

# Ethical Dimensions of Cosmetic Surgery

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## ABSTRACT

The promise of cosmetic surgery is that one can reshape his or her body to remove perceived defects and thus have a perfect body. Although in practice this is not always the result, many continue to pursue this potential. One extreme example of this impulse is actress Heidi Montag, who underwent ten different plastic surgery procedures in one day. But the decision to undergo cosmetic surgery is not made in a vacuum. Individuals are influenced by others, including the media, the surgeons, and themselves. This essay uses Montag's experience to explore four ethical considerations surrounding cosmetic surgery—the surgeon, the patient, the media, and society—and concludes with a discussion of potential correctives for ethical failures in each of these areas.

## KEYWORDS

Beauty, Biomedical Ethics, Cosmetic Surgery, Heidi Montag, Media

For most of human existence, biology has been destiny. However, with the advent of cosmetic surgery, this is no longer the case. Jordan (2004) observes that “over the course of the last century, plastic surgery advocates have engaged in a concerted, commercial effort to redefine the human body as a plastic, malleable substance which surgeons can alter and people should want to alter in order to realize their body image ideals” (p. 328). If anything can be corrected, there is now the possibility that one can truly have the perfect body. This shift in technological possibilities raises questions concerning what lines should be drawn concerning body modification; as Clemens (1985) observes, “Technology forces us to deal with complex ethical questions that arise only because the technology creates the situation” (p. 164).

Even in cases where the ethics may seem clear, there can be controversy. For example, some portions of the deaf community have fought vehemently against cochlear implants in deaf children (for more on this controversy, see Balkany, Hodges, & Goodman, 1996; Lane & Bahan, 1998). As such, one must proceed with caution when considering the ethics of body modification and enhancement. One thing seems clear: the question of what *can* be accomplished through medical technology may be outpacing our ability as a society to answer what *should* be done. Technoethics provides an entrée into this discussion because, as Luppicini (2009b) explains, “technoethics is techno- and bio-centric (biotechno-centric)” (p. 3). In other words, technoethics allows us to consider the technological aspects of the situation as well as the lived experience of the individuals who would be impacted by the action in question.

Although many have gone under the knife in the pursuit of beauty, actress Heidi Montag stands out as an exemplar of this trend. Montag underwent ten different plastic surgery procedures in one day, stating, “I had a little bit of Botox, an eyebrow lift, my ears tucked, I had my nose re-aligned, fat injections put into my cheeks, my lips done and I had my chin shaved down” (Berman, 2010, p. C4). Of course there is more to be done, as she heaps plastic surgery upon plastic surgery: “I would like to get my breasts redone. Because I couldn't get them the size I wanted because they couldn't fit” (“Heidi Says,” 2010, p. 31). After her barrage of surgeries, she told *People* magazine: “I see an upgraded version of me. It's a new face and a new energy. It's a new person and I feel like almost all

of the things I didn't want to be and who I turned into kind of got chiseled away" (Garcia, 2010, p. 84). The only way that Montag could be herself, it seems, was by removing parts of her flesh. But Montag had no intention of resting on her surgically-enhanced laurels. Says Montag, "Let's just say there's a lot of maintenance. Nobody ages perfectly, so I plan to keep using surgery to make me as perfect as I can be. Because, for me, the surgery is always so rewarding" (Garcia, 2010, p. 88).

In this essay, I will use Montag's experience to explore four ethical dimensions of cosmetic surgery: the ethics of the medical professionals who perform and advertise these procedures; the ethics of the media structures that promote a homogenous ideal of beauty; the ethics of those within society who tacitly approve of such procedures; and the ethics of the individual making the decision. I conclude with some potential correctives for these ethical issues.

## FOUR ETHICAL DIMENSIONS OF COSMETIC SURGERY

### The Surgeon

Bunge (1975) argues that creators and users of technology bear ethical responsibility for making them beneficial (p. 72) and concludes that "the technologist is responsible for his professional work and he is responsible to all those affected by it, not only to his employer" (p. 73). In other words, maintaining a technoethical stance forces the technologist to own his or her actions. One cannot use the technician's defense made famous by Adolf Eichmann that he or she was simply obeying orders (see Arendt, 2006). In the case of the cosmetic surgeon, this means that the customer is not always right and those who perform elective surgery bear a significant ethical burden. Beauchamp and Childress (2001) propose the following biomedical ethical framework that has become widely adopted:

1. *Respect for autonomy* (a norm of respecting the decision-making capacities of autonomous persons)
2. *Nonmaleficence* (a norm of avoiding the causation of harm)
3. *Beneficence* (a group of norms for providing benefits and balancing benefits against risks and costs)
4. *Justice* (a group of norms for distributing benefits, risks, and costs fairly). (p. 12)

In the case of Montag, two facets stand out: nonmaleficence and beneficence. However, even these seemingly clear-cut issues can seem at odds sometimes. For example, Beauchamp and Childress (2001) observe that beneficence can sometimes conflict with the principle of autonomy in the case of paternalism (p. 176).

In the case of plastic surgery, there may be conflicts between nonmaleficence and beneficence when the ill that one corrects is influenced by the very people providing the cure. In her discussion of cosmetic dermatologists, Baumann (2012) notes that they "have the goal of improving their patient's appearance and skin health, but all too often, financial motivation can cloud their judgment" (p. 522). Cantor (2005) likewise notes that the physician's "livelihood depends on performing the very interventions they recommend," but notes that "economic self-interest is less flagrant when a surgeon insists that a sick patient have gallbladder surgery, even if she stands to profit from the procedure, than when a dermatologist sells a patient an expensive cream of dubious value" (p. 155). A similar judgment can be made for cosmetic surgeons. On the freeway near my home, I see billboards for plastic surgeons promoting "beauty for life." Plastic surgeons stand to gain financially by promoting an image of the body as intrinsically flawed and lacking in natural beauty. As Blum (2005) argues, cosmetic surgery "holds out a technological and economic solution (if you have the money, the technology

is there) to the very dilemma posed by the way capitalism manages femininity by simultaneously commodifying it, idealizing it, and insisting on its native defects” (p. 110).

Long before the popular press began to read Montag’s body, it was read—and written—in great detail by the plastic surgeon that would perform the procedures. Jerslev (2006) describes such a transaction:

*The body burdened with the stigmata of the surgeons’ marker brutally announces the verdict of bodily incompleteness. It points out that the body does not belong to the one that inhabits it but to another person’s objectifying gaze, and it says that the material body is never a finished, singular entity, but a modifiable mass of organic matter. (p. 146)*

Jothilakshmi, Salvi, Hayden, and Bose-Haider (2009) argue that “the goals of esthetic surgery are to correct the physical defects that adversely affect a person’s body image and ultimately to improve the quality of one’s life” (p. 54). But what do we mean when we say “defect”? Western society has coded such naturally occurring variations as pendulous breasts, protruding labia minora, and single eyelids as defects. Nowhere is the desire to correct perceived defects more prominent, however, than in the discourse surrounding aging (see Lin, 2010). Smirnova (2012) suggests that discourses surrounding women and aging

*has simultaneously constructed the aging woman as both victim and hero—her body vulnerable and in need of rescue by her will to partake in anti-aging technologies. The technologies themselves are also part of the heroic narrative, masculinized by the rhetoric of neoliberal, rational action backed by scientific and medical authorities. (p. 1236)*

In short, a woman who does not fight against the ravages of time is seen as less desirable. As De Roubaix (2011) observes, “Women are obliged to comply with constructs of beauty and normality to remain competitive. Society regards youthfulness as desirable; the mass media both generates and feeds upon these constructs” (p. 15).

Returning to the question of ethics, we are left with the question of “whether women really make free choices in favour of aesthetic surgery under these circumstances” (De Roubaix, 2011, p. 13). Women are placed in the unenviable position of choosing whether to surgically alter their bodies or to matter at all in society. In some ways, this undermines the autonomy of the individual. In advertising the body as defective, one can simultaneously maintain the principle of nonmaleficence from the perspective of the physical body—indeed, may argue that he or she is making the patient better—but may cause psychological harm that will drive the patient to his or her practice to seek relief.

Feminist scholars (e.g., Bordo, 1993; Jeffreys, 2005; Polonijo & Carpiano, 2008; Wolf, 1991) have placed cosmetic surgery within the framework of patriarchal power, but Sanchez Taylor, (2012) entertains the possibility that

*with the expansion of the cosmetic surgery industry and the “make over culture” that surrounds it, others choose surgery simply because it is affordable, readily available, fashionable, and so increasingly “normal” to consume surgery in the same way that other beauty and fashion products and services are consumed. (p. 464)*

Thus to claim that those who undergo cosmetic surgery are simply victims of social forces beyond their control is to oversimplify the transaction. Holliday and Sanchez Taylor (2006) argue that “contemporary women who routinely adopt the markers of hypersexualization associated with classed and racialized bodies (such as buttock implants or collagen lips) are not passive but active and desiring (not just desirable)” (p. 191). But the impulse for cosmetic surgery may not be to stand out or to look

better than everyone else, but rather to simply fit in. Participants in a study by de Andrade (2010) reported that they sought cosmetic surgery to be “normal,” especially after pregnancy. However, one 59 year old woman stated, “At my age, I have to do it. I have to undergo cosmetic surgery and have a facelift so as to look younger, more beautiful. All my friends are doing it” (de Andrade, 2010, p. 79).

One danger suggested by Gupta (2012) surrounding the commercialization of cosmetic surgery is that “consumers may regard aesthetic surgery as a commodity that is bought rather than a service provided by a trained professional” (p. 548). Despite the desire to respect patient autonomy, the customer is not always right. For many, cosmetic surgery can be seen as a shortcut—a way to get the body one desires in ways that may be otherwise impossible. As Montag notes, “Sure, there are healthier ways to lose weight than stapling your stomach, but you can’t exercise your way into bigger boobs or a smaller nose” (Husted, 2009a, p. B03).

The cosmetic surgeon must walk a fine line between respecting the autonomy of the patient and contributing to a culture that pathologizes the body. Consider the example provided by Blum (2003) of the surgeon who advised his patient that in addition to the rhinoplasty that she had planned, he would also “remove her under-eye bags” (p. 276). She notes that “this surgeon has a reputation for doing wonderful eyelid surgery. Unsurprisingly, then, he focuses on the eyes of all prospective patients. This ‘flaw’ is somehow magnified for him” (p. 277). In this case, it seems that the surgeon transgressed against the principle of autonomy by instilling a sense of doubt concerning the patient’s features that was not previously there.

Cosmetic surgeons claim the authority to stand in judgment of the body of the patient and hold the ability to correct flaws in that body. Jordan (2004) notes that “surgical applicants must confront the medical community’s ideological perspective on the healthy body and how these influences surgeons’ choices about which bodies and desires will receive surgical attention and which will be rejected as inappropriate” (p. 328). The surgeon decides what is wrong with the individual because, as a society, we have outsourced alteration and care of our bodies to medical professionals. We no longer trust ourselves with our own bodies. Although this abdication of autonomy is problematic, this illustrates the need for practitioners to tread carefully when considering the needs of the patient. Harris and Carr (2001) state that “the benefits of [plastic surgery] interventions for the patients concerned are psychological: relief of psychological distress and improvement in social and psychological functioning” (p. 216), but the practitioner must be sure that the flaws corrected are those seen by the patient and not those suggested or created by the surgeon.

## The Media

The mass media plays a significant role in individual attitudes toward cosmetic surgery (see Luo, 2013; Solvi et al., 2010; Swami, 2009; Swami et al., 2011). Indeed, Swami, Taylor, and Carvalho (2009) found a correlation between celebrity worship and positive attitudes towards cosmetic surgery. It is no great leap to suggest that images of beautiful people may cause some to unfavorably measure themselves against this standard. Most people deal with the fact that they will not look like their favorite celebrity, but for some the pressure is overwhelming; cosmetic surgery offers the potential to come closer to that standard of beauty.

In their discussion of Body Dysmorphic Disorder (BDD), Chan, Jones, and Heywood (2011) explain that “BDD is characterised by time-consuming behaviours such as mirror gazing, comparing particular features to those of others, excessive camouflaging tactics to hide the defect, skin picking and reassurance seeking,” explaining that “BDD patients may present to the plastic surgeon requesting multiple cosmetic procedures” (p. 6; for more on BDD diagnosis, see Veale et al., 2012). Kellelt, Clarke, and McGill (2008) suggest that those seeking breast augmentation surgery may reflect “a lack of balanced body image or obsessional tendencies” (p. 516). Some have suggested that perceived imperfections are influenced by media images. Berry, Cucchiara, and Davies (2011) provide this explanation of what constitutes the “ideal breast”: “there is a common view, perhaps as a consequence of globalization and advertising, of an attractive breast: one full, without ptosis and good symmetry”

(p. 1402). In their discussion of labiaplasty, Cartwright and Cardozo (2008) also note that “women requesting surgery report disabling psychological distress associated with a perception that their labia are abnormal in size or shape. . . . The often erroneous perception of abnormality may arise from comparison with women’s genitalia as depicted in pornography” (p. 285). Life imitates art.

This assessment works both ways; as people read the bodies in the media, the media also reads the bodies of individuals. Montag’s body is no exception here. Supermodel Paulina Porizkova compared Montag to a “cheap, plastic pool float,” as she railed against the culture of plastic surgery (Camilli, 2010, p. E5). Babcock (2010), writing for the *Spokane Spokesman Review*, states, “Imagine, 23 years old and already Botoxed, lifted, lipo-ed, and implanted like a blow-up doll. The surgeries were not because of a genetic disfigurement or horrific accident but because, as Montag explained, ‘I’m obsessed’” (p. V1). Despite the discomfort this columnist displays with Montag’s surgery marathon, it is not actually difficult to imagine; plastic surgery (or rumors thereof) has become cliché among actresses. The surgery was not the shocking thing, but rather the quantity in one day. As Dyens (2001) explains,

*We are attracted to Hollywood stars not only because of their biological beauty (i.e., organic effectiveness) but also because of their cultural productivity. What we seek today are bodies sculpted by culture. A Hollywood star, male or female, who has had cosmetic surgery, is a cultural being, and this is what seduces us. (p. 21)*

Montag has chosen to fully embrace the socially constructed norms of what ideal femininity should look like and inscribe them on her body. She constructed the ideal of the perfect body not only from her own mind, but from the media and celebrities that infiltrate our minds. Through cosmetic surgery, she has become something more than just Heidi Montag—she becomes an avatar of our cultural norms of beauty.

Scholars have long expressed concern over the media’s influence on the body image of both men and women and girls and boys (Aubrey, 2007; Hargreaves & Tiggemann, 2009; Harper & Tiggemann, 2008; Shields & Heinecken, 2001; Stice, Spangler, & Agras, 2001). Even one of Montag’s co-stars expressed misgivings about the potential impact that Montag’s actions may have on young girls:

*I hope that girls don’t read the article, look at the decisions that Heidi made, and think that’s normal. She was quoted as saying that every celebrity in Hollywood has these procedures done, every day . . . and that’s just not true. I would never want young girls to read that and think it’s the standard that they need to be measured by. (Ward, 2010, p. 25)*

But there is a standard by which everyone is held, which is continually held up in the media. Montag is not the problem, but rather the symptom. A study by Dohnt and Tiggemann (2006) found that girls as young as 5-8 years old had already internalized media messages depicting thinness as the ideal and awareness of dieting as a means of gaining that type of body. Maltby and Day (2011) found a correlation between celebrity worship and those who actually went through with cosmetic surgery. It should come as little surprise that Montag would likewise internalize the media-promoted ideal of perfection and then carve her body into the appropriate shape.

The most pressing ethical consideration for the media, then, is the recognition of the power that the industry holds in shaping culture. As Burgess (1970) explains, “the strategies and motives of any rhetoric . . . represent an invitation to a life-style, an invitation to adopt a pattern of strategies and motives, verbal and nonverbal, that determine how men and women will function together in culture” (p. 120). As such, language becomes an ethical concern; “We literally speak relations into being, and fashion the world as per the logic of those articulated relations” (Anton & Zhang, 2011, p. 239-240). The media plays a part in the perpetuation of a narrow definition of beauty for both

males and females. The Code of Ethics of the Society of Professional Journalists (1996) states that journalists should “minimize harm” and “Show good taste. Avoid pandering to lurid curiosity” (p. 1). This imperative to minimize harm could also be applied to societal harm. Media outlets have the potential to shape the dialogue concerning beauty into something more expansive, but barring this, perhaps the simplest ethical action that the media can take would simply be to leave the individuals who choose to undergo cosmetic surgery alone.

## Society

Although there are some evolutionary traits associated with beauty (Barber, 1995), conceptions of beauty are also culturally bound. Cosmetic surgery plays a part in this construction; as Lunceford (2012) puts it, “cosmetic surgery not only reflects but creates our conceptions of what it means to be beautiful” (p. 20). Beauty is socially coded as more desirable and researchers have long observed that a host of positive traits are associated with attractive people (Dion, Berscheid, & Walster, 1972; Nisbett & Wilson, 1977; but see Eagly, Ashmore, Makhijani, & Longo, 1991). This “halo effect” can be leveraged in many ways; attractive people are seen as more intelligent (Kanazawa, 2011; Kanazawa & Kovar, 2004), healthier (Jones et al., 2001), more attractive to employers (Ruetzler, Taylor, Reynolds, Baker, & Killen, 2012; but see Johnson, Podratz, Dipboye, & Gibbons, 2010), more skilled socially (Hope & Mindell, 1994), and make better (and more distinct) first impressions (Lorenzo, Biesanz, & Human, 2010). But the benefits of physical beauty go far beyond romantic potential or career success. Garnham (2013) explains that in contemporary society, the body “becomes the surface of inscription for the choices one makes and can be read in terms of its virtue. Looking ‘good’ or an attractive appearance thus signifies the ethical subject” (p. 44). This link between morality and beauty is reinforced from an early age (see Baker-Sperry & Grauerholz, 2003; S. Baumann, 2008; Bazzini, Curtin, Joslin, Regan, & Martz, 2010).

Western society has pathologized the body and any perceived defect in the body can be technologically solved through drugs or surgery. But it is not enough to solve the problem; one must solve it more effectively than others. Montag describes this sense of competition: “Think about the industry I’m trying to go into. My ultimate dream is to be a pop star. I’m competing against the Britney Spearses of the world—and when she was in her prime, it was her sex appeal that sold. Obviously, looks matter; it’s a superficial industry” (Garcia, 2010, p. 82). Beauty is a zero-sum game in which failing to measure up physically means losing out to another who has more effectively managed his or her physical appearance. Such sentiments seem consistent with Blum’s (2005) assertion that “cosmetic surgery can be seen as a dramatization of the relationship between a woman and an imaginary Other Woman figure . . . who, because of some imaginary set of superior charms, entrances your partner away from you” (p. 110). Plastic surgery allows a woman to become that “other woman,” which then places her in competition with the rest of the female population. This is certainly not lost on Montag, who states, “As for other women, if they aren’t hating on you, then you’re not doing anything right. If women aren’t jealous of you, talking about you and cutting you down, then you’re a nerd, and I would never want to be that” (Husted, 2009b, p. B03).

The problem, of course, is that there will always be someone who has something that is better. One dermatologic surgeon described people like Montag as those seeking “physical perfection to satisfy a psychological problem which cannot be helped by multiple surgeries. We as surgeons are not helping our patients by performing surgery on these people” (Stewart, 2010a, p. K). Once the body begins to be seen as malleable, with parts that are replaceable, there is no limit to what can be done. As Blum (2005) notes, “When you buy a body part for aesthetic reasons, you automatically compare yours to others who have better or worse. Even if you are pleased with a surgical result, you will see the rest of the world as so many possibilities” (p. 105).

How then should bystanders behave in relation to those undergoing cosmetic surgery? One possible framework is Bentham’s (1823) utilitarian argument that “It is the greatest happiness of the greatest number that is the measure of right and wrong” (p. vi). Although this is only one of a

number of ethical frameworks, it illustrates the stakes surrounding cosmetic surgery. If the goal is to make the potential patient—and society as a whole—happier, how should one achieve that end? One issue noted by Montag is the perceived competition among individuals, especially regarding beauty. Because attraction of and competition for mates serve a biological function, it would likely be too much to ask that people reduce this competition. However, it should not be too much to ask that people are more kind to each other. At the very least, one should not exacerbate perceived imperfections in the potential patient.

## The Patient

No one exists in a vacuum, and social conceptions of beauty are created not only through exemplars, but also in comparison with others. The body that Montag inhabits has likewise read other bodies in her search for perfection, noting that “When I was shopping for my boobs, I wanted the best, so I sat down and flipped through a bunch of Playboys” (Derakhshani, 2009, p. E02). It seems that Montag chose her breasts much as one searches for a new pair of pants in a catalog. As Blum (2005) observes, “When you don’t like a body part, the rest of the world looks like an array of perfect examples of just what you lack. Moreover, once you’ve bought and paid for an improvement, you want the ‘best’” (p. 104).

The catalog in which Montag—and many others like her—chose to browse may not actually provide the goods that she desires. After all, the pages of *Playboy* are filled with surgically and, of course, digitally enhanced breasts. She could not have been innocent of this possibility; speaking of her own experience in posing for *Playboy*, she states, “I didn’t fill out one of the bras and they had to Photoshop my boobs bigger, and it was so disheartening. I almost cried” (Garcia, 2010, p. 83). In other words, she is seeking to modify her breasts in ways that may not be possible in the flesh—creating a false set of breasts from a model that is inherently false. Baudrillard (1994) would certainly find such a state amusing with his prediction of the precession of simulacra, but this also speaks to another assertion by Baudrillard (1988): “*Images have become our true sex object, the object of our desire*” (p. 35). It was not simply better breasts that she chose, but rather, *someone’s* breasts, which may or may not have been that person’s actual breasts. In other words, she chose the *image* of another’s breasts. Thus her statement, “I’m very excited for the world to see the new me, and a real me” (Garcia, 2010, p. 84), seems particularly ironic.

But Montag is not only concerned about the world in abstract, but also her husband’s approval. Davis and Vernon (2002) suggest a connection between attachment anxiety and cosmetic surgery, stating that “although there are many motives to improve appearance, fear of rejection or loss of a current spouse or lover is clearly among them” (p. 136). This seems particularly evident in Montag’s expressed concerns that her husband would not find her sexy. Montag states that after coming home from surgery, “I felt bad that he had to even look at me” (Garcia, 2010, p. 86). When asked if the recovery process tested their relationship, Montag replied, “Asking my husband to take down my pants so that I can go to the bathroom? That’s not something I ever wanted to have to do. I mean, you want your husband to look at you and feel sexy, not have him waiting on you hand and foot, feeling like you don’t want him to look at you,” but concedes that “it took our marriage to another level” (Garcia, 2010, p. 86-88). Montag’s story reminded me of when my wife and I came home from the hospital after she gave birth to our son. I recognized that there were some things that she would not be able to do and I did them because our relationship is based on more than just her physical attractiveness. The body can be damaged and must have the opportunity to heal itself; this is a luxury that Montag seems unwilling to give herself. But if one considers the base of the relationship as looking sexy, then he or she must always guard against someone better looking. There is no time for recovery.

The second assumption present in Montag’s comments is, perhaps more troubling: that a woman’s looks are the most important attribute. In the image-hungry entertainment industry, however, this may be taken as a given. In response to the question, “Does it worry you that people will fixate on your breasts?” Montag responded, “I hope so. They better! That’s kind of the point” (Garcia, 2010,

p. 83-84). Even so, she pulls back from this slightly, adding, “Sex appeal is really important and it’s not saying that you’re only sexy if you have big boobs. That’s not true at all, and honestly the way I got Spencer, I had no surgery. It was my inner beauty that he loved” (Garcia, 2010, p. 84).

Montag seems to view her body as a set of individual components rather than holistically. Blum (2005) relates a similar impulse in her interviews:

*Grabbing a magazine from a nearby table, she pointed to the supermodel on the cover and exclaimed, “Ooh, I love that nose, I want that nose.” I ask her why. “It’s straight. It’s straight and thin. Not the cheekbones. I have the cheekbones. I love the tip—well, I don’t know,” she said, standing back now, assuming more aesthetic distance, “it’s still not thin enough.” (p. 104)*

When one can deconstruct and reconstruct the body in such a way, it invites a view that the body is no more than the sum of its parts. This can be problematic, if not from an ethical sense, from an aesthetic sense. What works well on one body may not work as well on another. Yet there are deeper underlying concerns that emerge from taking a fragmentary view of the body, specifically the question of when is enough enough? When can one stop altering the body? What parts are acceptable to alter and in what ways? What happens to the sense of the self when one has one person’s nose and another’s eyebrows? Most importantly, what happens to our conception of beauty when all are able to look the same?

From an ethical stance, the potential patient has a moral obligation to him or herself. Recall that one of the ethical principles proposed by Beauchamp and Childress (2001) was respect for the patient’s autonomy. Yet Draper and Sorell (2002) explain that “if autonomy in medical ethics is to mean the same as in general ethics—and surely it is supposed to—autonomy must go hand in hand with taking responsibility for what is chosen” (p. 338). The patient is the final arbiter concerning his or her actions. However, the ethical responsibilities do not end with the patient alone. Sider and Clements (1984) argue that “an ethical obligation for health is a fundamental constituent of human morality” and that “we owe our health to ourselves as well as to others” (p. 10). The patient’s choices do not affect only him or her, but also family, friends, and others. Surgeries carry risk, and some have died in the pursuit of beauty. Montag herself notes that there were lasting detrimental effects that she had not anticipated (Furtado, 2010a, p. C4). As such, the patient cannot ethically take a solipsistic view in which his or her own desire for surgical alteration is the measure of all things.

### **Coda: The Aftermath of Montag’s Surgeries**

Although Montag was rather positive when she had her surgeries, she later presented a more nuanced view of her quest for physical enhancement. For example, nine months after her bout of surgeries, she decided that she wanted to have her implants removed and downgraded to a smaller size because of back pain. “I’m desperate to go back to normal,” Montag said; “I feel trapped in my own body” (Gillin, 2010, p. 2B). She explains that the implants had also begun to malfunction, necessitating their removal: “My implants were falling through. They were three pounds each so I was really miserable. Obviously, I didn’t want to go back into surgery, but it was really necessary” (“Heidi Pratt’s Secret Trauma,” 2014).

Montag’s buyer’s remorse went well beyond her enlarged breasts, however. Her biggest regret was not her breasts, but rather her chin. She explains that “I have TMJ now and my jaw hurts. I don’t think people do tell you the trauma of what you’re going to heal from. I was in so much pain, I actually thought I was going to die” (“Heidi Pratt’s Secret Trauma,” 2014). She also laments that “Parts of my body definitely look worse than they did pre-surgery,” and provides a laundry list of what went wrong, including a

*two-inch-long blemish under her chin from her chin reduction, two caterpillar-sized bald spots along her hairline from a brow lift, a horrifying jagged line behind her ears from having her ears pinned back, lumpy legs and four spots left on her lower back and below the buttocks from botched liposuction, a bright red mark inside her right nostril, uneven boobs, a stretched mark on her chest and deep scars around her nipples from a second boob job. (Furtado, 2010a, p. C4)*

She also describes the physical toll that surgery exacts on the body: “People have fewer scars from accidents than I have on my body,” concluding, “I wish I could jump into a time machine and take it all back. Instead, I’m always going to feel like Edward Scissorhands” (Furtado, 2010b, C16).

Some have suggested that Montag’s decision is a symptom of a larger problem. “She has had a lifetime of cosmetic plastic surgery in two years,” says plastic surgeon John Di Saia. “It is quite possible that the woman needs some professional help” (Stewart, 2010a, p. Arts K). Montag provides some evidence for this standpoint when she states, “I disliked myself so much. I literally chopped up my own body” (“Heidi Pratt’s Secret Trauma,” 2014). In the case of elective cosmetic surgery, it seems prudent to explore with the patient the underlying reasons for surgery. As Zuckerman and Abraham (2008) suggest, “Many girls and women seeking cosmetic surgery might benefit more from therapeutic approaches aimed at improving self-esteem or general body image or those aimed at decreasing depression” (p. 321). This may require a deeper analysis than the surgeon is able to make and in such cases psychiatric evaluation may be warranted (Ericksen & Billick, 2012). This is essential because those who suffer from Body Dysmorphic Disorder (BDD) are unlikely to be satisfied with any surgical intervention. One study found that despite expressing satisfaction concerning the surgery, “only 1 patient no longer had a BDD diagnosis at follow-up: all the other operated patients still had a BDD diagnosis and all but 1 had developed a new site of preoccupation” (Tignol, Biraben-Gotzamanis, Martin-Guehl, Grabot, & Aouizerate, 2007, p. 523). If the aim is beneficence, then for some patients cosmetic surgery misses the mark entirely. Following the principle of beneficence suggests that the least invasive procedure should be attempted first, especially in cases in which the tissue to be altered is healthy and functional. The desire to undergo ten procedures in one day should be a red flag for any medical practitioner.

But Montag’s surgeries were not merely the work of a random woman who wanted to compulsively sculpt her body to her own desires or to please others around her. These surgeries were reported extensively in the media. Some have expressed concern over how such surgeries will influence young people. Diana Zuckerman, president of the National Research Center for Women & Families, put it this way:

*Most actresses are already beautiful . . . Then they get surgery to be “more perfect.” Then their photos are enhanced to make them look even more beautiful. Then real people—including teens—see these women and these photos and feel terrible because they can’t possibly measure up. Then they get plastic surgery, and other “real people” feel badly about their own imperfections in comparison. For this reason, what actresses do really matters. (Cassidy, 2010, p. G1)*

As stated above, these images may not even be real when they finally get to the mass media because of the prevalence of photo retouching and alteration. However, some concerns about the effects on adolescents may be somewhat overstated, considering that Theran, Newberg, and Gleason (2010) found only mild attachments in their parasocial interactions with media figures. Still, others (e.g., Brown, Halpern, & L’Engle, 2005) found evidence that adolescent girls take some behavior cues from mass media, especially in relation to sexuality. These parasocial interactions are important because Singh (2015) suggests that there are two impulses leading teenagers to cosmetic surgery: peer group conformity and actual medical problems. If adolescent girls see these women as part of their peer group, this could shift attitudes toward the normalization of cosmetic surgery. Perhaps attitudes have already shifted; Cassidy (2010) reports that “liposuction or breast augmentation have come into vogue

as high school graduation presents. But it's not unheard of for 18-year-olds [in rural Pennsylvania] to get new breasts as a graduation gift—or in one [case], as an 18th birthday present” (p. G1).

## Ethics and Cosmetic Surgery

The fact that Montag could undergo ten different plastic surgery procedures in one day raises the question of how much is too much. But the ethics of cosmetic surgery transcend any one instance. As I have argued, there is an entire system that must be considered when determining the ethics of cosmetic surgeries, especially as the profession has become much more aggressive in its advertising and advocacy through television shows such as *Nip/Tuck*, *Extreme Makeover*, and *The Swan* (see Heyes, 2007; Sender, 2014). This normalization of cosmetic surgery has even seeped into children's picture books (Abate, 2010)! As such, one cannot change this system by simply changing the code of ethics for cosmetic surgeons. This is where a technoethical approach can help elucidate the various pressures that come to bear on the individuals involved in cosmetic surgery. As Luppicini (2009a) explains, technoethical inquiry is “a call for a systems study of the interweaving of technology with human agency within contemporary life and society” (p.19). Montag's surgeries illustrate the different stakeholders in defining beauty: the cosmetic surgeons, the mass media, the individuals who choose to undergo such procedures, and, finally, those around each of us who judge the appearance of others, and in order to make ethical judgments, one must consider the entire system. To conclude, I will consider some possible, if quixotic, solutions.

In the case of cosmetic surgery the aesthetic, ethical, and financial are bound together; Martínez Lirola and Chovanec (2012) explain that “the surgically enhanced body is (1) the key to women's self-esteem, self-confidence and physical perfection, (2) the target of male voyeuristic desire and (3) the medium through which cosmetic surgery providers are able to generate their profit” (p. 503). This combination creates a significant financial conflict of interest; it's good business to agree with an individual's perceived imperfections. Thus, at the very least, medical practitioners should heed Kant's (1994) demand that one should “Act in such a way that you treat humanity, whether in your own person or in the person of another, always at the same time as an end and never simply as a means” (p. 36). But following the framework proposed by Beauchamp and Childress (2001) of autonomy, nonmaleficence, beneficence, and justice requires that cosmetic surgery practitioners consider not only the implications for each individual patient, but for society as a whole. Such an approach on ethics goes well beyond the moment when the patient is placed under anesthesia and reaches into practices such as advertising, media appearances, informational literature, and counseling. It is not enough to say that surgically modifying an individual into a shape applauded by society counts for beneficence without considering one's role in creating those very ideals.

It seems clear that cosmetic surgery can have positive outcomes in self-perception and behavior, but one must take care to not overstate the positive outcomes, as a meta-analysis of 22 studies by Cook, Rosser, and Salmon (2006) found that with the exception of breast reduction surgery, there was little evidence of increased quality of life after surgery. Moreover, there are the intervening issues of who actually seeks such surgery and the potential long term effects. Von Soest, Kvaalem, Roald, and Skolleborg (2009) found that body image evaluation and self-esteem scores improved after cosmetic surgery and Meningaud et al. (2003) found improvement in anxiety in patients following cosmetic surgery, but notes that those seeking cosmetic surgery were “more anxious” and “more depressed than the general population” (p. 48). However, von Soest, Kvaalem, Skolleborg, and Roald (2009) question whether the increase in extraversion induced by cosmetic surgery “may be due to short-term changes in attitude towards one's own appearance, which in itself serves to legitimate the decision to have undergone cosmetic surgery. Such effects may well diminish over time” (p. 1024-1025).

Perhaps there needs to be some shift in how cosmetic surgeons view their practice; some seem to see themselves more as artists than as doctors. As Baker (2004) put it, “There are those who advocate analysis based on complex measurements to determine what implant shape or size is most desirable. I prefer to use my aesthetic sense when trying to provide balance to the patient's form”

(p. 565). However, Henseler et al. (2013) found that “subjective breast assessment, even when it was conducted by experts, lacked accuracy and reproducibility” and advocated the use of digital imaging in breast implant surgery (p. 639). There is a chasm of difference between a cosmetologist and a cosmetic surgeon and taking the aesthetic stance can allow surgeons to overlook ethical considerations of the power that they wield. As Luppincini (2009b) observes, “Technoethics recognizes that there are important ethical considerations when addressing the conduct of an individual with or without a specific technology” (p. 3). When a cosmetic surgeon has the technology to permanently alter one’s appearance, he or she should be held to a higher ethical standard than the aesthetician.

Finally, cosmetic surgeons must take care to avoid inflicting harm through their advertising practices. There is a fine line between promoting one’s practice and contributing to the posthumanist idea that the body is intrinsically flawed and in need of surgical intervention. Researchers have noted that there is a correlation between media exposure of depictions of cosmetic surgery and contemplating surgery (Slevec & Tiggemann, 2010). Some have argued that advertisements for cosmetic surgery should be controlled (e.g., Clarke, Drake, Flatt, & Jebb, 2008), but this poses a practical problem of who is to do so. At the very least, advertisements should be ethical, but a content analysis of print advertisements for cosmetic surgeons conducted by Hennink-Kaminski, Reid, and King (2010) found some highly questionable practices, such as ignoring potential risks and side effects and using language that may go against AMA ethical guidelines. Another study by Spilson, Chung, Greenfield, and Walters (2002) also found a significant number of advertisements that were misleading and in violation of the code of ethics of the American Society of Plastic Surgeons, but note that “because such societies are not meant to police all advertisements, discretion is left up to the physician” (p. 1186). Perhaps it is time for more stringent oversight.

In the case of the media, scholars have argued against the unrealistic body types promulgated through the photoshopping of body images (e.g. Reaves, Hitchon, Park, & Yun 2004a, 2004b; Selimbegović & Chatard, 2015). This seems to be a good start, as these norms are internalized even when such bodies are physically impossible. However, there is a more general sense in which the media helps to define norms of beauty. When asked why large breasts were desirable, one woman, who had received breast implants as a high school graduation present, stated,

*I would think the media, I mean it’s just so, so like stereotypical of what a perfect woman is. You know, big boobs, really skinny, looks like specific celebrities, models and everything. . . . I mean if everybody was fat and had no boobs then I probably wouldn’t have wanted them, but if that’s the way we grew up, the society you grow up in, you want to look a specific way. Like you would like to have a small waist with a bigger chest. I mean I’m sure that’s our American culture in general. (Fowler & Moore, 2012, p. 114)*

Perhaps it is too much to ask television, film, and other media to embrace a wider definition of beauty, but as I have explained above, the media plays a large part in defining conception of beauty and attitudes toward cosmetic surgery, which is often coded as Caucasian and Western, even in outlets geared toward non-Western, non-Caucasian audiences (see Jung & Lee, 2009).

In the case of the individual who is contemplating cosmetic surgeries, we should change the narrative of how surgery is discussed. For example, in her discussion of the television show *Extreme Makeover*, Heyes (2007) suggests that “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,” while also noting that “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” (p. 28). In short, we must stop considering the possible as equivalent to the inevitable. The desire to compete in the genetic competition of life has resulted in a kind of aesthetic arms race. As Berman (2010) states, “In previous generations, when women wanted to increase their sex appeal, they turned to Chanel No. 5 and red lipstick. Today, women

turn to potentially life-threatening surgeries along with monthly injections of Botox” (p. C4). This impulse to alter the body through surgery is by no means new, of course. Comiskey (2004) states that as cosmetic surgery began to be practiced in the 1920s, medical professionals “defended cosmetic surgery as a noble profession, arguing that it was necessary because of the social importance of beauty in the brutal struggle for existence, particularly for women” (p. 32).

I am not advocating here for a kind of cosmetic surgery shaming, but rather a shift in self-talk concerning beauty. Some procedures seem geared solely to recreate a Western view of beauty, as in the case of blepharoplasty (double eyelid surgery) (Motaparathi, 2010). Activists have long railed against the prevailing Eurocentric model of beauty. Stokely Carmichael (2007), for example, proclaimed that

*Beauty in this society is defined by someone with a narrow nose, thin lips, white skin. You ain't got none of that. . . . Can you begin to get the guts to develop a criteria for beauty for black people? Your nose is boss, your lips are thick, you are black, and you are beautiful. Can you begin to do it so that you are not ashamed of your hair and you don't cut it down to the scalp so that naps won't show? Girls are you ready? Obviously it is your responsibility to begin to define the criteria for black people concerning their beauty. (“At Morgan State”)*

Although Carmichael was arguing for a re-definition of beauty rooted in the realities of African-American bodies, his argument applies to all individuals who do not fit neatly into the media-promulgated norms of beauty.

One should be clear concerning why they seek the desired cosmetic surgery. For example, breast augmentation is relatively common, but why do women choose to undergo this procedure? For some, there is a self-consciousness of the surveillance that we all endure—the fear that we will be assessed and found wanting. As one woman put it, “Well, no one’s going to look at me because I’m flat as a board” (Gagné and McGaughey, 2002, p. 823). Another described her self-consciousness around her husband concerning her breasts: “We’d be in bed and . . . he’d start to put his arm around me . . . I’d be thinking, please don’t touch my breasts . . . I couldn’t even bear for his hand to be, like, on my waist . . . I’d just keep moving . . . [his arm] down to my hips” (Gimlin, 2006, p. 711). But beauty is in the eye of the beholder and many men may prefer small breasts (Furnham & Swami, 2007) or simply be more interested in other body attributes (Dixon, Grimshaw, Linklater, & Dixon, 2011; Wiggins, Wiggins, & Conger, 1968). Frederick, Peplau, and Lever (2008) likewise found that “Although most women in our sample were dissatisfied with their breasts, a majority of men were satisfied with their partner’s breasts,” a finding that they attribute to overestimating the preferences of the opposite sex (p. 209). In other words, there are many levels of desirability.

But desirability is not the only impulse toward cosmetic surgery. Gimlin (2006) notes that “women who have aesthetic procedures rarely do so with the expectation of becoming beautiful,” but rather “have cosmetic surgery in the hope of becoming ‘normal’” (p. 711). Some respondents echoed this stance: “I did not want to be too big, that was my biggest thing. I wanted to look natural” (Fowler & Moore, 2012, p. 113). Another said, “I do remember when I had made the decision to have the implants, I didn’t want them real big and I wanted them to look like they were mine. Like this is what I grew” (Gagné and McGaughey, 2002, p. 827). But what constitutes normality? There is a broad range of body shapes and types and simply conforming to the average means little from an aesthetic sense. Some have attempted to challenge this homogenization of body types through artistic interventions, such as the Great Wall of Vagina (n.d.), Normal Breast Gallery (2015), and Shape of a Mother (2015).

Finally, individuals living together in society must change the dialogue surrounding beauty. Humans are judgmental and driven partially by biological imperatives. In seeking a mate, men tend to seek women who embody fertility and health, while women tend to seek men who exhibit status and power, thereby ensuring that they would be able to provide for their offspring (Buss & Schmitt, 1993; Thornhill & Gangestad, 1996), although women are also attuned to male physical attractiveness, especially physical symmetry (Gallup, Frederick, & Pipitone, 2008; Manning, Scutt, & Lewis-Jones,

1998). Moreover, there are beauty standards that transcend culture, such as smooth skin and body symmetry (Fink & Neave, 2005, but see also Grammer, Fink, Møller, & Thornhill, 2003), but within these parameters there is still a range of beauty, some of which is culturally bound (de Casanova, 2004; Sugiyama, 2004). Embracing these differences would be a more ethical stance.

Still, one must allow individuals to make their own choices concerning their bodies. One would think that individuals who had already gone under the knife would have some sympathy for others who chose a similar path, but this does not seem to be the case. For example, one of Gimlin's (2010) participants, who had already had an abdominoplasty, said: "I'm not obsessed about the way I look like some women who have cosmetic surgery. I know that other things matter more . . . my job, my family, my health. These are much more important to me than my appearance" (p. 64). Part of this impulse, Gimlin explains, comes from the mental construction of the "surgical other," who is

*motivated by vanity rather than need. In particular, they suggested that whatever she had altered did not really require changing: her breasts were not actually too small; her nose was not really too big; she was not sufficiently overweight to require liposuction. The surgical other is thus presented as being excessively, even obsessively, concerned with minute and inconsequential physical flaws. (Gimlin, 2010, p. 66)*

In this way they are able to maintain some psychological distance while still justifying their own actions. Those who had undergone cosmetic surgery seemed to view those who had breast implants with derision, as if some forms of cosmetic surgery were more acceptable than others. One woman states that she "didn't want a boob job surgeon doing my face." When pressed for clarification on the term "boob job surgeon," she responded, "Um, fast bucks. Flashy. Little concern for the patient. Fast turnaround. They're dealing with clientele that has a different kind of lifestyle, different kind of work ethic than I have" (Gimlin, 2010, p. 68).

Each individual must work within the confines of his or her own circumstances and this includes societal imperatives. Gagné and McGaughey (2002) suggest that "Women electing cosmetic mammoplasty exercise agency, but they do so within the confines of hegemonic gender norms" and that "women are complicitous in disciplining themselves and one another" (p. 835). This brings us full circle to the system of influences surrounding cosmetic surgery. It is impossible to reduce something as complex as the decision to undergo elective surgery to the patient, the surgeon, other individuals, or the media/culture industries. One must look at all of them together.

Montag's case provides a cautionary example of how this system plays out and the ethical failures in each dimension. Despite the misgivings of other cosmetic surgeons, there will always be those willing to push the limits of what is possible, performing an extraordinary amount of procedures at one time. This came at a significant financial and personal cost for Montag, whose low self-opinion likely helped to lead her to the operating table. She had fully bought into the idea that her looks were of primary importance and what constituted her value. But she did not come to this conclusion alone. She had internalized a media landscape that celebrates the kind of body that she chose to construct for herself. However, she did so in a way that compartmentalized each individual body part, giving her the breasts of one woman, the nose of another, and eventually resulting in a kind of embodied pastiche of popular culture. This was a consequence of rushing to perform as many surgeries as possible; it was not possible to see how each component would look in relation to the others. As a result, others shamed her for her aesthetic choices while at the same time watching her every move.

Perhaps leaving the spotlight allowed her to reveal her regrets surrounding her surgeries, but these regrets are not hers alone. As Lunceford (2008) explains, "norms are held in place not by a nebulous system, but by each of us" (p. 325). Those who buy into contemporary standards of beauty, those who encourage or engage in cosmetic surgery as a means of self-improvement, those who perform or advertise cosmetic surgery, and those who disparage another's perceived physical imperfections are all part of the system that helped create Heidi Montag.

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