

Physical Perfection, for a Price

The Motivations behind Body Modification and the New Normal of Surgically Achieved "Perfection"

EXTENDED VERSION

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The motivations, both physical and psychological, behind body modification and surgical alteration vary according to the individual pursuing the alterations. Quests for physical alteration may be the result of: returning to normalcy, a drastic refute of appearance standards, or indicative of a futile attempt at achieving beauty perfection in the context of the societal construct of the ideal. The intent, proposed audience, and subsequent reception can indicate the state of and consequent effect on the psychology of the individual pursuing it, and being aware of the motivation for modification can predict whether surgery as 'psychology with a scalpel' will be beneficial or hollow and possibly detrimental to the patient.

In mainstream Western society, the physical ideal bombards the populous with repetitive images presented in media and advertisement. Models of a standard type and predictable coloring offer a definition of perfect which is both narrow and difficult to escape. It is not uncommon for the average individual (especially women) to compare themselves with this “ideal” and begin modifying their own image in order to close the gap between the natural and the perfection that saturates the culture around them. They exercise, diet, use the “right” cosmetics, stay out of the sun, go tanning, dye their hair, grow hair, cut hair, use any means necessary to alter themselves—up to a point. The most radical and popular new tool in the ever growing cosmetics case of the image conscious human being is the surgical scalpel. In adopting cosmetic surgery as a common means of self-alteration, considerations about the mental well-being of patients arise. Surgery both indicates and affects the psychology of patients who pursue alteration through either traditional or non-normative means. Although a relatively new field, cosmetic surgery continues to advance, growing from the rudimentary surgical solutions of war surgeons to the delicate procedures to peel away a few years from an aging face. So, what does it mean to be normal in the wake of the rapidly expanding availability of surgical alteration? What does it mean to be beautiful?

Cosmetic surgery, while a specialty thought to have been around for thousands of years¹, gained a substantial amount of momentum as a field and notoriety in the public eye during World War I when doctors reconstructed the faces of wounded veterans in order to instill a degree of normalcy to the physically scarred.² The anatomical wax artist Eleanor Crook pays tribute to the advent of the modern field of cosmetic surgery in her piece for Gordon Museum of Pathology at Guy's Hospital, London, titled “And the Band Played On”. The life-size installment exemplifies the facial injuries typical of musket shots and fuel fires, injuries resulting in permanent debilitating deformity which crippled the physical and mental well-being of the fallen. The results of early procedures yielded cruder results than current methods, but the outcome meant that a previously lost degree of normalcy could be returned to the soldiers, enough for them to move on in life and mentality (Crook, 2016).

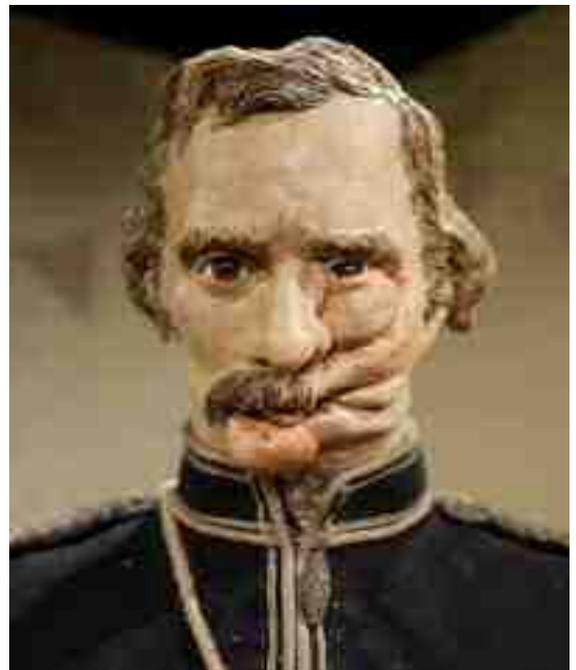


Image 1. Detail of “And the Band Played On.” Eleanor Crook. 2013.

¹ The noses of robbers or adulterers in ancient India were often cut off as a mark of their transgression. Early rhinoplasty and skin grafting procedures reportedly originated to remove this shameful mark because, even without anesthesia, the pain was worth everything. India did not share these discoveries or techniques with the world for many centuries as it was considered a procedure for the worst members of society and often performed away from public attention. (The Plastic Surgery Story, 2003) (Body Sculptors: The History Of Plastic Surgery, 2003)

² Descriptions of these early procedures, as well as outlines of the early Indian and Renaissance techniques, can be found in the book *Plastic and Cosmetic Surgery* by Dr Fredrick Strange Kolle.



Image 2. “And the Band Played On.” Eleanor Crook. 2013, Gordon Museum of Pathology at Guy's Hospital,

After the war ended, the field continued to gain momentum as a means of achieving normalcy and overcoming the “psychologically traumatizing” detriments inherent in appearance. The practice of cosmetic surgery became the practice of ‘psychology with a scalpel’. For many doctors today, this labeling remains particularly relevant, even as the field has evolved from a device enabling a return to normalcy into corrections of cosmetic imperfections. The value of their practice relies on being able to make patients happy, to fix whatever bothers an individual about themselves and fix it, easing the mental tension brought on by the perceived outward flaw.

In the majority of contemporary cases, patients want surgery for a single superficial defect-- one area of their body which has become a point of fixation and personal contempt. While this area may appear normal to outsiders or as a completely inconsequential flaw, the possessor of the perceived physical imperfection remains unable to overcome the problem mentally and seeks to have it remedied physically. Ordinarily, addressing the solitary issue through cosmetic surgery aids the individual and resolves the underlying concerns; however, in a growing number of cases, the underlying fixation deepens, spreading beyond the single point of contempt and into a level of self-loathing on a physical, and unfounded, level. This individual requires an ideal body or face, an image of perfection that drives them forward into extreme means, regardless of cost or risk. At this point, the individual slips into body dysmorphic disorder

(BDD)³, where the ideal of beauty and perfection remain unattainable, yet it drives them none the less. These cases often conclude in a hyper perfectionism, with the individual resembling a “plastic doll.” The aesthetic of a doll does not, however, indicate BDD in itself. Whether physical results reveal personal intent or the side-effect of a quest toward an unattainable goal depends on the psychology of the individual. In BDD patients, surgical results lack meaning and cannot improve the well-being of the patient as the psychologically healing scalpel. According to the American Psychological Association, BDD reveals itself most prominently in the aftermath of procedures, with “BDD patients who have cosmetic surgery [experiencing no] improvement in their BDD symptoms, often asking for multiple procedures on the same or other body features” (Dittmann, 2014, p. 30).⁴

The pursuit of bodily “perfection” through extreme means can be a symptom of BDD or the result of an aesthetic outside of the naturally attainable, which seems absurd to onlookers, but this passionate pursuit of decorating the living canvas of the body remains merely a quest to match the external body with the internal ideal, an outward expression of an individual’s true self.

In a society where cosmetic surgery gains greater prevalence every year and the standards of beauty threaten to homogenize the aesthetic of Western culture, some individuals intentionally move away from the standard. In established, conventional cosmetic surgery procedures, aesthetic value reigns paramount, with the finished result being the end that justifies any means. Outside of this, in the subculture known as Body Modification, the reasoning behind physical alteration remains varied. According to Steve Haworth, an American body modification artist responsible for the popularization and invention of modern transdermal and subdermal implants, ear pointing, and laser branding, known popularly in the body modification community as “the father of modern 3D body art”⁵, the four driving factors behind modification are: Sexual Enhancement, Spirituality, Shock Value, and Aesthetics (Modify, 2005). Even with the additional considerations and the drastic differences in end result, however, members of the

³ Body Dysmorphic Disorder, first introduced officially in the 1987 Diagnostic and Statistical Manual of Mental Disorders, involves a preoccupation with appearance beyond the norm, often resulting in the fixation interfering with other aspects of the individual’s life. Current statistics from the American Psychological Association estimate 7-12% of patients pursuing cosmetic surgery suffer from BDD in some form. (Dittmann, 2005, p.30) Overall, the want for cosmetic surgery remains normal, but in the case of BDD and the unyielding pursuit of unattainable perfection, surgery indicates a tremendous underlying issue of self-esteem. When the patient cannot achieve their personal goals of identity psychologically, the physical changes become meaningless.

⁴ Psychologist David Sarwer, PhD, director of the Education, Weight, and Eating Disorders Program at the University of Pennsylvania and associate professor of psychology at the Center for Human Appearance at the University of Pennsylvania School of Medicine, works with cosmetic surgeons in order to combat BDD and refer these patients to mental health professionals. Surgeons account for their patients’ internal motivations in order to ensure successful results. If the patient undergoes surgery to please someone other than themselves, or they hold unrealistic expectations of outcome, such as expecting surgery to end persistent personal problems, then surgery cannot function in place of psychological therapy, and the patient should pursue alternate methods. (Dittmann, 2005, p.30)

⁵ Steve Haworth drives the field of Body Modification with additional work in the pioneering of magnetic implants, dermal punching, tongue splitting, genital beading, and suspension. *Bizarre Magazine* once referred to him as “the most important, most respected Body Modder.” (Pitts-Taylor, 2003, p. 5)

Body Modification community often site their primary motivations for alteration in the same terms as those pursuing more standard procedures: Happiness.

Principally, individuals who alter themselves do so in order to compromise their internal view of themselves with their external body. This motivation reflects back on the idea of cosmetic surgery as ‘psychology with a scalpel,’ fixing internal problems by repairing external ones. Success of surgery relies heavily on this motivation, as a study conducted for the *Journal of Personality and Social Psychology* by American psychologist Ed Diener⁶ found. The study of *Physical Attractiveness and Selective Well-Being* concluded that, while no correlation between peer-perceptions of attractiveness and individual happiness could be found, “self-perceptions of physical attractiveness do relate strongly and positively to happiness.” (Cascio, 2014) Regardless of the peer-perception of outcome, when the individual receiving the surgical modification feels satisfied in uniting their internal desired aesthetic with their external form, self-esteem and personal happiness increase.

While those seeking cosmetic surgery often strive for a standard physical ideal, a socially acceptable aesthetic that often relies on media images of culturally agreed upon contemporary perfection, body modifiers openly defy this standard, moving their aesthetic away from homogenized perfection⁷ in ways often considered taboo. But, despite the disparity of result, psychological motivation remains a constant. In the worlds of Body Modification and Cosmetic Surgery, the underlying theme that drives each individual-- whether seeking anti-aging treatments, 3D implants, liposuction, or extensive piercing – remains personal fulfillment and happiness.

Improving the Body to Improve the Life

The quest for physical modification persists from antiquity, but in recent years, the increased prevalence of available surgeries makes the ability to change personal aesthetics more affordable, appealing, and less socially criticized. In 2014, over 14 million cosmetic surgery procedures were performed in the United States of America, up 13% from 2011 and up more than 200% from 2000. The 13 billion dollar⁸ industry extends beyond the United States, in fact, in 2013, the US accounted for only 12.5% of surgeries performed worldwide. Brazil ranked as the top surgical destination that year, with 12.9% of all cosmetic surgeries performed. But, while surgery itself becomes increasingly established worldwide, the types of

⁶ Ed Diener is a University of Utah professor, senior scientist for the Gallup organization, author, and lead researcher in the field of subjective well-being.

⁷ The standard definition of perfection in western society can be referred to as the line of perfection. While cosmetic surgery seekers want to reach this line, body modifiers actively move away from it by seeking either hyper-perfection (human dolls) or modifying themselves to achieve non-human looks.

⁸ Americans spend 13 billion US dollars annually on cosmetic surgery procedures (within the United States), including invasive procedures and non-surgical injections, like Botox (Stein, 2015, p. 42). This figure is not inclusive of other modifications like cosmetics, hair dyes, or weight loss products. The “2011-2012 revenue of the United States weight loss industry, which includes drugs, surgeries, and weight loss books, was approximately twenty billion dollars.” (Harris-Moore, 2014, p. 13)

surgery can be very location specific. Iran leads the world in rhinoplasty; eyelid surgery is common throughout Asia; and in the United States (as well as most Western European countries), breast augmentation and liposuction remain the top invasive procedures. (Stein, 2015, pp. 42-43) According to Frank Marino, headliner of the longest running drag show in Las Vegas and recipient of two Las Vegas Walk of Fame stars, in an interview for the documentary film *Modify*, surgery stands both easy and addictive. When “people say they wish they had a pill to lose weight, that’s what surgery is; it’s a pill to change your looks” (Modify, 2005). And with this addictive, easy approach to change what ails combined with advancing surgical technique, reduction in recovery time and decreasing price, it is no wonder more people are turning to the scalpel as their newest go to beauty treatment.

While men and women both increasingly pursue surgery to mend physical flaws, women retain position as the bulk contributors to the industry, which explains the results of a 2005 European study published in *Grazia* magazine, which found that the majority of modern women expect to have cosmetic surgery in their lifetime (Elliott, 2008, p.7).⁹ In 1996, the year examined in Figure 1, 73,921 procedures (11%) were performed on men and 622,982 (89%) on women. With the exception of male breast reduction and hair transplant, both gender specific procedures which by their nature exclude the consideration of female patients, women undergo the vast majority of cosmetic surgeries (Elliott, 2008, p. 35). This discrepancy of gender balance has persisted since the 1996 survey, despite substantial industry growth. In 2014, women comprised 92% of the cosmetic procedures completed in the United States, indicating that women continue to receive the bulk of pressure to modify themselves surgically (Stein, 2015, p.44).

Gender Breakdown of Patients Undergoing Aesthetic Surgery Procedures (1996)

<i>Type of Procedure</i>	<i>Percentage of Patients By Gender</i>	
	<i>Women</i>	<i>Men</i>
Breast Augmentation	100	0
Breast Reduction in Men	0	100
Buttock Lift	96	4
Cheek Implant	86	14
Eyelid Surgery	85	15
Face-lift	91	9
Forehead Lift	92	8
Hair Transplant (male-pattern baldness)	0	100
Liposuction	89	11
Nose Reshaping	76	24
Thigh Lift	99	1
Tummy Tuck	95	5

Figure 1. Data from the American Society of Plastic and Reconstructive Surgeons’ National Clearinghouse of Plastic Surgery Statistics, “1996 Gender Distribution: Cosmetic Procedures”. In the examined year, 1996, 73,921 procedures (11%) were performed on men and 622,982 (89%) on women (Elliott, 2008, p. 35)

⁹ Additionally, according to the study, 25% of teenage boys expect to have surgery performed and 40% of teenage girls are already deliberating on the procedures they seek (Elliott, 2008, p. 7).

According to Dr. David Hargraves, a prominent London cosmetic surgeon, surgery exists as an economic investment and a business and career decision:

“It’s about improving life, and especially business opportunities. Many of my patients work in highly demanding business environments, in which flexibility and adaptability really count, and in which appearance is all important. These are professional people, responding to very pressured demands, who are being judged by their clientele in the first few seconds of meeting. One of the greatest worries people have today is of looking tired—of being judged by an employer not up for the job.” (Elliott, 2008, p. 17)

Outside of the added boost in confidence that physical beauty can provide, which leads to an increase in performance, better looking people tend to have better career prospects and a higher earning potential than their less aesthetically pleasing counterparts¹⁰. In his book, *Making the Cut: How Cosmetic Surgery is Transforming Our Lives*, Dr. Anthony Elliott, PhD, professor, social theorist, and sociologist, highlights this phenomenon by asserting that “social and economic factors [exist] which suggest that cosmetic surgery is a good bet. Wherever you are in the world, the good-looking, thin and tall/ can expect to earn more than their dowdy, plump or short colleagues—and this in developed countries, often in spite of strict anti-discrimination laws.” (Elliott, 2008, p. 27-28) In China, and countries like it where anti-discrimination laws remain lax, aesthetic beauty exists as an openly stated prerequisite for success, with eight percent of job applications listing height and physical appearance necessities, according to the Labor Bulletin of China (Gao, 2008, p. 18)¹¹. Despite coming under pressure in recent years under discrimination lawsuits,¹² blunt “articulations of height requirements in employment advertisements [remain] commonly and widely seen.” (Lu, 2009, p. 36) Both hospitality and government work advocate these minimum requirements for aesthetics, leading many into dangerous and painful procedures like bone stretching in order to attain career advancement.¹³ Even in westernized nations that have anti-discrimination laws in place to prevent this kind of aesthetic prejudice, beauty remains an unspoken qualification. In the United States, more attractive workers make \$230,000 more over their lifetime than those people in the aesthetic bottom seventh¹⁴ (Stein, 2015, p.42).

¹⁰ This assertion receives a mild contradiction from the study of *Physical Attractiveness and Selective Well-Being*, which concluded that objective measures of attractiveness do not exhibit a significant correlation to success, but rather, self-perception remains the dominant factor in measurements of self-esteem and resulting success. (Cascio, 2014).

¹¹ Additionally, the Chinese practice requiring the submission of photographs with applications allows “employers to easily discriminate against individuals based on appearance” (Gao, 2008, p. 19).

¹² These court proceedings began in 2002 when a law school graduate brought a case against the People’s Bank of China Chengdu Branch for discrimination during his recruitment for being 3 cm shorter than the standard set by the bank. This case stands as the “first time a plaintiff claimed equal protection violations in a Chinese court under the Chinese Constitution.” (Lu, 2009, p. 35)

¹³ In China, many government and hospitality jobs have a minimum height requirements, with 160 cm, 165 cm, and 170 cm being the critical threshold for employers posing height requirements (Lu, 2009, p. 36), meaning that career success can be difficult for those not able to reach these minimums. In one case study, a 29 year old man felt inadequate due to his height, disqualified from applying to many jobs and unable to properly ride the larger motorcycles he was interested in. For him “plastic surgery [was] not just a shortcut for achieving the perfect body, [it was] an instrument for realizing the far more individual goal of becoming happier with who he is.” (Taboo: Body Perfect, 2003)

¹⁴ Study conducted by Economics Professor Daniel Hamermesh at the University of Texas

Beyond career motivations and an increased earning potential, modified appearance endures as a means of entering a new social group. In the early days of cosmetic surgery, people across the US and Europe with prominent “Jewish noses” would employ a surgeon in order to gain greater social acceptance, advance careers, or blend into non-Jewish social groups by escaping the prejudices that they felt their noses inspired.¹⁵ As the nose sits prominently on the face and often references family lineage in size and appearance, many nose shapes became the primary unspoken reference to an individual’s origin. (refer to

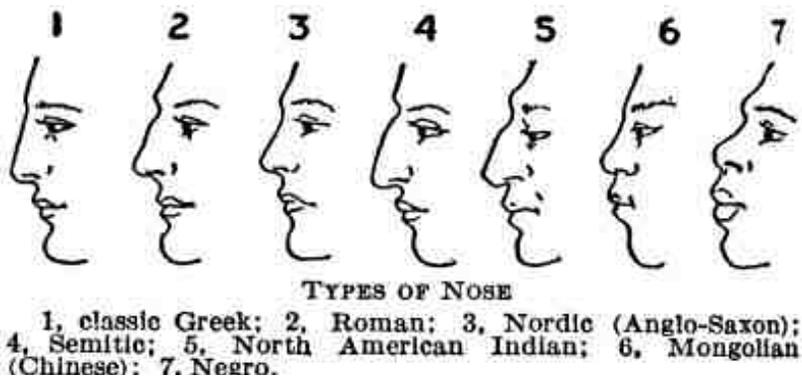


Image 3. Chart of Nose Profiles of various heritages.

the image). For those from groups historically facing discrimination, “fixing” the nose became an easy method of disguising familial background to increase social mobility. This trend continues today, with the prospect of upward social momentum continuing to motivate individuals to drastically alter themselves. An example of

this: Justin Jedlica, famous in popular culture as the “human Ken doll”. His cosmetic surgery journey did not start as a desire to look like the iconic children’s toy but rather through a need to increase his social standing. Growing up poor, he claims to have often watched “Lifestyles of the Rich and Famous”, yearning to live that life and perceiving the aesthetic of that social class as the utmost necessity. By the age of 32, he had undergone 125 procedures costing \$158,000 in a quest for physical perfection to emulate the social class he longed to be part of early in life. With his current aesthetic, he thinks of dolls as the “ideal of what a man or woman should be like and live like... definitely in the upper tier of income, lifestyle, and friends [...] –things required in order to be somebody that’s fulfilled and be somebody who has the complete package,” a goal for lifestyle he feels he has achieved. (My Strange Addiction, 2014)

According to Dr. Sander L. Gillman, PhD, an American professor and cultural and literary historian known for his contributions concerning the history of medicine, it persists that “the individual [desires] to join a new community defined economically, socially, erotically (or in all three ways), but this group is

¹⁵ During the Nazi rise to power in Germany, demand for this surgery increased dramatically and pioneering rhinoplasty surgeons gave people “suffering from a Jewish nose” free surgery, aiding the escape of many who otherwise may not have been able to leave freely, betrayed by the outward genetic expression of the persecuted genetic heritage of the time (The Plastic Surgery Story, 2003). It was this necessity that led to the rise of Endonasal rhinoplasty, a method of operating on the nose without leaving scars. This method, developed by a Jewish German surgeon, who was barred from working in public hospitals due to his heritage, was pioneered before the outbreak of WWII and formed the basis of the standard rhinoplasty procedure and instruments used today. The surgery remained popular even after the war due to lingering prejudices. (Body Sculptors: The History Of Plastic Surgery, 2003)

primarily designed physically.” Cosmetic surgery exists as the vehicle through which social mobility can be achieved. An individual “can become someone new and better by altering the body...The individual can be transformed and made happy.” (Gilman, 1999, pp. 22, 20)

With the exception of his muscular implants which mimic the appearance of hard-earned tone and musculature, Jedlica’s surgeries remain predominantly normative, meaning that despite the hyper-perfectionism of the outcome resulting in his inhuman physical appearance, he would not be considered a part of the Body Modification community. Body modification, though often considered the more extreme version of cosmetic surgery, can be more accurately defined as the less normative means of altering the body, often subject to different motivations than standard cosmetic surgery and frequently resulting in a less mainstream and often socially unaccepted aesthetic. According to Deborah Harris-Moore, lecturer in the Writing Program and professor at University of California, Santa Barbara, extreme normative surgeries, like those undergone by the human Ken doll, “are likely not considered by the modification community because the procedures are not performed for the sake of difference and individuality; the emphasis in modification is often on the individual and nonconformity” (Harris-Moore, 2014, p. 164). The “nonconformity” of body modification comes through the lens of standard westernized culture, an important consideration when examining its history because, although a relatively new phenomenon and growing site of resistance throughout Europe and North America, it retains a long history in many cultures, often used as a rite of passage or a means of showing tribal membership.¹⁶ In this context, although some would classify cosmetic surgery as a type of body modification, the term Body Modification “more commonly designates a different category of surgeries and body alterations, including tattoos, piercings, tongue-splitting, scarification, non-traditional implants, and others. Cosmetic surgery representations focus on the before and after image, where the product is the ultimate aim, while body modification is concerned with the individual experience.” (Harris-Moore, 2014, p. 159)¹⁷ Many members of the Body Modification community view their bodies as projects, as ways of investigating themselves and self-transformation, unlike those who pursue surgery. Body Modification, concerning itself more with the experience than outcome, encompasses performative modifications such as suspension. Artists like Stelarc use this system as an instrument for art, as shown in the image. Like those

¹⁶ Examples of this include Maori face tattoos, the crocodile scars of Papua New Guinea tribesmen, or the Tufi facial tattoos of the tribeswomen. For more information on this, refer to the documentary *Taboo: Extreme Rituals* as well as “Tattoos and Body Modification in Antiquity” by Philippe Della Casa and Constanze Witt.

¹⁷ Because Body Modification concerns itself with the individual experience, the experience itself is often considered body modification, even if it leaves non-lasting marks. An example of this type of modification would be suspension. Suspending is a temporary modification where fishhooks suspend an individual in the air by their flesh. Since it exists to be temporary, it is primarily done for the feeling, not the aesthetic, although some do take photographs of suspension as art. The feelings elicited from this can be so intense as to be addictive and even orgasm inducing to its users. Suspension can also be publically performative as with the group Constructs of Ritual Evolution (CORE) who perform for the public, suspended from hooks embedded in their backs, hanging weights on themselves, as well as piercing all the way through face--cheek through mouth to other cheek. For more information on suspension, refer to the documentary films *Modify* and *Flesh and Blood*. An example can be seen in the image of the artist Stelarc.

undergoing surgery in order to affect their lives and social standing, body modifiers believe that their identity can be transformed through altering their bodies and further through alteration of the body's symbolic and personal meaning.



Image 4. "Sitting/ Swaying Event for Rock Suspension." Stelarc. 1985.

Dr. Melanie Suchet, PhD, clinical associate professor of psychology, asserted that "bodies can be encoded with visible signs of identity, such that their 'truths' are carried overtly on their skins," in her description from the Introduction of her book on the 21st Century Body (Suchet, 2009, p. 114). In this context, members of the body modification community who alter themselves drastically do so in order to bring their inward selves to the surface, to express their truth. One example of this kind of modification stands out with La Mujer Vampiro, the Vampire Woman of Mexico, the world's most modified female, Maria Jose. Her body modification journey began after she escaped a domestic abuse situation with her 4 children in tow, vowing never to let anyone hurt her children or her like that again. Contrary to popular opinion, her look was not modeled after a vampire, but rather on specific aspects of warrior cultures that she wanted to express. In her words:

"The Mohawk is the symbol of the Amazons, of the female warriors who never allowed anyone to invade them or humiliate them. I expanded my ears to be like our ancient Aztecs. My teeth are not actually vampire teeth, they are like the Jaguar warriors, the representation of Mexican warriors connected to jaguars, a symbol of strength. I'm a survivor of domestic violence, I'm like a warrior, so I have adopted all of this in my appearance." (Taboo: Extreme Bodies, 2012)

Maria Jose's journey through body modification psychologically soothed her, and the end result left her encoded with visible signs of identity and the truth of her being made visible on her skin. Achieving a body that she feels comfortable and confident living in means that, although her surgeries and results forsake the normative, Maria Jose achieved results that the field of cosmetic surgery would define as successful. In the surgeons' definition of success, undertakings which obtain success do not refer to the techniques of the procedure, but rather, "it is the psychological results of the surgery that stand at the center of the discussions of success." (Gilman, 1999, p.286) In the case of Maria Jose, the definition of

surgery as ‘psychology with a scalpel’ rings true, despite the disparities of results with the original intention of the term.

Defining the Success of Alterations Based on Motivation

Although surgeons often define their success by the psychological results achieved, success to the individual altered can be more complicated, and is dependent on the motivations behind the modification. Steve Haworth defined the four main motivations of modification as sexual enhancement, spirituality, shock value, and aesthetics (Modify, 2005). The differences between these types of motivation rest primarily in the audience. For sexual enhancement, including labial and penial piercing, success of the modification lays in physical feeling for the individual and possibly the individual’s sexual partner. The “audience” of this modification would be the individual. Similarly, spiritually motivated modification success relies upon the individual and their own experience of the modification. La Mujer Vampiro remains an example of this as she likened her transformation to a spiritual journey of healing. Her modification process similar to going “to a psychologist, you repeat things over and over until you heal your soul, but in [her] case, this process was to modify [her] body” (Taboo: Extreme Bodies, 2012).¹⁸ For both sexually and spiritually motivated modifiers, the surgeons’ definition of success applies, where the success of the bodily alteration depends purely on the experience of the individual and their own happiness.

Those in the Body Modification community who alter themselves for shock value have a drastically different experience of success as their motivation depends on the existence and reaction of an outside audience¹⁹. For their alterations to be successful, not only must the individual be psychologically content with the result itself, but this contentment comes second to the responses that their appearance elicits.

Aesthetics, the most common motivation behind both body modification and cosmetic surgery, exists between the sexual, spiritual, and shock value motivations in terms of success. In body modification, aesthetic motivation means treating the body as a canvas, a blank slate to decorate to personal specifications, a finishing of the basic human form. Humans stand as the first species that is capable of modifying themselves, and this modification remains in its fetal form, with new techniques and ideas for alteration constantly arising and becoming available.

¹⁸ Stalking Cat, born Dennis Avner, existed as another example of this. He extensively modified himself for the purpose of looking like a Bengal tiger, his personal totem. For him, the reactions of others were inconsequential as his primary audience was himself and he was happy with the result. (Modify, 2005)

¹⁹ This subset of the body modification community continues as one of the most rapidly expanding, particularly amongst the males at the forefront of the body modification movement. There currently exists a culture of recognition for being the most daring, the most pierced, the biggest trailblazer. Documentaries like *Flesh and Blood* expose the idea of continuing to push beyond, to keep going further in order to claim a title as the most shocking, the most pioneering body modifier.

Surgery Becomes Art, Art Becomes Surgery

The French artist Orlan stands as one of the first prominent artists to seize the opportunity presented by the advancements of surgery and completely redesign herself beyond the realm of aesthetic and into art. From 1990 to 1995, Orlan pushed the artistic career that had been defined as “a series of rebirths and triumphs of will over technology” to a higher threshold, by undergoing permanent reconstruction of her body in an attempt to rewrite Western art (Jeffries, 2009). Although the surgeries attempted to mimic the ideals of beauty presented in classical art,²⁰ Orlan insists that vanity and beauty played no major influencing role. In her words, she wanted “to be different, strong; to sculpt [her] own body to reinvent the self. [...] [She] tried to use surgery not to better [herself] or become a younger version of [herself], but to work on the concept of image and surgery the other way around.” (Jeffries, 2009) Even the procedures themselves reflect Orlan’s goals of transcending the aesthetic and offering a critique of the conventions of cosmetic surgery; donning elaborate designer costumes, Orlan read poetry and played music while experiencing her alterations in full consciousness, broadcasting herself to the world through video. In this way, Orlan joins the Body Modification community, pursuing nonconventional aesthetic through a journey and a psychological exercise of self-exploration and modification, rather than a flat presentation of the before and after.



Image 5. “Omnipresence”7th Surgery-Performance. Orlan. 1993.

After surgery becomes art, art becomes surgery. The “transformability of the individual was the promise of the Renaissance and became the political platform of the Enlightenment. Change has now become the mantra of modernity.” (Gilman, 1999, p. 329) Anything that can be imagined can now be feasibly

²⁰ Her forehead mimicked Leonardo’s *Mona Lisa*, her mouth François Boucher’s *Europa*, and her chin Botticelli’s *Venus* (Jeffries, 2009).

accomplished to aesthetically alter the physical self. The temple of the human body, decorated according to personal taste.

The decoration of the body, according to the definitions of success for both cosmetic surgery and body modification, ultimately aims to increase the happiness and psychological well-being of the individual pursuing alteration. According to a 2004 study conducted by Dr. Katharine Phillips, MD, and Dr. David Castle, MD, clinical psychiatrists, reports on psychological health before and after surgery suggest that surgery leads to positive improvements in body image and quality of life²¹, but the research additionally indicated that several predictors, including a history of depression or unrealistic expectation of outcome, indicated a negative impact of surgery on the mental well-being of the individual. (Dittmann, 2005, p. 30) In the context of BDD and The study of *Physical Attractiveness and Selective Well-Being*²², these results conform to expectation. When the individual receiving the surgical modification feels satisfied that their change suits them, the temple of their body truly conforming to their personal taste, self-esteem and happiness increase, regardless of the peer-perception of outcome.

With the consideration that psychological advantages of surgery arise from individual perception and personal satisfaction with results, the measure of success for aesthetic body modification remains more straightforward than that of cosmetic surgery. As body modification does not seek to conform to the stereotypical notion of beauty, it relies more distinctly on the individual and thus adheres more closely to the surgeons' definition of success being that which makes the individual happy and psychologically content. Cosmetic surgery, being more normative and prevalent, often relies not only on the individual, but also on the culturally constructed idea of beauty. Beauty depends enormously on the cultural context in which the individual finds themselves²³. Certain body types and noses go in and out of fashion, in contemporary society often as a response to the media or celebrity influences. In January 2004, *The Independent*, published a study which suggested that the majority of patients pursuing facial cosmetic

²¹ In another study, psychologist David Sarwer, PhD, director of the Education, Weight and Eating Disorders Program at the University of Pennsylvania, and associate professor of psychology at the Center for Human Appearance at the University of Pennsylvania School of Medicine, found that a year after receiving cosmetic surgery, "87 percent of patients reported satisfaction following their surgery, including improvements in their overall body image and the body feature altered. They also experienced less negative body image emotions in social situations." (Dittmann, 2005, p. 30)

²² Discussed on page 3.

²³ What determines beauty remains entirely subjective. In the classic Twilight Zone episode "The Eye of the Beholder" a woman undergoes numerous extreme surgeries in order to become-- not beautiful-- but normal. She desires to fit the standard of her circumstances, and only after her bandages fall away after the final surgery, revealing an incredibly beautiful woman (to Western standards), and the surgery declared a failure does the audience realize the truth. The large snouts on the pig faces of the doctors and nurses who treated her, finally shown, comprise the standard for beauty in this context. The woman, though beautiful to the audience watching the episode, is considered hideous to herself and to her peers, because that typifies the nature of beauty as a societal construct in her environment. (The Twilight Zone, Episode 42 ,The Eye of the Beholder, 1960)

Body Part	Women	Men
<i>Nose</i>	Nicole Kidman Reese Witherspoon Diane Lane	Ban Affleck Edward Burns Jude Law
<i>Hair</i>	Jenifer Aniston Debra Messing Sarah Jessica Parker	Richard Gere Hugh Grant Pierce Brosnan
<i>Eyes</i>	Halle Berry Jenifer Lopez Cameron Diaz	Brad Pitt Ralph Fiennes
<i>Lips</i>	Liv Tyler Uma Thurman Renee Zellweger	Brad Pitt Matt Damon Benicio Del Toro
<i>Jaw Line*/ Chin</i>	Salma Hayek Julianne Moore Kim Cattrall	Johnny Depp* Mathew McConaughey* Russell Crowe Kiefer Sutherland Matt LeBlanc
<i>Cheeks</i>	Jennifer Lopez Halle Berry Jennifer Garner	Leonardo DiCaprio John Corbett George Clooney
<i>Sculpting</i>	Angelina Jolie Britany Spears Jennifer Lopez	Tom Cruise Benjamin Bratt Matt Damon
<i>Skin</i>	Michelle Pfeiffer Gwyneth Paltrow Sandra Bullock	Ethan Hawke Hayden Christensen Ryan Phillippe

Figure 2. Data from a 2004 survey by *The Independent* on the celebrity influencers of desired facial characteristics.

surgery do so in order to mimic the looks of desired celebrities. At the time of publication, the most in-demand facial features were broken down by gender according to Figure 2 shown. (Elliott, 2008, pp. 60-61). In the early days of surgery, breast reduction procedures produced the highest demand as that reflected the popular style, now larger breasts stand as the fashionable and preferable silhouette. “Irish noses”, once thought to be a curse are now highly sought after.²⁴ For those in the normative realm of surgery seekers, success of surgery requires not only about feeling your best but also looking your best within the context of the times and culture. According to Diane Bell, Australian feminist anthropologist, author, and anthropology professor at George Washington University with a research focus in Aboriginal people, the discrepancy between what constitutes beauty across cultures exists because the definition of

²⁴ The popularity of the Irish nose in America can be traced to the Kennedy presidency, when Jacklyn Kennedy Onassis became the first Lady and an American icon. Up until that point, Irish features were considered a mark of the unwanted foreigner as the influx of Irish immigrants struggled against national xenophobia, and as an extension of those feelings, facial features characteristic to the Irish, especially noses, received scorn. After the election of Kennedy in 1960, however, Jackie O set the standard of ‘American’ beauty, meaning that her nose (an “Irish” nose) became the utmost of facial fashion. The popularity of that particular profile continued into the late 1970s when Michael Jackson underwent his first rhinoplasty, resulting in the trendy Irish nose. (Body Sculptors: the History of Plastic Surgery, 2003)

natural diverges. The natural remains culturally constructed, and “what we think of as natural is very variable” (Taboo: Body Perfect, 2003).

An example of this phenomenon can be seen when the beauty practices of less westernized cultures are examined through the Western lens. In Western society, media dictates the beauty standard, with a select few models of predictable race and body type having their images endlessly replicated in films, posters, and magazines²⁵. They become “icons for the many” (Haiken, 1997, p. 43). But, when Westerners examine cultures unexposed to the media parade, shock at the disparity of standard arises. For example, Thai neck rings, the large bronze coils worn by women of the hill tribes of Thailand seem a strange and unpleasant practice, but to the women of the tribe, the rings remain the utmost achievement of beauty. Professor Victoria Pitstaylor, of Queens College Sociology Department and the Graduate Center of the City University of New York, asserts that Westerners “think that [Thai neck rings] that’s so drastic, or so extreme, well it’s permanent, or it really transforms the shape of the shoulders and the neck, it looks so bazaar, so different to us. And really, those practices aren’t any different than the practices we engage in every day, except that they violate our body ideals.” Similarly, Dr. Carolyn Marvin, PhD Associate Dean of Undergraduate Studies at the University of Pennsylvania backs this by stating that drastic measures abound in Western culture in the pursuit of beauty: “plastic surgery is a very serious kind of operation and we alter our appearance very profoundly. We put holes in our ears. We tattoo our skin, but we find it very odd when other cultures do similarly drastic things that we don’t happen to do.” (Taboo: Body Modification, 2007)

Despite the differences in result, individuals all over the world remain motivated by the concept of beauty, whatever that may mean in the context of their own society, and for many, the quest for this beauty rarely exists in pure self-motivation. Deborah Harris- Moore states that:

“No matter one’s class standing, surgical procedures and weight loss methods are often advertised in terms of doing it for yourself as an individual right and reward, and as a means of power and social mobility. In a society that sets standards for normalcy, power, beauty, and other ideals, however, doing anything truly for yourself or even by yourself is impossible.” (Harris Moore, 2014, p. 27)

²⁵ In her bestselling book, *Bossypants*, American comedian and satirist Tina Fey highlights the influence of celebrity and media portrayal on the societal expectations of women. After years of predictable looking women with a uniform body type and facial structure, the current variety of physical types presented should mean the definition of beauty expands and encompasses more, but in reality, it only extends the list of requirements: “I think the first real change in women’s body image came when JLo turned it butt-style. That was the first time that having a large-scale situation in the back was part of mainstream American beauty. Girls wanted butts now. Men were free to admit that they had always enjoyed them. And then, what felt like moments later, boom—Beyoncé brought the leg meat. A back porch and thick muscular legs were now widely admired. And from that day forward, women embraced their diversity and realized that all shapes and sizes are beautiful. Ah ha ha. No. I’m totally messing with you. All Beyonce and JLo have done is add to the laundry list of attributes women must have to qualify as beautiful. Now every girl is expected to have Caucasian blue eyes, full Spanish lips, a classic button nose, hairless Asian skin with a California tan, a Jamaican dance hall ass, long Swedish legs, small Japanese feet, the abs of a lesbian gym owner, the hips of a nine-year-old boy, the arms of Michelle Obama, and doll tits. The person closest to actually achieving this look is Kim Kardashian, who, as we know, was made by Russian scientists to sabotage our athletes. Everyone else is struggling” (Fey, 2011, p. 30)

In this assertion, cosmetic surgery driven by aesthetics and beauty does not and cannot achieve success through the individual being altered; the psychological satisfaction of the individual in relation to their physical being remains paramount. In the context of surgery standing as ‘psychology with a scalpel’, Harris- Moore asserts that the alterations conducted for an individual require pure self-motivation and cannot rely on the changing societal constructs of beauty in order to be truly successful and beneficial. This assertion echoes from the study conducted by Ed Diener, which concluded that self-perception influenced net increases in well-being and personal satisfaction to the greatest extent. Cosmetic surgery achieved success only when aiding individuals to feel more attractive to themselves, when external influencers intervened or “unrealistically high expectations of what the surgery will [accomplish]” presented themselves, individuals concluded their alterations less content and psychologically healthy than prior to surgery. (Cascio, 2014)

Purely individual motivation remains rare, however, as even beyond socially constructed influences on the idea of beauty, external factors arise readily. Two parallel examples of this: women who received surgery at the requests of their husbands in response to upward career mobility. In *Making the Cut: How Cosmetic Surgery is Transforming Our Lives*, Anthony Elliott discusses the case of “Amanda,” a western woman, who pursued breast augmentation to achieve a standard C cup. A few years later, she returned to the surgeon in order to increase her breasts several more sizes despite claiming happiness with her initial result. When probed she responded that her husband, a “CEO of a leading London financial institution, [...] needed his wife to ‘turn the heads of others’” (Elliott, 2008, p. 18). In a similar case, Pelongi, a Mentawai woman in Sumatra, filed her teeth to sharp points in order to become more beautiful at the request of her husband, the acting tribal chief, in line for permanent position. In his mind, a more beautiful wife would be more in line with his new stature and aid his prospects. (Taboo: Body Perfect, 2003) Although both cases concluded with the women satisfied in their final results, their incentive to undergo painful procedures and recoveries as a response to external motivation means that their contentment at the result remains impersonal. The women stand at an increased risk for BDD, an assessment for which includes “accounting for patients' internal motivations for surgery--are they doing it for themselves or out of pressure from a romantic partner or friend?” (Dittmann, 2005, p. 30). The longevity of the satisfaction with results may diminish as a result of initial motivation.

Social Acceptability: Modification and Mutilation

Although the cases of Amanda and Pelongi lack self-motivation, they ultimately stood as willing participants in their procedures and received results which satisfied them. But, questions arise here about the degree to which their consent was necessary and at what point their own desire, or lack thereof, to modify their bodies becomes the paramount consideration. With rising international interest in the

practices of female genital mutilation and practices of voluntary amputation, the body modification community increases their acknowledgement and awareness of the line between body modification and mutilation. In the documentary *Modify*, several prominent members of the body modification community discuss the notion of their physical alteration as mutilation. Jesse Jarell, a body art designer and cofounder of the first company to cast titanium for body jewelry production, claimed that the differences exist within the context; he considers some things mutilation that another may not, and in this way, it becomes a matter of if the person being altered remains fully consenting and aware of their choice. Jim Ward, inventor of the fixed bead ring and internally threaded barbells, founder of the first commercial storefront for body piercing, and referred to in the body modification community as “the father of modern body piercing” similarly claimed that difference between modification and mutilation depends on perspective. When thinking about societies outside of the Western standard, many have rituals and standards considered beautiful that Westerners would consider mutilation, so a societal perspective overlaps the individual. The most basic definition of difference that seemed to form a standard baseline of agreement came from the Lizard Man, born Erik Sprague, a man with full facial tattoos and forehead implants, thought of by some to be mutilated, asserts only that “if it’s not safe, sane, and consensual, its mutilation.” (Modify, 2005)

The key word, consensual, forms the heart of the distinction of extreme modification and mutilation because ultimately the decision to modify remains deeply personal and often extremely varied²⁶. With this consensus in mind, the further question arises about the constitution of consent. When the individual undergoing surgery in either a normative or alternative setting lies below the legal age of consent and in some cases below the threshold of verbal communication, what is the basis of consent? In the case of Thai neck rings, infant girls have the coils adhered to them, often causing discomfort for several weeks until the child becomes used to bearing the extra weight. The length of the coil as well as the weight often increases as the girl ages, pushing down on the shoulders, resulting in a compressed ribcage, suppressed clavicle, and seemingly longer neck. (Taboo: Body Modification, 2007) This behavior toward children persists beyond regional specificity; some tribes, like the Kayapo in Brazil or the Gonjas, Nanumbas, Frafras Dagombas, and Mampruis in Africa, scar their children’s faces or inflict painful tattoos on their young. In the West, the teeth of teenagers are often twisted with bands of metal. All of these procedures proceed solely in the name of beauty. Having been around for thousands of years, this type of body modification performed on children prevails, being neither new nor incredibly shocking as it often rests on tradition and a strong cultural concept of normative beauty.

²⁶ A discussion hosted by the *Modify* Facebook page echoed the same conclusion, with consent being the difference in modification and mutilation. (Not unlike the difference between sex and sexual assault).

Problems arise in newer and more drastic forms of child alteration. In Cameroon, there are cases where mothers have taken to flattening their daughters' breasts with hot irons or wooden poles in order to delay growth, a procedure which sometimes causes permanent damage and chronic pain. The practice proceeds primarily to delay sexual development, deterring potential male suitors from young girls and keeping the girls focused in their studies for a longer period of time. (Taboo: Body Modification, 2007) Despite the good intentions of this, many would question this or assert that it constitutes an unjust mutilation of girls.

In Western culture, new practices have also arisen which call into question the seemingly good intentions of the parents. Children with Downs syndrome increasingly proceed into the offices of cosmetic surgeons at ages as young as 3 years to have their faces altered. Although the surgery does not affect the syndrome itself, only the aesthetics, parents alter their children in the hopes of living a normal life, away from the abuses of other children or judging strangers. (Changing Faces, 1998) In a review of the recommended procedures for Downs children, written for parents considering surgical methods, Dr Len Leshin, MD and Fellow in the American Academy of Pediatrics, claims that the nature of cosmetic surgeons requires improvement on the human form. According to Leshin, children with Downs "suffer from two disadvantages: their mental abilities are limited and they have ugly facial features" and "until recently, children with Down syndrome could not escape the stigma of their characteristic facial features." (Leshin, 2000) The end goal, alleviation of suffering, endures not unlike the goal of the mothers flattening their daughters' chest. The goals stand noble and done only with the children's futures at heart, but do the ends justify the means when the children undergo a painful and traumatic procedure that they gave no consent toward²⁷?

In the case of the Downs children, Western culture appears much more forgiving. As early as 1935, at the advent of this idea, cosmetic surgeon and author Dr. Jacques Maliniak asserted that once a "child is aware of his disfigurement, the postponement of reconstructive procedures place him at a functional disadvantage and predisposes to the development of grave psychological disturbances as a result of the curiosity and taunting of other children." (Haiken, 1997, p. 115) Parents continue to echo the same argument, claiming that they opt in so that the child will not grow up asking why they were made to suffer, why their parents did nothing for them.²⁸ And as the child gets older, a value judgement of

²⁷ Leshin concludes his examination of the decision to pursue surgical alteration for Downs children with the caution that "being in use for over twenty years, there is still not a lot of solid evidence in favor of the use of plastic surgery in children with Down syndrome. As with all children, this decision finally rests with the parents. Parents should not be pressured into consenting to plastic surgery, and plastic surgery should never be considered to be a stand-alone therapy." (Leshin, 2000)

²⁸ Mothers especially push for the physical correction of the daughters, as women continue to make up the majority of cosmetic surgery patients, acutely aware of its effect on their social value in Western culture. Contests like the Miss America Pageant perpetuate this idea as its creation meant for "the first time on a national level, [the miss America pageant] confirmed that beauty was one, if not the primary, criterion by which American women would be judged and would judge themselves." (Haiken, 1997, p. 43)

appearance prevails which may damage their prospects and hinder them in social and intellectual development²⁹.

Growth of the Alteration Industry

Despite the intentions of parents and the general support of the licensed cosmetic surgeons, questions still remain on the necessity of altering the face of an infant for purely cosmetic means, particularly in the consideration of the numerous unregulated surgeries in this rapidly expanding field. Many procedures remain in relative infancy, with the long term results remaining unknown. In the 1960s, the silicone boom in the United States following reports of successful injections in Japan meant that women received weekly liquid silicone injections directly into their breasts. After this, the early implants, meant to look more natural, took over the market. Unfortunately, severe problems of silicone leaking into the body causing hardening, health and immunity problems, and gaping holes in the skin led to the eventual banning of silicone implants in 1992, leaving the market open for the current method of saline implants, still less than 30 years old. In addition to new materials, new surgical techniques continue to surface and become available. For example, Dr Professor Giorgio Fischer, pioneer of modern liposuction³⁰ and self-referred “sculptor of human flesh”, has his patients stood vertically during surgery in order to gage the effects of gravity on his work. (Plastic Surgery Story, 2003³¹) With both material and procedure mere decades old, the long term effects are still to be determined, yet the industry continues to grow and increasing numbers of individuals seek to alter themselves. Even liposuction, which eclipsed breast augmentation as the most requested procedure globally in the past decade, remains a dangerous procedure with “problems ranging from pulmonary embolisms [...] to uneven skin tone and texture [liposuction] has been judged hugely successful by doctors and patients alike” (Haiken, 1997, p. 290).

Cosmetic surgery now possesses such ubiquity that it comprises an “ordinary part of self- maintenance” (Plastic Surgery Story, 2003), and it is easy to see why. With the constant bombardment of media images of the ideal and with the notion that a certain aesthetic can pave the way to more successful social standing or career success, people want to pursue every option they have for an improved aesthetic.

²⁹ While the psychological benefits remain the primary consideration of the parents in this context of choosing physical alterations, the damages of such procedures should stand at the forefront. According to the American Psychological Association, “very few studies have been conducted to examine the safety and long-term risks of these procedures on adolescents--an age in which teenagers are still developing mentally and physically” and even fewer studies have examined the long term effects on younger children. (Dittmann, 2005, p. 30)

³⁰ The French surgeon Charles Dujarier occupies a position as the first to use suction to remove fat from a human body in the 1920s, but his practice discontinued after he operated on a Parisian model who died of gangrene contracted after the procedure. The procedure of liposuction underwent reinvention in 1974 by Italian gynecologists, Dr. Giorgio Fischer and Dr. Giorgio Fischer Jr. who developed a technique of an oscillating blade similar to gynecological instruments used for dilation and curettage. The procedure that Dr Fischer pioneered provided the basis for modern techniques (Ceatus Media Group LLC, 2016)

³¹ The advertisements surrounding this documentary were almost exclusively for surgeons, diet pills, diet aids, diet drinks, and images of the “ideal” (large breasted with a low percentage of body fat) women. Even surrounding a documentary on the history of cosmetic surgery, emphasizing its adolescence as a modern field and the dangers inherent in this, the viewer could not escape the message that their body required alteration.

People want to look younger, be more confident, live the lifestyle of the rich and beautiful, or if not, they want to fix that one thing about themselves in order to gain personal fulfillment and psychological contentment, especially at the price and availability the field offers. Fast-food style surgical centers sprout up across the United States, chains specializing in a single procedure in order to get the patient in and out with minimal recovery time at an affordable price³². Like the Ford assembly line transforming the mass production of cars, the streamlining of cosmetic procedures revolutionizes the industry of beauty and self-maintenance.

The decline of stigma as more people pursue surgical means of alteration means the field of cosmetic surgery continues to evolve and become ever more prevalent. Similarly to the advent of makeup and hair dye³³, elective surgery, once denied, hidden, or otherwise considered taboo, now no longer subsists under judgmental constraints, being discussed and sought after openly.³⁴ To quantify this, a 2014 survey by MSN concluded that 62% of women would be congratulatory, rather than judgmental or critical, toward a friend admitting to surgery, and another survey from American Society for Dermatologic Surgery, in 2014 “found that 52% of people are considering aesthetic treatments, up from 30%” in 2013 (Stein, 2015, p. 43). According to Sander L. Gilman, the “decline of the stigma associated with aesthetic surgery is keyed to the change in the stigma associated with mental illness. Both illnesses were socially unacceptable as they reflected the pain and anguish of the ‘invisible’ psyche rather than the concrete body [...but...] there is a new public visibility of aesthetic surgery [which acts against the stigma].” (Gilman, 1998, p. 11) Also like mental illness, surgery connects with psychoanalysis as the patient approaches doctor with symptoms and how they think it could be fixed. Surgery and modification persist as ‘psychology with a scalpel’.

The Meaning of Beauty When Everyone Is Beautiful

All this means that with the declining stigmas and increased availability and affordability, individuals from all social classes possess the ability to alter themselves to their own personal specifications. On the perfection spectrum, “medical notions of health, wellness, and normalcy have become destabilized and less attainable/through terminological slippages where health becomes operationalized; [...] Youth is considered healthier than mature age, often conflating looking young with health and beauty.” (Harris-

³² Although Lifestyle Lift, a 68 location chain for facelifts was recently dismantled after a too-rapid expansion, Sono Bello for liposuction and Bosley for hair restoration continue to succeed with 26 and 71 US locations respectively (Stein, 2015, p. 45).

³³ “In 19th century America, makeup was often sold under the counter because it was considered a tool of prostitution. In the 1930s when hair dyeing was new, women got their color done in the basements of beauty parlors so no one would see them and continued to do so for decades after; now 75% of women dye their hair. And 15 years ago, getting your teeth whitened made you a tool; now dentists throw in free whitener in the goodie bag along with the floss and toothpaste. It’s actually difficult to find a toothpaste that doesn’t include whitening” (Stein, 2015, p. 44)

³⁴ To an extent. According to cosmetic surgeon Dr Amy Bandy, there are “three kinds of cosmetic procedures, though they overlap: Sexualizing (breast augmentation), normalizing (nose job), and anti-aging (face-lift); the sexualizing ones are nearly wholly public, while the ones whose purpose is to appear younger are kept quieter.” (Stein, 2015, p. 46)

Moore, 2014, pp. 3-4) What initially began as beauty being a sign of the healthy has now devolved into beauty as a prerequisite for being healthy, and happy. With the technology and technique available now, it is not unreasonable to assume that all individuals (in Western society) will be able to undergo any changes that they see fit, making themselves ‘beautiful’ and ‘healthy’ and ‘perfect.’

The importance of this physical beauty diminishes substantially, however, when every individual pursues and achieves it through these artificial means. The quest for perfection can result in “an individual becoming a caricature of social trends or cultural values,” (Harris- Moore, 2014, p. 25) similarly to the human Ken doll, who sought perfection and achieved a hyper-perfect and inhuman beauty that mocks what he had initially pursued.³⁵ Alternatively, if all surgeries proceed to the ideal specifications, with all becoming beautiful while remaining human, this beauty will have lost its meaning³⁶. In the words of Sander L. Gilman: “if everyone were cast in the same mold, there would be no such thing as beauty” (Gilman, 1998, p. 39). When beauty loses meaning, the notion of cosmetic surgery as ‘psychology with a scalpel’ cannot rely on social constructs of beauty, and, again, must originate entirely from within the individual pursuing alteration. As shown in the studies conducted by Sarwer and Ed Diener³⁷, success of physical alteration depends on personal satisfaction with result and not societal reception or peer-perception. In response to this Joseph Patterson, a body builder and member of the Body Modification community, asserts that outer beauty should not even be considered as it relates to the social construction of beauty and perfection. In the conclusion of the Body Modification documentary *Modify*, Patterson states that “people try to modify their body for happiness, and happiness comes from within.” He goes on to assert that nothing on the outside can affect an individual’s happiness, if a person remains uncomfortable with who they are, then the pursuit is pointless. (Modify, 2005)

Further, in *The Critique of Judgement*, Emmanuel Kant investigates the beautiful and the sublime, concluding that laws cannot be created for beauty as taste lack universality (Kant, 1914)³⁸. With the advent of readily available cosmetic surgery, anyone can try to achieve their individual notion of beauty as part of a quest to increase psychological well-being. But, beauty exists as a social construct and thus

³⁵ In the words of Deborah Harris- Moore, “the irony is that in a culture where natural beauty is an ideal, multiple surgeries to reach that ideal appear increasingly unnatural [...proving] that perfection is a mirage that creates insecurities and endless goals of physical transformation.” (Harris- Moore, 2014, p. 25)

³⁶ This concept of meaningless homogenized beauty remains as important today as when exemplified in the Twilight Zone episode “Number 12 Looks Just Like You”, when a young girl contemplates the meaning of beauty in her society, where teenagers undergo a transformation in which each person's body and face are changed to mimic a physically attractive design chosen from a small selection of numbered models. The process gives everyone a beautiful appearance, but the main character decides not to undergo the process, concluding that everyone being beautiful is the same as being ugly, and the conformity of the process strips away individual identity. Essentially, when everyone is “beautiful”, the beauty of hideousness no longer matters, only conformity to a standard. (The Twilight Zone, Episode 13, Number 12 Looks Just Like You, 1964)

³⁷ Separate studies, refer to earlier references within the paper and references Dittmann, 2005 and Cascio, 2014.

³⁸ Kant references beautiful objects in his philosophical argument, but his conclusions remain applicable to the beauty perceived in individuals (Kul-Want, 2014).

cannot be defined truly by strict standard such as Western society has attempted through media depictions. With this consideration, the quest toward beauty perfection without pure self-motivation diminishes, and the pursuit could become a hollow reflection of societal standards.

Illustrations

Image 1: Crook, E. 2013. Detail of *And The Band Played On* [Wax and Mixed Media]. At: London: Gordon Museum, Guy's Hospital. [Online]. [Accessed 12 January 2016]. Available from: <http://www.eleanorcrook.com/>

Image 2: Crook, E. 2013. *And The Band Played On* [Wax and Mixed Media]. At: London: Gordon Museum, Guy's Hospital. [Online]. [Accessed 12 January 2016]. Available from: <http://www.eleanorcrook.com/>

Image 3: *The Nose Knows*. 2016 [Online]. [Accessed 20 January 2016]. Available at: <https://uk.pinterest.com/pin/419890365234359771/>

Image 4: Stelarc. 1985. *Sitting/Swaying: Event for Rock Suspension*. [Online]. [Accessed 20 January 2016]. Available from: http://stelarc.org/_swf

Image 5: Orlan. 1993. *Omnipresence* [Photograph of Surgery Performance]. [Online]. [Accessed 21 January 2016]. Available from: <http://www.orlan.eu/>

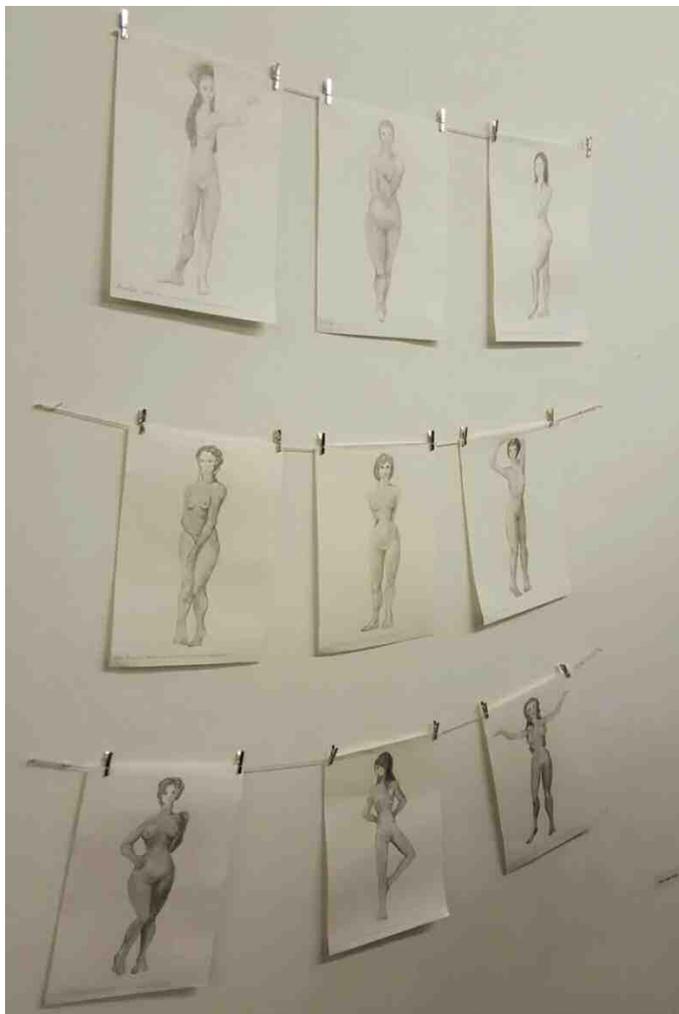
References

- Body Sculptors: The History Of Plastic Surgery*. 2003. [VHS] Chris Salt. Dir. Discovery UK.
- Cascio, T. 2014. Does Plastic Surgery Improve Emotional Well-being? 7 March. *Psychology Today*. [Online]. [Accessed 22 January 2016]. Available from: <https://www.psychologytoday.com/blog/hollywood-phd/201403/does-plastic-surgery-improve-emotional-well-being>
- Ceatus Media Group LLC. 2016. *History of Liposuction | Liposuction4You.com*. [Online]. [Accessed 25 January 2016]. Available from: http://www.liposuction4you.com/liposuction_history.htm
- Changing Faces*. 1998. [VHS]. Nick Finnis. Dir. UK: ITV.
- Crook, E. 2016. *Eleanor Crook: Waxwork and Anatomical Sculpture*. [Online] [Accessed 4 January]. Available from: <http://www.eleanorcrook.com/>
- Della Casa, P and Witt, C. 2013. *Tattoos And Body Modifications In Antiquity*. Zurich: Chronos.
- Dittmann, M. 2005. Plastic Surgery: Beauty or Beast?. *American Psychological Association*. [Online]. **36**(8) p.30. [Accessed 21 January 2016]. Available from: <http://www.apa.org/monitor/sep05/surgery.aspx>
- Elliott, A. 2008. *Making The Cut*. London: Reaktion.
- Featherstone, M. 2000. *Body Modification*. London: SAGE.
- Fey, T. 2011. *Bossypants*. New York: Little, Brown, and Co.
- Flesh & Blood*. 2010. [DVD] Larry Silverman. Dir. Independent film.
- Gilman, S L. 1998. *Creating Beauty To Cure The Soul*. Durham: Duke University Press.
- Gilman, S L. 1999. *Making The Body Beautiful*. Princeton, N.J.: Princeton University Press.
- Gao, Z. 2008. Gender Discrimination in Chinese Recruitment Advertisements: A Content Analysis. *Journal of Asia-Pacific Business*, **9**(4), pp.395-418.
- Haiken, E. 1997. *Venus Envy*. Baltimore: Johns Hopkins University Press.
- Harris-Moore, D. 2014. *Media and the Rhetoric of Body Perfection*. UK: Ashgate..
- Jeffries, S. 2009. Orlan's Art of Sex and Surgery. *The Gaurdian*. [Online] 1 July. [Accessed 14 Jan. 2016]. Available from: <http://www.theguardian.com/artanddesign/2009/jul/01/orlan-performance-artist-carnal-art>
- Kant, I. 1914. *The Critique of Judgement*. [Online]. 2nd Edition, revised. London: Macmillan. [Accessed 21 January 2016]. Available from: <http://oll.libertyfund.org/titles/1217>
- Kolle, F S. 1911. *Plastic and Cosmetic Surgery*. New York: Appleton.
- Kul-Want, C. 2014. *Philosophers on Art*. 14 October, Central Saint Martins, London.
- Leshin, L. 2000. Plastic Surgery in Children with Down Syndrome. *Ds-health.com* [Online]. [Accessed 25 January 2016]. Available from: <http://www.ds-health.com/psurg.htm>
- Lu, J. 2009. Employment Discrimination in China: The Current Situation and Principle Challenges. *Hamline Law Review*. [Online]. **1**(1), pp. 1-57. Available from: <http://ssrn.com/abstract=1371075>

- Miller, C C. 1907. *Cosmetic Surgery: The Correction Of Featural Imperfections*. Philadelphia: FA Davis Company.
- Modify*. 2005. [DVD] Jason Gary and Greg Jacobson. Dir. Independent film.
- Mumford, J G. 1910. *The Practice Of Surgery*. Philadelphia and London: W.B. Saunders Company.
- My Strange Addiction, Episode 37, I'm A Living Doll*. 2014. TLC. 1 January, 18:00
- Pitts-Taylor, V. 2003. *In The Flesh*. New York: Palgrave Macmillan.
- Siebers, T. 2000. *The Body Aesthetic*. Ann Arbor: University of Michigan Press.
- Stein, J. 2015. Nip. Tuck, Or Else. *TIME*. **185**(24), pp.42-48.
- Stelarc. 2016. *Stelarc*. [Online]. [Accessed 21 January 2016]. Available from: http://stelarc.org/_swf
- Suchet, M. 2009. The 21st Century Body: Introduction. *Studies in Gender and Sexuality*. **10**(3), pp.113-118.
- Taboo: Beauty*. 2011. USA: National Geographic. [Online]. [Accessed 20 September 2015]. Available from: <https://www.youtube.com/watch?v=oPvsTwe7Tbc>
- Taboo: Body Modification*. 2007. USA: National Geographic. [Online]. [Accessed 20 September 2015]. Available from: <https://www.youtube.com/watch?v=th4sQejXeXc>
- Taboo: Body Perfect*. 2003. USA: National Geographic. [Online]. [Accessed 15 September 2015]. Available from: <https://www.youtube.com/watch?v=4SemduijhOg>
- Taboo: Extreme Bodies*. 2012. USA: National Geographic. [Online]. [Accessed 17 September 2015]. Available from: <https://www.youtube.com/watch?v=sDcPianJR0o>
- The Plastic Surgery Story*. 2003. [VHS] Cat Lewis. Dir. UK: Chanel 5.
- The Twilight Zone, Episode 13, Number 12 Looks Just Like You*. 1964. CBS. 24 January, 19:00
- The Twilight Zone, Episode 42, The Eye of the Beholder*. 1960. CBS. 11 November, 19:00

Appendix: My Art Practice

The investigation of Cosmetic Surgery and Body Modification relates to my own practice as inspiration in theme and technique. The subject matter of the human body, anatomy and physiology, dominates my work, exploring the external beauty of the human body while exposing its equally beautiful functioning mechanisms lurking under the surface. Since beginning the MA Art and Science program, my focus on the human body evolved into a deeper investigation of cosmetic surgery, the ways in which the human form can be manipulated on the surface and what the pursuit of this beauty can mean.



“A Brief History of Beauty.” Mary Helen Mack. 2015

An example of my investigation of societally constructed beauty, and bodies manipulated to match it, can be seen in my piece on the history of the ideal. The images highlight the fluctuating standards of feminine beauty, the changing nature of the “ideal” that I discuss in the dissertation.

For a show entitled “You’re the Reason Our Kids Are Ugly”, I investigated the cosmetic surgery as it relates to culture as well as to biology and inherited traits in a piece of the same name. The triptych piece referenced the story of a Chinese woman who underwent extensive cosmetic surgery in the pursuit of beauty. After surgical completion to satisfactory results, the woman met and married a man without reference to her facial history. After producing a child, the man divorced her, citing that the ugly child she produced was the result of infidelity, and then on finding out the truth of her genetics and subsequent self-alteration, claimed the child’s appearance to be a result of false advertising. Though the story has

been proven false, an exaggeration made by a cosmetic surgery company proclaiming the realism of their achievable results, the tale rings true as it relates to a possible and increasingly likely circumstance. With the advances made in surgical technique and availability, anyone has the potential to be made beautiful, but the beauty becomes merely a reflection of societal standards and remains surface deep.



“You’re the Reason Our Kids Are Ugly.” Mary Helen Mack. 2015

Working in pencil, charcoal, ink, and watercolor as my primary mediums, each piece is hand drawn/painted, making each distinctive and one-of-a-kind, just like the human subjects I capture. The meticulous nature of the methodology I pursue, I feel, also reflects upon the practice of surgery itself, the steadiness and precision of the surgeon’s hands and the artist emulating.

In addition to the meticulous 2D media, I also am involved in a continued investigation of how the body and face can be manipulated and changed on the surface, even without the permanent effects that surgery can provide. In this endeavor, I take inspiration from Cindy Sherman’s Film Stills, a series in which the artist transforms herself, showcasing different types of women, and different types of beauty, that can be taken on.



“Imagine What I could do with a Scalpel: Ongoing Investigations in Changing Myself.” Mary Helen Mack. 2014- 2016

Outside of myself, I am continuing to investigate beauty as a diverse concept that relies primarily on its social constructs with a simple foray in street photography.

In addition to analyzing the human body through its physical existence, I am also interested in the less physical and more abstract facets of human existence. Early in the MA program, I researched the human brain, leading me to an exploration of psychology and eventual investigation into ‘psychology with a scalpel’ as I discuss in the preceding dissertation. I have been and am gaining understanding of the body both physically and mentally. My brief ventures into photo journalism produced a short film on social isolation and depression as well as a series confronting the popular social constructs of beauty. Beyond human anatomy, I hope to investigate humanity in my own practice.