

Plástica

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Anne Ackermann photographed these portraits of plastic surgery patients in Rio de Janeiro in 2009. She asked me to comment on them as an anthropologist who has done fieldwork on Brazil's beauty culture. I first became interested in the topic after seeing a Carnival samba parade that honored a Brazilian plastic surgeon, Dr. Ivo Pitanguy, in 1999. The surgeon had been a pioneer in developing the medical specialty in Brazil, in the words of the samba song, "awakening the self-esteem in all." Cosmetic operations were formerly the preserve of the elite. But beginning in the 1990s, plastic surgery -- or simply *plástica*, as it is called in Brazil -- was "democratized." Credit plans in the private sector, and a network of public hospitals, made cosmetic surgery more accessible. Dr. Pitanguy argued, "Plastic surgery is not only for the rich. The poor have the right to be beautiful."

The plastic surgery patients I met during fieldwork in Rio de Janeiro came from diverse social strata. Many belonged to what elites refer to as the "popular classes." Like many of the women portrayed in these photos, they worked at a variety of low income jobs and paid for surgery through economic sacrifice -- or else confronted the formidable bureaucracy of public hospitals to acquire a free cosmetic procedure. Like any ethnographer confronted with foreign customs, I realized I would need to begin by understanding this body practice in relation to local values. What did beauty *mean* and *do* for people in different positions in the global economy, who were raised in a region with different bodily, sexual, and medical cultures?

Ackermann's photographs were shot in Santa Casa Hospital nearly 50 years after it was founded by Dr. Pitanguy in 1962. To me the images seemed at first glance to reflect the intrusive and sometimes disturbing gaze of medical and beauty industries. Through reality television, stories of celebrity makeovers, and direct advertising, images of plastic surgery have become pervasive in mainstream media in recent years. The now familiar "before and after" image often feeds on a moral and even aggressive relationship between the viewer of the image and its subject. *Was the surgery worth it? How ugly! or How beautiful!* And, as Ackermann has often heard in response to her photographs, *How could people do this to themselves?*

But these portraits also depart from some pictorial conventions of the beauty industries. Instead of a "plastic" body with shining surfaces and taut, convex forms, there is a portrayal of wounds and the flawed and aging body. But rather than suffering from pain, many of these women are smiling. And the potentially de-humanizing nakedness of the body as a clinical object is set off by the self-poise and warmth in the facial expressions. Through such stark juxtaposition of "beauty" with the violence of surgical intervention, these images invite reflection on the implications of medical enhancement.

As a plastic surgeon pointed out to me, photography is also an essential clinical tool in his profession. Surgeons meticulously document their work for scientific publications and marketing, but also to show to the patient evidence of her transformation. But medical measurements and images themselves can shape the patient's body-image, prompting a new objective visualization of defects -- and new desires for treatment. The very popularity of beauty industries thus raises the question of whether they disseminate a perception of the human body as a collection of parts that deviate -- in measurable and correctible degrees -- from anatomical norms.

But beauty also has subjective and intangible qualities that escape quantification. Linguistic metaphor often figures it as energy, heat, or light. Smiles, for example, are

radiant, and in Ackermann's photos, there is perhaps a kind of beauty in the "light" conveyed by the expressiveness of the face and body. The mix of confidence and vulnerability in some of the images reminded me of classical portraiture's aim of capturing the personality of the subject. At the same time, the visible marks left by surgical intervention suggest that within contemporary medical and beauty cultures the human body is paradoxically both a principle domain of individuality and an object of technical manipulation.

Some plastic surgeons in Brazil have successfully promoted a view of their specialty as a means to treat mental suffering. But unlike psychoanalysis and other forms of psychotherapy, which have also enjoyed a vogue among elites in Brazil, these doctors stress that *plástica* is the more universal treatment, as "both rich and poor suffer faced with an aesthetic defect." And it's true that cosmetic surgery has enjoyed remarkable growth in so called emerging markets, from China to the Middle East to Latin America. And yet, like the patients in these photographs, the majority of people who have cosmetic surgery in Brazil are women. Many of the procedures they choose aim to "correct" bodily changes undergone during pregnancy and breast feeding. Plastic surgery is in fact only one medical specialty in a broader field, known as "aesthetic medicine," where health and aesthetic logics are subtly blurred. Medico-cosmetic techniques become tools for managing female reproduction and sexuality – at least for the "modern woman." From this perspective, we can perhaps understand the enthusiasm and even cunning patients display in acquiring a medical practice that has become integral to female physical, mental, and even sexual "health."

But despite the undeniable glamour that surrounds plastic surgery, desires to acquire operations cannot be seen only as a form of conspicuous consumption. For patients who make minor changes in pursuit of "more perfect" forms, *plástica* is also a technique of erotic body sculpting. Demand for such procedures might seem to some to reflect a propensity for vanity, or even "vulgarity," in the Latin world. But such moral judgments are not universally intelligible. And beauty may even have a kind of democratic appeal for those excluded from more formal routes of social mobility. After all, the distribution of physical attractiveness often impetuously disregards social hierarchy. It is quite obvious that the elite are not always good-looking, even when their privilege thoroughly pervades others aspects of their social person. Beauty hierarchies thus do not simply mirror other hierarchies of wealth or status. Rather the gap between aesthetic and other scales of status makes attractiveness such an essential form of value and, all too often, elusive means of self-invention and social ascent.

¹ This piece is based on ideas I've discussed at more length in other publications, such as, "The Poor Have the Right to be Beautiful": Cosmetic Surgery in Neoliberal Brazil," *Journal of the Royal Anthropological Institute*, 13: 363-381, 2007 and the forthcoming book, *Pretty Modern: Beauty, Sex, and Plastic Surgery in Brazil*, to be published by Duke University Press in 2010. I'd like to thank Anne Ackermann, Lisa Wynn, Pál Nyíri, Zoë and Julie Edmonds, and Laura Murdoch for their comments. Correspondence address: Department of Anthropology, University of Amsterdam, Oudezijds Achterburgwal 185, Amsterdam 1012 DK, Netherlands. Email: a.b.edmonds@uva.nl