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Dean’s Date Assignment

Medicalization of Physical Appearance: The Success of Cosmetic Surgery

As users of social media platforms and popular websites in the US know, recently released photos of almost identical-looking contestants from the Miss Korea 2013 beauty pageant has sparked widespread criticism of South Korea’s obsession with cosmetic procedures, defined as surgery aiming to improve the aesthetic appearance of a person and typically understood to be elective and non-essential in nature[[1]](#footnote-1). Indeed, Korean cosmetic surgery has become so standardized and publicly discussed that getting a procedure done is akin to simply buying a designer handbag or other marketed good, with it not being uncommon for friends to ask where one’s nose or chin was purchased[[2]](#footnote-2). Coverage of the incident in American media has prompted renewed debate over cosmetic surgery and its impact on the meaning of beauty and individualization. Certainly, the utility of “beauty surgery” has historically been a contentious topic since the development of medical cosmetics in the late 19th century, with the majority of people dismissing it as a practice of vanity and superficiality rather than necessity. Even the “father of plastic surgery” Johann Friedrich Dieffenbach himself used the label “beauty surgery” with disdain[[3]](#footnote-3). However, despite recent criticism of the South Korean beauty contestants’ culturally induced vanity, cosmetic surgery has experienced an upward trend both globally and in the US in recent years as well. According to the 2012 Plastic Surgery Statistics Report conducted by the American Society of Plastic Surgeons, 14.6 million cosmetic procedures were undertaken in that year alone, a 5% increase from the previous year[[4]](#footnote-4) and a dramatic rise from just 30 years ago when 477,700 procedures were performed in the US[[5]](#footnote-5).

Indeed, modern dissatisfaction with one’s body has become the norm, fueling the many grooming industries that have offered make up, spray tans, and finally surgery as magical fixes to any problem, be it the inevitable effects of aging or the undeniable markers of ethnicity. To attribute the growth of cosmetic surgery to self-grooming, however, would be a gross simplification of the true motive spurring many people to view cosmetic surgery as their last remaining option. Does the choice to undergo cosmetic surgery truly stem from a shallow fixation on good looks and a popular culture centered on vanity, or is this assessment only skin-deep? As a look into the history and rise of modern cosmetic surgery and its contributions to the medicalization of physical appearance will show, the growing practice is not only attributable to simple vanity and aesthetics. In fact, numerous interviews with cosmetic surgery patients have shown that reasons for undergoing these procedures are rarely driven by aesthetic purposes or a desire to render one’s body beautiful and exceptional[[6]](#footnote-6). Rather, to understand why people are so willing to undergo surgical risk and harm to alter their appearance and what factors have contributed to cosmetic surgery’s rising popularity in modern times requires a deeper look into social and cultural understandings of the body, which suggest that cosmetic surgery has perhaps grown from notions of not simply how one looks but also how one is perceived.

From a practical standpoint, the dissemination of cosmetic surgery was made possible only as the practice of surgery itself was revolutionized, and further progressed through medical necessity during a period that witnessed two world wars. Initially, “Technological advances in anesthesia and asepsis in the late eighteenth century minimized surgical pain and the risk of infection, making the option of surgery much more accessible to those contemplating cosmetic surgical alteration”[[7]](#footnote-7). The introduction of ether into the practice of surgery, and the consequent shift away from a mindset associating surgeons with barbarians or manual laborers, was no doubt a crucial factor in spurring people to first tolerate and later embrace the skill of cosmetic surgeons. Indeed, their skill became an important asset in helping thousands of war-wounded patients: “Many of the surgeons involved in rebuilding the fractured faces of soldiers came out of the newly developing world of aesthetic surgery, and they continued their practices following the war”[[8]](#footnote-8). Cosmetic surgeons rebuilt the shattered faces and bodies of the wounded, helping soldiers readjust to normal life by giving them the gift of a normal appearance. Though procedures were mainly reconstructive in nature, their aesthetic components could not be ignored. The increase in reconstructive and cosmetic surgeries during this time served to not only reinforce the social importance of physical looks but also simultaneously transform the practice of cosmetic surgery from a practice of vanity to one of value, becoming “necessary and noble and redemptive”[[9]](#footnote-9). The belief that the aesthetic product of surgery could be just as important as restored function became increasingly widespread, especially as it was assumed that only “normal”-looking veterans could effectively assimilate into society and rejoin the workforce.

As cosmetic surgery became both medically and socially accepted due to the introduction of safer practices and a growing respect for the skill and utility of cosmetic surgeons, electing to go under the knife was no longer viewed as high-risk and extreme. Lower rates of morbidity coupled with better accessibility allowed cosmetic surgery to become a common choice for those wishing to undergo physical transformation. But to understand why people would even consider cosmetic surgery, it is necessary to look beyond its mere availability and question the motivations behind altering one’s appearance, for “anesthesia and antisepsis were necessary but not sufficient to mark the beginning of the modern history of aesthetic surgery”[[10]](#footnote-10). What were the perceived benefits of appearing “more attractive” and how did attractiveness come to hold such significance?

Understanding the predominance that cosmetic surgery has come to hold over popular culture today first requires an examination of the cultural roots upon which appearance alteration is founded. Although standards of beauty can vary among cultures, places, and times[[11]](#footnote-11), one thing that has remained relatively stable since antiquity is the perceived relationship between the physical body and the inner self, referred to as the science of physiognomy. The notion that facial features were a reflection of one’s underlying self was popularized in many aspects of European culture, literature, art, and emerging social sciences[[12]](#footnote-12) at the same time that modern cosmetic surgery procedures were burgeoning, deeming that “facial features reflected the innermost character of the individual and represented a mirror to the underlying self or soul.”[[13]](#footnote-13) As people came to internalize this idea of “behavioral determinism,” or the belief that one’s character could be interpreted by one’s appearance, beautiful came to signify good while ugly reflected bad. These states of good and bad were supposedly manifest on the physical body, with particular importance ascribed to the face as the primary site of human identification and interaction. Perhaps even more importantly, inherent in behavioral determinism was the idea that “improvement is always possible and desirable”[[14]](#footnote-14), especially as one’s looks, which were once considered unchangeable, were now correctable with low-risk surgical intervention.

Behavioral determinism was readily absorbed into American practice and thought. The emphasis on the importance of physical appearance fit in perfectly with mainstream American traditions of self-improvement: “It was the Enlightenment ideology that each individual could remake him- or herself in the pursuit of happiness that provided the basis for the modern culture of aesthetic surgery”[[15]](#footnote-15). Cosmetic surgery offered people a choice, a definitive solution, to rid themselves of physical imperfections and, in doing so, transcend the limitations of behavioral determinism. Appearance became an external quality that could be altered as a way to exercise individual freedom, and medical advancements could be used not only to heal bodies but also to fulfill desires. However, it is important to recognize that the motivating desire was not vanity, as is the common misconception, but opportunity. Due to its new accessibility and low level of perceived risk, cosmetic surgery was increasingly justified as a way to enhance employment opportunities and general life advantages, since it was becoming widely recognized “that the impact of physical appearance is pervasive and directly affects life chances. … Attractive people elicited attention more readily when requiring assistance from strangers; they were sentenced more leniently in simulated court cases, had higher paying jobs and were evaluated more positively in the workplace”[[16]](#footnote-16). The benefit of beauty, in this sense, is not beauty for its own sake, but rather derives from the opportunities and advantages bestowed upon beautiful people. This belief system complemented the established American ideals of self-improvement and self-made success with cosmetic surgery as the practical solution, further contributing to the field’s rapid growth in the US. Moreover, as evidenced by the exploding market and increasingly widespread accessibility of cosmetic surgery in South Korea, the acceptance of “medical intervention as a means of self-transformation” has risen in many other parts of the globe following the Westernization, professionalization, and specialization of its practitioners[[17]](#footnote-17).

In addition to the benefits of beauty in relieving economic pressure by increasing opportunities and advantages, the success of modern cosmetic surgery has also grown in part due to definitions of beauty stemming from ethnic prejudice. Although commonly thought to be a practice of vanity and self-preening, in reality the “earliest cosmetic surgery was instrumental in refashioning the features of physical appearance collectively deemed to be stigmatizing”[[18]](#footnote-18). With behavioral determinism gradually exerting a stronger and stronger influence over American culture, cosmetic surgery was in turn increasingly seen as an acceptable response to this constraining fact of life, especially as social definitions of beauty extended to include the dominant white group of American society while excluding foreign-looking peoples with distinct physical features. The increase in popularity of cosmetic surgery since the late 19th century illustrates the “extent to which society brings pressure to bear on its members to conform to the theoretical ‘American look’”[[19]](#footnote-19). Beauty, naturally lacking a concrete definition, came to be socially defined to mean normal and conforming, while ugliness was any kind of deviance from this standard, for “looking ‘different’ or deviating too far from the norm [was] to be set apart and to receive differential treatment”[[20]](#footnote-20). Cosmetic surgery became a way to relieve social and cultural pressures, to join the dominant group by eliminating such distinguishing traits, and to become like everyone else with the same opportunities and freedoms.

In what is considered to be the first systematic historical and cultural analysis of cosmetic surgery, Sander Gilman’s *Making the Body Beautiful* elucidates this idea of cosmetic surgery’s capacity to help people “pass” as a member of a different (better) group. Choosing to undergo surgery was a means to correct the ugliness and unattractiveness of not only disease but now race. The possibility of altering one’s physical appearance opened new doors to those previously held under the social constraints and handicaps of ethnic or foreign markers and perceived unattractiveness, such as an unsightly nose or lack of a double eyelid. These two representative physical features help illustrate the types of ethnic markers that some groups sought to remove through surgery. Firstly, “In the late nineteenth century the too-long nose was often read as the natural sign of the Jew,” prompting the development of surgical interventions “to change the character, or at least the appearance, of the nose. It was undertaken on Jews or those who looked ‘too Jewish,’ whether or not they were Jews”[[21]](#footnote-21). Appearing “too Jewish” was problematic in the same way that ugliness was associated with a bad state or immoral character, prompting those with “Jewish noses” to seek rhinoplasty. Similarly, Asians desiring surgical correction for a genetic lack of double eyelids expressed comparable concerns of being socially stigmatized for their ethnic markers, largely due to “a racial ideology that infers negative behavioral or intellectual characteristics from a group’s genetic physical features”[[22]](#footnote-22). Interviews of such patients recounted experiences of feeling misrepresented by their physical looks, as a lack of the double eyelid was perceived as dull and sleepy-looking. As previously mentioned, the significance of such commentaries resides in the idea of being *perceived* in a specific manner, despite the lack of actual impairment or injury to the physical body.

Here the semblance of individual choice granted to all those electing to undergo cosmetic surgery requires reexamination. Masked in the illusion of personal freedom and self-determination, cosmetic surgery granted promises of a better life by simply making a choice: “Such [i.e. cosmetic] surgery is elective by definition. Elective procedures are unnecessary, or at least not immediately necessary”[[23]](#footnote-23). Having more social interactions, job opportunities, marriage prospects, and life happiness simply involved choosing cosmetic surgery. But in a social and cultural atmosphere where success and stigmatization has traditionally been dictated by physical appearance, can surgical intervention truly be understood as a choice? Although cosmetic surgeons have promoted surgical intervention as a way of exercising one’s right to self-improvement in a competitive, appearance-based world[[24]](#footnote-24), their practices actually operate within a deceptive context that in reality takes this freedom of choice away from patients. Patients are led to believe that they are “knowledgeable agents who chose cosmetic surgery as an act of empowerment to ameliorate the suffering and despair of living in a body not perceived as ‘ordinary’”[[25]](#footnote-25), while what cosmetic surgery actually achieves is exactly the opposite. Cosmetic surgeons reduce the body to something that is damaged and in need of fixing, offering surgical interventions as solutions to “shared perceptions which defined physical nonconformity as parts ‘needing’ to be ‘fixed’”[[26]](#footnote-26). Although such patients lack true medical impairments or conditions needing to be fixed, it is this shared perception, offered by the industry of cosmetic surgery, that determines the perceived necessity of surgery.

Naturally, this prompts the question of how cosmetic surgeons are able to accomplish such a feat. Upon closer inspection, it can be seen that cosmetic surgeons are able to transform their procedures into matters of perceived medical necessity through the medicalization of physical appearance—in other words, by problematizing physical differences in medical terms. By objectifying and rationalizing their procedures, cosmetic surgeons “progressively medicalized physical appearances by reclassifying the extremes of what had once been considered normal into deviations pathologized as defects or deformity. Such imperfections came to include any physical feature which caused feelings of inferiority or diminished life chances”[[27]](#footnote-27). By framing cosmetic procedures in the language of medical terms and scientific rationalism, features once considered normal were redefined, with surgery as the only viable option left to erase these markers of perceived ugliness, ethnic difference, and even age that limited one’s social status, interactions, and economic opportunities.

In the aforementioned example of Asians and double eyelid surgery, the use of established terminology to problematize the shape of Asian eyes, such as the “absence of the palpebral fold” or having “excess fat”, has contributed to the perception of this difference as deviant but fixable. This effectively provides medical affirmation to patients considering cosmetic surgery by normalizing their feelings of bodily self-dissatisfaction. In one particular case study, several of those about to undergo double eyelid surgery revealed that “their plastic surgeons used several medical terms to problematize the shape of their eyes so as to define it as a medical condition” and also claimed that it was normal for them to be dissatisfied with their physical appearance, reassuring them that they, like others before them, would feel happier after the operation[[28]](#footnote-28). Similarly, historian John DiMoia’s investigation into the development of South Korean biomedical practices suggests that the craze of cosmetic surgery is enabled by the increasing specialization of procedures, allowing those who seek cosmetic surgery to obtain individualized results that are most satisfactory to their particular preferences and tastes. He proposes, “If the motivations and enabling factors for this development include the economic progress made by South Korea during the mid-1980s, along with the legal and cultural changes enabling the growth of private clinics, it is also useful to look at material practice, with the clinics adopting new technologies and a range of options to meet the needs of clients.”[[29]](#footnote-29) However, the offering of various treatment options would not be as effective without the medicalization of these treatments by the surgeons offering them. As cosmetic surgeons frame their procedures in medicalized terms and objectively offer various solutions to problems ranging from “an absent or poorly defined superior palpebral fold” or “the presence of periorbital fat” to “an epicanthal fold of varying configuration and size,”[[30]](#footnote-30) people considering cosmetic surgery are not only presented with a variety of options to personalize their treatment but also come to see their discontent as medically warranted.

Beyond the example of Asians and double eyelid surgery, the general medicalization of physical differences has contributed to the normalization of people’s negative feelings about how their physical features are perceived and ultimately their decisions to undergo cosmetic surgery. Throughout its history, cosmetic surgery has became a normal response for those who feel excluded, disadvantaged, and ashamed due to their appearance. Furthermore, the growth of the field has benefited not only from the medicalization of physical appearance, but also from framing the practice of cosmetic surgery in the language of personal choice and individualization. Especially in America, cosmetic surgeons have capitalized on the pervasive culture of individual autonomy by emphasizing the ability of patients to work together with their surgeons to achieve an individualized post-surgery look, which is “a matter of personal style and individual choice.”[[31]](#footnote-31) In light of Enlightenment ideals[[32]](#footnote-32), then, cosmetic surgery becomes less of a possibility or choice and more of an imperative, as people confined to particular race, class, and gender groups would be eschewing their rights to self-improvement if they did not choose to undergo cosmetic surgery to better their opportunities and advantages. With an understanding of the motivation for cosmetic surgery rooted in social and ethnic factors, the decision to undergo such procedures cannot be viewed as simply as an act of choice, as entirely nonessential and “elective by definition.” By putting specific physical features and ethnic markers into medical and technical terms, along with contextualizing cosmetic surgery as a culturally imperative solution, once benign differences are successfully transformed into problems that can be corrected and, indeed, *require* surgical intervention. In this way, cosmetic surgery has already become both necessary and essential to those who begin to consider its possibility, a far cry from generalized stereotypes of “plastics” seeking cosmetic surgery out of narcissism and vanity.

Cosmetic surgery grew out of a need to combat social, economic, and cultural differences, and persists today through the medicalization of these differences. Ultimately, perpetuated by the medicalization of physical appearance and normalization of cosmetic procedures, the cosmetic surgery enterprise encourages and nourishes the growing dissatisfaction people feel towards their bodies. As an investigation into the complex history of cosmetic surgery has indicated, medical technologies will no doubt continue to revolutionize our world, providing us with even cheaper, safer, and easier means to reconstruct our bodies in the attempt to align our physical appearance and look with our sense of self, complicating how the body is both perceived and understood. However, with the development of any form of technology comes a choice. With increasingly normalized accessibility to the growing market of cosmetic surgery, it will ultimately be up to individuals to look within themselves for their own meanings of beauty and individual choice.

Bibliography

American Society of Plastic Surgeons. “Cosmetic and Reconstructive Plastic Surgery Trends.”

*2012 Plastic Surgery Procedural Statistics Report*. [http://www.plasticsurgery.org/news- and-resources/2012-plastic-surgery-statistics.html](http://www.plasticsurgery.org/news-and-resources/2012-plastic-surgery-statistics.html). Accessed December 28, 2013.

DiMoia, John P. *Reconstructing Bodies: Biomedicine, Health, and Nation-Building in South*

*Korea Since 1945.* Stanford, CA:Stanford University Press, 2013.

Gilman, Sander L. *Making the Body Beautiful: A Cultural History of Aesthetic Surgery.*

Princeton, NJ: Princeton University Press, 1999.

Kaw, Eugenia. “Medicalization of Racial Features: Asian American Women and Cosmetic

Surgery.” *Medical Anthropology Quarterly*, *New Series* 7 no. 1 (1993): 74-89.

MacGregor, Frances C. “Social and Cultural Components in the Motivations of Persons Seeking

Plastic Surgery of the Nose.” *Journal of Health and Social Behavior* 8, no. 2 (1967): 125-

135.

Northrop, Jane Megan. *Reflecting on Cosmetic Surgery: Body Image, Shame and Narcissism.*

London: Routledge, 2012.

Sang-Hun, Choe. “In South Korea, Plastic Surgery Comes Out of the Closet.” *New York Times*,

November 3, 2011. Accessed December 23, 2013. <http://www.nytimes.com/2011/11/04/world/asia/in-south-korea-plastic-surgery-comes-out-of-the-closet.html?pagewanted=all&_r=0>.

Wegenstein, Bernadette. *The Cosmetic Gaze: Body Modification and the Construction of Beauty.*

Cambridge, MA: MIT Press, 2012.

1. Sander Gilman, *Making the Body Beautiful* (Princeton, NJ: Princeton University Press, 1999), 8. [↑](#footnote-ref-1)
2. Choe Sang-Hun, “In South Korea, Plastic Surgery Comes Out of the Closet,” *New York Times,* 3 Nov. 2011. http://www.nytimes.com/2011/11/04/world/asia/in-south-korea-plastic-surgery-comes-out-of-the-closet.html?pagewanted=all&\_r=0. [↑](#footnote-ref-2)
3. Sander Gilman, *Making the Body Beautiful*, 12. [↑](#footnote-ref-3)
4. American Society of Plastic Surgeons. “Cosmetic and Reconstructive Plastic Surgery Trends.”

   http://www.plasticsurgery.org/news- and-resources/2012-plastic-surgery-statistics.html. [↑](#footnote-ref-4)
5. Sander Gilman, *Making the Body Beautiful*, 3. [↑](#footnote-ref-5)
6. Jane Northrop, *Reflecting on Cosmetic Surgery: Body Image, Shame and Narcissism* (London: Routledge, 2012), 27*.* [↑](#footnote-ref-6)
7. Jane Northrop, *Reflecting on Cosmetic Surgery*, 15. [↑](#footnote-ref-7)
8. Sander Gilman, *Making the Body Beautiful*, 13. [↑](#footnote-ref-8)
9. Sander Gilman, *Making the Body Beautiful*, 157. [↑](#footnote-ref-9)
10. Sander Gilman, *Making the Body Beautiful*, 15. [↑](#footnote-ref-10)
11. Sander Gilman, *Making the Body Beautiful*, 23. [↑](#footnote-ref-11)
12. Bernadette Wegenstein. *The Cosmetic Gaze: Body Modification and the Construction of Beauty* (Cambridge, MA: MIT Press, 2012), 22. [↑](#footnote-ref-12)
13. Jane Northrop, *Reflecting on Cosmetic Surgery*, 14. [↑](#footnote-ref-13)
14. Bernadette Wegenstein, *The Cosmetic Gaze,* 8. [↑](#footnote-ref-14)
15. Sander Gilman, *Making the Body Beautiful*, 17. [↑](#footnote-ref-15)
16. Jane Northrop, *Reflecting on Cosmetic Surgery*, 25. [↑](#footnote-ref-16)
17. John DiMoia, *Reconstructing Bodies: Biomedicine, Health, and Nation-Building in South Korea sine 1945* (Stanford, CA: Stanford University Press, 2013)*,* 13-15. [↑](#footnote-ref-17)
18. Jane Northrop, *Reflecting on Cosmetic Surgery*, 9. [↑](#footnote-ref-18)
19. Frances MacGregor, “Social and Cultural Components in the Motivation of Persons Seeking Plastic Surgery of the Nose,” *Journal of Health and Social Behavior* 8, no. 2 (1967): 126. [↑](#footnote-ref-19)
20. Frances MacGregor, “Motivations of Persons,” 133. [↑](#footnote-ref-20)
21. Sander Gilman, *Making the Body Beautiful*, 121-122. [↑](#footnote-ref-21)
22. Eugenia Kaw, “Medicalization of Racial Features: Asian American Women and Cosmetic Surgery,” *Medical Anthropology Quarterly* 7 no. 1 (1993): 79. [↑](#footnote-ref-22)
23. Sander Gilman, *Making the Body Beautiful*, 4. [↑](#footnote-ref-23)
24. Eugenia Kaw, “Medicalization of Racial Features,” 85. [↑](#footnote-ref-24)
25. Jane Northrop, *Reflecting on Cosmetic Surgery*, 27. [↑](#footnote-ref-25)
26. Jane Northrop, *Reflecting on Cosmetic Surgery*, 24. [↑](#footnote-ref-26)
27. Jane Northrop, *Reflecting on Cosmetic Surgery*, 23. [↑](#footnote-ref-27)
28. Eugenia Kaw, “Medicalization of Racial Features,” 81-82. [↑](#footnote-ref-28)
29. John DiMoia, *Reconstructing Bodies*, 207. [↑](#footnote-ref-29)
30. John DiMoia, *Reconstructing Bodies*, 187. [↑](#footnote-ref-30)
31. Eugenia Kaw, “Medicalization of Racial Features,” 85. [↑](#footnote-ref-31)
32. Sander Gilman, *Making the Body Beautiful,* 25. [↑](#footnote-ref-32)