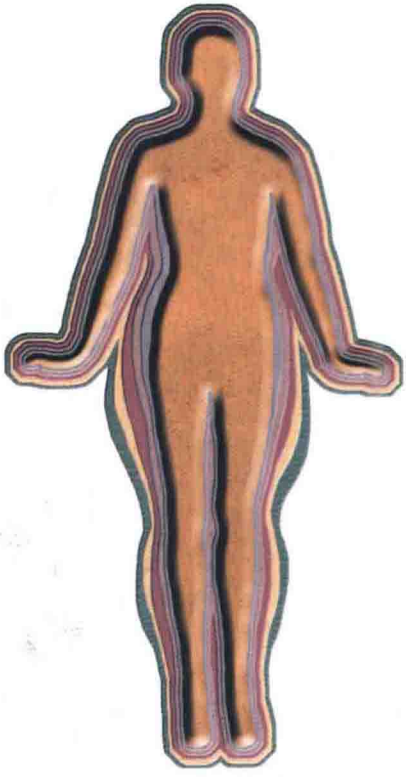
ASHGATE

Media and the Rhetoric of Body Perfection

Cosmetic Surgery, Weight Loss and Beauty in Popular Culture



Deborah Harris-Moore

The Cultural Politics of Media and Popular Culture

Media and the Rhetoric of Body Perfection

Cosmetic Surgery, Weight Loss and Beauty in Popular Culture

DEBORAH HARRIS-MOORE
University of California, Santa Barbara, USA

ASHGATE

Published by
Ashgate Publishing Limited
Wey Court East
Union Road
Farnham
Surrey, GU9 7PT
England

Ashgate Publishing Company
110 Cherry Street
Suite 3-1
Burlington, VT 05401-3818
USA

www.ashgate.com

British Library Cataloguing in Publication Data
A catalogue record for this book is available from the British Library

The Library of Congress has cataloged the printed edition as follows:
Harris-Moore, Deborah.
Media and the rhetoric of body perfection : cosmetic surgery, weight loss and beauty in popular culture / by Deborah Harris-Moore.
pages cm. -- (The cultural politics of media and popular culture)
Includes bibliographical references and index.
ISBN 978-1-4094-6944-5 (hardback) -- ISBN 978-1-4094-6945-2 (ebook) -- ISBN 978-1-4094-6946-9 (epub) 1. Human body--Social aspects. 2. Surgery, Plastic--Social aspects. 3. Weight loss--Social aspects. 4. Beauty culture--Social aspects. 5. Mass media. I. Title.
HM636.H37 2014
302.23--dc23

2013029932

ISBN 9781409469445 (hbk)
ISBN 9781409469452 (ebk – PDF)
ISBN 9781409469469 (ebk – ePUB)

Printed in the United Kingdom by Henry Ling Limited,
at the Dorset Press, Dorchester, DT1 1HD

MEDIA AND THE RHETORIC OF BODY PERFECTION

The Cultural Politics of Media and Popular Culture

Series editor:
C. Richard King, *Washington State University, USA*

Dedicated to a renewed engagement with culture, this series fosters critical, contextual analyses and cross-disciplinary examinations of popular culture as a site of cultural politics. It welcomes theoretically grounded and critically engaged accounts of the politics of contemporary popular culture and the popular dimensions of cultural politics. Without being aligned to a specific theoretical or methodological approach, *The Cultural Politics of Media and Popular Culture* publishes monographs and edited collections that promote dialogues on central subjects, such as representation, identity, power, consumption, citizenship, desire and difference.

Offering approachable and insightful analyses that complicate race, class, gender, sexuality, (dis)ability and nation across various sites of production and consumption, including film, television, music, advertising, sport, fashion, food, youth, subcultures and new media, *The Cultural Politics of Media and Popular Culture* welcomes work that explores the importance of text, context and subtext as these relate to the ways in which popular culture works alongside hegemony.

Forthcoming in the series:

Disability, Obesity and Ageing
Popular Media Identifications
Debbie Rodan, Katie Ellis and Pia Lebeck
ISBN: 978-1-4094-4051-2

The American Imperial Gothic
Popular Culture, Empire, Violence
Johan Höglund
ISBN: 978-1-4094-4954-6

Representations of HIV/AIDS in Contemporary Hispano-American and Caribbean Culture
Cuerpos suiSIDAs
Gustavo Subero
ISBN: 978-1-4724-2595-9

Acknowledgements

More people than I can possibly thank here have contributed to the writing of this book. My interest in rhetoric and embodiment first developed in my graduate studies at the University of Arizona, under the immensely influential mentorship and support of Amy Kimme Hea, Anne-Marie Hall, and Adela Licona, to whom I am incredibly grateful. Having worked with excellent professors such as Thomas Miller, Ken McAllister, and Charlie Bertsch also proved fruitful during the development of this project. I have appreciated the support of many of my colleagues from the University of Arizona, including Andrea Modarres, Chris Hamel, Rebecca Richards, Ron Lorette, Susan Meyers, Tracy Morse, Kathryn Ortiz, Jen Heckler, Maggie Werner, and Nicole Quackenbush.

This project came into maturity while I was teaching at Loyola Marymount University where David Killoran, K.J. Peters, Stuart Ching, Julia Lee, Erica Steakley, and Maria Jackson offered intellectual and professional support, and contributed excellent feedback to my research and teaching. The warm and intellectually stimulating culture of LMU served as an ideal research context for this project.

In my current position in the Writing Program at University of California, Santa Barbara, I am especially thankful for the guidance and support of Linda Adler-Kassner, Madeleine Sorapure, and Karen Lunsford. At UCSB, many of my friends and colleagues have engaged me in rich conversations about body rhetoric and related research possibilities, and have invigorated me through discussions of their own research interests and projects. I would like to thank Caren Converse, Amanda Stansell, Dan Wuebben, Chris Dean, Jennifer Johnson, Jim Donelan, and Patrick McHugh for their contributions to my teaching and research.

I could not have written this book without the support of my family and friends. My husband, Kevin Moore, had the greatest influence on my writing style and ideas, and I have learned so much from him about writing with honesty and integrity. I cannot thank him enough for the countless hours he spent reading and offering feedback on my work. To my family members Ken, James, and Debbie Harris; Robert Harris and Tuduyen Annie Nguyen; my husband's family, Judy and Chris Moore, and Leslie and Nathan Woods; my dearest friend Kathy Taylor-Chuang and her family: thank you for everything.

List of Abbreviations

ADD	Attention Deficit Disorder
BDD	Body Dysmorphic Disorder
BMI	Body Mass Index
FDA	Food and Drug Administration
HAES	Healthy at Every Size
NAAFA	National Association to Advance Fat Acceptance

Preface

Part I

The incredible growth of the cosmetic surgery industry and the explosion of media surrounding weight loss have presented sites of extraordinary rhetorical exploration. Cosmetic surgery and weight loss rhetoric in the media create new beauty standards and influence consumers to spend substantial sums of money—often thousands of dollars—on various products, surgeries, and beauty aids. The effects of body rhetoric on individuals who have access to surgical or technological enhancement can be detrimental psychologically, physically, and socially. As the means for physical "perfection" increases and improves technologically and medically, the desire for improvement in general appears to increase as well. The capacity of medical technologies to determine individual bodily enhancements as well as cultural trends, what I call the power of body rhetoric, call for critical reading and reflection.

This study continues a conversation in the context of a growing trend in which transformation is rhetorically constructed as a social and moral imperative, especially since the technological and medical means for extreme transformations become increasingly affordable and available. This book contains two major, sometimes antithetical, foci related to cosmetic surgery and weight loss: mass media and lived experience. Most chapters of this book focus primarily on a single popular culture medium or genre, including magazines, websites, television shows, fictional films, and documentaries. Through each chapter, I rhetorically analyze the connection between the medium (or genre) and the message. The form/content relationship is the key to discovering why certain mediums or genres appear to have more popular appeal than others when it comes to transformation rhetoric. Some key questions driving my examination of popular culture include the following: does mass media normalize transformation as an imperative and as a means of social mobility? Does reality television, which often features "real" people, make transformation seem more possible and democratizing? Do fictional films—in which actors are "cast" and the visual is primary—inevitably promote physical stereotypes? How does mass media use the concept of agency to sell transformation? Can documentaries serve as sites of resistance and change for various activist groups? Is body modification an act of resistance to beauty norms?

In addition to my examination of mass media, this study contains interviews with 10 people who have had cosmetic surgery, bariatric surgery, or body

modifications. The focus of my research is the individual who has had these procedures (whom I will refer to as the "participant" in my methodology section). However, I inevitably include examinations of texts focused on or through the perspective of surgeons in order to consider the participant's position and the role of competition in that specific relationship. I have chosen to focus on the participant because, given the stereotypes surrounding these procedures, participants are often prematurely judged as patients, consumers, and victims. Debra L. Gimlin, who interviews women based on four "body work" industry settings, discusses these stereotypes and justifies her focus on lived experience: "[T]he criticisms operate either at the grand level of cultural discourse or the highly grounded level of physiological effect. As a result, they overlook the experience of the women who have plastic surgery" (78). Most of the theorists on whom I rely for body theory and discussions of plastic surgery do not engage the lived experience of the individuals they implicate in their claims. Since I approached this arena of study rhetorically, I felt a responsibility to examine not only mass media texts in terms of their message, but to interview people who have had cosmetic surgery, bariatric surgery, or body modification to consider their relationships to this related rhetoric.

The research site is also an important consideration for my particular study and inherently affects any cultural studies ethnography. While I became interested in this topic when I lived in Tucson, Arizona, it was a lucky coincidence that personal circumstances forced me to move to Los Angeles, California. Although some of the television shows I examine are filmed and/or set in other sites (for example, *Nip/Tuck* is set in Miami), many of the texts are produced and set in Los Angeles. The entertainment industry is an overwhelming force in Los Angeles and obviously has contributed to the popularity of plastic surgery. As it is also well known, a considerable number of plastic surgery clinics can be found in Beverly Hills. While I do not extensively theorize Los Angeles as a space, I acknowledge and engage the effect of place on the decisions of participants in my study.

The methodology at work in this study derives from several feminist research methodologies. I was particularly inspired by feminist scholar Marjorie Devault: Devault's book on research methods, *Liberating Method: Feminism and Social Research*, reveals that a key method for feminist research has been to bring women in and to "find what has been ignored, censored, and suppressed, and to reveal both the diversity of actual women's lives and the ideological mechanisms that have made so many of those lives invisible" (30). This process of "excavation" is integral to my own approach to interviewing the men and women in my study, and also to finding the less obvious messages and power dynamics of the texts I examine. Devault argues that feminists seek research processes; they seek a science that minimizes control and harm of the subjects. Feminist research also emphasizes that the researcher should participate as a learner in the process,

which involves self-examination. Coming into this project, I was aware of the risk that my own critical gaze at cosmetic surgery and weight loss practices could easily become a gaze I attach to people who have undergone surgeries, the people I interview. I might forget my own story, which is not a story of victimization but of the birth of an objective critical interest.

Haraway articulates a methodology to analyze both mass media body rhetoric and participant interviews about their lived experience. She discusses the objectification of the body in research and aptly challenges traditional methodologies in the sciences, humanities, and feminist studies: "We need the power of modern critical theories of how meanings and bodies get made, not in order to deny meaning and bodies, but in order to live in meanings and bodies that have a chance for a future" (*Simians* 187). According to Haraway, these modern critical theories should not be totalizing theories—theories developed by researchers or theorists looking down at objects from an omniscient, all-knowing point of view—but that our theories should arrive from exploring specific situations, which involve considerable, second-order analysis of our own perspectives as researchers. We should not seek to arrive at provocations and hypotheses that are true for everyone everywhere or that are designed to speak for (and thus silence) others, but literally to give a voice to otherwise silenced subjects. While I may pose hypotheses about normalizing discourses and agency related to cosmetic and plastic surgery rhetoric in some chapters, my goal was to interview participants as a means of discovery and not simply confirmation. As feminist scholar Patti Lather articulates in *Getting Smart: Feminist Research and Pedagogy with/in the Postmodern*, I hope to counter the power of what can be known. I want to avoid the feminist academic tendency to "do theory 'for' instead of 'with' people" and to, instead, learn from participants' experiences and share my own" (Lather xviii). To this end, I criticize some mass media texts and their potential to objectify men and women in ways that pressure them into normalizing surgeries, but I also include personal experiences as an opposing view: not the totalizing perspective of mass media texts, but the unique stories of individuals who may or may not relate to these media influences.

What has inspired my research includes not only the new emerging standards of beauty and the power of related rhetoric, but also my own unexpected and destabilizing experiences with plastic and cosmetic surgery. To this end, the second section of this introduction is comprised almost entirely of my personal experience with weight loss and plastic surgery. I include my own story for two important reasons: 1) to situate my own stake in understanding discourses and practices of embodiment and 2) to call attention to aspects of lived experience that my research participants and I share as part of this industry and its cultural constructions.

The story that follows in Part II represents my own arrival at cosmetic and plastic surgery as the domain for a serious rhetorical inquiry. My story

is particular and it is not meant as a general illustration of weight loss and cosmetic surgery experiences; that is, I am aware that experiences with cosmetic surgery and weight loss are varied both in the nature of consumer desires and outcomes. For some, the most intense moments take place immediately before the surgery or during the healing process, which I have left out of my own story. My own path to surgery was created, in part, by the media to which I had been exposed, which may not be a dominant force for everyone.

Part II

Addressing both weight loss and cosmetic surgery in a single book may seem a very broad analytic domain, but both are integral to my personal history. I present them not as incidentally, but profoundly related. They were and have been attempts to reach some kind of impossible perfection, to chip away unsuccessfully at the insecurities I have had since high school. From the time I was a junior in high school through my undergraduate years of college, I suffered from severe eating disorders. At my lowest point, I was sent to the emergency room with imbalanced electrolytes and an erratic heartbeat. I was sure I was dying. When the doctor weighed me in my hospital room, I was 5 foot 4 inches and weighed 80 pounds. I was 17 years old. It took a very long time for me to overcome my eating disorders. Even after I was no longer anorexic or bulimic, my weight fluctuated greatly. When I was 27, I gained a bit of weight and wore a size eight. When I was married at age 28, I was 115 pounds and wore a size four. Now, in my early thirties, I wear a size eight once again. Looking back at when I was 115 pounds in my late twenties, I realize the amount of work and deprivation it took to maintain that weight. I ran or walked a minimum of five miles a day and sometimes went to the gym on top of that. I snacked only on carrot sticks or celery. I ate very small portions. From what I remember, I suppose I was happy that I had a level of control, but I was also never satisfied. No amount of working out or controlling my food was enough. At times, I was afraid I would slip into another eating disorder, something that terrified me after going through the physical effects my disorders even after I had improved. Now, I no longer weigh myself and even at doctor appointments request that the nurse withhold my weight. The reason is not so much that a particular number scares me anymore, but that I want the way my body feels, and not a number, to tell me that I am healthy.

My purpose is not to go into depth about my past with eating disorders, but it is important to discuss in light of the cosmetic procedures I underwent later. I have had many chemical peels, vein removal, laser procedures for my skin, hair removal, a septoplasty, a rhinoplasty, and a chin implant. These procedures occurred after I overcame my eating disorders, and it took me a very long

time to acknowledge that they were related. My obsession simply turned to other areas. The perfection obsession led me to this project. While my eating disorders bear significantly on my later body obsessions and continuous weight preoccupation, it was my cosmetic surgeries that led me to write this book. My story of cosmetic surgery tracks the enabling mistake that initially prompted my interest in the subject of body perfection. The focus in this story is on the path that was created largely by the medical professionals, whom I saw as experts in their fields. This path led me to more surgeries than I expected.

When I was 26 and in graduate school, I sought a plastic surgeon with a single, presumably innocuous desire: to have my nose straightened, which had become crooked as a result of a previous corrective jaw surgery. My dentists and orthodontists pushed the original jaw surgery to correct my open bite, and they assured me it would be covered by my insurance. Once the swelling decreased from the jaw surgery, I noticed in photos that my nose was crooked and wider than it had been. I was told by my jaw surgeon that my nose may not settle after the surgery exactly as it had looked before, but this new crookedness was glaring to me. I sent pictures to my parents, digitally inserting straight lines along my nose and arrows to show how crooked my nose had become, hoping to gain their support and approval for surgery to straighten it. In their perception, the flaw was not so obvious or as disturbing as I saw it, but they were convinced after I told them of my increased difficulty breathing (since I had already lived my entire life with allergies and chronic congestion). After meeting with an ears, nose, and throat doctor (ENT) who confirmed the misalignment of my septum, I was referred to a plastic surgeon who could correct my nose with a septoplasty. This problem, a misaligned septum, could be covered by insurance if it proved to cause substantial obstruction, which it did.

After researching reviews and credentials of potential local surgeons, I decided to arrange a consultation with a surgeon who specializes in facial surgeries only and who earned high reviews from clients. I was impressed more by the surgeon's expertise in the particularities of facial surgery than the limited reviews that were available online. For me, it appeared he was less a plastic surgeon than a medical doctor with a specialization, which included both cosmetic and medical surgical procedures. This was not a doctor who might go from performing a breast enlargement surgery to a liposuction and finally to a rhinoplasty without seeing them as entirely different. He specialized in all sorts of surgeries of the face, and not all of these unique surgeries were considered cosmetic. Still, setting up the consultation I was nervous. I was not concerned about the prospect of surgery; my jaw surgery had been intense and had been preceded by seven years of braces that included the uncomfortable adhering, tightening, and removal of two different sets. I was accustomed to pain. Like many Americans who grew up in the 1980s and 1990s, I was acclimatized to pursuing medical solutions to largely aesthetic problems; braces, too, were

primarily cosmetic (other than the other purpose: an attempt to fix my bite without surgical intervention). These technologies had been made available and were widely advertised at the time. Braces were becoming increasingly normalized for adults, as were other borderline "cosmetic" surgeries (especially for dermatological purposes). Parents were becoming accustomed to supporting the costs of various procedures for their children that their own parents may have not been able to afford, or even considered. My parents had paid for two different sets of braces already. So, what made me nervous was not the idea of surgery, but using my savings to cover the costs after potential insurance restrictions or associated insurance co-payments.

Since I was prepared to inquire about a few more potential cosmetic alterations to my nose, money was of concern to me. My nose always had bumps on either side on the upper bridge, creating a perfect ledge for glasses and emphasizing the size and boniness of my nose. My nostrils had expanded slightly after the jaw surgery, stretched apart from the widening of my upper jaw. Throughout my life, my nose had been one of many areas I saw as potential areas of improvement. As I got older, I accepted my ever so slightly large, somewhat bony nose because my face grew to match it more closely. After it became crooked, however, I saw it as a chance to change those flaws in my nose that I had worked to accept. Could the nostrils be reduced even more and be made smaller than they were before the jaw surgery? Could my overall nose be made even smaller than ever? Since the septoplasty would be covered by insurance, why not just ask about the costs of these other potential alterations? I figured that I could always settle with the septoplasty if the other surgeries exceeded my budget, but deep down, I became excited by the possibilities. Although I had a history of agonizing over my body and trying to control it, as well as obsessing over my cystic acne, I was a graduate student interested in disability studies and medical rhetoric and was suspicious of the rhetoric of perfection. In other words, I felt like I was a reasonable person. Besides, I was seeking this surgery first and foremost to correct what was improperly altered, and determined that a few minor changes would not threaten my integrity.

The surgeon's assistants were extremely welcoming and kind when I arrived for the appointment. I waited in a small room with no windows, furnished only with two cushioned chairs and a coffee table. Under the table were magazines ranging from popular, widely-distributed titles to plastic surgery magazines written for surgeons. I flipped through a plastic surgery magazine with a rhetorician's eye, appropriately critical of some of the beauty-obsessed advertisements and superficial emphases in the articles. The surgeon arrived and introduced himself. Attractive and friendly, he appeared extremely humble, despite my expectations that he might be as conceited and superficial as the magazine I had just skimmed. He put his fingertips under my chin gingerly and lifted my head, viewing me from the front and then from the side. "Yes, I can

see that the septum is crooked." He pulled a ruler from a drawer in the coffee table and began measuring my nose, while I remained perched on the edge of the chair with my mouth firmly closed and eyes staring straight ahead. He concluded that one of the sides of my nose, above the nostril, had also slightly collapsed and contributed to the crooked appearance. He looked at me again, holding my face gently and looking from the side.

"Have you ever considered a chin implant?" he asked.

"No," I responded. "I just want to fix my nose."

He mumbled under his breath and nodded slightly, not pushing the issue. He told me the options, assuring me that the septoplasty should be covered by insurance, but insurance may not cover the collapsed nostril since only one side was affected and the one side was not severe enough to block the airway. I asked about the bump on my nose. He did not seem concerned, but proposed a sculptor's remedy: he could "chisel a little" off the bump. I asked also about my nostrils and he nodded, saying that the surgery was called an alar base surgery. He moved closer and examined my face once more. "I would only take off a very little, about that much." He showed me a millimeter on his ruler. I nodded, admittedly wishing it were a bit more, wishing he would authorize me to authorize him to chisel a little extra. He then took me to another room to take pictures of my face in front of a plain, solid blue wall. Back in the consultation room, I asked about the cost. He told me that his administrative assistant would put together an estimate and talk to me about payment plans. I shook his hand and thanked him before he left the room.

When I returned home, I stared at the sheet of paper, with his costs handwritten artfully by the assistant in cursive on the lines of a standard estimated invoice. The total was at the higher end of my budget, and I knew I would have to ask my parents for a small loan. I called my mother and she debated with me about the benefits and risks of the surgery, questioning again and again why I felt it was necessary and whether it would really help my breathing. She agreed to give me a loan, but told me to consider my decision for a few days. "Just think about it," she said. I had already called the assistant and set up a follow-up appointment within a few hours after that first consultation, but I had warned her that I might call and cancel during the week.

At the follow-up appointment, the surgeon showed me the pictures he had taken, which he had altered to reveal the proposed results for the surgery. He then moved to a new file and after he showed me a few pictures, he asked if I saw anything different in the new photographs. Unsure of what exactly he was asking, I shook my head no. He clicked on another photo, keeping his eyes on the screen. He then informed me that these pictures included an altered chin, revealing what I would look like with a chin implant.

I told him that I could not afford anything more than the septoplasty and rhinoplasty. I added that I study medical rhetoric, using it as a shield to ward

off his suggestions. My knowledge of medical rhetoric meant, in my mind, that I understood the pressure to perfect the body. There are many things I could change, I told him, but I had to maintain my limits. He urged me to consider it in the next few days and promised me that a chin implant is a relatively simple procedure, with few risks. There is a very low risk of infection, he added. The doctor then lifted a book from near the computer and flipped to a page with small plastic disks. Grabbing one and pulling it out of the pocket insert on the page, he informed me that this is what an implant looks like. It's very small, he said. He placed it back in the pocket. He shrugged and said what would echo in my mind the entire week: "Just think about it." I nodded to satisfy him, silently promising to ignore the suggestions and to stay focused on that part of my body which brought me there: my nose.

Just think about it.

I decided in the next few days, after some debate, that if the crookedness would continuously bother me and I might someday want the surgery, it would be better to undergo the surgery earlier than later and enjoy the results. I planned to call and set up the surgery dates within the next week. Before I had a chance to set up the surgery, however, I received a phone call while I was walking with a friend near my university. The voice greeting me was the assistant at the surgery clinic, saying that the doctor asked her to call. She then informed me that the doctor wanted to offer the chin implant surgery for free, less the cost of the implant and anesthesia. She continued saying that he was not going to charge anything for the surgery itself, which would save me thousands of dollars. At first I was shocked, and then I was confused.

The cost of anesthesia, she informed me, depends on the length in hours of the surgery and would be added to the duration of the nose surgery. The implant itself cost a little over $300. Her tone hinted that it was an incredible bargain. I thanked her and said I would call back in the next day or two. I hung up, more confused. While some would have felt both excited and lucky for the offer, I viewed it as a major ethical dilemma. Why would the surgeon offer this to me? Did he sit up all night, losing sleep over my imperfect profile? Did he admire my strong will and see me as different from some of his clients who could not get enough surgery? Did he feel guilty about my limited budget? I thought of what people would say if I told them about this offer. I knew my parents, both raised with Depression-era Midwestern frugality, would be disappointed that I would make such extensive changes to my face, which they had, in a sense, given to me. Their faces flashed in my mind. Neither of them had strong chins. I knew that my friends would think it was unnecessary. Still, how could I turn down such a generous offer that came without any apparent strings attached? What was he authorizing? What was he *authorizing me* to authorize?

I called my mother to talk to her about it. I figured she would immediately say no. But something about the generosity of the offer and the bargain price

appealed to her thriftiness. She thought it would be a good idea only if I wanted the surgery and felt it was worth the risks. I talked to friends and to my partner Kevin, who all said they thought I looked fine the way I was. In the end of all the confusing decisions, all the chipping away of my once strong will, I found myself sitting again in the consultation room. "That one," I said, pointing at a small cut of plastic. I had chosen the smallest implant available. Something inside of me sighed heavily and resigned. On May 22, 2007, I underwent both surgeries without complications. I stayed home and rested while I healed.

Two weeks later, Kevin and I were enjoying our first night out since my surgery. The nose had healed quickly, but the chin had taken longer due to the more stubborn and severe swelling around my jaw line. I was enjoying being out and feeling well enough to socialize. We were eating at our favorite Spanish restaurant. I bit into a soft piece of lamb when a pain shot through my chin. It was followed by a flash of heat through my jaw. "My chin really hurts all of a sudden," I yelled over the sound of the live Flamenco guitar. I pointed at my jaw. Kevin shrugged with a concerned look on his face, indicated that it looked fine, but by the time we were in the car driving home my chin and jaw were throbbing. By an hour after we arrived at my townhouse, my jaw had swollen noticeably. Knowing it was too late to call my surgeon, I decided to wait until the next morning and try his personal emergency line if the swelling and pain had not subsided. When I called in the morning, he told me to call again later if the situation did not improve. I called him later on Saturday evening confirming that it had gotten worse, and he sounded worried, asking me to meet him at the clinic the next morning.

The surgeon cursed quietly. He was pressing on my chin at 7 a.m. in his examining room and despite the extreme pain, I appreciated his honesty. He told me that my chin was infected. He would have to drain it immediately and he only had local anesthesia. There may be a chance he would have to remove the implant in another surgery, he informed me before he began the drainage, looking directly in my eyes. I nodded. He kept shaking his head. He administered a few shots of local anesthesia and, using scissors, opened the healed incision under my chin. "This is going to hurt." He used the scissors to puncture the tissues of my chin, soaking a towel he held underneath. He removed the remaining infection with a syringe. It did hurt. When he finished, he told me to drive to the pharmacy for a prescription, and by that time I was heavily bandaged and felt dizzy. I was to take one of the strongest antibiotics on the market and keep heat on my chin continuously. If my chin did not show improvement in three or four days, he would have to remove the implant. At first, I just thought of the money I could potentially lose, nearly six hundred dollars extra (including the anesthesia) on the chin implant. Then I thought that perhaps this was some sign of my own failure, my own weakness and greed.

I could not help thinking it was a dramatic, ironic twist on an already twisted narrative, a form of cosmic retribution for my cosmetic desires.

Holding a heating pad on my chin, tears rolled down my cheek and I kept my eyes closed, trying to hide this low point of my existence from my partner. He was caring and helpful, asking what I needed or how he could help—a medical emergency reads as a medical emergency regardless of the cause—as I felt increasingly foolish, feeling terrible that anyone would have to help me after I made such a cosmetic blunder. It was a cosmetic problem with medical consequences, which affected even those around me. I could not believe where my aesthetic desires had led me.

Five days later, my doctor could not believe it. "It's amazing." He told me my chin was entirely healed and his disbelief made him garrulous. Nine times out of ten, he explained excitedly, doctors need to remove the implant. Once the implant is infected, it can rarely be cleaned effectively. He stopped for a moment only to warn me that if the infection were to return in the next month, he would have no choice but to remove the implant. Despite the ominous warning, I was thrilled that I would not likely have to lose the implant after all that, but part of me also wanted it gone. I did not know what would be more of a reminder: the piece of plastic left stuck on the bone of my chin; or the small, scarred chin it could have left behind.

The irony, of course, is that my chin was one of the only body parts I had never critiqued or even noticed before my first consultation. I had thought I maintained full control over my choices, but now I wonder whether something much larger was pulling me toward that destination. Was it popular media? The pressure of my peers? Self-esteem issues from my past?

In this project, I explore that "something larger" by analyzing the construction of the plastic surgery patient and fat stereotypes in mass media, as well as the lived experiences of those who have undergone surgery or body modification. The roles of agency and influence are key concerns in this discussion. In thinking back on my own experience, I have three dominant contradictory readings: first, I view myself simultaneously as an individual implicated in a network of social standards, one who has suffered with body consciousness my whole life and, second, as a rational individual who made choices based on a plethora of options, taking advantage of a great deal. The third consideration is the outcome. Would I read the situation this way at all had I not gotten an infection and suffered from those choices? Was I now the victim when I had been momentarily empowered? Or have I been the victim all along? Where was my authority?

The many chapters of this book focus mainly on mass media and popular culture representations, but my own experience serves as the lens through which I read these texts. Yes, I approach most popular representations of weight loss and cosmetic surgery suspiciously, but it is the effect of knowing—of learning