

Evolution continually selects the best genes to proliferate the species. Emerging cosmetic plastic surgeries allow us to bypass our genetic code and cheat our naturally predetermined appearances by altering the perceived external flaws and ignoring the intact internal code where the “flaws” remain. Without these self-identified unwanted physical attributes, people who otherwise might not have been perceived as desirable mates for procreation allow themselves to be perceived as desirable enough to pass on their genes. TV shows are allowing us to witness the advantages over evolution that can be gained with the right amount of time and money. What we see on the outside is not necessarily what we are going to get on the inside, genetically speaking. With more and more people flocking to cosmetic procedures at younger ages, doctors and consumers need to understand and discuss the importance of this dramatic misrepresentation to the opposite sex. While there is a right to undergo the procedures, those who do so prior to having children, and even those who do not, are faced with important affective choices within a number of different relationships that need to be considered for both now and the future.

Terms and definitions

To begin this examination, it is important to clarify the relevant terms and definitions. The first of these is “cosmetic plastic surgery.” The American Board of Cosmetic Surgery, 2007, defines cosmetic surgery as follows:

a subspecialty of medicine and surgery that uniquely restricts itself to the enhancement of appearance through surgical and medical techniques. It is specifically concerned with maintaining normal appearance, restoring it, or enhancing it beyond the average level toward some aesthetic

ideal. Cosmetic Surgery is a multi-disciplinary and comprehensive approach directed to all areas of the head, neck and body. (American Board of Cosmetic Surgery n.d.)

For the purposes of this paper, cosmetic plastic surgery will refer to the enhancement of normal appearance beyond the average level toward some aesthetic ideal of the head, neck and body. In particular, this includes: Chin augmentation, Blephoroplasty (Eyelid), Jaw Augmentation, Otoplasty (Ear Pinning), Rhinoplasty (Nose), and Breast Augmentation. Henceforth, cosmetic plastic surgery will be referred to as “CPS.”

In my examination of the issues, I use a Care Ethics approach, such as established in the early 1980s by Carol Gilligan and Nel Noddings. The definition I use is from Maurice Hamington:

Care is an approach to individual and social morality that shifts ethical consideration to context, relationships, and affective knowledge in a manner that can be fully understood only if its embodied dimension is recognized. Embodied care centers not on theoretical or abstract understandings of right and wrong but on affective, embodied and connected notions of morality. (Hamington 2004.)

This approach focuses specifically on the context of a situation, and the relationships involved in it, to come to an ethical solution or form of evaluation. I will adopt this approach in examining the genetic and relationship effects of CPS because the genetic “cheating” has broader effects outside of just the individual that extend to multiple relationships.

Scope of the paper

In what follows, I will cover the relationship effects of CPS. I will examine how the individuals who choose to undergo CPS and their surrounding relationships are affected by their decision. The relationships considered are between the individual and the following: their inner-self; mate; friends or social environment; family circles; child or children; and doctor. The genetic effects resulting from CPS involve the individual and her mate/potential mate and offspring. I am especially interested in the decision-making process that is involved with these relationships both before and after an individual undergoes CPS.

The considerations that affect the individual prior to CPS include the illusion of “correction” by CPS and various genetic issues. The latter are a potential underlying problem for those seeking CPS, particularly in regards to offspring and mating. Finally, all these considerations affect relationships. The effects that might emerge should be considered when a decision is being made to undergo CPS.

Relationship effects of CPS

Relationship with the inner-self

There are many relationships to be considered with CPS, the first being between the individual and her inner-self. According to Naomi Wolf, “Most of our assumptions about the way women have always thought about ‘beauty’ date from no earlier than the 1830s, when the cult of domesticity was first consolidated and the beauty index invented” (Wolf, 1991). She speculates that, during this time, there must have been some kind of discovery of how to keep women continuously feeling insecure about their looks so that they would buy more products to make them look like the “ideal beauty” (Wolf 1991). The beauty industries profit by keeping this inner conflict, between the individual and her inner-self. To be motivated to purchase more products, an individual needs to be insecure about her self so that she feels the need to purchase something that will correct the perceived problem. This communication to women isn’t coming

solely from the corporate industries that create and produce these products, but also from the mass media in general. They, too, are involved in perpetuating the belief in an ideal form of beauty to which women should aspire.

Television shows such as *Extreme Makeover* are in the same market of pretending to equalize beauty, by “implying ‘everyone’ (including those not blessed genetically or financially) has the ‘right’ to thin thighs and small noses” (Blum 2005). This show, along with others like it, such as FX’s *Nip/Tuck*, is “fueling popular misconceptions about cosmetic procedures. Viewers are encouraged to regard extreme changes as the goal when, in fact, the primary benefit is an improved self-image and enhanced self-confidence” (Sultan 2005). This, in turn, fuels the inner conflict about whether or not the individual is living up to the expectations of “beauty” put out there by the media and beauty industries, while reinforcing the inadequacy the individual may already feel. Blum claims that “When beautiful women are literally analyzed to the bone (their asymmetries, their deviation from the standard) to wrest imperfection from what looks to most of us like perfection, the average woman reader is left in palpating doubt of her senses” (Blum 2005). Therefore, the individual deals with the media’s perception of beauty, their own perception, and that of the inner-self; all to come to an internal decision as to whether or not CPS is the right option for them. This then starts the process of cause and effect through the myriad of relationships that are affected.

Relationship between the self and mate

Next to consider is the relationship between the individual and her mate. John Berger has said, “Men look at women. Women watch themselves being looked at. This determines not only the relations of men to women, but the women to themselves” (quoted in Wolf 2002). This relationship is intertwined with that of the individual to her inner-self. However, the decision also involves the interests of the individual and her mate. An example of the vested interest of both sides in coming to an agreement on CPS, based solely on external appearances not genetic considerations, can be found in an *Extreme Makeover* candidate who went back home to her spouse after undergoing a dramatic CPS makeover. The spouse felt as if he were having an affair for a few weeks after the woman’s return (Kirn 2003). The feeling wore off, but in this situation it allowed the woman to be her own “Other Woman,” as Blum (2005) would say – the woman that women fear will take away their mate. The change undergone for this couple proved beneficial to them both, since it did not adversely affect their marriage. This illustrates that the decision to undergo CPS can satisfy the needs of individuals in some relationships and avoids some obvious fears. At the same time, it shows the importance of the individual and their mate making the decision about CPS together.

However, there is another reason for a couple to come to an agreement on such a decision. The woman wants to please her mate and hold on to him, but the mate may also want a beautiful woman to reproduce with when he inseminates her with his DNA. The association of beautiful women and successful reproduction of offspring is a factor in the relationship (Wolf 1991). In addition, this brings up the importance of disclosure to a mate of previous CPS so that it can be taken into consideration prior to mating. What’s important in this aspect of reproduction is that alterations made by CPS to the external body are not reflected within the genetic coding. Going back to the successful reproduction of offspring and what the person previously looked like, this lends credence to the idea that there will likely be a difference in the appearance of the resulting offspring. This, in turns, opens up the need for dialogue between the couple about how the CPS will affect their child(ren) and how they’ll handle the situation.

Relationship between the self and friends

The next relationship is that of the social sphere and friends. In the social sphere, such as when dealing with a *potential* mate, revealing CPS may cause problems. A potential mate may be disappointed when he (or she) hears about the individual’s past look, even if the decision to alter them was decided on solidly

based reasons. This may cause conflict in the relationship, in that the potential mate might have dissuaded the individual from going through with the procedure or persuaded them to be happy with what they had. The potential mate may also be upset that what they are getting isn't natural, but rather a manmade creation of perfection (Hilhorst 2002). In one example discussed by Hilhorst, a girl was asked about disclosure in this type of situation and responded, "That would be his problem; he has to take me as I am, and as I was" (Hilhorst 2002). The irony in this response is that she herself could not do as she is asking her future potential mate to do. Another point is that the individual who has undergone CPS has a decision as to whether or not to reveal past photos to a potential mate. Since those photos are images of what was changed, the person must decide either to erase the history of her appearance prior to CPS or to embrace the change itself – including the look she had previously lived with.

From potential mates to the revelation to friends in the social sphere, there is also the relationship of support and understanding both before and after CPS. Beforehand, friends can either be supportive of the change or instead magnify it, fueling the individual's fears of inadequacy. The friends may have their own rationale in place, different from that of the individual, for these forms of support. After CPS, friends', or those considered friends, true colors can be revealed. One such example is Stacy Huffman, an *Extreme Makeover* participant: when she arrived home, she thought the surgery had gone fantastically well; however, her relationships changed. "Her 6-year-old niece Alexis failed to recognize her, and her co-workers at the nursing home resented her new image, she contends, and caused her to change jobs" (Kirn 2003). Outward appearances not only change the outside: they may also change the perceptions of who the individual appears to be on the inside. As in the case with Stacy, the feedback the individual receives about who she is appears to be is not always positive. Something similar can happen with family.

Relationship between the self and parent

Consider the relationship between an individual and her parents. For example, a young woman was considering CPS on her nose, and her mother offered this advice, "Talk more about it ... And above all, with your father. After all, the nose you're not pleased with is one you inherited from him" (Kirn 2003). For any individual, the selected physical characteristic to be altered and "improved" by CPS was given to them by a parent. Changing a characteristic that was inherited should be discussed with the person it was inherited from. If left unaddressed, the relationship between parent and child may lead to conflict later, after the procedure. There is a potential for the parent also to have not enjoyed the undesired feature, but they may have learned to live with it. But there is also a potential that the desired feature which the individual wants changed was beloved by the parent when the individual was a child. Regardless of the reasoning, the relationship needs open communication so that any potential adverse affects are avoided or at least minimized prior to undergoing CPS.

Relationship between the self and child

Turning the previous situation around, the other side of the parent/individual is the individual/child relationship, where other effects can occur. Consider another case from *Extreme Makeover*: a father returned home to his daughter, then found that she no longer saw him as a "cuddly teddy bear." Instead, he had changed and had a "svelte form and game-show-host good looks"; these she viewed as untrustworthy in contrast to his "cuddly teddy bear" previous self. This wasn't the only change that resulted from his CPS. Their relationship also suffered because, with his new look, he became more social, going out more, even finding a new girlfriend (he was divorced). Time once spent with his daughter, was now spent with the new girlfriend (Kirn 2003). This lack of communication and change in the individual's sociability and self-esteem, resulted in an inadvertent negative impact on the relationship between the father and his daughter. In this situation, the change of appearance and self-esteem took precedence, whether intentionally or not, over the relationship with the daughter, resulting in a negative reception at home.

Other instances of the individual/child relationship occur with the reversal of the choice of CPS, such as in the case of a mother who took her child to get rhinoplasty. The mother, “Who also underwent rhinoplasty, didn’t want her daughter’s self-esteem to suffer” (Events 2005). In this case, instead of the daughter deciding for herself what was best, the mother influenced her decision based on her own past experiences with the undesired physical attribute. The relationship resulted in a perpetuation of the lack of acceptance of how the mother/daughter actually looked. Such an acceptance was exchanged for manmade aesthetic perfection, with the manmade version being perceived as much more acceptable to society. This can result in passing on to the child a fixation upon the perceived physical deformity. If the parent is obsessed with her physical appearance, the child can learn this behavior and, as a result, magnify it further, to please either the parent or society. This can potentially encourage or develop a child’s Body Dysmorphic Disorder, defined as follows:

A psychiatric disorder characterized by excessive preoccupation with imagined defects in physical appearance. People with body dysmorphic disorder (BDD) are obsessed by the idea that some part of their body – their hair, nose, skin, hips, whatever – is ugly or deformed, when in truth it looks normal. (MedicineNet.com 2003.)

The relationship of parent/child is powerful; the decision to raise a child to accept who they are or to change themselves is something that lies between them to decide. Blum asks “to what extent these standards are male when they are passed down from mother to daughter” (Blum 2005). The daughter is “taught to dismiss her own mother’s teachings about beauty, adornment, and seduction, since her mother failed – she is aging” (Wolf 2002). The relationships become intertwined, reflecting and influencing each other. When the ideal of beauty is passed down, it is also ever-changing. The beauty standards of today may not be those of tomorrow. The ideal beauties of even the past 100 years have changed and evolved over time, depending on social circumstances. These social circumstances and relationships, too, play a part in the larger relationship between parent and child.

Relationship between the self and physician

The last relationship for examination is that of the individual and her doctor. How does this final relationship interact with the decision for CPS? CPS

holds out a technological and economic solution (if you have the money, the technology is there) to the very dilemma posed by the way capitalism manages femininity by simultaneously commodifying it, idealizing it, and insisting on its native defects. Cosmetic surgery, moreover, appears to offer the perfect corrective to the specifically female dilemma of an internal rivalry with the Other Woman. (Blum 2005.)

Going to a doctor to solve the problem of a perceived physical defect, which in turn is supported by the physician, can contribute to the resolution of conflicts in the relationship of the inner-self or that of the individual/mate. A supportive vote and potential magnification of the problem by the doctor can remedy these relationships or cause further problems. However, this isn’t the only reason to consider this relationship, since the relationship with the doctor may not always be in the individual’s best interest all the time:

First, that the surgeon-patient relationship in cosmetic surgery is an allegory of the heterosexual relationship; second, that the nearly parodic structure of this particular libidinal economy masks the surgeon’s deeper function as conduit *between* women – in this case, between the female patient and her idealized image. (Blum 2005.)

The resulting relationship is in the interest of the doctor, since there are monetary gains on his side of the relationship that may prompt him to magnify any potential problems. Money is a factor that should be considered in a decision that affects so many different relationships in an individual's life, particularly when the incentive is there for the one performing the procedure. There also may not be enough time between the individual and the doctor to develop a thorough enough relationship to allow the doctor to truly understand the situation. Doctors are aware of what to look for, but the time permitted may not allow them to go over the situation adequately. This is not always the case, but should always be considered.

Genetic effects of CPS

Finally in examining the various relationship, it is pointedly interesting how intertwined all these relationships can become both before and after the decision of CPS. Looking forward, it isn't just the relationships that are and may be affected, but also the genetic effects of CPS. Taking into contemplation, again, the relationships between the individual, the mate/potential mate, and the child, these relationships' genetic effects also require consideration.

In evolution, the fittest and most "desirable" genes are a factor in procreation; those that are least desirable and potentially least fit for the environment are naturally weeded out. With CPS an illusion is created, in the sense that what one sees is not necessarily what one will get in regards to DNA. In the relationship of the individual and their mate/potential mate, there is a responsibility on the part of the individual to disclose any previous CPS. Referring back, genetically it is important to communicate and give a visual reference so that the mate/potential mate is aware of what genetic predisposition they are getting involved in.

This disclosure then opens up for discussion whether or not that attribute that was modified by CPS will be a problem to pass on to potential offspring. In addition, there is a question of how the two individuals will deal with the attribute if it does produce itself in their offspring. As parents, will they raise the child to handle the attribute by acceptance (in contrast to how the parent handled it), or will the child grow up to receive a similar CPS to "correct" the attribute? This decision starts a spiraling decision process of parent to child in dealing with the "undesirable" attribute. Without the availability of CPS, the attribute may have been hindered in procreation, and been naturally weeded out, but with CPS it is given a potential chance to continue on, despite its perceived lack of desirability.

Unlike adoption, where the parent and child also look different from each other, the difference in appearance caused by CPS is elected by the parent because they are unsatisfied with how they see themselves. Addressing this allows the child the opportunity to be adequately equipped with how they are going to deal with these features. Again, this starts a potentially spiral decision process for generations to come, notwithstanding the ever-changing standards in beauty.

Further areas for consideration

As we continue to examine the relationship and genetic effects of CPS, other areas reveal themselves for further consideration: topics such as Ethnic CPS, Egg/Sperm Banks and CPS, and Cosmetic Genetic Modification. By the phrase "Ethnic CPS," I am referring to such cases as those involving Asian Americans:

Currently Asian American mothers are taking their teenage daughters in for double-eyelid surgery. "Our mothers want us to be beautiful," explains one young woman, "because being beautiful is one requirement for getting married. Big eyes are supposed to make you beautiful." (Blum 2005.)

In addition to Asian Americans being affected, some African Americans are choosing to undergo rhinoplasty. One man's journey through this decision resulted in the following reflection:

In the recovery room I became certain I had just assaulted my identity and my people. I wondered what my father would think – raised in the segregated South, educated in an almost exclusively Black world where a Black man with a nose job was an oxymoron. All my life I had had the same nostrils, bridge and profile as his. (Graham 1995.)

In both of these instances, there are relationship and genetic effects at work. These are more poignantly illustrated by the African American gentleman, but they can also be seen with the Asian American woman and her mother. If the decision to change a person's aesthetically cultural appearance continues on the path to normalcy, then we as a society will be faced with a cultural homogenization on the cosmetic level, but not at the genetic level.

Another illustration of the illusion created by CPS is its potential effects upon Egg/Sperm donors who have undergone it. The issue is whether or not there is full disclosure on their part as to what surgery, if any has been carried out. For potential parents who are selecting donors by their photo and profile, what they see may not be what they are getting, genetically, from donors who have undergone CPS. Once again, this raises ethical issues to do with relationships, since a lack of disclosure will create a difference between appearance and what the purchasers are actually getting.

Finally, it should be noted that the same problem would not arise with more futuristic Cosmetic Genetic Modifications (though different problems, perhaps novel ones, may arise), if the genes themselves could be modified to reflect the CPS that was undergone. Merely modifying oneself at the genetic level would not be visible, and the modifications would reveal themselves only in children or in later generations. However, CPS could be carried out to reflect the genetic changes that a person undergoes – so potential mates can see what they're getting. In this situation, cheating Darwin is no longer the problem; rather, there might be a problem with perpetuating what society happens to find most desirable. Again, consideration should be given to the nature of beauty and to the fact that aesthetic ideals are ever changing throughout history. This lesson should be learned before we jump into a form of technology that would doubtless have new effects on human relationships.

Conclusion

In conclusion, relational and genetic effects have some bearing upon decisions about whether to undergo CPS. They affect both the decision-making process and the outcome, including how the CPS is perceived both by the individual and her circle of connected relationships. Care Ethics shows that this is not just an individual choice and not just a technological solution. The choice and the technology can create a long-term social issue for the person concerned. This results in moral obligations to disclose the person's alteration and to repair damaged relationships; the obligations continue long after the surgery is over.

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