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The Perfect Me:

Cosmetic Surgery and the Social Body in Egypt.

by

María Sánchez Muñoz

September 2012

Introduction

Abstract

There is an increasing scholarly interest around the popularization of cosmetic surgery in modern society. The medical discipline of plastic surgery is located at the crossroads of a significant number of scholarship disciplines including gender, media, consumer culture, ethics, the body, medical practices and psychology, among others. Hence, a multidisciplinary study is needed to approach the core subject of this research. However, as I find it materially impossible to address all these subtopics in this dissertation, three main sets of literature will inform my project. I will draw on feminist analysis and critique of cosmetic surgery, scholarly on social and cultural theory and studies on consumer culture and the body. I believe that these three categories are deeply interconnected with each other and the comprehensive study of them will help me explore the specific case study of the cosmetic surgery industry in Cairo.

To support my theoretical framework I conducted ethnographic research, based on qualitative methodologies. For this project, I conducted semi-structured interviews with a sample of nineteen Cairene women and eighteen Egyptian surgeons. In order to avoid possible legal problems regarding privacy, the interviewed patients were not related to surgeons in any form, thus securing anonymity of those interviewed. In my case, being married to an Egyptian doctor has facilitated the access to many plastic sugeons. Their valuable testimonies over

the past months have provided me with a close insight into the motivational forces that prompted patients to undergo plastic surgery.

Egypt is certainly a unique case study. Current rampant social inequalities, the huge gaps between different economic levels, the "Westernization" of the social elite, the controversial position of women in society, the escalating role of the media and the Internet and the height of the Islamist influence are some of the elements that make cosmetic surgery a subject worthy of study.

History of Plastic Surgery

The term *plastic surgery* derives from the Greek *plastikē*, to sculpt or mold[1]. It is the medical specialty concerned with the restoration, construction, reconstruction, or improvement in the form, function, and appearance of body structures that are missing, defective, damaged, or misshapen.[2]

Cosmetic surgery is the branch of plastic surgery whose purpose is to improve external appearance rather than health[3]. It is a highly invasive practice as well as potentially dangerous. Cosmetic techniques include chemical peels, dermabrasion, facial sculpturing, Botox, hair replacement, tummy tucks, permanent makeup, fat injections, vaginoplasty, phalloplasty, nose surgery, injectable fillers, liposuction and silicone implants, among other procedures. The surgical alterations resulted from cosmetic surgery procedures are usually irreversible, except in some cases

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[1] Haiken, Elizabeth. *Venus Envy: A History of Cosmetic Surgery.* Boston: Johns Hopkins University Press, 1999. 5.
[2] Merriam-Webster Medical Dictionary (www.merriam-webster.com).
[3] Babbush, A.Charles. *Mosby's Dental Dictionary,* Michigan: Elsevier Health Sciences, 2007.

when the original body structure can be roughly "returned" to the patient, and only with additional interventions.

The origins of cosmetic surgery can be traced thousands of years ago, when around the world – in ancient Egypt, India, Mesopotamia, and Greece- the first surgeons studied how to improve and accelerate the healing of wounds of the warriors in different ways. Nevertheless, the medical techniques on which contemporary cosmetic surgery is based today did not appear until after World War I (1914-1928), with interventions aimed to repair the body's soft tissues of soldiers who suffered new kinds of wounds and burns[4], specifically those on the face. In wartime, American, British and French surgeons were committed to improving patient's appearance so they could be better reinserted into society and live normal lives again[5].

Hence, cosmetic surgery gradually provided those who felt physically deprived, particularly to soldiers who suffered from facial disfigurement, not only with physical relief but also with a cultural and social solution. In addition to correcting morphological defects and restoring body structures, plastic surgeons began to contemplate other motives to perform plastic surgeries, based on the patient's demands. The need for social reinsertion of the soldiers who wanted to attain economic independence was one of the most important "non-physical" reasons among all.[6]

Consequently, after World War I (1914-1918), the line that separated reconstructive and aesthetic procedures started to become unclear; the purposes

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[4] Haiken, 31.
[5] Ibid., 32.
[6] Ibid.,38.

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for performing surgical procedures and the motivating factors for the patients to undergo these procedures were not always related to fixing certain medical problems.

In addition to the significant technological advances of the late nineteenth century and early twentieth century, America underwent a deep social and cultural transformation at the same period that "made beauty, at least for women, seem not just desirable but necessary".[7] Therefore, although at first the majority of plastic surgeons insisted that they would not operate unless there was a serious medical reason, they steadily started to reconsider their attitudes towards cosmetic surgery. As a result of this rapidly changing landscape, by the 1930s, cosmetic surgery was a socially accepted practice that offered a solution not only to physical problems but also to social and economic complications.[8]

 Paradoxically, plastic surgery currently has a clear gender dimension with most patients as women and most doctors as men, while until the twentieth century, plastic surgery patients were mostly men, or more specifically, veterans of war, looking for reconstructive procedures.[9]

 During the postwar period, between 1921 and 1941, the group of American plastic surgeons managed to define their specialty. The rapid professionalization of the medical field culminated in 1921, with the foundation of the American Association of Plastic Surgeons and in 1939, with the formation of the American Board of Plastic Surgery.[10]

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[7] Ibid., 43.
[8] Ibid., 123.
[9] Heyes, Cressida. Jones, Meredith, "Cosmetic Surgery in the Age of Gender", *Cosmetic Surgery: A Feminist Primer,* Ashgate Publishing, 2009, 9.
[10] Haiken 292.

On the one hand, the rise of advertising in this new, highly visual society facilitated the expansion of the Western ideal of beauty beyond American borders. The attainment of the perfect body, largely dictated by American media and film industry, was now possible thanks to advances in cosmetic surgery.

On the other hand, the worldwide depression of the 1930's brought about a new global order, extremely marked by the rise of capitalism. In a competitive post-industrial society, self-improvement was essential in order to achieve a better life. Media and advertising were in charge of bombarding consumers, continually reminding them that the ability to consume was the key for security. Cosmetic surgery was then one of the new affordable commodities offered in the capitalist market. The newborn "American Beauty Culture" or "culture of narcissism"[11] was subsequently exported to the rest of the world.

Although the Western ideal of beauty has being under continuous change, there seems to be something invariable in all its history: it has always excluded from its ranks those who do not look "Caucasian, Anglo-Saxon or northern European".[12] Until today cosmetic surgery is for many a fast way to erase certain "uncomfortable" racialized features that could become an obsession or an obstacle in the way to personal success and social integration; "for Jews, noses; for Asians, eyes; for African American, noses and lips."[13]

Although the ethnical issues surrounding cosmetic surgery seem clear, plastic surgeons are usually reluctant when it comes to admit the racist implications of the Western ideal of beauty and the Caucasian emphasis of cosmetic surgery. They

[11] Ibid., 136.
[12] Ibid., 177.
[13] Ibid., 176.

usually defend that the cosmetic surgery procedures offered in their clinics are those that the patients demand, no more, no less. Nevertheless, we need to look at this assertion carefully. Clearly, it will not benefit the surgeon's privileged position in the capitalist market to acknowledge that his work is inspired by a culturally determined ideal of beauty. As Haiken notes in her *Venus Envy: A History of Cosmetic Surgery,*

> *The mantle of artistry has allowed surgeons to claim a disinterested position- a position outside of culture. Their standards, their values, and their artistic sensibility, they say, derive from the same timeless canon of craft, skill, and beauty that produced David and the Mona Lisa. Always suspect, this claim is no longer supportable: their own history demonstrates that American plastic surgeons are both products and producers […] of a culture that is unique to modern America.[14]*

The role of plastic surgeons in shaping the ideal of beauty should not be disregarded, as they are the ones who accept or refuse to perform certain cosmetic procedures. Most surgeons interviewed for this study guaranteed that they had declined the requests of a high number of patients due to their "unrealistic expectations." It would be fascinating to further examine in relation to what plastic surgeons define as their limits and standards.

Popularization of Cosmetic Surgery

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[14] Ibid., 221.

Cosmetic surgery is commonly an elective practice driven by "cultural, aesthetic, religious or symbolic consideration among other reasons". [15] Furthermore, stimulated by the media and the culture of consumption, there is an obvious process of a normalization of elective cosmetic surgery[16]. Almost everyone knows someone who has undergone plastic surgery for cosmetic reasons. Patients are rarely considered disturbed or sick; they are rather clients motivated for a normal desire to fit into the society in which they live.

Cosmetic surgery has progressively moved away from the medical realm and today it is advertised just as one more product available for purchase. Magazines all over the world feature articles about cosmetic surgery, television shows related to plastic surgery have proliferated in the last decade, and plastic surgeons freely advertise their services on the Internet, television, or through printed media.

Only a few years ago, plastic surgery was an exclusive technique reserved for the elite, but the current low prices have made cosmetic surgery more affordable to the working and middle-class, gaining more patients every year. According to the American Society of Plastic Surgeons, cosmetic plastic surgery increased 48% from 2000 to 2006, with a total of 11 million cosmetic procedures in 2006. Moreover, nearly 11.7 million cosmetic surgical and nonsurgical procedures were performed in 2007 according to statistics of February 2008.[17] In the case of Egypt, there is no official data accounting the number of patients that undergo cosmetic procedures

[15] Elliot, Lauren, "Cosmetic Surgery through Feminist and Cultural Narratives: Shifting the Focus toward Account-giving within Doctor-Patient Relationality". *ProQuest Dissertations and Theses*; 2010, 3.

[16] Morgan, Kathryn Pauly, "Women and the Knife: Cosmetic Surgery and the Colonization of Women's Bodies", *Hypatia*, Vol.6, No. 3, Feminism and Body (Autumn, 1991), 28.

[17] Harris-Moore, Deborah, "Performing Perfection: Plastic and Cosmetic Surgery and the Rethorical Body", *ProQuest Theses and Dissertations*, 2010, 36.

per year. However, all the surgeons interviewed for this study confirmed the growth trend of the plastic surgery market in Egypt. Women from different social classes undergo both surgical and non-surgical procedures.

In my dissertation, I focus on elective cosmetic surgery performed on Egyptian women in private clinics in Cairo. All the doctors that were interviewed are members of the Egyptian Society of Plastic and Reconstructive Surgeons (ESPRS), founded in 1962. ESPRS is a select group of surgeons that numbers 250 certified members. Only those with a PhD can be part of it.

Nevertheless, unlicensed private clinics are a real problem for the cosmetic business in Egypt. In 2003, after the death of two women, the Ministry of Health attempted to shut down all the clinics with no license in Cairo closing up to 1000 clinic. Yet ultimately, in several cases, these clinics reopened.[18]

The spread of cosmetic surgery has inevitably led to the internalization of new social norms and to the emergence of a new conceptualization of feminine beauty and identity, as well as a product of changes in the sociocultural sphere. The gender dimension of cosmetic surgery cannot be denied, and although more men are turning to cosmetic procedures every year, the percentages of both sexes are incomparable.

Beauty norms for the feminine body

Fashion and beauty are both parts of a powerful binary that demands constant actualizations and changes from individuals. They are the clear reflection of the social character of the body; In Chapter One I examine the body created through

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[18] Rashed, Dena, "Looks that Kill", *al-Ahram Weekly*, 18-24 September 2003, Issue No. 656,.

culture and society that is "never separable from its relations with the world".[19]

The links between bodily ideals, consumer culture and social status are clearly

settled in our current society. Moreover, those who are able to acknowledge the

influence of the body in society and are eager to meet certain cultural ideals are

usually highly rewarded. A recent survey reports that 56% of women and 43% of

men are dissatisfied with their overall appearance[20], which means that both men

and women are part of this contemporary network of interests. The increasing

participation of men in the beauty market is a fact. However, the female body has

been highly objectified, sexualized and deeply associated to the importance of

appearance; significantly more than that of men. Whether we look at a

conservative or at a more "liberal" society, in modernity the feminine body is

exposed and ready to be judged. The "what to wear" and "how too look fabulous"

discourses are present in the daily life of women all over the world. Body fitness,

make up or hairstyles are some of the countless techniques that help us to modify

our bodies in order to achieve femininity successfully.[21] Nevertheless, other more

invasive procedures relevant to the feminine body such as tattooing, piercing or

cosmetic surgery have raised the debate about the limits of bodily modification and

aesthetic surgery.

In Chapter Two I talk about how many feminist scholars have taken part in the

debate that emanates from the use of cosmetic surgery by women. The feminist

[19] Coleman, Rebecca, "The Becoming of Bodies: Girls, media effect, and body image", *Feminist Media Studies,* Vol.8, No.2, Sep. 2008, 628.

[20] Goering, Sara, "The Ethics of Making the body Beautiful: Lessons from Cosmetic Surgery for a Future of Cosmetic Genetics", *The Center for the Study in Society*, Vol. 13, No.3, 4.

[21] Bordo, Susan, *Unberarable Weight, Feminism, Western Culture, and the Body,* University of California Press, Berkeley, 1993.

discourse around plastic surgery revolves around the concepts of power and agency and we can identify two main currents of opinion. The first faction of feminists argues that women who undergo cosmetic procedures do so are largely pressured by a patriarchal, sexist society. They suggest that women who invest their time, effort and money on these procedures do it in order to follow the norm that "shapes the perceptions and desires of potential lovers and employers"[22]. According to these feminists, because standards of beauty are socially shaped, there is no space for self-determination and choice; the female body is a "historically colonized territory"[23]. Media and advertisers perpetuate certain norms, and those women who do not follow them, take the risk of being ignored by men and forgotten by society. Therefore, although women might think they are making their own free choices, at the end they are only doing what a society of male dominated power relations compels them to do.

The second faction of feminists, on the contrary, emphasizes the empowering characteristics of cosmetic practices for women. In a sexist society, it is difficult to ignore established norms of appearance so women consciously use them to achieve their personal goals. These practices are a practical, fast way for women to fight against subordination, so they can also manifest self-empowerment. Moreover, within a situation of structural oppression, to an extent, women can exercise certain power of choice. Plastic surgery for aesthetic reasons becomes, therefore, a normalized practice and the patient who is seeking it is "a normal individual who is in search of reducing inconsistency between general and specific

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[22] Ibid., 20.
[23] Ibid., 21.

body-part esteem".[24] All the women interviewed for this dissertation considered their decision to undergo surgical bodily modification as free, and with almost no exception they reported feeling better, prettier and more self-confident after the procedures.

In sum, some feminists argue that cosmetic surgery is a consequence of a patriarchal system and consequently an oppressive practice while others claim that cosmetic surgery can be empowering as the patients freely choose to undergo these procedures to improve their life and social position. In my conclusion, I reject the dangerous binary Agent *vs.* Victim abused by feminists, that can lead to a simplification of an individual's experience with cosmetic surgery.

In Chapter Four I examine the opinions of Egyptian women who have had cosmetic produces as a starting point to conclude that neither are they "docile bodies"[25], unconscious victims of a patriarchal society nor are they complete free agents. I suggest that women who undergo surgeries for cosmetic reasons are willing to sacrifice and invest their money and time within the constraints of a patriarchal culture to feel better with themselves and the society around them and to achieve "a moment of triumph".[26] These women are conscious subjects that justify their decision to surgically change their bodies in terms of health, culture, society or self-determination. They do not describe their decision as a result of oppression or the tyranny of the beauty market. On the contrary, all of them express a certain degree of agency when they confirm that they took this step by

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[24] Burk, J, "More than skin deep: a self-consistency approach to the psychology of cosmetic surgery.", *Plastic Reconstructive Surgery.* 1985 Aug;76.

[25] Foucault, Michel, *Discipline and Punish*, Ed.Vintage: New York, 1979.

[26] Davis, Kathy, "Remaking the She-Devil: A Critical Look at Feminist Approaches to Beauty", *Hypatia*, Vol. 6, No. 2 (Summer, 1991), 22.

themselves; either to normalize or to enhance their body. Nevertheless, I argue that cosmetic surgery reinforces a very specific ideal of beauty; no one decides to undergo a surgery to have smaller eyes, a more wrinkled face or fatter arms. And certainly, women are aware of the cultural expectations regarding appearance. They know well that aging bodies are discarded from society, the same way as fat or sagging bodies. They are also aware of the changing character of these beauty norms. For instance, what in the 1960s was considered an ideal body today is described as "full figure, requiring special fashion accommodations".[27] I argue that in cosmetic surgery, beauty is obtained trough "joyful sacrifice". It needs time, money, and to accept the high risks of the surgery. In the following passage Andrea Dworkin talks about foot binding in China and, interestingly, she could also be referring to cosmetic surgery or other bodily practices:

The tolerance of pain and the romanticization of that tolerance begins here… and serves to prepare women for lives of childbearing, self-abnegation, and husband pleasing. The adolescent experience, casts the feminine psyche into a masochistic mold and forces the adolescent to conform to a self-image which bases itself on mutilation of the body, pain happily suffered, and restricted physical mobility.[28]

Today, the body – gendered, racialized, aged - has become an indicator to determine who is accepted or rejected in society. Aesthetic surgery "is being used to enhance people's chances of participation in the public sphere, especially trough

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[27] Bordo,57.
[28] "Gynocide: Chinese footbinding", Living with Contradictions: Controversies in Feminist Social Ethics, Ed. Alison M.Jaggar. Boulder, CO: Westview Press, 1994, 219.

enacting social mobility".[29]

Buy beauty!

In this research I discuss how consumer culture and media have changed the perception of female beauty in Egyptian society. To build on this idea, I take as a starting point the concept of the body as a commodity, as "the object of salvation".[30] Based on this assumption, our body is no longer a mere physical container, but a "potentiality" in continuous movement, elaborated by culture and developed in social relations. In Chapter One, I examine how the human body has become a tool to exercise power in the social milieu, an instrument to affect the others; something that goes beyond itself.[31]

As Baudrillard points out, the body is represented as "capital and as fetish (or consumer object)".[32] Hence, investing in cosmetic surgery enables women to modify their bodies, their physical *capital[33],* in order to fulfill the demands of the different *fields[34]* in which they are involved. Here, I find it essential to look at Bourdieu's theory to explain the central role of consumption in establishing different social groups. The access to certain products will determine the different social status now that, in our globalized world, the concept of "class" is more blurred than ever. For instance, in *Distinction* Bourdieu notes, "*whereas the*

[29] Aesthetic surgery as a false beauty, 183
[30] Baudrillard, Jean. *The consumer society: myths and structures*. London; Thousand Oaks : Sage, 1998, 129.
[31] Featherstone, Mike. "Body Image/ Body without Image",*Theory Culture Society*, Vol.23, No.2-3, 233.
[32] Baudrillard, 129.
[33] Bourdieu, Pierre. *Practical Reason: On the theory of action*. Standford: Standford University Press, 1998.
[34] Ibid.

working classes are more attentive to the strength of the body than its shape, and tend to go for products that are both cheap and nutritious, the professions prefer products that are tasty, health-giving, light and not fattening."[35]

All this process of *homologization* between bodies and objects[36] must be studied within the framework of consumer culture. As Featherstone notes,

The distant goal of the consumer culture transformative process is to bring both together the power to affect others, through the beautification process and the enhancement of 'the look' coupled with an appropriate body style of representation.[37]

The body then, has an exchangeable value in society. Furthermore, as Debra Gimlin notes, beauty is also considered a commodity.[38] Hence, upgrading and enhancing body appearance can facilitate women's acquisition of power, whether it is social, economic or cultural.

In the first part of Chapter Three, I look at consumer culture in Egypt trough historical lenses. I will take as a starting point the economic period that started after the war with Israel in October 1973. With Sadat as the president, the policy of "*al-Infitah al-iqtisadi*" (the economic opening) marked the beginning of a new economic era for the country. The three main centers of this plan were the attraction of foreign capital and the import of technology, the attraction of foreign finance and the abundance of Egyptian labor.[39] Therefore, the project of economic

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[35] Bourdieu, Pierre,*Distinction,* Harvard University Press,1984, 90.
[36] Baudrillard, 134.
[37] Featherstone, Michel, "Body, Image and Affect in Consumer Culture", *Body & Society*, Vol. 16, No. 1,196.
[38] Gimlin, Debra, "Cosmetic Surgery: Beauty as a Commodity," *Qualitative Sociology*, Vol.23, No.1, 2000.
[39] Ateş, Hamza. Duman, Mehmet. Bayraktar, Yüksel,"A Story of Infitah: Egyptian Liberalisation Under Stress", Istambul: Kocaeli University, 2006, 62.

liberalization and the bolstering of the industrial activity were largely based on foreign presence in Egypt. This fact had not only economic repercussions but social and cultural ones as well. Through the open-door policies, the novel market economy invigorated the influx of foreign products. As a result, this situation brought about changes also in fashion and lifestyles[40]. Consumers in Egypt have dramatically changed their habits in the past decades, but according to Mona Abaza, "*no Arab sociologist has gone through the painful process of analyzing these transformations.*" [41] What seems clear is that the path of liberation or "modernization" did not reach everybody equally; the economic and social gap seems today, bigger than ever.

Soad or Angelina?

In the second part of Chapter Three I study the depictions of female beauty in the Egyptian media since the sixties until today. My aim here is to illustrate the evolution of the ideal of feminine beauty in Egyptian society. To this end, I examine magazines, websites, advertisements and especially, movies. In this section I will draw principally on Viola Shafik's work. Throughout her work, Viola Shafik gives a vivid account on each of the movie stars over the mentioned period and examines in detail the ups and downs of the Egyptian cinema industry since the foundation of *Studio Misr* in 1934.[42] She notes that, "*Egyptian movie stars are as much part of the*

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[40] Amin, Galal,*Whatever Happened to theEgyptians? Changes in Egyptian Society from 1950 to the Present,* Cairo*:* The American University in Cairo Press, 2000.
[41] Abaza, Mona, *The Changing Consumer Cultures of Modern Egypt. Cairo's Urban Reshaping,* Cairo: The American University in Cairo Press, 2006, 45.
[42] Shafik, Viola, "Prostitute for a Good Reason: Stars and Morality in Egypt", *Women's Studies International Forum ,* Vol.24, No. 6, 713.

country's public life as a feature of its contemporary urban space".[43] I believe that the prolific Egyptian cinema industry has been a reflection of society and a mirror where both Egyptian men and women look at and find themselves. Therefore, to identify what the standards of beauty are today, we must take into account the media and advertising that surround us. Again, the different economic groups of Cairo have not experienced the process of modernization in the same way, so the idea of the perfect body will definitely vary between the different levels.

Personal Accounts

In the last chapter of my dissertation I will examine and evaluate the personal interviews. First, the individual accounts of the patients, their expectations, fears and impressions. What prompted them to undergo a cosmetic intervention and what are the outcomes. Second, I analyze the interviews with the plastic surgeons. I believe the final part to be the most revealing one for the reviewed case study. It aims to deconstruct the binary Agent *vs.* Victim and to give the reader a clear idea about the specificities of the Egyptian case.

Methodology

In this section the methodology used for this research is addressed. In addition to this, demographic information about the recruited sample is given. The final findings and analysis of the empirical data are elaborated in Chapter Four.

Mainly, this research attempts to give an answer to the following questions:

1. What prompts Egyptian women to become consumers of cosmetic surgery?

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[43] Ibid.,711.

2. How is the modern beauty ideal in Egypt constructed? What are the foreign

   elements, if any, which influence it?

3. How does the cosmetic surgery market in Egypt work?

In order to analyze the studied phenomenon and draw the final outcomes, I conducted a qualitative research about the consumption of cosmetic surgery by adult Egyptian women in Cairo. Throughout my research I used participant observation in clinics of plastic surgeons in different locations of the capital in order to immerse myself into the "natural setting"[44] of the study. In addition to this, I conducted several interviews with patients and surgeons. Their testimonies are the primary sources that provided my research with a precious insight.

Preserving participants identity was indispensable during the duration of the study. Therefore, I excluded from my interviews any participant who happened to be the patient of any of the surgeons I interviewed. In this way, no doctors interviewed had privileged information about the patients. I had to avoid that, in the improbable case that the doctor divulged private information about his patients, as there would be a legal relation between this surgeon and the patients I planned to interview. Happily, this situation did not take place at any moment of the research. In addition to this, participants were given a pseudonym to guarantee confidentiality.

The study sample and the interview process

In order to be able to interview participants for this research I was requested to gain approval from the Institutional Review Board (IRB) at the American

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[44] The SAGE enciclopedia or qualitative research methods.

University in Cairo (AUC). It took me around two weeks to get it, as I had to modify my proposal a couple of times to adapt it to their requests. Once I received the approval, I began collecting my empirical data.

For the present research, participants were recruited via two ways. First, students from AUC were invited by e-mail to participate in the research. In order to find participants, I requested the Graduate Students Services Center at AUC to help me reaching the intended students. The center, with the help of the Students Service Online successfully sent the announcement to all undergraduate students (male and female) enrolled in Spring 2012. In my message I made clear that the anonymity of the participants was guaranteed and stated the possibility of withdrawing from the project at anytime they felt they did not want to continue. The message of public solicitation for patients is included in Appendix A.

Second, snowball sampling[45] was used to contact more people for the study, based on interviewees contacted through personal friends and acquaintances in Cairo. In addition to this, if any of the previous interviewees mentioned a friend that would be willing to participate, I contacted them and if they met the required criteria, I interviewed them as well.

My method was thought to draw a sample that is representative of the larger female population in Cairo. However, there are limitations to this thesis. Mainly, these limitations concern the scope of the research. First, the small number of patients that were interviewed make the conclusions not applicable to all cases of Cairene female consumers of cosmetic surgery. Second, all the interviewees had Internet access and an important percentage amongst them studied at AUC (the

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[45] Goodman, L, "Snowball Sampling", *The Annals of Mathematical Statistics*, Vol. 32, No. 1, Mar., 1961, 148.

most expensive private university in Cairo), which means that they were extracted from a higher socioeconomic level than the Egyptian media. Despite that I had conversational encounters with women from all socioeconomic backgrounds at the clinics in Cairo, the analyzed sample is not homogeneous regarding the numerical representation of each socioeconomic level.

In addition to this, the majority of the clinics I visited are located in the areas of Mohandiseen, Downtown, Zamalek and Dokki, which are amongst the best neighborhoods of the capital. Clinics for plastic surgery located in poorer areas such as Imbaba or Shubra, have not been studied yet and are a very attractive focus of research that I would like to cover in the near future. However, I faced some problems as a young foreigner, and as a "European-looking" woman. For instance, despite the fact that I would communicate in Egyptian Arabic with them, patients in poorer clinics were reluctant to start an informal conversation with me. I found it difficult to create an atmosphere of trust and confidence from the beginning, and this was an obstacle to my study. As a result, female consumers of plastic surgery in more modest centers are not well represented in this study.

In my research I focus only on Cairene women above eighteen that are patients or potential patients of cosmetic surgery. Although there are an increasing number of men who decide to undergo surgeries to enhance their appearance[46], the literature predicts that 90% of plastic surgery patients are still women.[47] Therefore, and in part as well due to the limited time, I decided to concentrate only

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[46] Holliday, R; Cairnie, A,"Man Made Plastic : Investigating men's consumption of aesthetic surgery",*Journal of Consumer Culture,* 2007 N.7.

[47] Plastic Surgery Demographics, American Society of Plastic Surgerons. Retrieved from www.plasticsurgeryportal.com

in female consumers. I find the study of male presence in beauty centers and especially in plastic surgery clinics an interesting topic for further research.

Regarding the surgeons, I contacted them using two strategies. First, I obtained their e-mail addresses from the website of the Egyptian Society of Plastic & Reconstructive Surgeons.[48] The association counts with 250 members; I e-mailed all of them with available e-mails on the site (*N= 83*). Twenty-six of them replied to my message expressing their interest on my study. On a second e-mail I proposed all those interested in participating in my study either meeting them at their workplace or answering a questionnaire via e-mail. Ten of them accepted meeting me, and they received me at the clinic or the hospital in witch they work. Eight of the surgeons interested in my research told me they either had no time for meeting me or they were on holidays. Hence, they replied by e-mail, starting a series of correspondence throughout which they helped me solve my doubts and provided me with valuable details. Eight surgeons who were willing to participate in the research did not get back to me after the second round of e-mails.

During a period of four months, between April 2012 and July 2012, I conducted thirty-seven semi-structured interviews (including patients, potential patients and plastic surgeons) that helped me to complete my study and draw the conclusions explained in the section of findings, in the fourth chapter. The guide for the interviews was revised and accepted by the IRB at AUC.

The interviews were conducted in two different ways. Eighteen of the participants were interviewed face-to-face (8 women who had undergone cosmetic procedures/ 2 women thinking about undergoing cosmetic procedures/ 10

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[48] www.esprs.com

surgeons). The meetings were held in public places; either at coffee shops or, in the case of the surgeons, at their work place. I met each participant once and completed each interview in approximately one hour. After the first interview, in order to obtain some more details, I contacted some of the participants again by email.

The face-to-face interviews were conducted in English and Arabic. Although my first language is Spanish, I have studied English and Arabic (Classic and Egyptian dialect) for several years, which has allowed me to conduct this research with no difficulty regarding the language. In addition, I have been living in Egypt for almost three years, and during my staying I have been immersed in the culture and continuously in contact with Egyptian women from all social levels.

The rest of the interviews were answered via e-mail (4 women who had undergone cosmetic procedures/ 5 women thinking about undergoing cosmetic procedures/ 8 surgeons). The online questionnaires were sent and answered in English. It took approximately 30 minutes to complete for each participant and it was sent via e-mail to the researcher. The questionnaires for patients and surgeons can be found in Appendix B and Appendix C.

All the interviewees were Egyptians living in Cairo. The interview for the patients was designed to investigate why women in Egypt decide to undergo cosmetic surgery procedures. Hence, I asked questions about the motivations that prompted them to take such decision, the process of choosing a surgeon and the lived experience of going under the knife. Besides that, I included questions that let me know how have these patients experienced their bodies since the surgery.

The interviews for the surgeons aimed to obtain more information about the plastic surgery market in the country. Hence, I asked them question about the their educational background, the location of the clinic, the kind of advertising they do, the prices they have and the most popular procedures they perform. I was also interested on how the surgeons see their patients; do they think patients' expectations are realistic? What do they seek when they visit their clinic?

When I started my research I was afraid that I could not conduct a proper series of interviews without making the interviewees feel uncomfortable at a certain point. However, as Lofland puts it "successful interviewing is not unlike carrying on unthreatening, self-controlled, supportive, polite, and social interaction in everyday life"[49] and you find that the conversation flows more naturally and easier than what you expected. Also, I was fortunate to encounter participants that provided me with a vivid account of their experiences; none of them withdrew or expressed reticence during the interviews.

A study on the practice of plastic surgery can be done from very different angles and the amount of research already present about this topic is significant. However, despite the important amount of theoretical work on the subject, there is a lack of work that tackles the lived experience of the patients specifically. This can lead to the misrepresentation of this phenomenon and to the overlooking of "the experience of the women who have plastic surgery".[50] I wanted to fill this gap in the particular case study of Cairene women. Hence, the focus of my study is the female patient who has decided to undergo some kind of surgical procedure to

49 Lofland, L, The Public Realm: Exploring the City's Quintessential Social Territory, New York: Aldine de Gruyter, 1998, 90.
50 Gimlin, D, "Imagining the Other in Cosmetic Surgery", Body & Society, Vol.16, Issue 14, 78.

enhance her appearance. However, I had to extend my empirical research to analyze the perspective of plastic surgeons as well, as I consider their point of view useful and necessary.

The empirical data for this study consists of transcripts of the tape recorded interviews and field notes taken during and after the meetings with the participants. After the interviews were completed, I analyzed them and extracted the findings reflected in the final chapter of this thesis.

With my research and through the interviews, I did not aim to form a theory but rather to learn the experiences of these women. My goal was to discover the stories of each patient as a consumer of plastic surgery.

Critical review on literature

To understand the use of cosmetic surgery in Egypt, I found necessary an approach to literature on three broad topics: the social body, consumer culture and feminism. I have studied these three themes in depth in Chapter One and Two. I was also interested in exploring how the entertainment industry affects the conceptualization of beauty in modern Egypt. In Chapter Three I analyze how has the ideal of beauty changed since the 1950s, when the influences of Europe and America in the cinema industry were relevant, until today, when the advent of the satellite has changed the perceptions of attractiveness in the region. Chapter One is highly influenced by the theory of Mike Featherstone, Theodor Adorno, Zygmunt Bauman, Max Weber and Anthony Giddens.

Feminist scholars influenced my work as I tried to analyze the dangerous binary victim *vs.* agent that many feminists fall into and the multiple power

dynamics included in the field[51] of plastic surgery. For Chapter Two I relied on the work of Susan Bordo, Susie Orbach, Judith Butler, Naomi Wolf, Susan Faludi, Kathy Davis, Debra Gimlin and Kathryn Pauly Morgan.

Chapter One

The Social Body

The body has always been a central matter of study to fields such as medicine and philosophy. However, since the late 20th century the human body has become an issue of main concern to anthropologists and thinkers as well. Scholars from different arenas look at "bodies" in very different ways depending from the perspective they analyze it. Of course, the body has a complete different meaning if described medically, sociologically, psychologically or philosophically.

In this study I will consider the body shaped in society and how society is the base from where all our social experiences depart. Therefore, the intimate self and the social reflection of it, the body, are complementary and depend on each other. Both are fundamental and they cannot be excluded at any time.

In modern times the body is an essential tool to social interaction. We are more than ever "social bodies"[52]; bodies in society. We are conscious that the body

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[51] Bourdieu, P, *Distinction: a social critique of the judgement of taste*, Harvard University Press, 1984.

is not only a biological entity; it creates and is created within the social milieu. This logic provides a new angle from where social scientists can look at it.

Contemporary Western culture teaches us to think of the body as an object with a material reality that is physically observable, but anthropology shows that we perceive our bodies through a culturally constructed body image that shapes what we see and experience. As we negotiate social relationships, our sense of a body image develops, for the two are reciprocally related.[53]

In this chapter I focus on the body as a social marker. My aim is to remark how to be ourselves we need to be members of a bigger picture, what we call society. In this society, the human body is a "privileged medium of expression and nonverbal communication".[54] It is, as well, an essential part to the complex process of the making of the self thus, it cannot be considered in isolation. Although each one of us is a unique and unrepeatable individual, our body is never divisible from its relations with other bodies and with the world. In fact, our body can only result from and within social experience since we are born until we die. From the doctor that helps our mother give birth until our last moments of life, we need the rest of the bodies around us to be able to survive and succeed in the production process of the exclusive self. Our identity is created through "a complex social and cultural process of perception and reflection"[55] in which the body plays an essential role.

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[52] Foucault talks about the body as an element that can be used to create power. In society, the body is productive. See Foucault. M, Disciplining Foucault: feminism, power and the body, Routledge, 1991.

[53] Sault. N.Landy, *Many Mirrors: Body Image and Social Relations*, Rutgers University Press, 1994, 1.

[54] Wolputte, Steven Van, "Hang On to Yourself: Of Bodies, Embodiment, and Selves", *Annual Review of Anthtopology*, N.33, 253.

[55] Haiken, Elisabeth, "The Making of the Modern Face: Cosmetic Surgery", *Social Research*, Vol. 67, No. 1, Faces, Spring 2000, 93.

The body, as Featherstone illustrates, is a "potential, in process and movement, something that goes beyond itself".[56]

We can describe the body as the corporal representation of the self, the material representation of identity, the incarnation of the subject. People are embodied characters built in interaction with others. And it is through our materiality that we can create our social network and start the process of exchange. This logic of exchange is, as Adorno puts it, "the underlying social fact through which socialization first comes about".[57]

It is certain, therefore, that our identity is created through and within the body and that our body needs from society to be produced and reproduced. As Anthony Giddens notes, "the body is not just a physical identity which 'we possess'; it is an action system, a mode of praxis, and its practical immersion in the interactions of day-to-day life is an essential part of the sustaining of a coherent sense of self identity."[58] Despite the fact that we can think of ourselves as free individuals, able to take sovereign decisions and ready to be independent, the reality is that we are deeply shaped by society. Bodies located within a certain social group, during a specific historical period will be certainly produced in a radically different way from those located in a different social group during a different historical period. In fact, the process of production of the self and the body will be different itself. It seems obvious that different entourages, ways of life or existing power relations will shape the concerned individuals in a unique way.

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[56] Featherstone, M, "Body Image/Body without Image", *Theory, Culture and Society*, N.23 233.

[57] Adorno, Theodor, *The Stars down to Earth: And Other Essays on the Irrational Culture*, Oxford: Routledge Classics,2001, 31.

[58] Giddens, Anthony, *Modernity and Self-Identity: Self and Society in the Late Modern Age*, Standford University Press, 1991, 99.

Therefore, the production of the self is not an individual task; we cannot constitute ourselves alone. Undoubtedly, we play a central role in finding and molding our own identity but we do not have total control over this process. Each body is an outcome of different experiences, and it could be altered or limited under different circumstances or by a specific social system.

At the same time, the body is a representation of the self, a natural sign of what we are. According to Douglas, "the social body is a body of symbolic representation, a representational reality that constrains the way the physical body is perceived".[59] It is our tool to interact with other people in the social arena.

I believe Goffman's theory is relevant here as he further clarifies the discourse of the social body. Goffman states that the body is our tool to interact with other individuals. For Goffman, we use our body following a certain "body-idiom"[60] that is codified by society. We have to be able to adapt to this language and understand the symbolic burden it implies. Hence, bodily expression and appearance are extremely important, as the body is the mediator between self-identity and social identity. We need to learn how to manage those elements in a specific way in order to be accepted by society.

Nowadays, the individual is equated with a bodily form and the physical appearance is a distinctive representation of the self. The positive display of the body, especially when in accordance with the current sociocultural norms and standards, is rewarded with symbolic capital. On the contrary, those who offer resistance to adapt their bodily appearance following the mainstream ideal, take

[59] Wolputte, Steven Van, "Hang On to Yourself: Of Bodies, Embodiment, and Selves", *Annual Review of Anthtopology*, N.33, 70.
[60] Couplan, Justine; Gwyn Richard, *Discourse, the body and identity*,Palgrave Macmillan,2003, 1.

the risk to sink into obscurity, to be expelled out of society. Bodily appearance plays a central role in our daily life and, induced by a highly visual culture, we are increasingly conscious of how the others look at us. According to Featherstone, "body image can be conceived in terms of a more visual sense of the image others have of oneself, based upon a person's appearance: the 'look' one has for others. This can be referred to as 'mirror-image'".[61]

Some studies have claimed that negative body image is usually related with higher levels of social anxiety, public self-consciousness and social introversion.[62] When we imagine ourselves through the eyes of others, we instantly create a mental representation of our body image that is probably, inaccurate. Additionally, individuals assume that society around them hold certain ideals of beauty and body appearance that are the ones they should achieve. Hence, when they do a comparison between their physical appearance and the dreamed ideal, they conclude that they do not meet the needed requirements and then is when negative self-evaluation appears. Therefore, people who suffer from social anxiety or social phobia tend to evaluate themselves more severely and it can cause depression and low self-esteem. [63] Body Dysmorphic Disorder (BDD) is a "preoccupation with a nonexistent or minimal defect in appearance that generates significant distress or impairment in social, occupational and other important areas of life".[64] People suffering of BDD believe that people judge them negatively based on their appearance. They usually feel to need to look better and as a result, they

[61] Featherstone, Mike, "Body, Image and Affect in Consumer Culture", *Body & Society,* Vol.16, Issue 1, 194.
[62] Leanne, Magee, *Predicting Acceptance of Cosmetic Surgery: The effects of body image, appearance orientation, social anxiety, and fear of negative evaluation,* 2010, 20.
[63] "Social Phobia", *National Institute of Mental Health*, No. OM-99 4171, September,1999.
[64] "Body Dysmorphic Disorder"; Anxiety Care UK.

work harder to make their bodies match with the current ideal of body appearance.[65] Hence, in order to avoid social rejection, individuals with greater body dissatisfaction are prone to invest more in their appearance through the techniques available in the market.[66]

Needless to say that people who do not suffer from social anxiety are not exempted from similar kind of fears and worries. The anxiety of the abnormal body makes us extremely aware of our physical limitations and difficulties. We desperately want to be a part of society; we desire to be young, beautiful, and fit. As Featherstone notes, "within consumer culture, the inner and the outer body become conjoined: the prime purpose of the maintenance of the inner body becomes the enhancement of the appearance of the outer body."[67]

Paradoxically, we want to be "as unique as the rest". We want to walk in the street with a sense of belonging, and that there is nothing wrong with the way we walk, the way we dress, or the way we look. We like to feel approving looks from the people around us. Yet we do not usually worry if nobody looks at us as long as we feel we belong to the same group. As Giddens notes in his *Modernity and Identity*, "civil indifference represents an implicit contract of mutual acknowledgement and protection drawn up by participants in the public settings of modern life".[68]

Under this scenario of social and psychological pressure, aesthetic surgery arises as a fast solution that brings relief and alleviation for people who consider

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[65] Ibid.

[66] *Predicting Acceptance of Cosmetic Surgery: The effects of body image, appearance orientation, social anxiety, and fear of negative evaluation*, 20.

[67] Featherstone, M, "The Body in Consumer Culture", Sage, 1991, 172.

[68] *Modernity and Self-Identity* , 47.

themselves to have a "not normal" or a "deviant" body. However, the definition of a deviant body changes with time. For example, the ageing body is not considered today in the same way it was considered some decades ago. The ageing body was associated with weakness, illness, a medically deteriorating being. Today, the ageing body is a deviant body and it causes even deeper distress among the population. According to Susan Wendell, "the rejected body" or "the negative body" are "those aspects of bodily life (such as illness, disability, weakness, and dying), bodily appearance (usually deviations from the cultural ideals of the body), and bodily experience (including most forms of bodily suffering) that are feared, ignored, despised, and/or rejected in a society and its culture".[69] The ageing body can be considered a part of this categorization.

The anguish caused by the ageing process is not instigated by the consequences of the normal biological process of ageing, such as pain of physical limitations, but by the fear of being excluded from certain social groups.

Of course, those with sufficient economic resources do not need to worry in excess about the deviant body. Strategically, the market system that rules the consumer culture we are part of, is constantly generating a variety of new services and products to provide us with temporary security. We are sold the idea that if we do not have a body within the limits of normalcy, we can easily solve this problem by purchasing the new items and services offered by the market.

The body is less and less an intrinsic 'given', functioning outside the internally referential systems of modernity, but becomes itself reflexively mobilized. What might appear as a

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[69] Wendell, S, *The Rejected Body: Feminist Philosophical Reflections on Disability*, Routledge, 1996, 85.

wholesale movement towards the narcissist cultivation of bodily appearance is in fact an

expression of a concern lying much deeper actively to 'construct' and control the body.

Here there is an integral connection between bodily development and lifestyle". [70]

The ageing body, as the deviant body, is not an insurmountable obstacle anymore. We have enough weapons to stop it; techniques than enable us to stretch the middle age to the maximum, until we are fifty and maybe sixty. And unquestionably, "the idea that we might escape being aged by culture is breathtaking".[71]

Additionally, the tremendous role media play in our daily life is one of the main reasons why today, more than ever, people are influenced by certain standards of beauty and bodily ideals. Television shows, magazines and movies help to normalize this beauty criteria. They present people, especially women, who fulfill the standards of beauty and they encourage the public to do the same. People do not need to look for the meaning of the ideal body because it is exposed in front of their eyes. As Baudrillard notes, the models depicted on media are not seen as a desired body anymore but as a "functional object, a forum of signs in which fashion and the erotic are mingled".[72] Women and men recognize the characteristics of the ideal body, internalize and normalize them, and then try to imitate them. As Featherstone notes,

Advertising, feature articles and advice columns in magazines and newspapers ask

individuals to assume responsibility for the way they look. This becomes important not

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[70] Ibid., 7.

[71] Gullete, Margaret M., *Cultural Combat: Politics of the Midlife,*University of Virginia Press, 1997, 18.

[72] Baudrillard, Jean, *The consumer society: myths and structures*, Theory, culture & society, 1998, 134.

just in the first flush of adolescence and early adulthood, for notions of 'natural' bodily

deterioration and the bodily betrayals that accompany ageing have becomes interpreted

as signs of moral laxitude.[73]

Of course, history has taught us that beauty ideals change over time. The chapter where I analyze how female beauty has been depicted in the Egyptian cinema over the past five decades makes clear the evolution of the beauty criteria. Nevertheless, there is something that remains unchangeable: beauty delivers power. There is no question that a good physical appearance has always helped people gaining social and economic power. For instance, between two equally qualified candidates, the one with better physical appearance will doubtless get the job; if a woman or a man has two suitors they will possibly choose the most attractive one at first sight. These two examples reflect how being attractive or having an attractive partner is something positive that can provide us with power. As Featherstone notes, "It is often assumed in consumer culture that people attend to their body image in an instrumental manner, as status and social acceptability depend on how a person looks".[74] Featherstone also claims that the aim of consumer culture is to create a body "which has the power to affect others through the beautification process and the enhancement of the look"[75]. The enhancement of the body, for Featherstone, endorses the person with "social force in the urban milieu and the spaces of sociability"[76] and leads not only to a bodily transformation but also to a "style and lifestyle transformation too".[77]

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[73] "Body, Image and Affect in Consumer Culture", 178.
[74] Ibid.,193.
[75] Ibid., 196.
[76] Ibid., 196.
[77] Ibid., 196.

As we have seen until now, the body is an object of investment and a source of capital that we are encouraged to exploit to the maximum. Moreover, it is "a garment, a veil or mask, something which should be changed and modified to become congruent with the changes in the self".[78] In the same way we study a PhD program, learn languages, or buy a car, we invest in our body appearance. The body nowadays is represented as "capital and as fetish or consumer object". [79]

Fashion designers, gyms, make-up brands, hairdressers and plastic surgeons are some of the partakers of the enormous beauty industry. Due to the decline of the prices, cosmetic surgery is increasingly democratic. The market of plastic surgery offers people unlimited possibilities for altering and adjusting our bodies. But, according to which standards?

The process of democratization of beauty has led to the internalization of certain beauty standards. These standards of appearance are fixed, they repeat the same pattern again and again: "Caucasian, Anglo-Saxon or northern European".[80] This confirms the "constant sameness" that invades Adorno's culture industry.

Currently, beauty is a precious commodity, and it is not distributed impartially. As Debra Gimlin puts it, "notions of normalcy, like those of beauty, are undoubtedly shaped by processes of inequality".[81]

The cultivation of beauty and the body largely affect women. Feminists assert that, in a world dominated by male power relations, women are sexualized and objectified in a greater way. Expectations about beauty are higher in the case of

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[78] Featherstone, Mike, "Body Modification: An Introduction", *Body & Society*, Vol.5, 10.
[79] *The consumer society: myths and structures*, 129.
[80] "The Making of the Modern Face: Cosmetic Surgery",177.
[81] Gimlin, Debra, "The Absent Body Project: Cosmetic Surgery as a Response to Bodily Dys-appearance", *Sociology*, Vol. 20, 711.

women thus, they are more prone to be rewarded or punished depending on their looks; "while men are concerned about staying competitive in the workplace, women reportedly compare themselves with unreachably beautiful fashion models".[82] Yet while men are increasingly present in the beauty industry, drawing from feminist research, it is clear that women carry the greater burden of responsibility for the body appearance. Furthermore, regarding sexual desirability, appearance is largely the key for women. As a result, women are more likely to undergo certain extreme bodily practices such as cosmetic surgery or dieting.

However, as further studied in Chapter Two, these disciplinary practices that produce submission and repression, also generate capacities and satisfaction. Many women find these procedures empowering as a way of self-control. As Foucault notes, power is exercised rather than possessed and it is not primarily repressive, but productive. Moreover, power for Foucault is something that we participate in but also something that is used upon us. If we are subjected to power then we always have the possibility to challenge it and, eventually, force change.

On the one hand, Foucault argues that discipline in modern society has created "docile bodies"[83]; these bodies, which once only existed in armies and monasteries, became the normal during the seventeenth and eighteenth centuries. Foucault suggests that modern institutions control the operations of the body through rules that we cannot avoid. Our bodies are regulated, rearranged and used through constant coercion and regulation.

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[82] Rhode, Deborah l., *The beauty bias: the injustice of appearance in life and law*, Oxford University Press, 2010, 75.
[83] Foucault, M, *Discipline and Punish: The Birth of the Prison*, Vintage Series, 1995.

On the other hand, the body is, in Foucault's theory, an object of power through which we can exercise resistance against the coercive forces. For instance, if we create alternatives for ourselves, then we are developing a sense of autonomy and capacities. Consequently, for Foucault, the practice of resistance is directly connected to the practice of self-creation. Additionally, feminists have used Foucault's discourse to attack or defend the use of disciplinary practices, such as cosmetic surgery for the enhancement of appearances.

Modernity, capitalism and the process of commodification

The term "modern" – from the Latin *modernus*, meaning "just now"- has a long history. It started to be used in the late 5th century as a periodization concept in order to differentiate from the then current Christian period from the Roman pagan recent past.[84] Since then, the word "modern" has been adopted in every beginning of a new epoch, along with the consciousness of a break with the past.[85]

As Habermas puts it, the term modernity "makes an abstract opposition between tradition and the present".[86] Modernity has also been defined by Chris Barker as the period of history characterized by the "move from feudalism towards capitalism, industrialization, rationalization, secularization, the nation state and its constituent institutions and forms of surveillance".[87] Modernity relates to modes of

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[84] Habermas, J, "Modernity versus Postmodernity", *New German Critique,* No. 22, Special Issue on Modernism. (Winter, 1981), 3.
[85] Ibid., 3.
[86] Ibid., 4.
[87] Barker, Ch,*Cultural Studies: Theory and Practice*, London: Sage, 2005, 444.

post-industrial life, which emerged in Europe around the 17th century and subsequently "became worldwide in their influence".[88]

Put forward by Marx capitalism as a mode of production, and afterwards as an economic system, stands out as the major force modeling contemporary society. Marx explains how as a result of the decline and disintegration of feudalism, the process of production, which was mainly agrarian, was replaced by the production of markets. Due to the growth of villages and the development of urban centers, national and international market networks substituted the previous local processes of production and distribution.[89] Marx, among other scholars [90], explains how during this transformation, not only material goods "but also human labor force became commodified".[91] German sociologist Max Weber talks about the birth of the "capitalist spirit" [92] among the Protestant community of the West during this period; this was the spirit necessary to establish a new order directed towards economic profit. Weber's view on the rise of capitalism focuses on cultural causes more than in pure economic factors. In this point Weber's ideas oppose Marx historical materialism, as Marx's theory explains the rise of capitalism through pure economic reasons.[93]

In Theodor Adorno's view, the great economic crises of the 1920s and 1930s enhanced the rise of corporations and encouraged technological innovation. The

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[88] Giddens. A, *The Consequences of Modernity*, Standford: University Press of California, 1990, I.

[89] Giddens. A*, Capitalism and modern social theory*, Cambridge: Cambridge University Press, 1971,30.

[90] See Giddens work on modernity: *Conversations with Anthony Giddens: Making Sense of Modernity*. Stanford: Stanford University Press, 1998 / *The Consequences of Modernity, 1990.*

[91] *The Consequences of Modernity*, 11.

[92] Weber, M, The Protestant Ethic and the Spirit of Capitalism, Routledge classics, 2001.

[93] Marx, K, *Capital: a critique of political economy,Volume I*, Madison Park, 2010.

result was the direct intervention of the state to regulate prices and full employment. The traditional capitalist system, represented by small entrepreneurs who enjoyed a direct management over their companies, was replaced by a central administration. According to Adorno, during this new period, government and central administration mediated to prevent over accumulation "through the expansion of defense and military requirements".[94] All these factors gave the state the necessary power for controlling and directing the people more than ever before possible in earlier generations.

Along with the birth of modernity and capitalism we find other contemporary movements such as urbanization, the division of labor, sexual freedom, mass society, mass media, commodification, division of classes based of economic status, homogenization of cultural products, globalization, standardization of education, militarization of society, and massive use of technology, among others.

In modernity, kinship relations no longer constitute the bases of social organization but rather individuals are required to look beyond the family to fulfill their needs and desires. This new site of socialization and interaction is what Adorno calls the "culture industry".[95] This expression was possibly used for the first time in Adorno and Horkheimer's book *Dialectic of Enlightenment* (1947) and it originally replaced the term "mass culture".[96] The word "industry" here refers to "the standardization of the thing itself and to the rationalization of distribution techniques, but strictly to the production process".[97] Hence, culture, for Adorno and Hokheimer, became an industry whose tendency since the beginning was to

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[94] Cook. D, *Theodor Adorno: Key Concepts*, Aucumen Publishing, 2008, 120.
[95] *Theodor Adorno: Key Concepts*, 121.
[96] Adorno. T, *The Culture Industry,* New York: Routledge Classics,2001,98.
[97] Ibid., 100.

standardize and eliminate all traces of individuality in favor of extreme adaptation and assimilation.[98] Modernity, in their view, brought about a new system where individuals are compelled to follow the requirements of the state, which dominates society.[99] In his work, Adorno claims that what currently exists is a "pseudo-culture" that minimizes the differences between individuals and prevents the ability to choose freely. The institution of family has been replaced by the culture industry[100], which is driven by the economic imperative. In fact, culture in modernity, says Adorno, is tightly linked to the material realm. Commodities are in continuous production and equally exchanged all over the world. This logic of exchange is the base from where the process of socialization departs from "what really makes society a social entity, what constitutes it both conceptually and in reality, is the relationship of exchange which binds together virtually all the people participating in this kind of society"[101].

There are schools of thought that defend that modernity was replaced by a consequent and contrasting period: postmodernity. Postmodernity, as described by Giddens, is a state associated with institutional transformation, moving from a system based on manufacturing to a new kind of social system, "the information society" or the "consumer society".[102] In this new society, the traditional storyline disappears, replaced by a multidimensional and a plural narrative.[103] In his work *The Consequences of Modernity*, Giddens elucidates how in postmodernity new

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[98] Horkheimer, M; Theodor, W, *Dialectic of Enlightenment*, Seabury Press, 1972.
[99] *Theodor Adorno: Key Concepts*, 120.
[100] Ibid., 121.
[101] Ibid., 191.
[102] *The Consequences of Modernity* ,2.
[103] Ibid., 4.

terms such as "capital", "investments", "markets" or "industry" establish certain behaviors and inform the logic that is applied.[104]

Bauman, as well as Giddens, believes that the end of modernity and the beginning of postmodernity are two periods that overlap, being postmodernity the period when the consequences of modernity become more "radicalized and universalized" than ever before.[105]

For this study I will use the term modernity to refer to the current logic that characterizes our modern society. On the one hand, modernity is a plural period, "vastly more dynamic"[106] than previous epochs, where all the imaginable options are available and ready for everybody. Moreover, life in modern society is under a process of continuous renovation and it "cannot stand still".[107] We live in a consumer society, where the lifespan of items, experiences and celebrities is shorter than ever. Everything is disposable and has an expiry date.

On the other hand, the relationship between the individual and society in modernity can be described in terms of submission, homogenization and manipulation.[108] Seemingly, individuals have a certain degree of personal freedom, but always within the established limits. Personal achievements are not long lasting and, if people want to be part of society, they must stay current with the times. What is trendy today might be old-fashioned tomorrow; what is valuable now might be disposable after a while; in consumer society "the emphasis falls on

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[104] Ibid., 41.
[105] *Ibid.,* 3.
[106] *Conversations with Anthony Giddens: Making Sense of Modernity*, 94.
[107] Bauman Z, *Liquid Life*, Cambridge: Polity Press, 2006, 3.
[108] *Theodor Adorno: Key Concepts,* 120.

forgetting, deleting, dropping and replacing".[109] This is what Bauman calls "liquid life", which he describes as "a precarious life, lived under conditions of constant uncertainty [...] a succession of new beginnings".[110]

The engine that moves the global order we are part of, never stops. On the contrary, it continues to move faster and faster, forcing people to run after it. However, not everybody wants or can invest the necessary time and money to run in parallel with the system. Those who do not adapt to this condition are ousted, as they are not fit enough to keep up with the race. Like wandering nomads, happiness and excellence appear to us as oasis in the middle of a desert; but they are not real. In contemporary society, nobody should ever attain happiness, nobody should get to the oasis; it would mean that the machinery has stopped, and this is just impossible.

In contemporary society, in mass society, the process of consumption – and thus, production- has proved to be a very useful tool to exercise control over the population. Continuing with the previous metaphor, the process of consumption is the fuel of the machinery that keeps our society moving. It has become a dehumanized process; it means that we do not only buy to satisfy our most basic needs, not at all.

Due to the process of commodification of goods during the past two hundred years[111], we currently exchange products that are not strictly necessary for our survival. A commodity, defined by the *Oxford English Dictionary* is "something

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[109] *Liquid life*, 2.
[110] Ibid., 2.
[111] Michael J.Watts, *The Dictionary of Human Geography*, Blackwell Publishing, 2009.

useful that can be turned to commercial advantage".[112] Commodities not always present themselves in a visible form but we know they are everywhere: petrol, books, cars, and money. Even the body has become commodified. For Marx, in his critique of political economy and utilitarism, a commodity is a "product" or an "activity" produced by human labor and "exchanged in market" that only exists in capitalist societies[113]; a commodity is "anything necessary, useful or pleasant in life".[114] For Marx, capitalism is itself a system of commodity production.[115]

In capitalist societies, Marx elucidates, impersonal trade arises, but it cannot completely terminate social relations. Therefore, current markets are still supported by social interactions; exchanges between participants surround commodity networks and are essential to them. Throughout his work, Marx differentiates between the "use-value" of a commodity, on the one hand, and its "exchange-value", on the other hand. According to Marx, the use-value of a commodity has only value in its use. It does not express the social relations of production "and is realized only in the process of consumption".[116] The use-value of a product measures the significance and worth of this object through its utility (For example: potatoes are used as food).

Exchange-value, on the other side, is a "quantitative relation"[117], and refers to the value of a commodity when presented in exchange for other products (For example, a given amount of cotton is worth a certain amount of wheat). In Marx's

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[112] Oxford English Dictionary.
[113] Marx, K, *Capital: a critique of political economy,Volume I*, Madison Park, 2010,36.
[114] Marx, M*, A Contribution to the Critique of Political Economy. Part I. The Commodity,* Retrieved from www.marxist.org.
[115] *Capitalism and modern social theory*, 46.
[116] *A Contribution to the Critique of Political Economy. Part I. The Commodity.*
[117] Ibid.

theory, although we can virtually equalized the value of these two commodities, the amount of labour needed in the process of production of both cannot be compared. This is what Marx calls "abstract general labour"[118], which is the basis that characterizes the exchange-value. The time spent in the production of use-value of an object is called "useful labour".[119] Citing Marx,

On the one hand all labour is, speaking physiologically, an expenditure of human labour power, and in its character as similar or as abstract human labour it creates the value of commodities. On the one hand, all labour is the expenditure of human labour power in a special form and with a definite aim, and in this, its character of concrete useful labour, it produces use-value.[120]

Therefore, in modern society the use-value of a commodity exists only for its exchange-value. In capitalist societies, objects have been assigned an economic value that they previously did not have. This logic has been recognized as the process of commodification.

The processes of commodification and marketization of products have inevitably led to the homogenization and standardization of such objects. True, whenever one goes to a supermarket, they try to buy rationally, to find the best brand and the best quality at the best price. By doing this, there is the impression of acting freely and reasonably and of having a choice between completely different objects. Nevertheless, this thought is perhaps just an illusion. The differentiation between products is irrelevant, as they have almost the same characteristics, perform in the same way, and look exactly the same. If they were

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[118] Ibid.
[119] Ibid.
[120] *Capital: a critique of political economy*, 47.

too different, they would not be able to be at the same level of their competitors, and they would perish.

Some further examples are as follows. If we look at concentrated powder detergents in Egyptian supermarkets, Ariel and its closest competitor, Persil display the same packaging, use comparable colors and almost an identical font. Furthermore, the design of their websites is indistinguishable and both brands have a similar catchy slogan. In a different illustration, if we look at the international chain store Zara and its close rival Mango, we will see that they sell very similar designs, they have similar prices, and they follow the same trends. Going further with a third case, if we compare the post-plastic surgery physical features of three prominent Lebanese singers, Nancy Ajram, Najwa Karam and Elissa, we will see that they have undergone similar aesthetic procedures with the result of looking quasi-identical: cheek implants, rhinoplasty, lip augmentation, dental veneers, liposuction, breast augmentation, eyelid surgery, as well as among others. Even beauty has been commodified!

According to Adorno, with the expansion of a global capitalist order, the commodity form has occupied every realm of life. Therefore, the exclusive character of something interest nor the industry neither the consumer anymore, and everything is characterized by, what Adorno describes as, an "interchangeable sameness".[121] Yet we, as members of a community, are confortable with that sameness because it means that we are part of something bigger, and through it we identify a feeling of sharing.

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[121] *The Culture Industry,* 103.

So, do we exercise a free choice every time we purchase an item from a specific brand and not from a different one? Are we perhaps victims of the subjugating power of consumer culture? If we focus for a second, most of the times the factors that encourage us to buy a certain item are the price, the branding or the substantial advertisement of a specific product. This strips our choice from any degree of rationality. We cannot deny the fact that, in consumer culture, advertising and media actively impose certain standards and priorities whose target is the orientation of the consumers towards a specific direction. This is the direction that leads to the fulfillment of the ambitions of the consumer culture and the participants involved in it. For as long as we can remember, we have to learn how to internalize and normalize these social norms and regulations for consumers if we want to be embraced by society.

Certainly, with all these are realities that surround us, we are well aware of what they are and conscious of their intentions. However, at times consciously and at other times unconsciously, we are all playing the same game: consumerism for social acceptance. Perhaps we are dependent on this culture of consumption as we realize without it we would be completely powerless. It seems that we can be free as long as we are controlled by the system and we agree on taking part in the consumer culture of a capitalist system.

What kind of freedom is that? As Adorno puts it, "where it is maintained that the substance of freedom is that you are free when you freely accept what you have to accept anyway, you can be certain that the concept of freedom is being

abused and is being twisted into its opposite".[122] This is the paradox of consumer culture. It creates the illusion of free choice and unlimited possibilities among consumers, but the result is frustrated humans in constant search for well-being, happiness and success. As Adorno states:

The secret of aesthetic sublimation is its representation of fulfillment as a broken promise. The culture industry does not sublimate; it represses. By repeatedly exposing the objects of desire, breasts in a clinging sweater or the naked torso of the athletic hero, it only stimulates the unsublimated forepleasure which habitual deprivation has long since reduced to a masochistic semblance. There is no erotic situationwhich, while insinuating and exciting, does not fail to indicate unmistakably that things can never go that far.[123]

According to Zygmunt Bauman, in our culture "the promise of satisfaction remains seductive, however, only so long as the desire stays unsatisfied".[124] In the highly improbable case that we felt we have attained everything that we ever desired in life, we would probably stop and say: "and now, what"? New circumstances would come up that would require us to enter again in the society we were trying to abandon a second ago. The same situation could happen if a resolute individual would decide to leave this culture industry. According to Adorno, in any attempt of escaping from the machinery, he would succumb to pseudo-activity, making the power of mass culture even more visible.[125] Herbert Marcuse also reiterates the overwhelming power of the system of consumer culture by saying that it "augments and satisfies the needs of the population

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[122] *Theodor Adorno: Key Concepts.* 144.
[123] Dialectic of Enlightenment.
[124] *Liquid Modernity,* 80.
[125] *The Culture Industry,* 52.

through a total administration which sees to it that the needs of the individual are those which perpetuate and fortify the system."[126]

This logic of emulation, of imitation has engendered what Baudrillard defines as "kitsch". According to Baudrillard,

The kitsch object is commonly understood as one of that great army of 'trashy' objects, made of plaster of Paris or some such imitation material: that gallery of cheap junk—accessories, folksy knickknacks, 'souvenirs', lampshades or fake African masks—which proliferate everywhere, with a preference for holiday resorts and places of leisure.[127]

Baudrillard points out the direct response of this situation, as he states:

This proliferation of kitsch, which is produced by industrial reproduction and the vulgarization at the level of objects of distinctive signs taken from all registers (the bygone, the 'neo', the exotic, the folksy, the futuristic) and from a disordered excess of 'ready-made' signs, has its basis, like 'mass culture', in the sociological reality of the consumer society.[128]

For Baudrillard, imitation, repetition, stereotypes and simulation have taken over society. There is nothing real anymore; we have lost track of reality.

The modern culture of consumerism is therefore, the victim and the cause of a great contradiction from where we cannot escape. Ironically, as Marcuse says, there are enough intellectual resources and supplies on this earth to make

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[126] Marcuse, H. "Remarks on a Redefinition of Culture", *Daedalus,* Vol. 94, No. 1, Science and Culture (Winter, 1965), 193.
[127] Baudrillard, J , The Consumer Society: Myths and Structures, Sage, 1998, 109.
[128] Ibid., 110.

everybody happy. However, modern institutions and the current functioning of society, prevent us from using these assets "for the optimal development and satisfaction of individual needs". [129] It is not for the benefit of the state apparatus to let individuals be free and out of its control. As Max Weber puts it in his *Politics as a Vocation*,

The modern state is a compulsory association, which organizes domination. It has been successful in seeking to monopolize the legitimate use of physical force as a means of domination within a territory. To this end the state has combined the material means of organization in the bands of its leaders, and it has expropriated all autonomous functionaries of states who formerly controlled these means in their own right. The state has taken their position and now stands in the top place.[130]

In modern society, individuals, rather than being encouraged to feel genuine experiences and fulfill their spiritual needs, they are impelled to adapt themselves to material needs of consumer culture. The culture industry purposefully manipulates and plays with the masses, and these consumers follow along. Moreover, in consumer culture, the customer "is not a king, as the culture industry would have us believe, nor its subject but its object".[131]

Adorno calls this consumer culture, a "pseudo-culture". He states that real culture is that related to the period of European enlightenment, a culture that Kant described as "purposely purposeless".[132] However, says Adorno, far from being

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[129] Marcuse. H, "Agressivenes in Advanced Industrial Society" , 1967. Retrieved from www.marxist.org.
[130] Weber, M, "Politics as a Vocation", Speech at Munich University, 1918. Retrieved from www.modernism.research.yale.edu
[131] *The Culture Industry*, 99.
[132] *Theodor Adorno: Key Concepts*, 165.

similar to the system of thought of the European enlightenment, modern culture is oriented to the adaptation of the individual to the collective apparatus called society. Adorno's pseudo-culture is economically oriented. Relations between individuals are dehumanized and what really brings them together is the process of exchange in this monetary machinery, driven by economic profit and governmental needs. According to Adorno, "what really makes society a social entity, what constitutes it both conceptually and in reality, is the relationship of exchange which binds together virtually all the people participating in this kind of society"[133]. This logic of exchange is today, economic. In current society, the individual does not have value anymore, and only the "social totality" could have the option for offering resistance against the global order.[134]

Max Weber decries the process of secularization as it has destroyed the spiritual character that permeated the beginning of capitalist societies in the West. Weber, in his *Protestant Ethics and the Spirit of Capitalism,* concludes that societies with a higher number of Protestants have a more developed capitalist economy. He argues that religion is consequently a potential cause that paved the way for the modern economic system.

As a starting point of his theory, Weber proposes that the ideas of Protestantism, especially Calvinist ethic, heavily influenced the rise of capitalism. For Weber, Protestant beliefs considered man's work as a religious personal duty. Protestant asceticism encouraged believers to work hard to honor God and seek economic profit. Weber explains how other religious faiths such as Roman Catholicism did not do the same. Protestant ascetism aimed to connect "the spirit

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[133] Ibid., 191.
[134] Ibid., 190.

of modern economic life with the rational ethics of ascetic Protestantism."[135] The ascetic ethic for Weber, combines a life of discipline and work with the "strict avoidance of all spontaneous enjoyment of life".[136] As he puts it,

"The religious valuation of restless, continuous, systematic work in a worldly calling, as the highest means of asceticism, and at the same time the surest and most evident proof of rebirth and genuine faith, must have been the most powerful conceivable lever for the expansion of . . . the spirit of capitalism".[137]

However, once capitalist system is matured enough, it does not need Protestant ethic anymore. Weber states, "Victorious capitalism since it rests on mechanical formulations needs its support no longer". He illustrates how the increasing process of rationalization leads to the replacement of religious ideals by other secular values. People no longer need religious explanations to justify their existence and their suffering. For the ascetic ideal, suffering was justified in relation to God's omnipotent power and his sense of justice, unintelligible to us.

In *Science as a Vocation*, Weber talks about the "last man" problem. In late modernity, he says, men arrogantly believe that they are the culmination of history, those who have invented happiness.[138] They reject any kind of suffering and base their lives in the pursuit of happiness and pleasure.[139] The ascetic spirit that marked the ascent of social and cultural logic, which made possible the

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[135] Weber, M. *The Protestant ethic and the spirit of capitalism*, Routledge classics, 2001, 27.
[136] Ibid., 53
[137] Ibid., 172.
[138] Shaw, T, "The "Last Man" Problem: Max Weber on Political Attitudes to Suffering", Princetown University, 2008, 2.
[139] Ibid., 3.

emergence of capitalism, gave way to a form of hedonism.[140] Weber critiques this submission to hedonism in the following terms:

"Bureaucratized, machine-like society compels its citizens with irresistible force to labour and live in jobs and roles that have no spiritual significance, to be specialists without spirit, sensualists without heart".[141]

Max Weber believes that in secular societies it is harder to justify natural suffering, as no theodicy explains it in metaphysical terms. Because enduring pain needs justifications and religious ones are extinguished, in secular societies people aim to eradicate any kind of non-voluntary pain; "suffering for what?".
Further understanding will follow with the review of how all of these historical developments have affected the current conception of the body.

The unattainable perfection is at your disposal

As explain by Nietzsche, the ascetic ideal can be defined by three words: "poverty, humility and chastity"[142]. Basically, ascetism is a lifestyle characterized by the renunciation of earthly pleasures in favor of liberation and God's favor. Seeking the ascetic ideal, religious people would practice self-discipline and abstinence. They would also undergo other mental and physical sacrifices in order to attain divine salvation. During the late medieval period, the process of empowerment through

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[140] Ibid., 4.
[141] Ibid., 8.
[142] Simon, M, *Nietzsche's On the Genealogy of Morality*, Cambridge Critical Guides, 2011,82.

physical suffering was common in the life of saints and mystics.[143] Self-induced pain

could be frequently found among these practices.

In *The Body in late Medieval and Early Modern Culture*, the authors elucidate

how through the practice of torture, the mystics and saints, who were mostly

women[144], were granted power and authority. The explanation is as follows: invested

with superior spiritual power, mystics were endowed with an abnormal courage and

strength. These mystics, instead of communicating the Calvary of Christ through a life

of silence and quiet devotion, decided to imitate the suffering of the Messiah by

wounding and mutilating themselves.[145] They were able to mark their bodies in a way

very few people could do. Mystics felt closer to God than anybody else, and the

physical scars were a minor price to pay for it. Therefore, in this logic, the mystic was

acting as victim and an agent at the same time. Detailed accounts of these torments

let us see the degree of bodily brutalization carried out by these mystics: "Women

deform their faces with glass, with acid, with their own fingers, they bind their limbs,

carve up their bodies, pierce, bruise, cut and torture themselves [...] they do it for the

love of Jesus and the Church applauds them."[146] For the mystics, however, there was a

major justification to suffering and a life of abstinence; it was God's will.

Through the development of human culture, the relation between the divine

and the earthly has not been stable and it has clearly evolved towards processes of

secularization and rationalization.[147] To investigate how this evolution has affected the

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[143] Grantley, D; Taunton, N, *The Body in late Medieval and Early Modern Culture*,
Hampshire: Ashgate Publishing ldt, 10.
[144] Ibid., 10.
[145] Ibid., 13.
[146] Ibid., 13.
[147] See Weber for definition of rationalization, *The Protestant ethic and the spirit of capitalism*, Routledge classics, 2001.

realm of the body, we must understand the different historical and sociological contexts where embodiment and society have connected. In modern secular society, and as a natural result of the loss of supra-human purposes[148], the theodicy demand does not have a place anymore. Hence, state apparatuses have to look for non-religious justifications that can give meaning to suffering and pain. However, as Weber claims, there are no human ends powerful enough to serve as a substitute for God's authority.[149]

Since the 18th century, according to Foucault, the body has been subjected to foreign control and pressures. On the one hand, state devices such as laws, schools, medicines or psychiatry[150] have made sure that bodies are productive and useful.

On the other hand, in modern society the body is also subjected to a unique normative discourse imposed by consumer culture. The body is more than ever, a medium to ratify or contest one's identity. Late capitalism has deeply intensified the commodification of the body. The body within consumer culture is conceptualized as an object for exchange that we can endlessly modify and remold to make it more desirable and appealing. It has today a clear market value and it is a source of capital – economic, sexual, and social. Moreover, in the culture industry, the body is our tool to reach perfection: "with a little money and effort, the body can be changed to approximate the youth, fitness and beauty ideals of consumer culture."[151] The body,

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148 Shaw,T,"The "Last Man" Problem: Max Weber on Political Attitudes to Suffering", Princetown University, 2008, 18.
149 Ibid., 19.
150 Couplan, J; Gwyn, R., *Discourse, the body and identity*, Palgrave McMillan, 2003, 3.
151 Featherstone, Mike, "Body Modification: An Introduction", *Body & Society*, Vol.5, 2.

which used to be a "living body"[152], essential for the relations between servants and lords, is under consumer culture a "dead body", alienated, commodified, and marketed.

Far from the ascetic ideal, in consumer culture we seem to pursue a life of pleasure and happiness. We have surrendered to a hedonist existence, away from spirituality and mysticism. In our days, suffering is not an option anymore; it must be eradicated. In 2012, when technology makes the ever-dreamed products real, we cannot resign ourselves to what we have, but we must aim for perfection: the perfect house, the perfect family, the perfect job, and the perfect body. If we are not born attractive, tall, thin and fit, it is no longer a problem. Media and advertising remind us every day that body culture and techniques of bodily modification are currently available and ready for all. Furthermore, they promise us a flawless, impeccable body as long as we accept to yield to their strategies.

Are we aware of the continuous paradox of consumer culture? We have everything at our disposal to be happy. Nevertheless, in consumer culture, where everything is disposable and has a brief lifespan, nothing is good enough. Diets, gyms, and cosmetic surgery are a means to reach excellence. But are these methods significantly different from the life of fasting, self-induced pain and abstinence practiced by the mystics?

According to Featherstone, in consumer culture we are still subjugated to a form of "calculating hedonism"[153], disciplinary and highly regulated. Body maintenance

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[152] The living body (*Leib*) and the dead body or corpus (*Körper*) were terms used by the Frankfurt School, which started during the 1920s. Retrieved from Eichberg. H, "Body Culture", *Physical Culture and Sports Studies and Research,* Vol. XLVI, 2008./2009.
[153] "The Body in Consumer C
ulture", 171.

is a requirement in modern society. Therefore, as Featherstone puts it, consumer culture has not completely replace the concept of ascetism by hedonism. We still do "sacrifice" for something. The main difference is that "the reward for ascetic body work ceases to be spiritual salvation or even improved health, but becomes an enhanced appearance and more marketable self".[154]

In sum, the body has always been a sign of symbolic representation and the mediator between self-identity and the world that surrounds it. It has been invested in with different kinds of power and subjected to other influences. The body has always been judged by others and by ourselves. It has always been in the spotlight.

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[154] Featherstone, M, "The Body in Consumer Culture",

Chapter Two

No pain, no gain

As seen in the previous sections, modern society has been described as a culture of consumption and as a culture industry. The body in modern consumer society is central to the construction of the self. Moreover, in our current time, the self becomes equalized to its body image. We live in a highly visual culture where the body is a symbol with which to communicate and think "about nature, society and culture".[155] The importance of the body can also be seen through the proliferation of different kinds of body modification[156], a fact that highlights the centrality of physical appearance in contemporary society. According to Featherstone, in modern society, care and maintenance of the body is necessary for a positive representation of the self. In order to succeed in this task, we need to identify the different ways that lead to the fulfillment of sociocultural norms of attractiveness. These norms usually focus on "youth, health and beauty".[157]

Nowadays, discussions on good life style and health are closely connected to the search of the ideal body. Success, happiness, health, beauty, and well-being are parts of the same network, and have become almost synonyms. The mediator

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[155] Van Wolputte,S. "Hang on to Your Self: Of Bodies, Embodiment, and Selves, *Annual Review of Anthropology*, Vol. 33, 2004, 255.
[156] Gimlin, D., "The Absent Body Project: Cosmetic Surgery as a Response to Bodily Dys-appearance", *Sociology, N.40,* 2006, 700.
[157] Coupland, J; Gwyn, R., Discourse the body and identity, Gordonsville: Palgrave MScMillan, 2003, 4.

and visible sign of this network is the body. Through the body, through our very physicality, we are compelled to illustrate our complete self.

Consumer culture reminds us everyday that our bodies are potentialities, tools to create different kinds of power and capital. For those willing to do the required effort, the body is today completely adaptable, moldable, and customizable; our means to attain the paradoxical happiness that consumer culture offers us. Passive bodies are rarely successful in a society that associates well-trained bodies with victories and joy. If one works on their body to improve it, as social norms demand, peoples' likely reaction will be to congratulate them. This will boost their self-esteem and will give them renewed energy to continue doing the same. On the contrary, if one stops taking care of their appearance, peoples' likely reaction will be to warn them about their careless look. This warning can probably hurt their confidence and, as it can observe around us, poor self-esteem potentially yields to devastating consequences such as eating disorders, self-mutilation or even suicide.[158]

While scholars agree on the influence that media has over the development of body image[159], other factors cannot be overlooked. Our sense of security appears at a very early age[160] and it makes us aware of our identity. Elements that seem apparently innocuous actively shape who we are from a very early age;

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[158] American Association of University Women. (1990). Shortchanging girls shortchanging America: Full data report. Washington, DC: American Association of University Women

[159] "Many aspects of physical culture, particularly those relating to bodies and represented through TV and magazines, are a continuously present resource, which provide adolescents with points of reference for themselves and orienta- tions to each other." (Kirk, D.; Tinning, R, "Embodied self-identity, healthy lifestyles and school physical education", *Sociology of Health and Illness*, Vol.5, Issue 5, 1994, 620.)

[160] Giddens, A, Modernity and Self-identity: self and society in the late modern age, Standford: Standford university press, 1991, 45.

school friends, parents, teachers, acquaintances… their opinions and comments can impact how we see ourselves, especially our bodies. It seems out of discussion that in contemporary society, the regular control of the body is essential for the construction of the self.[161]

The concept of a beautiful body has always existed, but the characteristics that denote it have changed over time. Nowadays, the features of the perfect body seem to change faster than ever, while in the past "the ideal images were longer lasting, giving the effect of a notion of beauty literally carved in stone".[162] This is normal if we take into account that in our society everything is disposable and that the latest products bring about new needs and offers, as well as different demands. Currently, there is no stable meaning of the perfect body. What is remarkable is that, despite the continuously reshaped beauty ideal, the images that represent it are homogeneous all around the world. Moreover, popular icons such as actresses or models manifest embedded cultural and social standards that compel women to be feminine and decorative[163].

Susie Orbach in her "Losing bodies" talks about an experiment carried out by a photographer in a gallery in the United States. This photographer took pictures of different individual models and when she morphed all the images into one, she realized that the final picture could be any of them; "all super-slim and tall with features that can be painted out so that the new ones can be painted on".[164]

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[161] Ibid., 57.

[162] Blum. V, Flesh Wounds: The culture of cosmetic surgery, University of California Press, 2003, 40.

[163] Bordo, Susan, Unbearable Weight: Feminism, Western Culture, and the Body, Berkely: U of California Press, 1993.

[164] Orbach, S, "Losing Bodies", *Social Research*, Vol. 72, Issue 2, 2011, 392.

According to Giddens, modernity more than any other period opens up the possibility of the construction of the self within the frame of consumer culture in capitalist societies. The reflexive project of the self is, according to Giddens, "an action system" and a "mode of praxis"[165] that is originated in the social milieu and extends to the visible part of the self, the body. As Giddens explains, markets offer a range of choices that we can make use of in order to build our self. In the context of consumer culture, those choices endorse appearance as an important value for the creation of the self. One of the consequences of this market logic is the escalation of problems associated with "commodifying influences"[166], such as narcissism.

Therefore, for a number of scholars the body is an object in constant process of formation and that "modification is the condition of becoming".[167] Moreover, in a society that values renovation and constant physical improvement, methods of cosmetic surgery appear as offering possibilities for people who want to alter their features to attain the ideal body. Nevertheless, the images and options surrounding us tend to be homogenizing and standardizing, leaving consumers with a very limited selection of choices.

Despite the massive popular support to this form of lifestyle, there is also a considerable critique of consumer culture and the marketization of the body. In her book *Skintight: An Anatomy of Cosmetic Surgery,* Meredith Jones analyzes the world of cosmetic surgery and talks about the importance of the process of modification in modern society. One of her major contributions is certainly the

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[165] Ibid, 99.
[166] Ibid., 200.
[167] Shildrick, M., "Unreformed Bodies: Normative Anxiety and the Denial of Pleasure, *Women's Studies*, Volume 34, Issue 3-4, 2005, 327.

thorough use of the term "makeover culture" to explain the contradictory logic of modification in our days. According to Jones,

Makeover culture is a state where becoming is more desirable than being. It valorizes the process of development rather than the point of completion. It is closely related to renovation and restoration, and includes elements of both, but where renovation and restoration imply achieving a final goal or a finished product, makeover – used either as noun or verb – is in the present tense. Despite appearances then, makeover culture is not about the creation of finished products – whether they're houses, psyches, bodies or gardens – rather it is about showing subjects, objects and environments being worked upon and improved.[168]

This global culture of renovation revolves around youth, fitness, beauty, health, well-being and fashion. It is possible to live a life that does not incorporate these mentioned elements, but at the same time it is a difficult endeavor when we are continuously bombarded with images of perfect bodies everywhere we look. Television, magazines, websites, and especially advertising produce and destroy blurry kinds of power based on the body to create "a culture of lack and an endless array of products to assuage the lack, or at least the stigma of possessing it".[169]

Both men and women are affected by this logic of objectification of the body. However, men are not yet the main targets of this society of consumption. Shari Dworkin and Faye Linda Wachs in their work *Body Panic* assert, "Male power and privilege have been maintained by partly limiting women's source of power to their

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[168] Jones. M, Skintight: An Anatomy of Cosmetic Surgery, Oxford: Berg., 2008, 12.
[169] Dworkin, S; Wachs, F, Body panic: gender, health, and the selling of fitness, New York University Press, 2009, 11.

ability to be the "'right' kind of object".[170] Women are looked at more than men; their bodies are objectified more then men's bodies.

The female body, according to Foucault, is seen in modernity as a cultural text where femininity is written.[171] Femininity comprises a set of attitudes and roles generally attributed to women. In 1963 Helen B. Andelin published her book *Fascinating Womanhood*, that later became a women's movement. In this controversial work, she seeks to help women to become the perfect wife in order to live happily in marriage. In her book, Andelin describes femininity as the following:

"Femininity is a gentle tender quality found in a woman's appearance, manner and nature. A feminine woman gives the impression of softness and delicateness. She has a spirit of sweet submission, and a dependency upon men for their care and protection. Nothing about her appears masculine, no male aggressiveness, competence, efficiency, fearlessness, strength, or the ability to kill her own snakes."[172]

In addition to this, we could also add that a feminine woman has long, straight hair, fair skin, full lips, wide eyes, narrow nose, and a perfect smile. She does not have hair in her body, and she gives enough attention to her hands and feet to keep them in perfect condition. Her waist is narrow and her breasts are firm. She is tender, well educated, a hard worker and the best mother. A good woman knows when to talk and when to remain silent. She lives dedicated to her parents, and

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[170] Ibid., 31.
[171] Kathy, D. "Remaking the She-Devil: A Critical Look at Feminists Approaches to Beauty", *Hypatia*, Volume 6, Issue 2, 25.
[172] Andelin. H, Fascinating Homanhood, Pacific Press, 1965, 247.

later to her husband and children. She knows how to dress properly; she ages gracefully and never lets her body go unmaintained.

Normative femininity in our days undoubtedly includes norms of beauty that strongly objectify women. But who is in charge of deciding all these norms of attractiveness? Media campaigns and the beauty industry, controlled by men, successfully sell their concept of what is normal and what is abnormal, of what is desirable and what is undesirable.

Girls from an early age are bombarded with messages regarding their bodies. Those messages affect them especially during adolescence, a period where girls are particularly concerned about "their bodies and the bodies of others.[173] Adolescence is a transitional period that's brings about issues of self-development and identity. In order to create the "definitive" identity, adolescents explore different options to finally choose what the want for themselves; socially, physically, and emotionally. All that surrounds them influences their bodies; consumerism, social relations, body objectification and body destabilization, among other factors.[174] Along the same lines, when young girls are surrounded by homogeneous standards of beauty, they tend to choose between the available options. When the range of offers is narrow, as it happens in consumer culture, any deviation from the norm can be experienced as painful and distressing.

Moreover, the female body is sometimes experienced as limiting when it is not able to fulfill the requirements imposed by society. Logically, women resort to different techniques to alleviate the distress of their bodies, which are experienced

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[173] Oliver L. "Culture: Engaging Adolescent Girls in Critical Inquiry", *Sport, Educacion and Society,* Vol. 6, No.2, 2001, 144.

[174] Stankovskaya, E, "Women's attitudes towards their bodies", Moscow, 16.

as "intrusive".[175] Researchers have shown that women constitute 90% of the cases affected by eating disorders[176], and the number of women dissatisfied with their bodies is rapidly growing.[177]

An extreme concern for self-fulfillment causes a rising fear among women in modern society, especially in ageing women. Although techniques of body modification bring optimism to more mature women, nowadays the female ageing body is a problematic reality that needs to be avoided by any means. In *Food, the Body, and the Self*, sociologist Deborah Lupton talks about the ageing body in these terms:

"The meaning around the ageing feminine body in both popular and medical discourse centers around the loss of attractiveness, fertility and function. Physical appearance is integral to feminine subjectivity in Western societies. The middle-age and older women's body is portrayed as asexual and undesirable, and the loss of youth and sexual attractiveness, is experience as a major source of alienation and anxiety for many women, particularly those who have derived a sense of power and satisfaction from their sexual attractiveness".[178]

The pre-modern ageing body was associated with natural biological decline, and explained in medical terms.[179] However, the modern perception of the ageing body has different connotations. In a society that rejects old bodies, the ageing body causes anguish and anxiety. Rather than being associated with normal biological deterioration, the ageing body tends to associate its decline with pathologies or

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[175] "The Absent Body Project", 714.
[176] Feingold. A; Mazzella, R, "Gender Differences in Body Image Are Increasing, *Psychological Science*, Vol. 9, No. 3 (May, 1998), 49.
[177] Ibid., 48.
[178] Lupton.D, Food, the Body, and the Self, SAGE Publications,1996, 92.
[179] "Discourse of the Body", 90.

diseases.[180]

Chronological ageing is, therefore, tightly associated with physical weakening and aesthetic deterioration. Again, this situation affects women more than men. In contemporary society, as feminist Susan Faludi puts it, "women's movement seems fated to fight a war on two fronts: alongside the battle of the sexes rages the battle of the ages."[181]

Consumer culture takes advantage of this lack of women's self-confidence to exploit its strategies. Markets offer temporary solutions for those problems that in the end can cause more distress than relief. Cosmetic procedures offer women the option to stop the ageing process and even to return to the "good old days". Moreover, cosmetic procedures are aimed to enhance or produce feminine characteristics in women, trying to attain the "appearance of nature's work".[182] These treatments defy age and death. Instead of reminding women of the unpleasant binary ageing-decline, cosmetic procedures propose for patients a path to change. It is the opportunity to reinvent themselves and to be young again. As Margaret Gibson writes, "the representational hegemony and idealization of youthful bodies is a cultural condition of melancholy. The economic and symbolic value of youthful bodies creates a false but nevertheless seductive fantasy of bodies as static and unchanging".[183]

Plastic surgery views the body as something that can be transcended and overcome. Going beyond the flesh, surgery for cosmetic reasons creates a space for

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[180] Ibid 91.

[181] Faludi, S, "American Electra:Feminism's ritual matricide", *Harpers Magazine,* October2010.

[182] Gibson, M, "Bodies without Histories", Australian Feminist Studies, Volume 21, Issue 49, 2206, 53.

[183] Ibid., 55.

"personal self assertion and growth".[184] However, the more the woman desires a perfect body, the more she can be left yearning for more. This is the endless paradox of consumerism in all of its facets. However, there is something important missing in all this discussion: the inner body.

There is a vast discussion on the issues of cosmetic surgery and women's bodies within feminist scholars. Is it ethically correct to provide psychological relief with techniques that can foster the problems they aim to alleviate?

Feminists and Cosmetic Surgery. Agents *vs* Victims.

Beauty has always concerned feminists. Since the texts of Simone de Beauvoir during the late 1940s[185], throughout the groundbreaking works of the 1970s[186], feminist scholars have always paid special attention to the feminine body. In the second half of the twentieth century carried out more powerful reactions against the objectification of the female body in society. Feminists not only debated this topic on their publications; platforms were created against female submission to beauty standards and in order to support women's emancipation and independence. Also, feminists began to organize demonstrations against what they considered a male dominated world. They pushed for the liberation of women and for the end of the beauty industry yoke. For instance, the first known protest took place in New Jersey,

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[184] "Discourse on the Body", 101.
[185] See Simone de Beauvoir, Le deuxième sex (1949). Her most famous quote regarding this topic is "One is not born but rather becomes a woman" (1952).
[186] Such as Susan Bordo and Susie Orbach work.

against the beauty pageant of Miss America in 1968.[187] Later on, during the late 1980s

and 1990s an important number of feminists were writing about the democratization

of beauty and how it could be appreciated despite race, weight, class or weight.[188] In

the 1990s, Judy Butler contributed to feminist theory with her work on the

performative nature of gender. For Butler, sex/gender is not a biological given but an

operation, an act; "it is always a reiteration of norms or a set of norms [and] the

subject who resists such norms is itself enabled, if not produced, by such norms."[189]

In addition to this, feminists all over the world have fought against the

concepts of fashion and beauty, for being linked to patriarchal and capitalist societies.

However, the ideology of beauty according to Wolf, "is the last one remaining of the

old feminine ideologies that still has the power to control those women whom second

wave feminism would have otherwise made relatively uncontrollable".[190]

With the broader availability of cosmetic procedures among the middle

classes, feminist debates on cosmetic surgery have multiplied during the last

decades. Furthermore, literature on plastic surgery as well as on other bodily

practices such as a bulimia, anorexia nervosa, dieting or exercise has taken a

central place on the bookshelves and magazines all over the world. The increasingly

possibilities for bodily modification, thanks to new medial technological advances,

represent a novel and central field of scrutiny for feminists who, until today, try to

understand why so many women resort to extreme physical practices in late

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[187]Chancer. Lynn, Reconcilable Differences, Confronting Beauty, Pornography, and the Future of Feminism, Berkeley: University of California Press, 1998,158.
[188] Ibid., 157.
[189] Butler, J, Bodies That Matter: On the Discursive Limits of Sex, New York: Routledge, 1993, 47.
[190] Wolf. N, The Beauty Myth: how images of beauty are used against women, William Morrow, 1991, 10-11.

modernity. Moreover, plastic surgery has become a normal field of research as "feminists have always evidenced a certain flexibility and curiosity about what cosmetic surgery means to individuals".[191] Plastic surgery for cosmetic reasons is not a normal medical practice as it is performed on physically healthy bodies. However, the problems for which these patients seek help are many. As Haiken elucidates in her History of Plastic Surgery, "ageing, ugliness, poor self-esteem […] share the characteristic of being difficult to diagnose in the precise terms medicine normally employs".[192]

Susan Bordo, in her book *Material Girl*, provides her critical point of view about the use of new medical technology to mold women's bodies:

Gradually and surely, a technology that was first aimed at the replacement of malfunctioning parts has generated an industry and an ideology fuelled by fantasies of rearranging, transforming, and correcting, an ideology of limitless improvement and change, defying the historicity, the mortality, and indeed, the very materiality of the body. In the place of that materiality, we now have what I will call "cultural plastic".[193]

The changes brought about by the extended use of cosmetic surgery have inevitably affected our perception of identity and the female body. And I say "our", because, as Virginia L. Blum claims in her *Flesh Wounds*, we all have become members of "a culture of cosmetic surgery".[194] According to Blum, "we cannot be indifferent to the surgery that is everywhere around us, advertising on late-night television, beckoning us from the back pages of women's magazines, from right

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[191] Heyes, C; Jones, M, Cosmetic Surgery in the Age of Gender, Ashgate, 2009, 7.
[192] Venus envy: a history of cosmetic surgery, 6.
[193] Unbearable Weight, 246.
[194] Flesh Wounds, 49.

there in the middle of the newspaper we open during breakfast [...] There is no longer an "outside" of this story."[195]

Media and advertising are vehicles to communicate the same message regarding the feminine body: be slim, tall, thin, fair looking, and have perfect body proportions and you will rule the world! Caucasian standards of beauty are depicted as preferable and more desirable than any other type of body. Bordo argues that these depictions are normalizing and homogenizing.[196] This situation, says Bordo, provokes a lack of "critical perspective" and the "suspicion of the totalitarian nature of generalization".[197]

Currently, we can identify two main trends among feminist scholars studying cosmetic surgery. They are two different approaches that provide us with contrasting analytical angles. On the one hand, there is a group of feminists who argue that cosmetic surgery is and oppressive practice and a clear result of a patriarchal society. These feminists claim that women who decide to undergo cosmetic procedures have surrendered to the tyrannical industries of fashion and beauty. They have a highly critical opinion towards cosmetic surgery. Furthermore, they suggest that men and consumer culture are responsible for the pressure exercised on women to attain impossible ideals of beauty. Rebecca Coleman in her "The becoming of bodies", emphasizes how girls "from primary-school age onwards are sensitive to cultural pressures to conform to a limited range of

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[195] Ibid., 44.
[196] Bordo. S, Material Girl: The Effacements of Postmodern Culture." *Michigan Quarterly Review*, Fall/Winter 1990, 654.
[197] Ibid., 666.

acceptable body shapes".[198]

These feminists also highlight the gender element of this medical branch, where most plastic surgeons are men and most of their patients are women. Moreover, they argue that this gender dimension proves that cosmetic surgery is a sexist industry; men can mold women as they please and women submissively accept their rules. Women are presented as victims of "an extreme form of medical misogyny"[199], manipulated by men, the media, and the consumer industry. This group of feminists categorizes women under what Kathy Davis calls, the "false consciousness" variety.[200]

Those feminists question the ethics of the surgeons who, hand-to-hand with the market system, encourage the commodification of this medical industry up to morally dubious limits, pushing women "to body hatred".[201] As Bordo puts it,

The cheers of "agency" create a diversionary din that drowns out the orchestra that is always playing in the background, the consumer culture we live in and need to take responsibility for. For cosmetic surgery is more than an individual choice; it is a burgeoning industry and an increasingly normative cultural practice. As such, it is a significant contributory cause of women's suffering by continually upping the ante on what counts as an acceptable face and body.[202]

In an article called Extreme Makeover, "Feminist Edition: How the pitch for cosmetic surgery co-opts feminism", on *Ms. Magazine,* Jennifer Cognard-Black

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[198] Coleman, R, "The Becoming of Bodies", Feminist Media Studies, Volume 8, Issue 2, 2008, 165.

[199] "Remaking the She-Devil: A Critical Look at Feminists Approaches to Beauty", 22.

[200] Ibid., 22.

[201] Elliott, L, "Cosmetic surgery through feminist and cultural narratives: Shifting the focus toward account-giving within doctor-patient relationality", University of Guelph, 2010, 27.

[202] Unbearable Weight, 24.

attacks those who, in her view, are in charge of the extensive marketization of cosmetic surgery. She blames them for taking advantage of women's insecurities just to make economic profit. She claims that the choices offered to women are always presented within a culture of constraint that creates the illusion of agency when the reality is the complete opposite:

> The cosmetic-surgery industry is doing exactly what the beauty industry has done for years: It's co-opting, repackaging and reselling the feminist call to empower women into what may be dubbed "consumer feminism." Under the dual slogans of possibility and choice, producers, promoters and providers are selling elective surgery as self-determination. . . [203]

Susan Faludi, a prominent American writer and a feminist, strongly criticizes the commercialization of feminism that leads to unavoidable distress and unhappiness of women. In her article "Don't Get the Wrong Message", Faludi writes,

> The more you have, the better it gets, has been the decades-long mantra of commercialized femininity. It's no less the mantra of commercialized feminism--which is to say, feminism as reinvented by the likes of "Sex and the City," Oxygen Media and Nike. "Choose Freedom!" the cyberchick urges sister dot comers in ads for Toshiba laptops. Emancipation is the freedom to buy. So how can it be that women of the New Economy are feeling so distressed? Perhaps because consumer feminism was never the legitimate heir to the true feminist movement.[204]

In the same article she goes on to assert that,

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[203] Cognard-Black, J, "Feminist Edition: How the pitch for cosmetic surgery co-opts feminism",*Ms.Magazine,* Summer 2007.
[204] Faludi. S, "Don't Get the Wrong Message**,** *Newsweek,* 1/8/2001, Vol. 137 Issue 2, 56.

The current consumer reign seems the bad seed of something old and deep--and deeply

antifeminist--in our society. The seed was nurtured by the rise of mass culture in the late

19th century, when commerce recast femininity for its own purposes: feminine

happiness equals other women's envy of your purchased glamour. Or, in modern terms,

who has the better Chanel bag.

Feminists like Faludi and Bordo point out the gap between women's physical and

material well-being and their feeling of satisfaction.[205] Women living in developed

countries, with all the services and latest products available for them, are not

necessary happier than women living in less developed areas. A great part of

current feminist critique is linked to consumption in capitalist societies and the

relation of happiness and the beauty ideal.

A factor those feminists also take into account in their analyses is the role of

the doctors in elective surgeries. Surgeons should be prepared and trained to

detect psychological problems in their patients, such as BDD. Body Dysmorphic

Disorder has been identify as a mental issue very recently, when it was first

introduced in the Statistical Manuel of Mental Disorders in 1987[206]. It is defined by

an extreme preoccupation with one's appearance. People affected by those

symptoms, can feel momentarily relief with elective surgery, but usually they will

go back looking for more.[207] The spread of cosmetic surgery methods among non

plastic surgeons, including dentists and ophthalmologists[208] that are entering the

industry, is a sensitive issue. If those doctors are not able to identify psychological

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[205] Ibid, 56.

[206] Dittmann, M, "Plastic surgery: Beauty or beast?, *American Psychological Association*, September 2005.

[207] Ibid.

[208] "The Absent Body Project", 3.

problems, will they ever refer the patients to mental health professionals?

In addition to this, the proliferation of illegal clinics that perform surgeries without any kind of license is a problematic issue that does not find a definitive solution. Hundreds of patients die every year in surgical rooms while going under the knife and in most countries, like in the case of Egypt, there are no laws that punish the people responsible for these tragedies.

On the other hand, in contrast to those feminists who radically oppose elective surgery, there are feminists who claim that cosmetic surgery can be, in certain circumstances, empowering to women. These views argue that women who decide to undergo a surgery for aesthetic reasons are aware of the risks that a surgical procedure entails. Patients are not always submissive victims of a patriarchal society or cosmetic surgery junkies[209]. Kathy Davis in her work Reshaping the Female Body: The Dilemma of Cosmetic Surgery, investigates personal accounts of cosmetic surgery patients over several years. Her study focuses on the Netherlands, where she conducts personal interviews with female participants. Davis presents the use of cosmetic surgery as a difficult dilemma. According to her conclusions, most of the women in her study just want to look normal or feel better by enhancing their appearance. As Davis explains, besides from affecting self-confidence, "ugly" features may have a negative influence on someone's social interaction. In feminist positive discourse about cosmetic surgery, fixing those flaws could be something advantageous, as long as it is done thoughtfully and with a specific end. Moreover, it can provide physical and psychological relief for many

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[209] Victoria Pitts, Surgery Junkies: Welness and Pathology in Cosmetic Culture, Rutgers University Press, 2007.

patients. So, if we have the medical means, why not to repair those flaws? Furthermore, claim these feminists, cosmetic surgery patients are old enough to accept the risks and give their consent approval to the surgeon. On their view, cosmetic surgery can help patients to have a better life, to become physically "normal", to solve psychological issues or simply to fulfill certain aesthetic desires by enhancing their look. In short, for these feminists, consumers of cosmetic surgery are not helpless women, victims of male oppression, but rather women who want to modify their body as a "project of identity".[210] They accuse those feminists who radically oppose cosmetic surgery for undermining the will of those women who elect it. Kathy Davis writes,

> While I shared the commonly held feminist view that cosmetic surgery represented one of the more pernicious horrors inflicted by the medical system upon women's bodies, I disliked the concomitant tendency among feminists to treat the recipients as nothing more than misguided or deluded victims.[211]

In her work, Kathy Davis acknowledges the limited freedom of choice when women opt for cosmetic surgery. In her view, cosmetic surgery can be a personal choice, but it is always exercised in the framework of "limited options and circumstances, which are not of the individual's own making".[212] In her book, Davis successfully clarifies "the contradiction between agency and the circumstances which constrain it".[213]

A third position that avoids the binary victim vs. agent mentioned above is

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[210] "Bodies without Histories", 51.
[211] "Remaking the She-Devil: A Critical Look at Feminists Approaches to Beauty", 22.
[212] Davis. K, Reshaping the Female Body: The Dilemma of Cosmetic Surgery, Routledge, 1995, 13.
[213] Ibid., 17.

perhaps, more enriching and closer to reality. In most cases, women are conscious of the cultural norms regarding their physical appearance. Hence, they make use of cosmetic surgery in order to be up to these expectations. Therefore, cosmetic surgery is a tool that facilitates women "to meet the cultural norms of femininity".[214]

As Rose Weitz puts it in "Women and their hair", cosmetic surgery is at the end a practice that combines resistance and accommodation.[215] Women fight against submission by taking control over their bodies, modifying them the way they want. Body modification is a quick way of resistance, especially for those who cannot rely on other kinds of capital. However, in this practice there are signs of accommodation, as, in the long term, they do not benefit the emancipation of women. Moreover, they rather support the current system of male dominated power relations and perpetuate gendered and racialized norms. Cosmetic surgery on women, perpetualize the objectification of the female body. Women feel compelled to behave like beautiful ladies, mothers and wives.

According to Morgan in her article "Women and the Knife", "for virtually all women as women, success is defined in terms of interlocking patterns of compulsion: compulsory attractiveness, compulsory motherhood, and compulsory heterosexuality, patterns that determine the legitimate limits of attraction and motherhood."[216]

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[214] Weitz. R, "Women and Their Hair: Seeking Power through Resistance and Accommodation", *Gender and Society*, Vol. 15, No. 5, Oct., 2001, 668.
[215] Ibid., 680.
[216] Women and the Knife: "Cosmetic Surgery and the Colonization of Women's Bodies", *Hypatia*, Vol. 6, No. 3, Feminism and the Body (Autumn, 1991),32.

Susan Bordo also talks about this idea; she asserts that in our male-dominated society "doing femininity" well can be a powerful tool for women.[217] Let's imagine for a second the thoughts of a random woman who decides to adopt this position. It would be something to this: "I understand the culture around me, I accept I have to fit in, so I internalize its requests and try to adapt myself to it". Certainly, this attitude towards the set of established cultural norms surrounding the feminine body will probably benefit the social interaction of that woman. It will give her power in the social milieu. By electing cosmetic surgery, she does not exercise resistance against the system, but maybe she does not want it either. Perhaps because as Weitz says "accommodation offers women a safer route to power".[218] Nevertheless, is this kind of power valuable, legitimate, perdurable? Most feminists agree on this point. No; the power obtained by women through these practices is "fragile and limiting".[219]

Feminists that support the use of cosmetic surgery in certain cases, justify it because it is a way of exercising agency "in situations on constraint [...] and structural injustice".[220] For them, cosmetic surgery is not just about a narcissistic attitude but rather, as Anthony Giddens would say, a "defense against an externally threatening world, over which individuals have little control".[221]

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[217] "Women and Their Hair: Seeking Power through Resistance and Accommodation",675.
[218] Ibid., 683.
[219] Ibid., 676.
[220] Cosmetic surgery through feminist and cultural narratives: Shifting the focus toward account-giving within doctor-patient relationality", 38.
[221] The Consequences of Modernity 124.

Chapter Three

Piety sells (Haifa Wehbe as well).

Influenced by the general unstable and gloomy mood plaguing Egypt after the

defeat in the 1967 Arab-Israeli war[222], Egyptian society as a whole became more

religious-oriented during the following decades. As a consequence of the Israeli

attack, trust and dependence on the beloved and charismatic leader Gamal Abd el

Nasser was shattered, fact that prompted the flourishing of new religious, social

and political groups.[223] The secularist socialist state proved to be unsatisfactory for

the Egyptian population and Islamic fundamentalism emerged as a new option,

bringing about an alternative to the established sociopolitical system.

Parallel to these events, the Middle East witnessed the awakening of Saudi

Arabia as the new economic superpower since its foundation in 1932. Due to its

massive economic influence in the region, Saudi Arabia was able to spread to the

Middle East the dominant form of Islam in their state, Wahhabism.[224] In the case of

Egypt, Saudi influence was brought into the country along with two events. First,

the arrival of satellite channels[225] during the 1990s brought about a change in the

media agenda, more based in religious, conservative values.[226] Second, Egyptian

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[222] El Guindi, F, "Veiling Infitah with Muslim Ethic: Egypt's Contemporary Islamic Movement",*Social Problems*, Vol. 28, No. 4, 469.

[223] Ahmed, L*, A quiet revolution: the veil's resurgence, from the Middle East to America*, Yale University Press, 2011.

[224] Commins, D, *The Wahhabi misión and Saudi Arabia*, I.B Tauris,

[225] Moll, Y,"Islamic Televangelism: Religion, Media and Visuality in Contemporary Egypt" Arab Media & Society, 3.

[226] Nordland, R, "The last Egyptian Bellydancer", *Newsweek Magazine*, May 31 , 2008.

migrant workers instigated the influx of Saudi money in the Egyptian economy.[227]

Following the boom in oil prices in 1973 and then in 1979, more Egyptians migrated to the Arab oil-producing states and by the late 1980s Egyptian migration was a significant trend. Currently, according to Leila Simona Talani in her study of Egyptian migration, Saudi Arabia absorbs around 50 per cent of the Egyptian temporary migration.[228] As a result of their temporary staying, Egyptians migrant workers returned from Saudi Arabia more religiously conservative and affected by the Saudi interpretation of Islam.[229]

Wahhabism is a strict religious movement currently identified as "the major Islamic threat facing Western civilization".[230] A massive critic on Wahhabism is related to the way it portrays women in society, considered misogynistic by many. For instance, in areas where Wahhabism is the rule, women are considered inferior to men, banned from going to school, driving or seeking medical care. Women are also required to wear the full *burqa'*, covering their bodies completely.[231] Therefore, although the teachings of the founder, Ibn Abd al- Wahhab, seem not to fit current representations of Wahhabism[232], nowadays the term has become a synonym of "misogyny, militantism, extremism and strict and literal interpretation of the Quran and *hadith*".[233]

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[227] Van Nieuwkerk, K, "Piety, Penitence and Gender: The Case of Repentant Artists in Egypt", Journal for Islamic Studies, Vol.28, 2008, 40.
[228] Talani, L, "Out of Egypt: Globalisation, marginalisation and illegal Muslim migration to the EU", *Occasional Lecture Series*, UCLA Center for European and Eurasian Studies, UCLA International Institute, UC Los Angeles, 2005, 19.
[229] Murphy, C, *Passion for Islam: Shaping the Modern Middle East: The Egyptian Experience*, Scribner,2002, 33.
[230] Delong-Bas, N*, Wahhabi Islam: From Revival and Reform to Global Jihad*, American University in Cairo, 2005, 4.
[231] Ibid., 124.
[232] Ibid., 124.
[233] Ibid., 125.

Islamic veiling (*tahaggub*) as a phenomenon became visible in the streets of Cairo during the 1970s.[234] Albert Hourani in his work *A History of the Arab Peoples*, wrongly predicted the extinction of the veil, as by the 1950s the garment was only popular among women from the lower-middle classes, "the most conservative of all classes"[235] and among "a few rebellious upper-class adolescents".[236] However, since the mid-1970s, the *hijab* – meaning the veil that covers hair and neck- adopted a new, contemporary meaning for Egyptian women of all social classes. In modern urban Egypt, especially in Cairo, a massive number of women have adopted the veil since then, causing a phenomenon that has been a focus of study for decades.

The phenomenon of veiling in Egypt has undergone different stages since the 1970s until today, when the vast majority of Egyptian women wear *hijab*. In contrast to the use of the veil in the past, women getting veiled during the first stages of this "revolutionary" period were more and more urban, well educated and from the social elite.

"*Hijaby*" women are today completely integrated in society, and we can see them interacting with non veiled women with normalcy. Nevertheless, when this trend began taking place in Egypt, the government considered it as a danger caused by the Islamist influence and thus, tried to put an end to it. Moreover, the state took real measures to limit the Islamist authority in the country, a fact that sometimes proved to be more detrimental than beneficial to them. For instance,

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[234] El Guindi, F, "Gendered resistance, Feminist Veiling, Islamic Feminism", *Ahfad Journal*, Vol.22, Issue 1, 2005, 54.

[235] Leila Ahmed, "Veil of Ignorance, Have we gotten the headscarf all wrong?", *Foreign Policy*, Issue 186, June 2011,40.

[236] "Piety, Penitence and Gender: The Case of Repentant Artists in Egypt", 38

the education minister in 1993, Hussein Kamal Baha' el-Din, received a lot of critics

following his decision of restricting the use of the veil in school only to those who

had parental consent.[237]

The veiling movement spread in public urban centers such as universities and

workplaces and it steadily became a normalized and stabilized phenomenon over

the following decades.[238] In one of her articles, Fadwa el Guindi explains how

during the first phase of the movement, the "dress code for women corresponded

to the degree of Islamic knowledgeability and reading, as well as to a step on a

scale of leadership among women".[239] Hence, the movement of veiling was in

many cases a "bottom-up"[240] process. By adopting the hijab, women were

endorsed with different kinds of power; the power of being a role model, the

power of being independent, the power of having social, political and economic

power. Veiled women could work outside the house with no fear of being criticized

for her activities. They could, as well, walk in the street with less probabilities of

being harassed by men. Furthermore, following a required training, they could

impart Islamic teachings in mosques[241] and informal gatherings.

Hence, Islamic dress code embodies more than simple clothing. Contrary to

many Western views that portray the veil as a symbol of oppression and

backwardness, for many women it symbolizes resistance, emancipation and

freedom. Liberation not only from male domination but also from "immodesty and

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[237] "Gendered resistance, Feminist Veiling, Islamic Feminism", 56.
[238] Ibid., 58.
[239] Ibid., 59.
[240] Ibid., 59.
[241] El Guindi, F,"Veiling Infitah with Muslim Ethic: Egypt's Contemporary Islamic Movement, Social Problems, Vol. 28, Issue 4, 1981, 60.

exposure".[242] As el Guindi puts it, "the voluntary wearing of the hijab since the mid-seventies is about liberation from imposed, imported identities, consumerist behaviors, and an increasingly materialist culture."[243] Veiling was not mandatory at any point and religious authorities did not impose it; it was rather a populist[244] movement, born amongst women themselves. As Foucault proposes, "where there is power, there is resistance, and yet, or rather consequently, this resistance is never in a position of exteriority in relation to power". [245] Therefore, the victimization of Muslim Egyptian veiled women is a risky assumption that does not apply to the majority. We need to deconstruct these kinds of assumptions because, on the contrary, veiling could be considered one more way of resistance. For instance, in his book *Women in Egyptian Public Life*, Earl L. Sullivan highlights the presence of women in the Egyptian political, economic and social elite. In this study he analyses and compares the role of veiled and non-veiled Egyptian women in parliament to conclude:

There is no appreciable difference between the veiled women, as a group, and the others. It is true that the most liberal women in parliament is urban and actively opposed to veiling, and the most conservative is veiled, but these individual cases should not mask the overall pattern of similarity between the two groups [...] the evidence in support of this conclusion is clear.[246]

Veiled women are everywhere in Egypt, and they are not a silent minority. In the

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[242] Ibid., 61.
[243] Ibid., 60
[244] "Gendered resistance, Feminist Veiling, Islamic Feminism", 71.
[245] Foucault, M, The History of Sexuality, Vol I, Vintage Books, 1990, 95.
[246] Sullivan, E, Women in Egyptian public life, American University in Cairo Press, 1987, 76.

growing "Islamic culture industry"[247], markets are aware of the power of consumption of the "new Muslim woman" and there is a vast set of commodities and services targeted particularly to them.[248] Magazines, shops, services… the concept of Muslim woman has been also marketicized.[249]

Undoubtedly, the reasons why women decide to start wearing the veil are personal and vary from one person to another. However, what seems out of discussion is that the fear of westernization and foreignness encouraged this veiling trend as a way to ratify the "real" Egyptian Muslim identity. The veil as a symbol of being Egyptian and Muslim. The veil as a way of rejecting certain identities and elements imposed from outside.

Nevertheless, despite the attempts to reject westernization, isolation from foreign influences, especially among upper class people, is almost a utopia in Egypt.

As we have seen in previous sections, a heavy presence of foreign elements in the country has always been present in modern Egypt. According to Mona Abaza, "if the ideals were England and France in colonial times, today one observes increasing American influences in every small detail".[250] In the realm of art, European and American lifestyles have had their own place within Egyptian society trough movies, magazines, theatre, television and publications. In addition to this, economy, politics and society have been also heavily influenced by external powers. As Earl L. Sullivan puts it,

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[247] Gökariksel, B; McLarnery, E, "Muslim Women, Consumer Capitalism, and the Islamic Culture Industry", *Journal of Middle East Women's Studies*, Volume 6, Number 3, Fall 2010,2.

[248] Ibid., 3.

[249] Ibid, 4.

[250] Abaza,M, *The Changing Consumer Cultures of Modern Egypt: Cairo'd Urban Reshaping*, The American University in Cairo press, 2006, 165.

Egypt is not isolated from world political or economic currents, and in the twentieth century there has been, in succession, a strong British, Soviet, and American presence in the country. This foreign presence has been a mixed blessing and curse, bringing new technologies, challenges to traditional values, and constraints on both foreign and domestic policies.[251]

In this situation, Egyptians have been immersed in what the author calls, the "struggle for Egypt's soul".[252]As a consequence, in many cases we can observe ways of life that seem contradictory, such as women adopting the veil that would still stick to what Viola Shafik calls, "the modernist agenda of their way of life".[253]

On the one hand, along with the *Infitah* policies that emerged in the 1970s, Egypt was more than ever open to the influences of globalization. Increasing marketization and advertising facilitated the vast influx and commercialization of foreign products. Egypt was exposed to new consumer behaviors and lifestyles, imported from Europe and America. In addition to foreign products, Western ideas, fashion and images also penetrated into the country.[254]

On the other hand, starting from 1970s and during the 1980s and 1990s a new sense of morality took over Egypt that extended to many settings, including the cinema industry.[255] As mentioned before, the decline of the socialist model prompted the strengthening of Islamic movements, such as the Muslim Brotherhood or al-*Jama'a al-Islamiyya*.

Despite the contradictory logic of both trends, for the past decades neoliberal

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[251] Women in Egyptian public life, 10.
[252] Ibid., 11.
[253] Shafik, V, "Prostitute for a good reason", Women's Studies International Forum, Vol. 24, Issue 6, 2001, 718.
[254] "Egypt's Infitah Bourgeoisie", MERIP Middle East Report, Vol. 142, Issue 142.
[255] "Prostitute for a good reason", 716.

consumer capitalism and Islamic resurgence have developed concurrently in different arenas, creating a complex and unique situation that has given as a result the expansion of "Islamic capitalism".[256] Although theoretically Islamic values are against the conspicuous consumption and capitalism characteristic of the West, the reality is that the marketization and consumption of products is almost identical in both cultures. Islamic movements and groups, such as the Muslim Brotherhood, support capitalism and private property rights[257], as they see it is "the main engine of economic development".[258]

In Egypt, as in the rest of Arab countries, the process of commodification has invaded society preaching the notions of homogenization and standardization. According to Banu Gökariksel and Ellen McLarney in their very illustrative study "Muslim Women, Consumer Capitalism, and the Islamic Culture Industry", in the Middle East the processes of commodification and marketization of products and services have resulted in "the fabrication of a transnational Muslim femininity"[259] that has been "instrumental in the commodification of Islamic identity politics in the late capitalist global market".[260] In this article, the authors highlight how religious groups take advantage of consumer culture, different technologies and media to create new "parameters of identification".[261]

Within the field of media and communications, there are two main points that marked the beginning of this "neoliberal Islamic" sera: the strong economic

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[256] "Muslim Women, Consumer Capitalism, and the Islamic Culture Industry", 1.
[257] Abu Lughod, L, "Movie Stars and Islamic Moralism in Egypt", Social text, No. 42 (Spring, 1995), 53.
[258] *Passion for Islam,* 300.
[259] "Muslim Women, Consumer Capitalism, and the Islamic Culture Industry, 5.
[260] Ibid., 5.
[261] Ibid., 8.

dependence of Egyptian cinema and television on Gulf funding and the mushrooming of Islamic television preachers that appeared with the advent of the satellite.[262]

This "Islamization" of the media agenda brought about a new view on female performers. [263] Reading Viola Shafik's work, we can see how since the establishment of the cinema industry in Egypt in the 1930s until the 1980s, westernized culture, dress code, language and certain behaviors, were depicted in movies. During the "Golden Age" of the Egyptian cinema no actress would appear veiled and bellydancers such as Samia Gamal or Tahya Karioka were respected and admired.

By doing a rapid analysis of Egyptian female stars from the 1950s and 1960s – their looks, attitude and dress code- we observe clear parallelisms with the American and European celebrities from that same period. The most famous comparison is perhaps that between the acclaimed American actress Marilyn Monroe and her Egyptian counterpart, Hind Rostom. Both of them were born in the late 1920s and performed in movies that catapulted them to fame during the 1950s. The two voluptuous blondes have been considered sex symbols since their time until today. Hind Rostom played some applauded roles such as revenging angel in *Dima´Fawq al-Nil (Blood on the Nile)* in 1961 and the belly dancer in *Shafiqa al-Qibtiyya (Shafiqa the Copt)* in 1963.[264] She was known as "the Marilyn Monroe of Arabia" and the "queen of seduction".[265]

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[262] "Prostitute for a good reason", 716.

[263] Ibid., 716.

[264] Leaman. O, *Companion Encyclopedia of Middle Eastern and North African Film*, Routledge, 2001, 122.

[265] Arab News, 'Marilyn Monroe of Arabia' Hind Rostom dies, Tuesday 9 August 2011.

The attire and looks that Egyptian actresses used to show in movies during that period – Soad Hosny, Nadia Lutfi, Mariam Fakhr al-Din, Naglaa Fathi, Madiha Kamel and Lobna Abd al-Aziz, among others- were very similar to those of employed by American and European female stars such as Grace Kelly, Kim Novak, Doris Day, Marilyn Monroe, Elisabeth Taylor, Brigitte Bardot or Sophia Loren. Hourglass silhouettes, knee-length skirts, floral fabrics, curly permanents and natural make-up marked the hyper-feminine, glamorous looks that were copied and replicated everywhere in the world. In addition to this, sensuality and flirtatious, coquettish attitude were constant features of the female performances in movies, advertising and magazines.

However, times changed. In modern Egypt, argues Lila Abu-Lughod, morality has displaced class as the main social problem.[266] This shift, deeply prompted by the Islamic populist discourse, has especially affected public individuals, which are seen as a reflection of the society. With the onset of strict religious influences, the personal reputation of the performers has become as important as their artistic evaluation. This moralist speech has targeted mainstream female performers above all. As Viola Shafik claims in her *Popular Egyptian Cinema*, "the morally controversial image of any female star has hampered her access to the moral community of at least some social groups, like the poor rural population".[267] This opinion is supported by Lila Abu-Lughod's article "Movie Stars and Islamic Moralism in Egypt", where she analyses the reactions of poor and rural women towards Egyptian stars. She concludes that rural women associate the "sexual

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[266] "Movie Stars and Islamic Moralism in Egypt", 53.
[267] Shafik. V, *Popular Egyptian Cinema: gender, class and nation*, The American University in Cairo Press, 2007, 322.

immorality"[268] of the celebrities with Western lifestyle and consequently with a lack of religion.[269] In addition to this general claim, the poor women in her study perceive stars as something distant from them. Rural women see movie stars as people that belong to a different community, not regular Egyptians.[270]

Therefore, despite the distant point from which these women observe Egyptian movie stars, celebrities have a place in their discourse. Ordinary women look at stars and feel entitled to judge them. As celebrities have voluntarily chosen to be part of Egypt's public life, they are obviously exposed to critics and praises.

Television and press are interested in bringing stars closer to ordinary people. They reserve their right to choose who is "fit for consumption" and who is not. Television and radio shows interview actors and singers about their personal life, giving a sense of proximity and normalcy. Media wants to let viewers know that celebrities have a real life; like you and me! The closer famous people get, the more the audience feels identified with them. In this way, actors can be elevated to the status of a superstar. And this is what usually sells well.

Viola Shafik describe actors as "symbolic agents of people's imagined community and operate as mediators of prevalent cultural discourses".[271] Movie stars are symbols of society. Moreover in Egypt, where movie and television stars are among the most known and followed public people, their influence on ordinary individuals cannot be disregarded. Celebrities have an active role in public life and their life, work and physical appearance are always the focus of heightened scrutiny. Some magazines, websites and TV shows consumed by millions of people

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[268] "Movie Stars and Islamic Moralism in Egypt", 58.
[269] Ibid., 56.
[270] Ibid., 56.
[271] *Popular Egyptian Cinema: gender, class and nation*, 712.

are just aimed to analyze and judge these artists. They are an image of and for society and this involves a great deal of responsibility.

Hence, is not that surprising to see actresses taking on the *hijab* when Islamic discourse becomes prominent in the country. It is not surprising either, to see a group of ordinary women following the actress example.

During the 1980s and 1990s a number of famous actresses, singers and bellydancers adopted the veil.[272] Most of these women decided to retire and they received the name of "repentant artists" or "stepped-down artists".[273] Shams el Baroudi was the first known actress to publicly renounce to her job and adopt the Islamic attire. The turning point for her was a pilgrimage to Mecca 1982,[274] where she had a vision of the Prophet that compelled her to remain covered after that.[275] After el Baroudi, a high number of actresses, singers and dancers started wearing the veil in the late 1980s and early 1990s: Hala al-Safi, Hanaa Tharwat, Shadia, Yasmin al-Khiyyam, Sahar Hamdi, Shahira, Afaf Shoeib and Soheir Ramzi among others. [276] These repentant artists shared histories of visions and spiritual experiences. The feeling of *tawba* or repentance was a major point for their resolution.[277] Posterior to their decision, most of them admitted the influence of famous Islamic preachers such as Yusuf al-Qaradawi, Shaykh al- Shaarawi or Omar Abd al-Kafi[278] in their choice.

In the mid-1990s Egypt witnessed a new veiling wave amongst actresses and

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[272] "Prostitute for a good reason", 716.
[273] "Piety, Penitence and Gender: The Case of Repentant Artists in Egypt", 43.
[274] Ibid., 44.
[275] Ibid., 45.
[276] Nieuwkerk. K, 'From Repentance to Pious Performance', *ISIM*, Review ⸢⸤SEP⸥⸣20, 2007, 54.
[277] "Piety, Penitence and Gender: The Case of Repentant Artists in Egypt", 38.
[278] Ibid., 54.

singers. The young Mona Abd al-Ghani, Abir Sharqawi, Abir Sabri, Mayar al-Bablawi and Hanan Turk surprised the public opinion when they decided to adopt the veil.[279] Despite their brief retire, after a while most members of this generation of actresses and some of the older, returned veiled to their jobs on television, cinema or music. Since 1994 the veiling phenomenon among celebrities has almost disappeared.[280]

If al-Qaradawi, al-Shaarawi and Omar Abd al-Kafi were the popular preachers during the 1980s and early 1990s, the undisputed Islamic preacher of this generation is the photogenic Amr Khaled. Named by Time magazine as one of their "100 most influential" people in the world in 2007[281], the charismatic preacher represents a moderate view of Islam, very appealing to younger generations. His work as a television host has enabled him to reach thousands of viewers. He has one of the most popular blogs in the Middle East [282]; he is an author, entrepreneur and a public speaker. For his views and charisma he has become a media celebrity, exercising a massive influences on Muslims all over the world.[283]

Despite the Islamic revival that has impacted Egypt for more than three decades[284], it can be said that local media does not represent this phenomenon as it is. In addition to this, walking in beauty salons, malls or clothing stores in Cairo, women depicted in the advertisements are far from representing ordinary Egyptian women. Models in the pictures are generally tall, blond, skinny, white young girls that portray the latest Western ideal of beauty.

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[279] 'From Repentance to Pious Performance', 54.
[280] *Encyclopedia of Middle Eastern and North African Film*, 36.
[281] The Time 100, HEROES & PIONEERS, Amr Khaled by Asra Nomani, May 03, 2007.
[282] www.amrkhaled.net
[283] www.themuslim500.com
[284] "Piety, Penitence and Gender: The Case of Repentant Artists in Egypt", 40.

Moreover, although the Gulf-based satellite channels offer images of veiled women[285] on its program grid, it is rare to see a hijab shown in Egyptian local media. Although they conform the overwhelming majority in the streets, women wearing a veil in Egyptian magazines, television, advertising and cinema are almost inexistent. Egyptian state television no longer broadcasts bellydancing[286] but it still bans female anchors from wearing the hijab.[287]

Wouldn't it be smarter to depict women in media as they are in the streets? What do markets want to achieve by featuring women that bear very little resemblance to Egyptian women? Is this how Egyptian women want to look like?

In addition to the beauty ideal that comes from the West, fashion and notions of attractiveness in the Middle East are increasingly influenced by comes out of Lebanon.[288] Nancy Ajram and Haifa Wehbe are examples of singers who have been completely redone; from head to toes. Do Egyptian women desire to look like them? A personal approach to patients and surgeons is necessary to elucidate what women from all ages who decide to undergo surgical procedures really look for.

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[285] Otterman, S, "Does the veiled look sell? Egyptian advertisers grapple with the hijab", *Arab Media & Society*, May 2007, 3.
[286] Gulf News, "Move to teach art in state institute triggers controversy", Ramadan Al Sherbini, July 16, 2009.
[287] Ibid., 3.
[288] Assir. S, "Beautiful people", *Al-Ahram*, 30 June - 6 July 2005, Issue No. 749.

Chapter Four

Data analysis

The interviews focused on participants personal experiences with cosmetic surgery and how is the industry of cosmetic surgery organized in Egypt. Thirteen of the respondents were female patients who had been the recipient of cosmetic procedures previous to this study. All of them were women that had had the surgeries done between the ages ranged from 19 to 51. Among the procedures undertaken by these patients I found liposuction (3), rhinoplasty (4), abdominoplasty (3), breast augmentation (2) and facelift (2). Eleven women in this group had only had one surgery. One participant had a rhinoplasty when she was twenty-two, a second one when she was twenty-three and a breast augmentation at the age of thirty-one. Another participant underwent a liposuction and a breast augmentation within two months, when she was forty-seven. Two other participants were in the process to undergo medical consultation to have a second cosmetic surgery to change a specific "physical imperfection" in the near future.

Seven of the interviewees were women seriously considering the possibility of a surgery for cosmetic reasons but were still unsure about taking the decision. These women were tempted by the following surgeries: foot surgery (1), liposuction (2), breast reduction (1), breast augmentation (1), rhinoplasty (1) and facelift (1).

Eighteen of the respondents were working as plastic surgeons in Cairo. The sample included two female surgeons and sixteen male surgeons. All participant doctors graduated from Egyptian universities and ten of them studied abroad at some point of their career.

Regarding advertising, seven surgeons declared doing some kind of publicity for the clinic –websites, TV and press advertisements. Eleven surgeons said that new patients get to contact them trough acquaintances or friends. Surgeons reported dealing with women from all ages (from 18 years old on), from different social backgrounds, nationalities and religions.

The visited clinics were located in the areas of Mohandeseen (7), Zamalek (3), Dokki (3), Downtown Cairo (2) and Nasr City (2). One of the surgeons received me in a hospital specialized in plastic surgery. It was located in Giza.

Surprisingly, one of the surgeons interviewed for this study took part in a recent public scandal, as he was the one who performed a nose job on a parliamentary member, affiliated with the Salafi Nour Party.[289] The surgeon told the media about the details of the surgery and as a consequence, the doctor and the hospital were accused for breaking doctor-patient confidentiality.[290]

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[289] [289] Talaat, N, "Cosmetic surgery all the rage", *The Egyptian Gazette*, Saturday, March 17, 2012

[290] Fahmy, H, "Hospital accused of breaching confidentiality with Al-Nour MP*", Daily News Egypt*, March 7, 2012.

An Encounter with a Cairene Surgeon

My first visit to a private clinic of plastic surgery in Cairo took place in May 2012. I decided to visit Dr. Hesham first, because his website surprised me quite a lot in advance. He was the only doctor in Egypt with online advertising of procedures such as Vulvoplasty, Labiaplasty and Vaginal tightening. I felt curious about this practice in Egypt and decided to contact him.

Dr. Hesham gave me an appointment at his clinic in Dokki. It was located in an old, ramshackle building, full of private clinics of all medical specialties. The doorman warned me about the elevator not working, so I went five floors upstairs by feet. I knocked at the door and a young woman chewing gum opened for me with a smile. She was wearing jeans, a tight t-shirt and flip-flops.

- "Welcome. I am Dr. Hesham's assistant. Please, have a seat. The doctor hasn't arrived yet."

The waiting room was divided into two spaces. In one of them there was a timeworn brown leather couch and next to it a big black armchair. In front of them, a methacrylate table bursting with fashion and beauty magazines. A young Egyptian couple was sitting on the couch. She was wearing a long beige skirt and a black baggy shirt. Her red veil added a touch of color to her attire. Her partner, a slim tall man, was wearing grey suit pants and a white shirt. Besides them, a woman in her twenties was sitting silent with her nose covered by white bandages that covered half of her face. On the other side there was a little room with a couple of chairs. I sat on one of them while waiting for the doctor. I remembered that room from the website; in reality it looked smaller.

The assistant, after stealing a glance at me for a while, came up to where I was sitting and asked me if I had an appointment with the doctor. I replied affirmatively. My answer did not seem to please her very much and she continued to ask: "You are not Egyptian, are you?" I told her I am Spanish and I was there to interview the doctor as part of my thesis research.

In that moment, the surgeon opened the door and after a quick "masa' el-khyr" he ran to his office.

The girl with the bandages was the first to enter, followed by the couple.

The assistant took a place on the chair next to mine and curious, began to ask about the details of my study. For almost an hour I talked to her in the little room. There were some certificates of conferences hung on the yellow walls; a tall artificial plant was the only decoration.

The assistant declared that the doctor performs all kinds of surgeries; "vaginoplasty, rhinoplasty, liposuction, facelift… for instance, a man came last week to make his calves bigger, so the doctor put silicon implants for him. People ask for very strange things!".

When the previous patient finished, I took my things and walked to the office. Dr. Hesham welcomed me sitting on a big chair beside his wooden desk. We shacked hands.

"I only have twenty minutes for you, I am sorry", he said. Although I had previously explained him my project on the phone, it was clear that he was not confortable with my presence. I started my interview with general questions; can we talk a bit about you? Where did you study? When did you open you clinic?

After a while Dr. Hesham acquired a relaxed air, which let me began with more interesting questions. Dr. Hesham told me that the majority of his patients are women and amongst them, more than fifty per cent are non-Egyptians. The most popular procedures in his clinic are rhinoplasty and breast augmentations for patients between nineteen and thirty years old; liposuction for women between thirty and forty years old and tummy tuck and Botox for women above forty. He commented how Egyptian women are "enthusiastic of Botox", and the age to start using it is every year lower. When I asked him about the vaginal surgery, the doctor told me that one hundred per cent of the patients who undergo this procedure in his clinic are foreigners. And then he added: "Egyptian women are not interested on these things. You know, seventy per cent on them don't know what an orgasm is. How would they want a labiaplasty?".

The surgeon asserted that his patients do not have realistic expectations in general and they come to the consultation with pictures of singers and actresses they want to look like. I asked Dr. Hesham how does he deal with patients that suffer from Body Dysmorphia Disorder. He replied: " I deal with the intellectual class of Egypt, and those are people who know what they want. They want to fix a specific problem and that's it. I don't deal with people who suffer from BDD and if I ever feel they are not mentally capable of facing a surgery, I raise the prices so much so they run away".

Dr. Hesham suggested that, in the case of a second meeting, we could meet in his other clinic, "a seven stars center only for foreigners". When I asked him if he deals with foreigners in a different way that he deals with Egyptian patients

he told me: "the prices for foreigners and upper-class Egyptians are always a bit more expensive. We charge them around ten per cent more".

Clinics in Cairo

Visiting the workplace of the surgeons was very illuminating for my project. It let me conclude that in the Egyptian case study clinics are an essential element for attracting certain kind of patients. For instance, Dr. Hesham, has one clinic "only for foreigners" and another clinic for Egyptians. Clinics located in popular areas are completely different from those located in wealthier neighborhoods.

One of my visits was to a clinic located in Downtown Cairo. Sitting at the door of clinic I met an old, blind beggar that indicated me that was the clinic I was looking for. That clinic was extremely poor. The waiting room was a tiny square with one chair and a table with a full ashtray. There was a small radio covered with dust and some photos on the wall. A gnawed curtain separated the waiting room from the consulting room. The consulting room had an examining couch and a standing lamp. The secretary was sitting at the doctor's table. She was wearing a black 'abaya and sitting next to her, four other women wearing the same attire. I told her I had an appointment with the doctor and she told me he would probably not come that day and she could not contact him. I waited for a while, and left.

Another visit was to a well-off clinic in Mohandeseen. The secretary in perfect English offered me to see the clinic while the doctor finished with the

previous patient. Three brand new consulting rooms, a kitchen, a living room, a waiting room and the doctor's office formed the clinic. She gave me an advertising brochure of the clinic and told me they would be participating in the "wedding fair" that was organized for that weekend in one of the best hotels in Egypt. I had a coffee that one of the assistants prepared for me and watched television for a while.

Needlessly to say, the patients that I saw sitting at the waiting room were also very different. In wealthier clinics, it was common to see foreigners and women from Cairo petty bourgeoisie talking on their phones while waiting for the doctor. Long straight hair, Louis Vuitton bags and a perfect manicure, were some of the unmistakable indicators of their social class. At first sight, I could recognize that same style at the American University in Cairo. I had the impression that young patients at the clinics of Zamalek, Mohandeseen or Nasr City seemed to be taken out of the same campus.

In poorer clinics, the women I saw looked very different. First, they were most of the times accompanied by a man or by other women while women in better clinics were usually sitting alone. These patients were either Egyptians or from the Gulf; I did not see any foreigner in the waiting room. Many of them were veiled and some were wearing a niqab. In addition to this, in general, women in poorer clinics were older. The percentage of young patients in better clinics was visibly higher. Due to the reasons I mentioned before, I did not have the opportunity to study the consumption of plastic surgery of middle and lower classes in Cairo in depth, and I plan this to be my future focus of research.

Surgical Procedures in Cairene Clinics

My study indicates that currently, the most popular procedures carried out by Cairene plastic surgeons depend on the age range of the patients. Although there are no official numbers measuring the popularity of cosmetic procedures in Egypt, all the surgeons that participated in this research agreed that the most requested surgery among young Egyptian women (19-25 years old) is rhinoplasty, also called nose job.

Amongst older women, abdominoplasty, liposuction and fillers seem to be the most popular procedures in Egypt. What almost all surgeons and patients noted was the growing popularity of Botox among women in their twenties. Surgeons expressed their concern regarding this trend but at the same time, they admitted having done it themselves.

Surgeons were asked to describe what kind of beauty ideal they think their patients pursue, if any. I suggested the doctors two ideals of beauty, which their patients could be inclined towards: the "Western" ideal of beauty and the Arab ideal of beauty. None of them thought Egyptian female patients seek a European or American look. The Arab ideal of beauty was very vague to them. Patients did not look for a. "Egyptian classic beauty"; like for example Soad Hosny or Hend Rostom. Most surgeons confirmed that their female patients tend to pursue a very defined concept of beauty: an exaggerated version of the "Arab Lebanese" look. Many surgeons made reference to the Lebanese singers Nancy Ajram and Haifa Wehbe, who have been completely redone, as a model of the beauty their patients try to achieve. Some of their responses included these:

"I believe the complexion has much to do with the "idol" of beauty. Darker women would certainly seek Arab style, as it'll be more appropriate for them. More fair skinned would search the European style."

" A lot of my patients come with a picture of Nancy Ajram and tell me: I want to be like her! Lately a great number of patients desire to have the nose of Asala or Donia Samir".

" Like a decade ago, patients would seek a "Western" look. Nowadays Egyptian women look at Beirut to find their ideal of beauty."

Most surgeons reported having between five to fifteen per cent of foreigners among their patients. In addition to this, most of them agreed on the origin of these foreigners; they come mainly from the Gulf and Europe. However, not all of them reported the same data. One surgeon identified the majority of his foreign patients as North American and South African. Another one reported having a majority of foreigners coming from China and the United States. Nevertheless, there is something on what they all agree; these foreigners come to Egypt looking for cheaper prices. Their comments on this point included the following:

" I don't have any experience about USA, but prices in Egypt are nearly 40% less than those of Europe (unless certain procedure was covered by Social Security)."

"Specially for the "Arab beauty tourism" the prices in Egypt are very reasonable compared to Europe or the States."

"Egypt has more assets over other "beauty destinies" such as Lebanon and Iran regarding the number of surgeons and Health care facilities. Despite the transitional period of these days, Egypt is much more stable and secure than both mentioned countries, which is always an advantage for people interested. Plus, the prices are much cheaper".

In order to illustrate the previous comments, let me do a comparison between the prices in Spain and in Egypt. While in Spain the average cost of a rhinoplasty is around 3000 Euro[291], in Egypt – based on the information provided by the surgeons I interviewed- the same surgery would cost around 4000 LE (525 Euro). To undergo an abdominoplasty in Spain can cost between 4000 and 8000 Euro[292], while in Egypt it costs between 5000 and 15.000 L.E (650 – 2000 Euro). On their websites, plastic surgeons in Egypt take advantage of this economic fact and offer patients coming from abroad a pack of "Sun, Fun & Plastic Surgery".[293]

All the surgeons in this study reported buying products such as Botox or silicone from agencies settled in Egypt that, at the same time, import them from abroad. There is no local production of such products yet.

Surgeons were asked about the level of satisfaction of their female patients after the surgeries. All of them reported their patients were happy in general, except for very few exceptions. None of the surgeons reported any major difficulty or problems during their career, which indicates the possible subjectivity of their opinions. Some of the responses were the following:

"Most of the patients are satisfied, but from time to time you meet patients with fancy expectations that cannot be fulfilled. That is why spending more time in the first visit to clear the picture, showing them "before and after photos" of the same procedures and discussing with them the details of the surgery, they come back to real life."

 As this surgeon acknowledged, women not only feel –consciously or unconsciously- pressured to conform an acceptable body shape, but this body

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[291] www.estheticon.es
[292] Ibid.,
[293] www.sahartyplasticsurgery.com

shape is usually an unattainable ideal of beauty. Furthermore, those in charge of putting, or not, limits to patients expectations are surgeons, men in their overwhelming majority. Another doctor said,

"Sometimes, we have some minor complications during the surgeries that might require a minor procedure afterwards like wide scar, wound infection, slight asymmetry of both sides,..etc. This is within 10% of the procedures. However, when a woman knows exactly the problem and the potential outcome, it helps them very much and they feel very satisfied."

Another surgeon stated,

"Thank god, I have not had any major problem until today. My patients are very satisfied and around thirty per cent of them come back for more procedures" – Dr. 2.

Surgeons insist on the feeling of satisfaction of their patients once they see the results of the surgery. Certainly, this feeling cannot be disregarded, but it should not be taken slightly either. As Kathy Davis puts it, the option of cosmetic surgery "can only be a viable option in a context where medical technology makes the surgical alteration of the body […]readily available and socially aceptable […] Women's willingness to calculate the risks of surgery against its benefits can only make sense in a context where a person is able to view her body as a commodity, as[…] a business venture of sorts".[294]

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[294] Davis, 157.

Evaluating "valid" patients

All participant surgeons expressed their reluctance to perform surgeries on women with signs of body dysmorphia. According to Vindigni et al., "in most cases, such interventions do not produce positive results in improving symptoms and may induce a chronic situation".[295] However, none of the surgeons interviewed for this research request their patients to undergo a psychological test before the surgery. With the help of a psychiatrist that assist patients to define the real reasons for them choosing cosmetic surgery, doctors would surely avoid a high number of failed surgeries. Nevertheless, on the contrary, most of the surgeons interviewed admitted sizing up the psychological disposition of their patients themselves. According to one of the surgeons,

> "In our community, it's hard to ask for a psychological test. I therefore use body language analysis and indirect questions to assess the psychological stability of the patients. I guess that about fifty per cent of patients seeking esthetic procedure are somehow beyond the limits of norm."

The surgeons reported that they are in charge of evaluating if a patient has realistic expectations or not. In order to assess if a certain patient is valid or not for a surgery, surgeons reported spending a great deal of time conversing with the potential patients during the first visit.

> "Generally, I spend long time with patients to analyze their complaint and understand the reason for the operation. When I see that the patient is just coming

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[295] Vindigni V, Pavan C, Semenzin M, Grana S, Gambaro F, Marini M, Bassetto F, Mazzoleni F. The importance of recognizing body dysmorphic disorder in cosmetic surgery patients: Do our patients need a preoperative psychiatric evaluation? *European Journal of Plastic Surgery* 2002, 305.

for a surgery with no specific complaint, as "I just don't like my nose", I usually don't operate, as these patient will never be satisfied."

As they described on their accounts surgeons, usually aided by "before and after" photographs, sit with the potential patients and explain them the details of the surgery and the possible risks. As one surgeon reported,

"All the time patients ask for my advice so I always put myself in their shoes and give them my honest opinion; whether I would go on with the procedure or not. Although it is very important, patients do not undergo psychological assistance before the surgery. "

The fact that surgeons can determine whether a patient is valid for surgery or not, whether the patient will be ever satisfied or not, invest them with immense power and responsibility. Moreover, when faced by a difficult assessment, the surgeon is the only person who can be held accountable for what might be a wrong decision. At least, doctors should be trained to identify psychological problems in their patients. However, none of the surgeons that took part in this project are; a worrying fact that probably not all patients are aware of.

Here we face perhaps, the biggest ethical dilemma affecting the practice of cosmetic surgery. Where is the limit for nipping and tucking? What if a patient should not be subjected to a surgery? What if, on the contrary, that patient will benefit from the surgery and the surgeon rejects the request? There is not a fixed criteria that determines where are the limits. On the opposite, it is very flexible. If a surgeon rejects a patient's request, that patient will probably consult other surgeon who will accept it. As one participant reported,

" The first surgeon I visited told me I did not need a nose job. He insisted that my nose matched my features. But, what could I do if I was obsessed with it? I visited a second doctor and he was the one who did it". – Farah (23).

What is an acceptable face and body varies from one doctor to another, and it has little to do with medical criteria. Surgeon's ability to correctly evaluate prospective aesthetic improvement is a sensitive point that patients need to estimate too. Therefore, the two-ways relation established after the surgeon accepts the request and the patient accepts the surgeon, is more complex than a mere doctor-patient relationship. Plastic surgeons not only have to "heal" a patient, but they have rather to "improve" them taking into account their expectations.

When asked if they believe patients expectations are usually realistic or not, surgeons answers were very different. Some surgeons said their patients expectations are realistic,

"Most of my patients have realistic expectations; they know what they want enhance or fix."

"Around eighty per cent of my patients have realistic expectations. Of course you can always find someone that does not know what is she looking for. But this does not happen a lot".

On the opposite, some other surgeons reported that most of the prospective patients do not have realistic expectations,

"Expectations are usually unrealistic; every woman thinks that a surgery is like passing through a tube to change from subnormal woman to a super-sexy movie star!".

"Mostly not; they see a star and want to be like them. I usually joke with them saying, "I'm a surgeon not a magician!"".

I also found middle opinions on this point, as one of the surgeons who said,

" It depends on the woman. Some women come thinking that we can do miracles and some others just want to improve a very specific feature".

An Encounter with a Cairene patient

I met Cynthia at a popular café in Zamalek. When I arrived to the place she was already there, working on her laptop. She had short brown hair and dark eyes. Cynthia was forty-nine when I interviewed her, but I thought she looked much younger than that. She was wearing a white long-sleeved shirt combined with a black tube skirt and black high heels. She received me with a smile and offered me a piece of her apple pie.

I found it easy to start a conversation with her. Cynthia is a known businesswoman from Cairo. She was married for over twenty years but she did not have children. Cynthia told me how one day she found out her husband had a lover; a woman the she personally knew. It was "one of the most painful decisions of my life", but she decided to ask for divorce. She told me how her life stopped for a couple of months, as she was not able to get through the trauma. Her friends and family were very supportive and helped her to start a new life. According to her, one day she woke up and decided it was time to live by herself, and if it was too hard to achieve this naturally, then she should find an exterior revulsive. "I thought about buying a new car, moving to a different city... but then a physical change seemed like the biggest possibility", she said. Cynthia did not have problems with finding her surgeon. According to her, "most of my close friends have had some kind of cosmetic thing done at some point. Actually, every now and then they

travel to Beirut because doctors there know what they do. I did not travel with them before, when I was married."

As she told me, Cynthia was not dissatisfied with her body; she just wanted to mark a new stage in her life. She wanted to break with the hurtful past.

After some weeks of consultation, Cynthia chose for her procedures an Egyptian doctor based in the touristic destination of Sharm el Sheikh. She travelled there alone for two weeks to undergo a liposuction and a breast augmentation. Cynthia was very satisfied with the hospital, the doctor and the staff there but in her words, "the hotel I was staying at was full of children, and this is the last thing you need when you want to recover far away from noises and disturbances".

When Cynthia travelled back to Cairo, she decided to visit a dentist to have a smile makeover. She had heard from one of her friends about a new cosmetic dentistry treatment with veneers. "It really made a difference to me. In the first visit, the doctor took impressions for my teeth and three weeks after I had my veneers done. It was fast and painless. It might sound silly, but I started smiling again". I asked Cynthia about the reaction of her friends and family when they saw her after the cosmetic procedures. She stated that they all notice the change, especially the veneers, and their response to her new appearance was positive. "If I went back in time, I would do it again without thinking twice. I feel renewed and that is what I was looking for". Cynthia does not plan to undergo more surgeries for now, but she stated that she would probably use Botox when she feels she needs it.

When I asked her about the pain she had to go trough after the surgery she told me: "I combined a tummy tuck and breast augmentation. They advised me not to have any significant physical activity for a couple of weeks at least, as there was

risk of bleeding. That is why I decided to take two weeks off and go away from Cairo. The first two days after the surgery I could barely move, I was in a lot of pain. I had hematoma and swelling and of course I had to take medication. The only thing that scared me was when I had nausea, but they told me it was a common side effect. The healing takes weeks, if not months. Now, from the distance I can say it was worth it."

Managing pain

If we visit the website of any Egyptian plastic surgeon, we will probably find a section of "personal stories" on it. Anybody interested on undergoing a surgical procedure will probable click on that section in order to know how have other people lived the experience. However, what this person will find are only good references and positive comments about the surgery, the doctor and the clinic. Not a trace of failures, post-operative trauma or experiences of pain.

I found central to the research to study more in-depth how did these women experience physical pain after the surgery. As explained in Chapter One, during the late medieval period the process of empowerment through physical suffering was common in the life of saints and mystics. Moreover, self-induced pain was frequent found among these practices. Saints and mystic would "bind their limbs, carve up their bodies, pierce, bruise, cut and torture themselves"[296]in order to obtain salvation. However, as Max Weber puts it, in modern society there is no

[296] Grantley, D; Taunton, N, *The Body in late Medieval and Early Modern Culture*, Hampshire: Ashgate Publishing ldt, 10.

religious explanation for pain anymore. Therefore, people try to eradicate non-voluntary pain. Nevertheless, pain still exists and people need an explanation for it. According to a number of scholars consumer culture, and plastic surgery in one of its forms, provides the required justification for pain.

In order to explore if this logic was applicable in my case of study, I requested participants to evaluate the pain they went through. Strikingly, like Cynthia, all participants in the sample justified the physical pain they had to go through during the post-operative for the sake of the results. The accounts of the physical pain they suffered were detailed and in some cases, very explicit. Some participants saw the pain as a required sacrifice in order to obtained the desired outcomes, what Featherstone calls a "marketable self". Some others thought that by having taken care of the outer self via plastic surgery, they had enhanced their inner self. Participants from all ages considered that in their personal case, suffering for beauty was worth it. Some of their comments were the following:

"Heading to the operation I was very anxious. The procedure itself didn't take long at all, but I do remember while waiting before the operation nurses were transporting a woman that just did a liposuction and she was in so much pain, so that got me nervous! [SEP]I was done and in the hour I was ready to go home. I looked featureless; my face was bloated and there was bruising. My nose being wrapped for the next two weeks was nerve racking because I wanted to see the results. [SEP]Post surgery was irritating rather than painful. Having something to cover your nose that had a metal interior for two weeks irritated my skin. Also my nose and upper lip were numb for most of the time. I had to handle my face very delicately; so daily washing was a hassle. [SEP]Although I have seen many girls go out with the postoperative nose cover, I personally felt too self-cautious so I literally stayed in for the two weeks. [SEP]After removing the cover, I could not hold my nose for months. It was extremely sensitive even with washing my face with water. My face kept getting acquainted with the change for up to a year. However, I would go through this pain

again as I personally feel much better with the results in my breathing problem and of course in the shape." – Amina (23).

"I remember the first three days were the most painful. I had bruises all around my eyes so I decided to stay home for more than a week. I always thought the discomfort was worth it and the pain was, honestly, bearable. It wasn't the worst pain I went through in my life. It's worth the pain because it positively affected my self-confidence. I have not regretted my surgery for a second and if you ask me if I would do it again... yes, for sure." – Menna (24).

All patients acknowledged the post-surgical physical distress, but all of them justified it as well. One patient asserted,

"After I had it done, I experienced an intense pain and naturally, I was worried for a while. Despite taking medicines, I could not sleep well and my breasts did hurt a lot if I touched them. Anyway, I have to admit; I could have gone through months of therapy to achieve this same level of self-esteem. Instead I went through a few days of pain and a few weeks of discomfort." – Sarah (32).

In sum, despite the physical pain, most of these women reported feeling better thanks to cosmetic surgery. More empowered, self-confident and valued. By undergoing a beautifying procedure, these women are taking control over their bodies, molding them as they wish. For them, cosmetic surgery, the pain they had to go through, are personal choices. They are aware of the sacrifice it implies, but they still opt for it. As Rose Weitz claimed, cosmetic surgery appears as a practice that combines resistance and accommodation. Patients create a kind of capital that will, in most cases, benefit them as individuals,. Nevertheless, at the same time, they contribute to a male dominated system that perpetuates gendered norms and the objectification of the female body.

Motivating factors among Egyptian patients

Female patients, who participated in this project, were asked what were the motivations that led them to seek cosmetic surgery. Most of the respondents reported nonphysical reasons as the main factors that prompted them to opt for these procedures, only talking about their physical condition as a description of their bodies before the surgery. From the women that already had a surgery, most of them stated suffering from low self-esteem as a main factor. Body dissatisfaction was a key reason for this lack of confidence. However, each case had its particularities. Most patients gave specific explanations to justify the surgery: one of the patients acknowledged her desire to feel more feminine (breast enlargement); another one admitted receiving hurtful comments when she was an adolescent from the side of her family that made her seek a cosmetic solution (rhinoplasty). The two women who had a facelift did so in order to look younger. One participant considered she had small breasts and she underwent a breast enlargement. Two women reported disliking a part of their bodies (rhinoplasty and abdominoplasty) and another one reported feeling ugly after giving birth to her first son (tummy tuck). Two other participants decided to have a liposuction following their sensation of being too fat. Two of the women, recipients of a rhinoplasty, did it in order to look better. And one of them justified her surgeries as the mark of a new beginning after her devastating divorce.

Potential recipients of cosmetic surgery gave similar reasons. The woman thinking about a foot surgery admitted her frustration and insecurity about that part of her body. The patient seeking a breast reduction pledged health reasons as the main factor but reported a high level of insecurity about that specific part

of the body. One woman reported her desire to look younger (facelift). Two of them wanted to look thinner (liposuction) and another one thought her breasts were too small in comparison with her body structure (breast enlargement). One participant stated being unhappy with her nose (rhinoplasty).

Patients were asked about the process of finding a plastic surgeon in Cairo and the kind of research that each of them carried out before the procedures. Most of them went online to check the possible risks of the requested surgery.

"I was a bit nervous so I kept browsing on the Internet on "before and afters", side effects and much was the research I undertook. Since I came from a background of going to doctors constantly about my nose I took it as a sign of relief to end it." – Amina (23).

However, women looking for plastic surgery frequently relied on their acquaintances and family for referrals to surgeons.

" At that time there were a lot of girls in my social network resorting to plastic surgery, rhinoplasty and liposuction are quite popular. It was not hard to contact a good surgeon." – Farah (23).

"First of all I had a look at a medical encyclopedia to check possible risks. Then, I used the Internet to find out about the surgeons. At the end, I ended up by meeting my doctor trough a friend of mine." – Malak (29).

In participants accounts, the discourse of "free election" where women assume all the responsibility for their decision to undergo a surgery was very frequent. Participants in this research highlighted the sense of control that such decision gave them.

"I think it has something to do with my own self-satisfaction rather than getting approval or satisfaction from others." – Laura (25).

None of the participants admitted being directly affected the beauty industry, the cosmetic surgery industry or consumer culture when taking the decision to undergo the surgical procedure. Nevertheless, women in this study admitted the strong influence that certain beauty standards, which are shown in the media, have over women, including themselves.

"The media hasn't introduced me to plastic surgery, however it plays with the upper hand of giving the world including Egypt the "international standard" of what is beautiful, what is trendy and so on. Body fashions, such as "thinner is better" or "thinner is gross", your skin tone to be bronze or pale according to outfits… your hair color where chestnut color is summer color. Even eyebrow shape is somehow determined! Even if I am not conscious about it, I guess all this has had an impact on my decision." – Amina (23).

Other participant minimized the impact of cosmetic surgery industry on her choice to undergo cosmetic surgery. However, she admitted the normalization of the use of plastic surgery in society,

"I was not directly exposed to media surrounding plastic surgery but one can recognize some plastic surgeries of some singers or actors. Also some programs talk about it as if to make a complete make over was something positive. Plastic surgery is casual topic here and is accepted." – Malak (29).

A number of participants recognized trough their discourses the reality of commodification of beauty in modern society. Some women talked about how currently culture and media bombard people, especially women, with certain body ideals in order to commercialize certain products and maintain consumers subjugated to their will.

"We live in culture that compares women to unrealistic standards of beauty. Certainly, I am a product of this environment. We are taught to consume and one of the ways to that is to get plastic surgery." – Sarah (32).

This statement supports Virginia Blum's claim when she says that we all have become members of a culture of cosmetic surgery; we are the products of this society.

Regarding these beauty ideals imposed by consumer culture and the media, another participant acknowledged being a victim of the pressure that society exerts over bodies. In a competitive society she said,

"Yes, of course! In our society I feel the need to be perfect, to live the personal-image you want for yourself, the need to be superior, unique and carefree." – Noura (28).

Also, the production of fashion proved to be a factor for the desire of bodily modification. Some of the participants, concretely the two who underwent a liposuction, expressed their concern for not being able to find appropriate clothes in the market.

"I used to wear very baggy clothes. My entire wardrobe was full of black t-shirts and pants. So as soon as I recovered from the surgery I went shopping to normal stores. I remember being very excited about it". – Salma (31).

Markets, media, surgeons… all of them, choose what is acceptable and what is not, and they successfully impose it on society, especially on women. The categorization of bodies can push women to body hatred. Again, cosmetic surgery, appears as a "salvation".

A different factor those participants admitted being influenced by, were the opinions of people around them. Friends, family and partners were part of the narratives of these patients.

"My social network has prompted me to take the decision maybe to a low extent, but low self-esteem was the major factor". –Hanan (34).

Trough participants accounts I could conclude that their decision to undergo a cosmetic surgery was many times influenced by what men around them thought about their bodies. As Kathryn Morgan noted, "actual men-brothers, fathers, male lovers, and employers, prospective male spouses, spouses, these men are powerful figures in the awareness of women."[297] Hence, sometimes consciously and some times unconsciously, men exert an important pressure over women's perception of their bodies to the extent of making these women think about plastic surgery.

One of the participants expressed her desire to please her future husband straightforwardly:

"Bottom line is I wanted to look extra nice for my future husband. He never asked for it, not even suggested it. I just thought it would be a nice surprise for him." – Sarah (32).

Another participant reported feeling the need of maintaining her body fit after getting married. She declared the importance of remaining sexually attractive to her husband in order to have a satisfactory intimate life.

"Being married kind of obliges you to maintain a certain self-image…Yes you do it for the sake of your marriage". – Noura (28).

For one participant, it was also a man who motivated her surgery; in this case her father. His hurtful comments since she was an adolescent about her bodily appearance was the main factor that prompted her to opt for cosmetic surgery,

"Although my friends would say that I actually have a very nice nose that fits perfectly with my features, it deeply affected me when my father used to made such comments" – Mariam (20).

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[297] Morgan, K, "Women and the Knife: Cosmetic Surgery and the Colonization of Women's Bodies, *Hypatia,* Vol.6, No. 3, Autumn 1991, 26.

One of the participants explained how she opted for cosmetic surgery after giving birth to her first child. She reported feeling ugly and insecure due to the changes in her body. This participant admitted wanting her body back after the delivery.

"I think it started at the age of twenty-two. Since then, I wanted to do a tummy tuck, especially after I have given birth to my first baby. My body image completely changed after the delivery and the flabby tummy affected my self-esteem really bad. I was very aware of my body and I did not like it". – Noura (28).

The gender dimension of the practice of cosmetic surgery is undeniable. Men, in the shape of doctors, media, designers... have the upper hand. I do not suggest that men are the only responsible for the commodification of the female body. Women are also part of the industry, and they are the customers who accept the rules of the industry.

Participants in this sample denied being pressured into plastic surgery. Instead, they described the factors that pushed them to have plastic surgery as influential or motivating. By stating independent decision-making, patients refused the idea of weakness and dependency on others. Through their narratives these women avoided being accused of "surgery junkies"[298] or "cultural dopes". While acknowledging the role that consumer culture plays in imposing certain beauty standards in society, participants did not recognized their decision as driven by markets or the media. However, cosmetic surgery is not only about a personal choice, but as Bordo puts it, about an "increasingly normative cultural practice".

I encountered an important paradox after analyzing the narratives of the participants. On the one hand, for all these women the notion of independency

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[298] Victoria Pitts, Surgery Junkies: Welness and Pathology in Cosmetic Culture, Rutgers University Press, 2007.

and control over their bodies was very important. They reported opting for cosmetic surgery out of a personal choice. Furthermore, most of them rejected the idea of undergoing a plastic surgery in order to please people around them. And they all denied being pressured to take the step.

On the other hand, most of these patients reported lack of self-esteem as one of the main factors that motivated them to undergo the surgery. It seems clear that self-esteem is highly determined by out interaction in the social milieu. For instance, a number of them related this low self-confidence to their social entourage.

When explaining the results of the procedures, most of them agreed on the feelings of satisfaction, self-confidence and even happiness. Therefore, there seems to be a contradiction in the accounts of these women when they first express the power and control over their bodies and then admit feeling unselfconfident and unsatisfied with them. Kathy Davis successfully explains this contradiction when stating that surgery for these patients is an option always exercised in a framework of limitations, which are not of the patient's own making.

In addition to this, I found interesting the two age-related lines of narrative that emerged from participants accounts. On the one hand, when describing the reasons for their surgeries, younger women in this sample made reference to notions of improvement and perfection. As one of the participant put it,

"If I need to explain why did I undergo the surgery, perfection identifies me the most. Maybe I would use looking better and not perfect. So yes, a better look and not perfection. I don't think it's being perfect. It's just looking better." - Menna (24).

Perfectionism was also reflected in the narratives of some of the participants who wanted to increase their attractiveness, influenced by a certain social context. One of them expressed her concern over the female social circle of her future husband. Furthermore, she was critical towards them and could not help but doing the comparison between her body and theirs.

> "I was a little paranoid about the women in his social circle, they all seemed like Barbie's and I felt I needed to "set-up my game" so to speak. I would be joining his group of acquaintances and I wanted to "look the part"". – Sarah (32).

As show on this comment, cosmetic surgery can also be seen as a way for providing the patients a feeling of belonging to a group. For some women, matching the beauty ideals is an opportunity to feel identified with the members of their group of interest. This patient thought that enhancing her body would let her meet certain social and marital expectations.

On the other hand, older women in this sample justified their choice as a way to fight the physical changes associated with age. In modernity, the idea of escaping age is presented as a desired possibility for those women who are willing to take the risk. The veneration of young beauty, has led to the consideration of ageing bodies as "negative". The testimonials of women who underwent a facelift match with this idea of defying time through body modification.

> "One day you wake up and you realize your face does not represent you anymore… From the inside you feel younger that what your face shows. You will see when you get older; it's a horrible feeling. Of course, I didn't want to look like a twenty-year-old girl either." – Wafaa (51).

The aging body was also problematic for one of the participants who, in her mid forties, had already undergone a facelift.

"I was unhappy with how my neck started to look, what they call "turkey neck". I underwent the surgery when I was only forty-three. It is a young age for a face lift but for me it was the right moment."- Lamia (45).

One participant expressed her concern about the pursuit of youth among very young women:

"Being twenty-three talks of Botox and collagen fillings is a demand I have been hearing regularly among people of my age. I think it is worrying that young women are not only seeking perfection in beauty but are already seeking youth when they already have it." – Farah (23).

Conclusion

If with this research I have not built an original theory, I have tried to amply illustrate the arguments put forward in the first two chapters and study the specificities of the Egyptian case.

Through the main sources I have elucidated how consumer society plays upon the necessities and desires of people; it manipulates, controls and influences factors that are essential for the construction of our identity. Seemingly, markets offer us the widest range of possibilities and options ever. And yet, like a flock, consumers are heavily oriented by advertising and media towards a specific direction. This is the direction that leads to the fulfillment of the ambitions of consumer culture but not of its participants. On the contrary, the maintenance of consumer society depends on its endless capacity to make consumers dissatisfied with what they have. Markets have the ability to generate new commodities every day and what is more important, they have the ability to create the need for that new commodity. Consumer culture establishes disciplinary practices that produce submission and repression and also generate capacities and satisfaction. As Foucault notes, within consumer culture power is exercised rather than possessed and it is not primarily repressive, but productive.

As mentioned before, this is the paradox of consumer culture; it produces the illusion of free choice and unlimited possibilities among consumers, but the result is frustrated humans in constant search for the meaning of happiness.

In our days Weber's protestant ethic, where work was justified by religious salvation, has disappeared from society. Furthermore, a new form of hedonism

has replaced it, where work and effort is undertaken in order to attain instant personal gratification. The sense of family and community are substituted by the pursuit of material needs and individual growth.

   Advertising and media, by bombarding consumers with millions of daily images, are the essential tool that markets use to communicate the new material needs ready for acquisition. On our screens, impossible beauty ideals and eternal youth are sold as attainable and purchasable. As a result of the continuous reminding of perfect bodies surrounding us, body dissatisfaction and negative self-evaluation arise as widespread problems in modern society.

      As Featherstone puts it, "within consumer culture, the inner and the outer body become conjoined: the prime purpose of the maintenance of the inner body becomes the enhancement of the appearance of the outer body."[299]
Here is where plastic surgery appears as a fast solution for people who suffer from low self-esteem or are obsessed with a certain body "imperfection".
Most of the times, consumers of plastic surgery after the procedures feel happier and better fact that supports the underlying concept of culture industry: if you spend, you are rewarded.

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[299] Featherstone, M, "The Body in Consumer Culture", Sage, 1991, 172.

Appendix A

SEEKING INTERVIEW PARTICIPANTS FOR RESEARCH ON COSMETIC SURGERY.

I am seeking participants for a short interview related to personal and social perceptions of cosmetic surgery, and factors guiding participant decisions. These interviews will contribute to a MA dissertation through the AUC.

- Interviews will be held in a public location of your choice or the questions sent by e-mail.
- Pseudonyms will be used in all documentation.
- Participation is voluntary and participants may withdraw at anytime.

Please contact me, by emailing me at mariasm@aucegypt.edu

Please share this information with other potential candidates you know.

Thank you.

Appendix B

Interview for doctors

Name and location of the clinic:

1. Can we talk a bit about your career? Where did you obtain you medical license (University)? Have you ever studied abroad? When did you open your own clinic?

2. Is Egypt is a destiny for beauty tourism comparable to Lebanon or Iran? How are the prices in Egypt in relation to Europe or the States?

3. Is there a certain kind of patients that visits your clinic? (Age/social status)

4. How do patients get to know about you and your clinic? What kind of advertisement do you do?

5. Do patients usually feel satisfied after the procedures? What is the approximate percentage of those who go back again to have more surgeries done?

6. Do you think cosmetic procedures help women to improve their lifestyle in any way? Do you think their expectations are fulfilled after the procedures?

7. Do patients usually ask for your advice, if you gave them any? Do patients undergo a psychological test before the procedures?

8. What is the percentage of foreigners that visit you private clinic?

9. What are the most popular procedures performed in your clinic? Around how many surgeries do you perform per month? And where (clinic, hospital)?

10. Do you import materials from abroad (silicon or Botox)?

11. Do Egyptian female patients pursue a certain ideal of beauty?

12. Do you think the expectations of your patients are realistic?

13. Is the number of males who undergo cosmetic surgeries significant in Egypt?

14. May I know some of the prices in your clinic? Breast enlargement, nose job, liposuction?

Thank you.

Appendix C

Name:

Age:

Type of surgery:

1. What prompted you to start thinking about surgery? How old were you?

2. In what ways, if any, do you feel your social entourage (family/ partner/ friends /workplace) has affected your perception of the body and cosmetic surgery?

3. What kind of research did you undertake as you considered the possibility? How did you find your surgeon?

4. Did you feel support from your family/ partner/ friends when you told them about your decision?

5. How much exposure, if any, have you had to media surrounding plastic surgery? What kind of media was it (magazines/ TV/ Internet)?

6. Did you consider yourself a patient or client when you made your first consultation with the doctor?

7. How has cosmetic surgery changed your life?

8. Do you feel people deal with you differently since the surgery, if at all?

9. Do you plan to undergo other cosmetic procedures?

Thank you.