



Qualitative Sociology Review

Volume VI, Issue 2 – September 2010

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Book review:
Women, Doctors and Cosmetic Surgery
Negotiating the “Normal” Body by Rhian Parker

The book “Women, Doctors and Cosmetic Surgery” by Rhian Parker places cosmetic surgery within the Australian context. It outlines complexity and dynamism of foregoing procedure as a process which is simultaneously constructed by both women and their doctors. It shows how shared understanding between those two parties to an interaction is being negotiated.

Cosmetic surgery as a powerful medical procedure becomes the subject of interdisciplinary studies over the body. It transforms bodily characteristics into abnormalities and *correct* them in terms to enable its recipients to compete successfully in social milieu. Now, as an increasingly accessible *way to recreate* the body, it occupies a significant place in social cognition. Moreover, given that this phenomenon is gendered and women are overrepresented as cosmetic surgery recipients, the question of *why* they want cosmetic surgery has produced a significant body of feminist literature. Although substantial number of these studies have much to offer in the area of theoretical analysis over the agency that is exercised by women during the whole process of *recreating* the body they fail however, to elucidate the role the doctor has in *designing* and *reshaping* the patient's body (p. 58-59; 103). In fact, little is known about how doctors and women interact in order to create a unitary concept about the outcome of this cosmetic procedure. That is the reason why studying the discourses that construct and surround both the vision of *normalised* body and the underpinnings of the practice of cosmetic surgery is essential to understand the range of complex factors which mediate the outcome of this dynamic process.

Publicity and advertisements surrounding cosmetic surgery lure women into trusting that their bodies can *easily* be *reshape* just as they want them to be. While emphasising only the benefits of these medical procedures media omit, however, the particular risks of cosmetic surgery what may on one hand, minimise in patient's perception the actual role of the doctor who operates on the passive body and on the other, add to women's perception that foregoing medical intervention is not in fact a *real* surgery. Thus, it is less than surprising that what patients believe in is that they can achieve such an outcome as they expect rather, then feeling dependent on both what the surgeon can provide and his perception of what the *normal* body is (p. 24).

Rhian Parker's argument is based on the analysis of qualitative data of the cosmetic surgery operation. The Author's study over the repertoire of factors that impact upon the whole process of cosmetic procedure “consists of interviews with 32 women who had undergone a cosmetic procedure and 19 medical practitioners who

carry out these procedures” (p. 8). Referring her argument to theoretical framework that explains the phenomenon of how the notion of the body is being socially constructed and providing the overview of influences which are most pertinent to women who have undergone a cosmetic procedure, Rhian Parker analyses the discourses that are surrounding cosmetic surgery and attempts to recapture their impact upon the woman-doctor interaction within “journey through cosmetic surgery” (p. 6). A major objective of the book “Women, Doctors and Cosmetic Surgery” by Rhian Parker is to open cosmetic surgery to critical interdisciplinary scrutiny.

“This book consists of 10 chapters that are organised into three sections. These sections are: literature reviews (Chapters 2, 3 and 4), a presentation of the result of the empirical study (Chapters 5, 6, 7, and 8) and a discussion of the main themes of the book and conclusion (Chapters 9 and 10)” (p.11).

The literature review places cosmetic surgery within its historical context and contribute to an understanding of how the body is being socially *colonised* in order to make it *fitting in*.

By elucidating the historical context of cosmetic surgery development, the Author emphasis that the act of undergoing this medical procedure is about *passing in* the society rather, than *standing out* (p. 15; 81-82). Rhian Parker outlines that at the time when psychology was granted an academic discipline cosmetic surgery starts being regarded as a way to improving one's state of being by treating physical *deformations*. Thus, the inclusion of foregoing psychological argument into the discipline of cosmetic surgery is crucial to promotion of this procedure as a *tool* for improving person's self-esteem (p. 18-19) and vital for justifying why treating the body that is physically healthy (p. 86-88).

Claiming that gender is a way of being in the world, Rhian Parker elucidates how the notion of woman's body is being socially constructed. The Author outlines how the woman's body has been standardised and normalised in order to transform it into the sign of culture. Moreover, given that cosmetic surgery constitutes a *tool* that contributes *fitting in*, this medical procedure seems to be a means of cultural *colonisation* of the woman's body, the equivalent of feet bounding and waist constricting.

To contribute an understanding of the body as a *reflexive project*, Rhian Parker provides an overview of literature of philosophy, sociology and feminism that situates the body in a wider context of social worlds and cultural influences. These theoretical approaches enable the apprehension of cosmetic surgery as a current practice that disciplines the body. The significant role of both medicine and male doctors in *controlling* and *colonising* the woman's body has been recognised and analysed in relation to Foucault's concept of *the docile body* (p. 45-48). Moreover, it is clearly indicated that social ideal of the body informs the way doctors perceive, in order to *reconstruct*, the patient's body (p. 49). Furthermore, the review of feminist literature provides the theoretical framework that disposes the reader to question some current assumptions of cosmetic surgery. For instance, in a wide range of theories, cosmetic surgery is regarded as disciplinary regime with the power to take possession of woman's agency over the body (p. 52-55). In others, the act of undergoing cosmetic surgery is seen as a result of woman's choice, an act of empowerment (p. 55-57).

“In Australia, like in many other countries, most doctors who carry out cosmetic surgery need a medical degree but no other training is required” (p. 61). In order to elucidate tensions developed within cosmetic surgery as a *business*, the Author provides a brief overview of *Turf War* that centres around the question of which medical practitioners should be allowed to carry out cosmetic surgery (p. 60-65). Rhian Parker argues that the foregoing debate draws social attention away from the

bigger issue which is cosmetic surgery as a practice (p. 64). Moreover, the Author emphasis that doctors' active engagement in the process of cosmetic surgery commercialisation not only promotes the surgical body alterations but enhances also the socio-cultural system that keeps the body under surveillance. Furthermore, according to women in this study, the act of undergoing cosmetic surgery is in common parlance associated to vanity expression which contrasts with these women's perception of their bodies. Thus, women's narrations elucidate another wider tension within cosmetic surgery that impacts upon patient's engagement in the foregoing process (p.70-72).

Rhian Parker's study was focused on three key categories: women's and doctors' motivations (Chapter 6: The Why of Cosmetic Surgery: Patient and Doctor Motivations), their reciprocal communication (Chapter 7: Communication and Cosmetic Surgery) and their understanding of risks consequent to undergo cosmetic surgery (Chapter 8: A Risky Business? Understanding Risk in Cosmetic Surgery).

The reasons why women in Rhian Parker's study want to undergo cosmetic surgery are: *a long standing problem* like a large nose (p. 76-77), *the consequence of child-bearing* (p. 78-79) and *ageing* (p. 80-81). The foregoing motivations that are reported as *internally* established were however, *externally* influenced by social critical gaze. Thus, what women expected is to *regain* their identity, to *fit in* rather, than to *stand out* (p. 82-84). According to patients' beliefs, doctors who operate on their bodies have been attracted to cosmetic surgery practice because of its financial profitability (p. 96-97). Practitioners however, describe themselves as artists who provide women with a psychological treatment through the cosmetic procedure (p. 98-99). Moreover, what emerges from doctors' narratives is the tendency to translate patient's bodily characteristics into *abnormalities* or *deformities*. Thus, the diagnosis that women make before they enter the clinic is confirmed in a medical discourse. While reporting on women's motivations to undergo cosmetic surgery doctors outline that they refuse to operate on these women whose motivation is not *right* (p. 91-93). They accept however, that these women may seek cosmetic surgery elsewhere. Moreover, by associating some of the patient's expectations to *unrealistic demands*, doctors *produce* the discourse of women's responsibility for the outcome of cosmetic surgery (p. 93-94). Thus, surgeons' responsibility over the altered body is slightly reduced.

By recapturing the repertoire of factors which mediate the outcome of cosmetic surgery the Author emphasis that the doctor-patient communication which is a central interaction within the process has to be contextualised in relation to the cultural, economical and professional pressures both groups face. Both women and doctors regard communication as a vital component of successful outcome of cosmetic surgery. There are however, different perspectives about how patient-doctor rapport is established (p. 121-126; 131). The existence of significant disparity between the lay and medical discourse unmask fundamental stricture of cosmetic surgery which is the uncertain outcome of the procedure that might cause woman's further alienation from her body. Since the ideal body form is negotiated through computer-assisted communication (p. 116-118) women are lured into hoping they can look a certain way. Nevertheless, what the woman ends up with, as a result of cosmetic procedure, depends on both the surgeon's professional skills and the doctor's concept of a particular body that he operates on. Thus, the Author's study accentuates that within the process of cosmetic surgery a patient's agency over the body is being intimately lessened by their doctors' *professional* perception of how the altered body would look in order to resemble the ideal form (p. 118-121; 126). Rhian Parker emphasis that within the foregoing process the women's vision of their bodies is

being permanently negotiated and constructed not only through their experiences and internalised notion of what constitutes femininity but likewise by technological tools and doctor's *professional* surveillance.

A wide range of advertisements promotes cosmetic surgery as an accessible and relatively fast way to *sculpt* the body. What the foregoing commercialisation may add to its recipients' perception is a belief that cosmetic surgery is slightly different from *real* surgical intervention which is in common parlance correlated to certain risk. The analysis of data gathered from women in this study elucidates that in the area of both surgery and post-operative phase, patients feel that they are *kept in dark* (p. 135-141). Rhian Parker emphasises that within the consultations the flow of information is controlled by the surgeons who, instead of *conversing* with patients (lay discourse), communicate through professional medical discourse. Moreover, because of the fact that importance of certain information to patients is often ignored by doctors, there are fundamental misunderstandings between these two groups (p. 141-146). Thus, the way surgeons communicate unveil their paternalistic attitude towards patients. Furthermore, there are significant differences in the way women and doctors conceptualise the notion of risk consequent to the process of cosmetic surgery. For instance, according to women's narrations, post-operative recovery was not identified by many doctors as risk that needed to be indicated (p. 142-144). Consequently, some patients inadvertently *mistreat* their bodies within post-operative phase. However, the most substantial risk for women in this study, that is hardly identified before the surgery, is the risk of not getting the outcome they have expected (p. 147-153). Thus, getting the body that has been imposed upon them rather than the one that has been chosen. Discontent with the altered body that is envisaged to reflect woman's identity causes the dissonance which is difficult to reduce otherwise than undergoing another cosmetic surgery.

In order to draw together all key categories outlined in the empirical part of this book, Rhian Parker provides an overview of the main themes discussed in previous chapters. By elucidating the repertoire of factors that impact upon the cosmetic surgery, the Author outlines how the process of foregoing procedure is being negotiated and constructed by both women and their doctors. Moreover, in order to offer the critique of past debates over the cosmetic surgery within women's and doctors' experiences are not regarded as an integral part of foregoing process, key arguments of the book are contrasted with existing literature in the area.

The book "Women, Doctors and Cosmetic Surgery" by Rhian Parker tends to overbear past theoretical approaches to cosmetic surgery which perpetuate the dual vision of women as victim to cultural oppression or as an individual agent. The objective of this study is rather to move the theoretical debate over cosmetic surgery towards an apprehension of diverse discourses which affect the outcome of foregoing procedure, than to become a theoretical précis.

What may attract a reader's attention is that in women's and doctors' narratives the distinctive notions of the body are unveiled. On one hand, the body is being experienced as a subjective, unique phenomenon, an instrument through which one interacts. On the other, the body is regarded as a material that needs to be *sculptured* by the doctor who is an artist incarnate (s. 98). Foregoing distinction between *experiencing* (women) and *perceiving* (doctors) the body, that does not constitute, however, part of the Author's analysis, is convergent to distinction between *phenomenal* and *objective* body made by Maurice Merleau-Ponty (2001). In a reviewer's opinion, the inclusion of foregoing categories into the study over cosmetic surgery might on one hand, enable more holistic reconstruction of this

process and on the other, offer a reflection over social construction of *embodiment* (Ibid.).

Moreover, although the lack of shared understanding between patients and their doctors, that is often due to uncertain and what is worse unsatisfactory outcome of cosmetic surgery, clearly emerges from women's narrations, practitioner's interpretation of their relations with patients and yet, their perception of the process through which this is achieved, are fairly different from these reported by women (Chapter 7; 8). Despite enumerating wide range of influences which impact upon the doctor-woman interactions and placing them in both cultural and situational contexts, Rhian Parker does not attempt to investigate, in order to explain, the foregoing phenomenon of interaction partner's contradictory perception of shared understanding. Thus, the reader's attention might be attracted to descriptive, rather than analytic dimension of the Author's study.

Furthermore, the interview was the unique technique of gathering data that is applied by Rhian Parker to conduct this research. For some readers, study based on woman's and doctors' narratives only, might be regarded as credible and methodologically sufficient. For others, lack of data triangulation is, however, correlated to lack of data accuracy what might, as a consequence, cast doubt on validity of empirical material and of some part of the analysis. As the Author suggests though, for further data verification and deeper understanding of foregoing phenomenon there needs to be following interdisciplinary analysis that moves debate over cosmetic surgery beyond the current way of thinking and open cosmetic surgery to critical scrutiny (Chapter 10: Looking Forward, Looking Back). This aim may be achieved through the application of visual sociological methods.

Nevertheless, the book "Women, Doctors and Cosmetic Surgery" by Rhian Parker stands out as a study that denotes the complexity and divergence of discourses that are both surrounding and impacting upon the dynamic process of cosmetic surgery and thus constitutes a valuable contribution to the sociology and psychology of health. In the reviewer's opinion, this book may become an inspiring and instructive reading not only for scholars but also for those who are on any level involved in the process of cosmetic surgery.

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Citation

- Wojciechowska, Magdalena (2010) "Book review: Women, Doctors and Cosmetic Surgery. Negotiating the „Normal” Body by Rhian Parker" *Qualitative Sociology Review*, Vol. VI Issue 2. Retrieved Month, Year, (http://www.qualitativesociologyreview.org/ENG/archive_eng.php)