

Chapter 5

The Ethics of Seeking Body Perfection, with Continual Reference to Heidi Montag

Brett Lunceford
Independent Researcher, USA

ABSTRACT

In an increasingly visual society, beauty may seem only skin deep. This chapter considers the ethics of cosmetic surgery through the lens of posthumanism, a stance that suggests that defects of the body can be overcome through technology. Cosmetic surgery, with its reliance on prostheses and promise of reshaping the body, is, at its heart, a posthuman enterprise. Although many have engaged in cosmetic surgery, actress Heidi Montag became an exemplar of reshaping the body by undergoing ten different plastic surgery procedures in one day. Using Montag as foil, this chapter examines four ethical dimensions of cosmetic surgery: the ethics of the medical professionals who perform and advertise these procedures, the ethics of the individual making the decision, the ethics of the media structures that promote a homogenous ideal of beauty, and the ethics of those who tacitly approve of such procedures.

INTRODUCTION

In his essay “Definition of Man,” Kenneth Burke (1966) described humanity as “rotten with perfection” (p. 16), an ironic observation of how people often miss the mark as they seek that perfection. Such a description seems prescient in today’s cosmetically enhanced world in which teenage girls may receive breast implants or liposuction as high school graduation presents (see Cassidy, 2010). Blum (2005) argues that 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). Jordan (2004) likewise 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). In short, there is little that cannot be corrected; one can truly have the perfect body.

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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). Indeed, Murphy (2009) describes one same-sex couple who sought out a deaf sperm donor to increase the chances that their child would be deaf. The distinction between therapeutic intervention and enhancement is not always clearly delineated (Hogle, 2005). This is also the case in aesthetic enhancement. Plastic surgery is generally described as procedures used to correct some defect or disfiguration, such as in the case of birth defects or burn victims, while cosmetic surgery describes those procedures that are not medically necessary. Still, the question of what constitutes a defect and what is medically necessary can be subjective. For example, an individual may become so self-conscious of a particular bodily attribute that he or she becomes depressed or suicidal. 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.

McLuhan (1994) noted that the “outering or extension of our bodies and senses in a ‘new invention’ compels the whole of our bodies to shift into new positions in order to maintain equilibrium. A new ‘closure’ is effected in all our organs and senses, both private and public, by any new invention” (p. 252). But Graham (2002) argues that “technologies are not so much an extension or appendage to the human body, but are incorporated, assimilated into its very structures. The contours of human bodies are redrawn: they no longer end at the skin” (p. 4). The body can be shaped through technology in almost any way we wish. Such technologies have significant implications for how we as a society view the body.

Although many have gone under the knife in the pursuit of beauty, actress Heidi Montag stands out as an exemplar of this move toward cosmetic surgery as a means of recreating the body. Montag underwent 10 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 has 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 chapter, I will use Heidi Montag as a lens through which to explore the ethical considerations of cosmetic surgery. I suggest that Montag and others like her draw on a posthumanist perspective, which suggests that the body is intrinsically flawed and must be corrected through technology. Montag’s case illustrates four specific ethical questions: the ethics of the medical professionals who perform and advertise these procedures; the ethics of the individual making the decision; the ethics of the media structures that promote a homogenous ideal of beauty; and the ethics of those within society who tacitly approve of such procedures. Some questions that naturally arise include how, or if, such procedures should be regulated and who should regulate them? What

standards should be used in making such regulations? How much modification is too much, and what kinds of modifications should be available?

POSTHUMANISM AND BODY MODIFICATION

Much as Nietzsche's Zarathustra came to teach people the *Übermensch*, cyberfeminists have come to teach people the cyborg. There is a striking parallel between these approaches. Where Nietzsche (1978) commands men and women to "break the old tablets" that prescribe good and evil (pp. 196-215), Haraway (1991) finds salvation in "blasphemy," stating that "at the centre of my ironic faith, my blasphemy, is the image of the cyborg" (p. 149). Haraway suggests that "the cyborg is a kind of disassembled and reassembled, postmodern collective and personal self. This is the self feminists must code" (p. 163). For both Nietzsche and Haraway one must destroy the old and rebuild the new from the rubble in the hope of creating a better world. Although the means by which this change is to be brought about differ, the impulse seems similar—the suspicion that utopia could be brought about if only people could destroy the things holding them back from attaining that goal. For Nietzsche it was an outdated sense of morality and the desire to cling to the old gods; for Haraway, it is the binaries such as those between male and female or heaven and earth that promote systems of domination.

The question, then, is whether technology is the answer to solving these problems. Haraway (1991) argues that "communication technologies and biotechnologies are the crucial tools recrafting our bodies. These tools embody and enforce new social relations for women world-wide" (p. 164). There are, of course, detractors from this narrative of liberation through technology. Millar (1998) points out that:

While affluent western feminists may see themselves as "cyborgs" as they use digital technologies for creative and professional purposes, less advantaged women—such as those who assemble computer equipment or enter data—experience "cyborg" life in a profoundly different and exploitative way. (p. 62)

Dietrich (1997) likewise notes that "women stand to gain little as quasi-disembodied subjects within a network environment *without reference to the material conditions of their subjectivity*" (p. 178). Technology is not always liberatory; it can be used to free or enslave, and there are always unintended consequences of technology adoption (Lunceford, 2009).

Technology alone cannot be the only answer. After all, technology is culturally bound. Dyens (2001) argues that "To reflect upon technological culture is thus not simply to think about the impact of technologies on our world, but also to examine the emergence of new strata of reality, where living beings, phenomena, and machines become entangled" (p. 11). People and societies shape technology and technology shapes people and societies. But still there is a persistent belief that technology can alter the human condition for the better. As Graham (1999) writes, "New digital and biogenetic technologies—in the shape of media such as virtual reality, artificial intelligence, genetic modification and technological prosthetics—signal a 'posthuman' future in which the boundaries between humanity, technology and nature have become ever more malleable" (p. 419).

It seems clear that technologies have infiltrated not only our perceptions of reality, but also our perceptions of self, of whom and what we are. Negroponce (1995) argues that we are all becoming digital: "It is here. It is now. It is almost genetic in its nature, in that each generation will become more digital than the preceding one" (p. 231). Moreover, if we are to take Turkle's (1995) work at face value, we are both the digital and the flesh—both are reality. But this digital identity

still exists within a physical, sexed body. In fact, as I have argued elsewhere, we can profitably consider media not only as extensions of the self, but also as extensions of one's sexuality (Lunceford, 2008, 2010). As such, we must consider the body even as we consider the ways in which individuals have attempted to transcend the body. More importantly, in many cases, attempts to transcend the body are really just attempts to experience embodiment more fully through technology. Human enhancement technologies serve as a kind of salvation from the limitations of the body. In the discourses surrounding cosmetic surgery, there is the suggestion that if one had a *different kind of body*—the kind of body that has been made possible through technology—then he or she would enjoy being in that body much more.

Jordan (2004) notes 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). This malleability of the body has even become entertainment with shows such as *Extreme Makeover* and *The Swan*. These shows are not simply entertainment, but rhetorical imperatives. As Black (1970) explains, “In all rhetorical discourse, we can find enticements not simply to believe something, but to *be* something. We are solicited by the discourse to fulfill its blandishments with our very selves” (p. 119). 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). Markey and Markey (2010) likewise found that those who watched reality shows featuring cosmetic surgery were more likely to desire sur-

gery themselves. These shows, then, function as cultural pedagogy, teaching people what it means to be masculine and feminine. More importantly, shows such as *Bridalplasty* and *The Swan* suggest that the best way to embody true femininity is to alter the body through cosmetic surgery.

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). But this impulse to alter the body through surgery is by no means new. 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). This phenomenon points to the fact that medical technology and conceptions of the body and self are culturally bound. Dyens (2001) argues that “the virtual being is real, but of a different kind of real, one that is both organic and technological. This being is a cultural animal, a nonorganic being. The cultural being is in a new stage of evolution” (p. 33). We can consider the posthuman body to likewise be not only a physical embodiment, but also a cultural one, a strategic presentation of self. As such, the desire to alter one's body does not take place in a vacuum, but rather the “plastic body is a rhetorically contested substance, with a variety of social agents engaged in efforts to shape its public meaning and, by extension, its corporeal form” (Jordan, 2004, p. 328). To fully account for the impulse to surgically alter the body—perhaps at the risk of death—one must consider the dialectic between the individual's conception of the self and societal values of what is and is not desirable.

Posthumanist ideology suggests that the inherent limits of the body can be overcome through technology. At its core, cosmetic surgery is a posthumanist enterprise which seeks to correct the defects of the body by implanting prostheses,

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such as breast, chin, buttock, and cheekbone implants, or removing and shaping existing tissue. Martínez Lirola and Chovanec (2012) explain that in advertisements for cosmetic surgery, surgery “is offered as a solution to one’s internal fears of failure to approximate the beauty ideal presented to and shared by the public” and “promises to obtain perfect post-surgery bodies that are sexually attractive and thus satisfactory not only to women, but also to men” (p. 502). But Polonijo and Carpiano (2008) demonstrate some of the problems with the portrayal of the female body as a site for medical intervention: “By presenting medical professionals as experts on beauty, appearance is defined in a manner consistent with a medicalization framework—as a problem in need of medical treatment” (p. 467). In such depictions, the body is not enough; one must obtain an enhanced, surgically modified, technologized body. One must become posthuman in order to be human at all.

READING HEIDI MONTAG’S BODY: FOUR ETHICAL DIMENSIONS

Ethics and the Plastic Surgeon

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 as “the body burdened with the stigmata of the surgeons’ marker,” which suggests 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). This act places the surgeon in a significant position of authority and highlights the vulnerability of the patient. The surgeon literally rewrites the patient’s body. Thus plastic surgeons who perform elective surgery bear a significant ethical burden.

In medical ethics, Beauchamp and Childress (2001) propose the following 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 cosmetic 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). The discourse of normalizing body parts found in cosmetic surgery—one’s nose is too big, breasts are too small—suggests a desire for conformity that technological intervention can supply.

Although aesthetic enhancement technologies have, at their core, the ideal of normality, striving for homogeneity—even if it tends toward an ideal of beauty—hardly seems like enhancement. Still, Solvi et al. (2010) found that the desire to fit in with prescribed gender norms was a deciding factor for women who chose to undergo breast augmentation. One respondent stated, “The breast augmentation for me concerns a feeling of being whole as a woman, giving me a feminine look. Right now I feel too masculine. If I don’t wear jewellery I look like a man” (p. 676). Another respondent was more blunt: “I don’t want large breasts, just a normal B-cup, and I hope that no one notices the change” (p. 676). Even with aesthetic enhancement, however, not everyone can live up to socially prescribed norms of beauty. Hurst (2012) observes that “in North America, beauty norms and ideals are quite narrow and for women describe a very particular body that is Caucasian-featured, cissexual, thin, able-bodied, and feminine” (p. 448). These norms are not always universal and those in disability studies have often raised the question of what constitutes “normal” (see Connor, 2011; Ferguson & Nusbaum, 2012). Still, these norms are difficult to escape. As one woman in a wheelchair put it, “I think that society creates an image of beauty, and if you don’t conform to it, you get put down so much that you eventually believe the story that they’re telling you” (Taleporos & McCabe, 2002, p. 976).

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). More importantly, the solution is technological. People do not fight aging on their own, or with friends and family; rather, aging is compensated for through the use of medical technology and specialists.

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 enhance 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.

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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, as mentioned above, 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. Montag expressed pleasure with her new, improved self, but the reality proved less than optimal. 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).

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. In this case, the enhancement sought by the surgeon was not the one suggested by 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.

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 this 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.

Ethics and 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 measure themselves against this standard and find themselves wanting. Most people deal with the fact that they will not look like their favorite celebrity, but for some the pressure is overwhelming; cosmetic surgery holds forth 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). Kellett, 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, Montag has become something more than just Heidi Montag—she becomes an avatar of our cultural norms of beauty. Yet to fully embrace these norms, she must discard those parts of her body that do not fully fit into the mold of beauty. These norms are not created *ex nihilo*. Those of us watching these celebrities are complicit in this process. One psychotherapist notes that celebrities are drawn to cosmetic surgery because they “feel their looks must be at least preserved, if not ‘improved’ upon in order to meet

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unrealistic expectations we collectively have now when it comes to celebrities and indeed each other” (Russell, 2013, p. 36). Yet such enhancements may come at a price. In order to conform, Montag had to jettison her individuality, those attributes that made her look like her. Russell (2013) describes the moment Montag’s mother saw her after her surgeries, and sobbed “Of course I thought you were more beautiful before . . . I thought you were younger, I thought you were fresher looking, I thought you were healthier . . . why would you want to look like Barbie” (p. 36)? Of course the short answer is because Barbie has served as the ideal of beauty for generations of girls. Who else would she become?

Scholars have long expressed concern over the media’s influence on the body image of both males and females (Aubrey, 2007; Hargreaves & Tiggemann, 2009; Harper & Tiggemann, 2008; Shields & Heineken, 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.

Ethics and the Innocent(?) Bystander

Although there are some evolutionary traits associated with beauty (Barber, 1995), conceptions of beauty are also culturally bound. As such, the very idea of beauty is subjective. Notions of beauty have changed throughout history, with different body types being favored at different times and certain parts of the body highlighted for some groups and ignored by others. Cosmetic surgery also plays a part in this construction of beauty; as Lunceford (2012) puts it, “cosmetic surgery not only reflects but creates our conceptions of what it means to be beautiful” (p. 20). Those who embody the standards of beauty reap great advantages in society. Thus it should come as little surprise that people would turn to human enhancement technologies as a way to enhance their perceived beauty.

Beauty is more than aesthetically pleasing; it 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). As Couser (2011) puts it, “the outer appearance of the body reveals the moral or spiritual status of the person” (p. 22).

Western society has pathologized the body and any perceived defect in the body can be technologically solved through drugs or surgery. In the words of Dolmadge (2013), there is a sense that “we must still control and belittle our bodies; to be *bodied* too much or too ‘abnormally’ is still to be in danger of disqualification” (p. 88). But it is not enough to solve the problems of the body; one must solve them more effectively than others. If others can seek out technological enhancement, there then becomes a kind of enhancement arms race. 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 through technology. 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, 2009, p. B03).

The problem, of course, is that there will always be someone who has something that is better. An individual like Montag may enhance her breasts, nose, insert cheekbone and chin implants, and suction out fat to reshape her torso, but someone else may come along with a more pleasing eye shape and be taller through no effort of her own. The other individual may not seek to instill anxiety in the other person, but when confronted with someone of greater beauty the individual is faced with two choices: concede or alter themselves further to become more beautiful. Although it may seem that one is limited only by the balance in his or her bank account, there are some attributes that technology cannot easily enhance. Although these enhancement technologies hold out the promise of a “more beautiful you,” the individual who is enhanced is still *you*. There are limits to what can be done, but this does not stop some from trying to alter themselves significantly. Some have raised ethical concerns surrounding the enabling of such behavior. 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, 2010, p. K). Once the body begins to be seen as malleable, with parts that are replaceable, there is seemingly 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).

Within the literature surrounding cosmetic surgery, patient satisfaction is a key focus. But what is the root of this satisfaction? Sullivan (2000) explains that “physicians consistently describe the best candidate as physically healthy individuals with realistic expectations, who are emotionally stable, self-motivated, and not reasonably concerned about physical imperfections” (p. 177). However, if they were not actually concerned with

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the imperfections, then why would they seek out surgery? Moreover, Hurst (2012) questions the notion that cosmetic surgery is solely done for the patient themselves, arguing that these procedures are entered into as a result of our relationships with others. She states that “patients negotiate a fine line between understanding cosmetic surgery as a form of self-improvement and understanding the body as looked at and evaluated by others” (p. 447-448). Dohnt and Tiggemann (2006) likewise found that “peers and media appear to be significant sources of influence on young girls’ desire for thinness, satisfaction with appearance, and dieting awareness” (p. 150). As such, the ideal that those undergoing aesthetic enhancement are doing it solely for themselves seems naïve.

Ethics and the Enhanced Individual

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 her 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 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? No longer is it *vive la différence*, but rather, *la différence est mort*.

SOLUTIONS AND RECOMMENDATIONS

Medical professionals seek to help individuals become healthy (or healthier) by diagnosing, correcting, and preventing physical and psychological maladies. Yet despite the ethical concern for patient autonomy (Beauchamp & Childress, 2001), the customer is not always right. The patient has the right to refuse medical treatment for any reason, but there may be times in which the course of action desired by the patient would be unnecessary at best or damaging at worst. The medical professional has an ethical obligation to educate the patient, and in the case of cosmetic surgery for human enhancement this education must go well beyond the risks of the surgery and the possibilities open to the customer.

My interchange of the terms patient and customer are intentional here. Consider for a moment if one were to apply the standards of the medical professional at large to the practice of cosmetic surgery using the case of hypochondriasis. Hypochondriasis is a disorder that manifests through the patient's amplification of symptoms to catastrophic self-diagnoses (Fergus & Valentiner, 2009; Marcus, 1999). In short, these patients have a different conception of what it means to be "well" (Langlois & Ladouceur, 2004; Marcus, Gurley, Marchi, & Bauer, 2007; Weck, Neng, Richtberg, & Stangier, 2012a, 2012b). Many researchers suggest that treatment of this disorder should focus on the psychological paths rather than the physical treatments the patient may seek (Abramowitz & Moore, 2007; Buwalda, Bouman, & van Duijn, 2007; Lovas & Barsky, 2010; Simon, Gureje, & Fullerton, 2001; Visser & Bouman, 2001; Walker, Vincent, Furer, Cox, & Kevin, 1999; but see Greeven et al., 2009 for

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discussion of pharmacological treatment). If the symptoms are benign, there is no need to prescribe treatment. Rather, the doctor would focus on the faulty belief that there is something drastically wrong with the patient. From a financial perspective, it would be in the doctor's interest to run as many tests and perform as many procedures as possible, but this would seem unethical from the standpoint of justice, in which costs should be distributed (and, presumably, charged) fairly (Beauchamp & Childress, 2001). Some patients may even welcome such behaviors, as it would provide the care they believe that they need while validating their perceptions. The patient, however, gains little actual benefit outside of this validation and thus the practitioner violates the principle of beneficence.

Elective cosmetic surgery, however, turns this idea on its head. The doctor is asked to perform surgery on healthy tissue simply because the patient asks for it and has the money to pay for the operation. Indeed, if the practitioner were to do the work of educating the patient, he or she may find far fewer customers. Some have suggested that the profit motive is at the forefront of some cosmetic surgery practices; in his discussion of cosmetic vulva surgery, Zwang (2011) writes:

Our Western countries have codes of ethics and medical associations with ethics panels, which should censure surgical procedures inspired by the profit motive. By attacking the normal organs and the normal vulva of the vast majority of adult women, proponents of cosmetic surgery have created an inexhaustible goldmine. . . . Is it justifiable in terms of medical ethics to cut into organs — the labia minora and the clitoral hood — which are normal in every regard and to reduce the size of a perfectly normal mons with the excuse that they do not suit their owner? Or that they do not match an artificial stereotype? And all this against payment of a surgical fee? Is it right to advertise, even discreetly, that one engages in this type of practice? (p. 85)

For Zwang the ethics of such practices are clearly suspect. From a medical perspective, it is difficult to make the case that one is improving the patient's condition by removing or altering healthy, functioning tissue that is within the normal parameters of human morphology. In other words, a B-cup is not a functional problem or even an aesthetic problem from an objective point of view. Beauty is in the eye of the beholder and some may prefer small breasts (Furnham & Swami, 2007) or simply be more interested in other body attributes (Dixson, Grimshaw, Linklater, & Dixson, 2011; Wiggins, Wiggins, & Conger, 1968). The perceived problem may only be in the mind of the individual. For example, Frederick, Peplau, and Lever (2008) 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).

It is clear that aesthetic surgery can have positive outcomes in self-perception and behavior, and thus serve as enhancement technologies. Still, there are the intervening issues of who actually seeks such surgery and the potential long term effects. Von Soest, Kvalem, Roald, and Skolleborg (2009) found that body image evaluation and self-esteem scores improved after cosmetic surgery. Menin-gaud 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, Kvalem, 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). These findings call into question whether cosmetic surgery always functions as enhancement or, rather, serve to more clearly manifest the patient's insecurities.

The fact that Montag could undergo 10 different plastic surgery procedures in one day raises the question of how much is too much. In the case of elective aesthetic enhancement, it seems prudent to explore with the patient the underlying reasons for surgery. 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 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.

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. In such cases the notion that aesthetic surgery functions as human enhancement is taken for granted. 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. Maintaining an aesthetic stance

can also foster a kind of narcissism on the part of the surgeon. One plastic surgeon stopped seeing one of his patients because she had become too invested in the idea of perfecting herself; he explained, “I don’t see her anymore. I don’t want my signature on her body” (Pitts-Taylor, 2007, p. 2). It seems that the patient’s body was no longer solely her own, but a canvas shared between the patient and surgeon. If one is to behave ethically in acts of human enhancement, the surgeon must take care that the patient also believes that the planned change will function as an enhancement; the surgeon cannot view the patient as merely another piece of his or her oeuvre, to be crafted in his or her vision of what constitutes real beauty. At the very least, the surgeon should listen to the patient’s needs and desires. This does not always happen, according to interviews with patients, especially when the surgeon takes on an authoritative role (Hurst, 2012). Such behavior violates the ethical imperative of patient autonomy (Beauchamp & Childress, 2001). Aesthetic surgery has significant potential for harm, thus patients must be well informed concerning the risks and granted agency in the procedure. Aesthetic surgeons should be held to a high standard of ethics, and viewing patients as objects to be shaped rather than human beings who have a right to control what happens to their bodies falls short of this standard.

Finally, cosmetic surgeons must take care to avoid inflicting harm through their advertising practices. Sarwer and Crerand (2004) describe the kinds of advertising directed directly toward the potential patient: “Beautiful models, often in stages of undress, frequently are used to depict postoperative results, along with the promise of improved self-esteem, quality of life and a ‘new you’” (p. 100). There is a fine line between promoting one’s practice and contributing to the posthuman idea that the body is intrinsically flawed and in need of technological intervention. Researchers have noted that there is a correlation between media exposure of depictions of cosmetic surgery and

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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.

FUTURE RESEARCH DIRECTIONS

Enhancing and adorning our bodies has been an obsession for millennia. It may be that humans are slaves to an evolutionary imperative to pass on our genetic material to the highest quality mate(s) and the employment of aesthetic enhancement technologies is one means by which we make ourselves more attractive to the opposite sex as we compete with others who seek the same mates. If this is the case, individuals are likely to pursue this aim by any means possible, including surgical body enhancement to attain a form that society—and potential sexual partners—deem ideal. Thus the tension between the natural and the technological, especially as it relates to the ethical, will likely remain. Still, there are two areas in particular in which the ethical should come to the forefront: the question of who should be allowed to seek modification and the rise of medical tourism related to aesthetic enhancement technologies. In some cases, aesthetic enhancement surgery is problematic because the body may not have finished growing yet. There is a range in which

women’s breasts mature (see Sun et al., 2012), and not all are fully formed at the age of 18. Still, Cassidy (2010) reports that:

In large metropolitan areas . . . 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 York County woman’s case, as an 18th birthday present. (p. G1)

There is also the issue that those younger than 18 are having procedures done on immature bodies. Jothilakshmi, Salvi, Hayden, and Bose-Haider (2009) note that girls as young as 11 years old are requesting labia reduction surgery and that “there is an increase in referral of patients requesting this procedure in recent years in our clinic, especially from young girls” (p. 55). Chauhan, Warner, and Adamson (2010) discuss rhinoplasty in patients as young as thirteen years old, a procedure that Joiner (2007) notes is most popular among teens. Despite age restrictions concerning aesthetic surgery on minors (see Neuhann-Lorenz, 2010), surgeons can still skirt these regulations. Zuckerman and Abraham (2008) note that although saline implants are approved for those over 18, “it is legal for doctors to perform breast augmentation using either type of implant for teens under 18, as an ‘off-label’ (i.e., not approved) use with parental consent” (p. 319). Legal, however, is not synonymous with ethical, and performing surgery on those who are still changing may cause further difficulties as the body continues to change. More research needs to be done concerning those who seek cosmetic surgery as adolescents and the motives of the cosmetic surgeons who perform those procedures. Joiner (2007) suggests that in the case of adolescents, aesthetic surgery should be delayed in order to assess the need for surgery.

Continuing along the lines of who should have cosmetic surgery, more research needs to be done on non-surgical interventions for those seeking aesthetic surgery. Although such approaches go

against the promise of a quick fix provided by some cosmetic surgery practitioners, counseling may be a more ethical and beneficial strategy. 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). As mentioned above, those who have Body Dysmorphic Disorder may have unrealistic expectations concerning cosmetic surgery. Indeed, Abraham and Zuckerman (2011) propose “standardized screening, including for body dysmorphic disorder and psychological problems, before cosmetic surgery” (p. 454). A technological fix cannot always cure pathologies of the psyche.

Medical tourism is when individuals travel to another part of the world to have medical procedures done. Some go to great lengths to pursue procedures that may be unattainable in their home country (see Connell, 2013). In her study of breast augmentation, one of Sanchez Taylor’s (2012) participants reported that she chose to have her second surgery abroad because the shape that she wanted was not available in England (p. 463). That some would have the ability to travel and pay cash for desired enhancements, while others are left with only the legal options available to them within their home countries highlights the economic inequality of this practice. Moreover, there may be excellent medical reasons why some enhancement technologies are not available in one’s country of residence. For example, polypropylene string breast implants were removed from the market due to complications (Reynolds, 2009). Still, those who wish to have abnormally large breasts may seek them out. Thus, one area of future research could be to examine the differences among the various international legal and ethical guidelines for cosmetic surgery practitioners. One could also consider the feasibility of establishing unified guidelines for aesthetic enhancement technologies so one cannot simply shop around for something that may be illegal in one’s home country.

CONCLUSION

No matter what image of the body one can conceive, we remain firmly ensconced within our shell of flesh. Despite exultations concerning the potentials for a posthuman body, it is still a body that each individual inhabits. The body of Heidi Montag illustrates the hyperfeminine body, one that is constantly striving toward a particular ideal of beauty. Such an impulse represents an attempt to shape the body into an image of the self that exists in the mind—mind over matter in the truest sense. But such an aim will require considerably more work than technology can provide because one cannot solve all of the problems of the body using only medical tools.

In this chapter I have used the case of Heidi Montag to explore what Foucault (1985) calls “arts of existence,” meaning:

Those intentional and voluntary actions by which men [and women] not only set themselves rules of conduct, but also seek to transform themselves, to change themselves in their singular being, and to make their life into an oeuvre that carries certain aesthetic values and meets certain stylistic criteria. (p. 10-11)

Through medical science one can create an almost limitless array of possibilities, but these are still constrained by the culture in which that individual lives (Larratt, 2002; Lunceford, 2012). Ethics too are locally created, which helps to explain why there remains such disagreement over the ethics of cosmetic surgery. For example, in the case of hymenoplasty, or hymen repair surgery, there are significant ethical considerations surrounding this procedure, as it is generally done in order to protect the female from honor killings if she is accused of being a non-virgin on her wedding night (see Bekker et al., 1996; Cindoglu, 1997; Cook & Dickens, 2009; Kammel, 2006; Kandela, 1996; Saharso, 2003). Through hymenoplasty, women can mimic the appearance of an intact hymen. For those in the West, such practices may

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seem necessary to protect young women from almost certain death at the hands of a barbarous and backward people. For those in countries in which honor killings are an accepted part of life, hymenoplasty may be an unforgivable means of deception and betrayal. But in each case, we see the possibilities that technology offers in changing the perceived nature of the body.

Beauty may be skin deep, but the practices of modifying the body can have severe consequences. When we talk about enhancement technologies, we must recognize their role in shaping and maintaining cultural norms. Those who already more fully embody cultural norms of beauty—in other words, white and slim—can get by with fewer enhancements to measure up. Those who do not—those who are of color, disabled, or who have a less desirable body type—will need to invest much more of their resources to do so. Racial differences often underscore important assumptions concerning these procedures, especially in describing perceived defects (see Munzer, 2011). But what these enhancement technologies suggest is that anyone can, with enough effort and surgical modification, fulfill these aesthetic imperatives. Biology is no longer destiny. However, access to human enhancement technologies are in no way guaranteed. As Stern (2013) writes, “Inventions designed to restore lives to normalcy are quickly harnessed to enhance lives beyond our ancestors’ loftiest aspirations. What starts as live-saving inevitably becomes life-improving—if you’ve got the cash, of course.”

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). To follow the framework proposed by Beauchamp and Childress (2001) of autonomy, nonmaleficence, beneficence, and justice requires

that those who engage in human enhancement technologies 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. Despite posthumanist sentiments that “physically modifying, physically changing the form of the human body – redesigning the human body is what we should be striving to do,” (Stelarc, 1984, p. 17), one must tread carefully on the body because, as Lunceford (2012) observes, “The body is a wonderful medium on which we etch the imperatives of our culture, but it is a medium of limited quantity for each individual” (p. 21).

The story of Heidi Montag is interesting not only because of its excess, but because it is not yet finished. As I was finishing the final edits of this chapter, a news story came out that described Montag’s regret over her surgeries, and that she had undergone breast reduction surgery, going from her previously enhanced F-cup to a C-cup. It seems that her feelings concerning her surgeries have evolved over the past few years. In 2012, she acknowledged that there were potential risks to her barrage of surgeries: “It could have been really disastrous. I lived and I learned, and I wouldn’t really recommend it for other people” She also observed that there were downsides to the surgeries. “It was a lot harder than I thought it would be going through it - physically, mentally, emotionally and the recovery. I’m just glad it’s done and that everything healed so well” (“Montag wouldn’t recommend,” 2012). In 2013, she was far less celebratory concerning the surgeries. Montag states, “[I] let myself become really insecure and I had a doctor that made it sound really easy and a quick fix and it ended up being a hard road and I inflicted a lot of pain, mentally and physically,

on myself. If I had to go back and do it again I definitely wouldn't and I would not recommend that" ("I wish I'd Never," 2013).

Montag's story provides a cautionary tale concerning aesthetic enhancement technologies and direction to those who perform them. Montag now states that "my experience should tell other young women that beauty and confidence comes from within, it does not matter what you do on the outside if you are not happy and do not feel beautiful and secure and confident on the inside then no amount of surgery will change that or make you happier" ("I wish I'd Never," 2013). Yet despite Montag's change of heart, people will continue to seek enhancement and surgeons will be happy to perform them. The best we can do, then, is to use these enhancement technologies ethically, both for the individuals and society as a whole. Aesthetic enhancement is a possibility for a wide range of people with defects both real and imagined and that possibility has implications for how we as a society view beauty. In his discussion of the history of plastic surgery, Stern (2013) notes, "What began as a desperate measure for disfigured soldiers is now a routine procedure for anybody in want of a self-confidence pick-me-up." But Montag now recognizes that such procedures are far from routine—they change everything: "Once you get surgery you can never be the same size you were, you can never really take it back so it is something you need to think about seriously" ("I wish I'd Never," 2013).

Still, Montag's lament that one cannot go back to his or her original state misses the point of the posthuman stance that cosmetic surgery promotes. Changing the body is not only possible, but desirable. Even if the body is changed forever, one can simply keep changing the body further through the application of more technology until reaching a desired level of perfection. From this perspective the original state was undesirable in the first place. But is such a stance ethical? People have a right to their bodies and to alter them as desired, so long as the patient is making a well-

informed decision. The surgeons, however, must remain vigilant to avoid causing harm to either the patient or society as a whole. They must also take care to respect the autonomy of the patient by not instilling within the patient the very pathologies that they profess to cure. This is a difficult balancing act; finding the correct equilibrium between individual autonomy and justice for society as a whole is a task that has plagued ethical thought for centuries. But, as the case of cosmetic surgery demonstrates, one cannot simply choose one or the other. The individual and society are both intertwined. Each affects and alters the other in ways that go far beneath the surface of the skin.

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KEY TERMS AND DEFINITIONS

Beauty: Beauty is culturally bound and differs among groups. The only standards of beauty that seem to transcend culture are features that signal good health, such as symmetry of features.

Body Modification: Encompasses a range of enhancement strategies, ranging from cosmetic surgery to tattooing or piercing.

Cosmetic Surgery: Cosmetic surgery is done solely for aesthetic reasons on otherwise healthy, functioning body parts. Common examples include breast implants and rhinoplasty.

Plastic Surgery: Plastic surgery is distinguished from cosmetic surgery in that plastic surgery encompasses a range of reconstructive procedures, such as treating burn victims and victims of disfiguring injury.

Posthumanism: The idea that technology can aid in reshaping and transcending humanity.