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The Myth of Choice: The Cultural Shift in Cosmetic Surgery

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The Myth of Choice

The Cultural Shift in Cosmetic Surgery

What comes to mind when you hear the words cosmetic surgery? The majority of the population would think of breast augmentations, liposuction, or rhinoplasties; but what about vaginal rejuvenation, labiaplasties, or pubic liposuction? In the United States, cosmetic surgery is undergoing a major cultural shift concerning the types of procedures done on women. Moving away from the outer, visible parts of a female body, cosmetic surgery is advancing to the inner and more private domains of a female body. Known as female genital cosmetic surgery (FGCS), these procedures are part of the larger cultural shift in the trends and practices women are choosing to have. Cosmetic surgery has been a part of Western society throughout history and has helped create and maintain the cultural standards and perceptions of feminine beauty. Accompanying these new trends in the field are certain negative implications not only for the women opting for the procedures, but for all women alike. I want to analyze what the normalization of these new cosmetic surgery procedures mean for women in the United States through an ethical and philosophical perspective and how they are being structured into the broader framework of contemporary society. In order to do so, the history of cosmetic surgery in the United States must first be understood.

All too often the early developments of surgical procedures go unmentioned. Many people in contemporary society take advantage of the access they have to technologically advanced medicine and surgery; however, in order to understand the underlying meaning of the current trends in cosmetic surgery, we have to first look at the early onset of such practices. The word plastic stems from the Greek word *plastikos* (Henderson-King & Brooks, 2009), meaning
to shape or to mold. It is in this sense, then, that reconstructive plastic surgery is any procedure done to correct visible physical deformities of the human body. Cosmetic plastic surgery, on the other hand, is any procedure that changes the physical appearance of the human body as a form of self improvement or enhancement. Plastic surgery dates back 4,000 years and was originally developed as a way to meet the reconstructive needs of wounded male soldiers (Henderson-King & Brooks, 2009). The types of procedures seen in history are more reconstructive in nature; surgeons repaired cleft palates, repaired damaged earlobes of soldiers, and performed mastectomies. By the early twentieth century, surgeries became more commonplace in society and the development of cosmetic plastic surgery was making a break through. In a recent data collection from 2009, the most common types of cosmetic surgery procedures for women are; breast augmentation, liposuction, cosmetic eyelid surgery, abdominoplasty (tummy tucks), and breast reductions. Statistically speaking, over 90% of the consumers of cosmetic plastic surgery are women, 44% of consumers are between the ages of 35-50, racial and ethnic minorities make up roughly 20% of consumers, white Americans are more likely to consider cosmetic plastic surgery than are nonwhite Americans, 55% of consumers have an income of $50 - $75K, and about $10.5 billion was spent in America last year on these cosmetic surgery procedures (ASAPS). This information points to the underlying factor in cosmetic surgery trends; the standards and perceptions our culture creates as a way to define what is beautiful.

Today's women face an enormous amount of pressure to attain what society deems physically beautiful, a representation that is almost impossible to achieve. Young girls and older women are being socialized by the culture, the media, friends, family, etc. to concentrate on their physical appearance and constantly work to improve their current condition. By internalizing the gendered sociocultural messages about appearance, women are continuously aware that they are
being evaluated by others primarily on how they look. Furthermore, when they take necessary steps to improve their outward appearance, they receive positive evaluation that they reflexively interpret as a personal source of accomplishment. Bartky (1982) speaks of the “fashion-beauty complex”: the combination of the media, celebrities, and techniques that all work together to create and maintain an idealized perception of what is feminine and beautiful, as a main expression of capitalist patriarchy. When women receive the gaze of the “other”, it can manifest itself in the form of recognition from an important figure in her life or in this fashion-beauty complex. While the apparent goal of this is to glorify the female body, it is actually a pathway that reinforces the actions that women take to constantly work on their bodies. The fashion-beauty complex turns the body into a project for women to work on as they are being constantly reminded that they fail to measure up to what culture declares acceptable. A strong connection can be made between Bartky’s fashion-beauty complex and an idea proposed by Mills (1997), the black inferiority complex. According to Mills, society was established on a racial contract, or an agreement between whites over nonwhites. He goes even further by arguing that white supremacy has existed for several years and needs to be thought of as a political system, due to the Western ideals and the importance of the creation and maintenance of a white identity. As a result, the black inferiority complex surfaces in which nonwhites are taught to self-loath their outward differences from the elite white citizens. This complex creates a kind of racial and cultural norm in which the degree to which nonwhites show themselves capable of mastering nonwhite Western Culture determines their social standing and personal satisfaction. While a full analysis of Mills’ racial contract theory is beyond the limits of this paper; a parallel can be seen between the fashion-beauty complex, in which the patriarchal society creates the task for women to reach what society deems physically acceptable, and the black inferiority complex, in which
the white supremacist society makes nonwhites feel inadequate in comparison to white citizens while creating the task of adapting white values. Overall, this fashion-beauty complex, or the greater cultural messages, creates a vicious cycle that locks women in the never-ending undertaking to become “beautiful”, a neutral term that sounds broad and inclusive of many traits, but implies a very specific representation of physical attractiveness.

Not only are women faced with these implicit messages, but the language our society uses to talk about the female body as well as the increasingly mainstream pornography industry also conveys messages about ideal beauty (Braun, 2010). Medical professionals and the general public use words that imply pre-existing defaults of the natural body such as “restored” labia minora or “correcting” one’s breast size. This kind of language reinforces the idea that there is such thing as a normal or correct way for the body to look. Similarly, the pornography industry presents images of the female body that determine women’s self conceptions of the status of their own bodies. Because these images are becoming more mainstream; women are increasingly exposed to not only the unrealistic representations of outer body parts (i.e. breasts, abdomens, thighs), but also to private body parts (such as the vagina). As a result, they internalize a representation of what almost every personal part on their body is supposed to look like based on what the media and the pornography industry portray as normal. Our culture provides numerous avenues for messages of what constitutes ideal beauty to take in order to reach the minds of women, so much so that “there is no area of the body that is not accessible to the interventions and metamorphoses performed by cosmetic surgeons intent on creating twentieth century versions of ‘femina perfecta’” (Morgan, 1991).
While procedures such as breast augmentations, liposuctions, and rhinoplasties have been the most common forms of cosmetic plastic surgery in past decades, society is seeing a shift in the current trends of such procedures. Commonly called “designer vagina” procedures, female genital cosmetic surgery (FGCS) has become increasingly popular and includes labiaplasty, vaginal tightening or rejuvenation, pubic liposuction, hymen “reconstruction”, and G-spot amplification (Braun, 2010). These all have the primary goal of improving and changing the aesthetic component of a woman’s genitalia. The concept of improving female genitalia is far from new, though the aesthetic component is. Throughout Western history, a woman’s genitals were viewed as a part of the body able to be surgically changed in order to fix sexual or psychological “problems.” In many of these instances, the women and girls were not aware of the procedures and/or did not give consent. Today, however, these same “problems” no longer exist and women are choosing to get surgery. Some say this is just one more way that our culture victimizes women while others argue that it is a way for women, their genitalia, and their sexualities to finally get the attention they deserve. Regardless, FGCS marks a major cultural shift in the cosmetic surgery industry and the procedures stem from the lasting Western value of the “tight” vagina (Braun, 2010). With the late 1990s and early 2000s, magazines and media coverage brought stories of FGCS procedures into the public eye, and current research shows that labiaplasty is the most popular of all FGCS procedures. Sometimes referred to as labial reduction, this procedure reduces the size of the external folds of skin around the vulva called the labia minora. Often associated with labiaplasty are hoodectomies, procedures that exposes the clitoris in order to heighten sexual arousal. The majority of patients requesting labiaplasties are in their 20s or 30s, but requests range from teens (sometimes as young as 10 years old) to people in their 50s through 70s. However, the majority of patients requesting vaginal tightening are in
their 40s and 50s. Whatever the procedure, FGCS is making its way into the public discourse and into the realm of “normal” social actions, leaving lasting impressions on the ways in which women view themselves. As feminist author Kathryn Pauly Morgan states, “now we are coming to know the knives and needles of the cosmetic surgeons – the knives that promise to sculpt our bodies, to restore our youth, to create beauty out of what was ugly and ordinary. What kind of knives are these? Magic knives in a patriarchal context...in a Eurocentric context...in a white supremacist context. I am afraid of these knives” (Morgan, 1991).

When investigating the current shift in cosmetic surgery, not only do the newly popularized procedures need to be examined, but what this cultural shift means for women is also essential to the discussion. Therefore, I am attempting to integrate both an ethical and feminist analysis of society’s standards for beauty and the implications cosmetic surgery and FGCS have on women. Lastly, I want to conclude what avenue is the correct option for women regarding such procedures, given the ethical framework.

As previously mentioned, FGCS procedures are viewed by some as one more way women are victimized, while others see them as a way to bring about deserved attention to women’s genitalia and sexuality. On the surface, advocates of FGCS make promising arguments; however, a deeper analysis of the implications these procedures have on today’s women is necessary in order to show the harsh reality of this cultural shift in cosmetic surgery. Because of the patriarchal society we live in, women are constantly striving to alter their appearance in order to improve their esteem and enhance their social standing. When they do not live up to what our culture deems acceptable, they suffer several negative consequences such as body image issues, eating disorders, depression, and a lack of self-esteem and self-worth. This is where we see more
and more women turning to cosmetic surgery as a solution to their own problems; however, the problem is not how women feel about themselves, it is what instigates these feelings in the first place. And, while undergoing potentially dangerous surgeries may result in positive individual outcomes, it is not going to resolve the problem of our culture creating a vicious cycle in which women continuously feel inadequate as a person based on their appearance alone. Much research has been conducted on the physical implications cosmetic surgery and FGCS has on women’s bodies, but the psychological implications often go un-reported.

Morgan (1991) mentions several justifications for why women may opt to undergo FGCS, and then proves these justifications to be false or morally unjustified. First, many say that FGCS is a choice that women are free to make, a choice that enables them to create a unique, personal identity. However, this is not the case. Cosmetic surgery, including FGCS, is another route individuals take to conform to Western ideals of beauty. Women go to cosmetic surgeons and ask for “Playboy-pretty outer vaginas” (Braun, 2010), African American women ask for procedures that lighten the color of their skin, and Asian American women ask for reformation of their eyes. Therefore, it is obvious that, while they may not be consciously aware, these women are actually conforming to the Western cultural standards and not making a free choice. Rather, women are being coerced into these procedures and conforming to sociocultural expectations, not creating a unique and personal identity.

Second, advocates of FGCS and general cosmetic surgery state that they elect to get surgery in order to liberate themselves, to mitigate the natural aging process and rid themselves of the expensive cosmetic tools to appear younger. Morgan on the other hand argues that this is not liberation, but colonization. Cosmetic surgery takes the most primitive and natural thing we
have, the body, and transforms it into an object that our colonizing culture uses in terms of appearance standards, eroticism, fertility, etc. From a more radical feminist perspective, today’s society is engraved in a highly patriarchal institution in which men hold the power over all social areas. Men have the power to dictate and maintain the transformations of the female body through different bodily practices as well as cosmetic surgery. This colonizing form of power, according to Morgan, is reproduced by the women who adhere to the ideal beauty standards. Therefore, women who elect to undergo cosmetic surgery are not liberating themselves, but are engaging in the colonization of their own bodies through the male-dominated patriarchal system.

The third argument Morgan diffuses is the argument that women rationally and electively choose to undergo cosmetic surgery, without any sort of external pressures. Technology and medical professionals create the belief that they are simply increasing the range of women’s choices; however, the reality is that there is a direct relationship between the pressure to be beautiful and the supposed elective nature of having cosmetic surgery. The pressure lies in the use of the increasingly popular technologies of cosmetic surgery that are being viewed as normal in the eyes of society. As these procedures are normalized, the women who choose not to undergo surgery are becoming stigmatized as not being liberated; as Helena Rubinstein puts it, “there are no ugly women, only lazy ones” (Bartky, 1982). Furthermore, the phenomenon of cosmetic surgery trends and procedures that undermine natural bodies and create youthful bodies creates a pathological inversion of what is defined as normal. It is in this sense, then, that Morgan argues that women themselves are not electively choosing to get surgery, but it is the pathology and medicalization of women’s bodies that coerce women to “choose” cosmetic surgery.
These implications and feminist perspectives lead us to the final question of what women can do given the amount of pressure from society to attain what has been constructed to define normal and beautiful. There are feminist responses to the culture of cosmetic surgery that aid in the development of such an answer. One response is for women to refuse the products and procedures the cosmetic industry continues to supply and market as necessities for identity and personal success (Morgan, 1991). If this response is practiced on a large scale, the cosmetic industry could perhaps return to dedicating their services to victims of severe burns or to the crippled limbs of arthritic sufferers, referring to the history of why such procedures surfaced in the first place.

Another answer to this final question lies in our ethical obligation to question technologically advanced cosmetic procedures that do not have proper and adequate evidence surrounding their successes and risks yet continue to make billions of dollars each year. Our society needs to understand that cosmetic practices, especially FGCS, are not solutions to genital distress based on appearance. Therefore, not only do changes need to be made to the procedures, but ultimately to the psychological factors driving women’s decisions to undergo such surgeries (Braun, 2010). The size of a woman’s labia does not reduce self-confidence, the mind does, and the mind creates this self-perception from the sociocultural messages that “smaller and tighter is better.” The source of a woman’s self-esteem and self-confidence need not lie solely on the status of her vagina. Regardless, debates surrounding FGCS and cosmetic surgery are still present and to say one is better than the other will not solve anything. Rather, we can settle on agreeing that while these procedures can make women feel liberated and less distressed; at the same time they can create yet another worry for women and another norm to live up to. Therefore, the shift in cosmetic surgery is at the same time positive and harmful for women.
Works Cited


