

The Face of Health

Makeover Culture and New Body Ideals

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In Western countries, we can see an increased awareness of health issues, and the importance of taking care of our health. We have also seen the development of certain welfare diseases, for example burnout and other stress-related syndromes. Among the Western middle classes, people are more aware of the importance of eating good and healthy food, exercising and maintaining a healthy lifestyle. However, health is also a global issue. On the one hand, we have the Western affluent middle classes, who are becoming more aware of the connection between lifestyle and health. On the other hand, we have large proportions of the world's population that lack even the most rudimentary systems of health care.

Life expectancy today is high in many countries. The ageing of the world's population – in developed and developing countries – is an indication of improved global health. In Japan and France, people can expect to live well over 80 years (WHO statistics, 2009), and in some other countries such as Chile, Jamaica and Lebanon, the life expectancy now reaches over 70 years. However, there is a darker picture to add to this. In many African countries, the life expectancy is only 40 years, and in the US, the discrepancy between the life expectancy of higher and lower socioeconomic groups are as high as 20 years.

Although we can see some positive developments within public health worldwide, there are also reasons to be pessimistic. Comparing different countries, or people with different class affiliations, gender or ethnic positions within the same country, we find great differences and health inequalities. Good health is not only a state of physical, mental and social well-being, it is also defined as: “access and control over the basic material and nonmaterial resources that sustain and promote life at a high level of satisfaction” (Lupton 2003: 9). Health is, therefore, an indicator of wealth. The healthy body is also a well-trained, disciplined, and hard-working body. Increasingly health has come to be connected with fitness, physical desirability, youth and social status. However, at the same time as the disciplined body is celebrated, there are also strong associations between health and the ability to ‘let go’ and ‘relax’ (Lupton 2003). Today, many affluent people in the developed countries spend their weekends at a Spa or a retreat somewhere out in the countryside.

Health education and health promotion have changed considerably during the twentieth century. During the greater part of this century, attempts were made to educate

and foster national populations. Information was directed towards the collective, and various social and medical reforms were intended to raise public awareness of health issues and to create a healthy nation (Palmlad and Eriksson 1995). During the later part of the twentieth century, however, there was a shift towards increased *individualization* of health management. Accordingly, there is now a growing focus on each individual's ways of dealing with health issues. The information given is directed towards the individual. If you suffer from poor health, if you drink too much, eat too much or smoke, it is your own responsibility to change your lifestyle.

This may sound like quite a winning change, but does it mean that societal control and attempts to control the public are historical phenomena? Or does it merely mean that the system of control and disciplining has transformed into something more sophisticated? Deborah Lupton argues that the societal control systems are still intact, but only dressed in a new disguise:

The rhetoric of public health discourse is such that the individual is unaware that the discourse is disciplining; health is deemed a universal right, a fundamental good, and therefore measures taken to protect one's health must necessarily be the concern and goal of every individual (Lupton 2003: 35).

Against the background of the discussion on health and individualization as well as recent developments within health promotion, it is possible to explore the contemporary *makeover culture*. I will use this term to describe different techniques used to transform the body, and new perceptions of the desired and ideal body. In many Western countries, people are prepared to invest money and time in transforming and creating a slim, well-trained and beautiful body. There are a number of effective body techniques available today that can be used to create an ideal body. The notion of the slim and well-trained body, the fitness body, is often associated and intermingled with the healthy body. The increasing possibilities of constructing a healthy fitness body, combined with the increased exposure of ideal bodies in the media, have led to successive changes in people's perceptions and visions of the healthy body.

The argument put forward here is that the availability of contemporary body techniques and the circulation of 'perfect bodies and faces' in the media are successively transforming our ideas about the healthy body and face.

Plastic Surgery and Body Modifications

In order to achieve the most ultimate result of the operation, the consulting surgeon will give proper feedback to the patient. This is done on a regular basis, irrespective of if, when and how the body should be modified. The plastic surgeon can discover and point out asymmetries and defects, earlier unknown for the patient (Edung 2002: 22).

The American Association of Plastic Surgery was established in 1921. The early history of plastic surgery is connected to war and to attempts to reconstruct soldiers' damaged bodies. Over the years, the profession has gained more recognition, and in the early 1940s, the American Board of Plastic Surgery was constituted. During the post-war period, the American public became more accustomed to the idea of plastic surgery. During the 1950s, Hollywood stars became the reference point for beauty and the per-

fect body. Film stars, for example Marilyn Monroe, contributed to the establishment of a new female ideal body characterized by large breasts. Increasing numbers of women went to plastic surgeons to enhance their breasts (Haiken 1997).

Looking at recent statistics from *The American Society for Aesthetic Plastic Surgery*, it is obvious that this trend has continued. From the late 1990s until today, there has been a huge increase in the number of plastic surgical operations (Johansson 2006). Recently, TV series such as *Extreme makeover* and *Dr. 90210* have contributed to a gradual normalization of plastic surgery. In reality TV, we meet 'ordinary' people who suffer and who want to change their bodies. In 2004, *Extreme makeover* was broadcast in Sweden. We could meet Sandra, twenty-three years old, who had given birth to four children, and who was horrified by the decay of her body. She did not dare to show her body on a beach. After consultation sessions, Sandra decided to modify several parts of her body. At the end of the show, the viewers get to meet these people again, and now they are all happy, and their bodies are more in line with cultural ideals.

Through reality TV and the increased public awareness that many celebrities have modified their bodies, plastic surgery has gradually come to be seen as a possible method, and as an alternative to feeling bad about your body. In the Nordic countries, there has been a strong resistance to these forms of body modification. Feminist movements have opposed the idea that women should use any means possible to fit into societal and cultural ideals. However, during the past decade, we have seen a gradual acceptance of certain beauty ideals, and methods such as plastic surgery have become more accepted. The discussion and resistance continue.

Contemporary methods of plastic surgery create possibilities for people to modify their bodies and to create 'the perfect body'. Over time, it has gradually become more important to look healthy, well kept and youthful. Discourses on health and the good life connect to and are deeply implicated in the creation of contemporary ideal bodies. People want to look healthy and like 'winners'. The fat, sloppy and badly kept body is often associated with laziness, passiveness and a 'bad attitude' (Johansson 2006). Health, beauty, happiness and success have become part of a modern middle-class lifestyle.

However, there is also a massive critique of the new makeover culture. Here, there are several tragic stories about famous or semi-famous women who have enlarged their breasts, creating dangerous bodily configurations. One of these women, Lolo Ferrari, made around 25 cosmetic alterations, most of them to enlarge her breasts. She had the largest breast implants in the world, and became an almost mythic porno figure. Ferrari died in early 2000, and the cause of death was not properly established, probably an overdose of anti-depressants. In an article on this kind of makeover culture, Meredith Jones (2008: 102) writes:

When makeover culture is 'correctly' performed it embodies elasticity, adaptability and mobility in physical, mental and emotional terms. And it values, above all, a state of constant becoming. Makeover culture, for all its endless construction of newly finished surfaces, also always creates sites that are in disarray: the dusty 'ruins' of renovations-in-progress, the chaos of redecorating and the blood, bruised mess of the body in surgery and in recovery /.../ These are reminders that cosmetic surgery and makeover culture are still subject to death and finality, and that in fact it is these inevitabilities that they work in connection with.

Part of the critique deals with consumption and the connection between beauty and success. This critique often targets people's futile attempts to avoid death and ageing. Using Botox, which is a neurotoxin, it is possible to freeze the muscles of the face. Consequently, the face is not able to perform the movements that produce wrinkles and the signs of ageing. According to Cooke (2008), Botox injections are a billion-dollar industry.

There is a massive discussion on these issues within the feminist movement. The critique is directed towards the objectification of the female body, although there are also studies on male bodies. Atkinson (2008) argues that the increased interest among men in plastic surgery – both invasive (e.g., eyelid surgery and breast reduction) and non-invasive (chemical peels and Botox) cosmetic procedures – can be seen as a symptom of the 'crisis in masculinity' in Canada. Since the 2000, Canadian men have turned to plastic surgeons in order to recapture their masculinity. Even though this trend could be interpreted as a sign of the considerable feminization of men, Atkinson instead sees this as involving the reframing of hegemonic masculinity. Gill and McLean (2005) agree with this and emphasize the different normative strategies used by men to integrate body modification in a framework of individualism and a new masculinity. There are, however, other interpretations of this phenomenon. Coad (2008) argues that *metrosexuality* is replacing traditional and conventional masculine values and behaviour. The term metrosexual is often used to refer to changes in masculinity related to a more aesthetic, eroticized and exposed masculine body.

Feminist theorizations of aesthetic surgery are challenged today. Some researchers reject the often totalizing explanations of this phenomenon as a sign of domination. The critics argue that feminist explanations leave out the positive outcomes of surgery (Holliday & Cairnie 2007). Feminist discourses of subordination, objectification and victimization neglect young women's active decisions to cultivate both good looks and an active and independent lifestyle (Holliday & Taylor 2006). During the next decade, we will probably witness a considerable change in how people view these kinds of body modifications. There is little doubt that we will continue to have debates and discussions on the role of plastic surgery in contemporary culture.

The Face of Health

'Perfect bodies' are marketed and sold on a global market. Such bodies command a high price on the international market. This cult surrounding the beautiful body is nothing new. But modern science has made possible a closer examination of the human body and the development of techniques that can be used to create a perfect physique (Johansson 2000, 2006). Gradually, and without our reflecting on them, the norms for what should be aesthetically attractive have become increasingly narrow and out of reach. The ideal body must be formed through training, diet and surgery.

Advertisements for various training techniques and diet preparations must be interpreted as strong arguments for the total plasticity and formability of the body. Certain ideals are distributed throughout the world through mass media and advertisements. The perfect body exists on the plane of ideas and is an abstraction, but it is nevertheless also 'real'. The bodies and faces we encounter in the mass media are deceptive in the sense that they are created to pay tribute to the idea of the perfect body. These bodies are

created and manufactured through intensive training, diet and modern media techniques – retouching and other methods of editing the picture material.

This global fitness culture also has its backbiters, who raise objections to the fitness prophet's message of health, training and a 'sound lifestyle'. There are other ways to live the good life. But, at the same time, it is difficult to avoid being confronted with the bodies that appear on the TV screen, in advertisements and various health and fitness magazines. For many people, these bodies function as a bad conscience – a reminder that they eat and drink too much, exercise too little and, most importantly, that they do not look like the people who populate the media world. Such a bad conscience can be transformed into internal torment that drives people to a life of constant dieting and despair (Johansson 1996, 1998).

Fitness culture and beauty ideals have become interchangeable. According to many fitness experts, it is possible to "read" the body and to use this knowledge to draw conclusions about a person's lifestyle, behaviour and character (Johansson 2006). Such specific methods bear many likenesses to how medical practitioners of the 19th century 'read' bodies and interpreted different physical signs within a moral discourse as expressions of either normal or deviant bodies (Johannisson 2004). This way of diagnosing the body has many similarities with how lifestyle, diet and fitness experts read the contemporary body. Fatness, for example, is regarded as a sign of an unhealthy relation to the body, and sometimes also as a sign of moral weakness. If we study advertisements for different dieting techniques or methods to reduce overweight, we find so-called 'before' and 'after' pictures. These images are used to show how body techniques can help to create a more admirable and healthier body. The message is: 'if you want to change your life and to put a stop to your unhealthy lifestyle, it is always possible to change and become a better person'.

The fitness industry has established strong links between certain body ideals and the notion of a healthy lifestyle. According to this view, fatness and overweight signals poor health, an unhealthy lifestyle and personality flaws. The question is what impact the increasing market for plastic surgery and sophisticated techniques of body modification will have on our perceptions of health and morality.

The plastic surgeon can help us preserve a youthful body and face. Through different techniques it is possible to, for example, remove wrinkles, bags under the eyes and other signs of ageing. How will this affect us, and even more importantly, how will this affect our view on health and healthy appearances? At present, we can find before-and-after images of people who have paid plastic surgeons to build a new face. Perhaps our perception of a healthy face will change considerably in the future, forcing us to either pay for a new face or to be considered as unhealthy persons?

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