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Thinking Gender Paper
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The Virtual Aesthetics of Cosmetic Surgery: The Pleasure in Imagining the Body Morphed

[1] Cosmetic Surgery, photography, and image manipulation have been intertwined since the inception of the medical field. The before and after surgery photo is central to the way surgeons communicate their goals to patients, who are overwhelmingly women, and to the public at large as a marketing tool. With computers and digital image manipulation programs, a third type of image has emerged—the simulated post-op photo.**[2]** In this simulation, a photo is taken before a plastic surgery. The patient discusses with the doctor how she or he would like to look after the surgery and what parts of the body they would like to change. The doctor then takes the their photo and digitally manipulates it to the patient's specifications—either by changing the shape of the nose, enlarging the breasts, decreasing the size of the stomach or any of a number of other digital plastic surgery operations. In the process of creating these images, patients are able to test out their potential new bodies and learn more about how plastic surgeons discuss and evaluate the human form.

The Technologies:

Many of the digital image manipulation technologies that are commonly used by and made specifically for plastic surgeons are only slightly different from consumer programs like Adobe Photoshop. There are even a variety of online tutorials **[3]** for showing doctors or

prospective patients how to use photoshop to manipulate bodies for this purpose, in the same way a magazine editor might change the shape of a cover model. The technology is basically the same but while magazine photo editors do not necessarily need to make sure that the stick-thin, top-heavy bodies in their manipulated photos could sustain human life, this is the priority in a medical context **[4]**. To this effect, these tutorials stress ways in which to physically change bodies in minimal ways that will provide the largest improvements to their looks. At the same time, these tutorials stress the need to make sure that the person in the photo can be easily identified after the edits as part of the challenge is to make these artificial cuts look as natural as possible.

Along with do it yourself tutorials, there are several sites which ask the user to send in photos of themselves along with instructions on what they would like to change. **[5]** For somewhere between $19.99 and $49.99, these site will send back a modified image of what you would look like if such changes were implemented. While there are sites that only offer this service (like BeautySurge and MakeMeHeal.com), there are also many sites that specialize in image restoration and retouching, who offer the ability to modify a person's image in old photographs and suggest that "the same skill-set can be used to make cosmetic surgery corrections" from correcting skin flaws to changing a body's shape.[1] These sites stress that anything, any kind of manipulation is possible in a photo and also suggest that image manipulation is a viable alternative to actual cosmetic surgery, especially when the changes you want to make are somewhat minimal and would not necessarily be noticed by someone meeting you in real life for the first time.**[6]** In an era when a great deal of socializing occurs online

[1] http://www.repair-photo.com/photo_retouch.htm

through sites like Facebook and various online dating programs, this possibility seems at times to be entirely feasible.

Along with these programs which are meant to be used by those thinking about plastic surgery from the comfort of their own home, there are a variety of programs made specifically for the plastic surgery office. At the low end of this range are $1,000 programs like AlterImage, **[7]** a slimmed down Photoshop-like program that is supposedly easier to use and has special photo editing tools for body manipulation. At the high end are $40,000 and up programs that include servers for storing the pictures, on site technical support, and most importantly, special cameras and software that allow for full 3D models of patients.**[8]** While these 3D programs allow for a more thorough range of manipulations and are good for getting a sense of how depth and bodily curves will be affected by specific surgeries, their resolution is nowhere near as detailed as the 2D images and they are much more difficult to use.

Examples of Use

In talking to three different plastic surgeons from the San Francisco Bay Area about how they use these technologies, they each pointed out that the regular software and 2D images are more than adequate for their uses and for their main purpose of communicating with the patient in a visual way what changes they would like to make and whether these changes are feasible. These three surgeons also made it clear that there is no real consensus on how best to use these programs. One said he used these programs all the time and that he found that they allowed him not just a better way to communicate his ideas to his patients, but it also helped him to better perform surgeries because it gave the patient a chance to point out aspects of his or her body that the doctor had not fully appreciated **[9]**—in general, his use of the technology helped to make the

patient a more active participant in the surgery and helped to make the surgery itself more customized to both the patient's body and wishes.

Another surgeon stressed that he felt the technology was only useful in certain circumstances and with certain body parts. He used it all the time with rhinoplasties because he found patients tend not to know exactly what they want when they ask for one, and do not necessarily know how to communicate their desires in general—A patient saying that he or she would like a smaller nose could mean any of a number of things.**[10]** With other surgeries, such as liposuction and facelifts, he pointed out it was often simpler to just use a mirror and manipulate the body parts by hand. This surgeon rarely used the technology to facilitate a back and forth discussion of possible alternatives to how the body might be modified. He viewed the technology as mainly being for the patient as he could already see the changes that he would make as soon as he looked and touched the patient's nose. His patients may come into the office with a particular idea of what kind of nose they would like, or perhaps a picture of a celebrity's nose, but this surgeon used the imaging technologies to steer the patient away from these possibilities if he felt they would not look good, and toward alternatives that he thought would work better. He also used the software to show other areas that could be changed in tandem with the body part they were already thinking about modifying—his example was an Asian patient who asks for more of a bridge to her nose: "I show [her] an augmented bridge on her profile and usually talk about refining the tip at the same time. Bottom line is that I am able to define changes better than vague suggestions about making the nose larger, smaller, thinner, etc. An average patient might have two things on his shopping list - after our consultation, there might be 5 changes to consider."

In feminist discussions over cosmetic surgery, there tends to be two camps. The first describes plastic surgery as sexist and racist, in that it defines what is beautiful around a largely homogenous western white stereotype and demands that women conform to it through a rejection and destruction of their natural bodies (Balsamo).[11] The second sees plastic surgery as potentially liberating and as a way by which women can take personal control over their own lives by allowing them to better make their bodies fit their own sense of self (Kathy Davis) [12]. This disagreement is apparent to some degree in my discussions with these two surgeons.

The question of whether the surgery is viewed by the patient as a dominating or liberating experience is both dependent on and visualized through the way these image manipulations are performed. This is not to say that cosmetic surgery is really one or the other (dominating or liberating)—it is obviously a much more complicated issue than that—but rather I mean that the patient's experience of their own surgery can be greatly shaped by these technologies. Indeed, on many of the websites for these digital plastic surgery programs, **[13]** they advertise not just their ease of use and ability to make communication between patient and doctor easier, but also and perhaps more importantly the fact that there software is fun and patients enjoy it.

In her article "Beyond the Body, Orlan and the Material Morph," **[14]** Victoria Duckett describes how the French performance artist Orlan, through her many surgeries has embodied to an extreme level a sense of endless possibility and mutability. Duckett argues that this sense of bodily possibility and morph-ability is usually shut down by most discourses on cosmetic surgery that focus on the before and after photos. These photos, according to Duckett, hide the underlying physical pain and work that goes into the transformation from one picture to another **15]**. I would argue that the creation and manipulation of digitally altered photos to some extent causes a similar feeling of endless possibility for the patient as they see how their bodies can take

any of a number of forms, though without having to commit to any one in particular. While the patient will probably eventually choose one particular form to surgically transform into, he or she will know that the shape they chose was not the only one open to them.

These altered photos also serve as an interesting artifact of the surgery that calls attention to the work done during surgery.**[16]** First, as the surgeon manipulates the image of the body, he or she will point out those changes which cause the least amount of transformation to the body while doing the most to make the body look more healthy and beautiful in their eyes. The other incentive for working in this manner is that these minor changes also cost the least, and while the body is theoretically very mutable, it can realistically be stretched only as much as one's checkbook allows. While these pictures do not show the black eyes and bruises that result from many of these surgeries, they do make the underlying work done obvious to the patient through each changes monetary value, a more abstract but perhaps also incredibly important metric for measuring the amount of work done during surgery.

Furthermore, after surgery these photos are compared to actual post-op photos and the differences analyzed and discussed. The differences between these photos are artifacts of how the body resisted being reformed into the shape which the doctor and perhaps patient had imagined for it.

The last surgeon I talked to said he simply did not use these technologies at all because he thought they implied a warranty of the outcome. Most, if not all surgeons make sure to specify this issue, often in written legal documents and disclaimers, if they are going to offer such services. While these technologies can get plastic surgeons into legal trouble and can only serve as a sketch rather than a schematic during surgery, they are still very popular because they seem to provide the often important part of the plastic surgery experience of allowing oneself to

experiment with one's own body and reshape and re-envision it in ways that one might not have had a chance to before. Oddly, this technology allows for an excitement and enjoyment of cosmetic surgery that the surgery itself does not actually allow for—or, at least that is what these technologies' marketing departments would have prospective patients believe.**[17]**