

There's a Beautiful Girl Under All of This: Performing Hegemonic Femininity in Reality Television

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The reality makeover show “The Swan” draws from cultural discourses of plastic surgery and self-improvement culture to frame cosmetic surgery as a morally appropriate means to achieving an authentic self. Employing the conventions of reality television and appropriating iconography from female-oriented pop culture such as beauty pageants and makeovers, “The Swan” demonstrates the limits of “empowerment,” encouraging evaluation by a medical-psychiatric institutional gaze that measures natural female bodies against a hyper-stylized version of femininity. While the sharp rise in cosmetic surgery in the U.S. over the last decade and the continued popularity of body culture media require an analysis of the program’s rhetorical claims, “The Swan” furthers a shift in understanding plastic surgery from an aesthetic procedure to a moral self-regulating procedure. We show how the presentation of contestants’ narratives, as well as the reframing of these narratives by experts to determine appropriate surgical work, create moral justifications for plastic surgery.

Keywords: Plastic surgery; Reality television; Body work; Feminist media theory; Makeovers

Introduction

Rachel Love Fraser is shaking from nerves, clutching tightly to the manicured hand of Irish spokesmodel Amanda Byram, host of the reality television show “The Swan.” Fraser, wearing a black evening gown and rhinestone bracelets, is about to see the results of \$250,000 worth of cosmetic surgery and three months of a strict diet and

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exercise regime. “Behind that curtain, there’s a mirror. It’s waiting for you to walk up to it, to be revealed, so you can come face to face with the new Rachel,” Amanda says, gesturing to an enormous mirror obscured by velvet drapes. “Are you ready?” Fraser nods and chokes out a yes. The curtains part and Fraser sees her newly altered body for the first time – capped teeth, breast implants, heavy makeup, and thick red hair extensions. “I don’t look anything like that girl! Oh my god!” she wails, touching her face with her hands. “I’m beautiful!” It is nearly impossible to recognize Rachel as the woman we saw at the beginning of the episode; ushered in to greet her, her husband and family touch her gingerly, as if interacting with a stranger. Yet for Fraser, who won the beauty pageant at the end of the season and was crowned *The Swan*, the effects of her transformation on the show would not be confined merely to her own body. “I think a lot of the women on the show were a definite inspiration to people,” Fraser told CNN a month later. “You know, not everybody needs to go through the same process we did, but [they do] need to change” (Cable News Network, 2004).

“*The Swan*” is an example of “body culture media,” a genre of popular culture which positions work on the body as a morally correct solution to personal problems. Body culture media includes magazines (*Self*, *Shape*, *Women’s Health*, *Men’s Fitness*), diet and exercise programs such as “Celebrity Fit Club” (VH1), “Fat March” (ABC), “Student Body” (The N), “I Can Make You Thin” (TLC) and “The Biggest Loser” (NBC), and other cosmetic surgery shows such as “I Want a Famous Face” (MTV) and “Extreme Makeover” (NBC). Beyond diet and exercise, plastic surgery reality shows frame aesthetic surgery as a normal, even necessary, part of body work. Plastic surgery television encourages viewers to frame their family, financial, or social problems in bodily terms, portraying surgical alteration as an everyday and universal solution.

Specifically, “*The Swan*” draws from cultural discourses of plastic surgery and self-improvement culture to frame cosmetic surgery as a morally appropriate means to achieving an authentic self. Employing the conventions of reality television and appropriating iconography from female-oriented pop culture such as beauty pageants and makeovers, “*The Swan*” demonstrates the limits of “empowerment,” encouraging evaluation by a medical-psychiatric institutional gaze that measures natural female bodies against a hyper-stylized version of femininity. While the sharp rise in cosmetic surgery in the U.S. over the last decade and the continued popularity of body culture media require an analysis of the program’s rhetorical claims, “*The Swan*” furthers a shift in understanding plastic surgery from an aesthetic procedure to a moral self-regulating procedure.

Based on two seasons of the show, in addition to transcriptions of seven of the show’s episodes,¹ I will show how the presentation of contestants’ narratives, as well as the reframing of these narratives by experts to determine appropriate surgical work, create moral justifications for plastic surgery. I draw from feminist media studies, critical studies of plastic surgery, and analyses of self-improvement culture to contextualize my findings.

Body Work and Plastic Surgery

Body work encapsulates fitness, hair, makeup and fashion, and is generally seen as a feminine activity (Gimlin, 2002).² Cosmetic surgery, an increasingly popular form of body work, is likewise primarily performed on women.³ The American Society of Plastic Surgeons, which collects statistics on cosmetic surgery, claims a 966% increase in cosmetic surgery procedures between 1992 and 2007, with a 68% increase between 2000 and 2007 alone. The vast majority, 91%, of these patients are women (ASPS, 2008). But while makeup and exercise are widely accepted— even lauded— plastic surgery is still a morally ambiguous practice for many Americans. Patients keep their procedures under wraps; celebrities refuse to admit to obvious rhinoplasties or breast implants; and the primary stereotype of plastic surgery is that of “superfluous and risky operations performed on women with too much money and time to spare” (Wijsbek, 2001, p. 63). Similarly, feminist theorists decry aesthetic surgery patients as “cultural dupes,” victims of a patriarchal beauty standard (Bordo, 1990; Brush, 1998; Chapkis, 1986; Wolf, 1991).

But this image is being replaced by one in which plastic surgery is viewed as a liberating, socially acceptable choice for women, or at least “an option for alleviating unbearable suffering” (Davis, 2003, p. 4). Louise Woodstock’s historical analysis of fashion magazines found that during the 80s and 90s, magazine writers drew from feminist language to describe cosmetic surgery patients as “successful, empowered women . . . who take the best possible care of themselves,” rather than “insecure, weak predecessors” (2001, p. 437). Abigail Brooks (2004) similarly links the normalization of plastic surgery with the “candid accounts” of surgery found in current tabloid and celebrity magazines. Both Woodstock and Brooks found that the key to this rhetorical reworking of feminist ideals was the use of the “pleased, proud patient” (Woodstock, 2001, p. 432) to provide mediated testimonials which demonstrate “courage and virtue; [cosmetic surgery as] a gift or treat; independence and rebellion; common sense and pro-activity” (Brooks, 2004, p. 219). This empowerment discourse is common to self-help literature (Covino, 2004, pp. 84–87; McGee, 2005, pp. 97–98) and frames plastic surgery as a personal choice which brings individual pleasure rather than a response to systemic cultural values. Some scholars have likewise rejected the “cultural dupes” model, instead arguing that women are active participants within beauty culture and find spaces to potentially resist hegemonic beauty standards (Davis, 1995, 2003; Gimlin, 2002).

Llewellyn Negrin states that this emphasis on personal satisfaction “leaves unchallenged the social structures of inequality responsible for women’s dissatisfaction with their bodies,” which posit the natural female body as inferior and problematic, tying self-worth to appearance (2002, p. 24). Kathy Davis maintains that cosmetic surgery is “one of the primary ways women’s bodies are constructed as ugly, deficient and in constant need of improvement” (1999, p. 473). Studying the representations of cosmetic surgery on “The Swan” illuminates the workings of the emerging empowerment discourse around plastic surgery, while simultaneously revealing its limits.

“The Swan”

On April 27, 2004, the FOX network premiered “The Swan,” the brainchild of Latina television entrepreneur Nely Galán.⁴ Galán was capitalizing on NBC’s “Extreme Makeover,” a popular program in which participants received plastic surgery as part of an extensive physical self-improvement regime including fitness training, hair styling, and fashion advice. “The Swan” extended this concept; the female participants, ostensible “ugly ducklings,” received extensive cosmetic surgery and dental work, rendering them “glamorous” but unrecognizable. Each episode profiled two women competing against each other for a spot in the season finale’s beauty pageant. The winner of the pageant was crowned The Swan and won what was billed during the second season as the “most expensive prize package ever rewarded on a beauty pageant,” including a spokesmodeling contract with NutriSystem, a trip to Thailand, and a 10,000 dollar scholarship to self-help guru Anthony Robbins’ Mastery University (Alexander, 2004). During the three-month taping of the show, the contestants were sequestered in an apartment building in Marina Del Ray, California, allowed three ten-minute calls per week to their families and—key to the “transformation process”—given no mirrors or reflective surfaces, increasing the drama of each episode’s “reveal” where the contestants view their post-surgery selves for the first time.

“The Swan” debuted to negative reviews and condemnation from individual cosmetic surgeons and the American Society of Plastic Surgeons, which disapproved of the show’s cavalier approach to cosmetic surgery (Gardner, 2004). Nonetheless, the premiere episode of the first season garnered 15 million viewers and FOX subsequently renewed the show for two more seasons (Bianco, 2004). Galán, who appeared on the show in the guise of a “life coach,” followed the show’s success with a self-help book called *The Swan Curriculum*, which encouraged readers to transform their lives “and achieve their personal best” by completing a set of workbook exercises in 12 weeks.⁵ Galán’s planned launch of a *Swan* magazine was abandoned after the second season’s audience dropped 51%. It was subsequently cancelled in 2005 after two seasons.

“The Swan” is a highly formulaic show where each episode has the same structure, set, and almost identical script. The experts, two plastic surgeons, a cosmetic dentist, a life coach, a personal trainer, and a therapist, view two short documentary style narratives in which contestants explain their reasons for appearing on the show. The experts discuss each woman’s problems, proposing surgical, therapeutic, and fitness-related solutions. The presenter wraps up the segment with the announcement, “It looks like we’ve got a lot of work to do. Let’s get started!” After a commercial break, the transformative process—involving surgery, recuperation, exercise, diet modification, and therapy—is shown for each woman. These segments are edited to create dramatic tension, framing arguments or discomfort during recovery as catastrophic events. Each episode’s final segment is set in a ballroom with a parquet floor, sweeping staircase and velvet curtains obscuring a large mirror. The women, dressed in evening gowns and elaborate hairstyles and makeup, are shown for the first time

since their transformation. They give a bland interview and are individually taken to the mirror, where the reveal takes place, inevitably eliciting screams of shock. Each Swan thanks the smiling panel of experts for their hand in her transformation. The winner of the episode, typically the most cooperative contestant or the most dramatic “after,” is revealed, and the losing contestant is reunited with her family, who are predictably stunned by the new look. The show ends with a preview of the next week’s episode.

I’m Going to Be Beautiful: Ducklings Telling Stories

Contestant narratives on “The Swan” serve as spaces in which any cultural discomfort around plastic surgery as an oppressive institutional structure can be worked out through rhetoric of empowerment and individual choice. The interviews are edited to frame individual problems as functions of the body and justifications for undergoing surgery. Contestant Erica Moore’s narrative is typical:

I’ve been through so much.
People teased me because I was adopted . . . my mother could never understand what it was like to have a weight problem.
I was always the chubby girl; I stood out from my class, I was always big, and I was always teased. By the end of high school I really had no confidence, and that’s when I found myself in an awful relationship. My ex-boyfriend is my black cloud.
My life was just a rollercoaster . . . and he is responsible for it.
I was getting bigger and bigger and the stress . . . it was killing me.
I didn’t realize how much weight I had gained until I went shopping with my mom. Went to the dressing room—I saw the size of the pants between my legs. I was now a 22. And I lost it.
Right then it hit me: I needed help [begins to cry].
It took me 2 years to lose 90 pounds with working out every day, but I still don’t feel confident about myself. My self-esteem is . . . is. Is. very low.
Looking in the mirror, and still seeing that big girl looking back at me.
When you lose a lot of weight, your boobs, they sag.
My stomach, of course.
A lot of times to mask the hurt my personality shines but on the inside I’m dying.
I want the pizzazz, I want the wow out of life, I want to be somebody.
(Season 2, Episode 3)

These segments are edited to position contestants as deserving of the Swan treatment, serving as testimonials for the “before” part of the makeover narrative. This type of narrative story-telling is common to female-targeted media as a way to appear authentic and truthful (Caldas-Coulthard, 1999); the “before” is a way to measure the success of the “after.” The women’s ability to discuss their problems and their bodies is mediated by the heavily edited conventions of reality television, which stipulate a stylized segment edited to extract sympathy from the viewing audience. Melancholic music, childhood photos, and conventions such as the subject standing in the rain or staring out over the ocean are used to tragic or poignant effect,⁶ transforming the participants’ original narration into a fictionalized text in which the voices heard and opinions expressed are limited to those that further the dramatic

and ideological aims of the program (Caldas-Coulthard, 1999, p. 533). Within this serious frame, all self-identified deficiencies are classified as one of two types of problems: problems with their bodies, and problems they believe were caused by their bodies.

Each story begins with the contestant discussing her bodily dissatisfaction, specifying particular body parts she'd like to change. Kari Bravada relates:

When I first started high school everything was great. I was a dancer and a cheerleader, and I was happy with myself and how I looked. All of sudden, I show up my sophomore year as this woman. I was sixteen years old with double-D breasts and it ruined everything. Dancers aren't built this way, so I had to drop out of a lot of things. It's something that you love and it's like being taken away from you, and you can't control it. (Season 2, Episode 4)

Kari and Erica's narratives draw from a normative discourse of body and weight that assume a hierarchy of the body in which certain body weights, sizes, and shapes are judged superior to others (McGannon, 2003; Frew & McGillifray, 2005). Many contestants map particular bodily features on this hierarchy, and identify them as sources of discomfort or pain. Tanya says, "I'm very self-conscious about my looks. The physical feature I least like about myself is my nose. It's like I look in the mirror, that's all I see. I think I look ugly." Rachel Love Fraser says, "I have a horrible profile, I would like my nose to be fixed. And, I want to take care of all my chunks."

The second problem type assumes that body parts trigger problems beyond the borders of the body itself, such as sexual intimacy and self-esteem. For example, contestant Kelly Alemi says she and her husband have only had sex seven times in three years because she is so uncomfortable with her body. Cindy Ingal similarly states, "I'm really self-conscious during sex. Lights are typically off. I wear a shirt, because, you know, to kinda cover up my stomach, my breasts." Christina Azuna says, "I don't want my husband to see me without my clothes on. I'm too embarrassed." Merline Norman claims her post-pregnancy body and small breasts negatively affect her sex life with her boyfriend, which used to be "really great." Gina says, "It doesn't feel good to feel disgusting. You can't have a good relationship with someone until you feel good about yourself." The segment cuts to Gina, in a different tone of voice, saying "I'm not even comfortable being intimate with my boyfriend Sal." As is common in reality shows, the Swan testimonials are heavily edited to serve the producers' ideological ends: in this case, to emphasize the shamefulness of the non-ideal body, reinforcing the idea that only conventionally sexy (thin, white, attractive) people deserve to have sex, since the women must be surgically transformed prior to intimacy.⁷

"The Swan" also portrays the unidealized body as a cause of low self-esteem, which in turn affects other aspects of the women's lives. Even after losing 90 pounds, Erica Moore says she lacks confidence: "A lot of times to mask the hurt my personality shines, but really on the inside I'm dying; my world around me is crumbling." Christina, a married mother, hates her "saddlebags," and thinks that people are staring at her; she asks, "Doesn't she know she looks horrible? Why does she think she looks okay in that bathing suit?" Kari Bravada blames her body for making it

impossible for her to work as a dance teacher, instead settling for an unfulfilling job. The low self-esteem experienced by the contestants is thus framed as something *caused* by a non-ideal body, rather than as a symptom of the complex web of societal institutions and values which cause women to view natural bodies as inadequate.

Defining the contestants' problems as a function of their bodies implies the obvious solution of changing their bodies, reinforcing a dichotomy of natural as deviant and surgically altered as ideal (Jaworski, 2003, p. 153). The narrative segments position the contestants as subjects and their bodies as objects to be re-configured to solve their problems. Sander Gilman writes that "happiness, the central goal of aesthetic surgery, [is] defined in terms of the autonomy of the individual to transform him or herself" (1999, p. 18); likewise, "The Swan" implies that the end goal of creating an ideal body is not intrinsic beauty, but the prospect of a happier, problem-free life. This transformation is facilitated by experts and institutions such as the medical and psychiatric fields, and further mediated by the show's producers and editors. A perfunctory discourse of individual agency is undermined by the experts' strict scrutiny, operating as the show's ultimate authority figures. The camera positions the viewer as expert, encouraging follow-along scrutiny of the contestant's bodies and, by implication, their own.

Disciplinarity

"The Swan" uses a variety of symbolic markers (Woodward, 1997) to position the panel of experts as authoritative and hierarchically superior to the contestants. The two plastic surgeons, cosmetic dentist, personal trainer, life coach and therapist sit around a conference table, flip through thick binders of documents, and are consistently referred to as "experts" by the host. The two plastic surgeons (Dr. Randal Haworth and Dr. Terry Dubrow) and the dentist (Dr. Sherri Worth) wear white lab coats and are addressed as "Doctor." Dr. Worth, a glamorous woman with long, blonde hair, is shot in softer light and speaks more quietly than the male plastic surgeons. In contrast with the theatrically scientific approach of the three doctors, the female therapist (Dr. Lynn Ianni) and Galán, posing as a "life coach," wear professional, feminine clothes, are referred to by their first names, and speak in a concerned, maternal manner. The fitness trainers, Greg (Season One) and Debbie (Season Two), affect sporty, athletic demeanors. As a group, they convey a crisp, no-nonsense air, in marked contrast to the weepy stories immediately preceding their segment.

The experts reconfigure and re-tell the stories of the contestants to reframe them within the medical gaze of the show. The therapist and "life coach," Ianni and Galán, espouse a pseudo-psychological discourse drawn from popular self-help imagery and empowerment rhetoric. A more direct "tough love" approach is advocated by the male plastic surgeons, Dubrow and Haworth, who emphasize surgery and exercise as something the subjects *need*.⁸ A feminist language of self-love and confidence, with the potential to counter the contestants' claims that their problems stem from nonideal

bodies, is subsequently undermined by the sharp judgments of male medical experts, who portray surgery as necessary for positive change.

“The Swan”’s experts claim they can effect psychological transformations through therapy and coaching. Their rhetoric of self-esteem and positive growth is drawn from the same empowerment discourse of body culture media used to justify plastic surgery in other contexts (Davis, 2003). Moreover, it is framed as feminine: The talk of Ianni and Galán, both women, is positioned as soft science and contrasted with the more masculine, scientific talk of the surgeons. This is demonstrated by the use of self-help jargon rather than psychological terminology that might threaten the audience or contradict the surgeons. For example, Dr. Ianni says the experts need to “help her [one contestant] through her depression and most of that I think—in her case—is that she’s grieving for broken dreams.” Galán says, “She’s [contestant] blaming others for her life and she doesn’t seem to have a real sense of mission.” Other statements emphasize the subjects’ need for confidence and autonomy over “shame and self-criticism.” These statements avoid professional psychiatric discussions of clinical depression, phobias, or medication, instead presenting psychological problems as individual self-esteem issues. It is beside the point that neither woman is qualified to give therapeutic advice, since Galán has no qualifications other than show creator, and Dr. Ianni received her PhD from a non-accredited university (The Smoking Gun, 2004).

This dialogue serves two other purposes. First, it attempts to preempt criticism that the show does not address the participants’ underlying problems. Galán claims in an interview with *Hispanic Magazine* that the life coaching and therapy sessions tackle the root causes of low self-esteem: “If you don’t do the inside job and you don’t deal with why you feel less than, it doesn’t matter if you get a nose job or a boob job; in two months you’ll feel bad again” (Pilagras, 2004). This is echoed within the show; in one episode, the host asks, “realistically speaking, do you think if you change her appearance like she said, do you think that’s actually gonna make her happy?” It is revealing that the therapist’s answer side-steps the question and instead states that the woman has some “long standing issues . . . using anger as a protection” which “clearly hasn’t worked.” The second purpose of this dialogue is to reframe the contestant’s problems as individual issues of low self-esteem instead of systemic or structural causes, implying the contestants are to blame. Depression and insecurity are not treated as medical issues that might need medical psychiatric treatment or medication; instead, aesthetic surgery is the appropriate remedy.

Moreover, this tip of the hat to psychological self-improvement is immediately followed by paternalistic discourse emphasizing the women’s need for surgery. For example, surgeon Randall Haworth’s response to Erica Moore’s narrative:

She needs an abominoplasty and some strategic total body liposuction.
She has a face that looks more like a . . . a . . . 40-year-old woman . . . we’ll do a mid face lift, an endoscopic brow lift, nasal surgery and a chin implant.

She’s actually a very beautiful girl underneath all of this. (Season 2, Episode 3)

This language is gendered masculine: it is decisive and action-oriented (Edly, 2001), and spoken by the only men on the show, the plastic surgeons (all contestants

on “The Swan” are women). Dubrow and Haworth scrutinize and judge the women’s bodies in harsh words (“She needs total body liposuction,” “Anything we can do to feminize her face will help her,” “The biggest problem with her is that she’s got such long nostrils, seen from the side you can almost see into them,” and “When I look at her face the first thing I notice is tired bags under her eyes”). Ultimately, this evaluative discourse replaces both the contestants’ narratives and the feminized ethos of therapeutic expertise: the contestants have low self-esteem and feel their bodies aren’t good enough *because they are not*. Furthermore, only the surgeons can enact the transformation that will liberate the women from their problematic bodies. The surgeons muse over what they can do: “I’d like to bring some playfulness to her face,” “I want to open up her face and create beauty” and “I think she would look really nice with fuller lips—soften her up, bring some sensuality.” Any suggestion of agency for the women through self-transformation is supplanted by the suggestions doled out by the doctors, whose position of ultimate authority on the show is conferred by symbolic markers of expertise and respect, as well as deference from the other experts, contestants, and hosts—and ostensibly confirmed by the widespread faith in science as an authoritative practice in the viewing public.

Thus, the empowerment discourse of “self-esteem” and personality is undermined by the idea that the team has “a lot of work to do,” a phrase repeated in every episode. Outer beauty is privileged above all, “reinforcing the perception that the traits accepted by the dominant ideology are desirable, natural and right” (DeRose, Fürsich, & Haskins 2003, p. 185). For instance, after the experts have discussed their plan, the contestants are shown on a quasi-scientific “computer generated” imaging screen, wearing a tank top and underwear, staring straight ahead while rotating 360 degrees. As the host reads the list of procedures each contestant will receive, a visual overlay points to the offending area of her body that is to be improved (breast implants, brow lift, and so on). No such scrutiny exists for psychological problems. The expert reframings of the contestants’ stories function as normalizing narratives that position cosmetic surgery and the achievement of the ideal body through cosmetic surgery as monolithic solutions, and demonstrate the real limits to narratives of “empowerment” in cosmetic surgery discourse. As Bordo writes: “One cannot have *any* body that one wants—for not every body will *do*” (1990, p. 657).

In *The Birth of the Clinic*, Foucault describes the “medical gaze” as a dehumanizing way of viewing the body as separate from the person that allows the doctor to claim full understanding of a patient through strict physical inspection. This gaze appears to be solely observant, but is in actuality bound up in the entire institutional apparatus (1994, pp. 107–108). The myth of liberalism and empowerment discourse is that this regulatory system is consensual—more specifically, that decisions to undergo cosmetic surgery represent female agency (Banet-Wiser & Portwood-Stacer, 2006). This agency is undermined by the interventionary nature of the gaze, which separates, classifies, and categorizes bodies into undisciplined and disciplined, pathologized and healthy, before and after. In larger cultural discourse around plastic surgery, this classification is achieved through the viewing of before and after

visuals such as photographs, video clips, or televised testimonies, which provide proof of transformation. Gilman writes that these visuals function as empirical, scientific evidence that plastic surgery “works” (1999, pp. 36–37); indeed, plastic surgery websites are peppered with photographs of successful procedures.⁹

“The Swan” thus creates a regulatory framework that provides a way for viewers to classify, understand, and discipline their own bodies. Although many studies have shown links between self-objectification and body-centric media (Aubrey, 2006; Bissell & Zhou, 2006; Fredrickson & Roberts, 1997), it is not necessarily that the show *causes* viewers to view their bodies a certain way. Rather, “The Swan” furthers a discursive framework for bodily understanding in several ways. First, surveillance of contestants, and subsequent scrutiny of their bodies are normative and expected within the show. The competitive process evaluates their actions as “good” and “bad,” labeling contestants as cooperative or uncooperative, and castigating the women for complaining or having difficulty exercising. These processes of classification and measurement provide a model for framing one’s own actions towards achieving an idealized body. Second, the show uses traditional medical iconography, such as stethoscopes and operating theaters, to portray the opinions of the plastic surgeons as absolute and correct, thus understanding healthy nonideal bodies as pathologized. Third, the contestants, far from being ugly, are simply normal, average women. Viewers are encouraged to empathize and identify with their struggles through the use of first-person narrative accounts and testimonials. The contestants’ segments include relatable tropes, such as a husband deployed in Iraq or a single mother struggling to take care of her children. The narrative segments, computer-generated imaging screen, and portrayals of the difficult transformation process encourage the viewer to identify with the average “before” body, with the implication that she should strive for the body displayed in the “after.” Galán’s *Swan* workbook and the inspirational speeches given by contestants strategically extend this understanding to the viewers.

Just as first-person testimonials normalize and de-mystify plastic surgery, expert judgment of nonideal bodies in the media encourage scrutiny of women’s bodies, serving as justifications for a critical and interventionary gaze. The figure of the expert is omnipresent in body culture reality television, represented by the personal trainers Bob and Jillian on “The Biggest Loser,” the medical team on “Extreme Makeover” and the panel of judges on “Celebrity Fit Club.” In all these shows, contestants are positioned as subjects for strict scrutiny. For instance, the website for the latter program claims:

Along the way [contestants] will each:

- be publicly weighed in every show—individually, and as teams on a pair of giant scales
- be called to account by our supervising panel, who’ll be aware of every half-hearted sit-up and every sneaked donut
- have the deepest secrets of their diet and lifestyle revealed (Vh1, 2008).

The “before” body is the surveilled body; the experts—and the home viewers—scrutinize the transforming bodies and consequently chastise or reward the contestants. The judges on the reality show “Are You Hot,” for instance, used a laser pointer to indicate contestants’ flawed body parts, while tabloids such as *US Weekly* and *Star Magazine* frequently display close-up pictures of celebrity bodies with “flaws” circled and emphasized. “The Swan”’s normalization of plastic surgery, while promising female liberation and encouragement, furthers pathologization of the healthy, natural female body. This surveillance is legitimized scientifically, as represented by the doctors and experts, as well as through moral grounds.

Authenticity and Moral Justifications for Plastic Surgery

“The Swan” justifies the contestants’ extreme cosmetic surgery by claiming that it will make them “better people.” Contestants either improve their personalities by altering their looks, or cosmetic surgery reveals a pre-existent “inner beauty.” While contestants discuss how plastic surgery will transform them into better people, the “panel of experts” position surgical alteration as a means to access the true self, which has been compromised and physically suppressed. This is a typical discourse of transformation in which plastic surgery patients “come to understand their preoperative body as accidental and their current, more ‘normative’ appearance as a more accurate indicator of *who they really are*” (Gimlin, 2002, p. 146). “The Swan” discursively positions cosmetic surgery as a moral imperative, through which self-improvement, success, and happiness will be achieved. If plastic surgery creates the best possible self—whether by revealing a more authentic self or supplanting it with a better self—then it is immoral for the individual not to seek it out.

Many participants state that cosmetic surgery (the “outside”) will improve their essential personalities (the “inside”), creating a *better* version of themselves. Rachel Love Fraser, the first season winner, says, “I think this transformation is going to change my life because I do believe that how you feel about yourself physically does play a part in how you react to the world and your environment.” Dawn Goad says, “I think changing my appearance will change my inside also.” Cristina says, “I just wanna be, not a completely new person but a better, a better Cristina.” Cindy Ingall says, “‘The Swan’ program is gonna make me a better person.” These soundbites position surgery as a conduit to personal mental growth that will create a superior personality in addition to altering the outer surface of the body.

In contrast, the show’s experts view their subjects as inherently beautiful women imprisoned by unattractive, non-ideal bodies. While discussing the women’s prospective surgeries, the doctors state, “We have to excavate her beauty and bring it to the surface,” “Open up her eyes, really make her prettiness come out,” “She’s actually a very beautiful girl underneath all this,” and “I think she has incredible potential to look amazing.” Dr. Dubrow says, about Kelly Alemi, “Kelly’s a really cute girl. She needs to be able to feel sexy, and to do that’s pretty easy. You do breast augmentation, you do liposuction, with a lot of training, and she’s a winner.” Kelly is

an intrinsically attractive girl who, with breast implants, liposuction, diet, and exercise, can become the “winner” she should rightfully be.

Carl Elliott’s study of American enhancement technologies calls this transformation the authenticity narrative, and links it to such modern pursuits as gender reassignment surgery, voice lessons, body building, therapy, and psychopharmaceutical use. Each technology promises to reveal the preferred self: the thin, sane, or smart person trapped within. Elliott writes, “At the start of a narrative of authenticity, the person is not really herself. She is unformed, ill at ease, lost in the world. She embarks on a quest, which may be dangerous and full of trials. Yet when it is over, she has found herself. She has achieved fulfillment” (2003, p. 32). He also states:

It is important to recognize the specifically *moral* pull of this ideal. Many people today have the sense that an authentic life is somehow a higher life, a more fulfilled life; they feel that if they do not discover a path that is true to themselves, to their own talents and desires and aspirations, they are missing out on what life could be. The fact that their lives are not being lived authentically means those lives are less vivid, less real, less fully lived than they might have been. (p. 34)

“The Swan” follows Elliott’s authenticity narrative; the painful surgeries, strict diets, and stringent exercise regimes are justified by the promise of becoming the person this woman was meant to be: a woman who is more empowered, has a better marriage, more fulfilling career, more interesting hobbies, and a hotter sex life than the current self. Cindy Ingall says, “I want to feel confident in bed. I want my sex life going from blah . . . to chicka-bam!” Kelly Alemi says, “If I could look into the mirror at the end of all this and be happy with who I am and what I’ve achieved then I’ve won.” Merline Norman says, “It would be wonderful to be able to wear a negligee and feel good about myself. I’m really looking forward to having my teeth straight. And being able to laugh and not think twice about it.” Marnie says, “I would love to look sexy and glamorous, just to feel like I am alive again.” Galán’s tie-in workbook claims, “All of us dream of how wonderful our lives would be if only we could look, feel, and perform our best . . . *The Swan Curriculum* teaches you how to take action to overcome the hurdles that hinder you from being your absolute best” (2004).

However, the wish to be authentic is not simply desire for change, or even desire for a better body. Elliott writes, “The feeling is that you *ought* to be true to who you really are, that there would be something wrong, something vaguely dishonest or unsavory, about turning away from your true self; that this would be a kind of betrayal, or fakery” (2004, p. 38). This moral compunction to achieve the ideal body pervades contemporary discussions around exercise, fitness, and health, and is perpetuated by media and celebrity culture (Frew and McGillifray, 2005; McGannon, 2003). As Scheper-Hughes and Locke write in *The mindful body*:

In our own increasingly “healthist” and body-conscious culture, the politically correct body for both sexes is the lean, strong, androgynous, and physically “fit” form through which the core cultural values of autonomy, toughness, competitiveness, youth, and self-control are readily manifest. Health is increasingly viewed in the United States as an achieved rather than an ascribed status, and each individual is expected to “work hard” at being strong, fit, and healthy. (1987)

The natural body that has not been transformed through diet, exercise, or surgery signifies sloth, lack of willpower, and the problems of late modernity. Body work such as cosmetic surgery becomes “a kind of duty to the self” (Palmer, 2003, p. 178), taking on the burden of morality through which one can transform into a better person. Galán writes, in her workbook:

When I first met the Swan Marnie, she was depressed and hadn't dated for ten years. Although she stated her objectives as *finding a relationship* and *rejuvenating herself through plastic surgery and physical training*, at first she didn't act on these goals with integrity. She didn't wear her chin-strap, essential after her plastic surgery. She fell asleep at the gym. She refused to leave her room for days at a time. Marnie was avoiding her routine and thus not opening herself up to the possibility of transformation. She was not allowing her goals to be real possibilities . . . We sat down a number of times and I dished out some tough love until Marnie began to adhere to her daily practices, ultimately transforming into one of the most beautiful Swans on the show. (2004, p. 3)

“The Swan” justifies its strict scrutiny of the female body (and, by proxy, the strict public judgment placed on female bodies) through this discourse of morality, which links cosmetic surgery to superior personhood.

Conclusion

While television programs such as “The Biggest Loser” and “Fat March” are hailed as positive examples for Americans, as public attention focuses on the “obesity epidemic,” their rhetoric is interestingly not very different from that of “The Swan.” This shared emphasis on self-improvement conflates the entirely elective, often dangerous practice of plastic surgery with the truly necessary body work of exercise and diet modification for the obese. Despite unambiguous evidence of the dangers of plastic surgery, such as the publicized deaths of rapper Kanye West's mother and author Olivia Goldsmith after “routine” facelifts, as well as the relationship between media objectification of the single ideal body and resultant feelings of low self-worth and body dysmorphic disorders (Aubrey, 2006; Bissell & Zhou, 2006; Fredrickson & Roberts, 1997; Monro & Huon, 2005), “The Swan” portrays cosmetic surgery as an empowered, feminist practice.

While the show is nominally about transforming bodies, the more significant transformation is that of our (viewers/contestants) moral understanding of plastic surgery. Galán writes, “As a Swan, you will review your value system, your priorities, and the foundations on which you have built your life. For example, you may have always believed that plastic surgery was an exercise in superficiality, although you have often complained about the bags under your eyes. Looking closely at your beliefs will enable you to reaffirm the ones that work and alter those that are causing you difficulty” (2004, p. 4). Wariness of plastic surgery is framed by “The Swan” as a moral failing that must be overcome to achieve true happiness.

From “Oprah” to “Self” to “Celebrity Fit Club,” television's primary answer to the moral imperative for female self-improvement is work on the body. While makeover subjects are positioned as empowered agents with many choices, they are

still confined to the limited cultural space allowed for women in the media: as objects to be worked upon. “The Swan” encourages women to discover this for themselves, internalizing its rhetoric as a universally applicable maxim. Even a healthy, slim woman can be “improved” with plastic surgery. This is reinforced by the fact that the contestants on “The Swan” are far from obese or ugly; they are just average, normal women. The tension between the liberal subject created by self-help, empowerment, and feminism, and a confining, compulsory model of what that subject should look like (literally) reveals the limitations of the “you go, girl” notion of consumer choice.

Notes

- [1] Both seasons of “The Swan” were aired in 2004. There was no appreciable difference between the two in terms of dialogue, framing, narrative, stylistic conventions, etc.
- [2] “Queer Eye for the Straight Guy” and the “metrosexual” movement of the early 00s straddled the uneasy line between a man engaging in body work and the homosexual.
- [3] “Plastic surgery” encompasses both reconstructive surgery and aesthetic surgery. In this paper, I use the term in the popular sense as synonymous with “aesthetic surgery” or “cosmetic surgery” to refer to surgical procedures performed entirely for reasons of appearance.
- [4] Galán styles herself a “Latina role model” and has prominently featured two Latina contestants during “The Swan’s” two-season run.
- [5] Galán’s website describes the book: “Broken into twelve one week chapters, that each deal with a different facet of your life—among them (such as work, sex, family, and education), The Swan Curriculum teaches you how to take action to overcome the hurdles that hinder you from being your absolute best” (Galán, 2005).
- [6] This often veers into camp, but does not affect the framing of the show. “The Swan” takes itself seriously, and any self-reflexivity might deflate the illusion that it is providing important services to needy women.
- [7] These snippets also frame sexual intercourse as something that should take place within a heterosexual marriage.
- [8] Dr. Worth, the female dentist, is more sympathetic to the participants and falls between the two extremes.
- [9] For examples, see http://www.smartplasticsurgery.com/before_after_photos.html, <http://www.surgery.org/public/photos>, and <http://www.plasticsurgery.com/gallery/list.html>

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