Introduction From Standardization to Customization

RACE IN COSMETIC SURGERY

In 2011, the *New York Times* published an article reporting on ethnic differences in plastic surgery, updating a theme it had first explored twenty years earlier. The report toured New York City clinics, cataloguing the different kinds of ideals and procedures that were requested across ethnic communities. They found surgeons "able to create the cleavage of Thalía, the Mexican singer, or the bright eyes of Lee Hyori, the Korean pop star." Among the many titillating anecdotes, one stood out to me. One of the interviewed plastic surgeons, Dr. Kaveh Alizadeh, remarked: "When a patient comes in from a certain ethnic background and of a certain age, we know what they're going to be looking for. We are sort of amateur sociologists."[1] Arguing that cosmetic surgeons were like sociologists, the analogy suggested that the expertise of cosmetic surgeons was not simply a matter of surgical technique; a core function was being able to generalize about what groups of people want. Dr. Alizadeh singled out ethnicity and age as particular categories of interest, while recognizing that such generalizations were not easy or unproblematic. He

acknowledged, "The results can seem less like science than like stereotyping." When I encountered this news story, I was intrigued by the idea that cosmetic surgeons might claim expertise about ethnicity and race—or at least racial legibility on the body.

"Cosmetic surgery" is a term that refers to the constellation of elective, invasive surgical procedures performed by doctors to improve or enhance patients' physical appearance. It is a biomedical specialty that falls under the broader umbrella of plastic surgery, which includes procedures that restore appearance or physical function after illness or injury.[2] It is also a beauty practice, primarily undertaken by women. With the ascendance of "natural looking" ideals of beauty,[3] cosmetic surgeons have shifted from a one-size-fits-all approach that has historically promoted a white look for everyone, regardless of racial membership or nationality, to offering multiple, race-specific standards of beauty.

Those who have studied cosmetic surgery have, justifiably, focused first and foremost on patients. Patient race and gender, and how patients seek to realize these social identities through cosmetic surgery procedures, is an important lens of inquiry.[4] Even those who have been attentive to cosmetic surgeons have generally highlighted professional jurisdictional conflicts.[5] By foregrounding these issues, they have missed the key role that surgeons play in managing cultural associations between race and the body, particularly cross-nationally.

Dr. Alizadeh's remarks can be taken as a provocation to turn our attention to cosmetic surgeons, and more specifically, how they claim expertise in different contexts.[6] How do cosmetic surgeons generate and apply knowledge based on racial categories, and how is this process affected by transnational clinical and economic exchanges? How do they map physical features onto social identities like race, and with what consequences for those identities? And how do they navigate from patients' desires for racially legible appearances to specific surgical interventions? Following racial categories from the clinical encounter to the pages of medical journals, this

book furnishes a new perspective on the relationship between bodies and social identities.

To answer these questions, I embarked upon months of fieldwork across the U.S. and Asia. I compared the expert discourse of cosmetic surgeons, aimed at a transnational audience, to the rules of thumb employed by practitioners. To capture expert discourse about race, I analyzed medical journals and international conferences. To understand the use of racial categories in practice, I interviewed cosmetic surgeons and patients in cities across two multiracial countries, the U.S. and Malaysia. Based on this fieldwork, I found that cosmetic surgeons used racial categories to balance between pressures to standardize clinical knowledge and customize looks for patients.[7] Racial categories facilitated communication transnationally with other experts and connections with potential patient-consumers. In addition to delimiting racial difference in the construction of standards of appearance, surgeons traded in the subjective, aesthetic dimensions of racial difference. Ultimately, the *use* of racial categories in cosmetic surgery is standardized, but not their *content*. In their discourse and practice, I argue, cosmetic surgeons refashion racial meaning.

In this book, the term "race" is a sociological concept with specific meaning. I adopt the social constructivist perspective that race is a social invention that changes over time and space, in contrast to the essentialist perspective that conceptualizes race as the sharing of some "inherent, innate, or otherwise fixed" qualities.[8] More specifically, I rely on Michael Omi and Howard Winant's definition of race as "an ordering discourse that systematically subordinates some types of bodies over others." They argue for a "corporeal dimension to the race-concept," calling race "ocular in an irreducible way."[9] Unlike the concept "ethnicity," which can also connote difference, race is closely tied to ranking, hierarchy, and implicit comparisons.[10] According to Omi and Winant's theory of racial formation, the racial structure of a society is the result of compounding and competing, historically situated "racial projects," which are efforts "in which

human bodies and social structures are represented and organized."[11] Racial formations are typically thought of as national-level structures that are the result of historical processes. This study uses the case of cosmetic surgery to systematically examine race at one snapshot in time across geographic scales and different sites, situating race in transnational perspective. The malleability of race contributes to both durability and its appeal as an ordering category.[12]

Race has been theorized as multidimensional.[13] I argue that cosmetic surgery can be understood as a racial project that makes race material, identifiable, and coherent as an identity. I analyze cosmetic surgery as a multiscalar racial project, applying Alondra Nelson's insight that racial projects span "macro-, meso-, and micro-level processes." She calls for research "to traverse levels of scale from the microscopic, byte-sized 'molecularization' of 'race,'" to "the individual and collective lived experience of social identity, and to large-scale racialization."[14] This book traces the arc of racial meaning across these scales from the macro level of global expert discourse; to the meso level of collective, national-level understandings of race as a social identity in two sites (the U.S. and Malaysia); to the micro level of how cosmetic surgeons and patients interpersonally interpret and enact race on the body in the clinical encounter. By positing a scalar through line to the concept of racial projects, this book identifies a mechanism linking structural racism, racial stereotypes, interpersonal racial bias, and the body.

Cosmetic surgeons can be understood as a type of "race broker," intermediaries whose professional judgments about race help bridge the gap between structure and interpersonal interaction.[15] At the macro, global level in cosmetic surgery, cosmetic surgeons employ racial categories as expansive yet familiar constructs to coordinate communication of expertise across continents in journal articles and at international plastic surgery conferences. At the meso, national level, in specific countries like the U.S. and Malaysia, cosmetic surgeons describe and justify ideal and appropriate looks for patients using many of the same racial categories. And at the micro, interper-

sonal level, in the clinical encounter between doctor and patient, surgeons manifest racial categories visually on the body in specific physical features. At each of these levels, surgeons use racial categories to balance competing aims of standardization and customization. In the process of interpreting and enacting racial meaning, surgeons reshape them.

RACE, BEAUTY, AND THE BODY

When scholars write about racial projects, they often highlight undeniably consequential examples of racial inequality like mass incarceration, suppression of the Black vote, discriminatory policing, and vast disparities in health outcomes between Black, Latino/a, Asian, and white Americans. Beauty usually does not make the list. Beauty has a whiff of frivolity, vapidity, self-indulgence, and even hedonism about it. Especially in academia, beauty is seen as "somehow trivial, frivolous, or vulgar."[16] It is no coincidence that women, too, have been stereotyped this way.[17] Ordinary people and scholars alike tend to bracket beauty culture as not serious.

In this book, I make the case that like biomedicine, beauty is a key site where race is made material and embodied. Beauty is a critical part of the architecture of racial meaning, providing insight into the semiotics of race that would be missed with an exclusive focus on disease, crime, housing, or the law. Beauty is an aesthetic evaluation of physical appearance that ranks bodies hierarchically; it is a site in which race and class are manifested.[18] Often associated with and shared by members of a racial group, beauty ideals reflect and reinforce racism: the physical features, hairstyles, and clothing fashions of the racial group in power are often seen as more beautiful than those associated with those at the bottom of the social hierarchy. Many consumers purchase beauty products and services in order to conform to existing racial hierarchies and rise within them. And beauty practices like cosmetic surgery can be gendering as well as

racializing: surgical procedures have been employed as a strategy to feminize, masculinize, rejuvenate, and/or whiten patients—as well as to affirm and express racial identity.[19] Racial hierarchies can also be challenged through beauty practices and assertions of local authenticity and distinctiveness. Like race, beauty is relational and changing. Narratives and counternarratives of beauty shed new light on the enduring relevance of race.

Appearance matters. Though even cosmetic surgeons echo the truisms that "beauty is in the eye of the beholder" or that "beauty comes from within," most societies put a premium on physical appearance. In pursuit of beauty, people worldwide underwent 11.3 million invasive surgical procedures in 2018, with Americans comprising about 1.3 million of that total.[20] The American Society of Plastic Surgeons estimates that over $23.7 billion was spent on cosmetic procedures in the U.S.[21] Disfigured or nonnormative appearances are associated with lower social status, leading to discrimination in hiring, lower wages, and even lengthened criminal sentences.[22] Conventionally speaking, cosmetic surgery is a beauty practice, engaged in by patients to enhance their physical appearance. Patients cite a range of motives, including a desire to remove racial markers, feminize (or masculinize) their appearance, or remove identifying features for a more "normal" appearance.[23] Some cosmetic surgery patients modify their physical appearance to better reflect what they envision as their internal self-image;[24] others believe that particular looks can lead to career success.[25]

Underlying many of these changes is a desire to improve social status. Investing in beauty is a form of building body capital, which can translate into potential for romantic relationships, workplace promotions, or other modes of social advancement.[26] Scholars like Debra Gimlin have characterized cosmetic surgery as a form of "body work" that people employ to shape their bodies, akin to exercise and dieting.[27] Investing in the body becomes a mode of self-expression, reflecting taste. By increasing physical attractiveness or approximating a normative appearance, body work helps build the

social status, or "body capital," of clients or patients.[28] Body work has often been studied as it relates to gender, age, and class. However, practices like cosmetic surgery can also function as racial projects. Sociologist Sabrina Strings situates the beauty ideal of a slender appearance—so prevalent in the U.S and often portrayed as a universal ideal—in historical perspective as a racial project for white, middle-class American women.[29] As this example highlights, racial projects can be gendered and/or classed. And beauty and body work can intervene on gender, class, and race simultaneously.

In the case of cosmetic surgery specifically, many procedures have the goal of mitigating the effects of aging or enhancing culturally defined markers of femininity, and it is this angle that has received the most attention from scholars.[30] In this book, however, I focus on procedures conducted with aim of creating a new look for a patient, rather than those performed to restore a patient's past appearance. And I am especially attentive to procedures on body parts, including the nose and eyes, that cosmetic surgeons identify as "ethnically sensitive."[31] But in a certain sense, as Cressida Heyes notes, "all cosmetic surgery is ethnic."[32] In the course of my research, it became clear that several other procedures, like liposuction, buttocks augmentation, and breast augmentation, also advanced racial projects, as well as contributed to particular representations of classed femininity.

In addition to constituting a form of body work, cosmetic surgery has become an increasingly accessible and accepted luxury service. Public opinion polls indicate increasing acceptance of cosmetic surgery, particularly among those with greater media or vicarious exposure to the practice through family or friends.[33] Changing attitudes are perhaps both the product of and impetus behind the rise of television shows featuring the practice, such as *Nip/Tuck*, *Dr. 90210*, *Extreme Makeover*, *The Swan*, *Botched*, and *The Real Housewives*. Such programs popularize procedures while "educating" patients about what is possible to achieve with surgery.[34] Indeed, cosmetic surgery has had a symbiotic relationship with popular culture and traditional and social media, which create and disseminate beauty

ideals as well as raise awareness that cosmetic surgery procedures may be necessary to achieve them.[35] While cosmetic surgery is a beauty practice and pop culture phenomenon, it is also a biomedical practice in which clinical knowledge and tools are enlisted in the service of producing conventionally beautiful, racially legible bodies.

RACIAL CATEGORIES, STANDARDIZATION, AND CLINICAL JUDGMENT IN THE CRAFT OF COSMETIC SURGERY

Analyzed as a biomedical specialty, cosmetic surgery illuminates the tension between two modes of reasoning and practice in medicine: science and art. These schemas loosely correspond to evidence-based standards and clinical judgment. Standards are "agreed-upon rules" constructed to achieve "uniformities across time and space."[36] By contrast, clinical judgment, comprised of surgeons' "practical, concrete clinical experience," is "biased by its own particularistic perspective," in Eliot Freidson's classic account.[37] Clinical judgment is often the foil for evidence-based standards, with an assumed gap between the art or customization it represents vis-à-vis the standardizing science of guidelines. At each level of analysis (the macro, meso, and micro) in cosmetic surgery, the tension between medicine as art and as science is on display in efforts to construct race-specific standards for diagnosis, care, and treatment. The craft of cosmetic surgery represents the negotiated outcomes of this tension, encompassing the combination of technical skill at manual manipulation and the judgment and interpretation necessary to apply standards.[38]

To unpack this tension, let us begin with the "science" or "standard" side. The term "biomedicine" emphasizes the standardizing, scientific trends epitomized by evidence-based medicine, which offers "universal, homogeneous, standardized approaches to patient