

10. Nip/Tuck nation

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The central London clinic of Transform Medical Group is a double-fronted Georgian town house just off Harley Street. In the waiting room, styled in the Mayfair fashion of reproduction furniture and gilt chandeliers, a dozen or so women in their 20s and 30s sit in silence, swivelling to scan each new arrival, but otherwise still and self-absorbed. The coffee-table glossies lie untouched; there is an air of quiet determination.

A widescreen television in the corner shows a corporate video, made in the manner of docu-reality TV, featuring emphatically ordinary patients with pronounced regional accents. A young man from the north-east phones home after an operation to pin back his ears, as overjoyed as a *Pop Idol* contestant, and a woman from the Midlands consults a doctor about her breasts. ‘What kind of breasts would you like?’ he asks. ‘Where I didn’t have to wear a bra,’ she says. ‘And they were just . . . there.’

Transform is the Burberry of the British cosmetic surgery industry, with its corporate mission to bring to the mass market the aesthetic of privilege. It has seen an annual growth rate of 10–20 per cent through the 1990s rocket recently to twice as much or more, and this is reflected across the industry as a whole. Cosmetic operations in BUPA hospitals were up by 32 per cent last year, male patient numbers more than doubled, and operations by the British Association of Aesthetic Plastic Surgeons (BAAPS) rose by 50 per

cent. In the absence of a formal national record, the true number of cosmetic operations today is unknowable. BUPA puts it at around 75,000 a year, with another 50,000 non-surgical procedures such as Botox. By the end of last year the British market had been valued at more than £250 million.

Whatever the precise magnitude of the explosion, its impact on us has been overwhelming. A practice widely regarded not a decade ago as physically risky, morally doubtful, prohibitively expensive and socially embarrassing has been rebranded as something so innocuous and sensible as to be mundane. A survey this summer for *Grazia* magazine found that more than half of women now expect to have surgery. A quarter of teenage boys polled in May thought they might too, while more than 40 per cent of teenage girls said they had considered it. *Zoo Magazine* is currently running a competition for readers, in which the winner wins a breast augmentation for his girlfriend.

‘It’s like a big game we play, isn’t it?’ the editor of *Grazia* told me. ‘What would you have done if you won the lottery? It’s the thirty-something equivalent of the game you’d play at school, about who you would snog. We see beauty products and surgery as basically the same now.’

Acquitted of all its old political and psychological significance, cosmetic surgery has joined a humdrum spectrum of consumer lifestyle choice, alongside fashion and home furnishings. Radical transformations on this scale seldom, however, occur by accident. Who or what was responsible for changing our minds? And why were we so willing to be persuaded?

The media’s fault?

I meet Transform’s director of marketing in a consulting room. Liz Dale is instantly likeable, and the tone of our conversation is one I will come to recognise as characteristic of the industry – complicit and oddly intimate, occasionally giggly. She tells me that in the past six months there has been a dramatic rise in requests for cosmetic gynaecology, and we both squeal and widen our eyes, though it is hard to say whether we are intrigued or scandalised.

The pivotal turning point in public attitudes, Dale says, came five years ago when a number of British celebrities admitted to having Botox injections. 'It made it acceptable, because people didn't mind talking about Botox,' she says. 'And so, then, that naturally moved on to talking about having your nose corrected.' The talking was crucial, for although Transform advertises heavily through women's magazines and cable television, 'the single biggest source of our business by far comes from word of mouth.'

Everyone I speak to in the industry agrees that Botox is the key. Mel Braham, chairman of the Harley Medical Group, calls it the 'first foot in the door', but other factors are also identified. A buoyant economy and easy access to cheap credit have been important, as has advertising through the internet. As the market has expanded, economies of scale have made surgery cheaper in real terms, and tighter government regulations introduced this year have promoted an impression of greater safety. It is a happy collision of circumstances for the industry, but surely still not enough to account for its windfall.

Dale agrees, and then she slowly smiles. 'The media keep asking me this question, you know. They say, "What is it that's causing this explosion?" I'm sorry, but I have to say, "Well, it's you. It's the media."'

Cosmetic surgery stories are the media sensation this year. Market research has identified them as one of the single most effective incentives to make women buy a magazine, and the television schedules are dominated by makeover shows in which unhappy women undergo drastic head-to-toe surgery. In one American import, *The Swan*, the women then compete in a beauty pageant. MTV has had a big hit with *I Want a Famous Face*, which follows celebrity-obsessed patients on a dogged surgical quest to turn themselves into their icon. On Five, *Cosmetic Surgery Live* has brought us graphic footage of outlandish surgical desires from all over the world, including a man who paid to have his anus bleached.

'I defy you not to watch that moment when the curtain goes back, and the person sees what's happened to them,' says David Lyle, the producer of *The Swan*. 'It's almost the pornographic shot. Let's face it

– slapping a new coat of paint on is not as dramatic as having someone carve your face off.’ Lyle is a cheerful, almost brash Australian who runs Reality Fox in America. He is very happy to talk about his work – but I soon discover he is the exception. When it comes to discussing what they do, there is a striking contrast in this country between those who actually provide surgery and those who make programmes about it. The former speak freely, even innocently, whereas the latter are amazingly cagey and defensive. There are endless press officers to be gone through, and questions to be emailed in advance, for all the world as though the media were not the messengers but the agents. And in a sense they are. When patients are asked what persuaded them to have surgery, with very few exceptions they cite what they have seen on television.

Does this make reality TV responsible for the growth of surgery? Richard Woolfe is the director of television for Living TV, which broadcasts *Extreme Makeover* and *The Swan*, and he represents the patrician school of reality TV theory. Woolfe believes his programmes provide a responsible public service, helping viewers navigate the modern world. ‘We understand the needs and wants of our viewers, we talk to our viewers, and we take our responsibilities very seriously,’ he says. ‘After every plastic surgery programme we have a slot in the end board advising our viewers to contact their doctor before considering any procedure. . . . I think if people can learn from this experience, and take from it the good things, and do it properly and get proper advice, and realise there isn’t a quick fix – that’s a good thing.’

But there is something disingenuous in this public service argument. Living TV is not the NHS, nor even the BBC, but a commercial channel concerned with ratings. Lyle sounds more credible when he says, very briskly, ‘So-called reality TV is, when all is said and done, entertainment. It doesn’t make claims of any other nature, it doesn’t set out to establish the social agenda. Our internal mission statement at Reality Fox is: “Hell no, we’re not guilty!” We just think it’s good fun – a guilty pleasure.’

There is one point on which Woolfe and Lyle do agree, however:

surgery will transform your life. ‘The way I like to see it from a Living TV perspective,’ says Woolfe, ‘we are offering people the chance to go on an extraordinary journey. I feel proud about giving the chance to these people to change their lives completely. It’s not about making people into the most beautiful specimens – this is about changing people’s lives.’

But this consensus is also problematic, for it is the mantra of all surgeons that surgery cannot in fact transform your life. ‘These programmes,’ the BAAPS remonstrates sternly, ‘send a dangerous message to viewers, encouraging people to seek plastic surgery for the wrong reasons.’ In other words, the single most powerful factor making people choose surgery is premised on a misconception. When I put this contradiction to the man at Five who makes *Cosmetic Surgery Live*, Ben Frow, he points out a trifle tartly that people like him are doing the surgeons’ advertising for free.

Harmless fun?

It is hardly surprising that surgery has proliferated, when everyone involved is able to attribute agency elsewhere. Reality TV has the power to shape public opinion, without bearing any responsibility for the consequences. Surgeons profit from the popular belief that surgery can change your life without ever having to make the claim themselves. Both parties can reassure themselves that, like the makers of Botox or the lenders of cheap finance, they are merely doing their job – giving customers what they want. Because the real question is not which among them shares the greatest responsibility for surgery, but why so many of us want it.

From everything we read about surgery today, you might say we would be mad not to have it done. Patients are ‘ecstatic’ with the results, and beam into the camera for their ‘after’ photograph. The *News of the World* recently featured a 46-year-old woman who enthused after her facelift: ‘I feel terrific! I look as good on the outside as I feel on the inside.’ She had been blind for 12 years.

‘It definitely works for people,’ says Dale. ‘We talk to patients afterwards, and they always say that it’s given them confidence. We

talk about confidence in our advertising, because that's the biggest thing they always say. You know,' she adds, 'it's nice to work in an industry that's happy. I see how happy people are when they have it done. It's like buying a new outfit – it makes you feel good.' It is said that staff entering the industry will have their first procedure within three months. 'I was here two weeks before they persuaded me to have Botox,' Dale notes with a smile.

There is more to cosmetic surgery than making patients happy, however. Surgical innovations can still provoke revulsion. Earlier this year on Channel 4, Richard and Judy featured a young woman who hated her feet so much that she found a surgeon in America to break her toes and trim off the ends. Richard was appalled, but Judy reasoned that if the feet had made the woman miserable, and fixing them made her happy, what was his problem? On these terms, any objection really is irrational – and so the boundaries of 'normal' get moved once again, and our instinctive misgivings are cast aside. But they are never really answered, only overruled, and traces of disquiet linger in the air.

It is interesting to see how we savage patients whose surgery goes wrong. When collagen injections disfigured Leslie Ash's lips, the hate campaign reached such a spiteful frenzy that the actress feared for her safety. Ash was bewildered, and it is easy to see why, for if surgery is as legitimate as we like to say, our only response could have been sympathy. Perhaps gleeful vengeance is the only acceptable way left to express a deep, unspeakable suspicion that something is not right.

For a large part of the twentieth century, patients who wanted cosmetic surgery would generally have been recommended therapy, their desires interpreted as an indication of pathology. Today this interpretation, if not quite eccentric, is rare. But what changed was not some major shift in psychological understanding, just the number of people now expressing the desire. Cosmetic surgery has not become popular because psychologists declared the desire 'normal'. Rather, the normality of surgery has been inferred from its popularity. It is, however, perfectly possible for an impulse to be both widespread and pathological. Last year, for example, 142,000 people

were hospitalised in England and Wales from self-harm, the majority women, comfortably outnumbering cosmetic surgery in-patients.

Virginia L Blum has written one of the best books about surgery, having undergone two nose corrections herself as a young woman. In *Flesh Wounds*, she quotes a fellow patient, who says: 'I always looked in the mirror and thought, I want that bump out. I've thought, oh, I feel hideously ugly. But I've always thought, it's like you have a car that has a dent in it. If you got it fixed it would be quite a nice car. So I thought, apply the same thing to your nose.'

'Notice,' Blum writes, 'how her nose is both her and not her, something that makes her feel "hideously ugly" at the same time that it's as materially distinct as a car. This is what happens to your body when you start changing it surgically.' When cosmetic patients talk about their bodies, dissociation is a recurring theme, as though they no longer inhabit their own skin. At Transform, Dale tells me, women sometimes arrive to pay for their procedure with bags of cash. Plonking them down, they will joke, 'Look – here are my breasts!'

Reputable doctors are reluctant to operate on anyone who shows up with hundreds of celebrity photos, being wary of what they call 'unrealistic expectations', but the distinction between one and 100 photos seems less significant than the fact so many of us now need to look like somebody else. In the *Grazia* survey this summer, two-thirds of women under 25 said 'celebrities influence them into wanting surgery'. Whether or not they expect to look exactly like Angelina Jolie after surgery, her image has made their own intolerable.

By identifying with actresses and models and pop stars – people who really are judged on their looks – women exchange a three-dimensional identity for an image, and life becomes an unending audition, involving all the anxiety and rejection of *Pop Idol*. If you believe you have just ten seconds to make an impression, the only meaningful difference between makeup and surgery becomes price, and any amount will seem worth paying. But it is a poor exchange, for most women will never need to pass a Hollywood audition, and gain little from living every day as if they do.

There is, too, confusion around the discrepancy between patients' inner and outer account of themselves. They commonly complain that their external appearance is an impostor, obscuring the 'real' person they feel themselves to be. Toyah Wilcox decided to have a facelift because, 'I would look in the mirror and see someone tired, sad, grumpy, when inside I'd found my 40s the best time in my life. I was seeing someone that no longer represented me.' The singer was so thrilled with the results, she wrote a book about it. 'I now act differently, I'm different on stage, it has completely revolutionised my life. My self-esteem and my confidence are now my own. I'm not reliant on other people's opinion.'

Her before and after photographs are so distractingly astonishing that it is easy to miss the contradiction. But what Wilcox says is definitely odd. If her confidence and self-esteem were not 'her own' before surgery, it is hard to see how she could have been having 'the best time in her life', and easy to imagine why she would have felt grumpy. Far from misrepresenting her, the pre-surgery face may well have been telling the truth.

Many patients don't, of course, dispute the truth of their appearance. They just wish it were otherwise. Cosmetic surgery invokes the language of democratic freedom, granting universal access to the former privilege of beauty, and we like to speak of surgery as a choice. But what looks like choice from one angle can resemble coercion from another. Since the advent of cosmetic dentistry, the chairman of the Harley Medical Group observed to me, 'You look at someone and think, why on earth doesn't he get his teeth fixed up?' The people who come to him for surgery, he continues, 'just want to be normal. They don't want to stand out in the crowd, they just want to blend in.'

As I researched this article, I found myself studying my reflection differently, my features slowly looking less and less like me, and more like candidates for correction. It began feeling perverse to neglect the deep furrow in my brow, when I had been plucking my eyebrows for years. Why not try Botox? The results were amazing; I was delighted. But when I look in the mirror now, what I see are the laughter lines

around my mouth, and I am wondering how much better I might look if I had them fixed too.

‘In many ways,’ Blum observes, ‘the wanting is partly the doing, inasmuch as you’ve already said yes to a whole host of surgery-related activities. . . . You have already pictured your surgically restructured body part.’ In a postsurgical culture, she believes, the option of surgery has compromised all women’s bodies, regardless of whether or not they take it. This may well be true – but it does not resolve the question many women find so difficult to answer. Do they owe it to themselves to look the best they can, or to each other to resist?

What about feminism?

Cosmetic surgery is an intractably feminist concern. More than 90 per cent of patients are female, and although the old feminist consensus against surgery has been dissolving since the 1990s, its special relationship to women is still taken for granted. Even those who find feminist discourse alienating have felt the need to draw an equation between surgery and empowerment, and they have done so very persuasively. Asked to name a role model they find inspiring, young women routinely cite Jordan.

The postfeminist case for surgery has been well put by Ann Robinson. As a ‘champion of women’, she considers her two facelifts proof of her sense of self-worth and self-respect – the independent choice of a liberated woman. When women tell Robinson their husband ‘likes me as I am’, she retorts: ‘Of course he bloody likes you as you are. Safe in your box, unthreatening. As near to his mother as he can hope.’ Women who won’t have surgery ‘lack self-belief’. A feminist listening 20 years ago would have found Robinson’s inversion of female liberation bizarre. In a postfeminist age, it passes without notice.

Times have certainly changed, however. Whereas women a century ago were only expected to look like twentysomethings in their 20s, today they must keep it up for ever. ‘Girls in their 30s who’ve had three children and suddenly they’ve got no breasts left?’ says Norman Waterhouse, a surgeon and former president of BAAPS. ‘That’s a big

problem, because women in their 30s these days, they're in the gym and the pool. They're out there. It doesn't make a 35-year-old feel desirable, it makes her feel like a washed-out old mum.' Waterhouse talks of his pleasure in restoring femininity – 'To give her back nice breasts, it's great' – and could see no viable alternative solution. 'People may say, "Oh, how superficial." But it's how it is, it's what I see.'

Feminism would once have expected to offer a viable alternative, but its unresolved attitude to beauty has created an ideological vacuum. Postfeminism was supposed to reclaim beautification as self-indulgence rather than man-pleasing, but it has generated a set of demands that are becoming limitless, leaving women no grounds for believing they have ever done enough.

In a book called *Reshaping the Female Body*, Kathy Davis tries to reconcile her traditional misgivings about surgery with the fact that even her friends are now considering it. She is uneasy with the old assumption that women must be 'cultural dopes' for succumbing. Equally, the old idea of blaming men holds little water when the majority of patients say their partners did not want them to have it. It should be possible to empathise with their decision, and still be angry about the circumstances that led them to it – one of which must be the legacy of postfeminism's love affair with beauty products.

What is the difference between highlighting your hair and having a facelift? As surgery gets safer and cheaper, women struggle to see how the latter could be bad, if the former is good. For feminism to offer a viable alternative to the surgical culture, it would have to risk reopening the argument about the entire continuum of the beauty industry. The exhausting regimes sold to women today as 'pampering' would need to be re-examined as a possible tyranny rather than a luxury. In a consumer culture, this is a daunting prospect. Having been branded hairy-legged militants a generation ago, it's not surprising that so few feminists seem willing to try.

I ask Waterhouse whether he could have predicted the explosion in his industry ten years ago. 'I don't think anyone could have,' he replies. Then, unprompted, he offers an instructive analogy. 'Would

people have predicted *Big Brother* ten years ago – seeing people have sex live on TV?’ To single out cosmetic surgery for special concern is, one might say, an arbitrary choice. If it is not the solution to anything, it is possibly not the problem either. For all the rhetoric of ‘individual choice’, surgery is a symptom of something much larger than the body – of faulty self-identity and celebrity obsession, and the transfer of moral authority from disinterested health professionals to the commercial media. Within the terms of a culture fashioned by shopping and cable TV, a facelift will probably always make sense.

I asked everybody I interviewed whether they could suggest anything that might slow or reverse surgery’s growth. There were many blank faces. The media is unlikely to kill a golden ratings goose, after all, and the government is concerned only with tightening regulations, the effect of which is to increase consumer confidence. Feminists are too wary of sounding disloyal or unpragmatic to mount a coherent objection.

The only thing anyone could think of was a recession.

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