

# COSMETIC SURGERY AND THE TELEVISUAL MAKEOVER

## A Foucauldian feminist reading

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*I argue that the televisual cosmetic surgical makeover is usefully understood as a contemporary manifestation of normalization, in Foucault's sense—a process of defining a population in relation to its conformity or deviance from a norm, while simultaneously generating narratives of individual authenticity. Drawing on detailed analysis of "Extreme Makeover," I suggest that the show erases its complicity with creating homogeneous bodies by representing cosmetic surgery as enabling of personal transformation through its narratives of intrinsic motivation and authentic becoming, and its deployment of fairy tale tropes.*

### Introduction

This essay aims to show how representations of cosmetic surgery have contributed to the evolution of a contemporary discourse in which one's body must be made to represent one's character. Within this discourse cosmetic surgery is not simply conceived as a technology that allows one to become more beautiful, or even achieve normalcy, but as a vehicle for self-transformation. This form of representation is becoming quite widespread across the different contexts in which cosmetic surgery is marketed, as other interpreters have suggested (e.g., Covino 2004; Fraser 2003a; Jones 2006), but it takes a particularly striking form in the recent genre of the televisual cosmetic surgical makeover. TV shows such as *Extreme Makeover* (US and UK editions), *The Swan*, *Ten Years Younger*, and numerous other more local versions, offer a scripted narrative of identity becoming in which the ordinary individual is aesthetically dramatically and rapidly transformed, while also making over her life and coming better to embody the virtuous person she allegedly truly is. The televisual makeover can be usefully interpreted, I argue, using the concept of *normalization*—that double and contradictory historical process Foucault describes by which developmental standards for populations are deployed to measure and enforce conformity at the same time as they generate modes of individuality.<sup>1</sup> Normalization, on this view, both *constrains* (by compelling compliance with the norm) at the same time as it *enables* (by making certain forms of subjectivity possible), and, indeed, these two functions cannot be clearly separated. Both compliance and enablement are acted out, in many instances, through the body: we try to make ourselves over to match impossible standards, while this process represents itself as externalizing an inner authenticity both utterly typical

and entirely our own. Thus while of course many cosmetic surgery recipients want to become (more) attractive, many (both qualitative research and popular representations suggest) want to better embody the kind of person they believe themselves, characterologically speaking, to be.

This connection between the inner character and the outer body in contemporary culture marks a strange (but by no means novel) confluence of the language of morality and the practice of transforming the flesh. Many thinkers from Plato to Rousseau to Hegel have suggested in various ways that the body tells us something about the virtues of the soul with which it is conjoined, while one need only think of phrenology, physiognomy, or the moralizing frenzy surrounding obesity today to see that the project of reading identity from the body's surface and size has both historical and enduring popularity.<sup>2</sup> There are, of course, contemporary political movements that aim to debunk this connection: feminists, anti-racists, and disability rights activists, for example, have all convincingly argued that bodies marked by sex, race, or physical impairment do not indicate an inferior intellectual ability or moral character.<sup>3</sup> Yet despite the rationality of the age, we seem more than ever to act as if (even though we may not believe that) one's outer form reflects one's virtues: the ever more minutely detailed visual objectification of (especially female) bodies, the extraordinary popularity of diet and exercise regimens, the plethora of beauty products, and, finally, the explosive growth of cosmetic surgery, all indicate that how we look has become more, not less, important to how we understand ourselves.<sup>4</sup>

Improved appearance clearly has, both historically and now, a complex psychic resonance and cultural symbolism that cosmetic surgery has cultivated while also seeking to redress. The sub-specialty bears a peculiar burden of justification unlike other areas of medicine, since cutting into a healthy body that falls within a perceived normal range for its time and place (admittedly a fuzzy criterion) needs further rationalization. Paradigmatically resonant contemporary defenses of cosmetic surgery thus draw attention to the psychological suffering caused by a sense of mismatch between the inner character and the outer form. Being someone who is a *good person*—a construction especially important perhaps to the contemporary American psyche—must be represented by a concomitantly attractive body. Instead of working only to conform to norms of beauty, we are now told, cosmetic surgery is a way of working on the self that enables greater authenticity, helps people to overcome past trauma, improves relationships, and sows the seeds of a better character. Understanding how normalization produces its subjects in scripted popular representations will help feminists theorize the doubled oppressive and enabling functions of cosmetic surgery for its now more typical non-celebrity recipients, at the same time as we work to understand why cosmetic surgery makes promises about permanent and conclusively satisfying self-transformation that cannot be kept.

### Foucault and Normalization

In much feminist philosophical writing that takes itself to be Foucauldian in spirit the verb "to normalize" and its cognates are used with relatively little theoretical precision, to imply any process through which homogeneity and conformity are enforced or encouraged. For Foucault, however, normalization is a more complex concept. In *Discipline and Punish*, Foucault ([1975] 1979) makes his well known argument that *sovereign power*—in which a specific authority has defined rule over others—is increasingly superseded in the latter half of the eighteenth century and beyond by *disciplinary power*—in which

techniques of management that cannot be attributed to any particular individual are used to classify and control populations. This new mechanics of power operated on the individual body to manipulate its movements and gestures, with an eye to shaping their overall economy rather than merely their signification. "These methods," Foucault argues, "which made possible the meticulous control of the operations of the body, which assured the constant subjection of its forces and imposed upon them a relation of docility-utility, might be called 'disciplines'" (Foucault [1975] 1979, p. 137). Disciplines thus have a double, paradoxical effect: they increase efficiency in their institutional contexts as well as making individual bodies more adept, while at the same time they provide a mechanism for the intensification of power relations. In other words, the very body that develops new capacities and skills also becomes the highly scrutinized subject of the minutest forms of manipulation (Foucault [1975] 1979, p. 138). It becomes what Foucault famously called a "docile body."

Crucially for my purposes, disciplinary power is itself invisible yet renders its subjects hyper-visible in order to tighten its grip: "it is the fact of being constantly seen, of being able always to be seen, that maintains the disciplined individual in his subjection" (Foucault [1975] 1979, p. 187). The display of power, Foucault argues, thus moves from overt expression of potency (in which the *apparatus* of power must be made visible) to the ceremonial presentation of subjects, in which power is only a gaze (Foucault [1975] 1979, pp. 187–188). For example, in the visual economy of cosmetic surgery, we can watch the physician's examinations of prospective patients on TV. As the surgeon draws whorls and lines on his patient's skin in thick black marker, to show where he will cut into her flesh later in the operating room, she is left in plastic cap and surgical gown as a visible (and slightly ridiculous) object of his analysis of her body's flaws. His scalpels and instruments and his framed diplomas are also important to his power, but it is through the body of the *patient* that he literally renders his disciplinary gaze visible.

Normalizing judgment, a central feature of disciplinary power, was enacted through the micro-management of behavior in areas of social life from which penalty had previously been absent. "Through this micro-economy of a perpetual penalty operates a differentiation that is not one of acts, but of individuals themselves, of their nature, their potentialities, their level or their value" (Foucault [1975] 1979, p. 181). This process of creating distributions with internally defined systems of meaning generates hierarchy and a set of punishments and rewards that can be used to manipulate individuals to ensure greater homogeneity. Thus:

The art of punishing, in the regime of disciplinary power . . . brings five quite distinct operations into play: it refers individual actions to a whole that is at once a field of comparison, a space of differentiation and the principle of a rule to be followed. It differentiates individuals from one another, in terms of the following overall rule: that the rule be made to function as a minimal threshold, as an average to be respected or as an optimum towards which one must move. It measures in quantitative terms and hierarchizes in terms of value the abilities, the level, the "nature" of individuals. It introduces, through this "value-giving" measure, the constraint of a conformity that must be achieved. Lastly, it traces the limit that will define difference in relation to all other differences. (Michel Foucault [1975] 1979, pp. 182–183)

For my purposes, normalization has two important features. First, Foucault is arguing that increasingly a population comes to be defined in relation to models and standards

with internal norms. As François Ewald points out, this marks a new system of reference whereby the norm no longer refers to a standard outside itself but rather to the internal “play of oppositions between the normal and the abnormal or pathological” (1990, p. 140). There are no absolute standards of good, perfection or beauty, only relative measures within a local scale of meaning; yet norms provide excellent intersubjective communicative and organizational strategies in the absence of any transcendental values. Second, disciplinary methods, as Foucault puts it, “lowered the threshold of describable individuality” (below the lives of the famous men, kings, and heroes previously worthy of biography) and “made of this description a means of control and a method of domination” (Foucault [1975] 1979, p. 191). Normalization “is exercised by surveillance rather than ceremonies, by observation rather than commemorative accounts, by comparative measures that have the ‘norm’ as reference rather than genealogies giving ancestors as point of reference; by ‘gaps’ rather than deeds” (Foucault [1975] 1979, p. 193). Although his famous example is sexuality, Foucault offers us a broader account of that process by which the body of the new individual is increasingly defined in relation to developmental norms of functioning, health, size, and so on. Foucault argues that this individuation is rationalized by accounts of the body’s hidden potential, which comes to signify its identity. The individual—actually defined in relation to a context-relative norm—is made transcendental, as if the norm’s reference lay outside itself rather than, as Ewald explains, being internal to a field of meaning. Although I can’t describe Foucault’s account in any real detail here, it is apparent that if he is right, “normalization” is an historical ontological process often concealed (perhaps especially with regard to its functions on the body) by essentializing identity talk. Although conformity to beauty ideals is certainly “normalization” in the generic sense, Foucault’s parsing of the term suggests that even as normalization homogenizes, it also, paradoxically, individualizes. It is this dynamic, I will argue, that provides a framework for understanding the relation between cosmetic surgery and the televisual makeover, on the one hand, and the discourse of realizing an inner identity, on the other.

### The Televisual Makeover

Makeover culture has become a major fetish in western cultures in recent years (Covino 2004; Jones 2005): countless TV programs, websites, and magazine features concern themselves with changing one’s diet or culinary practices, losing weight, updating fashion habits, developing practices of good health, hygiene, or personal grooming, through to improving the behavior and appearance of one’s spouse (or pet), repairing or renovating one’s home, or landscaping a garden.<sup>5</sup> This particular context of self-transformation effectively enlarges the individual’s sphere to include significant others, domestic interiors, and land that must become an extension of the personality and status of their occupants. The televisual cosmetic surgical makeover takes the project in the opposite direction, as the craze for transforming oneself now extends inwards to the flesh itself. In *Extreme Makeover*, for example, the first show of this genre, US TV network ABC whisks away a select few Americans to southern California to receive not only the conventional superficial makeover, but also extensive cosmetic surgery and dentistry to fix their physical flaws. The show’s goal is to revolutionize appearance, in the course of which the participants’ lives, and even their very *selves*, will also be transformed. The show predominantly features the working-class and lower middle-class white women aged between 25 and 45 who are increasingly the target market for cosmetic surgery as well as,

presumably, a significant part of the viewing audience; or, as the producers' vernacular puts it, "We are looking for people who America will love and root for."<sup>6</sup> Our sympathy is cultivated not by their monstrousness "before," nor their extraordinary beauty "after," but rather by their evident awe that the plain, unfashionable, and lowly could be thought worthy of this investment. Rather than simply submitting a visual sequence in which someone's appearance is dramatically improved, *Extreme Makeover* sets out to tell the story of an ordinary person changing her life.

These shows exploit fantasy narratives of radical transformation, and make clever use of normalization's language of identity, within which an outer self must be brought into line with an inner truth. An authentic personality of great moral beauty must be brought out of the body that fails adequately to reflect it. Thus, in this context, cosmetic surgery is less about becoming *beautiful*, and more about becoming *oneself*, including by developing the capacities that were previously denied or perceived as too daunting. The show does not rely solely on our addiction to visual beautification through homogenization (although, as I'll point out, it does that quite cleverly, constructing ingenious narratives within which working-class status, disability, and racialized bodies are erased). Instead, the show tells a sanitized fairy tale of identity becoming, in which the makeover enables the recipient to achieve longstanding personal goals presented as *intrinsic* to her own individual authenticity.

#### *Extreme Makeover and Normalization*

*Extreme Makeover* is a particularly obvious example of normalization as homogenization with regard to cosmetic surgery: every body appearing on the show must be measured for its deviation from a norm set by heterosexual desirability and youth read through a binary gender system. While participants range in age from early 20s to mid-50s, the majority are women between 35 and 45, whose faces have begun to show the signs of aging yet who can still be effectively "restored" to a more youthful appearance. They are invariably shown at the "reveal" in more feminine attire (usually a slinky dress and heels), and with their hair down or lengthened. Men become more well-groomed, and the sharp suit that replaces the grubby T-shirt is a mark of masculinity (and socio-economic success). Thus participants end up looking not only very different from their own first appearance, but also, as a population, more gender dichotomous: the makeover creates (more) feminine women and (more) masculine men. This is absolutely explicit: the hook for "Michele" is that she is "a single woman who has often been mistaken for a man. She turned to *Extreme Makeover* to help her replace her tomboy image with that of a beautiful woman"; or, "A resident of Upton, Wyoming, Liane is a strong woman who has been a tomboy most of her life and worked the land as a rancher, surviving the hardest elements. She finally wants to be feminine and feel like a beautiful woman."<sup>7</sup> These forms of femininity and masculinity are always mediated through heterosexuality, and in fact a repeating conceit is to make over a fiancée, who will be revealed only at her wedding.

In the "before" cameos of John's life, we learn that at 56 he is often mistaken for his young children's grandfather. His daughter poignantly addresses the camera to share her experience of being teased by other kids who laugh about her dad being "old." Like many parents of young children, John looks haggard. Nonetheless, the suggestions that his children might defend themselves with the knowledge that beauty doesn't imply virtue, that fine parents can belong to any generation, or that others ought to be working to prevent cruel and discriminatory teasing are never mooted. Similarly, when 55-year-old

Samantha, a counselor at Columbine High School (scene of the 1999 shootings) decides to get a facelift she comments: “the lines on my face are a badge of the life I’ve lived.” Later when she asks the surgeon for a facelift she defends the decision: “Wrinkles are a sign of life struggles, but I’m entering a new phase.”<sup>8</sup>

If the emphasis on heterosexual, youthful gender is blatant, disability and working-class status are represented as hierarchies that must be flattened without overt comment. Several of the participants have a bodily feature that might be described as a disability, but the only kind of disability that interests the show is one that can be corrected to conform to able-bodied norms. An extensive body of literature makes the case that disability consists not in objective impairment that is universally limiting, but rather in skills or capacities that have only comparative meaning in a cultural and material context. That is, one is disabled if one’s physical, technological, or attitudinal environment makes one disabled, rather than because one’s body or mind is independently lacking in some necessary function (e.g. Wendell 1996, pp. 35–56). In *Extreme Makeover*, a deaf woman gets powerful hearing aids, a mastectomy survivor is offered a breast reconstruction, many participants have Lasik eye surgery, and fixing botched repairs of cleft palate is one of the show’s favorite surgical heroics. These rather diverse disabilities are presented as having uniformly negative consequences (just as does being unattractive, which is somehow of a piece with being deaf), and the possibility that disability offers anything other than an impoverished and partial perspective on the fuller, more exciting world populated by the able-bodied is not considered.

Working-class status is similarly erased. For example, Sandra is a working-class woman in her 50s who has spent 30 unromantic years caring for her disabled husband. Now he is dead, she can devote herself instead to the more glamorous task of “dating,” but she looks careworn and grief-stricken—a visible reminder of her past. By literally erasing the lines from her face, and fixing her bad teeth, the Extreme Team can wipe away her class background and her experience as a carer *as if it never happened*. Thus viewers are able to enjoy the alleged empowerment of the show’s predominantly working-class and lower middle-class participants without having to question the system that makes not just cosmetic surgery but (in the United States) basic medical care inaccessible to many. Indeed, the erasure of working-class status extends to wardrobe: an extraordinary number of participants seem to own overalls or scrubs that stylists can throw into the trash heap with great glee. Shopping in Beverly Hills—*Pretty Woman*-style—women who might conceivably have needed their cheap and dirty denim and polyester for daily housework or sandbox play with their kids find them replaced with slinky evening dresses and couture suits. “We’re going to educate her,” announces stylist Sam Saboura of Lori, who favors baggy shorts and denim dungarees. “She is definitely open to it, so we’re going to use that. That’s like an empty canvas and a masterpiece waiting to happen.”<sup>9</sup> Here being working-class in America is represented as an absence: a lack of taste, sophistication, and chic that only urban life, professionalism, and disposable income can fill.

Participants are *not* routinely offered new jobs, educational opportunities, or lifetime health care, but it doesn’t matter. The makeover is presented as having the capacity to elevate class status—erasing the past and brightening the future—by purely aesthetic means, as surgery purportedly wipes out physical traces of suffering, poverty, working-class lifestyles, or simply hard work itself. The show’s ideology thus also includes not only the premise that identity can be read off the body, but also that the identity so read can be represented by a single time-slice: if Sandra doesn’t look poor and tired *now*, then somehow she never was. The trope that cosmetic surgery can negate experience, especially

experience of suffering or poverty, is replayed over and over: for example, in the makeover of Peggy Rowlett, crime scene investigator, both Peggy and her colleague explain repeatedly that the stress of 20 years of police work is etched on her face, and that her experience of late nights, irregular hours, dealing with violence, death and trauma transfers to her body. After facial surgeries, we are told that for the new Peggy “two decades of police work [are] banished without a trace.”<sup>10</sup>

In the US context, racial difference features in the homogenizing project as an equally politicized part of identity, although one which requires more cautious handling as a “difference” with innate value. The large majority of patients are white, and *their* cosmetic surgery is of course never figured as having racial meaning. When women of color *are* featured, the “concerns of ethnic cosmetic surgery” are discussed and dismissed by introducing a Black surgeon, who explains that, of course, all of his patients want to retain their distinctive ethnic appearance, but also aspire to make their features more “proportionate,” or suitable for their individual face, in a strategic overt confirmation of Ewald’s point that norms trade on internal systems of meaning.<sup>11</sup> Kathy Davis points out that “ethnic” cosmetic surgery tends to provoke greater moral uneasiness than surgeries performed on white women in the name of beauty. She is right, in my opinion, that these two categories cannot easily be ranked in terms of ethical acceptability; there is a kind of hypocrisy attaching to our “lack of concern” about age-defying and femininity-enhancing facelifts in comparison with, for example, the moral panic that Michael Jackson’s lightened skin provokes (Davis 2003, pp. 87–101). Yet this double standard has a function in this context. When first thinking about race in *Extreme Makeover*, I interpreted the racially homogenizing function of many of the procedures performed on women of color, and the show’s concomitant disavowal, as an awkward compromise between silence about racial normalization and an all-white show. The women of color add exotic variety and “new problems” to the otherwise rather tedious parade of cases and confessions, yet to make no comment on racial politics would be too glaring an omission; viewers are reassured that “ethnic cosmetic surgery” is not guided by white norms. This interpretation, however, already assumes a politicized viewer concerned about whether cosmetic surgery is racist. Presumably some viewers do think along these lines, but it seems unlikely to be the most common reception. Deploying the double standard Davis identifies, the show speaks to its white audience by assuring them of the racial loyalty (and hence racial “place”) of their sisters of color, and of the racial neutrality of their own cosmetic aspirations. White people often presume that everyone wants to look like us, and in a show that, as this paper will argue, relies on the language of authenticity, the specter of “passing” is never more palpable than when race is at stake. Thus we are also being reassured that participants of color are not using cosmetic surgery to deceive us; they are not becoming something they are not in order to gain social advantage. This dynamic could disrupt the narrative of authentic becoming on which the show relies.

#### *Normalization: The Ontological Narrative*

This is the homogenizing aspect of corporeal normalization in *Extreme Makeover*. More interesting for my purposes, however, is the way that normalization is obscured not merely by a bland, apolitical presentation, but also by avidly proffered alternative narratives that stress identity over beauty, and taking one’s life into one’s own hands to become a better person. If I have shown the homogenizing function of the makeover, then, this is

the individualizing side of the coin. Individuals emerge as candidates for cosmetic surgery via two primary mechanisms: first, the claim that the makeover is undertaken for reasons entirely intrinsic to the individual; and second, through narrative forms (especially fairy tale tropes) that evoke culturally familiar and reassuring developmental trajectories and archetypes that mesh with normalization.

First, the show struggles to balance the blatant intersubjective pressures to be attractive with articulation of a more deeply internalized identity quest that is not reducible to conformity to others' expectations or manipulation of social rewards. Extrinsic motivations (such as career advancement, economic gains, or a better rating in the dating market) are represented on *Extreme Makeover*, but always in a way that makes them epiphenomenal to intrinsic motivations (gaining better self-esteem, or looking in the mirror and seeing the person one really is on the inside, for example). The language of choosing cosmetic surgery "for oneself" rather than for others is represented as an authentic and pure motivation that can be ontologically distinguished from social pressures (Bordo 1998, p. 193; Covino 2004, pp. 65–82; Fraser 2003b). Many participants profess that cruel teasing has held them back in life and that they have internalized taunts and nicknames, especially those of adolescence. Amy's brother confesses that she was always called, "ski jump nose," Melissa returns—made over—to her high school reunion to confront teenage abusers, Lori is a "witch," and Candace was "Beeker" or "Big Bird." Not only the class bully is at fault here: for example, Evelyn's 11-year-old daughter wrote in to the show complaining that her single mom was letting herself go. On the one hand, then, participants are clearly responding to intersubjective pressures, and want to impress former critics and significant others with their new look. On the other hand, family members must be careful not to imply too strongly that their loved one is unattractive and needs to be cut up. In this contradictory script, the makeover must be authentically motivated. Dan is looking for "the me that I see inside that I'd like to see in the mirror," and almost every participant contrasts the relative superficiality of looking more attractive to others with the real labor of eradicating the internalized self-loathing that has marred their relationships and obscured their true personalities ("being more comfortable in my skin will make me more attractive," observes Dan).<sup>12</sup> This common justification for cosmetic surgery is popularly cast as beyond political analysis precisely because it sidesteps the language of beauty. Indeed, this elision is exploited by cosmetic surgeons (who sometimes represent intrinsic rationales as a psychologically healthier motivation than responding to, for example, a husband's criticism), and repeated by feminists such as Davis who describe the language of intrinsic motivation without fully theorizing the interactive scene of address in which it is called forth.

In interview-based research, women choosing cosmetic surgery often stated that they faced opposition from family members who felt that the desire to make oneself look different was disloyal to one's biological ancestry ("that's the family nose you're getting rid of"); or who were nervous about risks and complications; or who felt that a partner's desire to change her body must reflect dissatisfaction with her relationship ("I like you the way you are") (Davis 1995, pp. 126–128; Gimlin 2002, pp. 102–103, 106). Things are easier in the fantasy world of *Extreme Makeover* because such anxieties and objections simply need not be shown—although in several reveal moments young children are visibly discomfited by their new look parents. Instead of exploring such ambivalence, the show instead features friends and family who argue that if the participant is doing what makes her or him happy, then it can't be wrong: although they will always love Pete, his friends affirm, "if this

is something he really wants to do, more power to him."<sup>13</sup> Participants argue vigorously that to choose cosmetic surgery is a way of taking control, of refusing to allow the injustice of the genetic lottery to determine one's fate: "Should I be happy that God gave me what I have? . . . Every day I think that. But you know what? In this life you've got to go for what you want and what you think's going to make you better, because nobody's going to hand it to you."<sup>14</sup> The claim that normalization is something done "for oneself" is not entirely deceptive—especially in cultures where women's psychological suffering is trivialized, and where taking real risks to change is often viewed with fear and suspicion. Paradoxically, these ambivalences ("Will others approve?" "Is this really who I am?" "Shouldn't I just 'put up with it?"), when overcome, lend support to the claim that the practices themselves are entirely self-motivated and primarily a matter of individual choice.

Economic or career gains are perhaps the most materially significant reason for self-improvement, but they receive intriguingly short shrift in *Extreme Makeover*. The economic benefits of cosmetic surgery are alluded to by four of the first five male participants, showing perhaps how career advancement through the transformation of appearance assumes a disproportionate significance for men. In the first series, David thinks he was denied an army promotion because his appearance is uninviting, while Peter hopes to move on from his job managing a fast food outlet. To feature a 30-something woman held back in her army career by an ordinary face might more immediately politicize the narratives, raising the specter of sexist and ageist discrimination that the show represses. In fact, when a female army careerist is later featured, her goal is not to get promoted, but to revert to an authentic femininity incompatible with a military role; or, as the website puts it, "An extreme makeover transforms this tough soldier from captain to captivating!"<sup>15</sup>

In her analysis of the career of pioneering cosmetic surgeon and feminist activist Suzanne Noël, Davis argues that in her 1926 classic *La chirurgie esthétique, son rôle social* [*The Social Role of Cosmetic Surgery*] Noël "justifies operations for social or material reasons . . . She views cosmetic surgery as a social necessity, particularly for women. She sees her vocation as way to help women support themselves or maintain their professional positions" (Davis 2003, p. 28). Noël specialized in facelifts for older women denied access to professions in which youthful appearance was an unofficial criterion of employment. Davis's sympathetic analysis shows the prominence economic motivations assume for Noël, including in comparison with her male contemporaries, who "were wont to defend cosmetic surgery by referring to the value of beauty in abstract terms or citing the psychological distress of their patients" (Davis 2003, p. 28). In contrast to Madame Noël's materialist rationale, *Extreme Makeover* has exaggerated the legacy of her male colleagues, and managed to all but erase the material and economic consequences of cosmetic alteration of the body. In the show's dominant narrative the body becomes purely visual, detached from its meanings in economic systems that assign it not only an immaterial aesthetic value, but also a commodity value in terms of opportunity and reward. Even though the quasi-formal exclusions faced by the clients of Madame Noël have disappeared, a more youthful and attractive appearance may still be decisive in getting a job or a promotion, especially for women. This rationale, however, does not fit the show's brief: it reveals noxious social attitudes perpetuated by anonymous (male) bosses to whom the candidate may have an entirely instrumental relationship. For example, in the style of Noël's era, one of Debra Gimlin's interviewees justifies her facelift in terms of earning power: "Despite the fact that we have laws against age discrimination, employers do find ways of

getting around it. I know women my age who do not get jobs or are relieved of jobs because of age. This will ensure my work ability" ("Ann Marie," quoted in Gimlin 2000, p. 84).

Rather than following an inner drive to be recognized by others as desirable, confident, or successful, economic motivations highlight the venal rather than the virtuous. The authenticity of the person revealed is challenged by an economic rationale: as the quote above demonstrates, if cosmetic surgery is undertaken to manipulate others' prejudices, then the recipient is no longer a victim, desperately struggling to change her life in the face of recalcitrant flesh and its traumatic effects. She has shifted the terms of the discourse from the expression of intrinsic identity, to the management of intersubjective perceptions of her body that may not be related to her own authenticity. Thus advancing the intrinsic account reinforces familiar stereotypes: those seeking to be made over are emotional, passive, and victimized by their own psychological inadequacy rather than by a larger context. These stereotypes, however, are enacted through a script that undercuts feminist challenge by representing participants as proactive, determined, and courageous. The much more intense scrutiny that *Extreme Makeover* affords to the narrative process of cosmetic surgery is thus central to its self-justification: there are no simple "before and after" pictures here, but rather 40 minutes showcasing weeks of corporeal hard labor.

*Extreme Makeover* makes liberal use of tacit and explicit fairy tale tropes to reinforce and idealize the narrative structure of normalization.<sup>16</sup> As the show's website plainly states: "These men and women are given a truly Cinderella-like experience: A real life fairy tale in which their wishes come true, not just to change their looks, but their lives and destinies."<sup>17</sup> Fairy tales notoriously provide metaphorical accounts of identity transition in which traumatic and chaotic phases (especially adolescence) are erased, and the motif "and they all lived happily ever after" describes a mature, static, flawless self. The fairy tale is psychologically satisfying (especially to a child), because it pinpoints moments of turmoil and unhappiness before offering a guarantee of resolution and triumph. Frightening transitions culminate in a stable perfection that bears no traces of earlier trauma. This narrative structure is obviously phantasmic, absurd even, to a mature interpreter. Yet the fairy tale can be meaningfully invoked in the very real context of a surgical makeover partly because it dovetails with normalization's account of itself, which the viewer already accepts.

This account includes, first, the claim that the nature of individuals can be hierarchized—here, bodies are carefully ranked by degree of failure and subsequent approximation of a norm. Second, as subjects within the same managed population, we all follow a single developmental trajectory in our struggle to become a conforming, stable subject. Here the common trajectory is mapped through suffering and conflict, a crisis, a transition, and resolution in authenticity. Third, as Ladelle McWhorter argues, normalization rewrites metaphors of the body as machine, adopting instead a paradigm in which the body is a sequence of temporal processes that represent the truth of our characters (1999, pp. 151–157). Thus participants are ordered both by aesthetic success and, more importantly, by the relation of the essential moral inner to the developmental physical outer—as ugly-and-undeserving versus ugly-but-good-inside versus beautiful-and-good (but never beautiful-and-undeserving). This feature of normalization provides the hook on which another surgical makeover show, *The Swan*, hangs its hat: not only do participants "undergo physical, mental and emotional transformations," but they then compete against each other, allegedly on the basis of their "work ethic, growth, and achievements" (notice that there is no explicit mention of beauty here). "Each week feathers will fly as the inevitable [sic] pecking order emerges. Those not up to the challenge will be sent home.

Those who are will go on to compete in a pageant for a chance to become 'The Ultimate Swan'.<sup>18</sup> Because the inner is represented as ontologically (and, in the context of the show, chronologically) prior to the outer, denying the possibility of beautiful but morally vicious people is key.

The fairy tale is a useful heuristic because the generic, supposedly universal quality of the characters and plot draws attention away from the political messiness of real life transformation (which nonetheless constantly intrudes). In her analysis of the life of Lolo Ferrari, the former porn star and *Eurotrash* celebrity who reputedly had the largest breast implants in the world, Meredith Jones argues that Ferrari sought identity transformation through extreme and numerous surgeries. Ferrari, Jones says, "endeavoured to make other aspects of her own life magical, and lived as if enchanted. Her house in the south of France had a white picket fence and a pink interior, she favoured princessy outfits complete with tiaras, and even wore her own ironic version of the white lacy bridal gown" (Jones 2006, p. 205). Ferrari claimed to love general anesthesia as much as the surgical outcomes, and Jones draws a provocative analogy with the magical sleep of fairy tale heroines Snow White and Sleeping Beauty: "The princesses bypass the often painful and fraught temporal processes that would have seen them confront their powerful mother figures and develop from girl to woman. Instead, they enter periods of hibernation from which they wake transmogrified, desirable and strong" (Jones 2006, p. 207). These "suspended periods," argues Jones, suggest a new temporality where the self can be transformed without trauma. Of course, as Jones points out, Ferrari's biography (she died in 2000, aged 30, of a drug overdose) is held up as a cautionary tale: "Most writing about Ferrari ... is quick to define her as severely disturbed, even as suffering from body dysmorphia. She is held up as an example of *what not to do* in articles that purport to give a balanced view of cosmetic surgery" (Jones 2005, p. 196). Nonetheless, even in the allegedly more conservative world of *Extreme Makeover*, Ferrari's story and Jones's analysis strike a chord.

The moniker "Extreme Team" is clearly intended to evoke its homonym, "Dream Team," with its sporting connotations, reminding us that this collection of surgeons, dentists, and stylists is the very best available, and that together they will get optimum results. Yet it also has unnerving connotations when the most physically significant transformations are performed on unconscious recipients. Like Ferrari, makeover candidates are put to sleep while their dreams are made to come true. Eighty-two percent of cosmetic surgery patients are women, but the ratio is reversed in the case of cosmetic surgeons: eight out of nine are men.<sup>19</sup> *Extreme Makeover's* surgeons (and anesthetists) are all men; when women appear on the show as experts, they are cosmeticians, hairdressers, and skin care consultants—the bridesmaids of the team rather than the groom. The well coiffed and impeccably masculine surgeons play the role of handsome prince. After their multiple concurrent surgeries (a practice not usually recommended), the participant comes around groggily in a recovery room where the surgeon stoops at the bedside, gently touching a hand or shoulder, while reassuring her that all has gone well and she is now transformed. The viewer could almost expect him to bend over and lightly kiss her lips to bring her back from her enchanted sleep.

Jones points out that, "ultimately—and predictably—Ferrari's transformations had the opposite impact in her life to those of Snow White and Briar-Rose, serving only to replicate the condition she had tried to escape, and setting up an alternative oppression" (Jones 2006, p. 220). We don't know what the consequences of an extreme makeover really

are, follow-up cameos about some participants' new, improved lives notwithstanding. Thus Ferrari's mistake, and that of *Extreme Makeover*, is to think that the metaphors of the fairy tale can successfully be made literal. *Cinderella* is a symbolic narrative about how appearances can deceive, and how money to buy into a beautiful lifestyle isn't everything. Cinderella, recall, changes her outward trappings, not her face. Her surgeon says that Amy "is a beautiful person on the inside," and his job, apparently, is to make the outside match. Samantha is young at heart, but her skin tells a different story. Evidently the ugly stepsisters should have got the Extreme Team to surgically trim down their feet (rather than struggling bloodily to force them into the glass slipper), because then they would become prince-marrying material.<sup>20</sup> The trouble is, if we're all really great souls (no one ever says in this context that she is actually a villain trapped in a supermodel's skin), then we must all want the same bodies. In contemporary America, it seems, *everyone* is a really great person inside—"the best creature in the world" of "unparalleled goodness and sweetness of temper," as Perrault's *Cinderella* is classically described.

### Conclusion

The televisual makeover really has mined a deep cultural seam with its willingness to court the ordinary as cosmetic surgery candidates, its emphasis on identity resolution, and its literalization of fairy tale metaphors. Its exaggeration of the cultural moments on which it trades marks the show as an excellent example of the discourse that normalizes cosmetic surgery and the bodies it creates, especially for women. I have suggested that taking charge of one's destiny, becoming the person one always wanted to be, or gaining a body that better represents the moral virtues one has developed, are all forms of working on the self within a regime of normalization. To explain how this regime functions, we need both an account of its homogenizing effects (within which appeals to beauty have rhetorical force), and its individualizing moments (within which authentic identities are called forth). As long as we are using disciplinary technologies within their own terms, we are bound to the intensification of power relations they induce. We are also enabled, however, by those same terms, in ways we will need to give up (and even to mourn). Electing to have surgery makes one a go-getter, for example, someone who takes charge, not flinching at the prospect of pain, inconvenience, trauma, or risk. Many researchers have remarked on the exhilaration and sense of being in control provoked by finally deciding to have cosmetic surgery. Both real-life medical practitioners and fantasy constructions such as *Extreme Makeover* cultivate this psychology, making cosmetic surgery seem like a courageous choice for the active, self-determining individual. The woman who tries to live with her less-than-perfect body does not have a lot of active options; this choice is often subtly construed as passive or resigned, which is an increasingly uninviting psychology in a world where these qualities are seen as abject, partly because they are associated with traditional femininity and lower-class status. Control and self-determination are fetishized in this culture at the same time as we lack feminist contexts in which these qualities can find an alternative purchase. With this deft inversion, a cultural product as manifestly conformist and disciplining as the TV makeover comes to embody feminism's own values of autonomy and self-realization for women, while resistance to cosmetic surgery is tacitly rendered as a lack of character, and thus can be construed (like resistance to wearing make-up or high heels in an earlier feminist era) only as a failure to make the best of oneself.

Simply refusing to have cosmetic surgery cannot therefore be an adequate form of resistance, since, as Kathryn Morgan points out, “refusal may be akin to a kind of death, to a kind of renunciation of the only kind of life-conferring choices and competencies to which a woman may have access” (1998, p. 339). We need to substitute a new solution for the psychic needs that normalization meets. In social contexts where we lack convincing alternatives to the makeover narrative, we are more likely to engage in an inner fantasy where a better body would improve our lives. This fantasy is both cultivated and appealed to by the tropes of *Extreme Makeover*, in ways that are hard to resist because, as Covino puts it, “aesthetic surgery . . . associates mental health with the resistance to imperfection and the assertion of a uniqueness that defies one’s personal history of ordinary physical and psychological vulnerability (2004, p. 91). Clearly the fantasy narrative of the show need not be straightforwardly internalized by its viewers; people presumably watch *Extreme Makeover* and experience, among other things, disdain, repulsion, *Schadenfreude*, contempt, amusement, pity, or voyeuristic fascination—as well as envy, longing, or the desire to replicate the makeover experience. At the same time as we know it is an entertaining semi-fiction (never has the term “reality TV” seemed like more of a misnomer), however, we are drawn in through its connection to broader structures of normalization. *Extreme Makeover* systematically erases ambiguous desires and the real possibility of risk or failure, as well as insisting that the suffering induced by the body’s ubiquitous and everyday inadequacies is an essential failure of identity that constitutes a *prima facie* demand for a physical fix. To think that surgery might be too risky, to decide to plow on in and through one’s ordinary vulnerability, to be satisfied with imperfection, or to act as if one’s bodily flaws do not signal flaws of character are all, in the perverse language of these televisual narratives, rejections of one’s individuality. Thus it is grasping the paradox that we sometimes act as if our uniqueness is best expressed through conformity that may prove key to understanding—and resisting—the allure of the cosmetic surgical makeover.

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### NOTES

1. This definition is indebted to Foucault’s account in *Discipline and Punish* ([1975] 1979), as well as to the work of his later interpreters. See especially Ewald (1990) and McWhorter (1999).
2. I am indebted to Rebecca Kukla’s paper “The Phrenological Impulse and the Morphology of Character” for a presentation and interpretation of this philosophical genealogy; for analysis and critique of the excoriating moral language that surrounds the so-called “obesity epidemic,” see Herndon (2005) and Oliver (2006).
3. In each case these rebuttals are embedded in by now long and diverse traditions. Useful representations of and responses to sexism, racism, and discrimination against the disabled on the basis of bodily differences can be found in Tuana (1993), Fanon (1967), and Wendell (1996).

4. In 2005 physicians certified by the American Society of Plastic Surgeons (ASPS) and other US medical specialty licensing agencies performed 1,813,542 invasive cosmetic surgeries, of which liposuction, nose reshaping (rhinoplasty), breast augmentation (mammoplasty), eyelid surgery (blepharoplasty), and tummy tuck (abdominoplasty) were the most popular, in that order. Between 1992 and 2005, the number of cosmetic procedures performed by ASPS members (including both surgical interventions and non-surgical procedures such as dermabrasion) has increased 775 percent. See '2005 Cosmetic Plastic Surgery Trends'. American Society for Plastic and Reconstructive Surgeons. <http://www.plasticsurgery.org/media/statistics/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=17867> (16 Dec., 2006). As ASPS certifies plastic surgeons in both the US and Canada, these are rough figures for surgeries performed across these two national markets. They exclude, however, procedures performed by non-certified practitioners, and are thus certainly a significant underestimate of the total number. The ASPS also divides surgeries into "cosmetic" and "reconstructive." The latter category includes procedures in which cosmetic considerations are significantly implicated, including male and female breast reduction, breast reconstruction, and scar revision.
5. Examples include: *You Are What You Eat* (UK); *The Biggest Loser* (US) or *Taking It Off* (Canada); *What Not To Wear* (UK); *Queer Eye for the Straight Guy* (US); *It's Me or The Dog* (UK); *Holmes on Homes* (Canada) or *Extreme Makeover Home Edition* (US); *Garden Invaders* (UK).
6. From the application form to appear on the show, available online at <http://abc.go.com/primetime/ExtremeMakeover/application.html> (accessed 16 Dec., 2006).
7. 'ABC.com Thursdays at 9/8C Patient Bios'. <http://abc.go.com/primetime/extrememakeover/bios/michele.html> and <http://abc.go.com/primetime/extrememakeover/bios/liane.html> (16 Dec., 2006).
8. Samantha Myers speaking on *Extreme Makeover*, episode 6, season 2, first aired November 9, 2003, ABC TV.
9. Sam Saboura speaking on *Extreme Makeover*, episode 3, season 2, first aired October 2, 2003, ABC TV.
10. Voiceover on *Extreme Makeover*, Episode 2, season 2, first aired September 25, 2003, ABC TV.
11. *Extreme Makeover*, episode 12, season 2, first aired January 8, 2004, ABC TV.
12. Dan speaking on *Extreme Makeover*, episode 1, season 2, first aired September 18, 2003, ABC TV.
13. Scott, Pete's "best friend," speaking on *Extreme Makeover*, episode 3, season 2, first aired October 2, 2003, ABC TV.
14. Candace, speaking on ABC's *Extreme Makeover* behind the scenes segment, aired fall 2003, ABC TV.
15. 'ABC.com Thursdays at 9/8C Patient Bios'. <http://abc.go.com/primetime/extrememakeover/bios/manu.html> (16 Dec., 2006).
16. This analysis of fairy tale tropes is indebted to Jones's analysis of the life of Lolo Ferrari (see Jones, 2006, pp. 193–210). For more general feminist analysis of the fairy-tale genre, see Warner (1994).
17. 'A.B.C.com: Extreme Makeover'. <http://abc.go.com/primetime/extrememakeover/show.html> (16 Dec., 2006).
18. 'Fox.com The Swan'. Fox.com (last accessed 9 Jul., 2005. Site no longer active).
19. The former figure is for those treated by a member of the ASPS in 2003 (statistics available at <http://www.plasticsurgery.org>); the latter is from Davis (2003, p. 41).

20. After this section was drafted, eerily, the trend toward foot surgeries that allegedly enable women to continue wearing stylishly narrow, high heels came to media prominence. Surgeries may shorten toes, inject collagen into the ball of the foot, or reduce bunions (swollen big toe joints) (see Harris 2003). Thanks to Meredith Jones for bringing this article to my attention.

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