Introduction

It's like if you're not pretty, you're not even a human.
—14-year-old girl in a personal conversation, 2007

In the summer of 1990, my tween friends and I invented a game. The rules were simply this: One girl posed a question, and everyone in the room had to answer . . . honestly. Our game worked differently from Truth or Dare, the ubiquitous slumber party game in which adolescents, most often girls, ask each other revealing personal questions or challenge fellow players to embarrassing tasks. In our version, players were faced with telling the “real truth” about another player. These questions had tricky answers. The game, tinged with all kinds of girlhood sadism, always ended with someone in tears. Most often that someone was me.

Some questions were fairly benign, such as “Who is the most fun to spend the night with?” There were moderately hurtful questions, like “If you had to choose one best friend in the room who would it be?” Of course, you hoped you were the one, but not every girl could be every other girl’s best friend. So there was a sheepish camaraderie that arose amongst those of us not picked. But there were also questions that resulted in the articulation of a clearly delineated hierarchy. Sometimes, one girl would ask each girl to rank everyone in the room from smartest to stupidest. I was rarely the smartest, but I was never the stupidest,
and so I don’t know what the girl who was crowned “most stupid” really felt like. I can tell you that she shrugged and laughed and, well, said something stupid. Being perceived as dumb was (and still is) a viable role for a girl, and one that you could manage with humor in order to shake off any stigma that might remain from having failed the second grade.

Without exception, the game culminated in a question of the highest stakes: “Rank everybody in this room. 10 is beautiful, and 1 is ugly.” Unlike being dumb, being ugly was simply untenable. During the 1980s and 1990s in my Southern Louisiana, there was no feminist consciousness around beauty culture. As a girl, I understood very clearly that any future worth having was contingent on being beautiful. My childhood dream was twofold. I wished to be very thin and very blonde. It seemed to me that if these two things were true, then everything else—a loving family, a beautiful house, a good job, interesting friends, and invitations to glamorous social events—was possible.

I knew of no other avenue for being happy.

Being asked to rank each girl in the room was a dangerous dare. If you were too generous, you would be lying. This was, of course, against the rules, but if you were honest, you could never take it back. Everyone would know what you really thought, but perhaps more terrifyingly, you would know what everyone else thought. I don’t know what it felt like to be told that I was unintelligent, but I do remember what it felt like to be called ugly—not explicitly, of course, but numbers don’t lie.

This was not the first time that the thought had occurred to me that I might be ugly. As a child, I always had a sense that my family was exceptionally beautiful. I feared I was not. In comparison to my blue-eyed, tow-headed blond brothers and my blonde mother, who was more glamazon than suburban mom, I had dirty blonde (emphasis on dirty) hair, gapped teeth that were not only crooked but as an oral surgeon explained later “entirely too small for your head,” a decidedly pointy chin that appeared to me almost witchy, a forehead that seemed to take up almost half of my face, and gluttonously round cheeks. In family pictures throughout my childhood, I am often sullen. Sometimes, though, I’m protesting, sneering at the camera. I discovered that anger and sarcasm could trump sad. Sneering was a way to avoid crying. It seemed unfortunate that such beautiful people would have their
picture tainted with my face, but it seemed cruel that I had to take the picture at all. I imagined that our neighbors upon receiving our Christmas card remarked, “They’re really a beautiful family. It’s such a shame about Heather.”

When I look at childhood photographs, what I see is shaped by a vantage point that my ten-year-old self could never have imagined. I left Louisiana. I pierced my nose. I dyed my dishwater hair chestnut brown. And I am struck by how not ugly I was. I was not a beautiful child, but I was not especially unsightly either. The truth is that this is where most of us live: in the space between what is perceived to be attractive and what is designated as ugly. Regardless of where we find ourselves on the appearance spectrum, aesthetic intervention contours all of our lives.

Beauty culture—the shared set of language, meanings, norms, and practices focused on the cultivation of attractiveness—has received inordinate amounts of scholarly attention in the last thirty years, and for good reason. In anthropologist Michael Taussig’s recent examination of body beautification, he asks: “Have we not become blind to the force of the aesthetic, of beauty, if you will, coursing through everyday life? Surely beauty is as much infrastructure as are highways and bridges, storytelling and the Internet, rainfall and global warming.” Not only have rates of cosmetic surgery exploded, but other methods for optimizing appearance have proliferated, too. Skin whitening, cosmetic dentistry, Botox injections alongside other facial fillers, and laser skin resurfacing are on the rise, rapidly shifting our bodily (and cultural) infrastructure. Correspondingly, the desire to be intervened upon has solidified as a widely shared cultural longing, contingent on social class and access to resources. Research indicates that most of us would pursue cosmetic surgery if we were not financially constrained. Cultural critics have crafted nuanced accounts describing the ways gender norms, makeover culture, heightened consumerism, credit availability, and global travel coalesce to make the production of beautiful bodies not only more accessible, but also more desirable. The irony, of course, is that cosmetic intervention is characterized as “elective” surgery. Studies of beauty culture seem to suggest the contrary—beauty feels essential or requisite in this day and age. Yet attractiveness is not the only longing that results in aesthetic intervention, and cosmetic surgery is only one method of managing bodily appearance.
This book is largely about surgical work that is labeled “reconstructive” and is overwhelmingly understood as necessary, not elective. As opposed to crafting bodies that more closely approximate cultural ideals, reconstructive surgery is aimed at repairing those facial features deemed untenable and even disfiguring. Such surgery is often more technically complicated, and it typically produces far less glamorous effects. When we consider so-called necessary reconstructive surgery alongside elective cosmetic surgery, we can see how appearance writ large, and not simply beauty, motivates medical interventions.

Compared to the prevailing appearance ideals, which in the United States prize whiteness, symmetry, prominent bone structure, and flawless, unblemished skin, I have an unremarkable face. It is not beautiful, but neither does it bear evidence of congenital difference or disease or trauma. Yet I have routinely purchased astoundingly expensive facial cleanser to ward off adult acne. I have bleached my teeth in place of regular dental care in the years of gaping insurance coverage, and I’ve undergone (and paid for) minor surgeries to remove embarrassing cysts. I have not done these things to be more beautiful, but rather so that I remain visually “normal.” As someone who studies aesthetic surgery, I have a mental checklist of what procedures might produce an attractive effect. So far I have resisted the lure of cosmetic surgery, but I have invested financial resources, time, and energy to manage the other end of the appearance spectrum.

As a child, the fear that I was ugly was consuming. I am not unique. Research indicates that girls as young as six identify their appearance as their most pressing concern. Girls dream of being beautiful—but perhaps equally important, girls fear being ugly. While the intense desire to be beautiful certainly generates insidious consequences, anxieties around ugliness can be taxing too. Moreover, race, ethnicity, and class amplify girls’ aesthetic worries. When beauty standards are racialized and classed, girls who are nonwhite or who do not have access to basic health care (regularly dentistry, for example) must contend with the social devaluation of their appearances. My own experience suggests that fearing ugliness is, at core, a fear about the future—as if a good life is exclusively determined by what we look like. While I fervently reject such conclusions now, my sociological imagination suggests that such sensibilities abound, and not only for growing girls. This anxiety
persists into adulthood and becomes a motivating impetus to monitor and alter one's appearance throughout life. Bodily features outside the norm from birthmarks to acne to scars are routinely medically treated, pharmaceutically medicated, or surgically fixed. So much seems to depend on appearing normal.

Reconstructive surgeries often facilitate vital physiological processes such as eating, and in this way, the practice is unlike cosmetic intervention. Yet the most commonly cited difference between the specialties is that cosmetic surgery is elective while reconstructive surgery is needed. The cases described throughout this book—the surgeries featured on the reality television show *Extreme Makeover*, facial feminization surgery marketed to trans women, the medical mission work of Operation Smile (an international nonprofit), and facial transplantation (an emerging technology)—are not all immediately intelligible as forms of reconstructive surgery. Some cases explored here have been characterized elsewhere as cosmetic, while others more immediately register as reconstructive. For example, *Extreme Makeover* was promoted as entertainment prominently featuring cosmetic surgery. By contrast, face transplantation is generally regarded as the most extreme form of facial reconstructive surgery. Some might contest that these are analogous cases. Yet these practices share much in common besides a technical history. While this book describes four very different kinds of techniques aimed at four distinct patient populations, the explanations offered for why one would undergo surgery and the benefits promised of such intervention are remarkably similar across each case. Each approaches its work as a necessary intervention, signaling that the very distinction between optimization and repair, cosmetic and reconstructive, seems to be eroding.

In an increasingly appearance-focused culture, expectations of attractiveness intensify, but the significance of reconstructive surgery transforms, too. Beauty is contextually bound and the longing for cosmetic surgery is, in large part, motivated by cultural imperatives. As a sociologist would say, cosmetic surgery is socially constructed. What is less obvious, perhaps, is that the same is true of reconstructive surgery. Culturally bound appearance norms also structure reconstructive surgery. What bodies are deemed “in need” is shaped by the very same beauty cultures that inspire “looking your best”—or, in other words, optimization.
The appearance spectrum is narrowing as norms are intensifying. It is not simply that meeting the conventional standards of beauty is increasingly possible; it is that interventions feel increasingly necessary. Being attractive is not simply achievable; rather, it is often expected. This raises a critical question: What are the consequences of this cultural shift for those faces located at the devalued end of the appearance spectrum? Might the very emphasis on attractiveness that resulted in both my own childhood anxiety and the rampant expansion of beauty culture also produce a context in which more and more bodies can be labeled “disfigured” and thus stigmatized? The good life may be contingent on having a beautiful face. But living itself may be compromised by a face that looms too close to the devalued end of the appearance spectrum. This book demonstrates that conditions not historically understood as antithetical to life—ugliness, for example—are now treated in such bleak terms. As a result, aesthetic intervention becomes akin to lifesaving work.