suggests that Orlan and the Australian performance artist Stelarc reside within a ‘prosthetic ethics of welcome’. They demonstrate the ways that body technologies and body modifications may be used to perform hospitality, openness and invitation to an unknown – monstrous – future. Because Orlan and Stelarc publicly and literally open their bodies to future corporeal, media and technical possibilities, they make themselves always already prosthetic. Prosthesis is usually seen as a way to fix lack, a way to create wholeness and autonomy and therefore bounded subjects. But Zylinska suggests that it may also be positioned as ‘an articulation of connections and slippages between the self and its others’ (2002: 216). Unbounded, networked and changeable subjects are created when we look at prosthetics in this way.

Prosthetic couplings, like those that happen in everyday cosmetic surgery, demonstrate that the relationships between what we might label ‘nature’, ‘technology’ and ‘culture’ are interdependent. Beings that embody such relationships potentially allow for wide conceptual adjustments about identity: ‘a prosthetic ethics of welcome... can be interpreted as an ethical figure of hospitality, of welcoming an absolute and incalculable alterity that challenges and threatens the concept of the bounded self’ (Zylinska, 2002: 217). A similar point is made by phenomenologist Francisco Varela. Writing about his own liver transplant, he suggested that the operation had made him into a ‘guest’ in his own existence, in his own body:
Transplantation... is my horizon, an existential space where I adapt slowly, this time as the guest of that which I did not arrange, like a guest of nobody’s creation. This time, the foreign has made me the guest, the alteration has given me back a belonging I did not remember. The transplant exposes me, exports me in a new totality (Varela, 2001, quoted in Depraz, 2002: 93).

Rather than having made him ‘whole’ and contained again, the imported liver gives him a ‘new totality’ that is about exposing and opening the self. The liver, supplier of life for Varela, makes him the guest, baffling boundaries between self, other, foreign and indigenous.

Chapter Five pointed to how monstrous others like Farrah Fawcett end up thoroughly demonised but also domesticated. The proliferation of Fawcett’s image across many everyday objects and the constant reduction of her aims and desires to frivolity and failure means that she is, finally, monstrous but non-threatening. Orlan and Jackson are of a different order. Their body projects are too complex and too confronting to be simply discounted as monstrously ‘wrong’ or ‘failed’. We can reasonably guess at Fawcett’s aims but Jackson’s desires are always intriguing and Orlan’s projects are bewildering to many. By making their bodies defiantly open, becoming, prosthetic and digital these two artists resist domestication, instead always placing themselves outside of the ordinary and embodying – not just heralding – future body possibilities.

Chapter Five also showed how the self is created in conjunction with the other by way of positioning and using monstrous others to delineate individual boundaries. Monstrous hybridity is about prosthetics that are ‘wrong’ and ‘overdone’ and thus obscene: hybrid bodies are usually acceptable only so long as they stick to certain rules about containment, presentation and decorum. Here I wish to skew this slightly, to suggest that the self may also be constructed through the other not by way of rejection but through ingestion. When hybridity becomes an integral part of the performance of self, when bodies are permanently othered, they become examples of what not to do, as in the case of Fawcett. But what if those bodies are in some way heralding or embodying a future? What if they are examples of what to do, and how to become?

SAINT ORLAN AND THE KING OF POP

Orlan is a French artist who became known in the 1960s, 1970s, and 1980s for art installations and performances. Many early performances involved the sheets of her trousseau, sometimes stained with blood or semen, and some included striptease, in
elaborate commentaries on feminism and marriage. In 1971 she adopted the persona ‘Saint Orlan’, and her work began to revolve around hagiography. All of her art has included strong observations on representations of the female body in traditional art and the status of the woman artist. She uses multimedia, photography, live performance, sound, sculpture and video, and always includes her own body in one form or another.

Since 1990, the year she turned forty, Orlan’s work has developed in deeply complex ways that I can only précis here. Her longest and most famous project consists of multiple cosmetic surgery procedures. She made a computer-generated face from an amalgamation of features from icons of Western art: the chin of Botticelli’s Venus, the forehead of Leonardo da Vinci’s Mona Lisa, the lips of Boucher’s Europa, the nose of the School of Fountainbleau sculpture of Diana, and the eyes of Gérard’s Psyche. Then she set about having her own face surgically altered so it would resemble the image, and she called the project The Reincarnation of St Orlan (Reincarnation). The operations are performed before an audience in what Kate Ince calls ‘…a weirdly hybrid cultural space’ (2000: 21). Hospital theatres are augmented with dancing boys, electronic music, designer gowns, mime artists, and giant bowls of tropical fruit. Orlan creates ‘relics’ out of her own liposuctioned fat and bloodied gauze and exhibits them in small rounds of Perspex (Moos, 1996). She remains conscious throughout the surgeries performed with epidurals or local anaesthetics, directing the action and reading philosophy aloud.

Scenes from the operating room during Orlan’s seventh plastic surgical operation, Omnipresence, performed November 21, 1993 (Moos, 1996)
While my discussion here will mainly focus on the *Reincarnation* work, there are some other Orlan projects important to my argument. One is titled *Self-Hybridations*, and is also a form of self-portraiture. It uses digital morphing techniques rather than surgery: a template of Orlan’s face is morphed and transfigured so it resembles various hybrid images inspired by ancient Olmec and Mayan standards of beauty. The picture at the beginning of this chapter shows Orlan sitting in front of some images from the *Self-Hybridations* series. The other projects that fascinate me are quite ungraspable. In fact, I have come to call them the ‘fantasy’ projects because they are secretive, rumoured and speculative. For example, Orlan has spoken about a project that has a working title of ‘an operation of opening and closing of the body’. Her armpit will be sliced open, as deeply as possible – ‘to the very viscera’\(^{53}\) (Brand, 2000: 312). The gap will be held open while she smiles, laughs and reads, and then it will be sutured closed. She has mysteriously mentioned another operation, shrouded in secrecy: ‘the operation will take place in public in a gallery of contemporary art. This operation won’t be a cosmetic one, but one which will considerably alter my appearance, and whose aim will be to enhance my physical faculties’ (1998; quoted in Ince, 2000: 110).

And she has announced that she will appear in a film called *Painkillers* by David Cronenberg, director of *Crash*, *The Fly* and *Videodrome*. The film will show an operation that will open her from ‘top to bottom’:

> The story is about a future civilization in which pain no longer exists. [Cronenberg] asked Orlan to play her own part in this film, and she offered to perform her ultimate plastic surgery performance. She would then be shot and photographed while reading – laughing and performing – with her body surgically exposed from top to bottom (<http://www.jahsonic.com/DavidCronenberg.html>).

Singer-songwriter Michael Jackson worked as a child-performer with his family and then went on to become one of the most famous and successful pop stars of the twentieth century. He was the creator of *Thriller* (1982), still the biggest selling album of all time. His career and his cosmetic surgery are intricately intertwined, with the press usually more interested in his latest surgical change than his music. Kathy Davis writes: ‘Jackson’s importance for the music world is undisputed, but it is his bizarre behavior that receives the most attention in the media. This includes... undergoing multiple cosmetic surgeries’ (Davis, 2003: 81). He now prohibits questions about cosmetic surgery in interviews. But his appearance speaks for itself:

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\(^{53}\) ‘Viscera’ usually means guts, or the inner abdomen, but can also mean ‘the soft interior organs in the cavities of the body’ (Macquarie Dictionary, 1997). I believe Orlan simply means to cut as deep as she can.
over the past two decades he has without a doubt been the recipient of multiple rhinoplasties and at least one chin augmentation, and is likely to have had many other procedures. His cosmetic surgery is usually described as very odd, with references to him working at deleting or minimising his blackness, wanting to look like a woman (specifically Diana Ross), and obliterating his nose. ‘Wacko Jacko’s’ appearance is often linked in the media to reports of strange behaviour that include dangling his baby son from a balcony in Berlin in 2002, sexually molesting children, sleeping in an oxygenated chamber, buying the Elephant Man’s skeleton at auction, and worshipping at a shrine dedicated to Elizabeth Taylor.

In 1995 Jackson and his first wife, Lisa Marie Presley, were interviewed by Diane Sawyer for *Primetime*:

*Michael:* I’m a performer.
*Lisa:* And he is constantly re-modifying something, or changing it, or reconstructing it or, you know, working on some imperfection he thinks needs to be worked on. If he sees something he doesn’t like he changes it. Period. He re-sculptured himself. He’s an artist.

*Michael:* I might wanna put a red dot right there one day… (points to his forehead)
*Lisa:* (laughs)
*Diane:* But... but...
*Michael:* An’ two eyes right here. (touches his cheeks)

(Television interview with Diane Sawyer, 1995, with Lisa-Marie Presley, then Jackson’s wife, <www.allmichaeljackson.com/interviews/simulchat>)

In a rare moment of playful candour, Jackson indicates some aspects of his cosmetic surgery that I wish to focus on. This is cosmetic surgery that creates bodies that are unique and unconventional, and that are self-consciously, unapologetically manufactured. The Sawyer interview was a rarity: Jackson usually denies, to varying degrees, that he has undergone multiple cosmetic surgery procedures. A typical statement goes like this:
I’d like to set the record straight right now. I have never had my cheeks altered or my eyes altered. I have not had my lips thinned, nor have I had dermabrasion or a skin peel. All of these charges are ridiculous. I have had my nose altered twice and I recently added a cleft to my chin, but that is it. Period. I don’t care what anyone else says – it’s my face and I know (Jackson, 1998: 229).

‘Project’ is perhaps an easier concept to relate to Orlan than to Jackson: Orlan’s cosmetic surgery is clearly project-based and carefully planned while Jackson’s cosmetic surgery is usually denied. His transformations seem haphazardly planned, if at all, and are apparently more subconscious than Orlan’s. The trajectory, patterning, and impacts of his cosmetic surgery seem almost accidental while she displays careful if not complete control over all performative and aesthetic elements of hers. Regardless of his intentions, Jackson’s cosmetic surgery effects are frequently interpreted as deliberate and calculated. Conversely, Orlan’s carefully orchestrated project has ‘gone wrong’ on a number of occasions – she may never complete Reincarnation because of difficulties in finding a surgeon to perform the final operation, which is the construction of a huge nose – and her work is often interpreted in ways she finds abhorrent.

**ORLAN’S BODY OF WORK**

As shown elsewhere in this thesis, cosmetic surgery can be seen as part of a set of disciplines that governs the availability and classification of desirable appearance for women in contemporary Western society. It adjusts and reconfigures specific facial and body features, and it maintains or recreates a youthful appearance. Reincarnation is largely a critique of contemporary beauty ideals and practices, specifically those manifested in the arena of cosmetic surgery (Brand, 2002; Hirschhorn, 1996; Ince, 2000; O’Bryan, 2005). Orlan’s critique in Reincarnation has been largely of the first aim of cosmetic surgery – dictated by the imperative to beauty – but the fact that she worked at this project between the ages of forty and fifty hints that the project also considers the imperative to remain looking youthful.

In an interview with Peggy Zeglin Brand she spoke heavily against Western versions of beauty being (literally) inscribed on the female body but interestingly, she was less predictable on aging:

> In the past, women, and men too, had a much shorter life expectancy; women often died in childbirth. And very often, people, once they’ve reached seventy, wind up with a face they don’t recognise as theirs any longer. There is a loss of identity because they no longer recognise themselves. They are alien to themselves. And I think that, in this case, when it is too difficult to feel ‘other’, there is cosmetic surgery (Brand, 1998: 297).
This rhetoric fits neatly into the notion of external appearance not fitting with an inner sense of self, common in popular discourse around cosmetic surgery, typified by statements like ‘...the gap between body and state of mind is bridged by plastic surgery... Patients’ spirits are uplifted along with their bodies’ (Plastic surgeon Alan Engler quoted in Covino, 2001:93). Orlan also mobilises the rhetoric of suffering here where life becomes ‘too difficult’ because of body image and cosmetic surgery is a justifiable last resort (Davis, 1995). Clearly, her extraordinary relationship with cosmetic surgery doesn’t stop her from having some opinions that are compatible with mainstream discourse. In fact she has maintained all along that she isn’t against cosmetic surgery itself but hates the way it is used to enforce a strict but unobtainable standard of female beauty. Her distaste for cosmetic surgery regimes doesn’t stem from ideals of a ‘natural’ body that should be left alone: on the contrary, she declares that the body is a mere envelope, and that people should have the chance to remould it as they desire using the most effective technologies available.

**The Reincarnation of Saint Orlan**

*Reincarnation* works on three main levels. Firstly it inverts the traditional doctor-patient dyad. Orlan casts herself as creator and the doctors as expert helpers; she performs ‘foreplay’ before the surgery by kissing the doctor (‘ostentatiously’ says one commentator) on the lips, highlighting the doctor/lover parallel that I outlined in Chapter Three. Her wakefulness during her operations is a radical variant on the usual scene of passive patient, active doctor, while her philosophical readings throughout the surgery are a constant reminder that this malleable flesh is also a sentient being. She acknowledges the quasi-sexual relationship between patient and surgeon but then takes control of it, de-mystifying the closed doctor-patient relationship by inviting audiences in and broadcasting the operations. Art curator Michelle Hirschhorn writes: ‘by directing the reconstruction of her own body, she problematizes the traditional gendered relationship between the active male subject position as artist/creator and the passive female object position as matter awaiting transformation’ (1996: 111). Nobody has problematised the Pygmalion/Galatea relationship more than Orlan.

Orlan has said ‘one thing is sure: it is through cosmetic surgery that men can exert their power over women the most’ (Brand, 1998: 296). The inversion of power in Orlan’s performances has been much lauded: indeed it is often held up as ‘proof’ that her cosmetic surgery is intellectual and feminist and is done for ‘higher reasons’. The active consciousness she performs during operations, where she reads and talks,
is said to display ‘...agency, which has to be demonstrated if Orlan’s work is to be acknowledged as feminist’ (Ince, 2000: 114). But I think it is unproductive to position Orlan as the feminist ‘opposite’ of women who elect to undergo cosmetic surgery for more common reasons, and simplistic to assume that the demonstration of agency is necessary for a feminist stance. Further, agency in cosmetic surgery does not have to be predicated on being awake. As I have showed in previous chapters there are feminist ways to interpret ‘garden variety’ cosmetic surgery, where women may actively design their ageing. Even someone like Lolo Ferrari, who was extreme in her passivity, in her willingness to surrender to unconsciousness, and in her giving away of agency, can be seen to be deploying cosmetic surgery in new, potentially liberating ways. Orlan’s project is more extreme and more imaginative than most cosmetic surgery, but creating a dichotomy between it and more everyday cosmetic surgery is less fruitful than looking for complementarities. Both everyday cosmetic surgery practitioners and artistic practitioners are able to be feminist and are able to provide rich material for feminist analysis.

Secondly, Reincarnation shows alternative purposes for and products of cosmetic surgery, opening the technology to a myriad of possible uses. Orlan is infuriated when accused of trying to look beautiful:

...the most difficult thing about my work is to make myself understood... [I said to a press conference] ‘Look at my head! Will you stop saying I want to look like Venus, which is the image I fight against the most? For me, this is what I want to debunk. And stop saying I want to look like the Mona Lisa. You can see it’s not true’ (Brand, 2000: 304).

The difficulties she faces are because it is almost impossible for people to see that cosmetic surgery need not be about creating beauty or youth: ‘...my work goes against our customs, our habits, to such an extent that people cannot see it; all they hear is “cosmetic surgery”’ (Brand, 2000: 304). Misreadings of her work happen in the art world as well as the everyday media: Michelle Hirschhorn had a lot of difficulty finding quality critical work about Orlan, despite the artist having been represented in at least three international biennales, and concluded that ‘not only had she been constructed as an aberration in the popular press, and therefore denied credibility as an artist, but seemingly she had been substantially excised from the corpus of contemporary art history as well’ (1996: 110).

A decade later there are now substantial writings about Orlan including two dedicated monographs (Ince, 2000; O’Bryan, 2005), two edited volumes (Blistene, 2004; Zylinska, 2002), and a documentary feature film (Orlan, Carnal Art, directed
by Stephan Oriach). Despite this there are still major, sometimes wilful, misunderstandings of her intent in the popular press: I even saw her absurdly described as a ‘biopunk’ (San Francisco Bay Guardian, 2001).

Although she borrowed features from iconic beauties, the construction of an attractive face has never been Orlan’s aim. For example, in appropriating the Mona Lisa’s rather bulbous forehead, a forehead that Camille Paglia has described as ‘egglıke’ she now has lumps the size of kidneys just above her eyebrows. She often puts glitter on them so they’re highlighted and honoured as things of beauty. Orlan’s ‘anti-beauty’ project can be aligned with the suggestions made by Kathryn Pauly Morgan (1991: 45-47) discussed in Chapter One. Not surprisingly though, like Morgan’s proposal that a feminist cosmetic surgery could include scored on wrinkles, dying our hair grey and creating droopy breasts with lead weights, Orlan’s ideas about cosmetic surgery being useful for aesthetic purposes other than the creation of ‘normal’ beauty have not yet been adopted.

Zylinska suggests that the lumps or ‘horns’ are an example of Orlan embracing ‘…the possibility of the unpredictable transformation that inevitably ‘explodes’ the humanist discourse of identity’ (2002: 226). The work then becomes an ethical project, one that extends beyond Orlan’s body and confronts us all. The lumps and her other ‘anti-beauty’ endeavours not only demonstrate a purposeful move away from mainstream notions of beauty but also highlight the body’s leaky penetrability and, more importantly, Orlan’s willingness to allow it to be infiltrated. Zylinska suggests that ‘through the extension of her body towards absolute alterity, Orlan challenges the confinement of moral agency to an autonomous and bounded self’ (2002: 227).

Thirdly, Reincarnation prises open the usually closed space in the before/after schematic: remember that this project began a good twelve years before programs like Extreme Makeover began to display operations in progress. Carey Lovelace, a playwright and arts writer, watched a live satellite broadcast of one of Orlan’s operations in a New York gallery:

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54 ‘Mona Lisa’s famous smile is a thin mouth receding into shadow. Her expression, like her puffy eyes, is hooded. The egglike head with its enormous plucked brow seems to pillow on the abundant, self-embraced Italian bosom. What is Mona Lisa thinking? Nothing, of course. Her blankness is her menace and our fear’ (Paglia, 1990: 154).
Soon, the surgeon is sawing away, methodically scraping out flesh from below the hairline. The gallery empties of a third of its audience. After forty-five minutes, the monitor is finally turned off – that’s all for now, announces gallery owner Gering, smiling, to the few hardy souls who remain (Lovelace, 1995: 13).

The time taken to complete the operation is clocked, measurable time that the audience must endure; the forty-five minutes are gruelling, each one counted off by the stoic watchers who are only able to remain because they are ‘hardy’. The surgical revelations of *Extreme Makeover* are weak in comparison: the space they open between before and after is sanitised and compressed, bracketed by familiar narratives and promises of transformation, cut down to only a few minutes per episode. By showing in real time and live performance the acts that must occur for before/after to exist, Orlan creates a powerful temporality where every minute is experienced in excruciating second-by-second totality by the audience. The repulsion that Lovelace describes is because of squeamishness – the revulsion of the abject – but there is also a difficulty in watching labour articulated.

It is the *becoming* that is impossible for some to witness. Victoria Duckett suggests that Orlan’s theatricality works against a fetishistic acceptance of before/after images, ‘forcing a return to temporal reference and an acknowledgment of the marks of labor’ (2000: 221). It is impossible to say whether Orlan’s relatively obscure art influenced the mainstream opening of the space of the slash that we see in texts like *Extreme Makeover*. But certainly in makeover culture there is less revulsion around the abject open body and more interest in seeing bodies in process, bodies becoming. However much Orlan herself may hate the idea of being ‘adopted’ by the mainstream, copycat lumps made with theatrical makeup featured on Parisian catwalks and some of the preoccupations of *Reincarnation* have been co-opted by it. Everyday cosmetic surgery culture now includes twilight sedations (where the patient remains conscious) for ‘S’ lifts and blepharoplasties; there is much more openness about the details of operations, and patients are increasingly seen as ‘clients’ with power and control.

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55 Orlan’s performances could have been particularly disturbing for New York and European Jews who may have associated them with Nazi medical experiments during WWII. Paul Virilio has made the connection between her work – that he calls ‘Baroque surgical mutilations’ – and Nazi experiments (Virilio, 2003: 43).

56 Orlan told Peggy Zeglin Brand ‘I don’t want the imitation; I don’t want to be the model. Fashion has caught up with me (2000: 298).
Psychoanalyst Parveen Adams has described the spaces that are created when Orlan’s face is cut into – for example the gap made when her cheek is lifted away from the bone – as the horrifying unknown: the space between inside and outside. For Adams there is a revelation in Orlan’s work because of the emptiness revealed: ‘…in the space which is opened up... Something flies off; this something is the security of the relation between the inside and the outside. It ceases to exist... There is an emptying out of the object’ (1996: 153-154). Following Zylinska’s proposed ‘prosthetic ethics of welcome’ the emptiness need not be vacuous: the emptiness created also makes space. It is not repulsive but invitational, expressing the ultimate hospitable body, one open to absolute alterity.
THEORISING MICHAEL JACKSON

Most photos of Jackson are unflattering. This one, from *Paris Vogue*, shows his otherworldly beauty (January 2002: 283).

Orlan’s work is multidimensional, contradictory, and difficult to grasp. But the ‘project’ of Michael Jackson’s cosmetic surgery is even more elusive. Ironically, Orlan writes and speaks abundantly about her work but is often ignored. And on the contrary, Jackson is secretive about his cosmetic surgery but text about it is overwhelming. His own output – his body and his texts – contradict each other. His operations exist as much in the critical, speculative and titillating discourse around him as they exist on his body. In the next few sections I cover some of the ways that his ‘body art’ has been theorised. Broadly, he has been described as ‘a paragon of sexual and racial ambiguity’ (Mercer, 1986: 27) and is portrayed as a shoplifter of images and identities that don’t rightfully belong to him: whiteness, femininity, beauty, childishness, immortality, even philanthropy. This possibly makes him the exemplary monster of our time. Judith Halberstam claims that ‘the monster functions as monster… when it is able to condense as many fear-producing traits as possible

**It Don’t Matter If You’re Black Or White**

Jackson is African-American but no longer black. He is whiter than white, albino white, some say greyish-white beneath the makeup. He insists the change is a result of vitiligo, a condition where skin loses its ability to produce pigment and becomes patched with albino-white. The important issue is not whether he suffers from vitiligo, but that he chooses to make his brown patches white rather than his white patches brown: African-American literature scholar Michael Awkward insists that Jackson’s ‘…assumption of nonblackness must be seen as neither inevitable nor as ideologically innocent…’ (1995: 179). Jackson creates more complexity by proclaiming pride in being black: ‘I’m a black American… I’m proud to be a black American. I’m proud of my race’ (Oprah Winfrey interview, 1993, quoted in Awkward, 1995: 179).

His 2003 police card shows his very pale face but designates him as black (RAC: B). There was concern at his 2005 trial for child molestation that the jury was all white. So despite his skin colour, Jackson himself, the law, the American public, and the countless critics who proclaim him as having ‘abandoned’ his blackness see Michael Jackson as being black. Indeed, as Awkward points out, his identification as black is quite correctly nothing to do with skin tone: the ‘one drop’ rule ensures that ‘...blackness is not necessarily determined by how one looks... by its very (American)

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57 The ‘one drop rule’ (or ‘one drop theory) says that it only takes one drop of African blood to make a person African-American in the United States. ‘The nation’s answer to the question “Who is black?” has long been that a black is any person with any known African black ancestry’ (Davis, F. J., 1991).
definition, blackness can be masked effectively behind an apparently white physicality’ (Awkward, 1995: 180).

Skin bleaching has a long history and is a multi-million dollar industry in the U.S., Ghana, Jamaica and India (Charles, 2003; Robinson, 2004), indicating by numbers alone that Jackson’s ‘whitening’ is probably an extreme example of a common practice. Many critics condemn his bleaching, describing him as ‘a poster figure for black hatred’, (Toure, quoted in Shaviro, 2003). Kathy Davis suggests that Jackson is an extreme example of someone passing: ‘…Jackson’s face evokes discomfort. It is a painful reminder of the legacy of slavery and the ubiquitous racism in the US that has made and will always make cross-racial ‘passing’ a less-than-playful practice’ (2003: 85). She suggests that passing is a practice that ‘may not be so much about rejecting blackness (or any other marked identity) as about rejecting an identification with blackness that brings too much pain to be tolerated’ (Davis, 2003: 87). This argument fits in with her overall analysis of cosmetic surgery as a set of practices used, largely by white women, to negate features that otherwise make life almost unbearable. So if skin bleaching is common, and if everyone knows Jackson is black anyway, then what is he doing that causes such ire?

The Mask of Whiteness

I suggest that the issue here is the mask of whiteness: a mask that works with race in a similar way that the mask of femininity works for gender. The mask of whiteness, like the mask of femininity, provides only conditional protection. Jackson overplays his mask, makes it obvious and therefore confronting, in the same way that Farrah Fawcett overplays her adoption of youthful femininity. Socio-cultural masks are usually very desirable: the Extreme Makeover website demonstrates how black people should adopt the mask of whiteness: ‘Angela from Milwaukee, Wisconsin, is a clinic clerk who wants her lips and nose reduced, but fears that her African-American identity may be altered’. Angela receives ‘a chin augmentation with implant, rhinoplasty, lower eyelid lift, upper and lower lip reduction, tummy tuck, breast augmentation, lipo of hips and waist, laser hair removal, skin Medical peel, at home program for acne and hyperpigmentation, 6 upper da Vinci porcelain veneers and Zoom whitening’ (episode 12, Season 2, online).
Angela’s before and after shots
(<http://abc.go.com/primetime/extrememakeover/bios/angela.html>).

Angela was worked on by ‘...Dr. Anthony Griffin... A crusader in promoting the new
safe ethnic surgical techniques to other plastic surgeons and teaching that plastic
surgery does not erase ethnic identity’. (Extreme Makeover website) Needless to say
there is never any mention of the risk of cosmetic surgery erasing the ethnic identities
of white recipients. What Angela ends up with here is a ‘whitening’ of her distinctive
‘black’ features: most strikingly her nose is narrowed and her lips are thinned.
Importantly, her skin colour is maintained and on the program she appeared slightly
darker after the makeover. The message is that aesthetically, blackness is acceptable
and indeed desirable so long as it is only colour: features should be altered to be more
like those on white bodies. This ‘whiteness’ may be metaphoric but is as much about
passing as bleaching one’s skin is. Cosmetic surgery historian Sander Gilman points
out that the drive to ‘pass’ is not ‘...only the desire to ‘pass’ as white, but to ‘pass’
as black’ (1999: 116). In other words, there is an acceptable ‘black look’: ‘one can be
‘black’. But ‘black’ turns out... to be in the eye of the beholder and the hand of the
surgeon’ (Gilman, 1999: 117). Dr Griffin’s and Extreme Makeover’s brand of cosmetic
surgery justifies itself as ‘not erasing ethnic identity’ by simply maintaining and
perhaps darkening brown skin tones, even while it minimises other (perhaps more
fundamental) indicators of African heritage. Jackson is doing exactly the same thing,
but he is far more honest about it. He has minimised, perhaps eradicated, his
African-American features including his colour. His blanched face brings attention to
the mask of whiteness that people like Angela wear. The discomfort he evokes then
is not just historical, as Davis suggests, it alludes to very contemporary ways of
achieving mainstream black beauty.
In a British documentary called *Michael Jackson’s Face* (Humphreys, 2002) producer Quincy Jones tells how Jackson family members, especially the father, Joe, would tease Jackson about his ‘Big head. Big nose. Big lips’. This is not cross-racial but intra-racial vilification. And criticism from one’s family makes a deep impact. Virginia Blum tells how when she was a teenager her mother arranged for her to have rhinoplasty, and describes the feelings that that induced: ‘having a parent criticize a physical feature is a complicated emotional experience that induces both anger and guilt. You feel as though you have let the parent down. Why didn’t you come out right?’ (2003: 1) Blum’s mother took it on herself to fix the perceived problem. Jackson absorbed the paternal criticism and ‘fixed’ it, once he had the means, with a vengeance.

In *Michael Jackson’s Face* many photos of Jackson are examined by cosmetic surgeon Jan Stanek. The trajectory of Stanek’s analysis shows just how acceptable – commendable even – Jackson’s ‘whitening’ was up to the point where the mask became too obvious.

Stanek looks at a photo of fourteen year old Jackson and says,

> [here we see] typical features of a person of African origin. His nose is very wide, and very flat. He doesn’t have much definition to his tip of his nose. Apart from that he is overall an attractive fourteen year old boy.
Stanek is really saying that Jackson’s nose is too African looking: very wide, very flat, no ‘definition’. In other words, this is a nose ripe for ‘whitening’. The ‘expert’ moves on to later photos, and he identifies various surgeries having happened but consistently describes them as having improved Jackson’s face, particularly his nose: ‘…eight years later… He has had surgery to his nose, it is the overall width of his nose that has changed, including his tip. But his face remains attractive and he has suffered no ill effects from this surgery’.

Others were equally impressed with Jackson’s transformations. Surgeon Thomas Rees wrote in 1986 that African-Americans were emulating him: ‘patients are mightily impressed with the Caucasian-like transformation of the previously Negroid features of Michael Jackson, the noted entertainer’ (quoted in Gilman, 1999: 117). Stanek continues

...we are looking at the same man, [a] few years later, who has had more surgery to his nose whereby the nose is slightly narrower. There’s some suggestion that he may have had surgery to his cheeks which appear to be fuller. He still looks very attractive and the surgery has clearly done no harm to his appearance.

He must be careful not to condemn all of Jackson’s surgery: as I have shown elsewhere, there is a ‘correct’ amount of surgery that is acceptable and desirable, and knowing where to draw the line between proper and ‘too much’ is vital to being a successful cosmetic surgery recipient and a successful cosmetic surgeon. Stanek traces the steps Jackson takes in creeping up to this line: ‘…he has a much narrower nose. His skin has become very much lighter. His chin has now developed a dimple. Again, surgery has achieved an improvement to his face, and certainly has caused no adverse effects’. And then crossing it:

...the features are becoming a little more bizarre. The nose has become very pointed and grossly narrowed and certainly not in proportion with the rest of his face. The chin is much more pronounced and the skin has become considerably paler, but also what is noticeable is that the upper part of the face has become more effeminate than the lower part of the face.

At the exact moment Stanek deems Jackson’s face to have become ‘bizarre’, ‘effeminate’, and ‘not in proportion’ his syntax changes dramatically. Previous commentary on the photos address Jackson as a person: ‘he has a much narrower nose’, but once the line is crossed his features become dissociated from him and seem to become characters in themselves: they are ‘the features’, ‘the nose’, and ‘the chin’. This syntax effectively dehumanises Jackson by separating him from his own face. Calling his face by its separate parts also highlights the extent to which everyone but
Jackson now owns it: it is ours to comment on and criticise. As one member of the paparazzi said, ‘It got to a point in the late nineties, people wanted to see, what was the nose doing today?’ (Wacko Jacko documentary, 2003)

In working to actually become a body that is neither black nor white Jackson creates hostility in critics from all sides of racial debates. But could his stated stance, ‘it don’t matter if you’re black or white’ (song lyrics to ‘Black Or White’, Dangerous, 1991) coupled with the aggressive intention to neutralise race on his own body, actually indicate an openness to kinds of identity where it really ‘doesn’t matter’?

**Intergender**

Jackson is not transgender – moving from one gender to the other – but rather intergender: incorporating both. Baudrillard speaks of a growing absence of difference between male and female bodies, bound up with what he sees as a decline in the display of sexual characteristics. In America he says ‘the outer signs of masculinity are tending towards zero, but so are the signs of femininity’ (1998: 35). He suggests that our ‘new idols’ have undefined gender. Michael Jackson’s feline body and remodelled face is a careful arrangement of ‘masculine’ and ‘feminine’ features: the jutting cleft chin is at gender-odds with the wide tattooed eyes and minuscule nose. Once ‘the face’ is deemed to have changed from handsome to strange, Stanek stops focussing on the proper correction of unattractive (negro) features, and turns instead to gender, which he declares is ‘unbalanced’ in Jackson:

> We are looking at his latest picture and overall his face is aesthetically not pleasing. His nose has become Pinocchio-like with [a] very short pointed tip. It may not even be functioning because of the extreme narrowing… This chin is very wide, out of proportion with the nose. If you divide the face into two parts, the upper part of the face looks feminine, the lower part looks masculine. The two halves don’t really fit together and therefore his face looks bizarre.

Alongside his whiteness, Jackson’s nose is his most controversial cosmetic surgery feature. His multiple adjustments have minimised it to an extent where it is, metaphorically, whiter than white – it is a narrower and pointier nose than white people have. In fact, only cartoon characters have noses like Michael Jackson. The link that Stanek makes to Pinocchio is a common one: it aligns Jackson with a quintessential liar, a boy whose nose grew longer and longer the more untruths he told. Of course the analogy is totally illogical because Jackson’s nose is getting smaller and smaller, but the implication that he is a deceiver is what sticks: again, he is represented as appropriating things improperly. Just as female bodybuilders may
be criticised for having ‘misappropriated’ masculine physical characteristics and are often deemed monstrous (Heywood, 1998: 49-56), Michael Jackson is monstrous because he has adopted some of the signs and symbols of traditional femininity and claimed them as his own. Jackson’s creation of an intergender body is highly disturbing, upsetting ‘natural’ gender dichotomies, and Stanek’s most damning criticism of Jackson’s face is that it is neither feminine nor masculine.

Making a body bigger is a way of making it more masculine, which is why the woman bodybuilder finds herself in a socially precarious situation: her body has become large and phallic and is therefore no longer seen as ‘feminine’. Michael Jackson is in an inversion of her predicament. He has made himself metaphorically and – especially with certain features, particularly his nose and hair – literally smaller. Bodybuilders grow, and set themselves on stage to be inspected and scrutinised as larger-than-life. Their monstrosity is writ large, borne on the surface of the body, completely externalised. Michael Jackson shrinks with his annihilated nose, his flattened hair and his loose satin shirts and baggy black trousers that hide the contours of his body. His public demeanour – elegant, gentle, almost unfailingly polite – is reminiscent of a cute young girl, as is his high whispery public speaking voice. The surgical and other masks he wears in public with low-brimmed hats delete his face even further, reducing it to eyes, like a woman in a veil. This metaphorical smallness, associated with femininity, is what he is seen as wrongfully appropriating. Jackson is accused of trying to look like a white woman. But he does not look like a woman. Rather, his gender is neutralised by cosmetic surgery and his facial features now resemble an androgynous anime or childlike cartoon character that is almost all eyes. Jackson’s self-fashioning of a cartoon face and his loose clothing partly eliminate traditional signs of adult sexuality, but then on stage he re-appropriates masculinity by dramatically grabbing his crotch. His masculine posturing, like Lolo Ferrari’s feminine posturing discussed in Chapter Six, is mere dress-ups: like Lolo, he has rendered himself sexless, adopting the extreme markers of heterosexual normativity (for her it is the massive breasts, for him it is the macho crotch-grab, lovingly quoted by Madonna and Justin Timberlake) as childlike dress-ups.

In justifying his cosmetic surgery (on the rare occasions he admits to it) he compares himself to women stars who have had cosmetic surgery. Interestingly, they are women from a bygone era so he oversteps historical as well as gendered barriers: ‘Judy Garland and Jean Harlow and many others have had their noses done. My problem is that as a child star people got used to seeing me look one way’ (1998: 229). The lumps on Orlan’s forehead work in a similar – but rather more abstract –
way to bring feminine and masculine elements together. While they are meant to depict the Mona Lisa’s rather lumpy forehead they are also reminiscent of breast implants (also made from silicon). However, they are the size and shape of testicles, and must be in part a commentary on the ongoing discussions around the Mona Lisa having been painted over a self-portrait of Da Vinci himself, thus being both male and female. Both artists bring overtly male and female characteristics together on their faces, conflating and juxtaposing gender differences.

*The Child Within*

Child-abuse allegations and investigations against Michael Jackson in 1993\(^{58}\) were settled out of court. He was tried on new charges in early 2005 and acquitted. The last thing I want to do here is somehow link his cosmetic surgery to his alleged paedophilia. This is often done in the popular press and further demonises radical cosmetic surgery practitioners. However, Jackson’s fixation with children and childhood is compelling when thinking about how it might relate to an immersion in the world of cosmetic surgery. Indeed, I believe that the figure of the child is intimately connected with makeover culture and the notion of endless becoming.

Jackson fervently identifies with children and seems to believe that he is a child himself. One of the more extraordinary conversations with Martin Bashir in Bashir’s infamous 2003 television documentary *Living with Michael Jackson*\(^{59}\) addresses

\(^{58}\) Stephen Hinerman, a cultural theorist who writes about popular music, gives a thoughtful and in depth media analysis of the tabloid narratives that surrounded the 1993 child-abuse scandal that engulfed Jackson and was eventually settled out of court for a much-speculated upon ‘undisclosed sum’. The 1993 scandal included genuine police charges and a court case, and showed Jackson to be a ‘perfect polysemic figure’ in that anyone’s interpretation could never be completely wrong’ (159). As Hinerman says, the tabloid discourses around the 1993 scandal were not concerned with finding or presenting a ‘truth’ or coming to a conclusive finding. Rather, the sales interests of the tabloids were best served by perpetuating a continuation of the questions:

> Even if they were ultimately unable to find a truth, the Jackson story gave them a profitable, lengthy narrative to focus on. The ‘Did he or didn’t he?’ question did not have to be answered so much as asked – and asked, and asked, and asked (159-160).

\(^{59}\) In February of 2003 a documentary about Michael Jackson, *Living with Michael Jackson*, was aired in countries across the world. It was made by British journalist Martin Bashir, who was already famous for having conducted a controversial interview with Princess Diana. Bashir spent eight months – on and off – with Jackson, and the documentary contained scenes that audiences found bizarre. A shopping scene showed Jackson on a spree, randomly spending hundreds of thousands of dollars (at least) on Egyptian artefacts in a glitzy Las Vegas shopping mall. Another scene showed Jackson with two of his children – both wearing veils – visiting the Berlin Zoo. But the most controversial scene showed an adolescent boy and Jackson holding hands and telling Bashir of sleepovers where the boy stayed in Jackson’s bed. Jackson told Bashir he didn’t see anything wrong with sharing his
Jackson’s attachment to the novelised character Peter Pan. Jackson not only adores the character but declares ‘I am Peter Pan’. He says he loves the fictional child because he ‘...represents youth, childhood, never growing up, magic, flying’, and he continues ‘I just have never, ever grown out of loving that’. Peter Pan is unequivocally not just any young boy, and he is also plainly not a younger version of Michael Jackson. He is generic, fantastic, two-dimensional and immortalised. An überboy, representing childhood and boyhood as only a fictional character can do, Peter Pan was invented by English author J.M. Barrie in 1902. He lives in Never-Never Land, with fairies and his friends the Lost Boys. Life is a series of exciting adventures minus the burden of parents or responsibilities, and without the reality of one day having to become adult. Jackson’s theme park-style ranch home in Santa Barbara is named Neverland (also a reference to Elvis Presley’s ‘Graceland’ home and the Disney ‘lands’). For Jackson, who writes about an unhappy childhood and in some ways missed out on childhood altogether (1988), the idea of a boy who thrives in a never-ending carefree state must be hugely seductive. He told an audience at Oxford in March 2001 that ‘all of us are products of our childhoods. But I am the product of a lack of a childhood, an absence of that precious and wondrous age where we frolic playfully without a care in the world’ (quoted in Orth, 2004).


bed with children, describing the practice as ‘charming’ and ‘innocent’. The 2005 court case where Jackson faces charges of child molestation was brought by a boy who featured in the documentary.
One of the main characteristics of the child is that it is always in the process of becoming: it is a malleable form defined as not-yet-adult. So often childhood embodies potent desires connected with potential, development, growth, and transformation. The figure of the child permeates text and image throughout Western culture. Claudia Castañeda’s book *Figurations: Child, Bodies, Worlds* (2002) looks at how childhood is constructed, ‘naturally’, culturally, and imaginatively, and how it is produced through history, science, medicine, and theory. In discussing how theory, particularly poststructural theory, selects the figure of the child for use as a becoming-agent, she quotes Gilles Deleuze and Felix Guattari: ‘the girl and the child do not become; it is becoming itself that is... a child. The child does not become an adult... the child is the becoming-young of every age’ (Deleuze, G., and Guattari, F., *A Thousand Plateaus: Capitalism and Schizophrenia*, quoted in Castañeda, 2002: 144).

She interprets this cryptic statement with graceful ease, pointing out that Deleuze and Guattari see the child as a ‘pure form to be inhabited’ and as a ‘form of becoming’ (2002: 147).

[Deleuze and Guattari] figure the female (‘girl’) child and the generic ‘child’ not as persons with their own forms of embodiment, history, and location, but rather as the condition of becoming itself... To ‘become young’, in these terms, is to take the form of the child, which in turn is defined as a condition of becoming (rather than being) (2002: 146).

For Castañeda this kind of theorising is highly problematic because it is yet another way in which the figure of the child is adopted and exploited by the adult world. She describes postmodern and poststructuralist theorists using the figure of the child to disrupt the normative (adult) subject in order to throw light on adult concerns and as a tool to discuss adult modes of being. But the child itself is left with no form: it is ‘contentless’, and ‘does not itself constitute an entity in its own right’ (2002: 147). In the case of poststructural theory, she explains that the child-figure lacks materiality, and instead

...takes the form of the experience of becoming, once again, where becoming is both a longed for and desired ‘bliss’. The bliss of becoming, in other words, becomes attainable by taking on the form that is the child. To become a child is to inhabit becoming itself (2002: 147-148).

Inhabiting or incorporating the figure of the child is a way of going back to being all potentiality: the child, in representing ‘becoming itself’, always has the capacity for transformation and development.
With such seductive representations and deployments of the figure of the child so abundantly evident, perhaps it is a wonder that more of us are not deluded, like Jackson, that we are children. His shameless appropriation of the figure of the child to describe himself parallels the stance that Deleuze and Guattari adopt for their own theoretical ends. Through Castañeda’s lens we see that Jackson’s seizure of clichéd childhood characteristics like honesty, innocence, and acceptance (while things like bullying and selfishness are never mentioned) in order to promote himself as a better, more pure, and particularly as a ‘becoming’ person are an overt manifestation of a common cultural refrain. The bizarreness of his stance is perpetrated not because of his attitude to childhood, which is one reflected in Western society at large, but in its heart-on-sleeve honesty, his ability (because of wealth) to indulge it, and in his wholesale ingesting of the child – ‘I am Peter Pan, I’m Peter Pan in my heart’ (Bashir, 2003).

As with his cosmetic surgery, which takes the cultural logics of self-improvement, glossy surfaces, de-racialisation and the pursuit of normalised beauty to their logical ends, so too his idealised, starry-eyed, delusional attitude to childhood is simply taking a set of common and usually acceptable cultural ideas and assumptions to their logical extreme. Paradoxically, in identifying with the boy who never grows up, Jackson hardens and partly negates the element of transformation that is inherent in children. Peter Pan is different from real children because he won’t transform and he won’t grow up. He is a tragic figure absurdly lacking the very essence of childhood – finitude – and thus his failure to be a real boy is in fact close to the ‘absent’ childhood that Jackson experienced.

So Jackson’s intense relationships with both cosmetic surgery and with clichéd ideas of childhood are intertwined. In makeover culture discourses and representations around cosmetic surgery are about transformation but also about becoming, and are circled by rhetorics of ongoing transformation and self-improvement. This schema positions cosmetic surgery as part of a suite of technologies of the self that create ideal subjects who are – like children – continually in motion, forever blossoming, and always rejuvenating.

Jackson writes in *Moonwalk*:

> My appearance began to really change when I was about fourteen. I grew quite a bit in height. People who didn’t know me would come into a room expecting to be introduced to cute little Michael Jackson and they’d walk right past me... I was not the person they expected or even wanted to see (1988: 95-96).
Serious acne and a dramatic growth spurt – which leave many teenagers less than confident – were worse for Jackson because the public was in love with the image of the incredibly cute pre-teen Michael Jackson. He describes moments of acute embarrassment when he is neither recognised nor accepted in his ‘new’ body. These were reverse Peter Pan moments, when other people wanted him to stay a child and had difficulty reconciling Michael Jackson as a gangly and spotty teen. In this way, the Panization of Michael Jackson cannot be seen as entirely his own doing: his life and his performances were so intertwined that his identity hinged on the public’s opinion of him: ‘You must remember that I had been a child star and when you grow up under that kind of scrutiny people don’t want you to change, to get older and look different’ (1988: 227).

Orlan was similarly distressed by the manifestations of puberty. In line with Jackson’s memory of his distressing inability to live up to his public image because of an uncontrollable growing body, she speaks of a revelation that came at puberty: the appearance of breasts and pubic hair. These changes were horrifying to her: ‘I couldn’t stop it, it was against my will’ (Brand, 2000: 301). Later, when she fell pregnant, the reality that her body was somewhat uncontrollable was terrible: ‘[it] was so unbelievable at first that I thought that my will alone would cause me to abort; but it didn’t, nature kept it going’ (Brand, 2000: 301). Her horror is in line with Jackson’s dismay at the body’s uncontrollability as it moves into adulthood via puberty, and then asserts itself as entirely adult via (in Orlan’s case) pregnancy. Both artists’ negative preoccupation with the effects of puberty are compelling when attempting to explore their relationships with cosmetic surgery. Orlan’s stance ‘against’ puberty is aggressive, conscious and feminist, embracing her adulthood and autonomy utterly, while Jackson’s is passive-aggressive, subconscious and distressed, working towards the impossible recreation of an idealised and idyllic childhood. Both of them attempt to control the body: she declares it an envelope, a casing that can be adorned and modified according to the mind’s desires, he declares repeatedly that the body doesn’t matter: ‘I was really the same person inside, even if you didn’t recognize me’ (Jackson, 1988: 275). I don’t give this analysis as a psychological diagnosis of troubled individuals but rather to show how these two artists have used their own experiences of common cultural anxieties in their subsequent artistic practices.
PERFORMERS IN SICKNESS AND IN HEALTH

Each of these artists brought private pain, display, and cosmetic surgery becomings into the public domain at least a decade before shows like *Extreme Makeover*. And unlike recipients of *Extreme Makeover* their cosmetic surgeries do not happen in a bubble. For all its demonstration and exposition of cosmetic surgery’s processes and of the moments between before and after, *Extreme Makeover* returns to the cosy idea of magical transformation at the end of each program, comparing before and after bodies and glorying in the magical Reveal. Recipients of *Extreme Makeover* merge back into everyday life, improved and beautified and more acceptable than before. In contrast, Orlan and Jackson’s makeovers are neverending. Their chosen aesthetics are constant reminders of the bloody surgeries they have endured; the way they look prevents them from blending into everyday life. As the photos I chose to begin this chapter show, each of them is now a living work of art, often recognised as such by other artists. Orlan positions her own body, a product of *Reincarnation*, next to some of the giant products of *Self-Hybridations*, and the parallels are clear. Jackson has been kitschly interpreted as a ceramic sculpture: Jeff Koons is commenting on Jackson’s status as a living work of art, and the figurine’s timelessness belies the endless transformations that Jackson undergoes (Jeff Koons, *Michael Jackson and Bubbles*, 1988, Museum of Modern Art, New York). Orlan’s self-body-portrait is deliberate and planned, Jackson’s is a haphazard, accidental collage. He doesn’t perform his operations publicly the way that she does but his face announces to the world all the work done – its paleness and peculiar features evoke pain and anaesthetic, aspects of cosmetic surgery usually confined to the private realm. Both artists bring the private to the public, turning the operating spaces of cosmetic surgery inside out.
Jackson has two modes of public presentation: as the supreme and powerful concert/video performer, and as the ailing invalid. He will ‘disable’ himself one day, appearing in public hobbling on exoware such as pristine chrome crutches, only to emerge the following evening sporting golden leg armour, looking like a cross between a fantasy of the posthuman cyborg and a medieval gallant knight. On stage and in film and video he represents himself as monarchic, god-like, and is made more mobile and more powerful via his sculptural prosthetics. Camera angles of him are often from below, making him seem larger than life. This Michael Jackson is highly sexualised, grabbing at his own crotch as he over-performs aspects of masculinity. His technological enhancements are metallic, vivid, ostentatious and reminiscent of potent mechanic and robotic sci-fi or cyber imagery. He may be raised high on a crane (as at the 1996 Brit Awards live ceremony), or he may wear leather covered in studs, zips and buckles while he bares his teeth menacingly, as in the video Bad. (1987).
In contrast Jackson has a ‘sick’ or ‘disabled’ public performance that he increasingly
adopts when he is making a public appearance rather than a public performance. For
example, arriving at airports where he knows there will be photographers he is likely
to wear a surgical mask and perhaps walk on crutches, and may be accompanied by
nurses and doctors. He has also been photographed in slings, plaster, bandages,
braces, and even in wheelchairs. These accessories, whether ‘medical’ or not, are as
significant in the construction of his public persona as are his macho spurs and
metallic leggings because their purpose is not publicly known: they may be medical
necessities, cyborg enhancements, or just decorations.

![Jackson on his silver crutches (Paris Vogue, January 2002: 285)](image)

*Vanity Fair* reporter Maureen Orth writes of seeing Jackson at court in 2002:

> He had only a sock on his left foot, but he was able to walk unassisted. As
soon as it was time to enter the courtroom, however, Jackson fell onto a pair
of crutches and started limping markedly. We were told he had been bitten
by a spider (Orth, 2003).

In surgery Orlan presents a temporarily disabled body, weakened, prone and
somewhat immobile, subject to anaesthetics and the power of others. And strikingly,
Michael Jackson, for all his secretiveness and even outright denial of his cosmetic
surgery, does the same thing. For Jackson is entranced with presenting his body as
disabled, as a work-in-progress, as bandaged and masked and as needing
prosthetics. His presentation of his non-stage-performing self as weak and sick is a
lateral and perhaps unconscious public acknowledgment of his continual surgeries.
Orlan’s display of the cosmetic surgery process is extroverted and central to her
artistic practice. Jackson’s display of the same process comes to us in a sort of code: he simply presents with symptoms of someone in a process of painful transformation, with no explanation of their cause. For both artists, the body as a work-in-progress is a concept with huge import: Orlan’s presentation of this concern is more consciously forthright than Jackson’s.

By using surgical accessories Jackson constantly blurs the line between someone enjoying rude health, able to dance and sing energetically, and a person suffering with a debilitating sickness. He displays cyborgian advantages and disadvantages, expressing the range of interpretations between paranoia and seduction that we all experience when considering technologies like cosmetic surgery that augment, repair, invade and enhance the body. His whole image is about the blurring of these boundaries. Perhaps, as he asserts, his first nose job was really because of his hair catching fire during the filming of the Pepsi commercial. But even so, a medical intervention led to many more cosmetic ones, and the two modes of surgery are very much intertwined. Jackson’s surgeries are publicly ‘performed’ (although not overtly like Orlan’s) through his surgical masks and other prosthetics.

In contrast, Kathy Davis places Orlan at a distance from her cosmetic surgery, viewing cosmetic surgery as an artistic tool of choice and her body as a ‘canvas’. Davis refutes the observation made by colleagues and journalists that her own scholarly work on cosmetic surgery can be compared to Orlan’s Reincarnation: ‘Orlan’s project is not about a real-life problem; it is about art… Her body is little more than a vehicle for her art and her personal feelings are entirely irrelevant’ (Davis, 1997: 175-6, quoted in Ince, 2000: 126). Kate Ince strongly rejects this:

it is hard to imagine a more wrongheaded approach to Orlan’s work than this... Since she is a body artist, it is accurate to say that Orlan’s body is her vehicle, but it is also still a material entity from which her personal identity is inseparable (Ince, 2000; 126-7).

Certainly, there are two intertwined Orlans: firstly the artist who happens to use cosmetic surgery as her medium, and secondly the woman who is dramatically altered by cosmetic surgery. Ince is critical of attempts to separate them, and says that Davis ‘can in fact only disable the comparison between Orlan and the majority of women who have cosmetic surgery by imposing a rigid binary opposition between art and reality, or art and life...’ (Ince, 2000: 127). And of course art/reality is one of the binary oppositions that Orlan and Michael Jackson transgress. Orlan has not just vividly recreated her body as a canvas in the name of art, she is also inescapably
bound to living out the consequences of that choice: she suffers when the operations cause her pain, she has had to undergo corrective surgery when things have gone wrong, she endures misunderstandings and ridicule from the press, and she presumably experiences joy (and financial gain) from her surgical results as well. Her art is her body: ordinary personal life and artistic practice could not be more knotted.

The life/art merge that Michael Jackson experiences is an inversion of this: he is intensely private and secretive about his cosmetic surgery, and is intent on keeping it separate from his role as a public performer. This intent has patently failed: it floods out from private to public spectacularly, and impacts on his public life and performances whether he wants it to or not. Doctor/patient confidentiality is all but lost, without the surgeon saying a word, because the proof is carved on Jackson’s face. The side effect of Orlan’s work is that she necessarily lives even mundane moments as a piece of living art, while conversely, the side effects of Jackson’s private, deeply personal relationship with cosmetic surgery is that it forces its way into making a radical impact on his professional life.

MARTYRS FOR OUR TIME

When he sings, it is with the voice of angels. When his feet move, you can see God dancing. (Bob Geldof, introducing Michael Jackson at the 1996 Brit Awards (<http://news.bbc.co.uk/hi/english/static/events/brit_awards/jarvis.htm>).

Orlan not only produces photographs of her operations which show her lips exposed and wet with blood trickling down her cheek, alongside grapes, which play off Christian iconography, she also collects and juxtaposes samples of her blood and flesh from the operations in ways which resemble the medieval cult of relics (Featherstone, 1999: 9).

Orlan and Jackson may be the high priest and priestess of makeover culture. Both have presented themselves at various key career moments (perhaps with tongue-in-cheek, but probably not) as saintly or messianic, and as martyred. At the 1996 Brit Awards Jackson performed his Earth Song live. On stage he represented himself as Messiah-like in white robes with long flowing hair. Children and old people took turns to come and shelter or be healed under his outstretched arms. He appeared at once protective and almighty, and reminiscent of a persecuted Christ on the cross.\(^{60}\)

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\(^{60}\) The lead singer of English band Pulp, Jarvis Cocker, stormed the stage and bared his buttocks to the cameras in protest, incensed by what he saw as an absurd and arrogant performance.
Rather than analysing the possible psychological motives for the hagiographic imagery that each artist has played with, or the ‘appropriateness’ of their adoption of Christian textual and visual referents, I suggest we take these particular performance elements at face value. We may engage with the possibility that these artists are martyrs for our time, embodying and displaying some key contemporary fears and horrors. By performing and experiencing the painful physical and social stigmas associated with the extreme corporeal manifestation of anxiety-producing technologies such as cosmetic surgery, Jackson and Orlan make the anxieties ‘real’ and in some way take the burden of extreme enactment away from the general populace. They push the contemporary alarm about seductive transformative technologies such as cosmetic surgery to its polar end, ingesting and evoking all of its horror.

This results in a confrontation of a sort, as the grisly artist delivers a painful reality to a tender audience. But it also means that the audience/congregation is able to unburden itself of some of the consternation connected with more mundane deployments of cosmetic surgery, or of other technologies that make us willing cyborgs like heart transplants and gene technology. The distaste that can come about because of technologised 21st Century bodies is removed from the body of the populace to the bodies of extreme practitioners. In a chapter published in 2002 about Stelarc and Orlan, Zoë Sofoulis and I argued in a similar vein that

Each claims not to be religious – Orlan is specifically blasphemous, Stelarc rigorously atheist – yet by placing themselves as the ones prepared to suffer bodily in their critiques of collective secular ideals (whether of art, beauty or techno-evolution), they can be positioned alongside mystics of the Middle
Ages who voluntarily suffered for the sake of holiness (Jones and Sofoulis, 2002: 56-57).

So perhaps, like martyrs through history, Michael Jackson and Orlan are suffering for the sake of their beliefs, for the sake of ideals, and for the sake of others: they become monstrous so that we don’t have to. Performing an ethics of welcome they bear the strain of hospitality, opening themselves to future possibilities and thus playing the part of the ideal host and hostess of makeover culture.

**CARTOON MONSTERS**

In her project *Self-Hybridations* Orlan plans to work on a ‘global survey’ of notions of beauty from non-Western and distant-past cultures. The first instalment is a series of computer-generated self portraits inspired by ancient Olmec and Mayan body modifications. The created heads have high elongated foreheads, asymmetric features, different skin colours and ‘scarification’ patterns. Using digital imaging software instead of surgery Orlan can create unlimited variations on her theme, almost unhindered by time and place. *Reincarnation* was laborious – set firmly in the now and enslaved in time and space – because although it was grounded in a computer-generated amalgamation it could only be realised through real surgery.
The transformations required in *Self-Hybridations* are so many and so varied that they can only be achieved digitally, but far from showing a free embodiment away from the holds of the real world, Orlan’s digital selves seem to evoke even more corporeality: the virtual procedures enacted upon them bring to mind pain and forced physical change; these heads appear disabled, altered to such a degree we can’t imagine an undamaged brain. Elongated boxy foreheads, deep scarification, long twisted necks: these are asymmetric anomalies designated ‘ugly’. Part of Orlan’s purpose here is to shock and horrify – to make her audience see that what we think of as ugly is another culture’s beauty – but she is also showing that digital modes of transformation are just as confronting as ‘real’ ones.

Ince makes an interesting distinction between modern and postmodern performance art. She says that in postmodernity

> ...the body had become digitally saturated, thoroughly and completely mediatized by the images and electronic signals transmitting the surgery to the world beyond the operating theatre. Orlan’s ‘omnipresence’ [one of the operations in the *Reincarnation* series] was achieved via media technology, and was as such a prime example of postmodern media culture, in which physical reality has given way entirely to mediatized reality, and referents are subsumed in the continuous circulation of signs (2000: 104).
Orlan’s multiple VR metamorphoses demonstrate that the ‘fantasy of desire’ is not possible. Presented as a collage, the digital modifications are striking not only in their difference to a ‘normal’ face, but also in their differences to each other. The bold colours are reminiscent of Warhol’s Marilyn Monroe or Jackie Onassis collages - all the same but different. But where Warhol’s faces are two dimensional variations on a deliberately shallow, ‘pretty’ theme, Orlan’s show her face twisted and turned inside out, the features distorted irrevocably. Vivian Sobchack writes that

VR ‘bodies’ are thin and never attain the thickness of flesh. The fantasy which says we can simultaneously have the powers and capacities of the technologizing medium, without its ambiguous limitations and thoroughly incorporate it into ourselves so that it becomes a living body is a fantasy of desire (Sobchack, 2000: 354).

Jackson was animated from an early age: The Jackson Five cartoon show began to appear on US network television in 1971. He wrote in his autobiography Moonwalk, ‘I loved being a cartoon. It was so much fun to get up on Saturday mornings to watch cartoons and look forward to seeing ourselves on the screen. It was like a fantasy come true for all of us’ (1998: 99). As an adult Jackson has continued to represent himself via digitisation and animation, and is especially interested in showing transformations. Lee analyses the Thriller video in detail, concentrating on the way that Jackson metamorphoses into a monster (werewolf/zombie) and back again throughout the narrative:

What is poignant is his desire for otherness, for metamorphosis, which enables him to transcend his othered humanity (his blackness, compulsive heterosexuality) while at the same time reinscribing him in another otherness, another monstrification, though the latter one is self-willed rather than conventionalized (1994).

For Lee, Jackson’s transformations, both in real life and on video, are a form of ironic resistance in line with Haraway’s cyborgs, which ‘blasphemize the boundary between
the collective and individual through an infinite availability of appropriation and rearticulation’ (1994). Particularly significant is Lee’s interpretation of Jackson’s final metamorphosis in *Thriller* into a zombie indistinguishable from a mass of other zombies, and his final metamorphosis in *Moonwalker* into a rabbit identical to a mass of other rabbits. After working thorough various othernesses in each video (in *Moonwalker* it is an anime-inspired cyborg), and going from monster to human and back again, the final scenes both show Jackson indistinguishable from the herd. Thus, the dichotomies that Jackson plays with include individual/collective and organic/digital.

Jackson’s metaphoric smallness works on levels other than androgyny and femininity. He is a ‘larger-than-life’ performer who nevertheless works, paradoxically and ostentatiously, at invisibilising himself. His seeming desire for a lack of bodily presence manifests in increasing efforts to delete the body, particularly the sexual body. By continually whittling away his nose, bleaching his skin, and becoming thinner, Jackson is flattening himself and becoming like a two dimensional cartoon drawing. It is as if the image of himself that he has lived with for so many years has finally taken over – image and identity have literally become one – but for his observers, this is hard to accept. Perhaps one of the things that makes people wince when they see Jackson’s pale, almost disappearing, visage is the witnessing of a battle between two and three dimensions. If Jackson is trying to become a cartoon-self, then he is working on yet another boundary: that between the real and the virtual. Mark Poster says that the struggle to reconcile ‘reality’ and virtuality is one of postmodernity’s central concerns: for him, the increase in simulations, images, and representations results in a widening of earlier definitions of reality: ‘[the] effect of new media such as the Internet and virtual reality... is to multiply the kinds of ‘realities’ one encounters in society (Poster, 1995, reprinted in 2001: 620). He uses communities as an example:

> Just as virtual communities are understood as having the attributes of ‘real’ communities, so ‘real’ communities can be seen to depend on the imaginary: what makes a community vital to its members is their treatment of the communications as meaningful and important. Virtual and real communities mirror each other in chiasmic juxtaposition (Poster, 2001: 621).

In the same way, we could argue that virtual people (cartoon characters, images of pop stars) operate in ‘chiasmic juxtaposition’ to real people. In postmodernity, the two are no longer separated but have become intertwined. Michael Jackson embodies the oneness of reality and virtuality, and shows that trying to separate them is no longer a fruitful task.
BECOMING AND ENDLESSNESS

The ‘fantasy’ operations that Orlan has mentioned and planned are announced with great seriousness, and I think with every intention of completion. Operation ten of *Reincarnation* was meant to place a giant twisted nose stretching from mid-forehead to the centre of Orlan’s face (Griffin, 1996) but has still not happened, and Orlan seems to have moved on to other things. The Cronenberg script for *Painkillers* is completed but the film has not been made. Neither the ‘opening and closing of the body’ operation nor the one that would ‘considerably alter [her] appearance, and enhance [her] physical faculties’ have taken place. For Kate Ince, the incompleteness of *Reincarnation* has become integral to the open-endedness that is at the core the project:

Saint Orlan’s reincarnation (as?) will never be definitively complete: her surgical self-transformation is not work on identity, but a work of identity... [she] did not just set herself a model to emulate, a visual goal that she could achieve... What she did was to find in a controversial contemporary medical practice a kind of allegory for the way in which finite human subjectivity can continue to modify itself, materially and endlessly (2000: 111).

Similarly, unfulfilled promise of further dramatic operations should not be read as failure to deliver but rather testament to Orlan’s intention to be endlessly transforming. As commentator and artist Orlan acts out makeover culture’s promises for dramatic transformation whilst emphasising its demands for a never-ending dedication to becoming. Corporeal and logistical impediments may be to blame for the lack of realisation of these projects but the fact that they have not taken place becomes part of their impact. In an inversion of the in-your-face demonstrability of *Reincarnation*, these operations don’t need to be seen. They express an open-endedness that is always present in Orlan’s work, and are part of the prosthetic ethics of welcome that she performs. At least two of the fantasy operations are about opening the body only for the sake of opening. She has said that for ‘opening and closing of the body’ she has chosen her armpit for locality and vision. The cut will be located close to her face, so her face can be filmed and photographed next to it. Visually the armpit has hairs: the deep slit will resemble a

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61 In a strange parallel, Jackson is reported as releasing a ‘never-ending string of press releases’ promising elaborate projects such as theme parks in Zimbabwe and Warsaw, purchase of the Royal yacht *Britannia*, and a business partnership with a Saudi prince (Orth, 2004: *Vanity Fair*, <http://www.vanityfair.com/commentary/content/articles/050207roco02d>)}
‘Opening’ is quite different from ‘cutting’. By calling her operation ‘opening’ Orlan treats the body as a portal. Like the hidden doors of fairytales that mysteriously appear and lead into other worlds only to magically disappear again, Orlan’s sutured armpit will have scar tissue grow over it, the parted sides of flesh will meld, the hairs will cover over any trace that there was once an opening there. Like other magical doors it is temporary but will reveal hidden worlds before becoming impenetrable again. In this operation she enacts only the gash, the space between: there is no before or after. So here Orlan performs makeover culture’s quintessential action: all between, she enacts the essence of becoming but then takes even this a step further in the operation for Cronenberg’s proposed film, where she would be completely opened, from top to bottom. These imagined operations are about making connections at a deep, primal level. Performance artist Rachel Rosenthal says: ‘we are so isolated from the other, so lonely. Self-penetration, physical and violent, is a metaphysical response to this despair of ever connecting deeply. So we... pierce the separating membrane. We explode the integrity of form’ (quoted in Dery, 1996: 167). The body is turned inside out, opened as much as it can be without being destroyed. What is destroyed is any notion of self-possession or containment – the body becomes hole, not whole – gaping with possibility, completely and consciously welcoming. Everyday cosmetic surgery recipients may be mere mortals of makeover culture compared to Orlan but her work shows that they can also be figured as performing acts of inclusion, acts that open their bodies to networks of connections and possibilities for endless transformation.

CONCLUSION

Susan Stewart says that we know our bodies only in parts, and that therefore the self-image, that which is projected out and introjected back to us, is what constitutes the self. ‘Others’ tell us more about ourselves than themselves because they mirror our own image:

Since we know our body only in parts, the image is what constitutes the self for us; it is what constitutes out subjectivity. By a process of projection and introjection of the image, the body comes to have the abstract ‘form’, the abstract totality, by which we know it (1993: 125).

Orlan enacts both projection and introjection of the image: in obvious ways her carnal art projects, which create montages and spectacles of her image, are designed

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62 During the operation she plans to speak and breathe into the hole, giving it life and voice. The juxtaposition of the faux-vulva with the mouth (the activities Orlan plans are all to do with her mouth: reading aloud, laughing, talking) is horrifying and comical - a visual Vagina Dentata.
to be consumed. But the images she creates are also hospitable, creating metaphoric spaces where new kinds of meaning may be created. She makes holes without end, recesses without solid form, pockets capable and incapable of holding anything. Thus she enacts the endless, idealised *becoming* of makeover culture as well as an ethics of welcome. In contrast, Jackson’s body appears more two dimensional and more metaphorically closed the more cosmetic surgery he has. He usually denies the slash between before/after, absurdly attempting to negate it by trying to pass himself off as someone who just happens to look the way he does. Against his flat smoothness Orlan is rounded and open, her skin-casing undone as she celebrates, documents and performs the slash. They represent two poles of makeover culture. Hers is a 3D leaky body, glorifying its own messiness. His is a 2D stitched-up body working hard to be ‘clean’ and they are both ongoing ‘works in progress’.

Orlan’s projects question the aims and desires of traditional cosmetic surgery. They also engage with inter-human and human/non-human connections that can be made through the body. These connections are usually explored in relation to how we incorporate biomedical and communication technologies into autonomous bodies. Orlan explores issues of network, welcome, and prosthetics by opening the body in a primal way: by making her body a space of welcome.

So these two artists perform a prosthetic identity that is monstrous in the sense of ushering in that which is not yet known, welcoming many futures, opening to alterity and being in constant change. They operate as interfaces between present-bodies and future-bodies, whilst also demonstrating a kind of identity where agency is distributed and the ideal human is utterly connected with others.

They radically embody the prickly intertwining of private and public, professional and personal, high and low art, and reality and virtuality. These uncomfortable pairings are increasingly part of life in postmodernity. The preoccupation with how to live across multiple worlds is a common postmodern trope, and many of our contemporary cultural productions show that postmodern subjects can and must negotiate through many worlds concurrently in order to successfully manage everyday life. The quintessential postmodern subject is comfortable in virtual or real realms, and in multiple scapes, including mediascapes\(^6\) (Turkle, 1996; Poster, 2001).

\(^6\) For example, *The Matrix* trilogy of films is about the dilemmas of being present in various intertwined virtual and real worlds. It deals with issues about maintaining integrity when the body, the self, and the mind are dispersed around different scapes while also remaining interdependent in vital ways (for example death in the virtual matrix causes organic death in the real world).
Both artists operate in multiple worlds – one of the ways they do this is via their extreme cosmetic surgery.64

As I have argued in earlier chapters, the narratives, consultations, and procedures of cosmetic surgery are important – if not central – components of its therapeutic effects. The following concluding chapter goes even further, arguing that in some ways the becoming-body is the most desirable contemporary body, and that the moment of actually undergoing cosmetic surgery can be aligned with the notion of architectural ‘Junkspace’ (Koolhaas: 2001). Both Junkspace – which is the space created when architectural renovations and restorations are taking place – and cosmetic surgery position the actual periods and even the messy aesthetics themselves during overhaul, reconstruction and upgrading as the most representational moments of our age. Orlan and Jackson publicly present their bodies in the messy and painful stages of evolution at least as often as they present them in their ‘finished’ states. Thus, periods of between/becoming are commodified: moments of development and change are (sometimes literally) placed centre stage and are glamourized by being attached to fame and controversy. Vivian Sobchack argues that in a heavily mediatised landscape ‘the morph [is] this ideal object’. (Muller, ‘Interview with Vivian Sobchack’, n.d.) In other words, the process of becoming is now a sought-after experience and mode-of-being in itself.

Jackson was considered by many to be the best pop singer-songwriter in the world, and one of the best performers: perhaps he is now the world’s best cosmetic surgery recipient, taking the practice into new arenas, extending it to create an entirely new aesthetic. He is certainly a pioneer of a unique aesthetic, as acknowledged by his biographer Michael Toure who said:

Well, he clearly in ‘Thriller’ does not look like he did with the Jackson 5’... I’ll tell you, I don’t remember when it was. It had to be in the early ‘90s, I think. And I looked at him and I said, “Wow, he can’t look any weirder than this” ... and two years later, I said the same thing... And two years after that, I said the same thing. “This is it. You can’t get any weirder than this”... And every year or so I look at him like, “He topped me yet again” (quoted in Mankiewicz, 2003).

The future that these monstrous figures are open to then, is not some technonightmare, nor a utopia where prostheticism is controlled in order to enhance and serve human mobility or cognition. Rather, it is a future that is uncontrolled,

64 Notably though, the cosmetic surgery of Orlan and Jackson makes it impossible for them to operate in the mundane or suburban world. Orlan says ‘in my normal life – in the bus, in the subway, in the street – it ends up being very difficult for me. All types of people want to speak with me, look at me’ (quoted in Brand, 2000: 295).
prosthetic in the sense of being open to others, to experiment, to being penetrated and penetrating, to alterity.
Makeover culture is made up of many landscapes. This concluding chapter summarises their multifaceted characteristics, particularly in relation to the feminist viewpoints that I have examined throughout. It reiterates the main arguments of the thesis and also closes the architectural brackets that were opened in Chapter Two. As I suggested there, ideal bodies in the Bonaventura may well be stilettoed, face-lifted and anorexic because the Bonaventura’s cultural imperatives and glossy superficialities inspire and encourage those aesthetics. Here I introduce spaces that might be conducive to ‘designer monstrosity’, to ‘female grotesque’ bodies, to bodies like Michael Jackson’s, Orlan’s, and even Lolo Ferrari’s – bodies that are surgicalised against the grain of youth, ‘beauty’ and ‘femininity’, bodies that are determinedly ‘unnatural’ and manufactured. However, I also suggest that genuine utopic landscapes will also happily house bodies that remain resolutely untouched by cosmetic surgery.
MAKEOVER ARCHITECTURE

**Junkspace**

Cosmetic surgery is a kind of architecture of the human body. It is currently a mix of decorative designs on the surface and immediate sub-surface of the body (Botox® facelifts, acid peels) and more visceral anti-ageing renovations and restorations (tummy tucks, breast work, implants, liposuction). I have explained how the body altered by cosmetic surgery for the purposes of staving off the signs of age demands ongoing attention. The stretched middle age requires ongoing maintenance – the more ‘still’ the appearance, the busier the ‘behind the scenes’ medico-beauty technologies must be.

Architect and critic Rem Koolhaas, in an extraordinary essay (2001) that Fredric Jameson has said combines ‘revulsion and euphoria’, and is a ‘postmodern artefact in its own right’ (2003: 73), constructs a theory of ‘Junkspace’. He argues that contemporary architecture creates spaces that depend on being endlessly altered and upgraded– ‘Junkspace is fanatically maintained…’ (2001: 411). Koolhaas ponders the nonstop architectural restructuring and interior refurbishment of spaces such as airports and shopping malls and extends his observations to Western culture everywhere: ‘restore, rearrange, reassemble, revamp, renovate, revise, recover, redesign, return – the Parthenon marbles – redo, respect, rent: verbs that start with re- produce Junkspace’ (2001: 415).

In a set of observations that parallel my notion of makeover culture – although in a blacker way – Koolhaas mourns the proliferation of Junkspace alongside people’s increasing acceptance of inconvenient renovations and restorations as almost permanent facets of everyday life.
Renovation and restoration were [once] procedures that took place in your absence; now you’re a witness, a reluctant participant…. Seeing Junkspace in conversion is like inspecting an unmade bed, someone else’s. Say an airport needs more space. In the past new terminals were added, each more or less characteristic of its own age, leaving the old ones as a readable record, evidence of progress. Since passengers have definitively demonstrated their infinite malleability, the idea of rebuilding on the spot has gained currency… (2001: 413).

So Junkspace is part of makeover culture just as cosmetic surgery is. Koolhaas’ observation of our willingness to tolerate all sorts of inconveniences for the sake of endless updates, conversions, and restorations parallels cosmetic surgery on two levels. Firstly, just as building renovations are no longer hidden away but are ‘in the face’ of the urban dweller and consumer – who is confronted daily with all sorts of re/constructions in progress from gaping holes to escalators that lead only to a sign telling us to turn back – images and narratives of the between/becoming stages of cosmetic surgery are no longer shameful proof of secret procedures that we hope nobody knows about. The increase in visualisation and narrativisation of the processes of cosmetic surgery (operations, recovery periods, injections etc.) are no longer taboo but are now part of an everyday lexicon: demystified components of a ‘lifestyle choice’. The stretched middle age requires constant upkeep, and the performance of this upkeep is now – and increasingly without shame – in the public eye.

Junkspace accommodates seeds of future perfection; a language of apology is woven through its texture of canned euphoria; ‘pardon our appearance’ signs or miniature yellow ‘sorry’ billboards mark ongoing patches of wetness, announce momentary discomfort in return for imminent shine, the allure of improvement (2001: 411).

Secondly, through cosmetic surgery and related technologies such as hair dyeing and slimming, middle-aged bodies become marked as permanently in need of change, always updatable, ever-improvable, ideally in a constant process of change. The increasing visibility of practices such as cosmetic surgery, dieting, and gym work continuously characterize the body as demonstrably malleable and convertible. The makeover body enacting the stretched middle age is utterly acceptable whilst in the process of between-becoming, but still never reaches a point of conclusion or finality, remaining ever-imperfect and thus always in a state of perfectibility.

Aging in Junkspace is nonexistent or catastrophic; sometimes an entire Junkspace – a department store, a nightclub, a bachelor pad – turns into a slum overnight without warning; wattage diminishes imperceptibly, letters drop out of signs, air conditioning units start dripping, cracks appear as if from otherwise unregistered earthquakes; sections rot, are no longer viable, but remain joined to the flesh of the main body via gangrenous passages (Koolhaas, 2001: 413).
This evocative description of the rot that sets in immediately if Junkspace is not constantly attended to registers in the cosmetic surgery world too, where bodies with one ‘renovation’ demand another and then another: for example, an ‘S’ lift may ‘reveal’ the need for an eye lift, or as in the case of my interviewee Simone, discussed in Chapter Four, years of Botox® and collagen injections made the decision to have surgery easier and could be argued to have in fact led to it. However, once the middle-aged or ageing body ceases to actively participate in restoration or renovation process it inevitably slips, often rapidly and perceptibly, into aesthetic decline and possibly even the horror! of unadorned old age. Following Koolhaas’ logic the cosmetic surgery-altered body itself is an example of Junkspace, replenished and renovated, or at least ‘maintained’, potentially into eternity, its surfaces falling into disrepair unless they are almost ceaselessly titillated, smoothed, polished, re-done.

Learning Buildings

A counterpoint to Koolhaas’ black version of postmodern architecture is Stewart Brand’s How Buildings Learn (1994). While Koolhaas focuses only on the contemporary moment Brand looks at how structures evolve and grow over time, changing their ‘skins’, growing or shedding sections, and being constantly altered. He shows how buildings grow wings, fatten or slim-down their porches and other surrounds, change their faces completely, grow to be twice as tall, dig themselves into the earth or ‘shrink’ as they become dwarfed by taller surrounding structures. And he finds that

Almost no buildings adapt well. They’re designed not to adapt; also budgeted and financed not to, constructed not to, administered not to, maintained not to, regulated and taxed not to, even remodelled not to. But all buildings (except monuments) adapt anyway, however poorly, because the usages in and around them are changing constantly (Brand, 1994: 2).

According to Brand, architects are deluded by the notion that a ‘good’ building will withstand the test of time and therefore not change. Rather, he argues that buildings suitable for the new millennium are ones that are built to ‘know’ they must inevitably change and alter. Junkspaces are cheap perversions of this utopic notion – in performing constant ‘adaptation’ they expose

…what previous generations kept under wraps: structures emerge like springs from a mattress, exit stairs dangle in didactic trapeze, probes thrust into space to deliver laboriously what is in fact omnipresent, free air, acres of
glass hang from spidery cables, tautly stretched skins enclose flaccid non-events (Koolhaas, 2001: 410).

Brand’s ‘knowing’ buildings don’t require what Koolhaas calls ‘the work of generations of space planners, repairmen and fixers, like in the Middle Ages’ (2001: 408). Rather, the experimental structures that fit his criteria use ‘evolutionary design’ and technologies such as ‘aware’ self-mending concrete (Brand, 1994: 221). His philosophy of building design advocates and foresees an architecture that is organic, that parallels the human body’s ability to renew itself even as it ages, to grow and to mend, and to adapt around scar tissue. This largely speculative architecture also mimics the body’s ability to ingest products, to adopt modification practices, to augment itself with non-organic materials, and to delete or adjust with surgery – this is an architecture that can offer a ‘prosthetic ethics of welcome’ (Zylinska, 2002).

Brand’s learning and adaptable buildings may go through a lifelong series of cosmetically-enhanced façade changes, or they may change their interiors significantly while maintaining a static or even a seemingly deteriorating surface. This architecture does not serve to imitate a human form that is ideal, classical, and unchanging – ‘set in stone’, or immortalized in bricks and mortar – but rather seeks to parallel the living, sprouting, but also degenerative, human body. It is an architecture that embraces the possibility and even the inevitability of Junkspace as part of its evolution, but Junkspace is not its raison d’etre.

Brand’s notion of versatile temporal architecture lines up with the corporeal capacities of the mutable body that may be altered or choose to alter itself in various ways. Bodies in a state of makeover are aesthetically close to Junkspace, always in their gym gear or hospital gowns, rushing towards an unattainable Bonaventura-like state of perfection. So I argue that an alternative, utopic cosmetic surgery is one closer to the architecture that Brand describes – it would be part of a series of active and vigorous technologies that do not seek to hide themselves, their processes, or the corporeal histories of the bodies they operate on, it would position the body as dying, healing, technologically augmented/diminished, and scarred.

**Other Worlds**

Architecture in postmodernism is not restricted to tangible, real life structures. There are also the computer architectures that have created cyberspace, and that have built virtual reality landscapes. In postmodernism we are presented with a range of real and simulated worlds across which being, consciousness, souls, and bodies may be located or divided. A postmodernism cityscape incorporates many layered realities and modes of being, and they can all exist simultaneously. This plurality, and how
to deal with it – how to choose which world to belong to – is the raison d’etre of cyberpunk and science fiction. Films such as *The Matrix* (Warner Bros, 1999), where characters make choices about whether to exist in a horrifying machine-dominated reality or an utterly believable simulation of the late twentieth century, and the novel *Neuromancer* (Gibson, 1984), where the protagonist is desperately seeking ‘upload’ into the neural net (cyberspace) and wishes to leave his ‘meat’ (body) behind, are typical of these genres.

The location of utopias is central to any culture’s definition of spaces and understandings of space. In the Middle Ages heavenly utopias were scientifically allocated real locations (Wertheim, 1999). Historian and technology theorist John Potts asks, ‘…now, in the postindustrial, postmodern era, where is utopia?’ He argues that ‘…postindustrial technology has opened up a new dreaming-space. Utopia thrives in the contemporary immaterial sphere, the electronic no-place: cyberspace’ (2002: 241, also see Wertheim, 1999). Extreme utopians of cyberculture, such as the contemporary sect the Extropians (<http://www.extropy.org/>), weave fantasies of reconstituted superhumans who exist in a postindustrial and postcorporeal future, having uploaded their consciousnesses into cyberspace/the matrix/the www/the Internet, and left the ‘meat’ of their now-superfluous bodies behind. Max More, author of *Extropian Principles* (1999) goes so far as to proclaim, ‘we challenge the inevitability of aging and death… We see humanity as a transitory stage in the evolutionary development of intelligence’ (quoted in Potts, 2002: 248). Thus cyberspace becomes a utopia where restraints like the body, geography, and temporality are rendered powerless – it is a disembodied no-place that offers transcendence and an elevated position for a ‘distilled consciousness’, in other words a soul, to find a home (Potts, 2002: 249). In short, cyberspace in these types of scenarios is nothing short of a digital Heaven.

I suggest that cosmetic surgery is also a way to cope with multiple worlds, an attempt to locate the body meaningfully in environments that are hyper (Jameson, 1984), simulated (Baudrillard, 1994), and multiple (Turkle, 1996). This is precisely why it lends itself so well to expression in fiction and to the fantasyscapes of reality television. As I showed in Chapter Six it provides an excellent symbolic juncture between real and unreal worlds. Cosmetic surgery, in contrast to fantasies of leaving the ‘meat’ behind and existing with a perfect avatar in cyberspace, seeks to make bodies perfect, or at least better, in the earthly realm. It is a way of positing the self, body and all, in the future-present: a place that is utterly located in the now and yet is permanently envisioning the future, looking forward, anticipating a new world. In Chapter Four I suggested that the time-space that cosmetic surgery bodies inhabit is
‘other’ because it refuses to accept traditional temporality and seeks to create its own durée by designing ageing. Perhaps technologies like cosmetic surgery allow us to occupy multiple temporalities and durées and also multiple spaces: real and imaginary, organic and artificial, human and non-human.

Preoccupations with cyberspace point to concerns with the ‘inner’ self – especially when the seductions of virtual reality are partnered with disgust for the meat or flesh of the body – and scientific endeavours like the Visible Human Project (VHP) (Waldby, 2000) mark a stronger interest on the inner workings of the body than its external surfaces. Compared to such ‘inner’ preoccupations, especially from a Cartesian mind-over-body perspective, cosmetic surgery seems to be a step backwards. It is shamelessly focused on the body rather than the mind, and even more ‘superficially’, on the external appearance of the body rather than its inner workings. But cosmetic surgery can be understood as a logical reaction to both alternative worlds such as cyberspace where bodies are often said to be superfluous, and internal body-worlds accessible only via complete obliteration of a body as in the VHP65 or via invasive high technologies like microcameras and MRI scans. But far from being a luddite ‘back-to-nature’ knee-jerk reaction against such movements and technologies – for cosmetic surgery bodies are neither ‘natural’ nor ‘uninvaded’ – I believe that cosmetic surgery is a bodily embrace of ideas about alternative worlds. It is a solid, tangible manifestation of desires for bodies that are neatly manufactured, utterly visible, and ‘beyond meat’.

FEDERATION SQUARE66

Jameson’s summation of the Bonaventura is as a practically useless artefact that nevertheless offers a radical new aesthetic and potential new modes of being. I showed in Chapter Two how cosmetic surgery in its current form shares similarly constrained aesthetics, desires and aims to those found in the Bonaventura. Feminist geographer Kathleen Kirby suggests that new kinds of postmodern space ‘may offer precisely the material for building a new kind of subjectivity, one that will not leave non-dominant subjects at the theoretical and political margins’ (1996: 46). It is this utopic notion that leads me to speculate on how a much more recent postmodern building, Federation Square in Melbourne, might work as a template for

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65 To create the Visible Human Project a corpse was frozen and then sliced into tiny horizontal sections, each of which was scanned. As the digital body ‘grew’ the organic body was obliterated slice by slice.
future/utopic cosmetic surgery that may move beyond ‘clean’ but boring aesthetics, self-referentiality, and the tyrannical addiction to ‘femininity’ and youthfulness.

Federation Square is a complex of public buildings in central Melbourne with galleries for Australian art, alternative cinema space, and eating and drinking venues. It offers a set of aesthetics and corporeal experiences that parallel and yet invert the Bonaventura’s. Both buildings lack definite entry-points but while the Bonaventure’s entrances are minimized, almost buried, creating a very closed structure, Federation Square’s edges blur into adjoining streets and the Yarra riverbank: this structure is ‘open’ like an origami slightly undone. Where the Bonaventura’s mirrored surface is gloriously flat, vertical, and non-porous, Federation Square’s façades pulse with multihued angles and unpolished, fragmented stonework – this is a building with cellulite. And where the Bonaventura discourages walking in favour of grand spectacle via elevators, Federation Square’s walls flow into its footways while unstructured pathways and ground level text-sculptures encourage wandering. It is radically different in conception and affect to the Bonaventura, and suggests a pattern for the ways that cosmetic surgery could move beyond its current air-brushed and repressive aesthetic.
The 'Square' is radically unsquare, comprising seemingly haphazard checks and intersecting triangles in both its overall plan and its intricately patchworked surfaces. Architect Julian Raxworthy writes that the gradual incline of its plaza gives 'one's stride a peculiar but active sense of movement' (n.d.: 8). This is in marked contrast to the Bonaventura's glorification of escalators and elevators. The 'peak' of the plaza offers winking, glimpsed invitations through to the nearby river and into the galleries. In terms of usage, architecture critic Leon Van Schaik describes the endless casual visitors who '… throng the space... [enjoy] views in and out, and

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Charles Jencks (1997) writes about the complexity paradigm in architecture, based on fractals and computer-generated ideas, that results in buildings that are a mix of built and grown forms where the manufactured may imitate or quote the organic but will also, at its best, expand upon and enhance it. Such architecture includes overlapping structures, elements of chaos, and generative qualities between the living and the non-living.
engage with this repository of their culture in a new-found civility’ (2003:61). This is a building that from its inception both absorbed and extended the city’s existing cultures. It is ambitiously part of the metropolis, not dumped in place complete and detached like the Bonaventura but rather woven into the central business district’s edge, utterly integrated and connected. Raxworthy calls it a ‘delicate and dense pedicure for the city, seen through lanes and gaps in blocks (n.d.: 10). This is a highly articulated and planned environment, where every last piece of bluestone and sandstone is carefully placed, yet where each piece of stone retains its geological markers – nothing is homogenised. The organic is self-consciously married with the manufactured, creating space that is stimulating and sociable. Intimacy is combined with enormity, for example the zigzag edges of the immense desert-like plaza offer shade and sanctuary. Human scale and pace are integral to the site’s successful operation. Connectivity, non-uniformity and deliberate ‘leftover’ spaces result in continual interest and expressiveness.

For all its subtle and considerate interjections with the city though, Federation Square acknowledges its insertion as wounding: its edges jut and shatter while its intimate textures are raised and dimpled, expressing their own scarification. Valerie Fournier has written about how wounds increase connectivity between bodies and the world: ‘injuring provides, by its massive opening of human bodies, a way of connecting disembodied beliefs or ideas with the force and power of the material world (the flesh)’ (2002: 69). Federation Square recognizes the violence of its own creation but
in doing so makes muscular connections with the city in a way that the Bonaventura can’t. In this way it is aligned more closely with body modification practices such as scarification and tattooing than with cosmetic surgery, which in trying to create seamlessly smooth bodies is secretive and in denial about its painful processes.

![Male Crocodile Scarification, c. 1990s](http://www.artlex.com/ArtLex/Sc.html)

![Federation Square, paving detail, courtesy Lab Architecture Studios](http://www.amonline.net.au/bodyart/scarring/papua.htm)

Private and public architectures are often likened to or consciously based upon the human form and psyche. In *The Architectural Uncanny*, Anthony Vidler documents in the work of postmodern architects such as Daniel Libeskind a postmodern return to the notion of architecture embodying and abstractly representing the human body – an idea that was seemingly abandoned along with the rise of Modernism (1992: 69-82). Tracing histories of body and architecture, Vidler finds distinctions and similarities between the referent or figurative body in Renaissance buildings and the rise of corporeal metaphors in postmodern architecture. He explains how the notion of a ‘whole’, perfect body was used as architectural analogy before Modernism:

> ...buildings were bodies, temples the most perfect of all... Francesco di Giorgio showed a figure superimposed literally on the plan of a cathedral and of a city, while Filarete compared the building’s cavities and functions to those of a body, its eyes, ears, nose, mouth, veins, and viscera (Vidler: 71).
In contrast, Vidler describes the body found in more recent architectural forms as ‘...a body in pieces, fragmented, if not deliberately torn apart and mutilated almost beyond recognition’ (1992: 69). Federation Square fits his descriptions of architectures that express a disturbed and ‘cut’, even a dismembered body:

... this body no longer serves to center, to fix, or to stabilize. Rather, its limits, interior or exterior, seem infinitely ambiguous and extensive; its forms, literal or metaphorical, are no longer confined to the recognizably human but embrace all biological existence from the embryonic to the monstrous; its power lies no longer in the model of unity but in the intimation of the fragmentary, the morselated, the broken (1992: 70).

However, it is also a space where bodies – utopically ‘embryonic’ and ‘monstrous’ – can perhaps manoeuvre softly, secure in their heterogeneity. Because the environment folds itself into its surrounds, is constructed of diverse materials that are made to fit together without losing their pasts, and creates a variety of nooks and pockets that cradle the body, it invites a body/architecture relation that is a postmodern version of di Giorgio’s body-in-the-cathedral.

In Chapter Five I explained Mary Russo’s definition of the grotesque: ‘...the body of becoming, process, and change... connected to the rest of the world’ (1994: 62-63). The grotesque body acts out a carnivalesque and participatory symbiosis that sutures the gap between voyeur and exhibited artefact. It can help to explain how
the aesthetics of Federation Square could be translated into cosmetic surgery. Federation Square itself is a ‘grotesque’ body, intertwining with its environment, remarking upon its own otherness while maintaining closeness to the rest of the city. In contrast the Bonaventura is (wilfully) a ‘freak’ body-on-display, separate to its surrounds. The buildings affect the human bodies inside them: in the Bonaventura bodies are bound to be either spectacle or audience, but in Federation Square relations are much more mobile, as distinctions between inside and outside are blurred and ‘participants’ can range over and through the heterogeneous spaces in many ways.

Many of the extreme practitioners I have discussed in previous chapters are more ‘freak’ than ‘grotesque’. But if a trajectory such as the one between the Bonaventura and Federation Square is drawn between mainstream cosmetic surgery and these individuals who have ‘gone too far’, we see that while they may be ‘freaks’ now, they nevertheless point towards a moment when such modifications could in fact be near-mainstream. Russo argues that the body of the freak has the potential to embody all of the positive social significance that Bakhtin’s idealised grotesque and carnivalesque body offered, and that it can act as a vital connection between all parts of contemporary society:

> As a radical model of sociality, the freak body is as capacious and extensive as the grotesque body in the model of Bakhtin. It reaches out and makes fantastical connections between and within genders, bodies, costumes, subcultures, architectures, landscapes, and temporalities (Russo, 1994: 106).

Of course this is only potential – as long as freak bodies are still belittled, punished and banished, as I have shown they often are – the side effects of freakishness outweigh the possibilities for social change. Lolo Ferrari embraced her freakishness utterly and fatally. She embraced makeover culture on literal and mythological levels and as a ‘living corpse’ highlighted its deathlike aspects. Farrah Fawcett and Cher had ‘one operation too many’, pushing anti-ageing surgery to its limits and overstepping boundaries of ‘graceful ageing’. Pamela Anderson’s unstable breast implants show that all femininity is a movable mask, a performance, while Jocelyn Wildenstein’s unusual and defiant idea of beauty simply challenges mainstream aesthetics. Michael Jackson now has a face unlike any other. He resembles a Japanese Anime princess and is a pioneer of a new aesthetic, or as Are Flågan describes him, a ‘Posterchild for the Future’ (2003). Orlan orchestrated a piece of astonishing performance art that highlighted not only how mainstream cosmetic surgery adheres to an incredibly narrow version of loveliness but how it only takes a slight turn to reposition the technology as something artistically radical. These
practitioners show that cosmetic surgery has the potential to move from its current thinness to being a celebration of the grotesque becoming-body. In order to be fully grotesque, cosmetic surgery would have to display its assorted effects without embarrassment, embracing both heterogeneity within its own realm and its overlaps with prosthetics and other body modifications.

It is hard to imagine a place where there might be multifarious bodies altered in styles like Jackson’s or Orlan’s, or with wings or extra limbs or eyes, but we already live with pierced tongues, hair-dyes, and nail extensions, and not so long ago the now-common eyebrow ring seemed radical. A structure like Federation Square is akin to ideas like Rosen’s wings and Morgan’s scored-on wrinkles, because while celebrating surface aesthetics it also moves towards a mobile functionality that is adaptive to its environment and enhances its region. It actively denies homogeneity and bears its own ‘scars’ proudly. Forms like this, that attempt to express the intertwining of nature/culture and past/present in ways that augment as well as comment upon the existing city, could both accommodate and inspire such diverse bodies while also embracing ones that may be unmodified, because as I suggest below, choosing not to have cosmetic surgery may soon be radical.

Although contemporary cosmetic surgery – especially for its ‘extreme practitioners’ – offers new ways of dealing with corporeality, space, and time, it remains essentially unfriendly, isolating bodies from each other and eliminating individuality while emphasizing a uniform of white, middle class, feminine beauty (Haiken, 1997:175-227; Negrin, 2002; Padmore, 1998). Perhaps its current manifestation is a stepping stone that will help lead to the development of a set of surgical, genetic and machinistic techniques which will allow bodies greater aesthetic and functional freedoms. An embrace of the metaphorical possibilities of the practice allows for a more open notion of the body-in-space, one that is perhaps closer to Francesco di Giorgio’s body-in-a-cathedral, where organism and built environment support each other, than it is to Jameson’s, where the mapping subject finds itself lost in space. The architectural ‘templates’ I have used point towards an imaginative redeployment of cosmetic surgery, opening it to the possibility of creating bodies that are layered with aesthetic richness, fully interactive with each other and their environments, and are shamelessly grotesque.

Along with experiences such as the casual dipping in and out of powerful new dimensions such as cyberspace that are now part of everyday postmodern living, experiencing cosmetic surgery has the potential to mutate our cognitive mapping processes, enabling us to ‘find new imaginative topologies for relating these new
space-times with a familiar, ‘natural’ world’ (Smethurst). In other words, the new social beings and identities created in and because of such non-corporeal architectural landscapes as cyberspace, theorised by many postmodernists and cyber theorists (Creed, 2003; Gergen, 1991; Poster, 1995; Turkle, 1996), are complemented and paralleled by purely physical technologies such as cosmetic surgery. The much-analysed modified postmodern virtual self is complemented by a corresponding custom-made modified physical self: the cosmetic surgery recipient is an exemplary postmodern being.

Many voices and discourses have been mobilised in this dissertation to build up a picture of makeover culture – interviewees and celebrity cosmetic surgery recipients have discussed ‘private’ and ‘public’ experiences of cosmetic surgery, and doctors’ voices inside makeover culture have been given an outing. Cosmetic surgery has been theorised as a crucial part of makeover culture and as a quintessential example of it. The cultural logics of makeover culture emphasise continual performances of becoming: improving, growing, and developing are all more valued than achieving a point of finality. Good citizens of makeover culture effect endless renovations, restorations and maintenance on themselves and their environments, stretching and designing their faces, their bodies, their ages, and their relations with technologies and other bodies. In turn, nothing is ever complete or perfected in makeover culture, we are always in need of a literal or metaphorical facelift.

CONCLUSION

In Samuel Butler’s Erewhon, disease is classified as a criminal offence. Since we are herein privileged to exercise our prescience for utopias, we would, analogously, concoct a future society where ugliness is deemed an affront to the eyes punishable by solitary incarceration. Billboards in that fanciful future will exhort the motorist: KEEP AMERICA BEAUTIFUL, VISIT YOUR LOCAL PLASTIC SURGEON
(Aronsohn and Epstein, 1970: 335).

We are born dying (Unknown).

A somewhat eclectic collection of theories has been used to analyse various aspects of makeover culture – feminist philosophies, cultural and media studies, actor network theory, geography, architecture, and psychoanalysis. They have been useful not just in each instance but also as a collective that reflects the ubiquity and promiscuity of makeover culture. I have situated cosmetic surgery inside mediatised, social, historical, architectural and utopic environments, all of which are interconnected. A newly-angled feminist understanding of cosmetic surgery has been built up by theorizing the paradigm it is embedded in – makeover culture. The mode of feminist analysis that I hope has grown through these chapters is one that:
• problematises agent/victim dichotomies;
• rejects the rhetoric of ‘just don’t do it’ and even considers the pleasures involved in doing cosmetic surgery;
• opens up the doctor/patient relationship to a whole network of technologies and assemblages that involves many actors;
• sees that cosmetic surgery exists via mediascapes that are contradictory, constantly morphing and powerful;
• situates cosmetic surgery as one tool inside deeply mythical and symbolic frameworks, and proposes different frameworks; and finally,
• sees and calls out for utopic ways forward for a practice that remains restrictive and repressive even as it is becoming increasingly everyday and mundane.

One of my aims has been to suggest alternative ways for feminists to engage with cosmetic surgery, theoretically and perhaps practically. Cosmetic surgery is almost utterly normalized in the over-developed world, and is part of a set of powerful cultural logics. And as Susan Bordo says, ‘…we have barely begun to confront – and are not yet in a position to adequately assess – the potential cultural consequences of regarding the body as ‘cultural plastic’, to be deconstructed and rearranged as we desire’ (1998: 202). In order for feminists to form productive, political and ethical stances about this practice we must work on understanding all its facets and its countless practitioners. Feminists may also disrupt what can seem like an overwhelmingly repressive technology from within. I have examined various mild and extreme practitioners who have done just that – most of them are not feminists and have only created their ‘challenges’ to cosmetic surgery by mistake – but they all suggest alternative, interesting, and sometimes subversive uses for cosmetic surgery.

I have proposed several utopian alternatives to the way that cosmetic surgery is currently deployed and promoted, and have searched for ways to see cosmetic surgery as something that could be used for feminist ends, or at least be seen as potentially positive through feminist lenses. My utopic ‘findings’ include:

• using the stretched middle age to enhance intergenerational relationships instead of positioning mother and daughter as rivals;
• embracing and creating aesthetics based on views other than the narrow and repressive beauty-as-youth;
• abandoning the secrecy around cosmetic surgery procedures, labours, costs, failures and scars; and
• recognizing that extreme or ‘monstrous’ practitioners of cosmetic surgery share many similarities with ‘normal’ practitioners.

I hope I have provided something with these suggestions for those of us who may have cosmetic surgery.

There is another form of utopic engagement with cosmetic surgery that I have touched upon but have deliberately largely ignored: not having any. Many feminists will choose this option. But I have little doubt it will be increasingly difficult – facelifts are now accepted practice for wealthy babyboomers and will probably be commonplace for generation Ys and Xs. One of the grotesque bodies I imagine being at home in my imagined urban utopia will be the body with wrinkles and cellulite. The decision not to have cosmetic surgery will require its own kind of fortitude, knowledge and vocabulary about why cosmetic surgery exists and how it operates in and through makeover culture. I suggest that the decision to oppose cosmetic surgery will be useless for feminist ends unless it can be explained and recognized as resistance. Otherwise, it will be interpreted as ‘not looking after yourself’ and will enforce the very norms it wishes to question. And of course this compulsory ‘explaining’ and ‘resisting’ is yet another part of makeover culture, where labour is everywhere and never ending. So I hope this thesis has also provided some useful material, perhaps even ammunition, for those of us who won’t have cosmetic surgery.

Makeover culture amalgamates ethics that have grown out of modernity and the cultivation of the body, and also out of the postmodern idea of having a range of optional selves. It is about performing constant transition without static end – where the reward for one display of hard work and self-improvement is the chance to have some more – once you’ve lost weight you can and should have cosmetic surgery, once the house is renovated you can and should move to the landscaping, once you have one degree you can and should begin another.

Virginia Blum encountered difficulty getting approval from her University’s Review Board for a project that included qualitative interviews with cosmetic surgery recipients. She tells of how one member of the Board expressed concern that she might inflict more psychic trauma on people who had already been ‘damaged’ by cosmetic surgery, and concludes, ‘what I learned from [the Review Board] is just how divided our culture remains between people for whom surgery seems normal and those who continue to pathologize it as an extreme solution’ (Blum, 2003: 45). She

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68 Rem Koolhaas says we are all ‘marooned in a never-ending casual Friday…’ (2001: 418).
describes her own body as having been ‘at risk’ whilst doing the project. Blum declares she is ‘surgical’ already, having had a rhinoplasty and a rhinoplasty-correction, and says

> the world of rejuvenating surgery beckons me as an option – all along, offering this conviction that I don’t have to age if I don’t want to, if I’m prepared to intervene, if I can afford to, if I can tolerate the surgical route (Blum, 2003:47).

My own experience was almost the opposite: over the last few years as I have looked at more and more surgical faces, mostly those of people officially ‘beautiful’, I grew weary of them. The unlifted faces around me became more beautiful. Older women began to appear more attractive: I saw them actively ageing, wrinkles dynamically livening their faces, necks softening and folding. And at the same time, perversely perhaps, I grew more and more attracted to the beauty of extreme cosmetic surgery practitioners: Michael Jackson’s supernatural appearance, the bulky terrain of Jocelyn Wildenstein’s much-augmented face, Orlan’s modest little ‘horns’ glittering gold and playful from her otherwise stern and matronly face. I like these faces. Faces made nice by ‘natural looking’ cosmetic surgery – Meg Ryan and Sharon Stone perhaps – appeal less and less to me, in fact they now grate on my aesthetic: echoing Haraway, I would rather be a Jocelyn Wildenstein than a Sharon Stone.
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APPENDIX 3

EARLY SOVIET LEGAL TREATISES

The legal debates of early Soviet Russia were accompanied by the publication of a considerable array of legal and jurisprudential texts and treatises. The depth and breadth of this output further demonstrates the vibrancy and intellectual richness of the discussions that occurred. Apart from many scholarly articles in various journals, some of the principal contributors published entire volumes. While Western authors have highlighted Pashukanis’ 1924 *General Theory of Law and Marxism*, it was by no means the only attempt to elaborate a more general theory of the state and law, drawing on the writings of Marx, Engels and Lenin, and the experiences of the Soviet revolution.

In the following list of known works, the titles have been rendered in English. All were published in the 1917-1927 period, with the exception of Reisner’s 1908 book and Pashukanis’ prodigious post-1927 output.

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