

TELEVISION AND THE DOMESTICATION OF COSMETIC SURGERY

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An exploration of the discursive production of cosmetic surgery on the television shows Extreme Makeover and Nip/Tuck illustrates that these programmes contribute to and reflect the processes through which cosmetic surgery has become domesticated within increasingly globalised contexts. I demonstrate that across a range of cultural sites, including some feminist scholarship, the press, and surgical television, post-feminist frames have displaced feminist frames for comprehending cosmetic surgery, enabling the culture's surgical turn. Feminist attention to risk, oppressive standards for appearance, and the cultural and discursive location of suffering around the deviant body is displaced by the post-feminist celebration of physical transformation as the route to happiness and personal empowerment. It is this logic that is played out through Extreme Makeover's rendering of surgery as the solution for personal suffering and a meting out of justice to the "moral" individual. Extreme Makeover explicitly domesticates cosmetic surgery by publicising its benefits and undoing the former imperative to hide surgery rather than be viewed as "inauthentic." As a corollary, the show promotes a system of visual eugenics where "unaesthetic" raced and gendered facial and bodily features are erased. Nip/Tuck gestures toward feminist responses to surgical culture through making its violent interventions into the body explicit, by including a feminist character, and through incorporating plot lines which critique the narcissism and gendered cruelty of surgical appearance work. However, these gestures serve as dramatic devices, the political potential of which is curtailed by the requirements of the melodrama to favour sensational story arcs and to retain a degree of sympathy for the surgeon leads. Thus, both shows contribute to a post-feminist mediascape which renders the inevitability of the culture's surgical turn, providing limited frames for viewers negotiating their own responses to the meanings of cosmetic surgery.

KEYWORDS television make-over programmes; surgical culture; post-feminism; the body

Introduction

Television plays a significant role in the domestication of cosmetic surgery. From the ubiquity of surgically altered celebrities to reality series which make over "ordinary" people, television contributes to a public imaginary around surgical appearance work. On an elementary level surgical television publicises, in increasingly globalised contexts, cosmetic procedures and their availability. Perhaps more significantly, surgical programming adds meaning to, or makes sense of, the roles of patients and doctors, the ways in which surgical enhancement "works" and the gendered, raced and aged body as surgical subject. In these ways reality programming and television drama contribute not only to the discursive

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production of the surgical client and the industry in which he or she becomes imbricated, but also constitute those of us who do not become surgical. As the discourses which normalise cosmetic surgery proliferate, and as viewers of surgical television are trained to survey the other with a surgeon's gaze, the ability to position one outside of, or speak back to surgical culture is increasingly confounded.

This article explores the discursive production of cosmetic surgery on *Extreme Makeover* (2002–2005), the most successful of television's surgical reality shows, and *Nip/Tuck* (2003–), the first drama series about cosmetic surgery. Both US produced shows are internationally syndicated and *Nip/Tuck* is available on DVD. My analysis attends to the ways in which particular meanings of cosmetic surgery are empowered within public culture through the way in which surgery and surgical patients are visualised and narrated on television. I argue that while *Extreme Makeover* at once spectacularises and domesticates the surgical body, *Nip/Tuck's* rendering of surgical culture attempts to disrupt the prevailing cultural comfort with cosmetic appearance work. *Extreme Makeover* illustrates the manner in which the domestication of surgical culture relies on, and elaborates a post-feminist cultural imaginary, whereby individual consumption rather than cultural transformation is posited as the means to empower the deviant gendered body. Feminist understandings of cosmetic surgery as a cultural phenomenon which expresses gendered inequity gets left behind. This analysis elaborates Banet-Weiser and Portwood-Stacer's (2006) work on surgical reality television which similarly identifies post-feminism as the logic which underpins this programming, "where a celebration of the body, the pleasure of transformation, and individual empowerment function as a justification for a renewed objectification of female bodies" (2006, p. 257). *Nip/Tuck* renders this prevailing cultural logic, creating dramatic interest through incorporating a feminist response via imagery, plot lines, and aspects of characterisation. As I shall elaborate, while *Nip/Tuck's* critique of surgical culture is frequently curtailed by sensationalism and recourse to individualist explanatory frames, the show nevertheless remains a rare space through which a dystopic view of surgery is signalled within public culture. Identifying potentially resistive frames to the domestication of surgical culture, and the manner in which these are constrained by the conventions of television drama, illustrates the limited range of subject positions available to contemporary television viewers which may be marshalled when framing their own responses to cosmetic surgery.

Feminist Framing of Cosmetic Surgery

Feminist scholars have raised a variety of objections to the culture's surgical turn. Cosmetic surgery is viewed as dangerous (Jeffreys 2005; Morgan 1991; Sullivan 2001; Wolf 1991), it pathologises the aging process (Wolf 1991), draws on outmoded and often raced notions of physiognomy to erase particular facial features (Balsamo 1996; Haiken 1997; Padmore 1998), and carves arbitrary cultural notions of the acceptable gendered body into the flesh of a predominantly female clientele (Jeffreys 2005; Morgan 1991; Wolf 1991).

Feminist scholarship on cosmetic surgery predominantly assesses the degree to which these oppressive aspects of its practice weigh against the individual's experience of her surgical self. Cosmetic surgery is largely understood to be a capitulation to patriarchal interests (Jeffreys 2005; Morgan 1991; Wolf 1991), however, many scholars examine the desire for surgery and the inherent contradiction that submission to hegemonic standards of beauty enables the experience of liberation (Bordo 1993, 1997; Davis 1995, 2003; Gagne & McGaughey 2002; Gillespie 1996; Padmore 1998; Woodstock 2001). The emphasis within

this work, with the exception of Davis', is the power of cultural trends and their constituent discourses: while surgery may bring the candidate pleasure there are stakes in play beyond the individual. Bordo, for example, stresses the continued importance of consciousness-raising around mystifying cultural discourses which emphasise "individual freedom, choice, power, ability" (1993, p. 30).

Rather than produce a systemic critique of cosmetic surgery, Davis (1995) focuses on the subjectivity of surgical consumers, and this has enabled the domestication of cosmetic surgery within feminist scholarship. Davis' work with surgical women leads her to argue that cosmetic surgery is not about subscribing to prevailing standards of beauty, but about performing a more coherent identity. Davis' interviewees all provided accounts of hated body parts, of "how ugly, awful, unaesthetic, or even dirty her particular bodily defect was" (1995, p. 74). Here cosmetic surgery became "the final step in a trajectory of suffering—an attempt to alleviate a problem which had become unbearable" (Davis 1995, p. 74). Cosmetic surgery enabled recipients to express what they felt were more authentic selves, to feel "free" (Davis 1995, p. 82). The suffering which may result from having small breasts or wrinkles is not distinguished from the suffering that may result from deformity, indeed Davis explains that her respondents "could generate a biographical trajectory of suffering which was no less devastating to their sense of self than, say, the experience of having a chronic illness or of coming to terms with a debilitating accident" (1995, p. 161). Cosmetic surgery was the means through which to remedy this suffering and this decision was viewed by patients as an empowered act which they described as "a kind of heroic tale, presenting themselves as courageous protagonists" (Davis 1995, p. 161).

Davis concludes that cosmetic surgery is about "exercising power under conditions which are not of one's own making" (1995, p. 163). This focus on individual empowerment and the relief of suffering provides insights into what makes surgery a compelling option for its consumers, yet reproduces the logic of surgical industries accordingly. Feminism, as the means to challenge the discursive production of the deviant body which generates suffering, is sidelined. As Negrin (2002, p. 24) argues, Davis considers the ways in which the individual may act within a system of gender inequity rather than the ways in which that system might be interrogated or undermined. Negrin (2002, p. 25) notes that the credibility of surgery as a solution to problems of self-identity circumscribes the possibility that women will respond politically to the social and cultural factors which produce the experience of alienation from one's body.

The focus on individual agency expressed through Davis' approach to cosmetic surgery is echoed in popular renderings of surgical culture which similarly authorise and express its normalisation. This domestication of cosmetic surgery reflects and contributes to the elaboration of post-feminist ideologies.

Post-Feminism and the Surgical Mediascape

Formerly negatively associated with vanity, superficiality and inauthenticity, cosmetic surgery has claimed a new legitimacy within public culture which has required an ascendance of post-feminist ways of imagining the surgical subject. The negative stigma once attached to cosmetic surgery may in part be attributed to the influence and accessibility of feminist understandings of the body within public culture, whereby equity entailed making peace with our gendered bodies rather than suffering for patriarchal ideals. Such notions have been overwhelmed within the mediascape by the popular post-feminist

reframing of appearance work as about individual choice, self-love and empowerment rather than submission to patriarchy. The domestication of cosmetic surgery is part of a broader cultural post-feminism expressed through media texts which figure women's empowerment and access to public culture, but which render this through individualist and consumerist frames, such as the "girl power" feminism of the 1990s or the libertarian celebration of sexuality, fashion, and careers in the popular *Sex and the City* (Banet-Weiser & Portwood-Stacer 2006; Gerhard 2005; McRobbie 2004).

For McRobbie, post-feminism refers to the ways in which the gains of second wave feminism are actively undermined or "undone" through popular representations which render feminism's agendas as achieved and thus exhausted (2004, p. 255). McRobbie provides examples from film, the press, and advertising to illustrate the ways in which feminism shadows contemporary representations as a presence against which the individual's right to pleasure and choice may be reclaimed. The ascendancy and proliferation of discourses which legitimise surgery play against and evoke feminist notions of empowerment, but posit individual transformation, rather than transformation of social and ideological structures, as the means of women's liberation. The domestication of cosmetic surgery thus draws on and elaborates post-feminist discourses. Scholars have noted the erosion of critical accounts of cosmetic surgery within women's magazines (Brooks 2004; Fraser 2003) and Woodstock (2001) describes this as a process whereby magazines have co-opted and distorted feminist discourse to render surgery an expression of self-determination. Thus as "scholars and activists have attempted to 'free' women of manipulating health and beauty practices, the rhetoric of magazines 'frees' women to embrace them" (Woodstock 2001, p. 437).

As the sites which stage, promote, and normalise surgical culture augment, it may be increasingly difficult to publicise criticisms of surgical culture and have those criticisms viewed as credible. As Fraser (2003) details, the repertoires through which cosmetic surgery is made to mean are similar across a range of cultural sites, including women's magazines, medical literature, and some feminist scholarship. Similarly, the ways in which cosmetic surgery is framed in the press may map significantly with the prerogatives expressed through surgical television. When *Extreme Makeover* first screened in 2002, an early review in the *New York Times* described it as "mutilation as entertainment" and distained the manner in which "television is shifting our idea of what cosmetic revisions seem normal" (James 2002). Subsequent coverage in the paper departed from this critical view which drew on feminist frames, offering instead a post-feminist framing of surgery as a route to individual pleasure which expresses the right to consume. A later feature on the show described the manner in which the "self worth" of show's candidates was transformed through the process, and concluded with a comment from scholar Sander Gilman who instructs that we do not pass judgment on surgical culture: "What else . . . can we buy that would give us three years of pleasure?" (Bellafante 2003). In an article for the paper in response to *Extreme Makeover's* premiere Sander Gilman charged that:

[m]any reviewers still seem to be captives of a notion that only the vain, or those brainwashed by society to hate their bodies, want to have aesthetic surgery—or that any procedure that is not "corrective" in their eyes (fixing a big nose or a weak chin, for instance) is the fulfillment of some sort of Frankenstein dream. (2002)

Gilman poses: "[w]hat's wrong with people taking control of their bodies through surgery?" and notes that "in a decade or so the individual who does not undergo a procedure may be

the exception"; "[f]or more than 100 years we have slowly been asserting our right to shape ourselves. This is the great promise of self-transformation inherent in modern life" (Gilman 2002). Thus for Gilman cosmetic surgery is a canny purchase and an act of self-determination: implicit here is the assumption that those (feminists) who may wish to question the culture's surgical turn compromise "our right to shape ourselves." This rendering caricatures feminist arguments ("those brainwashed by society") and reflects a post-feminist emphasis on individualism and empowerment through consumption. That surgical transformation may be about more than an expression of individual rights is demonstrated by Gilman himself. Gilman's (1998, 1999) books on cosmetic surgery detail its raced origins; the role it has played, and continues to play, in enabling raced minorities to erase features which mark the othered body (the "Jewish" or "Italian" nose, for example). Surgery under such circumstances is a capitulation to dominant (and racist) culture; that it "works" by enabling an individual to "pass" does nothing to destabilise the racism which produces the market for these practices. Here surgery is a means through which the individual must escape social censure and prejudice. Yet the only potential criticism of surgical culture that Gilman conjures in his *Times* article is that of vanity. Gilman invokes the raced history of cosmetic surgery to legitimise, rather than critique contemporary surgical practice: surgery is a tool of assimilation which empowers the individual in relation to the culture. Broader questions regarding the maintenance and elaboration of prejudice remain unexamined. Gilman's account thus provides a post-feminist framing of surgery which elides that we may have reason to critique surgical culture as an expression of patriarchal and racist culture.

The advent of surgical television must be understood as informed by, and as an extension of, these wider sites which have mediated the practice of cosmetic surgery and contributed to its domestication. In the analysis which follows, I elucidate the manner in which the potential for broader debates within feminist literature to be staged through public culture is circumscribed as post-feminist meanings of cosmetic surgery are reiterated and empowered within televisual discourse.

Extreme Makeover: The Practice of Aesthetic Eugenics as Charity

Press statements released by both the American Society for Aesthetic Plastic Surgery (ASAPS) and the American Society of Plastic Surgeons (ASPS) in 2005 link the rise in the number of surgical procedures performed in 2004, to the trend in cosmetic surgery reality television. ASPS suggest that this increase is not "rampant," with the 9.2 million procedures performed in 2004, 5 per cent up on 2003 and 24 per cent up on 2000. Figures released by ASAPS differ markedly from ASPS' (which may be attributed to a different method of data collection) claiming that 11.9 million procedures were performed in 2004, a 44 per cent increase from 2003. The president of the organisation suggests this rise is connected to media coverage of plastic surgery: "[p]eople have had many more opportunities to see, first hand, what plastic surgery is like and what it can do for others. That can be a strong incentive for them to seek the same benefits by having cosmetic procedures themselves" (ASAPS 2005). The ideological labour *Extreme Makeover* performs in normalising cosmetic surgery was commented upon by a member of the "Extreme Team" on a follow-up special:

I think the show has done a wonderful thing for plastic surgery and patients because it has brought it out of the closet. It's made it okay to have plastic surgery without hiding it, and

that's an incredibly liberating thing for a lot of people for whom it makes a huge difference in their lives. (*Life After Extreme Makeover* 2004)

Extreme Makeover stages the surgical transformation of candidates in a manner which not only publicises cosmetic surgery, but makes it meaningful in ways which eschew perceptions of surgery as the practice of the vain or superficial. It contributes to a post-feminist surgical imaginary by figuring surgery as the means to empower the suffering individual, a discursive production which domesticates practices of discrimination along with their surgical solution. Banet-Weiser and Portwood-Stacer (2006) stress the post-feminist frames of celebration of the body, pleasure, and empowerment on *The Swan* (2004–5), a show where surgically transformed contestants compete in a beauty pageant, and *Extreme Makeover*. A closer analysis of *Extreme Makeover* reveals that while these discourses are certainly in play, the post-feminism which domesticates cosmetic surgery also consists of a series of specific conventions which cover over feminist conceptions of surgical culture in order to render cosmetic surgery as moral rather than exploitive, and a cure for individual "sickness" rather than an expression of cultural pathology.

The version of surgical practice which plays out on *Extreme Makeover* elaborates Spitzack's (1988) notion of confession beyond the office of the surgeon. Carole Spitzack argues that cosmetic surgery constitutes the patient's body,

through complex and overlapping mechanisms of confession and surveillance. A patient confesses inadequacy to a physician-confessor who sees and evaluates; in the confessional process, the patient is supplanted with the eye/I of the physician who functions together with the discourses of desire and consumerism. (1988, p. 38)

Here "[t]he female patient is promised beauty and re-form in exchange for confession, which is predicated on an admission of a diseased appearance that points to diseased (powerless) character" (Spitzack 1988, p. 39). The opening sequence of *Extreme Makeover* introduces the candidates who make a confession of ugliness and a confession of suffering which serve to legitimise their surgical candidacy. The candidate, friends and family, and the narrator testify to the suffering the appearance of the patient brings: David (improbably) claims his infant son finds him unattractive (season 1: episode 2), Lori and her children have been teased about Lori's "witch" nose (Lori's young daughter confesses "I feel sad that my mother can't go any places at school with me . . . because of her face and the stuff that's wrong with her") (season 3: episode 2) and James has been beaten and bullied (season 2: episode 19). Testimonies of suffering include accounts of loneliness, poor job prospects, social phobia, bullying, and the inability to find a mate. These confessions locate the physical appearance, rather than the cruelty of others as the site which produces unhappiness and posit surgical transformation as the most expedient cure. As Deery observes, *Extreme Makeover* may be regarded as a prime-time infomercial for cosmetic surgery which presents "individual stories which inspire empathy but short-circuit politicisation" (2004, p. 212).

Viewers are often told that suffering and tragedy in the candidate's lives, or the work they do in the service of others have taken a toll on their appearance. Kari (season 3: episode 12) has lost a son, Sandra spent 30 years caring for a disabled husband (season 1: episode 4), and Peggy claims her career in law enforcement has aged her (season 2: episode 2). These narratives are supplemented by testimony from loved ones as to the moral worthiness of the candidates, who are described as caring and self-sacrificing, kind and

hardworking. This convention of the show performs important ideological labour in representing the bestowal of a make-over as an act of charity awarded to a morally worthy recipient who has suffered unfairly. The implication is that the physical appearance of candidates does not reflect who they "truly" are, playing out the culturally produced belief that character is manifest in appearance (Sullivan 2001, p. 18). The show thus rewards a beautiful appearance to the moral individual, and in doing so makes things as they really "ought" to be. This process illustrates Twine's contention that "the dominant popular scopic remains essentially physiognomic. Physiognomy still underlies many everyday assumptions about class, gender and 'race,' and now gets technologized as it provides the underlying ethos for practices such as cosmetic surgery" (2002, p. 68). This awarding of make-overs to the morally deserving contributes to post-feminist ideology by eliding feminist readings of surgical culture. Cosmetic surgery becomes about "justice"; it is framed a cure for suffering, eliding the feminist contention that "it is a significant contributory *cause* of women's suffering by continually upping the ante on what counts as an acceptable face and body" (Bordo 1997, p. 43).

The confession of ugliness which produces suffering is elaborated through sequences in each show where candidates describe and demonstrate their flaws before the camera. This stages the unruly and deviant body that may be redeemed through medical technologies. This is not so much a ritual in humiliation (Weber 2005), rather it is a visualising of proof central to the confession of suffering. These sequences function to recruit the viewing audience to share the candidate's assessing and disciplinary gaze and assent with the identification of the aberrant features of the displayed body. This ostensibly "proves" that surgical intervention is warranted through implicit comparison to the bodies which are usually spectacularised within consumer and televisual culture: the hegemonic bodies which do not bear the traces of childbirth, aging or poverty. This demonstration of the pre-surgical body performs a pedagogy of defect (Bordo 1997, p. 37), inviting the viewing audience to compare themselves with the body on screen. The candidate's assessment of their body is subsequently confirmed by the surgeon who names the aberrant features and prescribes surgical remedy.

The confession of suffering illustrated on *Extreme Makeover* has been central to the historical justification and normalisation of cosmetic surgery. Operating on the healthy body required a rationale, and this came from the traffic between psychology, psychiatry, and appearance medicine (Gilman 1998; Haiken 1997). *Extreme Makeover* draws on the notion that the unconventional or ordinary appearance is a psychological burden, and thus a source of "illness." Cosmetic surgery becomes the remedy for psychological distress, playing out Gilman's thesis that "[a]esthetic surgeons operate on the body to heal the psyche. They perform operations designed to cure 'unhappiness.' Being unhappy is identified in Western culture with being sick" (1998, p. 25). As Sullivan explains, within the field of plastic surgery "the conceptualization of deformity enlarged to include not only congenital anomalies and the residual effects of disease and trauma, but also the impact of aging and socially undesirable facial features and body contours. Correction of the latter three is justified as 'scalpel psychiatry'" (2001, p. 64). *Extreme Makeover* stages the damaged psyche through the confession of suffering and posits surgery as the means of repair. This confounds the distinction between reconstructive and cosmetic surgery, passing the kudos of the former onto the later: if reconstructive surgery restores function (Gilman 1998, p. 3), and unhappiness is understood as dysfunction, then all cosmetic surgery becomes reconstructive.

The boundary between the reconstructive and cosmetic procedure is further blurred on *Extreme Makeover* through the inclusion of candidates with deformities both congenital and resulting from illness. Several cleft palates have been treated, replacement breasts awarded to a breast cancer survivor, and state of the art hearing aids fitted for a woman with a hearing impairment. These procedures, which restore function, intensify the charitable dimension of the show and render all surgical intervention equivalent. A patient who receives an operation to restore function also receives multiple cosmetic operations. As Brenda Weber notes:

[b]y pairing those with “legitimate” defects and those with “aesthetic” flaws, the show effectively collapses the difference between the two—if a cleft palate merits surgery, so does a weak chin. The subjects are not selected, then, according to their relative degree of “deformity,” since all aesthetic anxieties signal crippling disabilities. (2005, p. 16)

The confession process continues in the surgeon’s office, where the patient’s defects are named and surgical solutions explained. These consultations with the surgeon function to extend the surgeon’s gaze into the culture. Belling (1998) discusses the creation of “expert” patients via reality television depicting medical operations. Surgical make-over shows similarly offer a pedagogy which equips the viewer for the surgeon’s office. This was illustrated in an episode of *Extreme Makeover* where, after listing the six facial operations she would like to receive Kim’s surgeon asked “Now where did you learn about these procedures, from watching the show?” to which she replied “Definitely!” (season 3: episode 9). The sharing of the surgeon’s specialist language and aesthetic sensibility does not diminish his power, rather it multiplies it by enabling participation in surgical culture. Thus surgical television democratises knowledge of cosmetic surgery; its specialist discourse circulates beyond disciplinary confines and functions to authorise and extend its discursive field. Viewers may thus become experts within a discourse which can identify a chin which “needs” an implant to “balance” a face, and this consent to the surgeon’s expertise intensifies his authority.

As Sarah Banet-Weiser and Laura Portwood-Stacer observe, according to the post-feminist ideology of surgical television:

The submission of one’s body to a group of cosmetic surgeons to be reworked and redefined is never positioned as an issue about gender inequity or unattainable femininity—indeed, shows such as *The Swan* and *Extreme Makeover* provide “evidence” that any body is possible, if one simply has the desire. (2006, p. 269)

Of course, while any body may be possible, only particular kinds of body will do. Surgery for men is rendered as bestowing or restoring virility (indeed one candidate received a reverse vasectomy) and descriptions of the effect procedures will have on the appearance often refer to gendered ideals: a chin implant will make a face more “masculine,” a woman’s nose may be rendered more “delicate” and “feminine” and the procedure most requested by female candidates are breast implants. During Mike’s make-over analogies were drawn between his surgeries and automotive body work (season 2: episode 20). Post-surgically Dan exclaimed “Oh my God, I look like an action hero” (season 2: episode 1), while the make-overs of female contestants are sometimes described as real life “fairy tales.”

Occasionally, people of colour are selected for a make-over. Angela’s confession is an account of her experiences of racism; of being called “big nose,” “big lips” and “monkey girl” (season 2: episode 12). It is reiterated again and again by her surgeon (who is black) and the

narrator that Angela's surgery is not about race; that it is not an attempt to conceal her ethnic identity, rather it is about beauty and proportion. However, as Padmore instructs, "it is vital to interrogate the idea of cosmetic surgery as a movement towards 'better' looks. The phrase implies there is a universal aesthetic paradigm; a series of features which 'everybody' knows are beautiful or ugly" (1998, p. 6). As Balsamo (1996) explains, this paradigm is shaped through particular raced, gendered and ageist sensibilities. The assertions that Angela's make-over is not about "race" are disingenuous on a fundamental level: Angela's experience of her body has been produced by a racism which codes her features "too black." While Angela's make-over brings her happiness, at her reveal we see that her four children share their mother's original facial features. This highlights the impoverished form of power the individual's transformation consists of. It does nothing to unsettle, and may in fact reproduce, the cultural meanings of difference which "often offer a pedagogy directed at the reinforcement of feelings of inferiority, marginality, ugliness" (Bordo 1993, p. 262).

Extreme Makeover devotes scant screen time to the surgeries themselves. During these sequences the carnality of surgery is elided: incursions into the body are concealed as camera and editing coyly avoid shots of instruments or hands entering flesh, the presence of blood, or the opened body. Instead, up-beat narration accompanies close-ups of the surgeon's face and long shots which signify surgical performance but mystify its specificities. This effacement of carnality, and, as the patients recover, pain, trivialise these aspects of the surgical process. Instead, narrative momentum builds towards the "reveal," the climax of each show where the transformed candidates are restored to friends and family. It is the "reveal" which demonstrates most graphically that cosmetic surgery "works" to heal the psyche. The candidates are invariably ecstatic as they parade before assembled guests. Shame deriving from one's appearance has transformed into a desire to be looked at. Candidates testify to new, empowered subjectivities: Pam claims "I'm the person I always wanted to be on the outside, and that's completed me and made me whole" (season 2: episode 9).

The transformations performed on *Extreme Makeover* render the body "cultural plastic" (Bordo 1993; Brush 1998). As one patient expressed in relation to his pre-surgical body: "I'm just starting to understand that the limitations I thought I had are not there" (season 2: episode 1). The "extreme" nature of these transformations, and that they take place under a public gaze confound Gilman's reliance on the model of "passing" in measuring the efficacy of aesthetic surgery (1999, p. 21). While at earlier moments in the history of surgical culture the imperative was to conceal the work one had done rather than risk being viewed as "inauthentic," the promotion of surgery on television plays a role in authorising synthetic beauty ideals. *Extreme Makeover* spectacularises "ugliness" and its remedy, providing a narrative of empowerment through normalisation. This functions as a disciplinary system which "produces effects at the level of desire" while reinscribing a system of visual eugenics by erasing deviations from a dominant cultural aesthetic (Foucault 1980, p. 59). Feminism, as a means to think beyond the body of the individual to the culture which produces the body's significance, becomes further displaced by a post-feminist logic of plasticity. By staging an ease and acceptability of cosmetic surgery, facial and bodily features which are culturally reviled become increasingly contingent: "ugliness" becomes our choice and responsibility.

***Nip/Tuck*: Melodrama and the Limits of Cultural Critique**

Nip/Tuck is a melodrama about two philandering male plastic surgeons which has been condemned by both ASAPS and ASPS (Hopkins Tanne 2003). *Nip/Tuck* disrupts the culture's domestication of cosmetic surgery through the graphic realism of its depiction of surgery and through its ambivalent exploration of the impact of surgical culture on its gendered subjects. On *Extreme Makeover* narrative drama is produced through the "before" and "after," and the attendant cultural assumption that the transformed appearance will transform the psyche. The boundary between reconstructive and cosmetic surgery is effaced and the carnality of surgery elided. *Nip/Tuck* eschews and inverts these conventions of the make-over: the surgery in between is the source of dramatic impact, the boundary between reconstructive and cosmetic surgery actively negotiated, and the latter is rendered as narcissistic; a practice through which "people externalise the hatred they feel about themselves" (season 1: episode 1).

The surgical procedures are spectacular set pieces in each episode of *Nip/Tuck*. Looking at, and into, the surgical body is not particular to the show, renderings of surgical bodies are a staple of medical dramas and medical reality television. Bonner argues that reality television's operation is a particular kind of televisual spectacle which "compensates for its inability to overwhelm the viewer on a cinematic visual and aural scale by seeking an intensity focused around the reality or actuality of what is being displayed" (2005, p. 106). In this account the demands on the viewer's attention shifts: "[b]loody flesh or normally concealed body cavities fill the screen and the viewing engagement becomes of a different order" (Bonner 2005, p. 106). Bonner's analysis concerns the spectacle of the real, which functions to focus attention and reiterate the "truth" of that which is being witnessed. In Bonner's examples of operations "any suspension of the narrative to marvel at the representation is minimal" (2005, p. 110): the spectacle is in effect contained by the brevity of graphic sequences and narration anchoring the sequences to the patient and their continuing story.

Nip/Tuck's surgical sequences make comparable demands on the audience as those described by Bonner: "the television camera shows us the body opened, violated and displayed and challenges us to watch or look away" (2005, p. 111). However, *Nip/Tuck's* surgeries are characterised by the suspension of narrative, which also distinguishes them from medical dramas, where the gore is part of the narrative trajectory of healing bodies and saving lives (Jacobs 2003, p. 69). *Nip/Tuck's* surgical scenes display the intervention into healthy (though sometimes disfigured) bodies and rather than drawing the viewer towards a narrative outcome (the patient is saved) these scenes function as a display of the surgical as gruesome aesthetic. During these sequences, dialogue is replaced by a musical track which frequently functions as an ironic counterpoint to the surgery on screen. In the episode "Sean McNamara" (season 2: episode 1) the track "Eyes Without a Face" plays while a large strip of flesh is sliced from the patient's leg in order to reconstruct the damage a gun shot has done to her face. This two minute sequence consists of quick edits cut in time to the music. The face is sliced above the brow and the flesh peeled down over the eye. A metal plate is screwed into the skull via the wound site. A scalpel slices through the flesh along the jawline and scissors are used to snip through the underlying layers of tissue to reveal a metal plate which is removed. One of the surgeons peers through a large microscope and our point of view follows his gaze upon his performance of a delicate microsurgery performed within a field of red. The lay viewer does not actually know the

specifics of what is being performed here, rather we are privy to a specialist, mystified, carnographic spectacle.

A facelift performed in the same episode is similarly graphic: skin is sliced and flesh loosened from the forehead, pulled, and stitched. These procedures, which are staged using elaborate prosthetic effects, are so realistic they prompted one reviewer to assume real life surgical footage was incorporated into the fictional text (Dumenco 2003). The realism here does not serve to facilitate communication between prospective patient and surgeon, as Belling (1998) argues may be the case for surgical reality television, rather it draws a fascinated gaze upon the carnographic which is intended to reveal the mystification implicit in the term "cosmetic" surgery. As Ryan Murphy, creator of *Nip/Tuck* explains:

When I was researching the show, one plastic surgeon told me that getting your face done is basically the equivalent of going through a car window at 70 miles an hour and surviving. I wanted to do a show that really shows you: if you really want to have this done there's a price to be paid on every single level. Surgeries are brutal. (Ryan Murphy cited in Mim Udovitch 2003, p. 22)

Murphy's agenda mirrors the agenda of feminist commentators who similarly underscore the violence of going under the knife. Morgan opens her critique of surgical culture with an illustration of surgical instruments: scalpels, knives, needles, and scissors, and directs the reader: "Now look at the needles and the knives. Look at them carefully. Look at them for a long time. *Imagine them cutting into your skin*" (1991, p. 26). Finkelstein (1991) provides detailed descriptions of surgical procedures including face and eye lifts, rhinoplasty and chemabrasion illustrating that rather than "cosmetic" procedures, a term which implies superficial ministrations, these are medical operations which rely on the slicing, pulling and grinding of flesh. In these feminist accounts, and on *Nip/Tuck*, graphic imagery works against the trivialisation and domestication of cosmetic surgery within the culture. However, the feminist analyses are part of an explicit critique of the ideological, cultural and political implications of the pursuit of youth and beauty, while such an agenda on *Nip/Tuck* is sporadic. The graphic sequences, which are a signature of the show, are bracketed from the narrative, rarely advancing this resistive gesture into weightier critique. Through repetition these scenes may even lose their shock value and instead train the viewer to look. Fascination may displace repulsion; awe at the skill of the surgeons may overwhelm the intended politics of the gruesome spectacle.

The spectacle of surgery on *Nip/Tuck* expresses a political posture, but this is rarely supported by sustained narratives which politicise surgical culture. Rather, while issues regarding the raced and gendered politics of cosmetic surgery may be raised, the sensational is routinely favoured over coherent critique. For example, in the episode "Kurt Demsey" (season 1: episode 5) a white man wants his eyelids refashioned so that he can "pass" as Japanese and win the approval of a xenophobic prospective mother-in-law. Rather than tell a story of the "Westernisation" of the "Oriental" eye, thus politicising the manner in which race is in play within surgical culture (Balsamo 1996; Gilman 1999; Haiken 1997; Padmore 1998), the show opts to tell the story of an individual prepared to go to great lengths to prove his love. Nevertheless Liz, the practice's anaesthesiologist, poses the procedure as an ethical, and political issue: "Does anyone here besides me think there is anything morally reprehensible about a white man trying to pass himself off as a victim of

the American racial hierarchy?" Sean's response is that their job is to "alleviate pain," to which Liz replies "That's your answer? So why don't we turn everyone white and hetero?"

Liz acts as the show's moral compass. She routinely pops up, like a Shakespearian chorus, to espouse a feminist line on cosmetic surgery. The paradox that Liz works within an industry she so explicitly distains is never reconciled, and her complicity with the industry, coupled with the often caricature-like quality of her commentary cast her criticism of surgical culture as ineffectual. Feminism is rendered as an opinion, rather than a means of intervening into the reproduction of surgical culture. As a patient lies on the table prior to the removal of her breast implants Liz comments "every time I see what women do to themselves with these tit jobs it makes me ashamed of what I do for a living" (season 1: episode 12). The audience is directed to concur as we watch an incision being made beneath a breast which slices the lower portion from the body. An instrument resembling a crow bar is used to prise the flesh from the chest so that an entire hand can enter the body and pull the bloody implants from the breast cavity.

Nip/Tuck frequently explores the gendered cruelties of appearance work through the breast, rendering implants as dangerous and a site of exploitation. One storyline featured drug mules who trafficked heroin in breast implants in return for the promise of a modelling career in the US (season 1: episode 12). A surgery depicting the removal of ruptured silicone implants showed the sticky silicone being pulled like taffy, slurping, from inside the breast (season 3: episode 1). Megan O'Hara's implants weakened her immune system and were cited as the reason for the return of her cancer (season 1: episode 10), and Julia McNamara's decision to have breast augmentation in a bid to win back her husband was met with derision (she subsequently had the implants removed). Responding to her mother's criticism of her new implants Juila asks "You had a face lift mother, what's the difference?" Her mother conjures the pornographic-ness of implants by responding "I did it for professional reasons. The only professional reason for that is to look better dancing on a pole" (season 2: episode 11). The unevenness of *Nip/Tuck's* critique of cosmetic surgery is illustrated through this exchange: the pathologising of female aging is not addressed here and that Julia's mother is a psychiatrist adds weight to the arbitrary distinction she draws.

Kimber Henry is a recurrent character through whom a dystopian narrative of becoming surgical is presented. In the morning following their initial sexual encounter, Christian ranks Kimber's attractiveness as "an eight," promising that with surgery he can make her "a ten" (season 1: episode 1). Christian takes her red lipstick and marks her face and body with vivid gashes which prefigure the blade that will follow. Thus Kimber's decision to become surgical is rendered as a product of shame and humiliation; a response to the violent misogyny of an unethical surgeon. Following her surgery Kimber retains Christian's interest only intermittently (at one point he trades her to a colleague for a sports car), her success as a model and mainstream actor is short lived, she becomes addicted to cocaine and ends up working in the porn industry. Kimber's character is used to tell a cautionary tale about the excesses of surgical culture, but the show's preference for the prurient over the political limits this critique. In a second season episode "Kimber Henry" (season 2: episode 10) Kimber asks the partners to make modifications to the vagina of a silicone sex doll made in her image. She explains: "The vagina looks too generic to me. I'd like it to be appealing and pretty. The folds are too fleshy." As Sean makes the mould of Kimber's vagina she asks him to "cheat" and "make the labia just a touch more delicate" than her own: "I'd like my vagina to be prettier." Rather than politicising the growing trend in cosmetic labiaplasty produced through women's subscription to increasingly

pornographic beauty ideals (Braun 2002; Weil Davis 2002), women's literal embodiment of a pornographic aesthetic is displaced onto the doll.

Unlike *Extreme Makeover*, where the boundary between reconstructive and cosmetic surgery is elided, *Nip/Tuck* frequently asserts this boundary. However, the heroism through which reconstructive work is rendered at times deflects criticism from the practice of cosmetic surgery, rendering the individual's vanity as the appropriate target of critique. In the episode "Naomi Gaines" (season 2: episode 7) the victim of a serial rapist who slashes the faces of his victims is played against a disgruntled liposuction patient who has extensive bruising following her procedure. The two patients meet as Bobbi enters the recovery suite to distribute materials publicising the failure of her procedure. Naomi, the Carver's victim, tells Bobbi "You are not a victim. Next time you look in the mirror at the flat stomach that you paid for think for one second what I went through and you'll see the difference." This difference is later made explicit: Bobbi confesses to failing to follow post-operative instructions, thus her bruising marks her as a bad patient. A graphic depiction of the violence of surgical intervention becomes about the failed patient rather than the brutal procedure. The skill of the surgeon is no longer in doubt and his reconstructive work redeems him in the eyes of his wife, who tells him that the work he has done on the Carver's victims has dissipated the shame she feels regarding his occupation.

While *Nip/Tuck's* critical sensibility is erratic in its target, there are rare moments at which it interrogates the logic behind the domestication of surgical culture. Mrs. Grubman, a polysurgical addict, blackmails the partners into performing her numerous surgeries. While on one level her vanity is punished—she suffers a stroke during a procedure and becomes partially paralysed—she is ultimately rendered sympathetically and a broader cultural critique is levelled (season 2: episode 4). It emerges that Mrs. Grubman is clinically depressed because she is aging and we are directed to consider both the way in which the culture pathologises female aging and the folly in attempting to address a psychological problem with a surgical cure.

Conclusion

This paper has examined what television offers publics to think about cosmetic surgery. *Extreme Makeover* domesticates cosmetic surgery by publicising its practice, and in so doing authorising synthetic beauty ideals. Surgery is rendered as an increasingly normative practice, and the post-feminist spectacle of transformation as a cure for suffering and a route to empowerment distances its practice from negative associations with vanity and gendered oppression. The imperative to conceal surgery as a mark of inauthenticity dissipates as transformation is celebrated as self-actualisation. Surgical reality television provides viewers with tools for imagining themselves as clients of surgical services: a language for naming procedures, knowledge of the suitability of candidates, ways to imagine surgeons, and testimonials that surgical intervention "works" to cure suffering. *Extreme Makeover* further domesticates cosmetic surgery by eliding surgery's intervention into the body and by constituting it as family entertainment. In conflating surgery and charity, the former is imbued with a moral dimension, rendering invisible concerns that may be raised about the commercialisation of medicine (Sullivan 2001) the risks people take for an altered appearance, and the cultural consequences of positing surgery as the means to remedy psychic distress.

Spitzack (1988, p. 40) notes the difficulty in criticising cosmetic surgery due to the perception that its practices are “elective and empowering,” and indeed that choosing surgery is seen to demonstrate (a desire for) self love. *Extreme Makeover* elaborates a disciplinary system whereby bodies are brought in line with prevailing raced and gendered aesthetic norms. Women, with the aid of breast implants, liposuction, cosmetics, and frocks become more “feminine.” Men become more “masculine” through chin implants, adding muscle bulk, hair transplants, and designer suits. The enthusiasm with which candidates embrace these transformations confounds the credibility of feminist arguments that surgical culture is about oppression and an abdication of power to dominant social forces because it instructs us to think of power only in individualistic terms. The suffering candidates perform at the start of each episode of *Extreme Makeover*; their tears and narratives of shame contrasts with the self that is staged at the final “reveal.” Here the ecstatic candidate displays their new surgically altered, dieted, professionally coiffed and made-up self before a crowd of equally joyous loved ones. There is little room for doubt that surgery “works” to make people happy, and within the logic of post-feminist culture it is this happiness that “counts” as power.

Surgical reality television leeches notions of self-determination of any collective dimension, locating the individual as the only possible site of transformation. Broader questions regarding the ways in which the culture constructs and pathologises difference are elided. The logic of cosmetic surgery’s history, that the individual must “pass” to avoid the suffering that racism produces, is extended in relation to a variety of aesthetic norms which reproduce physiognomic principles. Thus a system of visual eugenics is promoted: the aging eye, the broad nose, the “weak” chin, the ample thigh come to signify undesirable, and increasingly elective, class, raced and gendered identities. As surgical culture is elaborated facial or bodily features which are rendered deviant become contingent: with the consumption of surgical services the post-feminist solution for the suffering the marked body brings, it becomes our choice not to seek surgical remedy. We are positioned as responsible for our own suffering, while the culture which produces difference as the source of suffering is left intact.

Nip/Tuck attempts to unsettle the domestication of cosmetic surgery by rendering its carnality and invoking its raced, gendered and ageist practices. The show represents the limited efficacy of feminist critique within a culture which has embraced the post-feminist logic of the surgical cure. *Nip/Tuck*’s response to surgical culture provides moments of resistance, but these are frequently overwhelmed by the requirement to render the surgeon characters as redeemable and a sensationalism which prefers the dramatic over the political. The limited efficacy of the show’s attempts to critique surgical culture is illustrated through the continuing storyline of the Carver. The Carver, who rapes and maims his victims, is a device through which a critique of the culture’s superficiality is rendered pathological. As he slices his victims’ faces the Carver tells them “beauty is a curse on the world—it stops us from seeing who the real monsters are.” Through this storyline a response to the culture’s preoccupation with beauty becomes a horrific violence, and in repairing the Carver’s work the show’s surgeons are rendered heroic. Speculation on internet message boards as to the Carver’s identity has favoured Liz, reflecting willingness to monster a perspective critical of the raced and gendered cruelties of surgical culture.

Extreme Makeover’s post-feminist spectacle of surgical consumption as the route to self-actualisation and *Nip/Tuck*’s inconsistent rendering of surgical culture (it relies upon narcissism and gendered brutality, however, these clients ultimately enable pro-bono work)

provide viewers with limited frames through which to articulate a political response to the domestication of cosmetic surgery. Feminist responses to cosmetic surgery: that it is dangerous contributes to and reflects oppressive standards for what counts as an acceptable appearance, are deliberately eschewed by *Extreme Makeover's* post-feminist logic. *Nip/Tuck's* gestures towards a feminist sensibility serve to stage conflict between characters and, through the surgical scenes, render novel televisual spectacles which are rarely linked to sustained frameworks which coherently articulate the cultural consequences of the domestication of cosmetic surgery. Thus while *Nip/Tuck* conjures feminist critique it is ultimately part of a post-feminist mediascape where feminism is an occasional voice within a culture that is inevitably surgical. As these two shows illustrate, feminist responses to cosmetic surgery are overwhelmed by a post-feminism which asserts our right to shape ourselves. The individual's choice to transform their body is uncoupled from potential collective agendas to locate and intervene on a source of suffering outside of the individual's pre-surgical body.

REFERENCES

- AMERICAN SOCIETY FOR AESTHETIC PLASTIC SURGERY (2005) '11.9 million cosmetic procedures in 2004', [Online] Available at: <http://www.surgery.org/press/news-release.php?iid = 395> (18 Oct., 2006).
- AMERICAN SOCIETY OF PLASTIC SURGEONS (2005) '9.2 million cosmetic plastic surgery procedures in 2004—up 5% growth paces US economy despite reality TV fad', [Online] Available at: http://www.plasticsurgery.org.news_room/press_releases/2004-Overall-Statistics (18 Oct., 2006).
- BALSAMO, ANNE (1996) *Technologies of the Gendered Body: Reading Cyborg Women*, Duke University Press, Durham.
- BANET-WEISER, SARAH & PORTWOOD-STACER, LAURA (2006) "'I just want to be me again!': beauty pageants, reality television, and post-feminism', *Feminist Theory*, vol. 7, no. 2, pp. 255–272.
- BELLAFANTE, GINA (2003) 'Cultural studies: our bodies, our silicone, ourselves', *The New York Times*, 18 May, [Online] Available at: <http://query.nytimes.com/gst/health/article-page.html?res = 9C0DE4DF143EF93BA25756C0A9659C8B63> (18 Oct, 2006).
- BELLING, CATHERINE (1998) 'Reading *The Operation*: television, realism, and the possession of medical knowledge', *Literature and Medicine*, vol. 17, no. 1, pp. 1–23.
- BONNER, FRANCES (2005) 'Looking inside: showing medical operations on ordinary television', in *The Spectacle of the Real: From Hollywood to Reality TV and Beyond*, ed. Geoff King, Intellect, Bristol, pp. 105–115.
- BORDO, SUSAN (1993) *Unbearable Weight: Feminism, Western Culture, and the Body*, University of California Press, Berkeley.
- BORDO, SUSAN (1997) *Twilight Zones: The Hidden Life of Cultural Images*, University of California Press, Berkeley.
- BRAUN, VIRGINIA (2005) 'In search of (better) sexual pleasure: female genital "cosmetic" surgery', *Sexualities*, vol. 8, no. 4, pp. 407–424.
- BROOKS, ABIGAIL (2004) "'Under the knife and proud of it: an analysis of the normalization of cosmetic surgery', *Critical Sociology*, vol. 30, no. 2, pp. 207–239.
- BRUSH, PIPPA (1998) 'Metaphors of inscription: discipline, plasticity and the rhetoric of choice', *Feminist Review*, vol. 58, no. 1, pp. 22–43.

- DAVIS, KATHY (1995) *Reshaping the Female Body: The Dilemma of Cosmetic Surgery*, Routledge, New York.
- DAVIS, KATHY (2003) *Dubious Equalities and Embodied Differences: Cultural Studies on Cosmetic Surgery*, Rowman and Littlefield, Lanham.
- DEERY, JUNE (2004) 'Trading faces: the makeover show as prime-time infomercial', *Feminist Media Studies*, vol. 4, no. 2, pp. 211–214.
- DUMENCO, SIMON (2003) 'Their bodies, ourselves: why we like (not love) to watch plastic surgery on TV', *New York Magazine*, 6 Oct., [Online] Available at: http://newyorkmetro.com/nymetro/health/bestdoctors/cosmeticsurgery/2003/n_9285/ (18 Oct., 2006).
- EXTREME MAKEOVER (television series) (2002–2005) Burbank, California, Lighthearted Entertainment.
- FINKELSTEIN, JOANNE (1991) *The Fashioned Self*, Temple University Press, Philadelphia.
- FOUCAULT, MICHEL (1980) *Power/Knowledge: Selected Interviews and Other Writings 1972–1977*, ed. Colin Gordon, Pantheon Books, New York.
- FRASER, SUZANNE (2003) *Cosmetic Surgery, Gender and Culture*, Palgrave Macmillan, Houndmills.
- GAGNE, PATRICIA & MCGAUGHEY, DEANNA (2002) 'Designing women: cultural hegemony and the exercise of power among women who have undergone elective mammoplasty', *Gender & Society*, vol. 16, no. 6, pp. 814–838.
- GERHARD, JANE (2005) 'Carrie Bradshaw's queer postfeminism', *Feminist Media Studies*, vol. 5, no. 1, pp. 37–49.
- GILLESPIE, ROSEMARY (1996) 'Women, the body and brand extension in medicine: cosmetic surgery and the paradox of choice', *Women & Health*, vol. 24, no. 4, pp. 69–85.
- GILMAN, SANDER (1998) *Creating Beauty to Cure the Soul: Race and Psychology in the Shaping of Aesthetic Surgery*, Duke University Press, Durham.
- GILMAN, SANDER (1999) *Making the Body Beautiful: A Cultural History of Aesthetic Surgery*, Princeton University Press, Princeton.
- GILMAN, SANDER L. (2002) 'Plastic surgery goes prime time', *The New York Times*, 21 Dec., [Online] Available at: <http://query.nytimes.com/gst/health/article-page.html?res=9805E0D71E3DF932A15751C1A9649C8B63> (18 Oct., 2006).
- HAIKEN, ELIZABETH (1997) *Venus Envy: A History of Cosmetic Surgery*, The Johns Hopkins University Press, Baltimore.
- HOPKINS TANNE, JANICE (2003) 'New US drama outrages plastic surgeons', *British Medical Journal*, vol. 327, 2 Aug., p. 295.
- JACOBS, JASON (2003) *Body Trauma TV: The New Hospital Dramas*, BFI Publishing, London.
- JAMES, CARYN (2002) 'A plastic surgery reality show', *The New York Times*, 11 Dec., [Online] Available at: <http://www.nytimes.com/2002/12/11/arts/television/11JAME.htm> (18 Oct., 2006).
- JEFFREYS, SHEILA (2005) *Beauty and Misogyny: Harmful Cultural Practices in the West*, Routledge, London and New York.
- LIFE AFTER EXTREME MAKEOVER (television series) (2004) Burbank, California, Lighthearted Entertainment.
- MCCROBBIE, ANGELA (2004) 'Post-feminism and popular culture', *Feminist Media Studies*, vol. 4, no. 3, pp. 255–264.
- MORGAN, KATHRYN PAULY (1991) 'Women and the knife: cosmetic surgery and the colonization of women's bodies', *Hypatia*, vol. 6, no. 3, pp. 25–53.
- NEGRIN, LLEWELLYN (2002) 'Cosmetic surgery and the eclipse of identity', *Body & Society*, vol. 8, no. 4, pp. 21–42.

- NIP/TUCK* (television series) (2003–) USA, Hands Down Entertainment.
- PADMORE, CATHERINE (1998) 'Significant flesh: cosmetic surgery, physiognomy, and the erasure of visual difference(s)', *Lateral*, no. 1, pp. 1–22, [Online] Available at: http://pandora.nla.gov.au/nph-arch/1999/O1999-Jul-2/http://www.latrobe.edu.au/www/english/lateral/simple_cp1.htm (18 Oct. 2006).
- SPITZACK, CAROLE (1988) 'The confession mirror: plastic images for surgery', *Canadian Journal of Political and Social Theory*, vol. 12, no. 1–2, pp. 38–50.
- SULLIVAN, DEBORAH A. (2001) *Cosmetic Surgery: The Cutting Edge of Commercial Medicine in America*, Rutgers University Press, New Brunswick.
- THE SWAN* (television series) (2004–5), USA, Galan Entertainment.
- TWINE, RICHARD (2002) 'Physiognomy, phrenology and the temporality of the body', *Body & Society*, vol. 8, no. 1, pp. 67–88.
- UDOVITCH, MIM (2003) 'The cutting edge of television: A bloody scapel', *The New York Times*, 3 Aug., p. 22.
- WEBER, BRENDA (2005) 'Beauty, desire, and anxiety: the economy of sameness in ABC's *Extreme Makeover*', *Genders*, no. 41, [Online] Available at: http://www.genders.org/g41/g41_weber.html (18 Oct. 2006).
- WEIL DAVIS, SIMONE (2002) 'Loose lips sink ships', *Feminist Studies*, vol. 28, no. 1, pp. 7–35.
- WOLF, NAOMI (1991) *The Beauty Myth*, Vintage, London.
- WOODSTOCK, LOUISE (2001) 'Skin deep, soul deep: mass mediating cosmetic surgery in popular magazines, 1968–1998', *The Communication Review*, vol. 4, pp. 421–442.

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