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* Original Article

Health and cosmetics: the medicalization of beauty[1]

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Abstract
This article analyzes fieldwork data collected in Brazil and England, including press materials, archive data, interviews, and observations from plastic surgery clinics in São Paulo and London. This study examines plastic surgery for cosmetic purposes as an example of the medicalization of society and the expansion of consumer culture. Thus, this study centers on the following questions: What impact do perceptions of new body shapes have on subjectivity? For women, plastic surgery is a practice conditioned by historically and culturally constructed standards that associate femininity with a socially established beauty standard; could this practice also be understood as a source of individual power? Would it then be a source of personal agency?

Keyword: cosmetic surgery; cult of body; medicalization; consumer culture; agency; empowerment

Introduction

This study aims to contribute to a general understanding of the relationship between the body and society. Plastic surgery for cosmetic purposes is considered an expression of the *medicalization* of social behavior and the expansion of consumer culture. In light of insights from Mary Douglas (1976), who analyzed the social symbolism of the human body, we consider the body as an expression of society and everyday life modes, including the habits and standards that define normality and social acceptability within the social organization in which the body is embedded.

Moreover, we regard the body as a *communication locus*, both because of *body language/gestures* and *shape* and because the body *is culturally codified to operate as an indicator of social power and status*, according to Featherstone (1993:55). In this context, it is worth citing Bourdieu (2007), who demonstrated how body language is a marker of social distinction along three key dimensions: food consumption, cultural consumption, and *self-presentation*.

The growing demand for cosmetic surgery constitutes a heuristic phenomenon for the analysis of intersecting discourses on health and beauty, and it allows for reflection on two aspects of contemporary culture: the medicalization of social discourses and practices and the dissemination of two important principles that structure consumer culture, namely, seduction and volatility. On the one hand, plastic surgery is one of the most radical medical-surgical interventions on *body shape*, and on the other hand, it constitutes a form of cultural consumption that involves, above all, a symbolic, intangible dimension. Indeed, according to respondents, there is nothing tangible or concrete about what they seek when undergoing this type of surgical procedure. Rather, they emphasize beauty, status, social acceptance, well-being, and increased self-esteem.

The study was structured around fieldwork conducted in plastic surgery clinics in the cities of São Paulo, Brazil, and London, England, and data were collected from archive data and press materials, fieldwork logs, and, in São Paulo, interviews with doctors and patients. Based on the data collected, the similarities and differences in the meanings constructed and attributed to the practice of cosmetic surgery were examined in the socio-cultural contexts of both São Paulo and London, where body image is noticeably different.

As in Brazil, the absolute number of surgeries performed in Britain has been growing over the past decade. The highest increase (300%) occurred between 2003 and 2008; during 2008, 34,100 surgical procedures were performed for cosmetic purposes according to the British Association of Aesthetic Plastic Surgeons (BAAPS). According to Featherstone (2010:215), over 36,000 procedures were performed in 2009, which was a 6.7% increase from 2008. This figure is equivalent to approximately 60 procedures per 100,000 inhabitants. Regarding Brazil, according to an Ibope survey commissioned by the Brazilian Association of Plastic Surgery, 443,145 procedures were performed in

2009 for cosmetic purposes, which is equivalent to 233 procedures per 100,000 inhabitants.

The meanings of plastic surgery: utility and futility

An interesting survey of British women (Gimlin, 2007) provides some clues for a comparative analysis on the meanings attributed to plastic surgery in Brazil and England. In that study, the author noted that the idea of "necessity" pervaded the discourse of British women who were asked about their motivations for surgery. In many cases, they alluded to medical necessity, emphasizing the physical and/or emotional pain associated with the body before surgery.

Suffering can be materialized in bleeding, as in the case of a respondent who had her breasts reduced and complained that before surgery, she suffered from breast bleeding as a result of friction between clothing fabric and skin. In contrast, a respondent who had her breasts enlarged reported enormous suffering as an adolescent for not having developed like other girls. Problems in personal relationships were also reported by respondents, such as difficulty playing sports, sexual discomfort, and conjugal problems.

Another motivation for procedures such as liposuction was some respondents' inability to perform ordinary, everyday activities, such as the difficulty in finding clothes and bikinis suited to their body size.

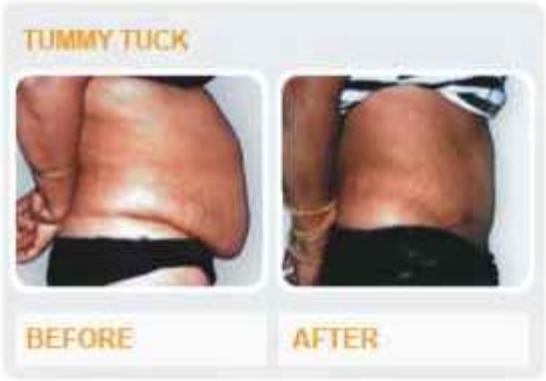
One respondent reported her inability to continue figure skating; she had skated since childhood but quit due to disproportionate breast development during puberty, giving up the dream of becoming a professional athlete in the process. Another British respondent reported that before surgery, she went jogging with headphones to avoid hearing comments, especially from men, about her large breasts.

The other statements by British women analyzed by Gimlin (2007) also articulated plastic surgery as a *necessity* – as opposed to *futility* – as it provided a means of social integration or a way to escape exclusion from daily activities. The pre-surgery body was always perceived as a source of disadvantage, an obstacle to daily activities that were supposedly more feasible for so-called "normal people". Based on this earlier study, we work under the hypothesis that the willingness to undergo plastic surgery simply to reshape the body and bring it closer to a particular ideal of beauty intersects with other principles that emphasize utility and downplay futility. These principles are indicative of the Puritan ethic, which is historically rooted in the English way of life.

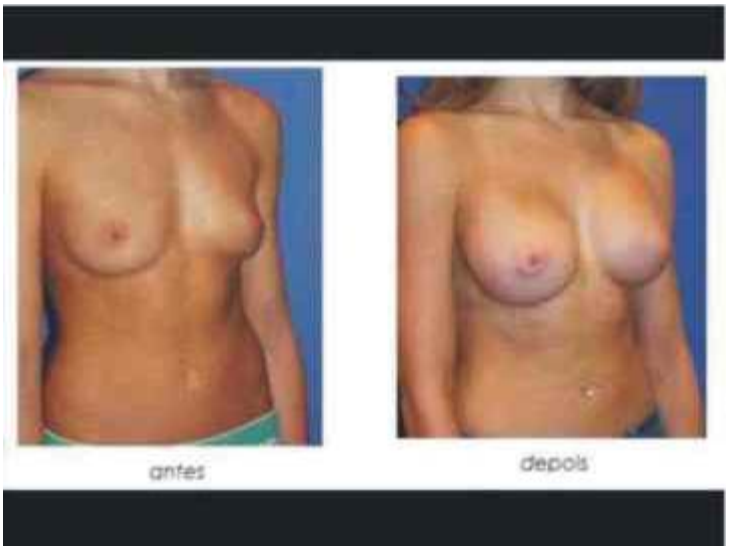
As for the advertising tactics used by British plastic surgery clinics, some are not very different from those used in Brazil. For instance, the old BEFORE/AFTER strategy is fairly common, as are personal testimonies and statements regarding the various changes experienced due to surgery.

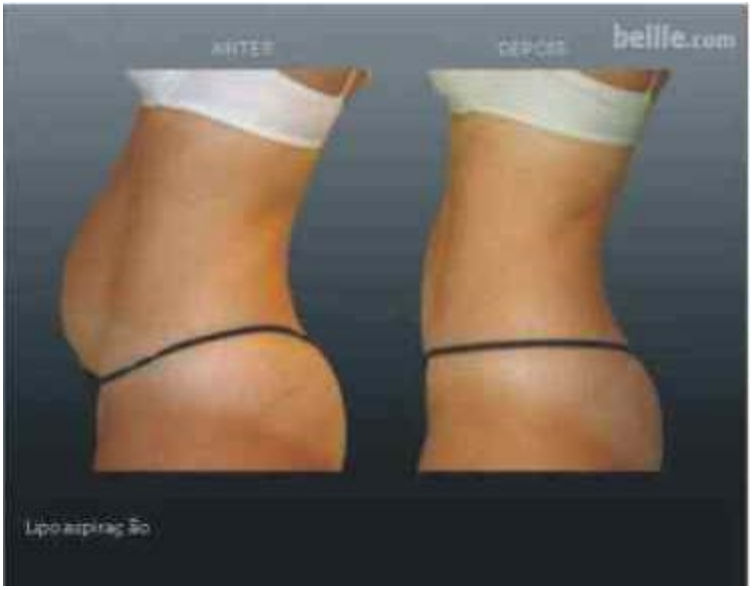
However, in Britain, these pictures are not retouched or enhanced by computer software such as *Photoshop*; for example, see the pictures below, which were taken from pamphlets at a British plastic surgery clinic . Surgery scars are visible as if to remind viewers that these changes are indeed medical-surgical interventions.

Please ensure that the original meaning has been maintained here.



In contrast, Brazilian ads are more likely to process images to erase surgery scars, and they usually depict more body parts. Body parts other than the one that underwent surgical intervention are sometimes shown, as in the pictures below, which were taken from the websites of two plastic surgery clinics in São Paulo.





* Liposuction pictures

Another marketing strategy is the advertisement of affordable prices to emphasize that costs are not an obstacle and that surgery is accessible to all. This strategy was observed in Britain in smaller proportions than in Brazil[2]. Below, a photograph of a poster displayed in a shopping center in Birmingham, UK, shows the price of procedures to persuade consumers. It is interesting to note that

the model is fully clothed, revealing only a portion of her breasts.

Ads for Brazilian plastic surgery clinics are rather different, as they expose the body in significantly less clothing than British ads, usually in a suggestive and seductive pose, as illustrated by the picture below:

Description
Weight loss formula.
Mini liposculpture.
Lymphatic drainage.
Botox.
Facial and lip fillers.
Peels for facial rejuvenation.
Anti-aging hormone (GH).
Breast enlargement without surgery.

The most direct advertising strategy observed in Brazil reflects the discourse of the women interviewed; these advertisements expose the body and manipulate it to draw attention to cosmetic changes while simultaneously eroticizing it. The fieldwork for the present study focused on a private clinic in the district of Ibirapuera, an affluent area in the city of São Paulo, and it reveals that the women interviewed assigned different meanings to the importance of plastic surgery in their lives, but they always emphasized cosmetic changes.

The interviews with women in the São Paulo clinic show that vanity and cosmetic concerns are discussed with less reservation by Brazilian women as compared with British women, and the reasons that women in the São Paulo clinic gave for surgery were associated with another person (e.g., to please or "keep" a husband or lover) as well as with self-confidence and empowerment.

In some cases, this quest to change the body in order to maintain a relationship seems extreme, as in the case of Diana, 43 years old, who sought plastic surgery to *improve her silhouette* because her husband was having an affair with a secretary. The doctor told her that *"Even with the best I can do, you will not be able to compete with a 22-year-old secretary "*. Diana left and never returned[3].

As we examined the circulating discourses and meanings constructed around the practice of cosmetic surgery in both countries, it became evident that there are fewer moral constraints in Brazil; indeed, cosmetic surgery is trivialized to the point where it may represent a type of *addiction*. Several interviews given in the clinic's waiting room pointed in that direction. After some positive surgical results, a patient may ignore the postoperative pain and return a few months later or the following year for additional surgery. This was the case for Janice, who came to the office saying, "*I don't want to cut myself, I'm about to be a grandmother and I just want to look good for my grandson who's arriving… I just want to improve a little"*[4]. After a facial peeling, which involves creams and acids, she noticed that her neck skin, where this type of treatment is not recommended, was much different than her facial skin. Thus, she decided *to go under the knife* and have surgery. Now, she is planning to have liposuction.

A similar case was observed with Matilde, a housewife who started managing her husband's car shop office after her two daughters grew up. The excerpt from her interview, highlighted below, shows how she slowly "got used to the idea" of surgery and how it entered her life as a consumer good to which she resorts ever more frequently.

> *"Ten years ago, when I saw my sister in postoperative pain after her liposculpture, I could never see myself doing something like that...I thought that was absurd, horrific...She was all purple, stitched up, in pain,having to walk crooked for a long time… I thought to myself: never. However, time passed, she got well, other people I know had surgery, plastic surgery got a lot cheaper...So I started thinking about fixing my nose, which always bothered me because it was too large and wide, so about three years ago, I got a nose job. I loved the result; it made me feel so good that I started thinking about a makeover, tummy tuck, firm up and enlarging my breasts....[and] starting to wear tight clothes again...And I started saving some money....Now I have had the liposculpture, [and] wow, radical!...I'm still struggling with recovery...I have had regrets...Just last week, I woke up crying one day; I could barely move in bed, in pain. I spent the whole day wanting to go back and undo [the surgery]...But I got*

better, and now I feel stronger every day[5]

This interview occurred 20 days after surgery. When asked if she would have surgery for cosmetic purposes again, the respondent replied:

> *"If I'd do another... I hope I can hold my tongue and don't have to do the belly, but my arms and neck, I think yes...I just didn't do it this time because the doctor told me I would lose too much blood."*[6]

This last excerpt of the interview brings us to what is usually known in the cosmetic field as the *As-syndrome* . As a *native category*, this expression was used by many respondents who claimed to have been *affected by the "already-here syndrome"* : "I'm *already here*, so let's take this opportunity and remove some from here, [and] put some there ." In some situations, the patient, consumed by a quest for perfection, is so excited about the possibility of "maximizing the purchase" that she forgets the risk. This is the case for Irene, who at 45 years old went to a clinic for liposuction and ended up undergoing liposculpture, a procedure that slims the waist by removing fat from the abdomen and injecting it in the buttocks or another region to be enlarged.

Without changes to eating habits, the body starts accumulating fat over time and frustration sets in. Irene, now 56 years old, returned to the clinic for another liposuction.

Fátima, 43 years old, also returned to the clinic a second time. In her first visit, she had her breasts enlarged and underwent liposuction. At the time of the interview, she wanted to have liposuction performed again. When asked how she felt about undergoing surgery twice, she replied: "*I don't care about postoperative pain; that it hurts, well it hurts...However, the pain goes away, and the results are great. The only problem is staring at the [receipt] my husband attached to the refrigerator door to remind me that I have to keep in shape"*[7].

This trivialization of risk,evident among the patients in the São Paulo clinic, was discussed by health professionals. When asked how patients were informed about the risks associated with surgical procedures, one doctor said:

> *"I thoroughly inform them of all of the risks and the necessary conditions for recovery, but patients have selective hearing. They do not want to hear this side of the story...However, I always say they face more risks to get to my clinic than on the operating table*[8]*."*

However, when this issue was raised with women who had undergone surgery, they stated unanimously that they had no idea they would experience such pain and that the doctors had not emphasized this issue in their preoperative appointments. Indeed, the risks are great, and surgery can be fatal. To minimize the risks, good anamnesis together with a battery of preoperative tests are imperative, such as an ultrasound to prevent the perforation of the intestinal wall when performing liposuction.

From the perspective of the surgeon, patient death is obviously the worst risk. One doctor recalled: "*Fortunately, I've never lost a patient on the table, but I had some [patients] with serious complications whose lives were at risk from the surgery.*[9] "One case involved a former nurse with whom the doctor had worked. She performed a liposuction, and the patient was admitted a few days later complaining of shortness of breath. The patient had a pulmonary embolism as a consequence of thrombosis, which is a trauma that may occur as a result of this type of surgery.

Another noteworthy case involved a patient who came to the doctor for liposuction. He was a *paquito* [10] and had to get in shape for upcoming television shows. He almost died on the operating table after anesthesia because he used drugs the night before surgery . In the words of the doctor:

> *"He stopped when I was brushing and getting ready for surgery. The anesthesiologist called me, everything was still...I went out and talked to his boyfriend, who reluctantly confessed he'd gone out the night before and taken drugs. After many hours, he woke up, rubbed his belly, found out he hadn't had surgery and got frustrated. I told him the reasons for not operating on him, and he replied that he'd rather have died having the liposuction."*[11]

A third case involved a secretary who developed postoperative sepsis. After much investigation, a simple tooth abscess was discovered, which had evolved into sepsis because of the reduced immunity that occurs during any surgical procedure.

Overall, plastic surgery represents a seemingly *magical solution* to personal problems regarding self-image in both Brazil and Britain. However, among Brazilians, there is a particular trivialization of risk, and there are fewer moral constraints around the practice of plastic surgery, which somewhat remove the need for a "plausible justification" for surgery. In contrast, there is a feeling of "shame" associated with cosmetic surgery among British respondents. This shame may result from the Puritan ethic that is more ingrained in the English *ethos*, which still enforces the notion of *necessity* – as opposed to luxury or *futility* – to justify this type of consumption.

Cosmetic surgery: a gender issue?

Plastic surgery for cosmetic purposes has always been most sought out by women. In 2010, 90% of the surgeries performed in Britain were on women, and the highest demand was for breast enlargement (Featherstone, 2010). According to the Brazilian Association of Plastic Surgery, 80% of such procedures in Brazil in 2009 were performed on women; 29% were for liposuction, while 19% were for breast enlargement with silicone-gel implants. It seems that men maintain a more reserved attitude toward their bodies and are ashamed to acknowledge concerns with their looks; indeed, these concerns are often deemed "girlish". For example, Antonio (2008) studied patients who received surgery at the University Hospital of Campinas, finding that the women in her study were less reluctant than men to acknowledge cosmetic concerns as a motivation for surgery. According to the author:

> *"The reasons for both men and women for surgery were also centered on psychological aspects, such as 'trauma', 'shame', 'low self-esteem'; but other categories emerged in the women's discourse, such as 'cosmetic reason or motivation' and 'vanity', which were associated with personal 'well being'. Some women mentioned their surgery as the 'big dream' of their lives, while others even likened themselves to models in fashion magazines. Meanwhile, the categories that were more associated with beauty concerns were not mentioned within men's discourse. The reasons given by men included personal and psychological discomfort, breast pain in gynecomastia cases, or being targeted for 'mockery' due to large breasts or ears. However, men's discourses tended to be more reserved, and those I interviewed rarely associated their surgery with cosmetic reasons as directly as I found in some women's discourses." (* Antonio, 2008:33)

The cultural and historical construction of gendered medical discourses has linked the female body, cosmetic practices, and medical practices.

The regulation and control of the female body has been widely discussed by Brazilian researchers who have used a gender studies perspective to examine the historical and cultural foundations of discourses surrounding gender difference and the medicalization of femininity (Del Priore, 2001; Rohden, 2001; Citeli, 2001). As discussed by Ribeiro (2003), this medicalization is today most highly expressed through the practice of plastic surgery for cosmetic purposes because it promotes the*framing* of the body into the current standards of beauty. Ribeiro (2003) also noted that this practice has been increasingly legitimated through a *psychologizing discourse*:

> *"[I]t appears that the medicalization of the female body that occurs through plastic surgery, both cosmetic and corrective, is no longer legitimated by the same biologizing medical discourse that in past centuries continuously determined what a woman should do to her fragile and frail body...today we've gone from the 'sick' body discourse, built on the 'myth of the mother-womb', to the [psychological] discourse."* (Ribeiro, 2003:7).

Any discussion on the control and regulation of bodies by medical science cannot ignore the contributions of Michel Foucault (1979, 1985), who is frequently recognized for highlighting the role of social control that biomedicine has historically played. With his notion of *biopower*, Foucault demonstrated how biological sciences, particularly medicine, have promoted the disciplining of the docile body, thereby assuming the role previously played by moral discourse.

Lipovestsky (2007) has alluded to an analogous phenomenon, although based on other theoretical assumptions, in discussing the *medicalization of consumption* as a feature of contemporary societies, which he called *hyperconsumption societies*. According to the author, the growing demand for health services and products indicates a shift in the meanings of consumption, which are currently more associated with the individual pursuit of pleasure and sensory experiences than status and social distinction. In his words:

> "*Nothing epitomizes the decline of the ethos of consumption for status better than the*

evolution of health-related demands and behaviors...medical expertise extends to all areas of life to improve its quality... While a growing number of activities and spheres of existence take on a sanitary hue, consumer goods increasingly incorporate the health dimension: whether food, tourism, habitat, or cosmetics, the health issue has become a decisive selling argument." (Lipovestsky, 2007: 53-53).

Meanwhile, another school of thought has suggested that plastic surgery can be understood as part of a body project (Giddens, 1997; Antonio, 2008; Le Breton, 2008), and that, as observed in this study, the surgery experience greatly impacts the patient's subjectivity and self-image. Many women discover or rediscover their sexuality as a result of surgery. In our study, there were cases of patients who enjoyed an enhanced sex life with their partner, while others became involved in extra-conjugal affairs. As one respondent said, "*my soul is changing after surgery; I have the soul of a whore."* This impact on one's subjectivity, which is associated with a change in physical appearance, alludes to the notions of power and agency. Would the decision to have plastic surgery then be an act of power, as proposed by Csordas (1996)? Or does it remain a way to objectify the body, peacefully surrendering to the beauty standards publicized by the media and the body cult industry?

In short, regardless of whether it entails a puritan-utilitarian justification or a narcissistic-hedonistic pursuit of beauty, plastic surgery is growing as a common practice, taking on a *naturalized* character. It is gaining strength as a method for giving meaning to life and for redefining subjectivities in a world where, in addition to the proliferation of the medicalization of behaviors, an emphasis on cosmetics occurs ever more evidently at the expense of ethics. This attitude is affirmed by the observation that the search for meaningful existence, and even happiness, includes the management of one's appearance through vigilant "self-observance" and the imperative of constant change. Certainly not by chance, this is indicative of two key principles that structure consumer culture: seduction and volatility.

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Notes

1 I am grateful to FAPESP, which granted me a Foreign Research Scholarship to conduct fieldwork in England.

2 It should be noted that the Code of Medical Ethics forbids the disclosure of surgery prices in Brazilian advertisements.

3 Log diary entry, March/2010.

4 Interview with Janice, 57 years old, on 04/12/2010. The names of respondents cited herein are fictitious.

5 Interview with Clotilde, 51 years old, on 02/10/2011.

6 Ibidem.

7 Interview with Fátima, 43 years old, on 04/26/2010.

8 Interview with Dr. LCG on 01/28/2010.

9 Ibidem.

10 *Paquitos* and *paquitas* are the dancers who assist TV presenter Xuxa.

11 Interview with Dr. L.C.G on 01/28/2010.