

# ‘What can I do next?’ Cosmetic surgery, femininities and affect

Dr Julia Coffey

Youth Research Centre

Level 5, 100 Leicester St

University of Melbourne, 3010

Victoria, Australia

[jecoffey@unimelb.edu.au](mailto:jecoffey@unimelb.edu.au)

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## **Abstract**

This paper is based on a study of young people’s understandings and experiences of body work (or body modification) in relation to gender and health. Drawing on feminist readings of Deleuzian-Spinozan approaches to the body enables the embodied sensations, or affects, associated with the body’s physical modification to be explored. This approach pursues a non-dualist analysis of the body and contributes to new understandings of body modification practices such as cosmetic surgery as processes influenced, and informed by, affect. This article considers one form of body work, cosmetic surgery, through the examples of two women who had very different experiences of breast implant surgery. The contrasting ways their bodies are lived in relation to cosmetic surgery and the body work practices of others make evident what a Deleuzian approach means in practice and what it can do in analyses of the body in/and society. To understand women’s experiences of cosmetic surgery, we need to think through what we think bodies are and how they are implicated or in relationship with the world. Through the problematic practice of cosmetic surgery, this article explores possibilities for pairing feminist analyses with a non-dualist theory of bodies.

Key words: Cosmetic surgery, femininities, body, gender, Deleuze, feminism

In Australia, the beauty, health, fitness and cosmetic industries have seen significant increases in the past decade. In tandem, body image concerns have increased steadily for young people over time (Mission Australia, 2011). Data on cosmetic surgery in Australia is scarce, and what is available is unreliable and based on the self-reporting of only some

surgeons. Data of this nature from website [costhetics.com.au](http://costhetics.com.au) suggests that in 2010 Australia spent in excess of \$1bn on cosmetic procedures. Around 92% of patients are women, and breast ‘enhancement’ is one of the most common procedures.

Feminism has contributed significantly to the critique of cosmetic surgery and its societal, cultural, historical and gendered context, particularly for its links with gendered inequality and reduction of women to their bodies. Kathy Davis’s focus on embodiment, agency and identity in women’s decisions to have cosmetic surgery is significant in this area. Davis (2003, p. 83) contends that cosmetic surgery not only reflects ‘the constraints and limitations of femininity’, but also ‘allows some women to renegotiate their relationships to their bodies, and through their bodies, to themselves’. Davis argues against feminist accounts which see women as ‘passively complicit’ in reproducing a normalised femininity, or as ‘cultural dopes’. Cosmetic surgery is a thorny issue for feminism, because of the need to ‘take a stand against the practice without blaming the women who take part’ (Davis, 1995, p. 71). She argues practices like cosmetic surgery require complex, nuanced analysis to enable the ambiguity and tension that surrounds the practices – as described by the women who are themselves involved– to be explored. It is important to theorise and engage in critical discussion about cosmetic surgery and other practices without reducing women, and others, who participate in them to passive victims. These issues are complex, and dualisms of ‘active’ / ‘passive’ are analytically unhelpful, particularly since women’s bodies are already mired in the most significant dualism: mind/body. In this presentation I pair a feminist analysis of two women’s experiences of cosmetic surgery with a non-dualist theoretical approach to bodies.

## **Theory and methodology**

Because binaries have haunted the body, much feminist work has sought alternative ways of understanding the body, and to highlight the ways that bodies are situated in culture rather than determined by it (Budgeon, 2003; Davis, 1995; Grosz, 1994). Deleuzian theories have been drawn upon by some feminist scholars to theorise the body.

In brief, this perspective understands the body (and subjectification) as an ongoing process; as formed but not determined by the relations or forces it connects or engages with. Our corporeality and subjectivity can, for example, be understood as comprised of gender, sexuality, race, class, and numerous other categories. This theorisation sees identity and embodiment as an active process, in which the focus is on the potential of new relations to be formed. The concept of affect helps to explain this process. Affect is defined as ‘embodied sensations’, or the ‘experience of intensities’ which mediate action (Hickey-Moody & Malins, 2007). Every relation has the capacity to affect. Relations between bodies and the world produce particular affects; which influence what the body can do, and possibilities for living (Coffey, forthcoming; Fox, 2012). I intend to use the data presented in this paper to illustrate how this approach is useful for understanding bodies and practices such as cosmetic surgery.

Through 22 in-depth semi-structured interviews with men and women aged 18 - 33 in Melbourne, Australia, I explored participants’ experiences of body work and broader understandings of health and gender. I recruited through asking personal contacts to

forward electronic advertisements to their friends (not known to me) through Facebook and email, which enabled participants to self-select to be involved in this research. Participants self-selected to participate, and were mainly white, middle class and heterosexual; range of professions and education levels. The aim was to explore how body work is done and how bodies are understood by those who self-selected to participate. Participants discussed a range of body work practices related to their identities such as exercising through jogging, attending classes at a gym or weights training, as well as diet, wearing make-up, tattooing and cosmetic surgery (Coffey, 2013a, 2013b). Many of these practices were undertaken by both men and women, with the exception of wearing make-up, tanning and cosmetic surgery, which were exclusive to women in this study. Two women had undergone cosmetic surgery; both Kate and Isabelle had breast implant surgery, and Isabelle had received Botox injections; however Kate and Isabelle experienced these practices very differently. The complexities of their differing engagements with cosmetic surgery can be usefully explored through the concept of affect.

### **Kate's cosmetic surgery: 'now I can just really live my life'**

Kate is 24, and lives south of Melbourne with her boyfriend. She has a Diploma in Arts, and works part time as a nanny and administrative assistant. Three years ago, Kate had cosmetic surgery to enlarge her breasts. Kate discusses the way she felt about her body prior to the surgery as logically justifying her 'need'. She said it was difficult to 'go against' the advice of her family and friends who told her not to have surgery, that is was a 'massive decision'; but one that was integral to her overall happiness.

‘All my girlfriends were like, ‘Don’t do it’. So you’re making a decision and you’re going against everyone else. And it’s a massive, it’s a massive thing. But over time, you can’t put a price on being happy with your body. I’ve never once looked back and regretted my decision. And over time, I’ve had so many moments where I just *feel*... like I don’t have this feeling in my stomach where I’m worried about wearing bathers... Not stressing about summer, and enjoying your life, and just really living it.’

Kate describes breast implants as a solution to alleviating her suffering; enabling her to live more fully, and that ‘being happy with your body’ is priceless. She describes how she used to be teased and ‘humiliated’ at high school and would avoid all activities which involved a swimming pool or the beach. This may have particular significance in Australia where beach culture is a normative part of youth particularly for those living on the coastline. She said before the surgery she could never wear the clothes she wanted to wear, and felt self-conscious with boyfriends. She contrasts the ‘feeling’ she has now with the feeling she used to have ‘in her stomach’ of anxiety, worry and ‘stress’ that ‘eats away at you’, with now feeling able to ‘just really live her life’. I asked Kate if there was anything else she would get ‘done’; she replied ‘Nup. I’m me forever now’:

‘I wouldn’t get Botox or anything as I get older. I just want to grow old gracefully. For me [breast implants] was just about being able to try on a dress. And my friends say ‘If you’d had small boobs Kate you wouldn’t have done it’. If I’d had *any* boobs I wouldn’t have done it!’ Just any boobs, an A [cup], I would’ve been happy with that! I don’t think, for me – I don’t think there would be anything else I’d change. If I was to change anything on my face I’d look in the mirror and go ‘Oh I don’t look like me anymore!’ It’d be weird!’

She says she wouldn’t get anything else done, because there is no ‘need’. Here she again justifies the surgery; arguing that she had ‘no breasts at all’ (elsewhere she reasons she

had ‘nothing’ except for nipples’). Any additional changes would negatively affect her sense of self; she would not look like ‘her’ any more. Kate’s explanation of her ‘need’ for breast implants is similar to many in Davis’s study who did not want to have surgery to ‘enhance’ themselves, but to ‘be like everybody else’ (Davis 2003: 16). Now that she no longer ‘looks different’, Kate feels that she is herself and that nothing else requires alteration - ‘I’m me forever now’. If cosmetic surgery can be understood as an intervention into embodied identity, then it is an intervention that is ‘completed’ for Kate. Kate’s view of cosmetic surgery is particularly individualised, and this means that if the practices do not succeed, the brunt of body (image) failure is borne by the individual alone (McRobbie, 2009). Cosmetic surgery is also a particularly drastic intervention that relates to *female* bodies in particular, to ‘enhance femininity’ (Davis 2003: 17). Like Kate, Isabelle had breast enlargement surgery to negate ‘feeling bad’ about an aspect of her body; to ‘feel more comfortable’ in her appearance. For Isabelle though, no amount of body work is ‘ever enough’.

### **Isabelle’s cosmetic surgery: ‘when will it stop?’**

Isabelle is 24 years old and lives with her mother and sister in a bayside suburb in outer Melbourne. She is employed as a beauty therapist at a cosmetic surgery day clinic. Administering a diverse range of body modification, improvement and ‘maintenance’ practices are part of her daily working life. Like Kate, Isabelle has had breast implants. She says she is ‘obsessed’ with changing aspects of her body she feels ‘self conscious’ about, such as her upper arms, hips and thighs, and face as it ‘ages’. Isabelle’s affects and relations associated with her body, body work and self follow a different course than

Kate's. When describing what women would have to do to get the 'ideal' woman's body (in the context of her work as a beauty therapist at a cosmetic surgery centre), she says 'it's too hard!':

'I think it's, it's too hard to be honest! Like, you'd never get there. You want an ideal body but even if you're at your goal weight, you still don't, it's still not enough.'

Isabelle had breast implants to make her breasts 'look normal' as, she explains, one breast was two cup sizes larger than the other. Other aspects of Isabelle's body work such as wearing make up or dieting to lose weight, are also undertaken with the same goal - to 'feel comfortable', or to feel less self conscious about her appearance. The technologies of cosmetic surgery so far have not achieved this for Isabelle. Although Isabelle says she is 'a lot happier' after having surgery, she also explains that afterwards she began thinking of other procedures she could have: 'The more I keep doing... like I had my boobs done and I was like 'Right, what else can I do, what can I do next?'

She has had Botox injections ('because the nurses need someone to practice on') and is planning to have Liposuction on her arms and thighs:

'I do wanna have Lipo at work, because we get it for free. One of the nurses had it and she looks good. [voice softer] But you think,, 'When will it stop?' I don't know.'

Isabelle senses that there is something inexorable about her relationship with cosmetic surgery. I asked Isabelle if there is a limit or an endpoint that she can see in having surgeries; she responded 'I'll do everything'. She says her boyfriend wishes she would 'grow old gracefully like his mum', but says that her mother has had a number of cosmetic procedures and it is 'kind of expected in my family'.

Isabelle's experiences of body work have more in common with others I interviewed – men and women - who say they are 'addicted' to exercise or going to the gym than Kate who has undergone one of the same cosmetic surgery procedures (breast implants) (Coffey, 2012). How the body feels as a *result* of body work extends beyond the practice itself, and impacts on the experience of self, the way the body is lived, and the range of possibilities for living.

A focus on the affective relations of body work such as cosmetic surgery problematises the view of consumer culture marketing and cosmetic surgeons that 'transformative techniques will lead to a more positive and acceptable body image' (Featherstone 2010: 213). This is particularly important given that cosmetic surgery is perhaps the most overtly physical, risky, invasive and painful 'transformative' intervention of the body.

### **Discussion: cosmetic surgery, femininities and affect**

Rather than providing a way to attain a better 'body image', Isabelle feels she must continue to 'do everything', and cannot imagine living happily without undergoing continuing surgeries. Isabelle's relations with cosmetic surgery have produced affects which intensified, rather than 'opened up' (Buchanan, 1997). The affective intensities related to changing Isabelle's body through cosmetic surgery are different from Kate's, and mean that her body is lived differently through the same body work practice.

Becoming is understood as the multiplication and proliferation of affects and involves 'opening up to the many rather than the few' (Fox, 2002, p. 359). Using the concept of

affect in analysis means exploring its dynamics: is affect being multiplied and opened up, or is it intensified and closed down? Isabelle can only imagine one possibility for her body as it ages: 'I'll have everything done'. Isabelle's breast surgery intensified her affects, 'what can I do next? When will it stop?', whereas Kate's surgery enabled a multiplication of affects, 'there are so many moments now where I just feel... now I can enjoy my life, just really live it'. The affective and intensive relations involved between bodies and body work practices *guide* those practices. The intensification of affect can prevent new relations from being formed. This can create a situation from which it is difficult to 'escape'; it is not easy to 'multiply' affect when it has been closed down (Fox 2002).

What guides the becomings of bodies in particular directions, such as motivating the need for cosmetic surgery, is dependent on the affective and intensive relations between particular bodies, which are constituted differently and involve multiple, changing, connecting forces. For example, although I understand Kate's and Isabelle's experiences of breast enlargement surgery as occurring in the context of the cultural requirements of femininity, the affects of appearance and femininity are much more intense for Isabelle, and guide the possibilities for living her body in a very different direction from Kate's.

Affects related to femininity, appearance, image and consumer culture logics of transformation and self-improvement, constitute Isabelle and Kate's bodies as assemblages, and open and close certain pathways as being potential options. According to Deleuze (1988), what we are capable of is directly related to embodied sensation

(affect), and it is the relations of affect that produce a body's capacities (Coleman, 2009). The concept of affect enables a perspective in which Isabelle's cosmetic surgery is *more than* the effect of poor body image or pathologised body dysmorphic disorder, caused by narrow standards of female beauty as portrayed in the media. Affects influence the experience of body work and the self in complex – and non-deterministic – ways. A focus on the affective relations between Kate's body and the surgery enable the complex, highly contingent and ambiguous experiences of body work to be explored beyond the binary of 'cultural dope' or 'subject possessing agency'. The affects related to Kate's cosmetic surgery extend new ways of living her body, even if she is repeating or emulating ideal physical femininity.

## **Conclusion**

In this presentation I pair a feminist analysis of two women's experiences of cosmetic surgery with a non-dualist theoretical approach to bodies. Using the concept of affect enables a different way of understanding the differences between Kate's and Isabelle's body work practices. Kate's and broader relations with her body and femininity are more open to difference and multiplicity than Isabelle's, as she lives her body in a range of ways which are not limited by body work practices such as cosmetic surgery. In contrast, Isabelle cannot see a way of being happy without her body without continual surgical procedures – 'when will it stop?'

Pairing a feminist-Deleuzian approach to bodies can contribute to understandings of the micro-processes that surround the vast range of contextual factors related to body

practices such as cosmetic surgery – to complex understandings of the ways these practices are lived out. This produces a somewhat ‘uneasy’ understanding of cosmetic surgery as not intrinsically ‘good’ or ‘bad’ in of itself; instead, the affects that surround the practice can be analysed and understood to direct or mediate action. The practice of cosmetic surgery is therefore not seen as something that women are ‘passively complicit’ in; and neither does the practice of cosmetic surgery result straightforwardly in a more ‘positive’ sense of self and ‘healthier body image’. To understand women’s experiences of cosmetic surgery, we need to think through what we think bodies are and how they are implicated or in relationship with the world. Ultimately, I hope this approach may assist in producing feminist analyses beyond dualisms which embody theory and are capable of accounting for complexity.

## References

- Buchanan, I. (1997). The problem of the body in Deleuze and Guattari, or, what can a body do? *Body and Society*, 3(3), 73-91.
- Budgeon, S. (2003). Identity as an Embodied Event. *Body and Society*, 9(1), 35-55.
- Coffey, J. (2012). *Exploring Body Work Practices: Bodies, Affect and Becoming*. Unpublished PhD Thesis, University of Melbourne, Melbourne.
- Coffey, J. (2013a). Bodies, body work and gender: exploring a Deleuzian approach. *Journal of Gender Studies*, 22(1), 3-16.
- Coffey, J. (2013b). 'Body pressure': negotiating gender through body work practices. *Youth Studies Australia*, 32(2), 39-48.
- Coffey, J. (forthcoming). ‘As long as I’m fit and a healthy weight, I don’t feel bad’: exploring body work and health through the concept of ‘affect’. *Journal of Sociology*.
- Coleman, R. (2009). *The Becoming of Bodies: Girls, Images, Experience*. Manchester and New York: Manchester University Press.
- Davis, K. (1995). *Reshaping the Female Body*. New York: Routledge.
- Davis, K. (2003). *Dubious Equalities, Embodied Differences: Cultural Studies on Cosmetic Surgery*. Oxford: Rowman and Littlefield.
- Deleuze, G. (1988). *Spinoza: Practical Philosophy* (R. Hurley, Trans.). San Fransisco: City Lights Books.

- Fox, N. J. (2002). Refracting 'Health': Deleuze, Guattari and Body-Self. *Health*., 6(3), 347-363.
- Fox, N. J. (2012). *The Body*. Cambridge: Polity Press.
- Grosz, E. (1994). *Volatile Bodies: Towards a Corporeal Feminism*. St Leonards: Allen & Unwin.
- Hickey-Moody, A., & Malins, P. (Eds.). (2007). *Deleuzian Encounters: Studies in Contemporary Social Issues*. New York: Palgrave Macmillan.
- McRobbie, A. (2009). *The Aftermath of Feminism: Gender, Culture and Social Change*. London: Sage.
- Mission Australia. (2011). *National Survey of Young Australians*: Mission Australia.