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cosmetic surgery narratives: a cross-cultural analysis of women's accounts

Debra Gimlin, Palgrave Macmillan, Basingstoke, 2012, 208pp., ISBN: 978-0-230-57938-5, £55 (Hbk)

In *Cosmetic Surgery Narratives*, Debra Gimlin undertakes a comparative, cross-national analysis of British and American women's narratives of cosmetic surgery and an intra-national comparison of American women's accounts gathered at separate points in time. Drawing on data collected through semi-structured interviews, Gimlin explores the impact of different national settings and health-care environments on the meanings of cosmetic surgery and the justifications women make for undergoing such procedures. She conducted interviews with 105 women who had undergone cosmetic surgery in the preceding five years: sixty-five in the United States (twenty-five between 1995 and 1997 and another forty in 2007) and forty in Britain in 2003–04. The British women were initially recruited with the help of a local cosmetic surgeon and then through 'snowball' sampling between research participants. The women in the United States were sampled from anonymous 'patient profiles' provided by a single surgery practice (p. 13). The women ranged in age from 20 to 70 years, all lived in or near large urban areas, and most could be 'loosely categorised' as upper working or middle class (p. 12). All of the women categorised themselves as White or of European descent, with the exception of two Asian American participants, and all were heterosexual. Gimlin's work contributes to a growing body of literature in the field of cosmetic surgery that focuses on narrative, although, as she highlights, this comparative cross-national analysis is the first major work of its kind in this area.

In the opening chapters of the book, Gimlin takes time to establish the distinct ways in which healthcare is conceptualised in the United States and Britain. She juxtaposes the highly competitive, choice-oriented US context, in which healthcare is positioned as a consumer product and a personal rather than social concern, with British understandings of medical practice where healthcare is largely detached from the marketplace and defined by accessibility and social responsibility rather than choice and individualism. Gimlin also provides a compelling historical analysis of cosmetic surgery, tracing the roots of current cosmetic procedures back to the reconstructive techniques that were pioneered in Britain during the First and Second World Wars. This offers critical insight into how cosmetic surgery evolved in Britain

and the United States during the twentieth century, as well as charting the emergence and development of the professional bodies that regulate the practice, further underlining the impact of national healthcare on how such procedures become culturally understandable.

In accounting for their decisions to undergo cosmetic surgery, Gimlin draws attention to multiple sites of convergence and divergence among British and American respondents. For example, women in both countries engaged with the notion of 'entitlement' when accounting for undergoing cosmetic surgery. However, this 'entitlement' was defined and legitimised through conceptualisations of their specific health-care environments. The kinds of themes that may adequately evidence 'entitlement' in the United States (for example, autonomy, hard work, free choice) are not congruent with those that were commonly used by British respondents (for example, 'genuine need', suffering, social exclusion). Drawing on Lamont's work on repertoire theory and evaluation, which is concerned with available cultural resources for constructing meaning and evaluating experience, Gimlin suggests that the respondents' narratives are shaped by the available national repertoires.

Another point of convergence between countries is the construction of what Gimlin refers to as the 'surgical other' (p. 103). The 'surgical other' is often an imagined woman (or celebrity who has 'gone too far') characterised by a problematic and/or pathological relationship with cosmetic surgery. This notion allowed respondents to create 'symbolic boundaries' (p. 108), and through these boundaries they differentiated themselves from other consumers of cosmetic surgery deemed less legitimate. This was regularly deployed in women's narratives as a means of positioning their own engagement with such procedures as 'appropriate'. Interestingly, British women often constructed the 'surgical other' as American, demonstrating another instance of the relevance and application of national repertoires.

In the intra-national comparison, Gimlin compares the two sets of interview data conducted in the United States (1995–1997 and 2007). Through this comparison she is able to recognise changes in women's accounting for cosmetic surgery over time and the shifts in available cultural repertoires. In line with other research in this area, Gimlin identifies a decline in accounts that rely on notions of a 'real' or an 'authentic' self and instead observes a much greater emphasis on notions of self-improvement and being 'better' (p. 138). Making the decision to undergo cosmetic surgery could be more readily justified by the respondents in the later round of interviews simply by disliking an aspect of their appearance, rather than relying on more affective reasoning such as anxiety. These shifts coincide with broader changes in cosmetic surgical practices in the United States and growing acceptability: during this period the rate of cosmetic surgery has doubled; there has been a significant increase in numbers of surgeons and the introduction of more media concerned with cosmetic surgery (e.g., television shows, magazines,

etc.). Despite this growing acceptance and decrease in stigma, Gimlin observes that there is still a need to challenge negative associations in these accounts.

Gimlin weaves her interview data into a complex backdrop of historical and national context, and her work not only makes an insightful and innovative contribution to literature on cosmetic surgery, but more generally provides a framework for thinking about healthcare as a cultural institution that can be applied in other areas of study. *Cosmetic Surgery Narratives* is an excellent addition to a body of work that moves beyond the structure versus agency debates that have previously dominated feminist discussions of cosmetic surgery, drawing attention to an area that warrants further interest and research.

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