

“Unless it’s Scandalous, I’m not Interested”: The Visibility of Corporal Transformations and The Production of Femininities Through Plastic Surgery^{*}

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Abstract

This paper analyses public discourses produced by women about aesthetic surgical interventions intended to improve their bodies. The paper uses posts on a very active and popular Facebook group, and a few complementary interviews. An important element in this framework is the distinction between more or less “natural” or “dramatic” results. The following themes are emphasized as being the main areas of discussion: enhancement and body transformations via biomedical resources; the use of silicone breast prostheses; redefinitions of natural versus “dramatic”; and, the impact of gender norms.

Keywords: Plastic Surgery, Gender, Natural/Dramatic, Improvement.

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Introduction

The title of this article synthesizes statements posted on social networks that portray how many women explain their decision to undergo dramatic plastic surgery¹ with results that emphasize the investment in this subjective bodily transformation. The article analyses the production of public statements by women about surgical interventions to improve their bodies. It recognizes that an important distinguishing factor between results is if they are considered more or less “natural”. The analytical focus is on a large and active Facebook discussion group and complementary interviews. The motivations that inspired the research² are presented, along with its methodological procedures and the most significant results. The data will be analyzed with pertinent theoretical and ethnographic references, along three lines of focus. The first concerns the dimension of the choices and investments made by these women, which can be linked to the value placed upon personal improvement through bodily transformations. The second focuses on the specificities or the direction in which this improvement is sought and produced, that is, the models of intervention and, therefore of the bodies desired and their relationship with dynamics involving gender, class, race, and

¹ Plastic Surgery is one of the medical specialties recognized by the Brazilian Federal Board of *Medicine (Conselho Federal de Medicina Brasileiro - CFM)*. According to resolution no. 1.621/2001 of this board, it “aims to treat illness and anatomical, congenital, acquired, traumatic, degenerative and oncological deformities, (...) to benefit patients seeking their biopsychic-social equilibrium and consequently an improvement in their quality of life”. There are subdivisions between aesthetic and reconstructive surgery (Schmitt, 2017), that involve concepts of health, physical as well as mental (Antonio, 2012).

² The data discussed here were produced during an undergraduate thesis (Silva, 2018) and Scientific Initiation grants from the programs of BIC UFRGS and CNPq-UFRGS - Project “Processes of subjectivation, bodily transformations and production of gender through the promotion and consumption of biomedical resources” supported by the The National Counsel of Scientific and Technological Development. We would like to thank the participants of the research and further the reviewers, who contributed with valuable suggestions to the final version of the article.

ethnicity. Finally, the third focus expresses the final considerations of the study, problematizing the differentiation raised in the field between preferences for “natural” or “distinctive” results and their implications for discussing bodily transformations and norms of femininity.

Before beginning the discussion, it must be mentioned that Brazil had the world’s second highest number of aesthetical medical procedures in 2017, according to a survey by the International Society of Aesthetic Plastic Surgery (ISAPS, 2018). As many as 2,427,535 procedures were conducted in the country that year, according to data from plastic surgeons registered in groups linked to the international entity, such as the Brazilian Society for Plastic Surgery (*Sociedade Brasileira de Cirurgia Plástica - SBCP*). The survey data also revealed a clear female predominance: of the total number of procedures, 86.4% were on women. In addition, the statistics reaffirm that the most commonly performed plastic surgery in Brazil and throughout the world is breast augmentation with prosthetic silicone implants. The ISAPS data has been published annually since 2010. Brazil has always been among the countries with the most aesthetic procedures and in 2013 topped the ranking, ahead of even the USA.

One of the ways to promote and exchange information about biomedical procedures, and especially plastic surgery, has been the internet and social media in particular. This study first conducted a survey of sites of Brazilian clinics and surgeons dedicated to promoting plastic surgery services. The production of a strong discourse regarding individual improvement and the production of certain standards of aesthetic “normality” was identified, which was profoundly marked by gender and ethno-racial differences and related to “combatting” aging. What also drew our attention was the fact that many of these pages had statements from women, almost always accompanied by photos, to testify to the great transformations which the surgery had brought to their lives. These are personal accounts, publicly told, and aimed at promoting a certain type of medical service, which combined a narrative about self-transformation with a declaration

of gratitude to the specialists and services that led to “a dream come true”, as many put it. These results gave rise to our intention to investigate more carefully the production of this type of discourse by women involved in the possibility of undergoing plastic surgery.

The field and methodological procedures

We considered that an investigation on social networks would be potentially productive to our objective, to the degree to which it could reveal a more consistent set of spontaneous statements regarding these personal experiences. In addition, it highlighted the interactive and productive dimension of the dynamics of the networks and groups that constitute practices, ideals and standpoints. We understood, as did Beleli (2015, 2016), that the proliferation of content and authors on social networks can juxtapose differing moralities and amplify the distinct standpoints people have in relation to the themes in focus, but also participate in constituting these relationships and new processes of content creation. People’s positions, as Beleli reminds us, are not produced independently from the daily experience of the creators of this content. As we shall make explicit in more detail, these different moralities and standpoints emerge in dialogic and relational processes of constitution, which allows us to see the statements analyzed here not as simple expressions of personal preferences, but rather as complex social interactions, marked by desires for differentiation from the other, in this case, by having silicone implants and the way in which they are incorporated.

The social networks support a wide variety of congregations and are environments that integrate reality as a tool for connections and exchanges. The contributions of Hine (2015) and Miller (2012) allow defining these networks as instances of daily reality, produced together with, and not separately from, reality. Approaching virtual environments as cultural artefacts, Hine problematizes concepts such as netnography (Kozinets, 2010), reinforcing the importance of maintaining the presumptions of the

ethnographic method in studies that have virtual environments as part of their field (Hine, 2000; 2015).

Furthermore, Miller (2012) also emphasizes how globally-used social networks, despite being standardized tools, have their usage informed by local culture. For this reason, Miller & Horst (2012) argue that in digital ethnography it is necessary to pay special attention to the connections between those elements that are considered as general or global and those that are local or specific. For Miller & Horst, this translates into a type of holism that frames the particular through an ethnographic bias, but aggregates non-local aspects that could influence or transcend a situation. For these authors, social networks are dimensions where this focus is especially useful, because within them, there is a meeting of global and local aspects.

Facebook provides an opportunity for potentially productive access, since it was the social network most used by Brazilians in 2018,³ and because it contains a tool that allows creating groups that congregate users around a specific theme to which the focus of the interactions is directed. This environment allows the convergence of discourses that indicate people's perspectives on a defined subject.

Initially, for the purposes of this investigation, all groups on Facebook whose name contained the words “cirurgia plástica”⁴ were considered. The more than 100 groups found had certain variations, such as being addressed to people from certain locations, or to specific types of surgery, and financial programs for payment of the procedures. The association of certain groups to doctors also stood out, for example, a group entitled “*Cirurgia Plástica Dr. A. - Mulheres do A*” [Plastic Surgeon Dr. A – Women of A], and the presence of two groups focused on discussions about the provision of plastic surgery “through the Brazilian Single Healthcare Service” (SUS). The majority of groups have a very

³ According to Kemp (2018).

⁴ Brazilian portuguese expression meaning cosmetic surgery.

high number of participants, with the five most popular having between 100,000 and 320,000 members.

In the case of this article, one of the largest groups that is active daily on Facebook, was chosen, the focus of which is liposuction and silicone implants, and which we shall refer to, herein, as LS. The magnitude of this group can be illustrated by the hundreds of thousands of participants. This magnitude creates certain challenges when considering all these people, or profiles, as a group. The ethnographic results indicate that quite distinct standpoints are found among the participants. The point of encounter of the people that we can trace is their interest in the subject matter implicit in the name of the group, which refers to the procedures of liposuction and silicone, as well as the desire to inform or produce content about certain forms of technological intervention for constituting oneself, with the information about and access to such procedures as a strategy for distinction. Despite this meeting point, the information that is used to identify people in this group, behind the social network profiles, indicates a series of diversities: ethno-racial, age, geographic (there are people from all regions of Brazil and even some from outside the country) and social classes, to name some of the most evident. Thus, we cannot presuppose similarities among the participants beyond an interest in the procedures mentioned and a certain identification with aspects of the female gender that relate to the aesthetic procedures discussed.

The constant activity in the group, and the fact that the procedures emphasized on it – liposuction and breast enhancement with silicone prostheses – are the most commonly performed in Brazil (ISAPS, 2018) were decisive factors for choosing this group. Other possibilities for plastic surgery are discussed, albeit less frequently than liposuction and silicone implants.

This group is associated with a physician, who is also the administrator of the virtual environment. The function of a group administrator on Facebook allows one of the users, generally the creator of the group, or a member assigned by the creator, to

moderate its activities, define the group's privacy settings⁵, and also exclude any member, post or comment. However, it is important to emphasize that in the case of this group, the presence of the administrator was at times imperceptible, in light of the magnitude of the debates and the intense volume of the interactions. The cover photo, which can be found in the upper part of the page, which appears as a page header when one accesses the group, displays the name of the physician, and the doctor's contacts via telephone and other social network media. The cover also portrays the doctor's face, adorned in surgical cap and gown, as well as photos of female body parts.

The description of the group emphasizes that the aim is to share information and experiences about plastic surgery. A series of regulations is then presented, warning that an infraction will be punished by exclusion from the group, citing amongst others: promoting other groups on the same subject, fake profiles⁶, photos of third-parties, or those that show intimate parts of the body without a censor bar to cover them, as well as posts about the changes in group privacy, advertising, and exhibition of procedures with negative results. The description ends by emphasizing the importance of the doctor's qualifications and recommends use of professionals associated to the SBCP.

The interaction with the group occurred from the moment in which one of the researchers presented themselves, revealing the fact that they were concluding a study about plastic surgery and asking whether statements produced within that context could be used. Even considering that the information is made available in a public group, with open access, we opted to hide any identification of the participants and even of the group itself. In this sense, any information that might compromise privacy and anonymity was either removed or altered.

⁵ The privacy settings define who can have access to content posted in the group. In a public group, there are no restrictions to posts, which consequently end up becoming public.

⁶ This is the name given to social media accounts for which the identification information does not correspond to the person behind the profile.

The group was monitored from January to November 2018. The most frequent subjects discussed in this period on LS were surgeries, the post-operative period, cost of operations, recommendations of clinics, hospitals and doctors, and discussions about what type of procedure should be undertaken to achieve the desired results. “Before and after” photos from procedures were also frequent. These photos generally showed an evident change attained by plastic surgery. There is frequent nudity in these photos, with nipples and genitals covered with emoji.⁷ Mobile phone apps allow emoji to be easily added to photos. It was quite common for posts with “before and after” photos to use sad emoji to cover nipples and genitals in the “before” photos and “happy” emoji, for the same purpose, in the “after” photo.

In general, posts with doubts and requests for recommendations are responded to within the group, but it is the posts that present photos of the results of surgery that mobilized the most interaction and discussion. On these occasions, the women that revealed their experiences received many questions, and what most interested the majority of participants were the specifics of the procedure, the doctor that performed the operation, prices and the recovery period.

Within the vast range of interactions and subjects addressed in the group, one topic stood out. This was a constant discussion about the preference for surgical results that are more or less “natural” or “dramatic” after silicone breast implants. This subject seemed to us to be central to more directly approach the processes related to bodily transformations and the production of subjectivities associated to this type of medical procedure. We will particularly examine interactions provoked by a questionnaire made by a member of the group about the preference for

⁷ Emoji are typical communication tools on the social networks, whereby emotions that would normally require several words to express them are translated into symbols and drawings, generally representing a facial expression.

“dramatic silicone”, as opposed to a “natural look”, which generated a discussion with 195 replies⁸.

In addition to the analysis of these replies, two complementary semi-structured interviews were conducted with women chosen as a result of their posts about this subject. The participants who were approached were those that made comments that provided more information, or who most interacted with others in the group. One person chosen, who we will call Renata, was among those that preferred a more “natural” option, and whose interview via text messages, in a chat tool, extended for more than two hours. The other, Flavia, was a supporter of those who said they did not prefer natural results. Flavia was also very receptive and established a dialogue that went beyond the topics addressed in the interview, sending not only text messages but also audio messages, via the same chat platform. The results of the interviews were in line with the public posts made in the group.

“Natural or dramatic”: different possibilities of transformation

Discussions about preferences for more or less “natural” results are common in the group, and reappeared whenever someone drew attention to the issue. It is interesting that, in contrast with sites of medical clinics and of surgeons that very often value natural results from surgeries⁹, for many participants of the LS group, a “natural” look may not be desired.

There are certainly women in the group who attest to having a preference for more “natural” results, as in the case of Renata, who has conducted graduate studies in law, and is a resident of a middle-class neighborhood in a state capital in Southeastern Brazil. In one of the discussions relating to “natural” or more

⁸ The group administrator, a plastic surgeon, also expressed his opinion on the matter in another post that dealt with the types of prostheses recommended for each desire for the final appearance, reiterating the popularity of this issue.

⁹ In an interview, one dermatologist who conducted a series of aesthetic procedures stated that she even “loses patients” who want her to perform more “exaggerated” interventions, which this professional did not want to be associated to her image and the results of her work.

“dramatic” results in plastic surgery for breasts, Renata responded: “I prefer a more natural result and am super-happy when people say my breasts don’t look like silicone”. During the interview, Renata stated that “I always wanted big boobs”, and that she didn’t think that the size of her breasts was proportional to the rest of her body and, for this reason, she had had surgery. For her, the results were satisfactory and her “life really improved”. She went on to say: “My self-esteem became 100%, and I finally felt that I was myself, you know? I didn’t feel that that body, with small breasts, was me”. Asked if the results were natural, she said that “My bust is very natural, it doesn’t seem like silicone, not even to the touch. Over these nine years, not even my boyfriends noticed. I had to tell them”.

There was also the situation in which the “natural” aspect was appreciated in reply to posts from a female transgender demonstrating the “before and after” of her breast surgery. Ellen revealed right from the start that she is transgender and “99% woman”. She had silicone implants and is happy with the result which, according to her “turned out very natural”. This post attracted the attention of many members of the group, with more than one thousand reactions. The comments were complementary, and the tone of this praise ranged from adjectives, such as: beautiful, perfect and natural, to very feminine. There was also a common thread of comments along the lines that Ellen did not seem to be either “trans” or a man. One of the participants, for example, commented: “These women [trans] are really beautiful and when they have aesthetic surgery, they become perfect, with no need to explain. Sis, you were already beautiful, now you are perfect” The perfection about which the member seems to be referring is a specific femininity, which is accessible and produced by means of technologies such as plastic surgery.

However, what really calls attention are the more common and emphatic declarations expressing a certain contempt for a “natural” look and an appreciation of results that would be immediately perceived. This is what we noted in the almost 200 replies motivated by Marcela’s question: “Do girls want silicone:

natural or really dramatic in the style of Hello! Look at me? I don't like Natural, no!"

In the responses of those that didn't want natural results, the justifications mentioned that plastic surgery is an investment and the visual perception of such investment: "My thinking is: I paid a lot, so it has to clearly show that I have silicone". Another participant, who said she was not satisfied with the results of her plastic surgery, said she heard comments that her body had a natural appearance and complained: "It's sad: you spend money you don't have (a loan), and hear people saying: it looks natural". In addition to revealing tension between different norms about "natural" versus "dramatic" results, this post emphatically framed the surgery as an investment, which should be noticed. A natural result is converted into sadness, as if it were an investment that didn't bring the expected return: the appearance of plastic surgery and its recognition by others.

The justifications of supporters of "dramatic" also involve a desire to have the silicone implants be recognized: "Silicone is supposed to look like silicone, right!"; by the difference from the previously existing natural appearance; "it's better not even to have silicone than to leave it looking natural"; and more notably, through the expression of the desire to "scandalize" and have an impact: "All breasts are natural, I want silicone to be really scandalous."; "Unless it's scandalous, I not interested". Other posts reveal the desire that implants should have a dramatic result on the body: "Dramatic, so dramatic that, for me, it could even have the prosthesis' brand embossed upon it"; "I want it to really look false"; "Really dramatic. I've had natural my whole life". Statements like these certainly reveal something very particular about the incorporation of prostheses in the perception of self and personal realization through a medical procedure and make the different agencies involved in these processes quite complex.¹⁰

¹⁰ For a discussion on the recognition of the possible agencies of biomedical devices involving processes of materialization and subjectivation, see Rohden (2018) on the use of hormonal implants by women.

One comment in this vein, but which has a certain shift from or addition to the justification in relation to those previously cited, is that of Flavia: “I want my breasts to be compatible with me, in keeping with the other things, for example: straightened hair, false nails, false eyelashes, I am going to get rid of the belly, my boobs can’t be natural, they would feel left out”. Flavia’s statement demonstrates a recognition of the role of artifices in the construction of the female body. More than this, and similar to the posts of various other members, it shows the possibility that these recourses are more desirable than the natural alternative. Albeit quite jocular in tone, there is a suggestion of the need to bring certain body characteristics into line with the rest, which are already established as false. Perspectives like that of Flavia and other participants about the appreciation of these procedures and of explicitly showing their use contrast with those of narratives that were more in line with those of physicians, who emphasize the possibility for natural results when describing their work on their internet pages.

Flavia, a housewife and mother from Mato Grosso, Brazil, was one of the people interviewed. During the conversation, she revealed that she still hadn’t undergone the surgeries she wanted. She said her initial plans to have surgery were interrupted by the fact that she had gained weight in association with pregnancy. At the time, she was on a diet, preparing herself for plastic surgery to her abdomen and breasts, which she had opted to do at this phase of her life, after having given birth to a daughter. Good-humoredly, she stated: “Just need to get rid of the belly and put in the breasts. The rest is all false”. Her plan is “to have everything: liposuction, abdomen and breasts”. Regarding the results, she said that she had always wanted the best and “a really dramatic bust”. Her desire is to have

practically the procedure of those who have cancer (...) to reduce and leave them hard, two enormous acorns (...) for anyone who sees them to say, now that’s really silicone; I have no reason to hide anything, much less plastic surgery.

Flavia's reference to "not hide" the plastic surgery also refers to the importance of revealing a type of surgery that, in other circumstances, could be the target of shame, or a reason to hide. It seems to be part of a process of realization, a personal project for these women, to expose their capacity and their effort to promote the bodily alterations that they feel are necessary for their personal satisfaction, using the available biomedical recourses.

In line with this process, it is also noted how these women are shaped as consumers in an increasingly pungent market. In reference to this point, Heyes & Jones (2009) mention a new patient-consumer relationship that is established between clients and physicians. While in the past they had been patients, today they are consumers. If before their desires were seen as pathologies, frequently secret and shameful, today public statements are constructed within a global media context that demonstrates the transformations involving these procedures.

In the case of the group studied herein, the search for improvement and its expression in the image of a patient-consumer who makes her own choices, and often incisively in relation to those of physicians, are notably present characteristics. Adriana, for example, on responding to the question about whether she would prefer "natural or dramatic" silicone results, replied quite emphatically: "Dramatic! I immediately brought a photo showing how I wanted it, and said that if the results weren't dramatic, I would eat the doctor's liver!" Despite the exaggerated tone of the metaphor, the statement illustrates the kind of intentionality and demands that women who are looking for surgical intervention have and present to their physicians.

Plastic Surgeries and (re)production of differences

The positions produced within the context of the LS group constitute an important focus of analysis because they provide evidence of certain transformations present in contemporary practices of aesthetic surgery, and lead us to reflect on the use of these procedures considering social differentiations such as class,

race, generation and, in this case, especially of gender. To advance our analysis of the subject, we turn, within the limits of this article, to **three main foci**. The **first** refers to the dimension of choices and investments made by these women, which, as we suggest, can be related to the value placed on the individual improvement that is realized, among many other possibilities, through the consumption of information and products dedicated to bodily transformations.¹¹

The field of study about biomedicalization of society, in Brazil and internationally, has fruitfully called attention to the shift in the usage of biomedical, pharmaceutical or surgical resources, from the treatment of illness, to the wider condition of improvement in performance and personal satisfaction. This has occurred, above all, due to the advent and availability on a larger scale of a wide variety of biotechnologies, developed within the framework of an ever increasingly techno-scientific approach to medicine. Moreover, the availability of these resources combines with the promotion of the idea that patients should become more responsible for looking after their own health and living conditions. The model is established of a patient who is also a consumer, always on the lookout for new information and recently announced discoveries (Clarke et al, 2010; Rose, 2007; Martin, 2007; Dumit, 2012).

Describing this scenario of consuming biomedical innovations, Clark and colleagues (2010) emphasize how the body is no longer seen as relatively static or unchangeable, and as the focus of control, to become something flexible that can be transformed and reconfigured. The process of control and normalization opens space for a customization process associated

¹¹ For an analysis that highlights the dimension of choice in aesthetic surgery, considering a perspective that accentuates how the subject makes choices circumscribed by models, repertoires and different available types of expertise, see the analysis by Fraser (2009) of women’s magazines and TV programs that propose transformations in appearance of their participants. For Fraser, subjects are produced by various forms of agency, available at a given moment or specific cultural context.

to the institution of techno-scientific practices as market niches that sustain “boutique medicine” (Clarke et al, 2010). The same line of argument is defended by Rose (2007) who highlights how contemporary medical technologies are used not only to cure pathologies, but to control the vital processes of the body and mind. Rose affirms that technologies for optimization are associated to the idea of improvement, which is aimed at the future and to the appearance of individual consumers of these new desires and opportunities to control life. The novelty is not the existence of the desire for or practice of improvement, but the shaping of the lives of subjects. Rose (2007) also emphasizes the occurrence of a passage from normalization to the customization, not only of the body, but also of sensations, desires, and emotional and cognitive abilities.

In the field of plastic surgery, we can suggest a parallel with these arguments to the degree that these surgical techniques are also increasingly moving from those justified as a “reconstruction”, motivated by a deformity or illness, to a situation in which a desire or expectation for improvement becomes the central motivation. As the works of Heyes & Jones (2009) show, as well as the classic book by Gilman (1999), the distinction between reconstructive plastic surgery and those with more cosmetic purposes has completely marked this medical specialty. On one hand, are surgeries to restore the normal configurations of body tissue in terms of appearance and functionality, after injury, or to correct what had been called congenital defects. In contrast, are those for which the objective is to improve a “body in decline” in relation to standards considered “normal”. One important aspect in the history of the acceptance of these procedures is related to the importance of the “inferiority complex”, a category coined by Austrian psychologist Alfred Adler in 1910 (Adler; Jelliffe, 1917). The use of this notion was common for justifying practices of self-improvement. According to Heyes & Jones (2009:5): “Because the concept was vague and related to the patient’s perception of her own psychology, surgeons could more easily justify interventions on the basis of psychic needs”. More contemporarily, the term

used to justify surgery, from a medical point of view, is “low self-esteem”, a category that also encompasses a wide range of interpretations. Significantly, the distinction between reconstruction and aesthetic motivations becomes increasingly problematic, as shown by the work of Schmitt (2017).

However, if the medical discourse, analyzed in the bibliography presented, has always in some way dealt with the need to justify a surgery, in response to a problem (congenital defects, imperfections, inferiority complex, low self-esteem), the definitions and frontiers of which were always ambiguous, the statements of the women that we have presented clearly point in another direction. Our analysis is certainly limited by the scope of the field work; however, the negative discourse, with an emphasis on problems, seems to have been supplanted by a desire for improvement, to attain something extra that would produce personal satisfaction and which requires a certain type of investment. This is only possible within a context in which the consumption of these biomedical recourses has become, in some way, increasingly accessible, and in which the use of this type of surgery is morally justifiable, within the framework of the appreciation of new practices for improving and enhancing oneself, via biomedicine.

If the general condition can be understood in this way, the specificities, or the direction in which the improvement is sought and produced, require an extra analytical effort. This is exactly the **second focus of analysis** that we wish to take, and it relates to how we may qualify the models of intervention and therefore of bodies, which are desired by many of the participants in the LS group. Along this line, the distinction presented between “natural” and “marked” can be better discussed through the incorporation of certain works that have emphasized the enrootedness of aesthetic interventions and surgery in the context of dynamics involving gender, class and race/ethnicity.

One inspiring and exemplary work in this line is Heyes’ analysis (2009) about Asian blepharoplasty, a procedure conducted to make Asian women’s eyes larger and rounder, or

“Westernized”. Problematizing approaches that see in this surgery only a certain “internalized racism”, the author proposes considering how all cosmetic surgery, in reality is ethnic. Instead of eliminating the question, what Heyes proposes is that we question to what degree these surgeries undertaken by white women, and many others, indeed correspond to corporal modifications that also carry ethnic markings. For Heyes, all bodies have ethnic markings and the surgeries conducted on white people, and not just those that mold Black noses, or Asian eyelids, are also involved in racial projects of corporal conformity.

In the case of Brazil, Edmonds (2010) calls attention to the fact that aesthetic surgery is conceived in terms of beautification. Behind this lies the revelation of a notion of beauty related to race and social class, such that the beautiful would be those who are socially dominant. Beauty is seen by the author as capital used for social mobility in Brazil, as in the case of the “*siliconadas*” – (slang for women with large breast implants) popular characters who represent a “fantasy of the body as a vehicle for social ascension” (Edmonds, 2010:72.). The recent work of Jarrín (2017) follows the same lines of analysis, by highlighting the connections between racial, class and gender hierarchies associated to the promotion of beauty through plastic surgeries in Brazil.

We could suggest that some of the participants of the LS group express these connections and even echo the desire for social mobility associated with the body. One participant, for example, when justifying why she wanted large breasts said: “I really want that – ‘Hey, look at me’[effect] because if it depended on my [breasts] to get me anywhere, I’m fucked”. Despite the playful tone, plastic surgery thus appears to signify a means to reach an idealized place in life.

In what more specifically refers to the discussion surrounding “natural”, we can turn to the contributions of Naidin (2016), based on research conducted in Rio de Janeiro. She affirms that an appreciation for what seems to be or is described as being “natural” would be hegemonic among those people closer to the elite. Among them, women emphasize discretion and privacy

concerning their surgeries, unlike women from more “popular” groups that appreciate a more “super-sexy” femininity, as described by Naidin (2016). Her interlocutors from the middle and upper classes frequently describe this femininity as being an exaggeration or excess of volume, like muscles, prostheses and fillings, in parts of the body such as breasts and buttocks. For Naidin, a division operates in both circuits between the bizarre and the acceptable, with shifts that depend on the social group.

Although it hasn’t been possible to develop a profile of the hundreds of thousands of women in this collective, we can suggest that these preferences and divisions are echoed in some way. On one hand, we have preferences for a “natural” look and a distinction from the standards associated to more popular celebrities:

If the idea was to be dramatic I would use two balls which would be cheaper. Heaven help me if I ended up with boobs like Gracyane Barbosa, I want them to be quite natural, of course.

On the other hand, there is an imposing preference for a plastic surgery that has a dramatic appearance: “like when someone meets me [for them] to say ‘Hey silicone and then Hi Maria’”. And that also reveals the investment made: “As I see it: I paid a lot, so it needs to show that I have silicone”.

The moralities that circulate on the social networks seem to be associated to social differences, both in the case of preferences for a natural result, as in the case of preferences for the mark of silicone in the body. In the first case, the morality is closer to what surgeons generally prefer and try to practice: “natural” results seem to be related to a more conservative thinking about bodily modifications and about the form of circumscription in the body of gender norms. The social differentiation here operates in the sense of separating plastic surgeries that emulate nature from those that mark the body with a visible result of the surgery and shape of the prosthesis, which is seen by many members of the group as something undesirable and even bizarre. Whereas, in the second

case, the form of social differentiation is made in direct association with the use and visibility of silicone implants. We suggest that the very interactions of these women, via the LS group, participate in the processes through which they construct their subjectivity and their corporal re-modeling. What seems to be decisive in these relationships is the visibility given to the transformation. In a dialogue that goes beyond individual experiences, these women process their self-construction based on a differentiation of themselves in relation to others, their interlocutors in the LS group itself.

In any case, what can be observed, so far, reinforcing the indications of the bibliography, is that the preferences for determined types of bodily redefinition have profound connections with historically constructed standards, in terms of social class, generation, race/ethnicity and gender. Beyond this, a central aspect is the dimension of consumption and the public demonstration that one has the means to access certain procedures for transformation or enhancement.

The preferences demonstrated in the interactions within the group and illustrated in the interviews, in addition to revealing the forms that the consumption of these biomedical recourses for improvement acquire and the fact that they point to possible social differentiations, also suggest the need to further examine the contrast between “natural” and “dramatic”. Thus, we arrive at the **third analytical focus** that is also expressed as our final considerations. This rhetorical choice is made exactly because this topic relates to a series fundamental discussions in the social sciences and particularly in the field of studies on gender and science (Fausto-Sterling, 1992; Haraway, 2000). Far from pretending to revive this broad debate, we will raise a discussion specific to the field of aesthetic surgery and corporal transformations.

To continue, we refer to the work of Weiss & Kukla (2009) who analyzed the production of a “natural look” in a U.S. television program, which portrays the transformation of people by means of plastic surgery and other aesthetic technologies. According to Weiss & Kukla, two positions in respect to the nature

of human intervention were evident: one libertarian, which understands these inventions as something constitutive of the human; and another essentialist, which does not recognize such an intervention as legitimate. There was also a variety of discourses about plastic surgeries, without precise definitions of what “natural” would mean.

Weiss & Kukla (2009) emphasized that plastic surgery has had a primordial function of combatting bodily stigmas. For this point of view, plastic surgeries that create stigmas, evident marks or scars, would be considered as failures. For women seeking an apparently natural result, the plastic surgery should not be perceptible. The desired appearance would be, therefore, informed by “conservative” norms. A stigma would be functional before the surgery, but not after it. If, in contrast, visibly artificial results are sought, this stigma, or rather, the mark on a body that a technological modification was performed, another norm appears. In this case, the rule would mean that the mark, or stigma, should be present after the surgery. If it is not, the procedure was not satisfactory.¹²

The supporters of a “dramatic” use of silicone that we found in the LS group, in a certain way challenged the “conservative” normativity as identified by Weiss & Kukla (2009), which supposedly prescribed a body without hybrids or surgeries. Their narratives seem to illustrate much more the idea that it is necessary, or even desirable, to seek the bodily transformations desired, and that this subjective, physical and financial investment should be both evident and visible. The relationship of incorporating prostheses as parts of one’s body and oneself, demonstrating a combined subjectivity, which congregates “internal” and “external” elements, reinforces this point. This can be illustrated by the reference to a participant of the group that commemorated the result of their plastic surgery, posting photos of

¹² Although there is not enough space in this article, we would like to point out that this discussion could be further investigated by means of analytical contrast between the notions of “dramatic” results and the process of the incorporation of a scar, in cases of mastectomy surgery, as the work of Slatman (2016) points to.

the part of the body that had been operated upon, before and after the procedure, with the following text:

Girls, today I celebrated my first month anniversary of my beloved twins. (...) the best present I ever gave myself!!! I am so happy to not be using a padded bra, which was a nightmare. **TO BE COMPLETE IS THE BEST FEELING THERE IS**" (Emphasis in the original).

The expression of the possibility to attain "fulfillment", by attaining a body with prostheses, is a significant indication of this new type of subject who realizes her dream through the addition of something, and resulting from large investments. Here we would be closer to a libertarian position, in the terms of Weiss & Kukla (2009), or of a more plastic and flexible corporality, as suggested by Clarke and colleagues (2010). The frequency with which women from the LS group affirm the importance of clearly showing off the results further corroborates this interpretation. Their preference is to highlight the personal investments they made in the process and, mainly, the results that constitute in this sense, as the marks or stigmas resulting from the surgeries. This is apparently quite distant from shame, or a hiding of the process, associated with the justification of low self-esteem. What was preponderant is the exhibition of a capacity to invest in oneself, and to effectively attain the resources needed and the consequential corporal, and therefore subjective, transformation, desired.

As we have sought to affirm, these indications combine with a general scenario in which an aura of moral ambiguity associated with the treatment of certain problems through medicine has been confronted by an obligation to seek improvements in one's body and its performance. A sense of privacy, secrecy and shame, which make the exhibition of certain medical treatments undesirable, are seemingly giving way to a promotion of discourses about the usage of such recourses; and this has become possible within the current context that values individual improvement. The focus on

a personal capacity to know about and gain access to biomedical treatments aimed at improvement would also indicate the production of forms of social distinction, made possible by the use of these technologies (Rohden, 2017). The posts on the LS group report trajectories related to plastic surgery, with images and texts that emphasize this type of narrative, providing evidence of personal investments and the “improvements” or “dreams” attained by these procedures.

Nevertheless, if the references to the possibilities for improvement and to a plasticity or capacity for bodily transformation can be read under the heading of “libertarian”, the limits of this reference must be made explicit. Libertarian, in this sense, points more to the crumbling of an essentialist bodily concept, in the sense of a material reality that is clearly subject to modifications, depending on the needs presented by the subject and the available technologies. This potentially represents a fundamental condition for the questioning of the moral framework associated to gender norms that prescribe a juxtaposition between bodies (in principal binary ones, in this register), gender identities and even sexualities, indicating new performative possibilities in relation to the normativities of gender (Butler, 1990).

Along this line, it is fitting to ask if the performance of gender that appreciates a “dramatic” appearance fits into what Haraway (2000) classifies as a production not centered upon the nature/culture binomial like a cyborg, for example, and the revolutionary potential it contains. The appearance desired from the prostheses, with an emphasis on showing off this artificial quality, would indeed suggest that. Nevertheless, the centrality of breasts, as markers of gender and femininity, makes this hypothesis more complex. This is because the traditional, or “conservative”, normative definitions of what the idealized feminine body should be, remain as we saw in the posts, completely active within these practices.

We could suggest that the gender norms discussed on the LS group, although they demonstrate a flexibility, or alternatives, in relation to the distinction between “natural” and “dramatic”,

revealing, for example, the production of a femininity that is carried out with the help of surgical recourses, also reaffirm certain positions. What is most evident is the importance given to breasts as definers of femininity. In any case, if on the plane of what is desired, and how corporal femininity is presented, certain traits remain, in terms of the enrootedness of this in the circumscription of an unchangeable and pre-determined “nature”, we perceive interesting modifications in this specific ethnographic context. What we would prefer to highlight, in this scenario through the situations presented, is the emergence of new forms of the production of gender, including in the contours of corporal anatomy, which accentuate its perception as something that is made, produced, adjusted and, finally, “dramatic”, in any circumstance and within any normative model.

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