

**HAPPILY NEVER MARRIED**

MS. MAGAZINE

**Ms.**

SUMMER 2007

**BIRTH CONTROL  
PRICES GO UP, UP, UP**

**PLASTIC SURGERY  
Co-opts Feminism**

**1-2 PUNCH**

**Bush Court KO's Women's Rights**

SPECIAL REPORT:

**SEX & LABOR  
TRAFFICKING USA**

**BLUEGRASS  
LIBERATION**

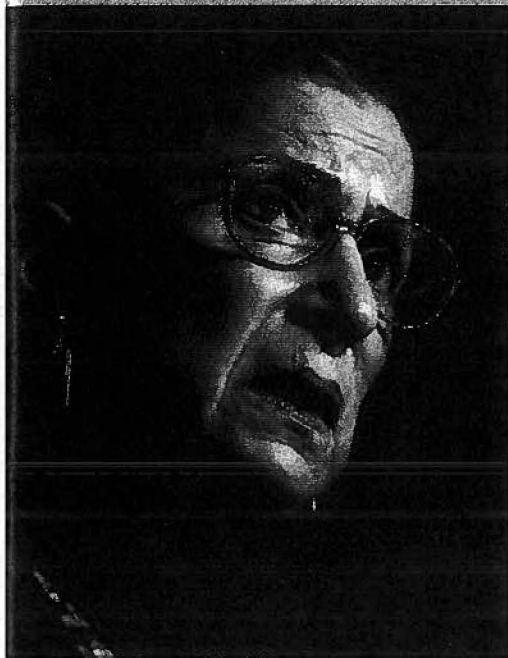
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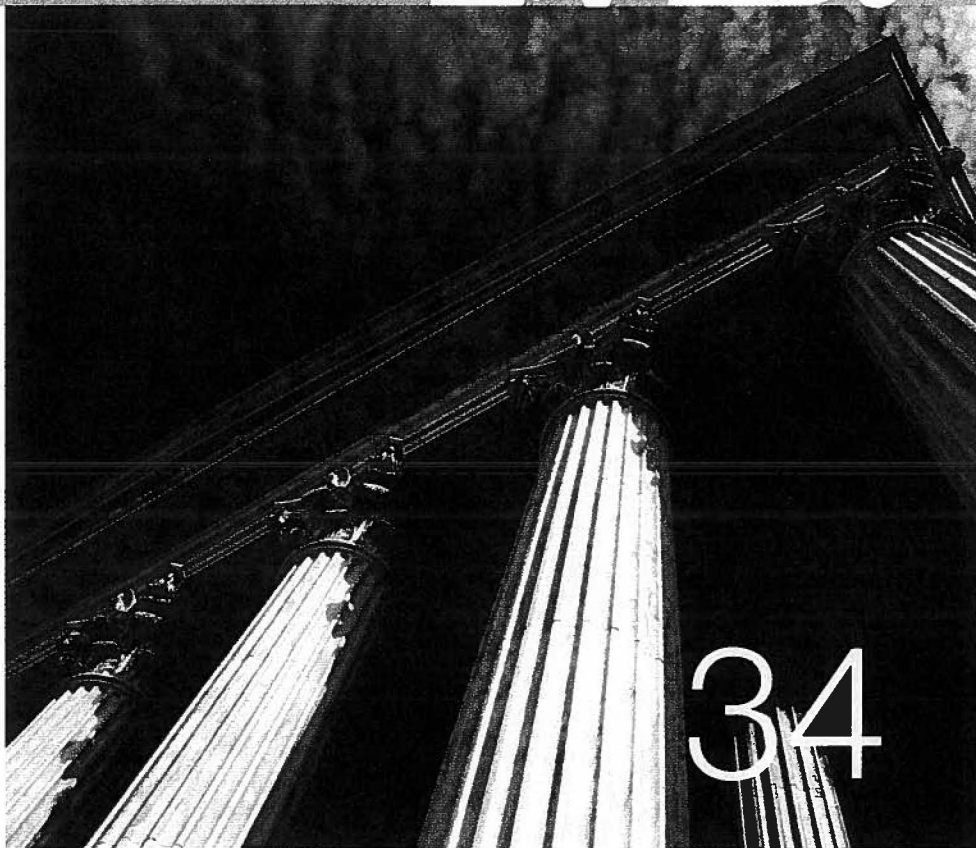
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"But the greatest dissents do become court opinions and gradually over time their views become the dominant view."

—JUSTICE GINSBURG



Supreme injustice ▲

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▲ Former labor slave Florencia Molina (left) with Imelda Buncap of the anti-trafficking group CAST.

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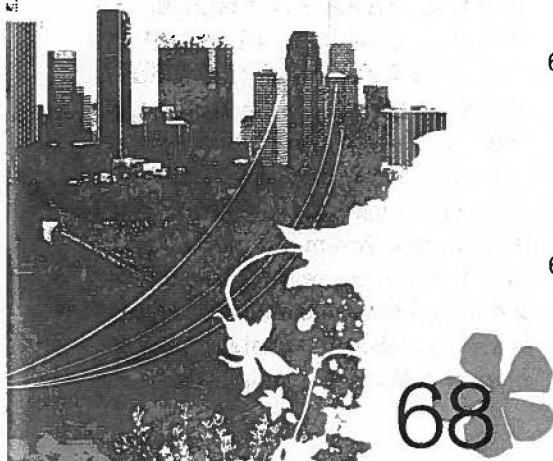
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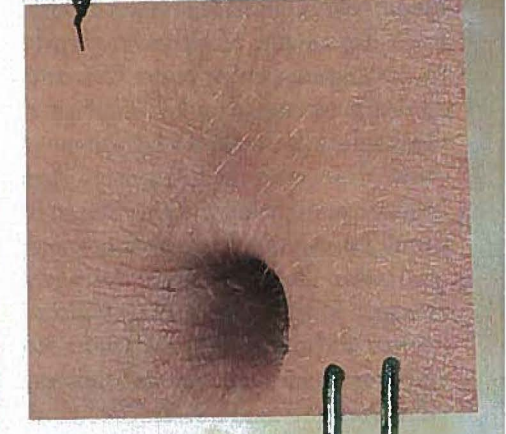
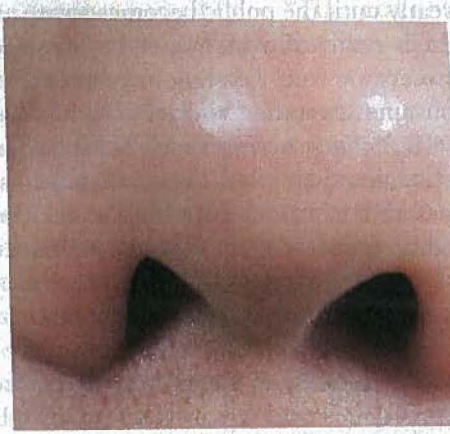
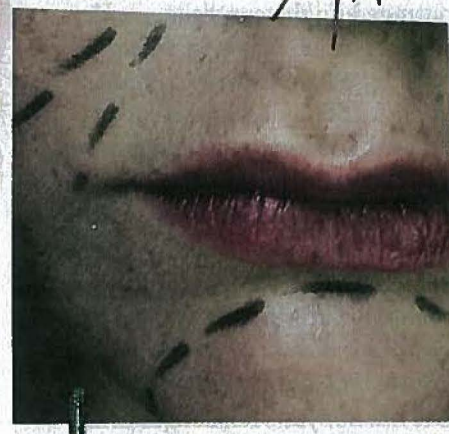
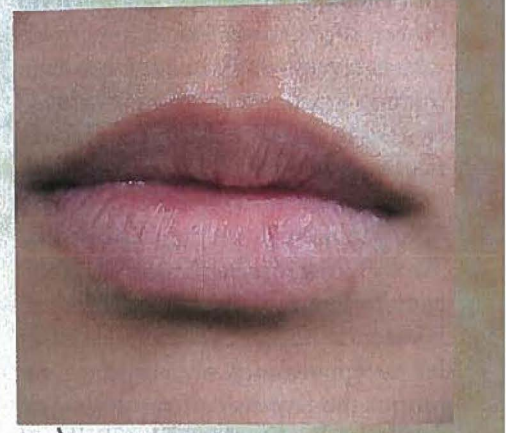
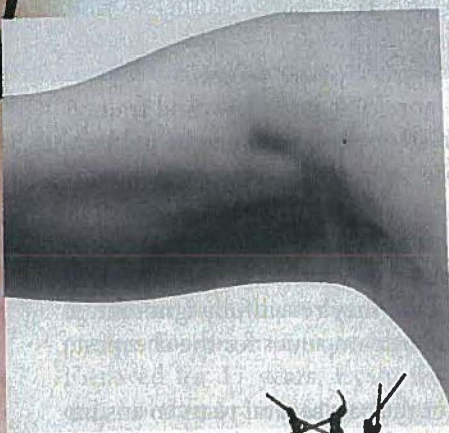
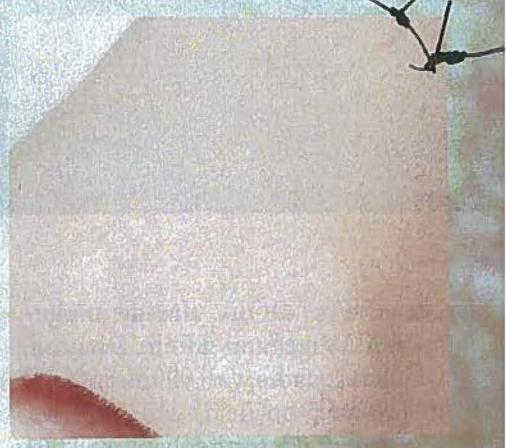
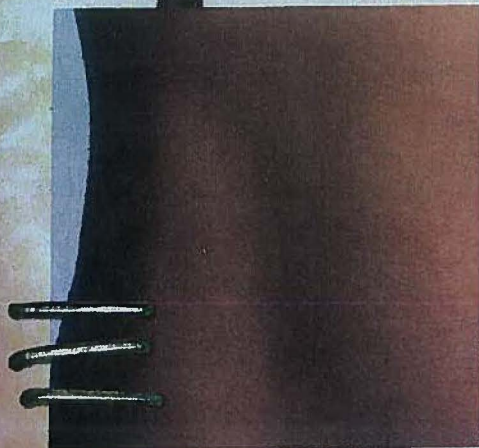
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STEVE GOLDSTEIN









# extreme / makeover: feminist / edition

How the pitch for cosmetic surgery co-opts feminism

BY JENNIFER COGNARD-BLACK

**T**HIS SPRING, *SIDEWAYS* STAR VIRGINIA Madsen became a spokesperson for Allergan Inc., the maker of Botox, as part of the company's latest campaign: "Keep the Wisdom. Lose the Lines." Quoted in *People* magazine, Madsen asserts that she's made "a lot of choices" to keep herself "youthful and strong": "I work out. I eat good foods. And I also get injectables."

In celebrity promos such as Madsen's, the current pop-cultural acceptance of cosmetic medicine is clear—and is borne out by the rising numbers of customers. Since 2000, the American Society of Plastic Surgeons (ASPS) reports a 48 percent increase in all cosmetic (elective) procedures, both surgical, such as breast augmentations, and minimally invasive, such as the injectable wrinkle-filler Botox.

It's debatable why cosmetic medicine has become so popular. Might it be the result of articles on "scalpel slaves" and "secret surgeries" that saturate women's magazines? Or could it be a result of makeover-focused reality TV shows that have proliferated since the 2003 debut of *Extreme Makeover*? Or perhaps it has to do with the presentation and tone of endorsements such as Madsen's.

Once considered clandestine and risky, cosmetic procedures are currently treated across a variety of media as if they were as benign and mundane as whitening your teeth. Advertisers, TV producers, publishers, PR personnel and even physicians themselves are touting it as an effortless, egalitarian way for women of all backgrounds to "enhance" their looks and "stay young."

Not only have cosmetic procedures become more acceptable, but they're being promoted in less sensationalized ways to whole new markets.

Increasingly, reality TV's Cinderella tale of surgical transformation is being replaced with a smart woman's narrative of enlightened self-maintenance. While *Extreme Makeover* and its imitators shame and blame ugly-duck patients in order for prince-surgeons to rescue them and magically unlock their inner swans through "drastic plastic" (multiple surgeries), other media sources now compliment potential customers as mature women who are smart, talented and wise. Such women are supposedly savvy enough to appreciate their own wisdom—but, then again, they should want to soften the telltale marks of how many years it took them to acquire it. "I am not using these injectables to look 25," Madsen insists. "I don't want to be 25. I just want to look like me."

Alex Kuczynski, a *New York Times* reporter and author of *Beauty Junkies* (Doubleday, 2006), calls these latest appeals "the new feminism, an activism of aesthetics." That ignores the work of feminists from Susan Faludi to Susan Bordo, who have argued for years against the global beauty industry and its misogynistic practices. Ironically, the term "feminist" has long been wielded by right-wing politicians, comedians and talk-show hosts as a pejorative label for a "masculine" woman who "lets herself go." Yet the cosmetic-surgery industry is doing exactly what the beauty industry has done for years: It's co-opting, repackaging and reselling the feminist call to empower women into what may be dubbed "consumer feminism." Under the dual slogans of possibility and choice, producers, promoters and providers are selling elective surgery as self-determination.

The cosmetic-medicine industry also appeals to the power of sisterhood. The blurb for a popular book entitled *The Smart Woman's Guide to Plastic*



*Surgery* (McGraw-Hill, 2007) describes the author, Jean M. Loftus, as a female plastic surgeon who will offer “compassionate advice for... any woman considering plastic surgery.” Similarly, the cover of the *Internet Guide to Cosmetic Surgery for Women* (Haworth Information Press, 2005) sports a collage of women’s faces of various ethnicities, suggesting that the reader is in this with her sisters. Women with supposed insider knowledge give other women advice and support on how to revamp their faces and bodies through surgery. (Does this make them “aesthetic activists”?) The implication is that the male physician, advertiser, network producer or cosmetic-medicine mogul has been sidestepped, and women are empowering each other to be more informed consumers.

Moreover, much of the media covering cosmetic surgery centers on the idea of *choice*. Parallel to Madsen’s insistence that using Botox is just another lifestyle choice with little difference from working out and eating well, *Cosmetic Surgery for Dummies* (For Dummies, 2005) promises that the reader will discover how to “decide whether surgery is right for you,” “find a qualified surgeon,” “set realistic expectations,” “evaluate the costs,” “make the surgical environment safe” and ultimately “make an informed choice.” The word “choice” obviously plays on reproductive-rights connotations, so that consumers will trust that they are maintaining autonomy over their bodies. Yet one choice goes completely unmentioned: The choice not to consider cosmetic surgery at all.

It seems that this pseudo-feminist message works. A recent survey published in the British weekly magazine *Grazia*, for example, found that over half of the 1,000 women in Great Britain who were polled (average age 34) expect to have cosmetic surgery in their lifetime. And that’s music to the ears of all those who benefit from women’s insecurities about their looks, for cosmetic surgery is big, big business.

The ASPS reports that in 2006, there were almost twice as many cosmetic, as opposed to reconstructive, procedures. Between 2000 and 2006, the number of abdominoplasties (tummy tucks) rose 133 percent, Botox injections were up 420 percent and there was a 55 percent increase in the number of breast enlargements. Thanks to the FDA

decision last fall to reapprove the use of silicone breast implants after a 14-year ban, it’s likely that even more women will now consider having enlargements (since silicone is considered to look and feel more “natural” than the now-common saline implants). All in all, in 2006 nearly 11 million cosmetic procedures were performed in America, and surgeons pocketed \$11.4 billion.

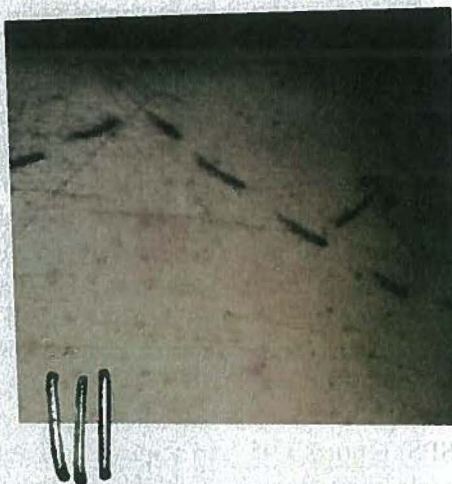
To ride the tide of this lucrative wave, cosmetic surgery is now being packaged and sold in conjunction with other leisure activities for “smart” women. In every major U.S. city, there are “medi-spas” offering one-stop beauty shopping,

from salon treatments such as pedicures to outpatient surgical procedures, including chemical peels and injectables such as Restylane (another face-line filler, marketed by the company Medicis). A company called Surgeon & Safari puts together medical tourism packages to South Africa that include airfare, hotel, meals, breast enlargement, a face-lift and a week at a wild-animal game reserve. And a new she’s-turning-40 gift among those who can afford it—or put it on their credit card—is a Botox home party with a house-call surgeon and five to 10 friends who all receive injections.

Within such a marketplace, some cosmetic surgeons are no longer just doctors: They are vendors. Thanks to a 1982 Supreme Court ruling, all physicians may openly advertise their wares, and cosmetic surgeons have become particularly adept at working with professional marketing consultants to brand and promote their practices. Some of these doctors offer financial plans—or “beauty banks”—to their patients, with zero interest, a revolving credit line or deferred payment options. Others agree to let their patients know about various corporate promotions—such as the Restylane Awards program, which gives points to “frequent fillers.”

To boost sales even further, cosmetic medical equipment and injectables are being sold to physicians who aren’t even cosmetic surgeons. One Maryland college professor found that out during her annual Pap smear appointment, when her gynecologist offered to “take care of her elevens”—unknit the “teacher’s frown” between her brows—with Botox.

The beauty industry has long traded on women’s body angst and low self-esteem as a means of creating perma-





nent customers. (Not that men don't have such issues, but 90 percent of all cosmetic surgery customers continue to be women.) These days, with consumers able to "choose" from among a dizzying array of procedures and providers, even the most minute areas of the female body are potential sites of worry and "intervention." Touted as cure-alls for aging and bodily dissatisfactions, surgical procedures have been developed to reduce "bra fat," to make over belly buttons, to "rejuvenate" vaginas after childbirth, or to achieve the "*Sex and the City* effect"—foot surgeries to shorten or even remove a toe in order for women to squeeze their feet into pointy shoes.

With the media's suggestion that cosmetic surgery for the discriminating consumer is almost as easy as choosing any beauty product, it's not surprising that the targeted demographic for cosmetic medical procedures has widened. Few seem immune to the sell, no matter what their income. In fact, according to an ASPS-commissioned study, more than two-thirds of those who underwent cosmetic surgery in 2005 made \$60,000 or less. Easy access to credit and the declining cost of procedures have brought even the working class into the market.

While the vast majority of customers continue to be Caucasian women, "ethnic surgeries" are also on the rise. In 2006, eyelid surgery that remakes eyes from ovals to orbs was one of the top three cosmetic procedures for Asian Americans. The No. 1 procedure for African Americans was rhinoplasty to slim wide noses, and at the top of the list for Hispanics were breast implants to mold cleavage into a "standard" shape and size. As Kim Gandy, the president of the National Organization for Women, points out, "The 'standard' created for Latina and African American women's bodies was established in much the same way that standards are created for women in the U.S. and Asia—through music videos, magazines, television and movies." In other words, the media pressures every woman—regardless of class, age or ethnicity—to modify herself in order to feel "normal."

The most graphic consequences of these trends are the stretched, alien, expressionless faces worn by certain celebrities and increasing numbers of "everyday" women. There are also the disfigurements and deaths that can result from surgeries gone wrong. While the ASPS keeps no statistics on botched procedures, permanent scars, severe reactions

to injectables, burst implants or deaths due to hospital-acquired infections or administration of too much anesthesia, the stories certainly exist. Indeed, Kuczynski devotes an entire chapter to "The Fatal Quest for Beauty."

But then Kuczynski ends her string of horrific examples by telling consumers to "educate themselves." Time and again even critical assessments of cosmetic surgery conclude in this way. Rather than grapple with the hard questions of whether such surgeries should be undertaken at all, or what the cultural forces are behind the pressures to undergo cosmetic surgery, even critical voices ultimately

reaffirm the industry's message: If the woman is an empowered consumer, she will be smart enough to shop safe. Ultimately, both promoters and detractors keep the question of choice to whether a woman will choose to do her homework, listen to other women and not overreach—in the words of Madsen, not try "to look 25."

At the end of *Beauty Junkies*, Kuczynski asserts that "looks are the new feminism." Yet it's feminists who have led the

fight against silicone breast implants when research suggested they were dangerous. It's feminists who have pointed out that a branch of medicine formed to fix or replace broken, burned and diseased body parts has since become an industry serving often-misogynistic interests. And it's feminists who have emphatically and persistently shown that cosmetic medicine exists because sexism is powerfully linked with capitalism—keeping a woman worried about her looks in order to stay attractive, keep a job or retain self-worth. To say that a preoccupation with looks is "feminist" is a cynical misreading; feminists must instead insist that a furrowed, "wise" brow—minus the fillers—is the empowered feminist face, both old and new.

For further information on feminists challenging cosmetic surgery, visit NOW, [loveyourbody.nowfoundation.org](http://loveyourbody.nowfoundation.org); About-Face, [www.about-face.org](http://www.about-face.org); and the Real Women Project, [www.realwomenproject.com](http://www.realwomenproject.com). ■



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