QUICK CHANGE ARTISTS: THE EXTREME MAKEOVER OF AMERICAN LIFE

by

Elaine Hanson Cardenas
A Dissertation
Submitted to the
Graduate Faculty
of
George Mason University
in Partial Fulfillment of
The Requirements for the Degree
of
Doctor of Philosophy
Cultural Studies

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Date: ______________________________________ Spring Semester 2013
George Mason University
Fairfax, VA
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A Dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy at George Mason University

by

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Spring Semester 2013
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DEDICATION

This is dedicated to my mother, who shaped my beliefs about femininity, beauty and so much more.

Emily Carolyn Erhard, February 2, 1939
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LIST OF ACRONYMS

AAPS ........................................................ American Association of Plastic Surgeons
ABC .......................................................... American Broadcasting Corporation
ABMS ....................................................... American Board of Medical Specialties
ABPS ........................................................ American Board of Plastic Surgery
ADHD ...................................................... Attention Deficit Hyperactivity Disorder
AFTRA ..................................................... American Federation of Television and Radio Artists
AMA ........................................................ American Medical Association
AMPTP ..................................................... Alliance of Motion Picture and Television Producers
ASAPS .................................................... American Society for Aesthetic Plastic Surgery
ASPRS ..................................................... American Society for Plastic and Reconstructive Surgery¹
( Renamed American Society for Plastic Surgery in 1999)
ASPS ...................................................... American Society for Plastic Surgery
BDD .......................................................... Body Dysmorphic Disorder
CETA ....................................................... Comprehensive Employment and Training Act
DARE ...................................................... Drug Abuse and Research and Education Foundation
DGA ........................................................ Directors Guild of America
DIY ............................................................ Do-It-Yourself
DSM ........................................................ Diagnostic and Statistical Manual of Mental Disorders
DVD .......................................................... Digital Versatile Disc
EM .............................................................. Extreme Makeover
FCC .......................................................... US Federal Communications Commission
FedCASIC ............................................ Federal Computer Assisted Survey Information Collection
FTC .......................................................... US Federal Trade Commission
GMTV ...................................................... Good Morning Television
GNP ........................................................ Gross National Product
IATSE ...................................................... International Alliance of Theatrical Stage Employees
IATSE-PAC ............................................... International Alliance of Theatrical Stage Employees Political Action Committee
JIT ............................................................. Just-in-Time
MBC ........................................................ Middle East Broadcasting Center
MMPI ....................................................... Minnesota Multiphasic Personality Inventory
NBC ........................................................ National Broadcasting Corporation
NCC .......................................................... New Century College (GMU)
NFL .......................................................... National Football League

¹ To avoid confusion, ASPS is used throughout when referring to either the ASPRS or the ASPS.
OBOS ................................................................. Our Bodies Ourselves
RTV ........................................................................ Reality Television
TQM ......................................................................... Total Quality Management
SAG ........................................................................ Screen Actors Guild
SSRI ....................................................................... Selective Serotonin Reuptake Inhibitor
TLC ........................................................................... The Learning Channel
UAW ........................................................................ United Auto Workers
WGA ......................................................................... Writers Guild of America
WHO ......................................................................... World Health Organization
The reality television show, *Extreme Makeover (EM)*, which first aired in December 2002, provides a window on the many currents of change flowing through American life at the millennium. As both a product of the system of flexible accumulation theorized by David Harvey and a vehicle for promoting the aims of the changing economy, *EM* provides an opportunity for examining the workings and effects of neoliberalism on American culture. Specifically, it reveals the growing instabilities, disruptions and rapid pace that characterize daily life; the collapsing boundaries between work and home life, medicine and entertainment; the reorganization of occupational categories; changing sources of wealth and power along with growing income disparities; and increasing surveillance throughout daily life. Analysis of the show provides insights into the competing influences on consumers as they navigate the tensions between the pleasures and payoffs of consumption, the liberatory potential of reinvention, and perceptions of complacency and false consciousness. Through the interactions of people from widely
different social strata—executive producers, surgeons, below-the-line production workers, personal service providers, “craft entrepreneurs,” housewives and contestants—the show provides a look at the occupational restructuring of the late 20th century and the shifting roles and opportunities in the culture economy. The creator/executive producer and the surgeons, who possess highly technical, niche skills necessary to the creation of images and symbolic communication, exemplify the new symbolic worker theorized by Drucker and Reich, as well as the emerging creative class. In contrast, the contestants, who fill mostly in-person service jobs, depend on their personalities and looks to improve their chances in multiple and increasingly competitive markets of relationships and jobs. Similarly, the television production workers labor for long hours under sweatshop conditions, with little job security, increasingly vulnerable to new technologies and competition from foreign workers. But all must contend with increased competition, mastering skills of salesmanship and self-promotion through the use of sales pitches, personal narratives, digitized images and personal contacts. Even the surgeons, once protected by the collective strength of the American Society for Plastic Surgery, scramble continuously to redefine the ethical and practical boundaries of their profession, relying on entrepreneurship and individualism to advance. The show reveals that everywhere people, at all levels, are hustling to keep apace of intensified competition through the packaging and branding of themselves and the continuous adaptation to rapidly changing circumstances.

2 Angela McRobbie uses the term “craft entrepreneurialism” when referring to young workers in creative industries such as fashion (Culture 72)
PROLOGUE: KENNA’S STORY

In December of 2002, ABC Television aired a pilot for a new reality television show, *Extreme Makeover (EM)*. Although the idea for multiple surgeries and style makeovers seems routine now—a decade later—it was met with outrage at the time. The *New York Times (NYT)* television reviewer criticized the show for its use of a metaphor that “evokes a sports competition,” calling the show “mutilation as entertainment,” “a flop, with bad casting and the tackiness of a cheap syndicated series,” “a creepy low,” “smarmier . . . than other reality games.” She said “these Frankenstein dreams [i.e., complete surgical reconstructions] are spooky” (James). The British *Guardian*, referring to the *NYT* review, said “American television bosses desperate for ratings are being accused of turning mutilation into entertainment after taking the makeover show to the ultimate extreme by giving ‘ugly’ people a new-look body” (Deans). Howard Schultz, the creator, claims he was “raked over the coals” by one columnist and that the “hosts of GMTV [a British ‘breakfast’ show] just went at me.” One of the celebrity surgeons featured on the show says he received death threats (Carmody). Incensed by the show, leaders of the plastic surgery profession threatened sanctions against any plastic surgeons who cooperated with the producers of *EM* through their professional trade association, the American Society of Plastic Surgeons (ASPS). The same leaders soon withdrew their
objections after considering the marketing potential of the show, and negotiating favorable terms with Schultz for the portrayal of plastic surgery on $EM$.

Immediately after seeing the pilot episode of $EM$, Kenna DuBose, a fit, athletic, forty-five-year-old single mother and school coach living in a small Texas town, went online to the ABC Television website to download the application for being a contestant on the show. The television show had ended with a screen telling people where they could find an application form if they were interested in appearing on $EM$. Kenna, who had previously researched plastic surgery and concluded she could not afford it, prepared her application in secrecy, telling no one—not even her son, her closest friends, or her parents. On the lengthy application, she answered questions about where she grew up, her education, her occupation, what she hoped to accomplish, how she had been affected by her appearance, how she hoped her life would change if she were on $EM$, whether she had any acting experience or had ever been on television, medical conditions, criminal record, weight, lawsuits she had filed, and so on. They also wanted to know how concerned she was about money. Then, she videotaped herself singing a parody of $Amazing\ Grace$, titled $Amazing\ Face$. After spending years outdoors on the tennis courts and rafting on the nearby river, Kenna’s face was so badly sun-damaged that it was deeply wrinkled, making her appear “decades older” than she was. Her students called her “Coach Raisin” because she was “short and wrinkled,” she relates with a touch of sadness in her voice. Kenna mentions ruefully that when she went to singles dances, only the men in their 70s asked her to dance, and people often mistook her son for her grandson.
Around Christmas 2002 (soon after the pilot for *EM* aired), Kenna’s sister, Diane, saw a clip of Kenna’s *Amazing Face* video on an *Entertainment Tonight* episode in which the hosts were talking about the many applications received for the new reality show. Diane immediately telephoned Kenna to find out what was going on. Kenna confided to Diane, but no one else. Kenna mentioned that there was a little rivalry with her sister, who was older but looked younger, about who would get a facelift first. Kenna told the rest of her family when she was asked to fly to Hollywood for interviews.

Like many of the contestants on *EM*, Kenna had had a troubled marriage. And like many others, she worked in a low-paying job providing personal services—coaching at a local school, in her case. She was better educated than many of the contestants, with a Master’s degree in her field. Nevertheless, she lacked the financial means to pay for her own makeover. Although photographs of a younger Kenna reveal a happy young woman, enjoying many outdoor activities, including tennis, hiking, and rafting, Kenna had never traveled far from home. She lived in a town of about 200,000, a center for cattle trading, in an isolated location far from any large cities. One of the casting directors described the contestants to me as “not very worldly . . . Middle American.” She went on to say uncharitably that it “takes a certain kind of person. You’ve got to be a little crazy or desperate to have surgery on television. They were all a little batty. It was a strange little club.” “Most [applicants] did not pass the psych exam,” she said (Fiedler).

When asked what her motivations were for applying to be on *EM*, Kenna insists she just wanted to look her age—nothing more. Like other contestants, and contestants on other reality television shows, Kenna insists she was “there for the right reasons,” that she
just wanted to feel better about herself and did not have unrealistic expectations. Kenna divorced when her son was six. Her son, Kenton, says Kenna was “down on herself all the time” after that and very depressed. Her parents talk about Kenna’s low self-esteem and lack of confidence before her appearance on *EM* (Godwin). Shultz describes the ideal candidate for *EM* as someone who has been “dealt a bad deck of cards in the looks department,” someone “held captive by her body.” Schultz saw the show as a way of “locating a source of pain and removing it,” like getting rid of a headache one has had for 25 years. But, a cast handler says the contestants (all of them) “were looking for relationships” (Hendricks).

Kenna’s application was one of thousands received in Hollywood. A production assistant says the applications ultimately filled four of the largest storage units available from floor to ceiling (Tannenbaum). Schultz remembers that his team interviewed thousands of applicants and that “more than 10,000 people appeared at open casting calls.” Kenna’s story stood out and captured the interest of the casting producers, who contacted Kenna to invite her to Hollywood for a round of interviews and tests.

In Hollywood, Kenna was one of 36 candidates, a number that dwindled over the week until there were only 18 remaining. Plastic surgeons interviewed and examined Kenna to ensure that she had reasonable expectations of the surgery and that the required procedures could be accomplished effectively in the short time available for producing the episode—just six weeks. The doctors eliminated candidates who had health conditions that might interfere with the safety of the surgery. One woman was eliminated.

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3 The producers received 7,000 applications after the pilot aired and before taping began for the first show in the series (Episode 101).
because she smoked, for example. Others were eliminated because they weighed too much. The excess weight increased the surgical risks; in addition, six to eight weeks was not enough to lose sufficient weight to look good in the final “Reveal.” Through the ASPS and its sister organization, the American Society of Aesthetic Plastic Surgeons (ASAPS), the surgeons had negotiated an agreement with Schultz (as a condition of their support) that they would make the final decision about whether or not an applicant would be selected as a candidate for the show, based on their assessment. Besides the physical examination and consultation with the surgeons, candidates completed the Minnesota Multi-Phasic Inventory (MMPI), a widely used psychological test introduced in the early 1940s that is designed to identify personality disorders, so that applicants with underlying psychological problems (and therefore, unrealistic expectations) could be eliminated. All candidates were also given a screen test to ensure they would look comfortable and natural on television.

Another important criterion for selection was the applicant’s story. The producers were looking for a compelling story that would engage viewers, and support the development of what the producers called the “story arc” tracing the candidate’s transformation, or what Schultz calls “a journey from A to B.” Schultz wanted to give the audience an “authentic” story of “belief in the future . . . growth and transformation,” a story about the “pain, suffering and hell to get [what they] longed and wished for.” Of the thousands of applicants interviewed, many who would otherwise have been eligible were eliminated because they were too dull. In some instances, despite the agreement with the ASPS, Schultz asked the surgeons to reconsider applicants they had rejected as poor risks.
who had particularly engaging stories—e.g., a woman with unusually large nostrils, whose surgery was expected to be especially difficult.

Of those who remained after the week-long weeding out process, the producers submitted their stories to the ABC network for final approval. There, the representatives from ABC’s Standards and Practices determined if the applicants and their stories were consistent with the Disney image and mission, eliminating anyone who, for example, had been convicted of a felony or had a history of failure to pay child support (Fiedler). Kenna made it through every step of the rigorous screening process to be selected as a contestant on *EM*.

Shortly after Kenna returned home, the producers contacted her to inform her they needed to come to her home town to take some photographs of her and to conduct some additional interviews as a final step in the selection process. Diane, Kenna’s sister, remembers that Kenna had to gather family and friends to meet with the producers and was instructed to schedule a tennis game where she would be videotaped. Kenna’s parents, Iris and Ken Godwin, joke that they were forced to return home from their cherished winter camping trip in the Texas Hill Country to meet with the producers and to take care of Kenna’s teenage son, Kenton, during her six weeks away. Sissy Biggers, host of *EM*, arrived on a Friday with a photographer and sound technician in tow. When Kenna opened a new can of tennis balls, a message was printed on the fluffy pink ball at the top of the can informing her she had been selected for *EM*. Later, producers met with family members and friends in Iris and Ken’s backyard, where they asked many questions about Kenna, her background, and the ways in which she had suffered. Kenton
told of the sacrifices his mother had made to raise him. Presumably, the producers also obtained the photographs of Kenna as a young woman that appeared on her episode. One showed her sunbathing on a raft in an idyllic river setting, as the narrator cautioned viewers about the effects of “baking in the sun” without protection (Episode 103).

The producers told Kenna to be ready to leave for New York City on Sunday—only two days later. Her surgery was scheduled for the following Thursday, less than a week away. In addition to coordinating care for her son, Kenna had to arrange for time off from the school where she worked. She had accrued some vacation time, but had to take additional leave without pay. Friends who learned of Kenna’s selection were a little envious. According to Kenna, one said, half jokingly, “I hate you; I hate you; you’re going to get a face lift and I’m not!” Otherwise, family and friends were generally supportive, Kenna says, and several, including her sister, Diane, later had cosmetic surgery themselves. On screen, EM shows a final good-bye dinner, Kenna seated with her family at a long table in a cathedral-domed restaurant, carving a steak. Diane commented that the good-bye scene was videotaped over and over. Family members and friends of other contestants report that they were urged in these meetings with the production staff to list, and—they intimated—exaggerate—the ill effects of the contestants’ appearances on their lives and prospects. In one publicized case unrelated to Kenna, a family sued ABC for the death of their daughter, who committed suicide. They claimed she was distraught about the negative things she felt she was prompted to say on camera about her sister—a contestant on the show who was dropped because there was insufficient time to correct her problem (Extreme Makeover Sued). Several members of the production crew
mentioned this case as an example of the changes that occurred when the original production company was replaced after the first year. They describe the original producer (Howard Schultz) as a “good guy,” who cared about the people, in contrast to the later producers who only cared about money. Of the lawsuit, Schultz said he would have paid for the woman to have the surgery even if she could not have appeared on the show.

Besides sending Kenna to New York City, the producers also paid for her son to accompany her and arranged a quick tour of the city. Although all of the later episodes were produced in Los Angeles, the ASPS had elicited Schultz’s promise that episodes would be produced around the country, so that doctors in many locations would have an opportunity to benefit from exposure on the show. The promise was short-lived when it proved prohibitively expensive (for reality television) to take the entire crew on location to multiple sites. Brief shots of Kenna and Kenton in New York show them gazing out the windows of the limousine. Kenna was taken to have her “before” photographs when she was “very tired from the trip.” She complained that she was not permitted to fix her hair or do anything to freshen up for the “before” shots. Kenton, who accompanied his mother to her consultation with the surgeon, says the “amount of paperwork was astronomical.” He attributes it to the “total change of appearance,” which necessitated caution, background checks, and psychological testing. Schultz also notes that insurance and liability were major issues. Whereas it was customary to obtain insurance of $5 million per occurrence, ABC advised him to “get more.” Even after he insured each occurrence for $25 million, he was advised to get more. He says that is an indication of “how nervous” the network was. He says everyone was scared (in the early days) and
“suddenly realized we were putting people in surgery, where they could die, have a stroke. . . .” What Kenna remembers is that she had to “sign my life away. I am not supposed to write a book, make a profit. Everything is secret” unless given permission. A production assistant told me with some relish that the contracts read that contestants were giving up their rights to “anything shot” (and presumably other related products) “throughout the universe, forever and ever” (Tannenbaum).

Kenna was lodged in a Manhattan hotel with a small refrigerator and microwave and a view of the brick wall of another building. Another contestant was put next door, but the two rarely saw each other, except when they shared a cab to the fitness facility. Diane says Kenna “felt a little cheated” when she saw how contestants in Hollywood lived. In Los Angeles, twenty-five or so contestants at different stages of their makeovers were housed in a luxury hotel off Sunset Boulevard. Specialized food was delivered daily to contestants in both New York City and Los Angeles. But, in Los Angeles, there were also group gatherings, shopping excursions, and other outings to entertain the contestants, who were kept bandaged so the public could not see the results of their makeovers before their episodes aired. Handlers were available to help contestants with anything and also to report potential problems back to the producers. A couple of members of the production staff mentioned that contestants were very demanding, and they had found it difficult to establish clear boundaries so that contestants did not get angry if the staff members were not there in the evening or available on call. One mentioned she had not had a day off or a holiday with family for the years she worked on the show. One of the celebrity surgeons claimed that the contestants became “to a one—divas,” a claim with which
members of the production team agree, although they say it is normal for reality television participants. Something about the first-time exposure to luxury and the short-lived celebrity leads to the demanding behavior, one of the production assistants speculates (Saunders). Kenna mentioned that one of the contestants stole clothes from the set and demanded that the producers buy her a new coat.

Life in the Hollywood hotel had all the drama of any group setting. The handlers and other members of the production crew report there were romances, including one that ended a marriage and resulted in the marriage of two contestants, a female and a male who were featured on the same episode (Tannenbaum, Wall, Hendricks). Several participants became addicted to the pain killers. Many struggled with the loneliness of being away from their families and the anger of partners left behind to care for children and perform other household duties. One of the cast handlers said she discerned a pattern after a while and would prepare contestants: In the third week away from home, they should expect “a major melt-down” from the person left behind, who would say, “You’re there on vacation . . . while I’m going through hell dealing with . . .” The person at home couldn’t see the suffering of the contestant—the bruises, swelling, the embarrassment from having a stranger help them in the bathroom. They would calm down for a week or so, then have “another melt-down in the fifth or sixth week,” when they noticed a change in the contestant (i.e., a change of attitude). They would typically say, “You’re going to come home and leave me.” She advised contestants to go home after the Reveal, take off the dress, remove the make-up, and “Let them see it’s still you” (Hendricks).
On the Tuesday after arriving in New York City, Kenna met with the surgeon and dentist to discuss her treatment plan. The New York surgeon first appeared on camera seated at a dark wood desk, a framed photograph of him and his wife visible in the background, as his name and credentials appeared on screen and the narrator recited his accomplishments, including his board-certification in plastic surgery. During the consultation, the doctor traced lines on Kenna’s face with a metal stylus, the same stylus he used later with a computer imaging program to demonstrate to Kenna how she would look after various procedures were completed. He also smoothed the skin of her forehead with his thumb, much as an artist might smooth a clay surface. At the conclusion of the consultation, a before photo of Kenna appeared on camera, as the narrator recited the procedures to be performed: a brow lift, upper/lower eye lift, full face lift, liposuction under the chin and a chin lift. Kenna’s makeover was a little different from the others, in that she had no surgery below the neck. Most contestants had breast augmentation or breast lifts, as well as other procedures all over their bodies.

The day of her surgery, while the camera showed Kenna arriving at the surgical center in a limousine, the narrator commented on how she had had to rise before sunrise. The scene then cut to an image of the doctor, wearing a cap with the design of an American flag, standing over Kenna to do “a little drawing.” He made lines on her face with a blue magic marker, saying that they were “landmarks,” mostly, as well as a few incision lines. During the surgery, Kenna lay inert on the operating table as a team of medical professionals stood over her, the camera cutting away to scenes of pumps and monitors. Nothing gory was visible, although Schultz says he wanted to show just enough
to make the audience “cringe.” He had forced himself to watch the surgeries, but said he had to leave the room the first few times. The ASPS doctors said part of their agreement was to show the reality of surgery—i.e., the cuts, swelling, bruising—so that viewers would understand that surgery was serious.

Several members of the production crew—a sound technician, the camera operator, and a production assistant, at a minimum, were present throughout every surgery, sometimes spending 16 hours in the operating room (Saunders). One of the celebrity surgeons mentioned he was “just whipped” after many hours of multiple surgeries, and said “then they’d push a microphone in your face and ask you to comment” (Carmody).

After surgery, Kenna lay swaddled in quilts, her face wrapped in thick bandages that resembled the padding on hockey masks, as the nurse and doctor tried to awaken her from the sedation. The scene cut away to the doctor’s office, where he commented that it was unusual to take so long coming out of anesthesia, and suggested it was a result of Kenna’s age. He emphasized that she was “safe the entire time.” The next day, in a follow-up visit, Kenna sat frozen in her chair, bandages still circling her head, her eyes shut, her face swollen, stitches clearly visible. She recalls that she had a painful migraine headache for two days. On screen, she said, “I’m feeling awful. My head hurts so bad . . . it’s just horrible.” Again, there was a cut-away to the doctor, who commented on how unusual her pain was, again attributing it to her age. One observer of EM who had had a similar array of surgeries commented on how unrealistic the scenes of recovery were. She described the pain as “indescribable,” saying it was far worse than she had
expected (Pitts-Taylor 57). Four days later, on another follow-up visit to the doctor, which the surgeon referred to as the “unveiling,” Kenna would not make eye contact with the surgeon, but she began weeping. When interviewed, she said she had cried with happiness for 30 minutes and later called her sister, Diane, to share her joy. The doctor, who stepped back from her, looking a little nonplussed by her tears, acknowledged that, “it can be emotionally overpowering” (Episode 103).

Two weeks later, EM showed Kenna again immobilized and sedated on an operating table as the doctor (again dressed in flag-patterned scrubs) covered her neck and ears with foil before stepping on a foot pedal that controlled a laser for her skin treatment. He and his assistants then swabbed Kenna’s face with sponges.
Kenna remembers that the doctors had “prepared” her well for the laser resurfacing, but that her face “looked like it had been dunked in acid.” Family members recall that Kenna showed them pictures of her face after the laser surgery. They say her face looked “all scabby . . . pretty gross” and “horrible.”

The final step was a “smile makeover” entailing the application of porcelain dental veneers to Kenna’s front teeth. The dentist recommended the veneers instead of whitening because he said it was difficult to match the colors of teeth accurately. The camera focused on the dentist as he sanded the fronts of Kenna’s teeth.

Figure 2. Kenna Receiving Dental Veneers

The worst part of the experience in New York, Kenna says, was “being captive in the hotel room.” She said there was nothing to see outside the window. Kenna talked on
her cell phone to her son and other family members every day. Otherwise, she was not allowed to take photographs or to see anyone. She spent her days leafing through *Allure* magazines. *Allure* sponsored Kenna’s style makeover, choosing her dress and accessories. Kenna wanted to wear a pants suit and had found a Ralph Lauren outfit she liked, but the producers insisted she wear a dress.

Kenna also met with a trainer and nutritionist in his Manhattan fitness center. Near the end of her six-week stay in New York City, the hairdresser and makeup artist met Kenna in her hotel room. Kenna was pleased that her hair was done by a hairdresser who “does the Shrivers’ hair,” and her makeup by the person who does Celine Dion’s. During the hair styling, someone asked her to say something in her Texan accent. She commented on being in an “elite, high falutin’” salon, and told Stephen at the end, “You done good,” to which fans on the internet exclaimed, “Did she really say that?” When asked if she were coached on what to say or how to act, Kenna said she was not, that the producers wanted the scenes to look “genuine.” One exception was that another contestant was given etiquette coaching on how to walk in high heels because the producers were afraid she would fall.

Around midnight one night at the end of her stay in New York, the stylists dressed Kenna and took her to a studio for “after” shots. Kenna then returned home for her Reveal, where 50-60 family members and friends saw her for the first time after her makeover. Her sister, Diane, commented that the Reveal took place on a weeknight, and that everyone had to drive in for it, even though children had school the next day and some of the people lived as far as 100 miles away. She thought the producers had
intentionally scheduled the reveal at an inconvenient time so the agitation of guests would show and be mistaken for excitement and impatience to see the final results. Another contestant mentioned that she was kept waiting behind the scenes for hours (Jackson). Like Diane, this contestant thought it was done intentionally to build suspense.

The scene begins with a shot of a stretch white limousine gliding past fallow fields at dusk, headed to the site of Kenna’s reveal. The scene then cuts to shots of family and friends drumming fingers, looking around the room expectantly. Next, the camera focuses on Kenna’s feet, clad in strappy black sandals, with a metal heel, as she walks slowly towards the party venue. Curtains part, and Kenna steps forward to the applause and appreciative stares of the guests. Kenna recalls that the scene was taped over and over, so everyone had to keep acting surprised.

Kenna stands in front of the audience smiling, with short, blond-highlighted hair, flipped on the ends and sparkling makeup, dressed in a red dress with a plunging V neckline. She pirouettes for the crowd, then joins her guests. While reaching out to touch one of her friends, the traces of the old sun damage are visible on her arms, but foregrounded by her smooth, wrinkle-free face.

Of the evening, Kenna says, “It sounds trite, but I felt like Cinderella. Even on my wedding day I didn’t feel so beautiful.” Schultz wanted the Reveal—a trope he introduced to reality television, adapted from the concept of a plot twist—to show the achievement of the dream, the culmination of weeks of hard work and suffering. He claims he intentionally imitated the process of a rite of initiation, with the return of the heroine to the family after weeks in seclusion undergoing a physical and spiritual
transformation. He wanted the new appearances to be a “shock” to family and friends. Indeed, Kenna’s father and mother, Ken and Iris, said simultaneously when interviewed that it was “a shock” to see the change in Kenna. They said she “didn’t look like herself.” Ken said “I looked around to find her, to make sure it was her. I finally saw her eyes, which were a little swollen. All I could do was stare. It took a lot of years off.” Kenton, Kenna’s son, described his mother as “absolutely stunning,” and said “Mom, if men start coming around, we need to make sure they’re nice guys!” Several people commented that Kenna’s eyes were still a little too swollen and that the producers should have waited a little longer.

At the Reveal, a friend commented that Kenna’s face looked beautiful, but her dress was not flattering. Apparently, the producers agreed. Kenna, her son, and Diane were flown to Los Angeles, where parts of the reveal were re-videotaped, with Kenna in a different dress, her hair styled differently. Diane said the dress shown on television (from the second taping), though red like the first dress, was “sexier, showed more cleavage” and that Kenna’s hair was longer and “blonder.”

The episode ends with before and after images of Kenna. The before image, which resembles a police mug shot, shows Kenna in unshapely beige underwear, unsmiling under bright lights. The after shot reveals her new look, as she stands fully clothed, smiling in warmer lighting.
The narrator recites the many procedures performed on Kenna and reiterates the show’s enduring theme of “lives changed forever.” Then, the scene changes to a cautionary note encouraging the use of ABPS-certified plastic surgeons to perform cosmetic surgery.

In all, Kenna estimates there were 500 hours of shooting over the six weeks of her participation on *EM*. (That would be more than 80 hours per week—double a normal work week.) Kenna received no pay, just a small stipend (less than $20/day), room and board and travel expenses. Although contestants received as much as $100,000 in medical and styling services, a production assistant points out that paid talent—i.e., actors—would have earned much more as they would have received residuals every time the episode was shown.
Kenna delighted in the surprise of old friends and acquaintances. She said people walked right past her and did not recognize her. “A teacher at my school said my first day back, ‘Who are you here to see?’ She didn’t recognize me.” She also enjoyed the short-lived celebrity. She told of being in the supermarket when two women spotted her: “No matter what aisle I went down, I’d catch sight of them following me around.” She also said that a woman in Barnes and Noble said to her, “Oh my gosh, it’s you.” Kenna said, “I thought I knew her at first.” She says that even after seven years, people say “I know you,” referring to her appearance on EM. A local newspaper has interviewed her a couple of times and run stories on her makeover and her exercise regimen. She also appeared on The Wayne Brady Show, which she says was “so much fun” and was also featured in two national magazine stories. But, she says, “celebrity can go to your head—the star treatment, being chauffeured in a limo . . . people staring through the windows. You still have to come home and clean toilets just like anyone else.” The brevity of the stardom was disappointing in some ways, too. The fitness coach featured Kenna in two of his books, but did not invite her to a book launch, where she had hoped to meet such celebrities as Heidi Klum. Diane reports that Kenna felt disappointed and “exploited.” Seven years after her makeover, Kenna says very little has changed in her life, except that she feels better about herself and has adopted the nutrition and exercise program recommended by her trainer.

Kenna was just one of the hundreds of people who received makeovers on EM during its seven years on air. EM spawned numerous imitations, including The Swan, Miami Slice, You Want a Famous Face, Dr. 90210, Beauty Addicts, Bridalplasty, and
others. It also had profitable spinoffs, including *Extreme Makeover—Home Edition*, which aired from 2003-2012, and a 2011 special, *Extreme Makeover—Weight Loss Edition*, which later became a series. It has been shown in 122 countries and copied in Greece, Great Britain, and the Netherlands. A new production is currently under way in India. Fans, including those who are still posting comments online years after the show ceased production, find inspiration and hope in the show, and plead for its return so they can find help for themselves or loved ones. Others revile the show for being boring, shallow, and little more than an extended infomercial for the plastic surgery industry. Some members of the production crew (which exceeded 100 people when Howard Schultz was executive producer), express pride in their time working on the show, comparing it favorably to others in the reality television genre. A couple described it as inspirational (Tannenbaum, Hendricks).

In the end, the story seems prosaic and ordinary, the individual results unimpressive compared to the “lives changed forever” promised over and over again by the narrator. But, hidden in the story are traces of the larger changes and cultural effects taking place in America at the time. A closer examination reveals the transformation of social life and American culture into a marketplace sensibility where the freedom of choice (consumer choice) dominates life, and the language of competition and the market has seeped into everyday life. The stories of contestants, mostly disadvantaged women, reveal the daily struggles and desperation of many Americans as they cope with poverty, loneliness, and the disruptions of failed marriages and job loss, while also raising children. Their experiences also reveal the necessity for quick action as new information
technologies eliminate the effects of distance, making information available
instantaneously, eliminating time for reflection. Through the personal makeovers, *EM*
provides insights into occupational restructuring occurring in the workforce, changes in
the way hegemonic structures maintain the status quo, strategies for coping with
changing personal and familial relationships, declining opportunities, the diminished
aspirations, and disparities in American culture at the turn of the 21st century. The
maudlin, saccharine stories of metamorphosis mask troubling trends, especially the
transformation of desperation and poverty into disease, where need becomes conflated
with the psychological disorder of low self-esteem, and attention gets diverted from the
real causes of social disadvantage to a focus on individual responsibility and the necessity
of consumption for self-improvement, all reflecting the far reach of neoliberalism. At the
same time, *EM*’s preoccupation with surface appearance reflects the postmodern
emphasis on aesthetics and ever-changing identities, as well as the construction of
technical expertise of any kind as art. The public shaming of contestants for failure to
maintain their appearances echoes the neoliberal refrain admonishing personal
responsibility, diverting attention for the host of influences preventing contestants and
others like them from improving their circumstances. Moreover, the exposure of
embarrassing, personal information about contestants suggests a blurring of boundaries
between public and private lives that is linked to class, so that the privacy of the
privileged is protected, whereas the privacy of the poor becomes a kind of currency
available for exchange in the free market of reality television. At the same time that
massive amounts of personal data are collected from applicants and contestants,
comprising a goldmine of marketing information, contestants are contractually barred from commenting publicly about their experiences on the show. And, although the shows continue to circulate worldwide, earning large profits for the owners, and before and after images of the contestants are circulated widely by the surgeons to promote their practices, the contestants earn nothing and have had to relinquish their rights as a condition of appearing on the show, replicating other social inequalities. EM is, indeed, a story of transformation—the transformation of American culture in late capitalism. These are the themes explored in the pages that follow.
INTRODUCTION

Although media makeovers had been around for years, *Extreme Makeover (EM)*, which piloted in December of 2002, marked a distinct departure from others by going—as the title suggests—to an extreme. In just six weeks, contestants\(^4\) received not only the traditional style consultation, but also multiple surgeries resulting in physical reconstructions so dramatic that family members sometimes did not recognize the contestants when their post-makeover looks were revealed (Godwin). The first reality television (RTV) show focused on body modification, *EM* contributed a new term to our vocabulary—“extreme makeover.” It also introduced to RTV the convention of “The Reveal,” which has been widely adopted for use in other contexts. *EM* achieved high ratings for the ailing ABC network, which had only two of the top twenty shows of 2002 (NFL Monday Night Football and NFL Monday Showcase) (Forman). In the first season, *EM* reached 11.2 million viewers per episode on average and was ranked 40\(^{th}\) among all television programs.

Like many television shows, *EM* reflected national and personal anxieties prevalent at the time. Specifically, it captured concerns—both individual and national—

\(^4\) Although the ASPS suggested that I use the term “participant” instead of “contestant” to refer to people who underwent makeovers on *EM*, I have decided to use the term “contestant” because the individuals had to audition and compete with thousands of others to be selected for a makeover. The ASPS objected to the term, because they thought it implied that cosmetic surgery was offered as a prize in a contest, a violation of their ethical standards. They wanted everyone to know that the plastic surgeons on the show were paid for their services. The surgeons did not provide their services as a prize in a contest.
about how to cope with growing instabilities in every aspect of daily life including family
life and work, about getting ahead and remaining competitive, about finding lasting love.
And it offered a solution: image management coupled with new strategies of competition.
David Harvey, reflecting on the period, theorized a switch from the fixed capital
accumulation system that characterized Fordism to a system of flexible accumulation,
what he called “Post Fordism.”

It is the relationship between the system of capital accumulation—the generation
of surplus value or profits—to the “conditions of existence of wage earners” that
interested me on EM. Specifically, I wanted to learn what the conditions were, how they
were shaped, how they were affecting the daily lives of people engaged in the production
of the show, and how they varied to produce inequalities in power and income. My focus
was on the interface between the text of the makeover shows and the lived experiences of
the people who came together to produce it—that is, the conditions of existence of the
contestants, the television production workers and others engaged in its production.

My two sources—the text of the show and the self-reported experiences—overlap
in ways, sometimes contradicting each other, but nevertheless providing insights into the
ways people from different sectors and economic strata were adapting to economic
conditions to position themselves for survival. The makeover reality show intrigued me
for several reasons. RTV is a product of the culture industries born of cutbacks
necessitated by the turn to a flexible economic regime. EM offers an opportunity to
examine the day-to-day effects on a specific sub-set of wage earners—television
production workers, as well as others involved in the show. Both the entertainment and
health care industries are two of the fastest growing sectors in the US economy, both sites of innovation and creativity. Both industries are vulnerable to economic swings, and both have complex occupational strata ranging from entry-level, unskilled labor, to highly trained and experienced, wealthy specialists filling creative roles, and benefiting financially from the intellectual property generated by the show. It was interesting to me to witness the behind-the-scenes collision and corroboration of two powerful industries joining forces to work on disadvantaged, mostly female contestants. By examining the interactions of people from diverse backgrounds and strata, it was easier to see the spread of instability and insecurity, and the adaptive responses to it.

Three social sectors came together in the production of EM: (1) low-income people from around the US, mostly women from small towns or rural areas who worked in personal service jobs (e.g., hair dressers, dog groomers, school counselors); (2) big city plastic surgeons and cosmetic dentists; and (3) Hollywood producers and production workers. Collectively, the people represented a socioeconomic cross-section of America. Although my focus is on the conditions of existence of wage earners, I am including under that heading, activities related to establishing and maintaining relationships—finding romantic partners, keeping a marriage intact. My reason for including these activities is that they comprise part of the “conditions of experience” and have become a type of work. In some cases, the relationships provide a way of fulfilling basic needs (for shelter, for example), and the social relationships provide a counterpoint to the demands of the business world, a site for recovery, solace, and shared labor. As both Ross and
Weeks note, the unpaid labor of partners at home (women, mostly) is fundamental in sustaining the economic conditions needed to fulfill the demands of capital.

**The Social and Economic Backdrop**

Scholars note a financial crisis occurring in the late 1960s and early 1970s (one of several that occurred since the late 19th century), resulting in drastic changes in the conditions of the reproduction of capital and in the transformation of the wage relation (Aglietta, Braverman, Gordon, Harvey, Ross). Of the crisis, Daniel Bell said:

[By 1977] the “technology gap” had almost disappeared and the United States was desperately trying to climb out of a deep balance-of-payments chasm by devaluing the dollar, and seeking to stem the tide of Japanese and European goods (autos, radios, typewriters, television sets, optical instruments) that were flooding the American market. In fact, today, one thinks of an American climacteric, a critical change of life, as being the nodal point for the future—carrying the implication that the U.S. economy (and its superior advantage in the world economy) has passed its peak, that the “aging” process is real and the loss of leadership irretrievable. (212-213)

Bell went on to say that “the feeling remains that the period of American dominance in the world has crested” and that “the decline of American influence will involve numerous struggles” (215-221). At the heart of the economic transformation were profound changes in the “conditions of existence of wage earners” (Aglietta 21). Among them, according to Harvey, was a turn to just-in-time management practices, including subcontracting to small businesses, outsourcing to sweat shops and employment of
temporary and part-time workers to avoid the cost of maintaining a large labor force
during periods of inactivity and responding to rapidly changing needs. (*Condition* 121-189).

Several authors have noted that the worker’s pursuit of goods to fulfill basic needs
(shelter, food) drives the economy (Ross 1, Weeks 1). Smith observes, for example, that
“capital’s relationship to labor power is the shifting focal point of all transformations”
(47). Aglietta says the changing forms of competition inherent in capitalism derive from
“antagonism of the wage relation that is the motive force of capital accumulation” (18).
And, Gordon attests that the “social structure of accumulation determines the stages of
capitalist development” (9).

To cope with the financial crisis of the 1970s, Bell predicted a “major change in
the occupational structure of the society,” including the creation of more technical and
professional jobs, requiring more education and arousing more conflict among
professional groups (199). Theorists have since described the changing job roles and
demands on labor in different ways, but most fit the occupational paradigm Peter Drucker
and Robert Reich established in the late 1990s. They predicted an increasing demand for
knowledge workers or symbolic workers, noting the requirement for workers to upgrade
their skills continuously in preparation for regular change (Reich 173-180, Drucker 163-195).
Reich theorizes three new classes of workers: in-person service workers (the most
vulnerable and lowest paid), routine production workers, and symbolic-analytic workers
(174). Virtually all of the contestants on *EM* filled in-person service jobs. In-person
service workers include the legions of people who perform services for others, such as
waitresses, flight attendants, hair stylists or house cleaners, as well as those who perform tasks people usually did for themselves until recently—e.g., shuttling children from school to soccer games, spending time with elderly family members, shopping, finding dates or coaching people on dating behavior (Hochschild Outsourced). What is essential in all of these jobs is “emotional labor”—a gift of caring, showing concern, reassuring others (Hochschild Managed ix). Reich cautions that in-person service workers must “have a pleasant demeanor” (176). Edmonds, in his study of cosmetic surgery in Brazil, adds that a pleasant appearance is important “value added” to such jobs (114). Thus emotional labor and appearance both figure into job performance for in-person service workers.

Neoliberalism is often cited as the form of capitalism that emerged in the US in response to the financial crisis of the 1970s (Dumenil 1). Many critics identify EM and other makeover shows as vehicles for promoting neoliberal values, sometimes ignoring the fact that the show is constituted by neoliberalism as much as it promotes it. Nevertheless, a review of the basic characteristics of neoliberalism will help put into perspective my approach to the show. Most commentators agree that neoliberalism entails a deliberate effort to redistribute wealth to a powerful minority (those Americans in the top one percent in assets and income) (Harvey Neoliberalism 16, Stiglitz, Dumenil 7, Gusterson 4). Two themes dominate the discourse of neoliberalism: For one, it conflates freedom with choice and free market exchange, leading to the fallacy that individual freedom rests in consumption and in particular in the ability to choose what to purchase from a broad array of options. In so doing, it places everything in the realm of
the market, with “market exchange a guide to all human action” (Harvey *Neoliberalism* 3-7, Giroux 3). Indeed, *EM* frames cosmetic surgery as a choice, firmly embedding the made-over body in the marketplace. It also promotes the idea that personal responsibility will lead inevitably to attainment of the American Dream (however one defines it), suggesting that such benefits as social security, Medicare, VA loans, and the like, are detrimental to the economy and to the moral fiber of the nation (Graeber 81). *EM* conveys the message that having cosmetic surgery is a way of taking responsibility to change one’s life. From the neoliberal perspective, any failure is attributed to personal deficiencies, rather than external factors or social policy (Harvey *Neoliberalism* 157). In addition, the promise of a better life made by neoliberalism and *EM* rarely materializes fully. Neoliberalism, Harvey says, “perpetually plays on desires without conferring satisfaction” (*Neoliberalism* 170). Other features of neoliberalism, according to Harvey, are the “commodification of everything” (allowing for redefinition of property rights), the “financialization of everything,” and a general increase in the ephemeral, the disposable, and the short-term contracts (including marriage) (33, 165-166). He claims a shift from production to finance, noting that production capacity no longer leads to increases in per capita income, but finance does (*Neoliberalism* 33).

Several scholars, including Giroux, who describes neoliberalism as a “system of cruelty,” identify the following characteristics (Giroux 1, Graeber 81, Dumenil 18):

- Major social and political decisions based on the market;
- Voluntary withdrawal of the government from all economic activity;
- Reduction in protections for workers and citizens;
• Diminution of union power; and
• Unchecked corporate autonomy and freedom.

This vision of neoliberalism and the attack on labor inherent in the cost-cutting strategies of flexible accumulation suggests a grim future for wage earners. Indeed, Gusterson describes the insecure American as the “archetype of our age,” noting growing numbers of people who live from paycheck to paycheck, on the brink of financial disaster (2-4). This precariousness is evident in the lives on *EM* contestants, who barter their privacy and dignity for services they need to be healthy and to market themselves effectively. They are presented as exemplars of what can happen if one fails to take responsibility. At the same time, evidence would suggest that they are more typical of the average American than one might suppose. The income curve for Americans, Gusterson points out, is no longer bell-shaped, but pear-shaped, with a small minority—just one percent—receiving 20 percent of annual earnings and having one third of the country’s net worth (4-5). The near poor, or what has been called the “missing class,” comprises fifty-four million people, including twenty percent of children (Newman ix). Along with the shifts in income has been a concomitant shift in risk, with the risk of health care expenditures, for example, shifted from the corporation to the family, all justified under the rhetoric of personal responsibility, leading to the further erosion of household assets (Gusterson 6).

Although it is easy to imagine the anxiety of the very poor, Ehrenreich notes similar anxieties in what she terms the “professional middle class”—lawyers, social workers, middle managers (*Fear* 3). Similarly, Ross describes an emerging *precariat* of
workers, a new “geography of livelihood” characterized by mobility, uncertainty, instability, and free agency, with contingency spreading throughout the workplace into the management and professional tiers (1-4). And, Gusterson describes a “trickle up” of insecurity (3). The wellbeing of this fearful middle class, Ehrenreich says, depends on its knowledge, skills, and influence rather than on actual capital (Fear 15). They are in a perpetual cycle of consumption aimed at maintaining or advancing their positions socially. She describes this group as one preoccupied with consumption, particularly of status goods that mark class attainment, but notes an underlying and pervasive fear of backsliding, of losing ground through a failure of discipline or will (Fear 14-15). Harvey goes further, saying that “the acquisition of an image (by the purchase of a sign system such as designer clothes and the right car) becomes a singularly important element in the presentation of self in labour markets and, by extension, becomes integral to the quest for individual identity, self-realization and meaning” (Condition 288).

Wally, in contrast, writes nostalgically of Chicago’s former steel industry, the “complexity and richness of working class lives,” the families and communities “built around stable, decent paying jobs” (7). She describes the “far-reaching disenfranchisement of working people,” noting the elimination of 90,000 jobs in Chicago and nearby Indiana in the 1980s when the steel mills closed, and a national drop in union membership from 62 percent in 1960 to 13.6 percent in 2010 (1, 3).

The alarming accounts of disappearing wages and benefits, along with the sentimental recollections of the industrial era, overlook some of the disadvantages of the earlier era as well as the potential opportunities posed by the changing economy.
Although the unions clearly provided some protections that are now largely gone, they did not ultimately fulfill their promise of job security. In addition to the 90,000 workers laid off in the 1980s from the Chicago and Indiana steel mills, countless others in the automobile industry lost their jobs, and had to undergo education and training to prepare for new occupations or cope with unemployment. In addition, although union jobs may have provided greater job security than 21st century flexible employment, only one third of Americans were union members working in non-agricultural jobs during the 1960s (Wally 1-3). Many, including my father, who was a college-educated, former officer in the US Army, worked as a “straight-commission” paper salesman after leaving the military. He had no health benefits or pension and worked long hours to earn enough money to support our family, a task that became more difficult after he turned 40, the maximum age for hiring on most jobs in the late 1950s and early 1960s. Obtaining employment for women was even more difficult. When I started working in 1967, job announcements were coded by gender, the higher paying, more interesting jobs reserved for men. Flexible employment offered opportunities for many of us. For the first 30 years of my career, I worked on a contract basis on government projects. I was hired for the duration of a contract (anywhere from 1-3 years), and could be assured employment as long as I had sufficient billable hours. In between contracts, I worked as an independent consultant—a free agent—for a daily wage I set myself. No doubt I suffered from false consciousness, but I believed my employment (if not my job) was secure as long as I had

\[5\] For a year in the early 1990s, I worked on a team evaluating education and re-training programs in the automobile industry. The programs were jointly sponsored by the United Auto Workers (UAW) and management of Chrysler and Ford. Most of the education centered on basic reading and arithmetic skills because many of the workers were illiterate. They were lured while still teenagers into employment in the plants by the promise of high wages and lifetime employment.
useful skills. It was certainly more secure than any of my father’s jobs. I also enjoyed the
diversity offered by contract work—the chance to work on different kinds of projects
from year to year—a big improvement, I thought, over the mindless drudgery of factory
work. I preferred having control over my time, in contrast to the civil servants who had to
complete seemingly bottomless mounds of unnecessary paperwork, adhere to rigid
schedules and fulfill other bureaucratic requirements. I also drew satisfaction from my
ability to succeed in a risky environment. As one who has lived and worked full-time
under flexible conditions for the past 45 years, I am a little skeptical of the sentimental
recollections and romanticized accounts of the bygone Fordist era. Yet, I concede that
this type of livelihood is stressful and that it probably would not be feasible for everyone.
The absence of retirement and health care benefits also puts old age at risk. In any case,
the option of free agency is not available to everyone, giving support to the observation
that there is a growing polarity between unskilled workers and the professional ranks
(Ehrenreich Fear 8-12).

But, the question remains, how does a system of flexible accumulation, bolstered
by the tenets of neoliberalism, lead to the generation of surplus value, and what does that
mean for the wage relation? Ross argues that creative occupations—software
development as well as cultural and artistic pursuits—are especially well-suited to the
new regime of accumulation. Creative people, he says, are already conditioned to the
uncertainties and instabilities of employment. More importantly, there is growing
evidence that creative jobs are a major site for the generation of intellectual property, one
of the best sources of surplus value in the current economy (Ross 27). In the US, he says,
the culture industries are “consumed with the gold rush to secure ownership of IP rights in every domain of expression” (37). And, in the UK, the artist has been “reconceived as the model citizen-worker—a self-motivated entrepreneur able to work in a highly flexible manner” (36-37). Indeed, the arts contribute significantly to the US economy. Three million people in the US work for 548,000 “art-centric” businesses, representing 12.2 percent of all workers and 4.3 percent of businesses. More significantly, it is the fastest growing sector of the US economy (Ross 39). In addition, the World Bank reports that more than half of consumer spending in G7 countries is on products of the culture industries, and that products of the culture industries comprise 7 percent of world GDP (Ross 39). The importance of the culture industries is further reflected in Blair’s establishment of the Department of Culture, Media, and Sports in the UK, the European Commission’s establishment of the Culture Program, 2007-2013, the growing publicity surrounding awards for the arts, such as the Pritzker for architecture and the Oscar for film (Ross 18, 31). Ross describes all of this as a “cultural arms race” (31). Similarly, Smith, describes a growth in what he calls “activity commodities”—entertainment, sports, etc. (48). Harvey, too, notes an increase in demand for ephemeral commodities, such as “entertainments, spectacles, happenings, and distractions,” driven in part by the time-space compression and the need for faster consumption to keep pace with more rapid production turnover (Condition 285).

A necessary adjunct to the increased production associated with Post-Fordism was an increase in consumption. Aglietta points out that the mode of consumption has historically linked directly to the conditions of labor. During industrialism, workers
migrated from their homes of origin to work in factories, settling in neighborhoods closer to the plant. Long hours on the factory floor led to exhaustion, with no means of recovery during work hours. The separation from social ties along with exhaustion created two predominant needs for durable goods: housing and transportation between home and work (to allow more time for recovery) (Aglietta 158-9). The mode of consumption led to social policy to protect investments in durable goods during periods of unemployment. These conditions also reinforced a work/home separation and separate spheres. Under flexible accumulation, the need for rapid and repeated consumption of ephemeral goods arose, and the need for a clear work/home separation less evident.

The new approaches to streamlined production, along with advances in information technology, also led to a time/space compression, enabling the rapid transmission of information and immediate execution of financial transactions electronically, leading to a speed-up in labor processes along with the deskilling of workers. The new instantaneity also created a need for more rapid circulation and consumption of commodities, creating a demand for labor devoted to the construction and circulation of images, people concerned with the “construction of sign systems and imagery” (Condition 287). A side effect was, Harvey contends, an emerging culture of ephemerality, short-term contracts (including marriage), disposability, novelty and obsolescence, all of which is captured in the postmodern aesthetic (Condition 286).

In addition to being constituted by the neoliberal mode of production, EM also played a role in perpetuating and reproducing it. Smith points out that any adjustment in the mode of accumulation requires “ways of ensuring social and cultural compliance.”
“Subjects,” he says, “need to be called into place and kept there” (46-47). RTV, Giroux suggests, is one means of engendering compliance. Giroux claims the media (which he calls “handmaidens of corporate power”) have built support for neoliberalism by drawing on “rituals of everyday life in order to legitimate its norms, values, institutions, and cultural practices” (1). The process is accomplished, he says, through “a new and ruthless social Darwinism played out nightly on network television as a metaphor for the “naturalness” the celebration of hyper-masculinity, and the promotion of unchecked competitive individualism” (3-4). Chomsky sounded a similar alarm in the late 1980s regarding the way the press handled the Iran-Contra Affair. Referring to inequities in power and wealth, he called the media a tool to “inculcate individuals with the values, beliefs, and codes of behavior that will integrate them into” society to “serve the ends of the dominant media—i.e., keep subjects in line” (1-2). He was speaking primarily of the news, but Giroux’s observations point out how other types of programming are being used in similar ways to condition the public. EM provides an opportunity to examine ways in which RTV, especially makeover shows, function to call subjects into place.

Understanding how the show represents the conditions of existence of everyday life requires a thorough understanding of the many cultural threads and influences affecting production of the show. In the pages that follow, I summarize major issues and themes in two areas: (1) makeover television as a genre within RTV, and (2) cosmetic surgery within the larger framework of health care.
Makeover Television: The Convergence of Cosmetic Surgery and RTV

RTV burst on the media scene in the late 1990s as a direct outcome of the change to a regime of flexible accumulation. It offered cheaper, faster production due to the elimination of costly elements such as scripts and paid talent, and reduced the risks posed by industry strikes (Magder). It was also well suited to global adaptation and marketing. Tania Lewis attributes the emergence of RTV to deregulation of the television industries in the 1980s and 1990s. As stronger competition has led to a search for more and more products, producers have been drawn to RTV because it can be syndicated easily and can transcend national boundaries more readily than other genres (i.e., the shows can be replicated in multiple settings) (Lewis 449). Through the use of format sales, the shows can be adapted easily to different cultures, as the success of EM overseas clearly demonstrates (Magder). As Giroux points out, RTV also offers a means for keeping subjects under control, which it accomplishes, in part, by building on familiar myths and tropes of American life.

RTV’s Use of the American Mythos to Promote Citizenship and Opportunity

Since the late 1990s, makeover television shows, a genre of RTV, have proliferated to cover virtually all aspects of life—personal style, marriage, child-rearing, dog training, automobiles, home décor, work, and mental health. They include such a diverse array of reality shows as What Not To Wear, Queer Eye for the Straight Guy, Trading Spouses, Supernanny, Nanny 911, Dog Whisperer, Pimp My Ride, Trading Spaces, The Apprentice, and Intervention. The shows all fulfill a disciplinary function promoting continuous self-improvement, combining older forms of television—lifestyle
and Do-It-Yourself (DIY) programming—reframed to fit the cherished American mythos of new beginnings. Within this framework, the shows construct new gender ideals that emphasize heavy consumption of ephemeral goods. Closely linked with the disciplinary function is the surveillance, normalized through the use of video diaries and the ubiquitous camera footage covering even the most private moments.

The concept of makeovers is a variation on the theme of rebirth that lies at the heart of the American mythos. Reinvention is an integral part of stories of progress, individual achievement, and upward mobility in America, dating to the beginning of the nation (Heller 52, Kimmel 1996 210-212). In the new millennium, good citizenship is cast as reinvention to accommodate the changing demands of capital for flexibility, increased consumption, and acquiescence to surveillance. The notions of risk, hard work, and perseverance carry through in the insistence on the hard work of physical transformation—the pain of recovery, the endurance of demanding physical workouts, the discipline and self-denial of strict diets. All of this is bound up with a growing emphasis on self-help, which has its origins in the American mythos but which has assumed even greater urgency under neoliberalism, with its valorization of personal responsibility and individualism. The rhetoric romanticizes self-reliance, justifying the elimination of job security and benefits, and suggesting that the freedom and independence of our forefathers can be recaptured through a focus on self-development through consumption. McGee traces the self-help movement back to the origins of America and the idea of the self-made man. Contemporary manifestations, she suggests, can be seen in self-help manuals focused on career development, such as the works of
Peters, Robbins, Covey, and others (139). These manuals provide guidelines to individuals for applying business tools, such as time management and sales strategy, to the acquisition of wealth. Collectively, the books suggest dreams can be attained by taking control of one’s destiny, through a positive attitude combined with continuous self-improvement. They equate empowerment with personal responsibility, transferring responsibility from the employer or government to the individual (Weber 51). In other words, they frame dependence on others, including social programs like Medicare, as weakness, and strength as both independence and the acquisition of power and wealth. It is worth noting, that the self-help manuals construct personal mastery and achievement as business success, overlooking other forms of citizenship, such as contributions to the community or social justice.

Besides the neoliberal leitmotif of self-improvement and “entrepreneurship of the self” running through all these shows, they also share a common structure in which the subject is first humiliated publicly for his/her poor taste, poor judgment, unsatisfactory performance, lack of discipline, etc., then helped by experts who administer “affective domination” to bring about a transformation (Weber 37, 96). All of the shows promote conformity as an ideal of citizenship, while offering in exchange the promise of democratic citizenship in which social mobility is ostensibly available to everyone who meets certain social standards (Weber 37). Weber, noting the “tropes of expansionism and reinvention” in makeover television, describes the ideal citizen fashioned by makeover RTV as powerful, self-confident, happy, and visible (31).
Ouelette insists that makeover television is a form of “governing at a distance,” because—under the guise of education and entertainment—it shapes conduct by showing viewers how they can engage in self-improvement (102). Another writer suggests that this educational function is furthered by the fairytale-like construction of RTV, which includes transformations, magic, and people who grant wishes (Bratich 17). Because of its ubiquity in our culture and its familiarity, the use of classic fairytale narrative lends credibility and authenticity to a storyline, by normalizing the content, thus making it seem “real” (Fiske 22-23, 133-135). Similarly, the use of rituals and ceremonies on RTV imbues scenes with extra meaning by encoding them with the values of the larger social system to which the rituals are linked (Couldry 59). Thus, the Reveal, which imitates a society debut, conveys the sense of readiness for admission into society. It follows the classic tripartite form of rite of passage: sequestration, seclusion, re-entry, a pattern universal across cultures (Van Gennep). The period of sequestration during surgical makeovers and prior to the Reveal is a form of quarantine—social isolation and punishment for failure to comply with social norms, or, as with entry into society through other means, the rituals necessary in order to be accepted . . . this can be learning to waltz, knowledge of the Torah, or female circumcision (Weber 214).

Several UK scholars place RTV, in general, within the genre of Do-It-Yourself (DIY) television or lifestyle television, which, they agree, performs a disciplinary function. Disciplinary power, they claim, is no longer exercised through institutions, but through networks in a “control society” characterized by conditions of “flexible labor, the
fusion of labor/leisure and . . . digital information infrastructures” (Bratich 12). Lewis agrees, saying:

Makeover television can also be seen as acting to police and regulate the working classes while naturalizing middle-class taste, lifestyle and values as normative . . . such developments can in turn be seen to dovetail more broadly with the development in the UK and elsewhere of neoliberal surveillance culture in which personal development and the management of the self have become new sites of regulation. (449)

The policing is accomplished, she says, through instructional, factual, lifestyle programming that trains citizens in self-management under the guise of a lifestyle choice. Unlike US shows, which are rooted in the American mythos, British shows, she suggests occur within the DIY framework of public education (Lewis 452). Although the shows fill an instructional role, showing viewers how people in different situations cope with various crises and stresses, unlike documentary television, they lack any explanation or argument that would put the shows in context, leaving audiences to draw their own conclusions, diminishing the possibility for political critique (Bignell 10-12, Palmer 22-23).

Lewis also sees a link between RTV and DIY daytime television. She suggests RTV “merges the instructional concerns of lifestyle television with conventions and approaches drawn from various other genres, including talk shows and soap operas” (447-448). Just as lifestyle shows are class-based, Lewis argues that RTV presents “strongly inflected modes of guidance around questions of style, taste and social
distinction.” The shows are designed to create “malleable subjects adequate to the new economy and social conditions” (Bratich 7, Ouelette 100 and O’Flynn 460). Reality shows such as Survivor and The Apprentice teach people to work in teams to respond quickly to assignments and to make regular reports—workplace activities typical of post-Fordism. “These processes create subjects who are increasingly interconnected, nomadic, self-reflexive and flexible,” Bratich suggests (12). Similarly, McRobbie, writing about What Not to Wear, says that people are:

called upon to shape themselves so as to be flexible, to fit with the new circumstances where they cannot be passively part of the workforce, but must instead keep themselves employable, and adapt themselves and their skills for the rapidly changing demands of the labour market. (81)

Ouelette says in reference to a What Not to Wear episode centered on Washington, DC bureaucrats, that makeover RTV promotes “entrepreneurship of the self”—a term coined by Paul DuGay—as a form of agency under neoliberalism. Work on the self is the “equivalent of building and accruing capital,” she argues (Better 99).

The disciplinary functions of RTV work in conjunction with other sites of social control, in accordance with Foucault’s theorization of networks of social control, and particularly the construction and discipline of docile bodies (Discipline 135-169). For example, in tandem with the proliferation of makeover television promoting adaptability and flexibility, corporate management training programs focus on building personal flexibility and adaptability along with other skills and attitudes needed for the new workforce. Emily Martin describes how the Outward Bound-types of leadership and
management programs that have emerged since the 1970s habituate attendees to the demands of the new workplace through exercises such as a ropes course on which one moves “from one position of instability to another” at the same time building a tolerance for “continuing shifts” and strengthening risk-taking behavior (213-214).

Adaptability is not, however, the only demand of good citizenship required to accommodate to the new demands of capital. One must also engage in continuous consumption. Miller describes the “never-ending project of work on the self” as uniquely American, linking it to the American Dream and noting its dependence on commodity consumption (Makeover 2). Miller includes in the makeover genre such cultural phenomena as “the psy function,” the makeover of minds through psychology; Ritalin, used to transform youths diagnosed with Attention Deficit Hyperactivity Disorder (ADHD); and metrosexuality to reconstruct masculinity through commodity goods. Miller, who says the term “makeover” first became common in the 1970s, defines the American myth as “self-invention through commodities,” noting that the promise of what commodities will deliver is never quite achieved (Makeover 2). He likens the love of commodities to romantic love. In reaction to the economic upheavals and growing insecurities of the new economic regime, he theorizes that citizens have turned to consumption as a source of comfort and reassurance in the midst of growing insecurity (Makeover 3).

Performing gender is another element of citizenship and a theme that weaves through EM. Although women comprise the largest proportion of cosmetic surgery patients and the majority of contestants on EM, men represent a growing percentage of
plastic surgery customers. Industry reports show that most men seek cosmetic surgery to forestall signs of aging as a strategy for prolonging their careers (Haiken 156). The male contestants on *EM*, who were mostly young working class men, wanted to enhance their appearances so they could get better-paying, more secure jobs and also so they could attract women and feel more at ease approaching them. Kimmel describes American men at the millennium as beleaguered, beset by doubt, at a loss for ways to express their masculinity, and overtaken by a “siege mentality” (271). He describes a growing sense of powerlessness occasioned by the increasing presence of minorities and women in the workplace, ever-increasing competitive pressures, and alienation in the workplace (264-265, 270-271). Consumption and acquisition were among the only ways left for American men to express power, he claims, comparing bulging wallets to sexual bulges (264, 331).

Bordo in *The Male Body* notes a similar turn to consumption, including an increase in the use of products such as Rogaine, waist cinchers, body slimmers, and alpha hydroxy products. Most of all, she claims an increase in the demand for muscle, arguing “muscles have devalued money” among men (*Male* 219). Whereas earnings once offered a means of establishing masculinity, muscle has taken over, as reflected in the demand for pectoral and calf implants, along with body-building services and the use of heavily muscled men in advertisements (*Male* 220-221). So important have muscles become, she claims, that a psychological disorder similar to Body Dysmorphic Disorder (BDD) has

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6 The ASAPS reports a 9 percent increase in invasive procedures (e.g., rhinoplasty, chin implants, facelifts) performed on men between 1997 and 2005, compared to a 749 percent increase in non-invasive procedures (e.g., laser treatments, Botox injections) performed on men during the same time period (Weber 181).
emerged: muscle dysmorphic disorder. As an example of the increasing emphasis on muscle, she reports that 90 percent of male undergraduates do not think they are muscular enough (Male 221).

*EM* reinforces the association of muscles with masculinity, by placing a heavy emphasis on high calorie diets and muscle building regimens for the male contestants, along with chin implants to make them look tougher. The muscle building is done in concert with personal styling, including hair coloring, the use of gel treatments, wardrobe selection, and other activities Miller cites as examples of how makeover shows turn men into metrosexuals (*Makeover* 105-136).

If the young contestants on *EM* represent a makeover of working class masculinity in consumer terms, then the doctors represent another kind of masculinity. They can be seen as postmodern frontiersmen (on the frontiers of science) and self-made men, with special technical expertise. But, they are also positioned as artists and creators. Gilmore notes a “venerable literary tradition that identifies masculinity with the act of artistic creation, the process that forges beauty from an unyielding raw material. . . . creating an ordered whole, the imposition of form upon chaos” (113). The doctors and stylists also function as mentors, fulfilling the duty of shaping or producing manhood, a function once fulfilled by schools and clubs, such as the Boy Scouts (Bederman 43). One of the areas I explore is how *EM* constructs different masculinities suited to the new regime of flexible accumulation.

Surveillance, an integral aspect of RTV, operates in lock-step with the disciplinary regime of the genre. Makeover RTV shows, like tabloid television, normalize
the surveillance of “others,” feeding into the “continuous hum of ‘low-level fear’ that permeates U.S. popular culture” in an exercise of what Glynn terms “reflexive panopticism” (4). Couldry argues that RTV presents “surveillance [as] a natural mode through which to observe the social world” (65). This disciplinary system functions, in part, Glynn says, on a system of rewards and sanctions, where rewards are contingent on submission to authority (5). On EM, the unattractive “before” images of contestants function as a sort of undesirable “other,” subject to social isolation and ridicule (sanctions), whereas the positive reaction to the “after” images of the Reveal, represent the rewards of compliance and submission.

Writers agree that one of the earliest US examples of RTV, and therefore one of the first uses of television surveillance for entertainment, was Allen Funt’s Candid Camera, which aired in the late 1950s and early 1960s (Balkin 9). On Candid Camera, ordinary people were captured surreptitiously on film while encountering unusual, goofy situations. The use of film surveillance became progressively more pronounced and invasive starting with the 1973 PBS special, An American Family (Balkin 9-10). Margaret Mead expressed enthusiasm for the potential of TV after viewing the series, which followed the Loud family for several months, revealing the son’s homosexuality and tracking the events leading up to the parents’ decision to divorce. Mead called the show a “new kind of art form” (Sanneh).

In its approach to reinvention and self-help, EM regurgitates the myth of beauty—that beauty is value—and emphasizes the hard work of beauty (parodied in such places as
the old film, *Beauty Knows No Pain* (Wolf).\(^7\) It promotes the value of physical attractiveness (acquired through hard work) as a type of capital that can be traded in the marketplace. For both men and women, the show suggests good looks can be used to attract romantic love, strengthen existing relationships, or prevent the separation from a partner. It can also help them become employed or find better jobs. This message adds to the growing discourse on the link between beauty and money. According to recent research, “being attractive . . . helps you earn more money, find a higher-earning spouse (and one who looks better, too!) and get better deals on mortgages.” According to the research, people who are more attractive can earn as much as 15 percent more than others, amounting to as much as $230,000 over a lifetime (Hamermesh). What is at odds with the on-screen message of *EM* is the experience of the contestants, who were able to use their unattractiveness creatively to get the goods and services they wanted.

My investigation of the production process of *EM* reveals a significant contradiction between the dominant message of *EM* and the ways in which people involved with the show actually got ahead. In emphasizing the transformation of the physical bodies of contestants, the show obscured other important strategies contestants and others used to get their basic needs met, and concealed the actual process of wealth accumulation and the flows of capital. Specifically, contestants made creative use of media, sign systems, storytelling, and images to present themselves in ways that would capture the attention of the producers and get them the services they needed—especially dental care. They combined the tools of modern marketing to construct themselves as

\(^7\) The short documentary follows America’s first dancing drill team, the Kilgore College Rangerettes, showing the many steps they take to make themselves beautiful for their half-time dance routines (Erwitt).
grotesque for presentation in the spectacle of the show, tapping into the ambivalence, and the competing feelings of fright, humor, disgust that accompany the grotesque (Bakhtin). Scenes of Kristy plucking at the stretched flesh on her stomach (from child birth) and gaping at the camera, wide-mouthed with her dentures removed, are examples (Episode 220). So too was Kenna’s creation of a tape parodying the hymn, “Amazing Grace.” Both women received services they thought were essential to their well-being in exchange for allowing themselves to be exposed as grotesque in the spectacle of EM. Their grotesque presentations of themselves complements the “labor of being watched” that Andrejevic theorizes wherein: “Consumers are invited to sell access to their personal lives in a way not dissimilar to that in which they sell their labor power” (6).

What I focus on that is different from Andrejevic and others is the way contestants used their creativity and artistic tools to present themselves—i.e., to sell themselves. Ironically, to get what they wanted, they used their minds, not their bodies, and appropriated the discourses that controlled them to achieve their ends. Moreover, what has survived the show is not the physical, corporeal beauty of the contestants (which has mostly disappeared by all accounts), but the multiple images of them circulating in different ways on the internet. But, it is not the contestants who have benefited from the circulation of the images; it is others—the network, the executive producer and the surgeons—who have profited from the intellectual property of the show and the contestants’ images. The contestants waived their rights to the images as a condition of participation, modeling submission and acquiescence. The money flowed not to the contestants or the people most engaged in producing the show, but to the owners of
the intellectual property, which continues to generate income long after the show has ended.

The dissonance between the lived experience of the contestants and the versions of themselves they saw on screen has been expressed by many participants on different RTV shows. On a recent show about *The Bachelor*, the “winner,” Emily Maynard—the woman to whom the bachelor, Brad Womack proposed—commented that what she saw on television after the filming was over was different from what she had experienced as a participant. (She had not realized he was attracted to other women in the group.) She said, “I need time to sort out what my reality is” (After). Her statement captures the complexities and contradictions of personal experience, and the sense of multiple realities. It is an example of Debord’s claim that “everything that was directly lived has moved away into representation” (1). “Reality is becoming only the social world . . . experienced primarily through the reciprocal consciousness of others” (Bell 14). It supports the idea that the world is no longer experienced directly, but “by means of various specialized mediations” (Bell 18). In that sense, the on-screen story of contestants is a simulacra—a representation without origin. Like an advertisement, the show is “a triumph of superficial form,” a “reabsorption of everything into the surface” in a “hyperreal euphoria” (Baudrillard 87, 92). Jameson theorizes a disappearance of nature, much as Baudrillard claims an end to historicity, both replaced by the “‘aestheticization of reality’” where the endlessly-reproduced simulacrum stands in for the real (Jameson x, Baudrillard 169-187). The made-over bodies and faces on *EM* are like these simulacra. It is an obliteration of heterogeneity or individual, personal style (Jameson 5, 15-16).
Moreover, the images, rebroadcast endlessly in other cultural settings and on YouTube, become more real than the contestants who underwent the labor of suffering to achieve their new looks. Like the postmodern aesthetic, the sanitized video images are stripped of emotion (the suffering that occurred), replaced by the simulated exuberance contestants express after repeated retakes of the scenes where their new looks are unveiled, their expressions of joy like the “free-floating . . . euphoria” Jameson gives as an example of the “intensities” that have replaced affect (Jameson 10, 16). The multiple surgeries to remove fat from one location and put it somewhere else, the laser treatments to create a smooth surface, breast and chin implants, dental veneers, hair extensions, highlights, and styling exemplify the pastiche of postmodern aesthetics where items are pulled together from disparate places and recombined, boundaries blurred, to form a new surface appearance, later photographed and produced on video for endless reproduction. It is all about surface and the reproduction of a visual, photographic image that assumes meanings unrelated to the contestant’s subjectivity. This aesthetic of the simulacrum, along with the use of pastiche and *bricolage* is evident on *EM*, where the patched up bodies are analogous to remodeled buildings, and the replicated images take on more value than the original as a form of IP. Furthermore, the use of pastiche and *bricolage* suggest ways wage earners might construct new careers and opportunities, pulling together different bits of background and expertise, combining them with new skills to reconstruct and market themselves.

The staging of multiple identities represented in the many circulating images of contestants is one of the alluring aspects of postmodern existence represented on the
cosmetic surgery makeover shows. Whereas the need for constantly upgrading, changing, learning, adapting may seem onerous; the corresponding opportunity for assuming new identities offers relief from confining roles. That is just one of the potential positive benefits. Some have argued that RTV is democratizing, offering opportunities to “ordinary people” they would not otherwise have. When the first makeover of a real person—Barbara Phillips—appeared in Mademoiselle February 1936, it was lauded as a democratizing gesture to make over an “ordinary” woman instead of featuring a wealthy, natural beauty (Fraser 177). Whereas magazines such as Vogue had previously featured only wealthy women, suggesting that beauty was aligned with wealth, magazines of the 1930s started to suggest that beauty was attainable by anyone willing to invest a little work (Heinricy 152-153, Fraser 17). Each Cinderella feature, as the makeovers were called, started with the premise that a makeover—attainable by any woman—would change one’s life, and began with the presentation of the self as a problem (Fraser 177).

Much as contemporary reality shows are “democratizing” in showing “actual people,” the Depression-era magazines were “democratizing” in suggesting that any woman could be beautiful.

Heller notes the similarity of modern makeover shows to early “misery shows,” such as Queen for a Day and Glamour Girl, both of which aired in the US in the 1950s (Great 2). In both, working class women were given expensive gifts and made into instant television celebrities. Like those shows, RTV appeals to audiences because of its democratic character, some writers suggest (Andrejevic 4, Biressi 4). By featuring “ordinary” or “real” people it hints that anyone can be a star. RTV “promises to collapse
the distance that separates those on either side of the screen by cultivating the fantasy that ‘it . . . could be you up there’” (Andrejevic 9). At the same time, it manufactures instant celebrities (Andrejevic 10). Biressi suggests that the “rise of ordinary person as celebrity” has made “social mobility and media visibility . . . the touchstones of individual achievement” (4). Like participants on other reality shows, EM contestants attained short-term celebrity status. Many commented to me on their pleasure at being recognized by strangers, the fun of appearing on national talk shows, and the thrill of using the same personal trainers, stylists, and hairdressers as stars such as Heidi Klum (DuBose, Corder). They were celebrity-like: they were styled in glamorous clothes like celebrities; they were positioned on television talk shows like celebrities; and they were posed like stars at photo shoots (Weber, B. 217-219, 233). Like stars, their fame was constructed through public opinion; it did not arise spontaneously as a result of their accomplishments (Weber, B. 221). Like stars, some would argue that the contestants represent the same narcissistic trend and the same emphasis on image constructed as a commodity for profit (Weber, B. 224-225, Miller Makeover 4). Yet, unlike stars, the contestants’ fame was short-lived and they never attained the wealth or opulent lifestyles of stars. They were a degraded celebrity, made famous partly by their public humiliation as spectacles of the grotesque.

RTV contestants attain celebrity by exposing their personal lives; in contrast, celebrities like Ozzy Osbourne become demystified (made ordinary) through the exposure of their privacy on television (Andrejevic 66-67). This demystification parallels, Andrejevic suggests, the demystification of authority that occurred with Watergate. He
goes on to theorize a direct relationship between the promise of democratization offered by RTV and increasing economic disparities, suggesting that the appearance of democratization masks growing stratification (67).

In sum, RTV is both constituted by the flexible economic regime and a tool for enforcing compliance with it. Critics agree that the sub-genre of cosmetic surgery makeover shows promote desired attributes of citizenship, including malleability, flexibility, and adaptability, as well as encouraging continuous consumption as a means of gratification and an antidote to feelings of instability. Shows such as *EM* normalize extremes of self-improvement by drawing on the cherished American mythos of reinvention, and by incorporating the content into a framework of DIY or educational television. Despite the overt message of the shows, I argue that there is also an alternative text of agency. Contestants have displayed skill, ingenuity, and creativity in using media tools to attract attention and promote themselves to get their needs met. They have also undertaken a labor of what I would call grotesque spectacle, appealing, to the prurient or voyeuristic impulses of their audiences, in exchange for much needed services such as expensive dental care. At the same time—and this is one of the inherent contradictions of the show—they have submitted to authority, relinquishing control over the use and circulation of images of them, which some might consider to be a part of them, allowing the capital to flow to the already advantaged network, executive producer and surgeons, who continue to receive profits from the show long after it ended. My work complements and expands on the work of others by examining these instances of agency and also by exploring the lived experiences of people engaged in the production of the show,
including not only the contestants and surgeons, but the production workers behind the scenes. Others have based their theory almost exclusively on the texts of the shows.

The contestants’ experiences raise questions about whether the show offered true benefits—lives changed forever—or exploitation. That very debate dominates the discourse on cosmetic surgery, the subject of the next section.

**Postmodern Surgery: Aesthetics as a Tool for Shaping and Safeguarding the Future**

An examination of the practice of cosmetic surgery is a little like looking at RTV in a fun house mirror: many of the same themes are reflected back, but distorted. The theme of reinvention is made tangible and corporeal. In addition, the basic contradiction between the democratizing, liberatory promise versus the exploitative potential exists as much for cosmetic surgery as for television. In this section, I review these contradictions—the negative view of cosmetic surgery and the potential benefits. In keeping with my interest in the conditions of existence of wage earners, I also look at how plastic surgeons have adjusted and readjusted their definitions of cosmetic surgery over the decades to keep pace with social and economic change and to ensure their continuing livelihoods. Although many would argue that surgeons are not wage earners, but owners of the means of production, and therefore unsuited to this discussion, evidence shows that the unstable circumstances of employment have spread throughout professional ranks, as well as unskilled positions (Ross, Gusterson, Ehrenreich). Young surgeons face many of the same challenges for financial survival as others.

Cosmetic surgery exists, of course, in a larger category of body modification, which encompasses a very broad range of practices from the use of deodorant (to mask
odors), to hair dye, body painting, tattooing, scarification, subdermal implants, stretching, body mutilation (e.g., foot binding), prosthetic devices, and the use of drugs and computers to enhance performance (Atkinson 25). All of these practices share several things: (1) the desire to take control of the body through self-inscription; (2) meanings related to what the society most values; and (3) the construction of identity through the practice of body modification (Bain 26, Atkinson 4, Pitts 1-2, 10). In the past, tattoos, piercing, and scarification have marked affiliation with marginalized groups at the same time that they reflected rebellion or resistance to mainstream social norms. In contrast to cosmetic surgery, which has been dominated by elites historically, both the practitioners and the clients are generally working class people. And, in contrast to cosmetic surgery, these practices leave lasting, visible signs, rather than erasing signs of difference. Cosmetic surgery is used either to correct deficiencies in what is constructed as a pathologized body, or—depending on one’s viewpoint—to enhance it in ways that will benefit the recipient. But, these distinctions are disappearing. Cosmetic surgery is becoming more accessible since it can be purchased on credit, and tattoos and piercings are becoming more common in all social strata. Atkinson notes the growing popularity of tattoos across all sectors of Canadian society, placing body modifications squarely in the marketplace where shops are proliferating, and competition is intensifying (46-47). The skill levels required for the different practices are changing, too. As tattoos become more accepted, more artists are turning to tattoo as a form of expression as well as a source of income. The practice of cosmetic surgery is changing, also, as the popularity of non-invasive techniques grows, requiring a different kind of skill from the surgeons.
The discourse has changed over time, reflecting shifts in theory between second and third wave feminists. The central issue has to do with who controls women’s bodies. One of the most disquieting things about *EM* is that it shows men not only taking control of women’s bodies, but carving them up, leaving the women with swollen, black eyes; bruises; bloody incision sites; and other markers of bodily trauma. Even though the women worked hard to get the surgery, there is always the lingering question of how much agency they really had. This question points to the complex and varied meanings of choice, linking cosmetic surgery with the landmark women’s rights case, *Roe v Wade*, which also adopted the terminology of choice to give women the right to have abortions. When the revolutionary book *Our Bodies Ourselves (OBOS)* was first published in the early 1970s, it took the stand that women should take back control of their bodies from doctors. More recent editions of the book still promote a woman’s control over her body, and caution against the prescriptive messages about ideal bodies that are so prevalent in American culture. Yet, feminist theory has evolved to show another view of cosmetic surgery, one that recognizes the possible benefits. Instead of saying, “Love your body the way it is; don’t hand over the power to men,” the new rhetoric might be, “It’s your body, use it to express yourself however you want.” It is a narrative of progress: one now has the power to change things that earlier generations could not. The issue is further complicated by the link to consumerism, and the neoliberal suggestion that happiness or satisfaction can be found in consumption, if not elsewhere. Critics argue that we need to examine the “mystifying cultural discourse” on cosmetic surgery as we should any discourse promising empowerment (Tait 123).
Those opposing cosmetic surgery note that it depends on the “medicalization” of changes in women’s bodies, leading to the perception that the natural results of aging and childbearing are deformities or defects. Thus, the “rhetoric of choice so commonly deployed in discussion of cosmetic surgery becomes one of necessity” (Brush 30). Part of the rhetoric of choice, Brush argues, is that “control is exerted over the docile body by constructing that body to desire those controls” (36). Morgan points out the paradox inherent in the rhetoric of choice when women are really using the surgery to conform. She says use of the word “elective” “camouflage[s] . . . the absence of choice” (38).

Some also argue that cosmetic surgery is becoming a necessity for survival. The medicalization of normal/ordinary conditions is, of course, a marketing strategy. It creates new markets for medical services that are less in demand as serious health threats disappear (e.g., certain infectious diseases).

It is true that appearances and first impressions have become increasingly more important as greater mobility leads to more encounters with strangers (Kuczynski 84-85). Finkelstein, citing literature documenting that people who are perceived as more attractive earn significantly more, calls the body a “utensil,” likening it to other possessions such as cars and refrigerators: “The body does not have to be seen as a limitation on aspirations and activities but, instead, can be regarded like other commodities as a plastic instrument to be moulded to suit the indiv...
understand it will help us to be accepted by others and will enhance our earning power (9). Elliot goes even further, claiming that cosmetic surgery is just another tool for gaining a competitive advantage in a global economy that requires increasingly ruthless tactics for success (30). Likening her to the self-help gurus of today, one writer recalls Helen Gurley Brown’s observation that “engineering one’s image is part of self-mastery . . . critical to commodifying oneself—to keeping oneself marketable in a volatile labor market. . . . When one imagines life as a sport or battle, sacrifice, camouflage, ruse, and deception are legitimate means” (McGee 166). These viewpoints echo the sentiments of the Brazilians Edmonds quotes, who liken the correction of sagging breasts and other signs of aging to treatment for the flu (8). It is also echoed in the commentary of several speakers on the documentary Made Over in America, who suggest that it is simply common sense to take advantage of tools that are readily available that can improve our lives (i.e., cosmetic surgery) (Wegenstein). All of this discourse actually mystifies the reasons many women seek plastic surgery, if the women on EM are at all representative. Every female contestant (and some of the males) expressed a longing for romance (or renewed romance), specifically citing competition with other women, co-workers, and—especially—sisters. Secondarily, they wanted to be looked at appreciatively (at their weddings, especially).

Kathy Davis, who is often cited as a feminist proponent of plastic surgery, comments on the tension inherent in any attempt to understand plastic surgery—namely, that it offers relief from “unbearable suffering” for some women at the same time that it positions female bodies as deficient or flawed (Dubious 4). She argues that we need to
understand what drives women to participate in the “oppressive regimes of body surveillance and maintenance” even when we understand the underlying discursive system. Davis suggests that agency can come about through the “interplay between multiple and contradictory discursive systems” (Making 135). Like Davis, Gimlin describes women whose self-image was so poor they were barely able to function socially before surgery. She also acknowledges the impact of a positive self-image on work and relationships (90). Similarly, Pitts-Taylor describes the internal conflict she experienced as a feminist when debating whether or not to have cosmetic surgery; despite her awareness of the ideological implications and her misgivings, she nevertheless went through with it because of the benefits she perceived.

One of the most common arguments on behalf of cosmetic surgery—an argument used on EM—is that it enhances social mobility. In the early 20th century, cosmetics offered a means of concealing signs of class, such as rough hands or a ruddy complexion, thus enhancing the potential of social mobility (Peiss 31). In the late 19th century and early 20th century, cosmetic surgery was performed most often to enhance social mobility by erasing signs of ethnic or racial difference (e.g., “Jewish noses” or “Asian eyes”) or to remove symptoms of disease, such as the saddle nose associated with congenital syphilis (Gilman 49-60, 88, 99-100; Haiken 18-19). The surgery on Fanny Brice’s nose in the early 20th century was one example of surgery to remove signs of ethnicity and it was possibly one of the first media events surrounding cosmetic surgery (Haiken 1-2). Generally, the goal of surgery was to “pass” or go unnoticed, thus overcoming stigma

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8 Research shows, however, that cosmetic surgery results in such minor changes in appearance that it has no discernible effect on earnings or attracting a more desirable mate (Hamermesh).
that may have interfered with marriage or professional success (Gilman 111). Similarly, several contestants on EM mentioned that they just wanted to “look average” (Episodes 219, 220). On EM and other cosmetic surgery makeover shows, race and ethnicity are rarely mentioned and few minorities are featured as contestants on the shows. But any deviation from the norm (e.g., protruding ears, large nostrils, droopy breasts) is constructed as disfigurement or disease, requiring reconstructive surgery.

Nevertheless, Peiss and others argue that the business of beauty offers benefits and pleasures to women that cannot be dismissed. She claims that women find pleasure in the use of cosmetics, the company of other women, the tactile pleasures of the creams, the tiny, jeweled compacts, and in the fantasies of romance associated with the use of cosmetics (5). She also notes in her history of cosmetics, that the use of cosmetics increased when women started appearing in public more frequently around the turn of the 20th century (6). She likened their public appearances to being on stage—a performance requiring costume and make-up (49). Finkelstein notes the performative quality of public life, its theatricality, and the opportunity for pretending to be someone else (161). Now, people are having plastic surgery to look better on the internet, a different kind of public presence.

Gimlin also argues in favor of the benefits of cosmetic surgery. The body, she says, is the “primary indicator of self.” It “serves to indicate who an individual is internally, what habits the person has, and even what social value the person merits” (3-9). One contestant speculated that few African-Americans applied for EM because African-Americans grow up being told they must accept the way they look (i.e., accept their black skin). It has not been acceptable in their culture, she insists, to try to change one’s appearance (Corder). In addition, African-Americans are more susceptible to thick scarring from surgery—keloids—increasing the risk of an undesirable outcome (Carmody).
4). She notes the body’s “unlimited capacity for alteration and modification” calling it a commodity that “can be continuously upgraded and modified” (78).

Thus, not only is cosmetic surgery constructed as a choice, but—increasingly—it is coming to be seen as a right. Edmonds, writing about the ever-increasing popularity of cosmetic surgery in Brazil, reveals how Brazil’s plastic surgeons have framed beauty as a “right,” linking it to well-being and health (14, 51). Cosmetic surgery, Edmonds suggests, is linked in Brazil with working class identities, where “appearance is a form of value” to people working in low-paid service jobs (Edmonds 116). The “worker becomes in a sense, part of the product that is being offered to the customer” (Edmonds 107).

I maintain that the cosmetic surgery performed on working class contestants on EM models the expectation that US in-person service workers perform emotional labor and display a pleasant demeanor (Hochschild Managed, Reich 176). By adopting the World Health Organization’s (WHO) definition of health as a “state of physical, social and mental well-being, not simply the absence of illness,” the surgeons have blurred the lines between reconstructive and cosmetic surgery (just as I argue the US surgeons have done), making it possible for the surgeries to be made available to the poor through the public health system or through financing (48-55). Given the proven disparities in income between unattractive and attractive people, a recent author raises the question of whether or not cosmetic surgery should be offered by the government to equalize opportunity (Hamermesh). Similarly, Kuczynski likens cosmetic surgery to selective serotonin reuptake inhibitors (SSRIs), widely prescribed anti-depressive medications that have been found to enhance feelings of well-being. The resulting feelings of being “better than
good” have led to reclassification of things previously considered normal as disease (e.g., unattractive appearance) (83). Kramer, who was the first to document the starting effects of SSRIs, has coined the term “cosmetic psychopharmacology” to describe the use of drugs to enhance experience rather than to treat pathology. Edmonds theorizes an “aesthetic health” that focuses on the creation of wellbeing through aesthetics. I, too, have theorized a “beauty health,” arising from the efforts of the plastic surgery industry in the US to medicalize beauty, replacing the diagnosis of disease with connoisseurship, and surgery to correct deformities with artistic expression. In both Brazil and the US, the turn to aesthetics reflects a maneuver to enlarge the market for cosmetic surgery by widening the boundaries around the discipline, I argue.

Several writers note the possibilities cosmetic surgery offers in the new millennium. Increasingly, writers comment on the complexity of the subject, and the multiple, co-existing “truths” about cosmetic surgery. Balsamo cautions against romanticizing the “natural” body. She suggests that the use of cosmetic surgery could represent a way of “staging cultural identities,” that the body could be seen as something to be “molded and reconstructed,” creating a “postmodern subjectivity . . . located within plastic body” (in Brush 23). In a similar vein, on the video, Made Over in America, Mark Poster, professor of history and film and media studies at the University of California, Irvine (now deceased), suggested that cosmetic surgery offers the opportunity to try on different identities. He commented that identity is fluid, a process of becoming, not fixed. He envisioned a new postmodern identity in which life evolves as a series of transformations. On the same video, Donald Bull, Executive Producer of Dr. 90210,
likens a facelift to lipstick, suggesting it is just a quick change of style or fashion (Wegenstein). The newer, non-invasive techniques offer quick ways of changing or updating appearances, and the identities associated with them, and enable frequent touch-ups or recurrences, almost like hair styling. Although RTV would seem to offer an ideal forum for exploring the use of cosmetic surgery in “staging” unique identities, EM and its imitators invariably produce uniformity, drawing on ancient standards and ideals of beauty, rather than constructing new looks.

Pitts describes the culture of cyberpunks who use new technologies such as lasers in combination with tattooing and other practices to test the boundaries of the body and the possibilities of a new post-human, utopian body freed from biological and social constraints (152-158). Haraway also imagines a cyborg existence untethered from gendered identity. She envisions the co-option of technologies that originated in militarism to transcend boundaries and map a new reality (149-152). The cyborg, she says represents a re-crafting of the body using the tools of communication and biotechnologies (164).

Although a utopian dream, traces of the cyborg exist in technologies used to restore badly injured bodies, such as the use of prosthetic limbs. Pistorious, the first disabled athlete to compete in the Olympics, offers one example of the possibilities created through the union of machine and a biological organism. Indeed, sports scholars, recognizing the extraordinary performance made possible by artificial limbs, have been debating the ethics of allowing athletes with prosthetics to compete against athletes who do not have them (Douglas). Serlin traces the origins of medical consumerism to post-
World War II recovery, claiming that initiatives such as the promotion of prosthetic arms and plastic surgery on victims of the Hiroshima bombings (Hiroshima maidens) were allegories of national rehabilitation following the war. He says the initiatives represented not a machine/human interface, but “postwar culture’s need to reengineer the physical body to accommodate the social mandates of the era” (16). It was a way of challenging the emasculation associated with amputation, he says (16). This, again, brings us to the practice of plastic surgery, which has been closely tied historically to war and other disasters, which have offered both the necessity and the opportunity for developing new ways of restoring badly damaged bodies. For many decades, it was the reconstructive abilities of plastic surgeons that dominated the discourse on cosmetic surgery and shaped competitive practice in the field. It is only recently that plastic surgeons have redefined reconstructive surgery to encompass cosmetic procedures that build or restore self-esteem.

Although statistics on the number of cosmetic surgery procedures performed annually in the US are slippery, the ASPS reported a 38 percent increase in the number of surgical and nonsurgical cosmetic procedures performed annually between 2000 and 2005, and at least 10.1 million procedures performed in 2012 compared to 1.7 million in 1997 (2005, Plastic). Industry representatives generally attribute the increase to the makeover television shows, citing Persing’s research at Yale University (Phillips). Pitts-Taylor, like Edmonds and I, argues that the US plastic surgery profession—represented

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10 One ASPS report lists 10.1 million procedures in 2012 (Plastic). Another says there were 14.6 procedures performed in 2012 (2005). The difference may have to do with definitions between reconstructive and cosmetic surgery. In any case, the increase since the late 1990s is staggering.
by the ASPS—has created the conditions for viewing cosmetic surgery positively by promoting cosmetic surgery as wellness. Whereas plastic surgeons once drew a line between surgery that was medically necessary to correct deformities or injuries and what they termed “beauty surgery,” the continuum of acceptability has shifted over time so that the industry now defines signs of normal aging as a deformity (Gilman 314-315, Haiken 172). Moreover, as Edmonds has noted, the surgery is recast as a treatment of mental anguish and part of a program of wellness, consistent with the WHO’s definition of health (Edmonds 55). As Pitts-Taylor points out, attending to the outer body is now seen as a signifier of inner health or what she calls “cosmetic wellness” (25-26). What is at issue are the reasons for pursuing cosmetic surgery. A common claim on EM is that the contestants are there “for the right reasons.” Pitts-Taylor says the questionnaires surgeons typically use to discern a candidate’s suitability for surgery suggest that improving one’s love life or getting a better job are considered good reasons for cosmetic surgery (30).

Drawing on her research, I suggest that the continuum of acceptability has shifted from determinations about whether the surgery is reconstructive or not, to determinations of whether or not the reasons for desiring surgery are sound. Those who are deemed to have inappropriate reasons for seeking surgery or unrealistic expectations (e.g., women who think they can save a marriage by having breast enlargements) are classified as unsuitable for surgery and the unacceptable reasons are pathologized under headings such as “Body Dysmorphic Disorder” (or “surgery junkies,” as Pitts-Taylor calls them). Further, I argue that the discourse of “right reasons” on EM (and other reality shows) has to do with expectations: at the same time that the show offers cosmetic surgery as a tool for
advancement, it also places boundaries on expectations, suggesting that one should not hope for too much.

Consistent with the observations of Edmonds and Pitts-Taylor, I have found that the ASPS has used EM to help reposition cosmetic surgery as a necessity, a form of reconstructive surgery. By medicalizing beauty, the ASPS has been able to extend its reach beyond services that are strictly medical or surgical to encompass a broad range of non-invasive treatments. Besides aligning cosmetic surgery with wellness, suggesting a therapeutic role for the surgeons, the ASPS has gone further with EM, constructing the surgeons as artists, and the bodies they transform as objects of art that sometimes bear the doctor’s “signature” — i.e., signs of a procedure created or perfected by a specific doctor and recognized by others. By constructing surgeons as experts on aesthetics, EM masks the grizzly aspects of surgery, as well as the financial motivations, while also distinguishing the cosmetic surgeons from other surgeons and putting them into position to capitalize on the growing importance of aesthetics and image in the marketplace. It also creates (theoretically, at least) the opportunity for doctors to patent procedures they create as intellectual property.

The ASPS, 11 the first professional association of plastic surgeons, was formed in 1931 to promote the use of plastic surgery and help build respectability for the profession, which had suffered from association with “beauty parlor surgery,” among other things (Haiken 5-67). Much of modern plastic surgery dates to World War I, where the injuries sustained in trench warfare were so disfiguring that they necessitated drastic

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11 The organization was originally named the American Society of Plastic and Reconstructive Surgeons (ASPRS). The name was changed to ASPS in 1999. To avoid confusion, ASPS is used throughout.
new techniques to allow the injured to return to society (Haiken 29, Essig 7, Gilman 16). Many observers viewed reconstructive surgery as a modern miracle, as revealed in the comments of Mrs. William K. Vanderbilt, who, after visiting a hospital, remarked on the reconstruction of “mutilated beings, without any faces, who would otherwise be unbearably repulsive and almost certainly economically dependent” (Haiken 32). The valorization of the reconstructive skills of the surgeons marked the beginning of the debate within the field of plastic surgery about the distinction between reconstructive and cosmetic surgery, a distinction the Brazilian doctors and the surgeons on *EM* have seemingly resolved. In the early years of the ASPS, doctors argued that plastic surgery could only be used ethically to correct a disfigurement or a birth defect. Any surgery that was voluntary, and not essential, was considered unethical and was condemned by the ASPS as “beauty parlor surgery.” Doctors argued that surgery should be performed only when it would enhance the patient’s economic self-sufficiency (as in the case of the injured soldiers) (Haiken 38). Current attitudes towards cosmetic surgery, as reflected on *EM* and in Edmonds’ account of cosmetic surgery in Brazil bear traces of this earlier position by suggesting that cosmetic surgery is warranted when it will help someone achieve greater career longevity or advancement. The idea that cosmetic surgery could help a patient overcome psychological obstacles to success entered the discussion gradually. Dr. Seymour Oppenheimer, an early leader in the plastic surgery profession, argued that surgery was advisable when “the mental anguish caused by disfigurement . . . restricts the activities of the individual sufficiently to reduce his worth to the community to a serious degree.” (Haiken 39). Withdrawal from social interaction is one of the chief
justifications given on *EM* for the surgeries; nearly every story of makeover starts with an account of how the contestant has retreated from work and social engagement.

During the 1930s, the profession increasingly accepted the view that cosmetic surgery could be warranted to address psychological problems, particularly the inferiority complex theorized by one of Freud’s colleagues, Alfred Adler (Haiken 108-130). Ultimately, the profession redefined its boundaries to accommodate a new definition of health that included a sense of social well-being, not just the absence of illness or deformity (Haiken 136-143). In 1967, plastic surgeons who specialized in cosmetic surgery split from the ASPS to form their own professional association, the American Society of Aesthetic Plastic Surgeons, signaling the greater acceptance of cosmetic surgery in the industry, and further reinforcing the boundary between reconstructive and cosmetic surgery (Sullivan 57).

As part of its drive to promote a positive image of plastic surgery and to secure and maintain a stronghold professionally, the ASPS used a number of tools to adjust the boundaries and norms of the specialty to accommodate social change (Sullivan 102). In the early 1960s, a particularly virulent battle between the ASPS and otolaryngologists (eye, ears, and nose specialists) occurred following publication of a *Harper’s Bazaar* article warning readers to get American Board of Plastic Surgery (ABPS)-certified doctors rather than otolaryngologists to perform nasal surgery (Sullivan 108). The use of *Harper’s Bazaar* to position plastic surgery was just one example of how the ASPS has relied for decades on the cooperation of women’s magazines, which began providing medical advice in the 19th century. Instead of advertising, the association cooperated with
the media to become a trusted source of medical information and advice, thus securing greater media exposure, as well as more credibility (Sullivan 155-156). That the ASPS seized the opportunity to work with *EM* to protect and further the image of plastic surgeons is not surprising, given its history.

Unlike others who have examined cosmetic surgery from a feminist perspective, my interest is not in the pros and cons (i.e., the oppressive or liberating potential), but in how different people use cosmetic surgery to further their interests. Thus, I examine how the cosmetic surgery profession (represented by the ASPS) came together in support of *EM* to position its members advantageously, how the producers used cosmetic surgery to attract audiences, and how contestants used cosmetic surgery to get health care they needed and improve their chances of finding love. In particular, I look at their practice of defining and redefining their boundaries, and switching their discursive strategy to adjust to social and economic change, along with their intentional use of the media to reach consumers and establish a positive image for the profession.

I take a different approach from other researchers who have primarily examined the text of makeover television shows and its use in constructing compliant subjects. Instead, I examine the text in tandem with self-reported stories of the experiences of contestants and others engaged in producing the show, to understand how people are coping with the changing conditions of experience. I consider not only the contestants, but the people who worked behind the scenes to produce the episodes, including the more advantaged surgeons and the executive producer. By including them, it is possible to understand both the spread of insecurity and instability through multiple occupational
levels (what Gusterson calls the “trickle up” effect), and also the strategies deployed by the more powerful to maintain and strengthen their positions and profit from the labors of others.

Methods\textsuperscript{12}

My methods combined data collected in interviews with archival research and textual analysis of *EM* episodes and the discourse surrounding the show. I interviewed more than 35 people by telephone or in-person. They included: (1) contestants and their family members and friends, (2) other cast members, including surgeons (3) the executive producer and members of the production team, (4) other experts from the television and health care industries, and (5) people who had been involved in deliberations about the endorsement of the show by the American Society of Plastic Surgeons (ASPS) and the American Society of Aesthetic Plastic Surgeons (ASAPS). These individuals included:

- Creator and executive producer;
- Producers;
- Casting directors;
- Cast handlers;
- Physical fitness staff;
- Production assistants;
- Camera operator;

\textsuperscript{12} See Appendix A for a list of interviews.
• Past presidents of the ASPS and ASCS, legal counsel of the ASPS, past chair of the ASPS ethics committee, and past executive director of the ASPS;

• Experts on the business of plastic surgery and on economic trends in health care;

• Experts on financing of television productions, including experts on product placement; and

• Cast members, including a surgeon, several contestants and several family members and friends of contestants.

As all individuals interviewed were promised anonymity, their names (with the exception of the creator and a couple of contestants whose identities are a matter of public record) have been changed to protect their privacy. The interviews, which were conducted by telephone and in person took one to three hours in most cases. Discussions were loosely structured to allow the interviewer to follow up on ideas introduced by the respondents and to capture information that might have been overlooked in a more structured interview. Following are the general areas of inquiry:

**Creator/Executive Producer**

• Origins/source of the idea for the show;

• Intent/philosophy;

• Negotiations and interactions with the network;

• Obstacles/resistance;

• Funding and financial agreements;
• Legal issues;
• Production process;
• Staffing;
• Creative considerations; and
• Selection and management of participants.

**ASPS and ASAPS Representatives**

• History of involvement with the show;
• Reasons/motivations for endorsing the show;
• Members’ objections to the show;
• Reactions to the episodes—then and now;
• Technological developments that influenced the show; and
• Effects of the show on the profession.

**Production Staff**

• Role and duties on the show;
• Training, experience;
• A typical day;
• Interactions with cast/participants;
• Opinions about the show;
• Effect of show on own life/career; and
• Effect of show on participants.

**Contestants**

• Reason for applying—goals;
• Reactions of others;
• The experience from beginning to end;
• Application process, how they got noticed;
• The Reveal;
• Reactions of Family and Friends;
• Celebrity;
• Other participants; and
• Long-term effects.

**Cast—Surgeons, Trainers**

• How became involved;
• Challenges;
• Effect on career;
• Technical challenges;
• Interactions with participants;
• Viewpoint/approach to work;
• Effect on participants; and
• Opinion of shows.

**Others**

• Financing and distribution of television series;
• Product placement;
• Technical challenges—camera, sound, etc.;
• Employment and wages in television production industry;
- History of health care since 1970; and
- Effects of managed care on health care industry.

The textual analysis, which followed Toby Miller’s approach to television studies and Karen Lury’s analysis of the technical aspects of productions, focused primarily on five episodes from the first two years of Extreme Makeover. Although hundreds of episodes were produced over seven years, episodes are not currently available for sale or through television libraries. The executive producer gave me DVDs to use. I also relied on notes from several of the episodes I saw when the show originally aired; and I was able to view some footage on You Tube, posted by surgeons featured in some of the episodes. The five episodes are representative of the shows in the first couple of years, and reveal differences in style between the original executive producer and the executive producer who replaced him. According to the production staff members who were present from beginning to end, episodes became much more contrived over time as it became more difficult to find a new, interesting twist to what was essentially “one story” (Fiedler). Whereas contestants on the early episodes were selected from among thousands of applicants who appeared at open casting calls or who submitted videos of themselves, contestants for the final episodes were identified based on a specific script and character outline. For example, when the crew decided to do a Cinderella episode, they went to a small, remote town to find someone who would fit a modern-day conceptualization of Cinderella. My focus is on the applicants who took an active role in promoting themselves, not on the ones who were found by the casting crew. Archival research on
newspaper stories and television shows about the contestants augmented findings from the interviews, along with searches of network websites and online fan sites.

In creating this account of *EM* I am constructing a new text shaped by my interests and biases, in an attempt is to reveal a very specific aspect of the show—how it mirrors and possibly informs the experience of citizens confronted with the changing demands of capital. My construction draws on the two afore-mentioned texts: (1) episodes of *EM* (on DVD and *YouTube*) and (2) the text created from interviews of people involved with *EM*. Each text tells a slightly different story, but the two interact with each other and with my perspective, exposing contradictions and inconsistencies. The basic storyline of the *EM* episode—what Hall would call the dominant reading—is one of inspiration: despair gives way to hope and dreams fulfilled. Each week, two contestants who have suffered from loneliness and isolation arising (ostensibly) from their appearances are given cosmetic surgery, fitness training, and style makeovers to make them more attractive and to build their self-esteem.

The storyline constructed through the interviews, on the other hand, is a story of charity, professionalism, and heroism. It tells of how the ASPS and its sister organization, the ASAPS, joined together with the producer of the show to ensure that the public was protected from quacks and unauthorized, unethical charlatans masquerading as plastic surgeons. It also tells of a production crew committed to bringing inspirational programming to the public, as an alternative to other reality shows that encourage greed, promiscuity, and infidelity.
I offer yet another story—a story of struggle and adaptation. I see in *EM* the efforts of contestants and doctors (as well as the production works and medical technicians behind the scenes) to adjust to a changing economic and social landscape, where there is uncertainty about the future and numerous pressures and influences threatening jobs and everyday life. Although there was no way of knowing it at the time *EM* first aired, the show provided early insights into cultural changes ahead—the worldwide circulation of digitized images and continuous surveillance through ever-present cameras.

**Overview of Remaining Chapters**

The remaining chapters are organized according to the major groups of individuals involved in the production of *EM*: the contestants, the surgeons, and the production team.

*Chapter 1* focuses on the contestants on *EM*, examining how the work performed on them reflects the challenges of everyday life and work under flexible accumulation; it also considers ways in which individuals adapt workplace strategies to manage themselves and promote themselves in varied situations, including personal relationships.

*Chapter 2* addresses the role of plastic surgeons on *EM*, and considers the changing terrain of medical knowledge under the changing economic regime. I consider the strategies of new doctors to cope with ever-increasing competition, but also examine surgeons as representatives of the knowledge worker class and the elite, and their role in maintaining the *status quo*. 

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Chapter 3 is about how EM reflects changes in the television production industry. I trace the effect of flexible accumulation on television production and look at how wealth accumulates in the communication industry through intellectual property.

The Conclusion provides an update on where the contestants, surgeons, executive producer and the two industries—cosmetic surgery and reality television—are ten years later. I discuss unexpected findings and ways in which aspirations and dreams are changing along with changes in the modes of production and consumption.
A black, stretch limousine glides through the dark streets of Mesa, Arizona, the profile of its passenger, Sandra, a 53-year-old widow, barely visible in the shadows of the back seat. The scene cuts to images of family members and friends staring at an empty doorway, tapping fingers, exhibiting other signs of impatience. First, a pedicured foot in high-heeled, strappy sandals appears, along with a swish of a chiffon skirt, as the camera follows Sandra through a garden and up some steps. Then, as the narrator says she does not “look like a grandma anymore,” Sandra steps through the curtains onto a small stage, pirouettes, smiling broadly, her arms outstretched as the audience claps and beams approval. Sandra’s daughter-in-law says, “Her eyes are so bright, her smile so big, her boobs so huge.” Her son says, “She looks my age. She looks my friends’ age.” Then Sandra joins her family and friends to celebrate her new beginning (Episode 105).

A white, stretch limousine drives slowly through the sunny streets of Wilson, Arkansas, population 939, headed toward a gathering of people seated on a lawn in rows of folding white chairs. A white satin shoe appears just below the hem of a white silk skirt; the camera rises slowly to reveal hands holding a bouquet, then to focus over the crowd on the distant image of the bride, Karen, in a sleek white silk wedding gown, wearing $90,000 in borrowed diamond jewelry. An elderly lady frowns and cranes for a better look. One of Karen’s sons furrows his brow, looking puzzled. Karen walks up the
aisle to the gazebo where her groom, Blake, awaits her. He says, “my first instinct was to look around that pretty girl to see where Karen was.” A friend says, “I’m actually jealous now.” Karen describes it as a “dream come true” to be a “pretty bride” (Episode 105).

Yet another stretch limousine in Worcester, Massachusetts, stops after dark at a trendy restaurant in a converted mill. Michel steps out, only her foot visible in high-heeled sandals. Tension has been building as the audience knows Michel is unaccustomed to walking in high heels and has rarely worn a dress. Again, an impatient crowd awaits. Michel steps out from behind the curtains, wearing a short, low-cut black dress. She walks back and forth on the short runway, posing for the crowd as the narrator announces Michel has “become the woman she always wanted to be.” A male friend immediately embraces her and takes a few dance steps with her (Episode 103).

In the dark Las Vegas night, Michael is barely visible at the wheel of a borrowed blue Shelby Cobra as he cruises along the Las Vegas Speedway to see his family and friends for the first time since his makeover. The camera zooms in on the dashboard, with its many dials, then cuts briefly to Michael’s arm, hanging casually out the window, a heavy watch visible at his wrist. Michael swerves up to the open doors of the body shop garage where his coming out party is being held, crossing a mock finish line marked with the black-and-white checkered flags, the car engulfed in a cloud of shimmering steam and smoke, making his arrival resemble the appearance of a time traveler in a science fiction movie (like Back to the Future). As he steps out of the car, his guests gasp in awe as they wipe away tears of joy and amazement (Episode 220).
These are four examples of the “Reveal,” the climactic last scene of each *Extreme Makeover (EM)* episode where the contestants’ new looks are finally revealed to the television audience and to their family and friends after their six- to eight-week makeovers. Each Reveal represents both a break with the past and nostalgia for a lost past.

**Instantaneity and the Acquisition of Identity through Lifestyle Choices**

Harvey, Bell, Jameson and others have documented the impact on the American economy of the time-space compression that has occurred in the last 40 years, which has accelerated the speed of communication worldwide and enabled nearly instantaneous market exchanges globally. Viglio identifies speed as the driving force, the chief source of power, today, superseding wealth, arguing that the existence of weapons capable of nearly instantaneous destruction eliminates the possibility for conscious decision making, thus ending the finite world (156). The overwhelming sense of rapid change, flux, and impermanence are, they suggest, among the overriding effects. They cite evidence of these changes in myriad places, including architecture and urban design, as well as film and television. Jameson, for example, refers to the sense of “milling confusion” where it is “impossible to get your bearings” represented in the architecture of the Bonaventure Hotel in Los Angeles (43). Giddens observes that the time-space compression combined with the “disembedding mechanisms—mechanisms which prise social relations free from

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13 A recent article in *Vanity Fair* illustrates how dramatically the time-space compression has affected our lives (Lewis). In a radio interview about the article, the author noted that President Kennedy took ten days to comment on the Bay of Pigs incident, whereas President Obama and the press receive word immediately when something happens across the world—e.g., a coup in Mali—and the president must make a statement within hours, if not minutes: “Anything that happens in the world now, if it is a sufficient crisis, arrives on the president’s desk instantly and he is expected to have some response to it more or less instantly” (In).
the hold of specific locales . . . act to transform the content and nature of day-to-day social life” (2). Indeed, the 2000 Census revealed an increase in the number of single-parent households as well as large increases in the numbers of people living alone: households with children but without a married couple grew from 11 percent in 1970 to 16 percent in 2000 and the numbers of people living alone grew from 17 to 26 percent in the same time period (Fields). As a result of frequent job changes, geographic moves, transient relationships, multiple marriages, and the accompanying disruptions to family life, Alvin Toffler prophesied in 1970 the constant alteration of identity and “a superabundance of selves” through affiliation with different and ever-changing subculture groups (316). Some of the learning to disaffiliate he predicted was reflected decades later in Drucker’s admonishment to “abandon the past” and engage in continuous self-development as a strategy of survival for the new economy (Toffler 121, Drucker 149).

Bellah, in his study of contemporary values and morality, also addresses the increases in speed and geographic displacement, and their effects. He notes that leaving home has become an increasingly significant part of American life, sometimes glorified in cowboy stories and heroic myths (144). The departure from home can be seen as a “second birth,” consistent with the cherished American mythos of new beginnings (Bellah 65). Whereas the move away from home creates new freedoms, often conflated with more choices, it also has a destabilizing effect, disrupting traditional social bonds which once tempered the self-aggrandizing and narcissistic effects of individualism. “If love and marriage are seen primarily in terms of psychological gratification, they may fail
to fulfill their older social function of providing people with stable, committed relationships that tie them into the larger society” (Bellah 85). Parents, he contends, prepare their children for leaving home by socializing them—i.e., establishing class-based norms of style and taste to help define identity (60). However, for the middle class, Bellah suggests that lifestyle, reflected in the choice of home, neighborhood, automobile, etc., has become the chief source of identity (72). Walley makes the point that lifestyle, as an expression of taste, is an important marker of class (8). She builds, of course, on Bourdieu’s theorization that lifestyle is a product of habitus that becomes part of a sign system (Distinction 172). Linked to lifestyle are narratives of the self—stories that describe a person’s life and help to make sense of it (81). In its narrative structure, EM captures and perpetuates this mixture of mythic heroes and new beginnings, promoting the acquisition of identity through storylines and lifestyle (suggesting, perhaps, that identity is as much a commodity as anything else).

The Monetarism policies that took hold in the US under Ronald Reagan, added another layer of complexity to daily life by conflating choice with freedom and advancing the idea that individuals have not only a right, but a responsibility to pursue their own happiness by exercising the choices made possible through free market exchange.\(^\text{14}\) Giddens provides a link between the time/space compression, the disembedding mechanisms, and the rhetoric of choice:

Self-identity becomes a reflexively organized endeavor. The reflexive project of the self, which consists in the sustaining of coherent, yet continuously revised, 

\(^{14}\) For more information on Monetarism and free market exchange, see Freedom to Choose by Milton Friedman.
biographical narratives, takes place in the context of multiple choice as filtered through abstract systems. In modern social life the notion of lifestyle takes on a particular significance. . . . the more tradition loses its hold, and the more daily life is reconstituted in terms of the dialectical interplay of the local and the global, the more individuals are forced to negotiate lifestyle choices among a diversity of options (5).

*EM* presents makeovers within this framework of choice, suggesting that one can achieve happiness by exercising the decision to have plastic surgery. It shifts the focus from the construction of identity through affiliation and lifestyle choices to the construction of identity through beauty or surface appearance. Lazar describes how “neoliberal postfeminist discourse” has positioned beauty as a right and as an expression of feminine emancipation, appropriating the language of choice from the discourse surrounding *Roe v. Wade* (38, 43). Not only does the person have a choice—whether to change his or her life through plastic surgery, but the person is a choice, a commodity in the markets for relationships and jobs. *EM* also blurs the distinction between the final after image and the contestant, transforming the body into an image of itself, a simulacra (Jameson 124). The construction of identity through acquisition and body modification marks a transition from the self-reflexive processes of self-discovery associated with modernism. Whereas psychoanalysis promoted personal development through introspection and discovery of early experiences and internalized conflicts that interfere with realizing one’s goals, the self development of postmodernism occurs through acquisition and development of the corporeal body—the surface, rather than the interior.
EM offered the opportunity for an all-expenses-paid complete makeover, framed as a choice to change one’s life by removing barriers to engagement with others and the world. In contrast to the “Reveals,” where the contestants are shown surrounded by admiring family members and friends, contestants are always shown alone in scenes before their makeovers, talking about the situations they avoid because of their self-consciousness about their appearances. Several talk about comparing themselves unfavorably to others—sisters, especially, as well as friends—saying they “hold back” when around others who are more attractive or that the others receive more praise and pleasure than they do because of their looks (Episode 105). Michel, who talked of looking “androgynous” and being mistaken for a male, said that when she was at a bar, her friends would be “getting hit on, and I’m totally not” (Episode 103). Several commented on how their appearances interfered with getting good jobs. James, for example, said he could not get a good sales job looking the way he did, and Kacie said she was too self-conscious to pursue the cosmetology career she wanted (Episode 219). What EM promised was the chance to gain an edge in the competition for attention from others, including romantic interest and job offers, or—at the very least—a chance to feel better about trying. The show reflects many of the cultural changes Toffler prophesied, especially the challenges of affiliation, but it locates the problem of affiliation in appearances, lending support to the widespread belief that appearances have become more important in post-industrial society, where people are mobile and first impressions take on greater importance (Peiss 7). Contestants express concern not only about how they are perceived by potential employers and love interests, but also by their peers. And,
efforts at affiliation are framed as competition, not as the easy drift in and out of different interest groups and lifestyle groups that Toffler and Giddens envisioned.

*EM* promises romance, jobs, and a pleasurable social life. Several critics have noted the use of makeover television, especially *What Not to Wear*, to condition contestants and audiences to the demands of the flexible labor market (McRobbie, Ouellette). Although the cosmetic surgery makeover shows address employment (particularly for males), they focus more on romance and other social relationships. The flexible economy places new burdens on the worker, creating uncertainties and insecurities that inevitably affect home and family life, as well as other social relationships. Shumway notes the increasing importance of companionate marriage and intimate relationships as other relationships disappeared with the emergence of capitalism: “As individuals found themselves ever more alienated from each other and from their work, they made marriage the refuge of human connection” (23). At the same time, he points out (like Bellah), that marriage has become more vulnerable as people have developed expectations of personal happiness and marriage became a choice (22-23). Thus, whereas marriage can function as a refuge from the market, marriage and romance have themselves become subject to commodity logic. Indeed, the prospects for long-term, committed relationships are declining due to market circumstances. The CEOs of major online dating businesses have observed that eligible partners are no longer the scarce commodity they once were. Now that consumers can obtain access to millions of other single people through online dating sites, they are expressing less willingness to

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15 Divorce rates increased 2,000 percent between 1867 and 1929 and doubled between 1910 and 1940 (Shumway 23).
commit to relationships or to suffer through periods of unpleasantness or difficulty. As one put it,

‘Divorce rates will increase as life in general becomes more real-time. . . . Think about the evolution of other kinds of content on the Web. Stock quotes, news. The goal has always been to make it faster. The same thing will happen with meeting. . . . People always said that the need for stability would keep commitment alive. But that thinking was based on a world in which you didn’t meet that many people.’ (Slater 121)

Flexible labor has provided an opportunity for some affected by changing family structures, allowing, for example, alternatives to a traditional 40-hour work week and a 9 to 5 schedule. But, it also entails new forms of exploitation and places new burdens on families, which can no longer depend on a steady income for life or such benefits as medical insurance (Harvey Neoliberalism 170, Condition 152-155). The flexible labor market also requires mobility, increasing the need to relocate and the possibility of families divided geographically and separated from their social networks, all factors that place additional stress on relationships and family life. These factors may account in part for the delay of marriage and for the rise in divorce rates, both of which leave more people alone and lonely. EM offered a fantasy of romance and a recaptured past with clear roles, stability at home and on the job, and friendship. The fantasy of romance and the quest for it (even if it never materializes) is also a powerful escape valve, diverting attention from job dissatisfaction, while also offering a reason for unhappiness and constructing the conditions for more consumption. In effect, it provides a way of framing
life around romance rather than work, creating new markets, and disrupting the potential for meaningful civic engagement.

One thing that is evident in the struggles of EM contestants is how lines between the personal (home) and public (work) lives have become increasingly blurred. The televised penetration of the body’s boundaries and their reshaping through plastic surgery can be read as emblems of the breakdown of boundaries throughout American culture at the millennium—between private and public, home and work, gender roles and markets. Bordo theorizes how things done to the female body represent prevailing ideology:

The body . . . is a medium of culture . . . a powerful symbolic form, a surface on which the central rules, hierarchies, and even metaphysical commitments of a culture are inscribed and thus reinforced. . . . the body may also operate as a metaphor for culture . . . an imagination of body morphology has provided a blueprint for diagnosis and/or vision of social and political life. (Unbearable 2003)

Viewed as a metaphor for American culture, the transformations of the contestants’ bodies through plastic surgery can be seen as reflections of reshaping and cuts throughout society. Using workplace methods, EM contestants produce themselves in the home as commodities for exchange in multiple markets, including the market for love and the job market. They also exchange their privacy for the makeovers, exposing their homes and personal details of their lives to public display on television. Individuals in happy relationships can be expected to work harder, be more productive and more cooperative. In addition, in a stable relationship, partners can provide back-up for each
other when one is out of work, shifting responsibilities as needs and circumstances change. At the same time, romance and a happy home can serve as a sort of consolation prize for the losses of the workplace—secure jobs, rising wages and benefits. In this way, the focus on romance works to support both higher productivity and lowered expectations. Relationships are also an important industry now. In addition to *EM*, many other reality television shows have a relationship dimension and many are devoted specifically to romance—e.g., *The Bachelor* and *The Bachelorette*, *Who Wants to Marry a Multi-Millionaire*, *The Millionaire Matchmaker*, and *Average Joe*. There is also a growing market for online dating services. Annual revenues in the US online dating industry have risen to $2 billion, engaging 30 million Americans, one third of all single adults, offering further evidence of the growing market in relationships (Slater 2).

The opportunity offered on *EM* was a transformation. The terminology and concept of transformation had a new and very specific meaning at the millennium deriving from competitive business practices. *EM* reflects how widely the concept of a competitive transformation had spread throughout American culture to be used not only for business, but for managing daily life. I suggest that virtually all activity of daily life has become an exercise in competition—finding and keeping a job, finding or keeping a life partner, attracting and maintaining friendships. The competition is part of the marketplace mentality that pervades modern American life and what Harvey refers to as bringing “all human action into the market” (2005 3). He says market exchange has become “an ethic in itself, capable of acting as a guide for all human action” (*Neoliberalism* 3). *EM* reveals everyday life as the construction of multiple personas,
functioning in multiple, overlapping marketplaces. *EM* mystifies these operations through the use of familiar but diverse cultural forms, including myth, fairytales, literature, and allusions to decades of television shows, reframing the American Dream and the mythos of new beginnings as physical transformation and constructing a fantasy of escape from the frantic pace and disappointments of everyday life.

Toby Miller’s approach to textual analysis shapes my examination of the content of *EM*. Miller argues that audiences create meaning and make interpretations by applying insights and opinions formed from their experiences with multiple sources of information, including other television shows and broad cultural trends. Traces of three social and economic trends that occurred between 1970 and 2002, when *EM* first aired, can be found in episodes of the show: (1) changes in gender roles and family structure affecting both the workplace and home life; (2) a shift in belief from personal efficacy to dependence on faith and chance, what Ortner terms magical thinking; and (3) competitive strategies designed to counteract the threat of increasing competition from abroad and the attendant focus on free-market exchange (Ortner) The discourse of *EM* contains traces of these trends, reframed through the use of a pastiche of cultural genres to establish ideals of gender and citizenship suited to late capitalism, linking the television text to larger social formations. The remainder of this chapter, therefore, considers *EM* in relation to its media and cultural contexts (*Television* 80-93, 144-174).

**The Media and Genre Context: The American Dream as Fairytale**

*EM* uses the idea of a journey as a metaphor of personal growth, conflating time with space to create a story. Consistent with Disney’s mission of storytelling, the
producers speak of creating a story “arc” about each candidate’s experience, based on their journeys “from A to B” (Schultz). I suggest that EM reflects a contemporary way of making sense of life by creating a personal narrative that pieces together a string of life experiences. Similarly, Walley theorizes that people create stories or narratives of their lives to make sense of them, linking their pasts with their plans for the future, creating personal “trajectories” (10-13). Jameson tells of how the Bonaventure architect constructed the hotel in part based on Disneyland’s Tomorrowland, using Disney’s people movers as the inspiration for the plunging glass elevators and skyways. The general structure and the narrow corridors, the architect said, were designed to give people a sense of a journey, an experience, the ability to construct a personal narrative through the trajectory of their movement through the space (Jameson 42). The collection and integration of experiences into personal narratives of the self is consistent with Bellah’s theory of identity construction and “finding one’s self” (81). The theme of transitions is also consistent with tribal rites of passage, which often entail leaving home and crossing boundaries into unknown territory or frontiers (Van Gennep 2-3).

EM incorporates the idea of a journey into the structure of the show by framing the stories of transformation as rites of passage, drawing on ethnography and other reality shows (e.g., Survivor) and fairytale. The metaphor of a journey for personal growth is, of course, nothing new. The Odyssey, Ulysses, and The Canterbury Tales all use the metaphor of a journey to describe human struggle and confrontation with obstacles. Propp theorizes that all fairytales follow a consistent structure in which the hero (the EM contestant, in this case) sets out on a journey to resolve a problem (Fiske 135). In EM,
travel from a small town to the city parallels the personal journey from isolation to social engagement. It also serves as a metaphor, in general, of social and job mobility. Each journey begins when Sissy Biggers (the hostess’ real name) arrives like a fairy godmother to announce the contestant’s selection for EM. The contestants invariably react with surprise, saying “it’s like winning the lottery,” “it’s a dream come true,” while the narrator intones, “it’s a once in a million chance.” All responses emphasize the rarity of the event, and place selection in the realm of chance, not choice or agency. The end of the journey is marked by the Reveal, a ceremony where the contestants, like the heroes of fairytales, rejoin their families and friends for a celebration following a period of sequestration. One particularly explicit example of how EM draws on the folkloric and anthropological concept of the hero returned, boundaries traversed, and a ceremony of reintegration appears on the episode about Mike, who works in an auto body shop. He literally crosses a finish line on the speedway before stepping out from a cloud of steam to be revealed (Episode 220). The Reveal signifies the contestant’s incorporation or reintegration back into society (VanGennep 20, 79, 81). In contrast to the scenes of isolation at the beginning of each episode, the Reveals show the contestants fully engaged with groups of people, dancing, hugging, accepted, and admired amidst much rejoicing, as a voiceover of the contestants says, invariably, “it’s a dream come true.”
There are other traces of the fairytale motif in various episodes of *EM*. Most obviously, there is a Cinderella episode, in which the casting producers hunted for a poor person from Appalachia to make over (Mercer). There is also an episode in which a man and woman who are engaged both receive makeovers, seeing their newly made over partners for the first time only at their wedding, which takes place at the Fantasyland castle in Disneyland. They ride away in a glass coach, presumably to live happily ever after. The theme in the episode about Marilynda Heacock is one of a “sleeping beauty.” When she is wheeled away to the operating room the narrator says she is “about to become a sleeping beauty literally.” Later he says the surgery will “awaken once again the sleeping beauty within her” (Extreme Makeover Patient). In another episode, as James is taken away from the surgical unit swathed in bandages and bundled into a
limousine to be transported to the recovery facility, a path of stars (from use of a star filter or a post-production embellishment, I presume) leads the way, preceding the limousine through the dark streets of Beverly Hills (Episode 219). The trail of stars duplicates the stream of fairy dust left behind by Tinkerbell’s wand in one of Disney’s most powerful brands (Grant 75). And, Kenna says of her Reveal, “It sounds corny, but I felt like Cinderella going to the ball” (Episode 103). It should be no surprise that traces of Disney appear in a Disney show. The show provides an opportunity for cross-branding and cross-advertising, and Disney states its mission as storytelling (Walt). However, the fairytale framing conflicts with the ostensible claims of reality inherent in the genre. It communicates the very American message that dreams can come true. At the same time, it suggests that the promise of opportunity and the possibility of “lives changed forever” is only a dream, contradicting one of the dominant messages of the show (i.e., that one has control over his or her future). What is conveyed is a message that a lucky few may be chosen by chance, suggesting a change in the script of the American Dream—that success occurs not through hard work, but by chance and the intervention of magic. It also places a romantic gloss on the show that conceals the commercial and competitive motivations underlying it.

Unlike Sex and the City, which started airing in 1998 and won Emmys for outstanding comedy series and outstanding directing of a comedy series in 2001 and 2002, respectively, there is no apparent irony or ambivalence in EM’s use of fairytale
tropes.\textsuperscript{16} Whereas \textit{Sex and the City} plays with the idea of fairytales—showing Carrie in the opening credits dressed in a princess-like gown of pink tulle, which is quickly spattered by mud from a passing bus—it also reflects the ambivalence of the women characters towards the fairytale. At the same time that they recognize the fallacies of the fairytale, they cling to it (Akass 179). \textit{EM} leaves the fairytale dream intact, never opening up the possibility of outcomes other than a life “changed forever.” Despite the empty promise of the fairytale ending, the enjoyment of the experience and the associated fantasies cannot be overlooked. Just as women of the 1930s enjoyed the jeweled compacts, lotions, camaraderie with other women, and the fantasies of romance engendered by the advertising campaigns for cosmetics, so did the contestants enjoy the makeover experience (Peiss). They reminisce fondly of the limousine rides, the luxury hotel, the proximity to celebrities, appearances on talk shows, and other aspects of the experience (DuBose, Jackson). As the casting director noted, the contestants gained more from the experience than the actual makeovers (Mercer).

\textit{The Swan}, a Fox knock-off of \textit{EM} that first aired in 2004 (one year after \textit{EM} debuted), makes the connection between cosmetic surgery makeovers and fairytales explicit, but adds an ironic twist (whether intentionally or not): competition. Although \textit{The Swan} (another fairytale allusion) adopts many of the conventions established by \textit{EM}, including the makeovers of “ordinary women” by a team of experts, sequestration in a private hotel during the makeovers, scenes documenting the suffering contestants

\textsuperscript{16} It may seem odd to contrast a low-budget reality television production with a scripted show. The point is to illustrate the prevalence of the fairytale motif on television at the time—2002—and to show different ways in which the theme was handled.
endured before their makeovers, before and after images accompanied by a long list of the surgical procedures to be performed, and a Reveal. However, unlike EM, each week the two contestants are pitted against each other in a contest to see which one will be deemed more beautiful. The winner goes on to compete at the end of the season in a beauty pageant of made-over contestants. The competition between contestants to determine the prettiest recalls the evil queen in Snow White who asked her mirror, “Who in this land is fairest of all?” Contestants are not allowed to see themselves before the final Reveal, which occurs in front of a full-length mirror (another allusion to Snow White), not among friends and family members—i.e., the contestants’ new appearances are “revealed” to themselves. And all this occurs in a gothic mansion, with an iron door and long circular staircase. Thick, red velvet drapes—which one critic calls “vulval”—part to reveal the mirror, where the contestant views herself “reborn” (Jones 77). The gasps of mis-recognition and exclamations of “Oh my God,” come from the contestant, not her admirers. In earlier scenes, the team of experts meets in a mansion conference room paneled in dark wood to discuss plans for the makeovers. (Specialists on EM are rarely shown meeting together, and are always taped in their own work settings.)

Members of the EM production crew ridicule The Swan, complaining that viewers confuse the two shows. They claim that the contestants on The Swan had no choice in the procedures to be performed, and that many of the contestants on The Swan were rejects of EM who did not have “the right reasons” for wanting makeovers, or whose

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17 Despite scathing reviews, The Swan, a derivative of EM that appeared about a year after EM, achieved higher ratings for its first episode (15 million viewers compared to 11 million viewers of the EM pilot) (Blanco). By the time The Swan first aired, the number of viewers of EM had slipped to 7.6 million (Regalado).
surgeries were too dangerous to be considered by credible surgeons (Tannenbaum). Surgeons involved with EM are particularly critical of The Swan, intimating that the Swan surgeons were not ABPS-certified and that there were bungled surgeries and a number of malpractice suits. The Swan makes the competitive aspects of the makeovers overt, by pitting contestants against each other, and it frames the promise of the makeovers more obviously as a fairytale. It also eliminates any illusion of praexis by requiring complete submission to the plans of the experts and to the invasive surveillance, which reveals the women trying to catch glimpses of their new features in shiny surfaces. Indeed, The Swan can be read as a spoof on EM, in which the setting in a gothic mansion represents the Frankenstein-like potential of physical makeovers and the Extreme Team panel of experts a group of mad scientists. For viewers like me who tended to mix the two shows up, The Swan provides a rupture in the serene surface of the EM story of inspiration and challenges the claim of “right reasons.” Indeed, the competitiveness of The Swan holds a different sort of mirror to capitalism. The team of experts work together to plan and execute the makeovers, but lay blame on the people who lose each beauty contest, attributing their failures to a lack of hard work or a poor attitude or lack of cooperation (e.g., trying to sneak a peak at their new looks before the Reveal).

Although EM promised “lives changed forever,” only contestants who proclaimed a modest goal of “wanting to feel better about myself” were selected. Most said they wanted to be more comfortable in public, and especially to be more comfortable in romantic encounters with a spouse or with potential romantic partners. Men expressed a desire to be able to ask women out without being embarrassed or to be more attractive so
they could get better jobs. Larger ambitions (e.g., stardom) were considered to be evidence of unreasonable expectations. Pitts-Taylor studied the questionnaires plastic surgeons use to assess clients’ readiness for surgery and concluded that the doctors consider goals such as getting a better job or finding a husband to be acceptable reasons for wanting surgery. But, even though the plastic surgery industry encourages the public to start plastic surgery young and to have small procedures performed annually to maintain one’s appearance throughout life, it also has pathologized the desire for multiple surgeries, with a designation of “Body Dysmorphic Disorder” or BDD from the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V), to describe people who are never happy with their appearances and who attempt to have multiple procedures to improve themselves (19). Yet, contestants on EM tell of how the production assistants coaxed them to make a long wish list of everything they might want changed about themselves, when they really only wanted one or two things—e.g., a nose job or dental work (Corder). In other words, EM featured what the industry would define as excessive, even pathological, presenting it as normal. It is not surprising then, that after EM had been on the air for several seasons, the ASPS had a front-page story placed in the Wall Street Journal to dispel misunderstandings that may have arisen from viewing the show (Cole). One of their concerns was that clients had developed unrealistic expectations of what could be accomplished through surgery and also that they were requesting multiple surgeries that were dangerous (Regalado).

If all of this seems confusing and contradictory, it is probably because of the ambivalence evidenced among cosmetic surgeons and the mixed messages
communicated about “right reasons.” Although the cosmetic surgery profession has sought to increase the demand for cosmetic surgery, promoting annual treatments to forestall aging and maintain a youthful appearance, they have also balked when confronted with growing numbers of clients interested in multiple, simultaneous surgeries, admitting the medical risks and misperceptions of what is possible. And, whereas doctors have pathologized the desire for multiple surgeries among some patients, and labeled clients who hope for big changes in their lives as high risk, their viewpoints were inconsistent with the demands of a reality television show. The EM producers needed multiple surgeries to elicit what Schultz called “the cringe factor.” Furthermore, for dramatic effect, they needed a big transformation for the final “reveal,” which could not be accomplished with just one procedure.  

As noted earlier, the makeovers are constructed as gifts bestowed on the worthy underprivileged. The worthiness of the contestants is documented and confirmed in footage showing the contestants caring for children or other family members, with an accompanying narrative about their selfless devotion and sacrifices. Sissy Biggers’ appearance to announce an applicant’s selection for EM recalls earlier television shows, such as The Millionaire and Queen for a Day. On The Millionaire, a fictional television drama of the 1950s, Mark Anthony, an executive secretary to an eccentric benefactor, delivered $1 million each week to a person ostensibly selected at random. Each episode then followed the impact of the $1 million on the recipient’s life. Similarly, Queen for a

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18 Conflicting messages are rife in the discourse on cosmetic surgery, as Davis and others have noted (Davis Dubious 4). It can be regarded as an expression of agency or evidence of false consciousness; it can be viewed as an act of strong self-esteem and wellness or a symptom of insecurity and mental illness; it can be seen as necessity or vanity; etc.
Day, a game show that aired in the late 1950s and early 1960s, featured a competition among women in which the one with the saddest story won the title “Queen for the Day,” based on a vote by the audience. She was crowned, draped in a red velvet robe, given a bouquet of roses, and perched on a throne to behold the array of gifts she had earned through her sad story—usually a Jacuzzi whirlpool bath to soothe her rheumatoid arthritis, or an Amana stove, or another household appliance. On a recent episode of HBO’s Magic City, a drama about a hotel on Miami Beach in the late 1950s, a gangster watching Queen for a Day tells his attendant that one of the candidates will never be selected. “Do you know why?” he says. “Her teeth.” No one wants to see a bad smile, he says, anticipating one of the messages of EM forty years later. It is a reminder of Reich’s observation that contemporary in-person service workers, such as most of the EM contestants, must have “a pleasant demeanor” and “above all . . . must make others feel happy and at ease” (126). Workers who interact with the public must have an appearance that “adds value,” as Edmonds suggests (108). Nevertheless, the gangster’s comment was anachronistic inasmuch as Queen for a Day celebrated the selflessness of contestants, and their care of others, not their attention to beauty. It exposes the changes in expectations of women that have occurred since the 1950s.

What all of these programs share is a person who has demonstrated worthiness through sacrifice or suffering, selected unexpectedly, and given expensive gifts by a wealthy, more powerful and sometimes anonymous stranger. In the case of Queen for a Day and EM, the vehicle of the show provided an effective means for advertising and promoting goods and services through product placement, a value that far exceeded the
value of the products and services provided to the contestants.\footnote{19} What is different is the nature of the rewards, which fit the conventional ideas of women’s roles in each era. The 1950s woman received appliances, consistent with the focus on housekeeping and management of the home, which were considered to be the primary role of women at the time. The 21st century women receive new looks, consistent with the increased visibility of women and the pressures to remain forever young at home and at work. But, there is an exchange, however hidden. The contestants serve as unpaid talent on the shows; they also model the characteristics of good citizenship prized by their benefactors, behaviors that maintain the status quo and support increasing social disparities.

Several critics have commented on the kinship between reality television and lifestyle programming (in the UK), where shows perform a disciplinary function, cultivating tastes and manners in the audience consistent with middle class values (McRobbie, Tincknell). One of the most explicit examples of this type of discipline occurs on EM in the scene where an etiquette coach is brought in to teach Michel, who describes herself as androgynous looking, how to sit and walk “like a lady” (Episode 103).

\footnote{19} A prime time commercial typically costs $100,000-$150,000 per spot, compared to the millions paid for product placement and integrated advertising campaigns. See Chapter 4 for more details.
The setting in a rococo ballroom of the Plaza Hotel heightens the sense of disparity between Michel’s lifestyle and that of her coach. The interactions between the two women can be seen as a confrontation between the practices of two distinctly different \textit{habitus}. Bourdieu suggests that “a walk” represents a preference that is “bound up with . . . class distinction” (\textit{Distinction} 190). Similarly, in theorizing docile bodies, Foucault observes that efforts to shape and train the body, to make it more skillful, make it more manipulable (\textit{Discipline} 136). Moreover, in a twist on the concept of gender performativity, Michel is taught to perform femininity in order to “become the woman she has always wanted to be.” The lesson on how to sit modestly in a skirt and walk gracefully in high heels, along with the insistence that Michel wear a dress and stiletto sandals, represent an exercise of power, and also reflect ambivalence towards
people who fail to comply with social norms, especially those relating to ideals associated with gender. Michel mentioned that she had never worn a dress before, “except on Halloween,” and Kenna complained that she would have preferred to wear a nice pants suit to her Reveal instead of a dress, but was not allowed to do so (Episode 103, DuBose). That attitude reflects, possibly, some of the ambivalence felt throughout American culture at the time. The 2000 Census revealed increases in the number of households headed by women, the number of women in the workforce and the number of women holding managerial positions (Simmons, Fields, Women). The insistence on traditional signs of femininity also suggests an intolerance or rejection of anything other than heterosexuality; the guidelines on dress and comportment serve as a form of policing to maintain strict boundaries between genders (visually, at least). The policing or disciplinary function of EM was also evident in the process of transformation, which emulated a manufacturing transformation.

The Socioeconomic Context: Body Makeovers and the Transformation of Business

In the decades leading up to 2002, the term “transformation” became much more widely used in general discourse than before to describe the waves of changes occurring throughout American culture. The concept of transformation is nothing new. The word has many meanings, including spiritual growth, magical transformations such as shape shifting, and biological development or metamorphosis. It is a central characteristic of fairy tales, in which peasants and frogs turn into princes, or straw into gold. In the 1980s, however, the word assumed a new and very particular meaning in US business. In Out of the Crisis, published in 1982, Dr. W. Edwards Deming used the term to describe a
strategy for counteracting competitive threats to American business, particularly in the automobile industry, once the most important industry in America in terms of its contribution to the Gross National Product (GNP). Deming’s business transformations were a response to the shift from Fordism to post-Fordism. Dr. Deming, a statistician who is credited with leading Japan’s economic recovery following World War II, proposed organizational transformation as a solution to a weakening competitive position that would restore US market dominance.

Deming’s business transformation is accomplished through a 14-point process of “Total Quality Management” (TQM), also known as continuous quality improvement. Point 13 calls for a “rigorous program of education and self-improvement,” a concept that is evident on EM and which has become commonplace in US culture. “Lean management” and “Just-in-Time” management, approaches that evolved from Deming’s work, are techniques for increasing profitability by cutting costs. In Management Challenges for the 21st Century, Peter Drucker cautioned that managers need to “abandon the past” and that workers must engage in a process of continuous self-development to keep apace of jobs and to remain ready for the market (Drucker 149). Drucker’s response to the changing economic regime is a contemporary instance of the American mythos of reinvention, which dates to the founding of the country. Each EM episode replicates the business process of continuous quality improvement by modeling the assessment of needs, demonstrating the application of technological innovations, and documenting the

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20 In 1955, General Motors, the biggest corporation on Earth, produced 3% of the GNP (Reich Work 46).
21 Deming consulted to Japanese leaders on the revitalization of Japanese manufacturing, introducing a system of quality improvement that led eventually to Japan’s domination of the automobile manufacturing industry.
“hard work” of fitness and recovery. The assessments are conducted both by the contestants and by their team of consultants—the Extreme Team of surgeons, fitness trainers, stylists, psychologists and other specialists. Contestants are shown looking in the mirror reciting their many flaws. Kristy, for example, frequently holds a mirror up to examine her large nostrils, to see her smile without her dental bridge, to pluck at the puckered flesh on her stomach. The surgeons also critique each contestant. While meeting with her doctor in New York City, Michel recites a litany of changes she wants to balance her face and make her look more feminine—a brow lift, rhinoplasty, reduction of fat in her cheeks, a chin implant to balance her face, and so on. Each of these assessments reflects an updated version of the thinking that underlies the “body-for-others” theorized by Bourdieu, the perception and judgment of self through the eyes and the gaze of others. Bourdieu says people experience their bodies with embarrassment and unease at the reactions of others when the “ideal body and real body, the dream body and the ‘looking glass self’ differ, and suggests that people view themselves as outsiders, watching and correcting themselves (207). The assessments also represent examples of the systems of surveillance and self-policing Foucault theorizes, in which the subject “inscribes in himself the power relation in which he simultaneously plays both roles; he becomes the principle of his own subjection” (202-203). The omnipresent cameras are part of the system of surveillance.

*EM* and its knock-offs (e.g., *The Swan*) normalize surveillance by constructing an environment in which the contestants are always on view. Candidates had first to present themselves on video to the casting team, then undergo televised interviews so producers
could assess their comfort and naturalness on camera. Thereafter, cameras filmed their arrivals at the airport, trips in the limousine, casual walks down the street, meetings with the Extreme Team—surgeons, dentists, trainers, hairdressers, stylists, etc. There are even scenes of contestants curled up in bed talking to loved ones on the phone. Cameras captured the participants at their worst—snoring and snorting under anesthesia with gauze trailing out of their mouths and drains poking out of oozing flesh, their faces bruised, swollen, and seemingly blood-streaked. On The Swan, in case the cameras missed anything, participants maintained video diaries of their experiences and feelings. Never was there any indication that the constant surveillance was unusual or unnatural. On the contrary, participants gave the impression it was a routine part of daily life.

The ever-present cameras can be seen as a contemporary version of Foucault’s “coercive technologies of behavior,” and of the apparatus of the “military camps” he envisioned where all could be seen within and used to transform the individual into a “docile body,” in a setting where the “technologies and institutions for measuring, supervising and correcting the abnormal” could be applied (293, 171, 199). In this case, homeliness is medicalized and defined as an abnormality. The examinations by the plastic surgeons, dentists, trainers, and others are like the “ritual examinations” of Foucault’s institutions—the hospitals, prisons and schools (184). He describes a “normalizing gaze,” where the inspectors make judgments based on norms (174). As in Foucault’s institutions, where there are specialized workers who monitor and report on what they see, the cosmetic surgery reality shows had handlers who were always on call, who lived with the contestants, accompanying them everywhere, ostensibly to attend to
their needs. These handlers reported back to the doctors and producers any infractions of the rules or any behavior that might threaten the show or the results of the makeover, such as eating forbidden foods, sadness and loneliness, marital conflicts, and failure to complete the workouts (Hendricks).

In every episode, a list of the flaws and plans for correcting them is superimposed over the “before” image of the body, as a narrator recites the work that will be done to complete the transformation.

Figure 6. A List of Procedures to be Performed on Kenna

The contestants are shown being wheeled into the operating rooms and prepped for surgery. They are completely covered in paper gowns and drapes, only a little skin visible as a team of doctors and attendants stand over them, gleaming, silver surgical
tools in hand. Occasionally, a surgeon will hold a spike and tiny mallet to the nose and tap it, or stitch an incision site, or wield a liposuction machine like a power vacuum. Contestants are shown swaddled in bandages, moaning in the recovery room, drainage tubes poking out from under the bandages, as the doctor stands by offering encouragement. In their post-op follow-up visits, they sit quietly as the doctors swab the swollen skin around their new noses, inspect the thick black sutures on their eyelids, and smile appreciatively at their perky new breasts. The clear point is that one must submit to authority and undergo hardship to achieve one’s dream.

Figure 7. Contestant Recovering from Surgery
The various actions performed on the contestants parallel trends in the larger social body. Bordo, who claims that the preoccupation with weight control is an expression of ideology, says:

The body . . . is a medium of culture . . . a powerful symbolic form, a surface on which the central rules, hierarchies, and even metaphysical commitments of a culture are inscribed and thus reinforced. . . . The body may also operate as a metaphor for culture . . . an imagination of body morphology has provided a blueprint for diagnosis and/or vision of social and political life. (Unbearable 165)

The makeovers of the bodies through liposuction, surgical cuts, implants, chemical injections, for example, mirror the reshaping occurring throughout American society—the redefinition of boundaries, cuts in federal aid programs (seen as “fat” in some sectors), changes in the job market, new social configurations. The physical work on the bodies suggests the adoption at the personal level of the popular competitive strategy called “lean management”—a strategy for strengthening America’s competitive position worldwide by cutting costs (i.e., fat). Whereas the muscular bodies of 1980s male stars, like Schwarzenegger are seen by some as emblems of Reagan’s aggressive, militaristic stand, the cut, hammered, and remodeled bodies of EM can be seen as the embodiment of the contemporary focus on cost containment and competition through lean management (Jeffords). Reich notes the rise of “butcher metaphors” in management in the 1970s and 1980s when managers started referring to “cutting to the bone,” “getting lean and mean,” and “hacking off the fat” (73). In the new millennium, and in the context of plastic surgery, the terminology has been softened with metaphors of shaping,
sculpting, and molding, rather than butchery, suggesting the reframing of competition as an art form. The focus on restoring a more youthful appearance is similarly suggestive of national efforts to restore America’s image abroad and recapture its position of technological leadership. The emphasis of the style consultations on making the women look “younger, more modern, more sophisticated,” similarly reinforces the drive nationally to restore America’s image, much as the fitness regimens aimed at building strength, agility, and flexibility are a reminder of national efforts to convey an image of strength following the attacks of 9/11 (still fresh in people’s minds in 2002) and the need to be “nimble.”

Deming’s TQM process entails inspection and measurement at multiple points in the product development lifecycle. His model also incorporates a process for making and testing small changes—“tweaks”—at each stage of the production process to improve quality. It is this process of testing and retesting small improvements that constitutes continuous quality improvement. The widespread adoption of these management practices is evidenced in the number of federal transformation initiatives launched in the past ten or twenty years to modernize the government, and in the passage of federal laws requiring annual performance reports with frequent measurement and assessment of customer satisfaction. Efforts to reduce government have led to even more measurement to prove value and cost-effectiveness, so that larger portions of program

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22 The term “nimble” became a favorite term in business in the new millennium, used to differentiate corporations from sluggish, outmoded organizations that lumbered along, unable to adapt quickly to competitive threats.

23 See http://www.fbo.gov or Commerce Business Daily for lists of federal procurements requiring transformations. See also Government Performance Results Act (GPRA) and Program Assessment Rating Tool (PART).
budgets are devoted to ongoing assessments than ever before. It is also evident in the prominence of “transformation” as a service offered by the nation’s leading management consulting firms—e.g., Bain and Company, McKinsey and Company, and Booz Allen Hamilton, among others. It is my claim that the process of continuous education, self-improvement, and measurement advocated by Deming has seeped throughout US culture to become internalized to the point that individuals apply the process of a business transformation to all aspects of their lives, including their relationships and their careers. It reflects an awareness of the self as a commodity in multiple markets. EM is one place where this cultural phenomenon is evident. The narrator, for example, compares Michael to the cars he restores in an auto body shop, describing them both as “customized.” The turn to smaller manufacturing companies, focused on customization and niche markets could now be brought to the personal level, giving Michael the tools he needed to be as unique and special as the cars he worked on (Harvey Condition 156).

The promise of transformation is, of course, central to the creative concept underlying EM. The word is repeated frequently by the narrator, at the same time that coded images reinforce the message. For example, on one episode, the narrator recounts the metamorphosis of Kristy, a 25-year-old mother who went from “old beyond her years” to “younger than springtime,” while the camera focuses on Kristy frolicking in a field, a monarch butterfly alighting first on her finger, then on a nearby flower, linking Kristy visually with beauty and metamorphosis. The theme of the butterfly’s metamorphosis is repeated in Kristy’s description of her experience as going from “ugly

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caterpillar” to beauty (Episode 220). Indeed the butterfly imagery in Kristy’s episode recurs, reinforcing the story arc of metamorphosis. (The butterfly reappears on other episodes and on the website of Michael Thurmond, one of the fitness trainers.)

The makeovers prepare the contestants to be more competitive, just as business transformations give corporations a competitive edge. The EM transformations model a process of continuous self-assessment and self-improvement that replicates TQM, at the same time promoting an image of ideal citizenship that entails adaptability and readiness for anything. The precise timing of JIT methods supports quick response. Small batch production, JIT, and the TQM processes all contribute to making a corporation nimble and able to adapt or change direction quickly, demands of the post-Fordist economy. EM reflects this preoccupation with time management and speed, as well as the need for quick response.25 The contestants engage in continuous self-improvement, producing themselves as commodities in multiple markets, monitoring themselves for faults that need to be addressed, and correcting their flaws as needed, replicating the JIT rhythm of a manufacturing plant. The cycle of continuous monitoring and self-improvement is integral to a business transformation. Similarly, through constant self-surveillance, contestants (and others) can identify small flaws early and intervene with appropriate self-care to slow the aging process and maintain the ideal appearance as long as possible. The need for cosmetic surgery is made continuous, assuring a steady stream of consumption.

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25 The production company was, of course, subject to the same economic pressures as other businesses under post-Fordism.
The quick response that is a hallmark of JIT was reflected in the readiness of applicants to drop everything and leave town immediately to be interviewed for *EM*. Then, if accepted for the show, they had only a day or two to make arrangements for child care, time off from work, etc., before they had to be in Hollywood. Remember that Kenna DuBose was notified of her selection on a Thursday, was in New York City on the following Monday, and in surgery that Thursday—only a week after learning she had been chosen. (The producers may have rushed things more than necessary to prevent contestants from backing out; however, the pace of production necessitated a rapid and steady stream of contestants.) The willingness to travel on short notice to seize an opportunity is a recurring theme on *EM*, where the narrator recounts weekly the contestants’ readiness to take a chance to change their lives. Thus, readiness is associated with decision making, which in turn is associated with making a choice—a choice for a better future or a life “changed forever,” as the narrator promises. The neoliberal refrain links speed and the decision to act with freedom and a bright future, masking the underlying message encouraging consumption (Harvey *Neoliberalism* 5-38).

This is consistent with what many commentators see as the centrality of speed to postmodern capitalism. David Lenson links speed, consumption, and flexible accumulation in his discussion of the illegal drug trade and Reagan’s “War on Drugs” (173-178). He observes that the cocaine trade, which has transformed economies, both personal and national, exemplifies the concept of free trade, unfettered by taxation or regulation (173). Unlike cash, it is both a commodity suited to direct consumption and a means of exchange. Its rapid generation of excess value threatens other forms of global
capital, he claims (174, 178). Beauty can be seen similarly—as both a means of exchange and a commodity itself, directly linked to desire. Shows such as *Addicted to Beauty*, along with the establishment of Body Dysmorphic Disorder—sometimes characterized as an addiction to cosmetic surgery—construct cosmetic surgery as a psychotropic drug, capable of transformation (however short-lived) in a quest to satisfy desire.

Mobility is another requirement of the post-Fordist economy that relates to job readiness and responsiveness (Harvey *Condition* 150). One of the chief demands of labor in a regime of post-Fordism is mobility, which *EM* conflates with upward mobility. Drucker describes a “revolution” in management that requires a “180º change in the knowledge workers’ thought and action,” including preparation for new careers, existence beyond the life of the organization, and job mobility (194-195). But, the mobility has a dramatic effect on individuals’ lives, as it disrupts relationships and family life, and leads to the repeated dissolution of relationships and the need for new ways of forming bonds quickly (Toffler 310-311). A youthful, attractive appearance can facilitate the formation of new relationships, *EM* suggests, both professionally and personally. The willingness to adapt shows one can jump when an opportunity is offered, enhancing opportunities for future relationships of all kinds.

Mobility also serves as a marker of socioeconomic status and impoverishment. Indeed, *EM* production staff members equate being “modern and sophisticated”—goals of the style consultations—with mobility, contrasting the sophistication of a cosmopolitan, urban life with the provincialism of the contestants. The issue of mobility is reflected on *EM* in the tension between small town, rural life, and life in the big city. It
reflects, perhaps, a truism of late capitalism that innovation and change occur in urban centers, where opportunities are also the greatest (Brand). Brand asserts that change and innovation occur most rapidly in cities, where citizens can join together in teams to solve problems, and where access to a cash economy creates greater opportunities regardless of class and poverty. It is especially liberating for women, he claims, who can escape abusive husbands and receive health care (Brand). Although casting producers are diplomatic about the contestants and applicants, they fail at disguising their contempt for the contestants’ small-town roots and lack of sophistication. Yet, the small town roots of the participants, along with the scenes of family life and social engagement, provide an important contrast to the stereotype of the deracinated, alienated urban mother. EM blurs the lines between the two stereotypes—provincial, small-town life and sophisticated urban experience—suggesting that cosmetic surgery can overcome the sense of lack experienced in both: the lack of love and connection in the urban and lack of excitement and possibility in the small town. Cosmetic surgery is presented as a cure-all.

To support the claim that many of the applicants and contestants were unsophisticated, the casting director pointed out that many of the contestants had never been on an airplane before and few had traveled far beyond the borders of the small towns where they grew up. Many episodes of EM highlight the small town origins of the contestants. For example, the camera lingers over a sign at the entrance of Wilson, Arkansas, home of the bride, Karen, which says “population 939.” The narrator repeatedly refers to Kristy, the young mother from South Carolina, as coming from “the backwoods.” The narrator says Kristy will “have to travel far from the backwoods of
South Carolina” for her makeover and later repeats that Kristy was “brought from the backwoods to Beverly Hills,” implying Kristy’s relocation will change her circumstances. Sitting in the limousine on her way to the hotel, Kristy remarks that she feels like she has a big neon sign over her head saying, “I don’t belong here.” Staff comments and the recurring narrative refrain and imagery of EM position life in small towns as part of the past that must be left behind in pursuit of upward mobility. The episode featuring Kenna contrasts shots of steers grazing in a field and an aerial view of a small town with scenes of NYC skyscrapers viewed from the inside of a limousine. The association between class and mobility echoes Bourdieu’s theorization that class taste in part derives from proximity or access to cultural assets, including the means to travel to places with cultural assets—mostly big cities (Distinction 124). However, EM reframes the class distinction subtly, shifting from a focus on tastes as cultural capital to a focus on the promises and opportunities posed by mobility. Kristy’s comment about not belonging in Beverly Hills signals her awareness of class difference (among other things), but also exposes the importance of a “sense of belonging” and social acceptance which permeates the show. This sense of belonging, I suggest, is one of the losses of the new economic regime and the increased mobility necessitated by it. EM offers a strategy for recapturing the sense of belonging. It also portrays the training and coaching that have become an integral part of management efforts to overcome the potential alienation posed by post-Fordism. By instituting programs to reward workers for efficiency and creating a work environment where they feel a sense of belonging, managers can not only forestall resistance, but also (as research has proven) drive workers to perform harder and harder for lower wages and
diminishing benefits. In contrast to management during the industrial era, when workers were given coffee or tea breaks with sweets to give them a burst of energy and boost productivity, contemporary programs celebrate employees, building their self-esteem to engender greater commitment and stimulate harder work (Mintz 147). (Even though corporations invest heavily in programs to build employee loyalty, employment nevertheless remains flexible; workers can be replaced by lower cost labor in other states or countries at any time.)

Whereas training under Fordism was designed to build skills needed to perform routine, repetitive jobs, training in the new economic regime often focuses on building confidence and a positive attitude, which are associated with high productivity and employee loyalty. In addition to the surgeries, dental work, and style makeovers, Michael and James, two young male contestants on EM, receive guidance and coaching to build self-confidence. Chris Harrison of The Bachelor, instructs Michael on how to approach girls, advising him to “put yourself out there” and not to be deterred by rejection. His advice echoes themes from countless American stories of success, from the fictional Horatio Alger tales in which young men overcome poverty and adversity to Charles Atlas’ body building empire. In both of these cases and others, hard work and perseverance lead to public success and, presumably, personal happiness (Heller 52). A psychologist counsels James on how to “make over” (her word choice) the memory of his beating so that it can no longer have such a powerful effect on him or inhibit him from

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26 The Gallup Organization, best known for public opinion polling, has a management consulting practice focused on employee engagement. Their research shows that having “a best friend at work” is one of the strongest factors in employee satisfaction, longevity, and performance.
engaging fully in life. Michael and James also received nutritional counseling and fitness training to help them become stronger and more muscular. The coaching sessions mimic workplace programs designed to build self-confidence and enhance worker productivity. Decades of research on worker productivity have led to the integration of organizational goals with personal goals of growth and fulfillment. Specifically,

The organization should be reshaped so as to release the psychological strivings of its members, so that adaptability, innovation, responsibility and commitment could be channeled into organizational success (Rose 113).

Management theorists—Warren Bennis and Will Schutz, among others—argue that “a positive self-concept is the bottom line for the human side of organizations,” advocating initiatives that made workers feel significant, liked, and included (Schutz 99).

The idea is to build self-esteem and “cultivate the image of the winner” (Schutz 117). The *EM* Extreme Team—the team of experts assembled to bring about the transformations—function as trainers and coaches to help instill or restore the self-confidence needed for success. As Dr. Zarem said about Mike, “if you feel good about yourself, you get along with other people” (Episode 220).

In addition to building self-confidence, training programs also prepare workers for constant change, a condition of the new economy. Emily Martin describes Outward Bound-type leadership training programs in which corporate executives are subjected to such things as ropes courses in which they are kept continuously off balance, ostensibly to prepare them for the uncertainties and ever-shifting terrain of the new workplace, where one moves “from one position of instability to another” (Martin 213). She suggests
that the training is designed to build a “toleration of risk” and a readiness for the unpredictability of work in late Capitalism (*Flexible* 222). The same could be said of televised surgery—that it conditions people to take risks.

**Right Reasons and the Market for Pathos**

Although it is never made explicit on *EM*, only applicants who could not pay for the makeover services themselves were eligible for selection. Most of the employed candidates held low-paying, working class jobs, what Reich calls in-person service jobs (*Work* 176–177). These jobs, he says, require the least education, pay the least, and are most vulnerable to competition. The added value of a pleasant personality and appearance are essential to survival in one of these jobs, he suggests (*Work* 176). One contestant was a barber; another was a dog groomer; one was a waitress; one aspired to be a hairdresser. Nevertheless, the signs of class are largely elided from the show, except for the references to “backwoods.” The one exception is in scenes relating to the dental surgery. Indeed, several contestants said being on *EM* was the only way they could get the dental care they needed. Sandra, whom her sons said never smiled, commented that she did not think people liked to look at people with bad teeth. Although she laughed and joked with the doctors in other scenes, she was visibly embarrassed when Dr. Dorfman, the *EM* dentist, met with her to report on the devastating condition of her teeth, which would require eight extractions.
In an aside to the camera, he criticized Sandra, saying “she didn’t even know she had bone loss!” He told her, “the bone should be here . . . it’s here,” pointing to her x-rays. Sandra said, “We just never had the money” (Episode 105). Dr. Dorfman jokes to James that he has “summer teeth—some are here and some are there” (Episode 219). In a scene from another episode, Michael describes his teeth as “Halloween teeth” (Episode 220).

A critic of *EM* who sat next to a contestant on an airplane, complained that the show exploited people who were already disadvantaged and so desperate their only hope was to apply to the show for help (Mayer “Extreme”). However, the *EM* contestants I interviewed expressed no desperation. Rather, they describe modest, pragmatic goals. Kenna wanted younger men to approach her at singles dances and hoped for a boyfriend;
she also admitted to a little rivalry with her older sister who looked much younger than she did. Kine Corder claimed she did not know what EM was when she went to the audition, that she just wanted a job as a hairdresser on the show. She acknowledged that she was relieved after her makeover to find she no longer worried that people were talking about her appearance behind her back. Nancy Jackson admitted to being competitive with a sister and wanting to look more attractive. Buried in their comments was not evidence of desperation, but of rebelliousness—what I would call small acts of resistance and agency. The women described applying in secrecy, implying their families and friends would not have approved. Family members expressed surprise and some exasperation that the contestants left them on short notice with children to care for.

Although family members and friends expressed support for the contestants, they also made wisecracks about their loved ones, suggesting the makeovers were a bit frivolous and narcissistic. Despite their denials, the contestants may have felt an underlying desolation, perhaps a desperation they could not easily articulate. Michael, the contestant who worked in an auto body shop, tells of his sadness at being the “ugly guy,” while his sister mentions how her friends made fun of him, saying he “looked like Dumbo.” Another contestant, James, nearly weeps when remembering an attack by former friends of his, an attack that left him physically and emotionally scarred (Episode 219). (Several years before James appeared on EM, a group of boys he thought were friends jumped him in a park, beating him severely and cutting his face while taunting him. Although the full details are never disclosed, the narrator mentions that James had started spending time with the wrong crowd because of low self-esteem.)
Years after the last episode of *EM* aired, hopeful fans still post comments on blogs expressing their love of the show and their hopes that it will return so they or a loved one can have a makeover. Their comments reveal both a sense of hopelessness and a belief that a change of appearance would magically transform their lives, erasing their misery and somehow removing all the impediments to their happiness—joblessness, poor health, an abusive partner, etc. They see looks as the solution to every problem, perhaps recognizing the importance of first impressions in a fast-paced society, with little time for reflection, where looks can be read as a sign of class (Bell, Kahneman). The contestants took a chance, defying the norms and expectations of their social groups, possibly with undisclosed hopes for more than a small change of appearance. In applying, they also showed ingenuity in working within the new market mentality by offering to exchange their privacy and dignity for something they wanted more. They also exhibited skill in marketing themselves, recognizing their stories as a type of commodity with an exchange value.

Andrejevic, who challenges the claim that reality television is democratizing, argues that it offers contestants public spectacle and celebrity in place of any real opportunity for public engagement, promoting self-commodification (112-113). Further, he contends that privacy is the commodity the poor have to exchange for other things they need and want—hence, their willingness to subject themselves to ridicule on television. They engage in what he calls “the work of being watched . . . selling access to their personal lives” (6). Andrejevic’s observations expose the domination of the marketplace in daily interactions: in this case, the contestants could trade privacy and
public humiliation for dental care. Their bad teeth reflected not only poor dental care, but also diet and poverty. Like the 19th century housewives and children whose lived primarily on sugar (in the form of treacle, served with suet pudding) so that the male laborers in the household could have the meat, the contestants sacrificed their health for others in the family (Mintz 144).

The dental decay of the contestants serves as a reminder of the health care benefits workers have lost with the emergence of corporate cost-saving measures. Without adequate health care coverage, workers are forced to resort to extreme measures to obtain necessary services or go without care. The DaVinci veneers and the Zoom teeth whitening promoted on EM literally mask the problems of dental care in the individuals. At the same time, the narration and side comments of the dentist convey an impression that the dental problems occurred because of the contestants’ failure to take care of themselves, not because of a failure of the health care system. These examples expose the inadequacy of health care under the current economic regime.

The “abandonment of the past” Drucker recommended is visible on EM, where the “before” images of contestants represent the undesirable past (149). As suggested earlier, being tethered to a small town with little or no geographic mobility is one of the factors associated with the past. Also left behind, presumably, is the dreariness of the pre-makeover contestants’ lives. Each contestant must spin a tale of woe to establish worthiness for the gift of a makeover—usually a story of vulnerability and weakened self-confidence arising from the ridicule and cruelty of others. Indeed, Howard Schultz, the show’s creator, says the idea for the show originally came to him after watching
episodes of *The Jenny Jones Show* in which “ugly ducklings” from high school “came back and were hot.”\(^{27}\) It was to be about the pleasure of the last laugh. The early scenes of *EM* episodes highlight the loneliness, isolation and sadness of contestants. Kacie, a young divorcee who has withdrawn socially, is shown walking alone on a nature trail; Kine, an African-American barber is taped walking alone, huddled in a parka for protection from the cold Chicago wind; James sits alone and unsmiling on a bench in the park where he was attacked several years earlier (Episode 101, Episode 219). The before pictures document the ostensible problems, the physical imperfections and the sadness of participants, who are shown partially dressed, unsmiling, their shoulders slumped.

\(^{27}\) See for example, “In School You Said I Didn’t Stand a Chance, but Now I’m a Hottie Who Gets Paid When I Dance,” 3/19/01 or “You Said I Had No Skills, but Now My Look and Talent Pay the Bills,” 5/10/01 or “You Used to Call Me Lame, but Now This Sexy Shorty’s Got Game,” 4/5/2001 or “In High School You Called Me a ‘Total Tool,’ Now I Party Non-Stop and I’m the King of Cool!” 6/20/02 (Jenny).
In contrast, the after photos show contestants fully clothed with hair implants or extensions, makeup, and large smiles. Indeed, the theme of emerging from isolation and loneliness to enjoy a social life filled with friends runs through all the episodes, each of which begins with scenes of the contestant alone, talking about his or her loneliness and isolation, and ends with a party where the contestant is the center of attention. The before scenes reflect the anomie and alienation of life under late capitalism, and the possibility of affiliation and happiness to result from consumption and self-improvement.

**Performances of Femininity and Masculinity**

By emphasizing the selflessness of the candidates in taking care of their children and other family members, *EM* reinforces essentializing stereotypes about women. Kenna is shown counseling a student; later, her son says Kenna gave everything up to raise him.
Tammy, a Florida mother, is shown—looking weary—pouring milk for her children and doing their laundry, dressed in a shapeless, cotton housedress, as the narrator tells about Tammy’s own neglected childhood under the care of a mother who had a serious mental illness (echoes of *Queen for a Day*) (Episode 101).

![Figure 10. Tammy with Her Children Before Her Makeover](image)

Sandra, the widow, is shown in photographs caring for her husband, a disabled DEA agent who was shot in the line of duty (Episode 105). Her sons remark on how she has done everything for them. There is an implication that the women deserve the makeovers because of the sacrifices they have made. Yet, although it is never mentioned on *EM*, they have abandoned (temporarily) their roles as family caregivers to do something for themselves.
The presentation of the contestants at their Reveals is a little like the unveiling of a new car model, a comparison that is made explicit in Mike’s reveal.

What the contestant represents is the new, contemporary model, the ideal. On the one hand, the made-over contestants resemble the movie stars of the 1950s. (Images of Loretta Young sweeping through double doors in a swirling evening gown come to mind.) The women all wear revealing dresses made of delicate fabrics (chiffon, silk, satin), high “strappy” heels, and glittering jewels. They are slim, with smooth, flawless skin, beautiful smiles and large breasts—youthful and sexy, qualities the surgeons and narrator praise. However, the EM contestants differ from the starlets of the 1950s in important ways that reflect the economic turn. They are physically stronger and firmer.
They are also more complex. In addition to fulfilling traditional roles of nurturing others and caring for the home, they also care for themselves, devoting additional time to their own fitness regimens and diets, as they have been taught to do by the trainers and stylists. They represent a merger of qualities drawn from the home-bound housewife of yore and the public celebrity, revealing an erasure of boundaries between the private/public domains of women. They are ready for engagement in the world, as illustrated in each of the Reveals, where they are surrounded by others and seen by millions. Their role is further enlarged to include expensive consumption on beauty products and services necessary for maintaining an attractive appearance.

Much the same is true of male contestants. In their Reveals, they are shown to be more muscular and stronger looking (due to chin implants), perhaps suggesting a recovery of the masculinity of an earlier era. At the same time, the contestants are far more attuned to style. The celebrity stylist, Sam Saboura, takes the men shopping, giving them instruction in how to select colors and styles that are fashionable and becoming to them. Mike comments on how he has finally found the perfect style for himself (Episode 220). James, in rejecting the styles selected by his girlfriend, also rejects the tradition of allowing women to choose clothes for their male partners, thus commandeering a hitherto feminine role (Episode 219). To complete the makeovers, hair stylists add highlights and layers to their hair and show them how to use gel; others provide guidance on depilation and eyebrow shaping. Miller, noting the trend to metrosexual masculinity, comments on how masculinity in early America was defined in ascetic terms—denial of desire, saving, foregoing luxuries—as a reaction to the effeminateness associated with the older
European order. He notes that the term “metrosexual” became common around 2002 (when *EM* first aired) as a reaction to the growing focus on female markets, as well as the effects of feminist and gay rights movements (102-124). (*Queer Eye for the Straight Guy*, which debuted just a few months after *EM* reflects this trend.) Thus, besides being toughened and made more assertive—a return to the 1950s ideals of masculinity—male contestants on *EM*, like their female counterparts, are made over into heavy consumers. Like the women contestants, their attractive new looks are presented as the outcome of consumption, reinforcing the necessity of consumption to remain acceptable to others.

The made-over women presented at the Reveals represent images of completeness and of idealized femininity. As such, their images can be read as objects of the gaze and of male desire, and evidence of their sexualization, commodification, and subordination (Pollock 81-82, 167). Alternatively, the process of continuous self-assessment can be viewed as the internalization of the male gaze or perhaps as a shift “to a self-policing narcissistic gaze” (Friedberg 254, Atwood 204). Yet, the satisfaction and self-confidence the contestants exude suggests an alternative reading consistent with postfeminist femininities—the expression of a social capital derived from style and celebrity wherein visibility signifies success and admiration (Attwood 206). The contestants are not necessarily powerless pawns; rather, their comfort with bodily display may represent strength, providing an example of the ways in which women are increasingly grasping opportunities to make media work for them.

While maintaining strong traces of older gender ideals in the swirling dresses and strong jaw lines, *EM* also exposes the newer expectations where there is an exchange or
overlap between gender roles—a blending—and each must assume more of the duties formerly associated with the other. It reflects the necessity for fulfilling multiple roles in the new economy, and also exposes potential sources of confusion and contradiction in everyday life as citizens work to keep pace and adjust to changing expectations while meeting their daily needs. It can also be argued that it accomplishes a political function, assimilating feminist critique and easing some of the burdens of masculinity, while at the same time reorienting the goals of those critiques by making them a part of conventional success, a support for existing economic relations.

**Before and After, Past and Present**

As the foregoing demonstrates, *EM* bears traces of the effects of post-industrialism on everyday life, particularly the challenges of getting work, making friends, and finding romantic partners in the midst of constant change and impermanence. Through the device of before and after images, the show replicates the progression from industrialization to post-Fordism, communicating both a nostalgia for the past and strategies for coping with change and the challenges it presents to relationships of all kinds. It holds out the allure of romance as a payoff for sacrifice and the hard work of a physical makeover. As Shumway suggests, “intimacy at the start of the millennium has become perhaps the most significant refuge from the social fragmentation of late capitalism” (27). *EM* exploits this search for intimacy and offers beauty as a means of attracting it, redefining and blurring the boundaries between genders in a way that reflects a longing for the certainty of old roles, while accommodating feminist critique. At the same time, *EM* presents continuous self-improvement (in the form of plastic surgery) as a
means of getting ahead, competing effectively in the job market. In so doing, it draws on the language of business transformation and competition, reframing it as fairytale. Ironically, despite the promise of “lives changed forever,” the physical makeovers are transitory, consistent with other aspects of social life, necessitating continuous monitoring and updating. Thus, the contestants produce themselves as commodities for exchange in multiple marketplaces, entangling themselves in a time-driven, manufacturing-like process of continuous inspection and self-improvement.

In the end, the contestants report that they are happy they had the makeovers, but that little has changed in their lives (DuBose, Jackson, Taylor). Most continue to live in the same small towns and to work at the same low-paying jobs. They recall the experience of their makeovers with pleasure, almost as one would recall a great vacation. It was a deviation from the daily routine; more importantly, the experienced helped construct a new identity. Several mentioned that the effects of the makeovers had not lasted long, mentioning contestants they had seen at reunions who had failed to maintain their diets and workout regimens or to keep pace with fashion. Friends and family members also commented that the makeovers were “wearing off” (Godwin). There are two exceptions. Several people interviewed mentioned contestants who had left abusive relationships following their makeovers, theorizing that their increased self-esteem gave them the confidence they needed to make a change. (The decision to apply for a makeover and risk the rancor of the abuser suggests to me that there was more going on than increased self-confidence—perhaps a cunning assessment of worth in an exchange system of relationships.) The second benefit contestants mentioned was that they no
longer dreaded the looks of others or thought others were laughing at them. The benefits were all emotional. The contestants received no pay other than a living allowance and expenses entailed in their makeovers. In contrast, the plastic surgeons and other specialists featured on *EM* achieved greater status and much more money as a result of their appearances on the show. The next chapter focuses on the *EM* plastic surgeons, examining the ways in which the plastic surgery profession has redefined and repositioned itself for survival by capitalizing on social and economic changes of the past few decades.
CHAPTER 2. THE ART OF PLASTIC SURGERY AND THE RECONSTRUCTION OF MEDICAL EXPERTISE ON EXTREME MAKEOVER

As Dr. Perlman reaches out to shake hands with his patient, the camera zooms in on a large reproduction of a framed Van Gogh painting, then zooms out to show doctor and patient in the foreground (Episode 105).

In a darkened room, Dr. Dorfman’s patient reclines on an examination chair, film clasped in her teeth, an x-ray machine pointed at her jaw. An enormous, high contrast, black and white photograph of a glamorous, smiling woman dominates the wall behind the patient (Episode 105).
In his New York City brownstone, Dr. Morello—dressed impeccably in a suit, dress shirt, and tie underneath his white lab coat, his wavy silver hair carefully styled—runs his thumb and forefinger carefully over Michel’s brow, smoothing the frown lines like a sculptor modeling the clay surface of his creation. He pulls the skin above her brow taut, to show what she might look like with a brow lift. Later, seated next to Michel, he applies a stylus to her image, shown in close-up on a computer screen, re-drawing her face, a yellow line tracing the new profile as he talks of bringing the tip of the nose “into balance” with the rest.
Later, Dr. Morello, dressed in red scrubs that coordinate with the surgical linens, draws purple lines on Michel’s face—landmarks and incision lines.
When she is sedated, Dr. Morello holds a mallet to Michel’s nose and taps gently like a sculptor (Episode 103).

Dr. Fisher draws wide lines—landmarks and incision lines—on Tammy’s face with purple marker. The face is covered with purple lines. Later, in a voice-over, he says, “I’m a big believer in doing the entire face.” Otherwise, he says, likening himself to a potter, there’s a chance of looking “like the wrong lid on the wrong jar” (Episode 101).

The Van Gogh reproduction, in place of the anatomical charts and health promotion posters typically mounted on the walls of examination rooms, suggests that art is the subject of the consultation more than medicine.\(^{28}\) However these signs are read, they provide further evidence of the perceived significance of aesthetics to cosmetic

\(^{28}\) Although a Van Gogh reprint may seem an odd choice for promoting taught, smooth skin, Harold Delf Gillies, who theorized an association between art and plastic surgery, noted “There is even a certain element of impressionism” in the execution of plastic surgery (Gilman 150).
surgery and its relationship to professionalism. Similarly, the large black and white photos in the cosmetic dentist’s office, in place of dental charts, associates the dental work with celebrity, creating an image—what advertisers call “the promise”—of a life filled with glamour and excitement. Together, these scenes hint at a shift in the positioning of cosmetic surgery from medicine to aesthetics, from science to artistic expression and connoisseurship. Whereas the ASPS long promoted the reconstructive value of plastic surgery, the representation of plastic surgery on EM suggests a change in strategy to an emphasis on aesthetics, linked to psychological well-being, entailing a transformation of the image of cosmetic surgeons. This shift to a focus on aesthetics reflects an ongoing struggle to remain competitive in an ever-changing marketplace.

An examiner on the American Board of Plastic Surgery said, “I am an artist,” claiming that cosmetic surgery is different from other kinds of surgery and that many of his colleagues paint or sculpt in their free time (Britten). Another surgeon, Dr. Carmody, mentioned a surgeon well known as a leader in rhinoplasty who took up sculpting after he retired from medicine. Dr. Griffin, one of the celebrity surgeons on EM, has an online gallery of his paintings on his website (Art). And Dr. Norris, a Long Island cosmetic surgeon, sculpts in his spare time. He originally intended to study art in college, but worried it would not generate enough income. He decided to combine his interest in science with his desire to be an artist by becoming a surgeon. He sculpts as a hobby but views cosmetic surgery as an art, saying he enjoys the “‘excitement of sculpting human appearance’” (Gimlin 82). These examples support the idea that the surgeons view the flesh as a medium for artistic expression, as well as a site for medical care. Dr. Carmody
says the ASPS has—at his suggestion—sponsored art classes for its members, presented
by Betty Edwards, author of *Drawing on the Right Side of the Brain*. When asked how he
applies the lessons in his practice, Dr. Carmody responded that he uses mirrors to see
different angles. He explains that the eye becomes fatigued after a few hours and patients
look different lying down. The reverse image shown in a mirror allows him to see the
face differently and to judge symmetry better. Dr. Carmody recommends that the study of
art be mandatory for plastic surgeons. He calls the combination of art and medicine
“gold,” probably an unintentional reference to the money to be made in cosmetic surgery.
He claims the best plastic surgeons are “more right-brain.” In contrast, he likens “Dallas”
doctors to auto mechanics, saying they take “2 mm off the nose. . . 2 litres of fat out of
the abdomen,” but it “may still not look good.”

The conceptualization of plastic surgery as art has a long tradition. Jerome Pierce
Webster, MD, a professor of Surgery at Columbia University from 1928 – 1974, raised
the question: “Is not plastic surgery an art and the plastic surgeon an artist? The plastic
surgeon works with living flesh as his clay, and his work of art is the attempted
achievement of normalcy in appearance and function” (Cohen 133). Similarly, Harold
Delf Gillies referred to plastic surgeons as sculptors, noting that the surgeons who
performed work on injured World War I soldiers could always be identified by telltale
signs, just as a “Rembrandt or Constable” could be easily identified (Gimlin 150).
Several of the plastic surgeons interviewed described their work as “sculpture” and one
went further to say that it was like sculpture because it involved working with three
dimensions in a way that was very different from what he had experienced in anatomy
classes (Salinger). He expressed a hyper awareness of the medium of flesh, the artistic manipulation of the substance or material of the body as opposed to the execution of a strictly scientific, mechanical procedure.

Several doctors also claim a distinctive style that marks their work. Dr. Carmody for example, claims a particular “butt” design. Dr. Cullen, a New England surgeon, refused surgery to a former client who requested that he correct the surgery of another doctor she had seen, saying “I don’t want my signature on her body” (Pitts-Taylor 1-2). The discourse on cosmetic surgeons as artists frames them as auteurs, akin to film directors.29 Like film directors—auteurs—who use film and the associated commercial apparatuses for personal self-expression, so, too, do the cosmetic surgeons use the flesh and commercial technologies of surgery to express their personal artistic visions. And, like the directors, their works bear unique stylistic characteristics that make them recognizable and which comprise the surgeons’ artistic oeuvres. Indeed, plastic surgeons report that they can, in some cases, recognize the work of specific surgeons when they see someone on the street (Phillips). For instance, if a doctor saw someone with an unusually beautiful result from a face lift, he or she might know immediately who had done it. The ability to recognize the work of a specific surgeon is regionalized, so that one might recognize the work of a colleague who works in the same general area—e.g., California. It would be more difficult, perhaps impossible, to recognize the work of surgeons from around the country. It is easier in the case of rhinoplasty, as there are some

surgeons with “signature” procedures or looks that are well-known to other doctors (Phillips).

By reframing cosmetic surgery as art, the surgeons can counteract arguments that others are equally qualified to perform many cosmetic surgery procedures, such as contouring through the use of injectables or liposuction. This strategy allows plastic surgeons to stake a claim on the full array of services offered under the heading of cosmetic surgery, and to protect the profession’s boundaries from competition by claiming a unique expertise in aesthetics, as well as the technical expertise required for reconstructive surgery. It is a practical strategy inasmuch as the demand for non-invasive procedures is growing and exceeds the demand for surgical procedures. It also suggests a deskilling of plastic surgeons that could create openings for others to enter the practice of cosmetic surgery.

Décor

Cosmetic surgeons place considerable importance on office décor as an indicator of their aesthetic sensibilities. The choice of artwork for a cosmetic surgery practice is considered an important aspect of marketing, as evidenced by the obvious pride a young surgeon expressed when showing me the art he had selected for his recently opened surgical suite in the suburbs of Austin, Texas (Piazza). One Southern California surgeon explains that cosmetic surgeons have higher overhead expenses than other doctors, because they must maintain more elaborate offices to convey an image consistent with their specialty (Phillips). This concern is reflected in the décor of Dr. Fisher’s office. One observer described it as “decorated in a kind of French rococo meets Boca Raton motif”
with ceilings “painted with trompe l’oeil blue skies, dotted with puffy cumulus clouds.”

Rows of faux, leather-bound books line the shelves (Kuczynski 143). The trompe l’oeil sky, like cosmetic surgery, replicates nature artificially. Similarly, the fake books—which might give an impression of solidity, competence—represent an example of false fronts, somewhat akin to the false surfaces created in the surgery.

The sister of a retired Maryland plastic surgeon confirms her brother’s interest in interior design, noting that he has renovated or built three houses, working closely with architects and interior designers, over the past 25 years. She describes his décor this way:

His home décor is Roman/Gothic Revival where Gothic architecture symbols are here and there (cinquefoils) and copies of famous sculptures, heavy drapery and large furniture. The family crest is prominent. His latest home renovation features an antique holy water urn in the powder room rather than a Kohler sink. His hand towels are embroidered with the estate name. His office . . . is highly decorated in a Roman Bath motif with a huge mural painting featuring Michaelangelo’s ceiling painting of God Giving Life to Adam. It was quite an environment. Up and down the hallways and in his consulting rooms hung framed certificates and diplomas naming courses and schools in which he trained/studied. This was interspersed with photographs of him on covers of local magazines attending glamour events—Polo, etc.—with other beautiful people. (Edwards)

The Greco-Roman décor and sculptures are consistent with the aesthetic principles surgeons still use as a basis for defining beauty (see Gilman), and the Roman theme places the surgery within a long tradition of western art, with all the attendant
intrigue and power struggles. The Sistine-chapel replica, depicting God giving life to
Adam, calls to mind the image plastic surgeons convey of reconstructive surgery. They
commonly describe themselves as “good guys,” who “give people back their lives”
(Britten). This image constructs the surgeons as heroes of mythic proportions, consistent
with the theme of fairytales and magical interventions discussed in the previous chapter.
On *EM* the surgeons are presented as heroes who bring about the rebirth of their patients,
and the “lives changed forever” promised by the narrator. The allusions to gods also
supports the theme of artistic creativity that runs through the discourse of cosmetic
surgeons and draws on a construction of masculinity that positions creativity as mastery
over nature (Gilmore 113). At the same time, the rows of framed certificates on the walls
of the Maryland surgeon’s practice and in Dr. Morello’s office (Episode 103) serve as a
testament to the professional competence of the doctors, while the photos of polo players,
like the large photographs of smiling celebrities in Dr. Dorfman’s office, convey the
message that cosmetic surgery will provide entre into a glamorous life.

**Image and the Social Context**

The turn to aesthetic expression is consistent with Harvey’s theorization of
aesthetics in post-Fordism. He argues that aesthetics have become integral to US
economics as image and image making have become increasingly important. The rapid
turnover of inventories occasioned by the new management practices have resulted in two
phenomena: (1) more rapid changes in fashion to spur greater consumption, and (2) a
greater emphasis on selling services, especially very ephemeral services (Harvey
*Condition* 285). To support these trends, a majority of businesses are now, he suggests,
engaged in the production of signs and symbols, an observation Reich also makes (Harvey *Condition* 287, Reich *Work* 219-221).

A strong image allows a company to differentiate itself and its products from others, and therefore to charge more for them. A strong image can create a perception of value in the minds of consumers that exceeds the actual value of the commodity. That value is created by focusing on the benefits the product offers, associating the product (through branding and advertising) with other desirable things, such as power, love, sex, and approval. (Williamson *Consuming* 67, *Decoding* 31). A powerful first impression is one of the benefits promised in many advertisements. In his examination of advertising in the early 20th century, Marchand identifies the “Parable of First Impressions” as one of the key themes of advertisements in the 1930s, as well as the EM makeovers (208-222). To support the importance of first impressions, 1930s advertisements conveyed the message that someone was always looking, a precursor to the surveillance culture of contemporary life. One advertisement, for example, carried the legend “Critical Eyes are Sizing You up Right Now” (213). First impressions—i.e., image and brand—become increasingly more critical as competition intensifies. Although it is difficult to quantify the value of a brand, research has shown, for example, that brand accounts for 90 percent of the value of Coca-Cola (or $102 billion of the $115 value of Coca-Cola).30 Brand, like intellectual property, generates income from nontangible assets. The image or brand is

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30 At the simplest level, the value of a brand is the difference between what the company would be worth without favorable brand recognition and what its value is with a well-known brand. The value, which is treated as an asset on corporate financial documents, is notoriously difficult to determine with any accuracy, but many metrics have been developed to calculate it. The brand value stated here for Coca-Cola was estimated by comparing the value of Coca-Cola to an equivalent generic product in the same market, using the equation \[(V/S)_b - (V/S)_g\] where \(V/S)_b\) is the sales ratio of the branded product and \(V/S)_g\) is the sales ratio of the generic product (Hamilton).
increasingly important as it is a critical factor in determining purchasing behavior (Hamilton 319). Evidence of the perceived importance and complexity of branding is reflected in the many efforts of the ASPS since its creation in the 1930s to secure a stable, positive image for its members (Haiken). A look at the current competitive marketplace for cosmetic surgery will provide a context for understanding those efforts.

**The Competitive Landscape**

Several of the surgeons interviewed commented on the intense competition within the plastic surgery field, noting the difficulties young surgeons face in trying to establish their practices. No doubt, one reason for the increased competition has been the unusual opportunities available in the industry. The global market for cosmetic surgery is expected to reach more than $40 billion by 2013, up from $31.76 billion in 2008, growth of more than 25 percent in just 5 years (cosmetic surgery industry to exceed). Of the 17 million cosmetic surgery procedures performed in the US in 2009, the ASPS reports that its members performed 12.5 million, approximately 74 percent of all procedures (cosmetic surgery industry continues). Total purchases of cosmetic surgery procedures performed by ASPS members in the US exceeded $10 billion in 2009, or an average of $1.5 million (less expenses) per member (2010). In contrast, the other 38,000 surgeons in the US averaged $220,000 annually, while physicians overall averaged $175,000 annually (USDOL *Occupational Physicians*).

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31 These numbers may be deceptive, as they do not take into account the high costs of maintaining a surgical practice, which must be deducted from the overall price. Nearly 80 percent of recent medical school graduates have more than $100,000 in debt; the average debt in 2009 was $155,000 (Essig 65) The costs of maintaining a practice are also high and include rent, staff, insurance coverage, and advertising as well as the cost of equipment (e.g., $17,000 for a diagnostic imaging device) (Kuczynski 164, Phillips).
Plastic surgery is a prestigious specialty, which has suffered from the negative press sometimes associated with cosmetic surgery (a type of plastic and reconstructive surgery). The public ranks surgeons (in general) among the most respected professionals in the US, according to a poll conducted by the National Opinion Research Center (NORC) at the University of Chicago (Kleiman). Between the 1970s and 1990s, increased competition led to a dramatic decline in the number of general practitioners (71 percent), resulting in far more specialization. Nevertheless, plastic surgeons still comprise less than 1 percent of practicing physicians (Sullivan 70-71). Currently, the ASPS claims 7,000 members. Concerns in the 1990s about an oversupply of plastic surgeons led to a cap of about 200-220 on the number of doctors allowed to complete residencies in plastic surgery per year (Sullivan 76). However, according to a member of the American Board of Plastic Surgery (ABPS), the board has never restricted the number of doctors certified. Certification is based on pass/fail scores, which are determined through rigorous, computerized testing and grading. The number of applications for board certification per year has been fairly stable for many years, ranging between 200 and 250, with an 18-22 percent failure rate. Thus, the ABPS certifies about 160-205 surgeons each year.

32 Cosmetic surgery is a type of plastic surgery, which also includes reconstructive surgery. Historically, plastic and reconstructive surgery has been distinguished from cosmetic surgery on the basis of medical need or necessity, where plastic surgery was used to correct disfigurements from birth defects or serious injuries, whereas cosmetic surgery was elective and used to change one’s appearance by choice for various reasons including a desire to conceal ethnic origins, to conceal identity (e.g., for criminals), to restore a youthful appearance, etc. As discussed throughout this text, the line between necessity and choice has shifted over the years, so that surgery to build self-esteem or self-confidence may now be viewed as necessary. Many plastic surgeons still make a distinction to draw attention to the greater skill that may be required for reconstructive surgery (in comparison to breast implants or Botox injections, for example). As some cosmetic surgery procedures, such as Botox injections, can be administered legally by non-medical personnel (e.g., beauticians), some plastic surgeons maintain the distinction as an indicator of greater skill and training. See Gilman, Haiken, Sullivan for more information.
Certification by the ABPS, which is a prerequisite for membership in the ASPS, entails a lengthy qualifying process and comprises a rite of passage. Candidates must complete an application documenting their training in approved (accredited) universities, their completion of required internships and accredited residencies, as well as completion of other specialized training, such as fellowships in specialties (e.g., cleft repair). They then must complete an exhaustive six-hour written examination. Those who pass the written exam must prepare a portfolio of their cases spanning a six-month period of time. Previously, applicants were required to submit 50 of their best cases. The ABPS now requires submission of consecutive cases over a 6-month period so that the board can see a more representative example of the surgeon’s capabilities, not just their best work (Phillips). The portfolio includes before and after photographs of every surgery performed during the period, with information about complications encountered, etc. The examiners go through the cases, then invite the candidates to Phoenix for a round of oral examinations. The orals entail three sessions with two examiners each, covering their own cases as well as some common cases all candidates must address (Britten). Although the surgeons interviewed talk extensively about the aesthetics of cosmetic surgery, there is no formal appraisal of aesthetics in the board certification process, nor any aesthetic criteria used for evaluation. Rather, cases are assessed in terms of the technical quality of the procedures performed—e.g., an “appearance of normalcy with minimal scarring, good contours” (Phillips). Like any rite of passage, the initiates must undergo tests over a specified period of time, ending with the oral examination in Phoenix. The award of
certification marks a passage across a professional boundary and acceptance as a member of a special group.

The ABPS, formed in 1941, is one of 24 medical specialties that operates under the umbrella of the American Board of Medical Specialties (ABMS) (Haiken 89). The American Medical Association (AMA) established the American Board of Medical Specialties (ABMS) in the 1930s to bring “coherence” to the medical profession and establish standards of professionalism (Sullivan 71, Haiken 46). More than 85 percent of practicing physicians are ABMS-certified (i.e., certified by one of the ABMS boards) (Sullivan 71). In the 1960s, a complaint by Jack Anderson, an otolaryngology resident, to the Judicial Board of the AMA on behalf of otolaryngologists, led the AMA to demand that the ABMS censure the ABPS. Anderson was prompted to file the complaint when a plastic surgeon denied him access to the operating room and covered the window to the room blocking Anderson’s view of the surgery (Sullivan 104-105). In addition to reprimanding the ASPS, the AMA put restrictions on the ASPS preventing them from using the ABPS name in the media and specifically precluding them from suggesting that ABPS certification is evidence of superior expertise (Sullivan 105). This constraint was apparently no longer in effect when EM aired. The “cold war” between specialties, as Sullivan describes it, has continued to the present. Anderson formed two competing boards: the American Academy of Facial Plastic and Reconstructive Surgery and the American Board of Cosmetic Surgery, both of which are recognized by the AMA and the American College of Surgeons, but not by the ABMS. Anderson’s critics called him a quack and said the creation of the two boards was a “‘smoke screen’ to hide his lack of
qualities” (Sullivan 106). One of the ASPS surgeons interviewed for this chapter cautioned that all boards are not equal, pointing out that a lot of unqualified doctors cite certification by boards with names like “International Board of Plastic Surgery or Board of Cosmetic Surgery,” suggesting that the boards, which are not under the ABMS, are not legitimate (Britten).

Despite this history, the AMA accepts ASPS members, and the two organizations currently collaborate on some educational ventures. Besides the prestige and high earnings potential, cosmetic surgery also offers better working conditions than some other medical specialties. Cosmetic surgeons have better control over their schedules than doctors who must be on call for emergencies (including reconstructive surgeons).

The increasing competition and specialization among physicians in the years leading up to 2002 was accompanied by other changes in the health care industry. The emergence of managed care and the concomitant corporatization of medicine have made plastic surgery an attractive alternative to other medical specialties, setting the conditions for increased competition in the field. Managed care, the provision of prepaid health coverage to groups of individuals such as miners, construction workers, railroad workers, and the like, has existed for more than a century. The idea behind managed care was to provide high quality care at lower cost through greater efficiency. Early programs were worker cooperatives, which led some to view them with suspicion, terming them “socialized medicine.” Although many may have seen managed care as progressive, others viewed it as “utopian . . . slightly subversive” (RAND 3). Instances of it were limited, however, until Nixon passed a new health care reform act called the Health
Maintenance Organization (HMO) Act of 1973. That Act provided incentives for the development of health maintenance organizations, which were operated on managed care principles. When the Act was passed, there were only 30 HMOs in the country; by the end of the century, there were nearly 600, with more than 80 million members or about 25 percent of the total US population (Tufts, Chapter). Under managed care, services are provided to enrollees through a network of approved physicians. To become approved, physicians must meet specific standards and must agree to the pre-determined rates established by the health care organization and negotiated annually. Physicians are generally paid on a capitation basis—that is, a fixed amount per enrollee served. Incentives are structured to encourage the least expensive treatment option, fewer unnecessary hospitalizations, and other efficiencies. Utilization reviews are conducted to ensure that prescribed treatments are covered and appropriate. Managed care also calls for a greater emphasis on preventive care and on quality control reviews than was customary in the past (Korda). Providing medical services profitably under managed care requires capable management and administrative practices to fulfill reporting requirements, comply with the guidelines of different networks and plans, and meet standards of care. Because plastic surgery is elective and not covered under health care plans, it is one of the last of the fee-for-service medical specialties (Sullivan 83, Britten). Physicians may spend as much time as they like, charge whatever they wish, and can avoid the extensive reporting requirements of managed care.

Managed care has also led to reductions in the number of hospital beds as costly inpatient services have been discouraged (Cosmetic Surgery Products). Since the 1970s,
it has become increasingly more common for plastic surgery procedures to be performed outside of hospitals, in doctors’ offices or in surgical centers, eliminating the necessity of obtaining hospital privileges, but also exposing patients to increased risk in the event of serious complications. Approximately 95 percent of cosmetic surgery procedures are now performed outside of hospitals (Sullivan 82). Obtaining hospital privileges is a time consuming task that entails submission of a formal application requesting privileges to perform specific procedures and providing documentation of education, residency, licensure, proof of malpractice insurance, and practice experience along with references. Applications are reviewed carefully and all claims are verified before the hospital executives make a final decision. Even after privileges have been extended, they may be revoked if a physician fails to perform enough procedures to maintain his/her proficiency (Obert). Using one’s offices or a private surgical facility eliminates the need for meeting onerous hospital reporting requirements, for accreditation (except in California) and for malpractice insurance coverage (Sullivan 82). The ability to use private surgical facilities was an important factor in determining the viability of a reality show featuring plastic surgery, as it eliminated the lengthy paperwork that would have been necessary in a hospital and also provided for an environment more conducive to videotaping (Carmody).

Concurrent with the emergence of managed care has been the corporatization of health care, wherein large health care organizations, often through the acquisition of small private practices, have become the leading providers of health care services and

33 Ironically, withholding hospital privileges for plastic surgery was a strategy the ASPS employed at one time to prevent other types of doctors from encroaching on the specialty (Sullivan 107).
employers of physicians. According to the Bureau of Labor Statistics, “a growing number of physicians are partners of wage-and-salary employment in group practices.” These corporations offer some advantages to physicians, including shorter hours, access to better equipment and shared resources. But physicians who work for corporations “are less independent than the solo practitioners of the past” (Sullivan 83, USDOL Occupational Physicians).

Another factor contributing to the increased competition in the field has been deregulation. The 1975 Federal Trade Commission (FTC) ruling, Goldfarb v. VA State Bar, stated that it was a violation of the Sherman Anti-Trust Act to prevent professionals (e.g., lawyers, doctors) from advertising or promoting their services. The FTC later charged the AMA and the ASPS with restraint of trade due to their ethical standards prohibiting advertising (Sullivan 82, Phillips).

The effect of these industry changes—managed care, corporatization of medicine, deregulation—was to make plastic surgery more attractive as a medical specialty, at the same time removing barriers to entry into the field. With the competition intensified, one strategy was to redefine the boundaries of the profession, to enlarge them to encompass a broader range of services than ever before. Today, few plastic surgeons are salaried. Rather, they work in private practice, billing patients under fee-for-service arrangements. Their earnings are a function of how much they work. Among surgeons who are on call at hospitals or who work for organizations like Kaiser Permanente, plastic surgeons are among the most highly paid, just behind neurosurgeons and orthopedic surgeons.

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34 Managed care, now controlled by large national corporations, also has been “corporatized” (RAND 3).
Nevertheless, cosmetic surgeons (as opposed to plastic and reconstructive surgeons) are very vulnerable to economic swings, and many of their practices have failed since the economic downturn of the past few years, forcing them to take jobs with corporations like Lifestyle Lift® where they can be guaranteed an income (Phillips).

**The Role of Professionalism in Branding Cosmetic Surgery**

Central to the efforts of the ASPS to secure a strong competitive beachhead has been an ongoing concern with perceived differences between reconstructive or plastic surgery and cosmetic surgery. The research mentioned earlier regarding the value of brand was cited in a study conducted on behalf of the plastic surgery industry to learn about public perceptions of plastic surgery (Hamilton). The study, which entailed the administration of a semantic differential scale to 216 respondents, sought clarity on perceived differences between plastic or reconstructive surgery and cosmetic surgery. Findings showed that respondents are unclear about the difference between plastic and cosmetic surgery, but believe plastic surgery is more complex, higher risk, lasts longer and requires more training. Gallup polls show changing attitudes towards cosmetic surgery: between 1990 and 1999, the percentage of people who said they would consider cosmetic surgery rose from 16 percent to 19 percent. The basis of the perceived difference lies in beliefs about the necessity of surgery. Reconstructive surgery is often

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35 A semantic-differential scale measures attitudes towards something by asking respondents to rate the item on a scale (continuum) between two paired opposites. In this study, respondents rated three terms—plastic surgery, cosmetic surgery, and reconstructive surgery—using pairs of opposites related to permanence, risk, recovery time, cost, surgical training, pain, etc. (Hamilton)

36 *Gallup Poll* 10/18-21/90 and *Gallup Poll* 1999 asked two questions about cosmetic surgery: “Have you ever had elective cosmetic or plastic surgery to improve the appearance of some part of your body?” “Would you consider elective cosmetic or plastic surgery to improve the appearance of some part of your body?”
thought of as a necessity for correcting birth defects or treating terrible injuries, in contrast to cosmetic surgery, which has typically been perceived as unnecessary and elective (and possibly vain). However, the line between necessity and choice has moved over time. Starting in the 1930s, in part because of Adler’s theorization of an inferiority complex, surgeons began to argue that unattractive features were as devastating as birth defects or injuries (Haiken 94). An inferiority complex, also known as low self-esteem, left one feeling insecure, unstable, ill-prepared to cope (feelings consistent with some of the instabilities that comprise postmodern experience). The argument was that an inferiority complex arising from an unattractive appearance would put a person at a disadvantage, preventing him or her from prospering and achieving success (however one defined it). One longstanding basis for redefining standards of “necessity” lay in employability. As early as 1916, the “ability to make a living” was listed as one of the determinants for recommending plastic surgery (Haiken 38). Nevertheless, in the 1930s, Jacques Maliniak, the founder of ASPS, condemned “beauty parlor surgery” (the term for cosmetic surgery), saying “deformities must be determined on the basis of surgical experience and judgment and not upon the opinion of the patient” (Haiken 62). In other words, the definition of “necessity” depended on the physician’s judgment. Maliniak later acknowledged that a person’s awareness of his/her unattractiveness could be a social disadvantage justifying surgery (Haiken 115). In any event, cosmetic surgery was gradually accepted and repositioned as a necessity on the grounds that one’s appearance could have a detrimental effect on his/her success and happiness. More recent research showing an association between earnings and appearance has lent credibility to the
argument that cosmetic surgery can be beneficial. But who determines whether it is
necessary or justified remains an issue. One health policy expert conjectures that respect
for plastic or cosmetic surgeons rests in part on who they choose or accept as their
patients, so that those who are indiscriminate have less prestige than those who are
selective (Korda). Selectiveness may be interpreted as an indicator of greater skill and
integrity. Prospective patients may seek to be part of a more select group—i.e., to use the
same surgeon a famous movie star uses.

**Professionalism, Gender, and Control**

The construction of an image of professionalism depends, of course, on the
creation of comparisons with others—hence the jockeying for position within the
specialty and across medical specialties. On *EM*, professionalism is also established by
giving the surgeons the decision-making authority—the choice over which patients to
accept or reject and over what procedures to perform. The ASPS insisted on the right to
make the final decision, based on their expert judgment about the risks of surgery
(Phillips). Yet, they were sometimes persuaded to reconsider their initial decisions when
the producer thought a candidate had a particularly compelling story (Schultz, Carmody).
No matter how well intentioned, the assessment of a client’s suitability for surgery is an
exercise of power that strips the client of control over her body. Both Gimlin and Pitts-
Taylor cite examples of this power. Gimlin argues that Dr. Norris, a surgeon she
discusses who has practices in Long Island and Manhattan, rejects clients based both on
his personal taste (i.e., whether he agrees with the patient on what is beautiful) and on a
calculation of the risks of lawsuit or damage to his reputation (83-86). These two
considerations factor into his diagnosis. Dr. Norris bases his decisions on a patient classification system he has developed: (1) reasonable—client has what he deems to be sensible reasons for wanting cosmetic surgery—e.g., to help career; (2) client wants surgery to influence someone else—e.g., breast enlargement to save failing marriage; (3) client wants the surgery for someone else, usually a child (in which case Norris questions the child); and (4) client wants surgery for “flighty” or “bizarre” reasons, such as a desire to look like or emulate a celebrity (Gimlin 84-85). Gimlin suggests that Norris’ diagnostic criteria combine aesthetics with risk—not only the risk of harm to the patient, but also the risk that the client will be unhappy later because of unrealistic expectations and may sue (86).

Similarly, Pitts-Taylor mentions the doctor who did not want his “signature” on a particular patient as an example of how cosmetic surgeons apply the criteria in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Text Revision (DSM-IV-TR)* to categorize a desire for cosmetic surgery as pathology, specifically Body Dysmorphic Disorder (BDD) (17-25). To be diagnosed with BDD, one must exhibit a minor defect (skin problems, thinning or excessive hair, often); (2) avoid social or work interactions because of the flaw to such an extent that work or other aspects of life are seriously disrupted; and (3) have no other diagnosis that would explain the behavior (Pitts-Taylor 105-106; Castle). Thus, the construction of a plastic surgeon’s professionalism rests in part on decision-making authority, informed by aesthetic judgment and an assessment of psychological suitability that is, in part, a calculation of the professional risks to the surgeon. One of the reasons surgeons give for refusing to
perform surgery is that patients who have unrealistic expectations are more likely to sue if they are dissatisfied with the results (Regalado). In other words, the surgeons’ power is exercised through diagnosis based on subjective aesthetic and psychological assessments, as well as an appraisal of personal risk.

Gender also plays into the construction of professionalism on EM. Lears notes that advertisements in the early 20th century often conflated managerial professionalism with masculinity, showing how men could improve traditionally feminine domains, such as the kitchen, by introducing principles of scientific management—i.e., make the kitchen run more efficiently like a factory (184-186). A similar kind of interplay occurs on EM, where the surgeons present themselves as authorities on beauty, taking over a traditionally feminine domain of style and aesthetics. While EM offered the “choice of a lifetime,” it was ultimately the surgeons’ choice, not only whether a candidate would be selected, but what work would be done. Certainly, EM reflects some of the changes that have occurred since women demanded control over their own bodies in the 1970s (as expressed in Our Bodies Ourselves). The doctors listen carefully as the contestants describe what they envision. They also offer recommendations about what will make the faces look more balanced, symmetrical, feminine, giving the impression that they are really guiding the decisions based on their expert knowledge of aesthetics. For example, Dr. Perlman counsels Kacie on having cheek implants to balance the other changes she wants—a firmer chin, smaller nose, and advises Sandra to have fat transferred from her thigh to her cheeks to get rid of the hollowness and to achieve a more youthful look (Episode 105, Episode 219).
 Whereas the contestants in the consultations shown on television appear to be defining their desires, there is no way of knowing what advice they received from the surgeons in the initial consultations that occurred during their visits to Hollywood when the surgeons decided whether or not they would be acceptable candidates for the makeovers. Whatever went on behind the scenes, the surgeons were clearly in control of the aesthetic decisions, which were presented in the framework of medical expertise.

**Beauty and Wellness— the Medicalization of Beauty and the Aestheticization of Medicine**

In 1988, Kramer observed a puzzling trend among his patients (Kramer vi). Those who had been taking the new drug Prozac to treat their depression reported feeling “better than well” (Kramer xiii). More surprisingly, their behavior was changing in unexpected ways. People who had formerly been shy or withdrawn reported being at ease in public, more assertive, more energetic, less anxious, free of obsessions. Kramer labeled the effect “cosmetic psychopharmacology,” noting that the drug made people more “socially attractive” (Kramer xiii). Miller refers to the effect as a “psychological makeover through pharmacology,” and Kuczynsky notes that 28 million Americans now take Prozac to boost their self-esteem and make them “pretty on the inside” (Miller 19, Kuczynski 83). He categorizes cosmetic surgery with pharmacology as an “enhancement technology” (Kuczynski 15). Given the importance of self-esteem to achievement, and the effects of Prozac on self-esteem, Kramer argues that self-esteem is biological, therefore susceptible to medical treatment through pharmacology (Kramer 198). EM approaches the same problem—feelings of low self-esteem—but with the offer of surgery rather than drugs to
correct the emotional problems, placing an interesting twist on the concept of cosmetic pharmacology. As many have noted, the show medicalizes beauty, constructing physical imperfection as a medical ailment (Haiken 40-41, 70, 87-88). At the same time, it draws on classical aesthetic principles rather than biology or physiology to construct the model—the ideal, requiring of the surgeons a mastery of aesthetic principles as well as surgical skill.

The growing industry of cosmeceuticals and the emergence of medispas that combine traditional spa services with plastic surgery are evidence of how plastic surgery is being repositioned as a source of well-being through beauty. Cosmeceuticals, “pharmaceutical hybrids intended to enhance the health and beauty of the skin,” include such products as Vitamin A and glycolic acid (Cohen 19). They are just a couple of items in the wide spectrum of products used in plastic surgery. The medispas, by co-locating aestheticians, who provide facials, mud baths, body scrubs, massage, manicures, and other spa services, with surgery convey multiple messages: that plastic surgery is part of a normal beauty regimen, that it is a way of pampering the body and mind, that it is as harmless as other beauty treatments, and that it is a luxury (albeit a necessary one). It also reinforces the idea that plastic surgery should be continuous, performed on a regular schedule like a haircut or manicure. And, it provides a way of cross-promoting spa services and surgery, as shown on the television reality show, *Addicted to Beauty*. Surgeries performed through medical tourism obfuscate the risks, reinforcing the idea that plastic surgery is a treat for the body and soul, a type of pampering or recreation.
Gender, the Gaze, and the Medical Encounter on EM

No matter how one interprets EM, and how much pleasure and benefit the women contestants may derive from their experiences on the show, there is one incontrovertible and troubling truth about the show: it depicts well-educated, affluent men remaking women to conform to male desire. Although there are some male contestants depicted on the show, they are rare in comparison to the women and the interactions between the males and their doctor are different from the encounters between the surgeons and female patients. The examples are admittedly too few to claim any conclusive findings, and the differences may be due to a difference in the doctors’ styles, as only one surgeon was shown working with the males. Nevertheless, the various encounters and scenes between contestant/patient and doctor leave an impression of inequities in power and authority.

Diagnosis

The diagnostic process is one of the way doctors exert control over the medical encounter and one of the locations where inequities in power can be observed (Lorber 40-41). Besides the fact that doctors ask the questions and patients answer, doctors also play a gatekeeping role in defining who is in need of treatment (or worthy of it), often overlooking the patients’ concerns (Lorber 40-41). Although no universally accepted diagnostic tool has been developed for screening prospective cosmetic surgery patients, plastic surgeons conduct assessments using their own systems, combined with the criteria for BDD, as noted above (Pitts-Taylor 105-106). The medical gaze is clearly evident on EM, and applied as part of the examinations that Foucault describes as a combination of observation and “normalizing judgment” (Foucault Discipline 184). Yet, empirical
observation is replaced with aesthetic assessment, drawing on principles of symmetry and balance adopted from Greek art (Gilman 144-148). Like the doctors of 18th century France, the surgeons on EM define a normative ideal, a concept of the “healthy man,” the “model man” (Foucault Birth 34). Whereas the model man of the 18th century was healthy, vigorous, fertile and free of disease, the model man (or woman) of the 21st century is also physically attractive (Foucault Birth 34-35). Wellness has been defined as normalcy, and normalcy in turn has been defined as physical beauty.

Edmonds calls this concept of normalcy “aesthetic wellness,” noting that the World Health Organization defines wellness as not only the absence of disease, but a state of “physical, social and mental well-being” (55). In the United States, too, medical care has been redefined in recent years as health care, implying a focus on prevention of disease, whereas medical care previously focused on treating disease (Cosgrove). This redefinition of medical care is rooted in efforts to reduce the skyrocketing costs of medical treatment by preventing costly treatment for long-term chronic diseases, such as diabetes. In Brazil, Edmonds claims, plastic surgeons have blurred the line between reconstructive surgery and cosmetic surgery, suggesting that cosmetic surgery has psychological effects, including improved self-esteem, that are an important part of medical practice and a basic human right—“a right to beauty for all” (14). Except for the claim that beauty is a human right, the argument is similar to the position taken by the ASPS in the 1930s, when the society argued that cosmetic surgery should be justified in

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37 Health care in the US accounts for two-thirds of the national debt (Cosgrove). One of the measures being tested at the Cleveland Clinic, praised for its innovations in health care, has been the establishment of one-year, performance-based contracts with physicians—a form of flexible employment (Cosgrove).
cases where self-esteem was so badly affected by one’s appearance that it was impossible to function fully in society (Haiken 115). This focus on the psychological effects of cosmetic surgery and the melding together of reconstructive and cosmetic surgery suggests the medicalization of beauty and also the reciprocal aestheticization of medicine (Conrad 70, 87-88, Haiken 40-41). By aestheticization of medicine, I mean a shift in the way medicine is discussed and described, particularly plastic surgery. Martin describes, for example, how doctors have used various metaphors to describe the female body, including in/out systems, small businesses, industrial society, and “information science, management and control,” reflecting national preoccupations (Woman 30-37). The surgeons interviewed for this chapter talked about maintaining boundaries, drawing a nice line, finding balance and symmetry, examining contours, sculpting—all aesthetic terms.

Where Foucault talks about the medical gaze being used in combination with confession to inspect the body for evidence of abnormality, the gaze on *EM* is used—also in combination with a detailed confession of faults, flaws and desires—to find evidence of unattractiveness, now medicalized and defined as abnormality, or, at the very least, a severe disadvantage in the field of competition (Foucault *Sexuality* 20-21). As such, it operates in a similar framework of power wherein one—usually a male—has all the power to judge the other—most often a less advantaged female (Foucault *Sexuality* 61). However, the gaze differs in that it also the gaze of the *flaneur* and the artist. Pollock describes the problematic of the male artist positioning the female as the object of a compromising gaze (100, 109). One scene of *EM* features Dr. Perlman in a post-operative
consultation wearing an enormous contraption over his eyes that looks like Army night vision goggles (Episode 105). Why he is wearing them is a mystery, as he makes no mention of them. They look a little silly, but they are also a little threatening, heightening the sense of a one-directional gaze and intensifying the impression of scopophilia. In the case of *EM* there are really two gazes: that of the artist/surgeon and that of the spectator/audience. The power relationship inherent in the structure of the show suggests a larger social framework of gender and class difference, as all of the surgeons on *EM* are affluent, well-educated males, in contrast to most of the patients who are female and poor. Like the models in the Impressionist paintings Pollock describes, the contestants on *EM* are exposed in scenes that compromise their privacy and dignity. Not only are they in public (on television), but unflattering images of them are broadcast worldwide and theoretically visible in multiple locations simultaneously at any time for many years.

Although the medical gaze of the cosmetic surgeons has many of the same characteristics as the gazes of Foucault’s doctors, *EM* reframes it as entertainment mingled with the voyeurism (a type of surveillance) enabled by the instantaneous worldwide dissemination of images on the internet. *EM* merges the medical gaze with connoisseurship—i.e., the idea of an “eye” for art and the attribution of monetary value to art (getty). The portrayal of the gaze is complicated, though. Although some of the women wince during the pre-operative inspections, Michel and Karen (among others) look forward to the pleasure they expect to feel when they elicit “oohs and ahs” at their Reveals (Episode 103, Episode 105). It is a reversal of scopophilia, or perhaps a reciprocal response, the pleasure of pleasing the eye, of meeting the gaze proudly.
One of the producers said that every episode had to have a shot of the surgeon’s first look at the patient’s breasts. Thus, in every episode, the surgeon (whoever was featured that week) parts the skimpy, paper gown, stares at the client’s chest, frowns and comments about the size and droopiness, always imparting a recommendation on the size and procedures needed to bring the breasts into conformity with some standard—e.g., “You’re very droopy. . . . To my eye, you aren’t even a mid-C. You’ll probably be happier with a Double D, which will bring your breasts into balance” (Episode 105)\(^\text{38}\)

![Image of a surgeon examining a patient](image)

**Figure 15. Contestant Undergoing Breast Examination**

In actuality, of course, the surgeons have already seen the patients’ breasts in the examinations that were performed to screen applicants for the show, so these scenes are

\(^38\) Not all contestants received breast enlargements, but nearly all had breast surgery of some kind—e.g., lifts.
gratuitous and staged, presumably to add both verisimilitude and a little titillation (no pun intended). There is a second instance of the staged medical gaze on every episode—the post-operative unveiling of the breasts. The surgeon stands peeling away the surgical tape, holds a mirror aloft so the contestant can see her new look. In one scene, Dr. Perlman, seated, sits back with a big smile and nods favorably at his handiwork after Karen spreads her gown wide, glances down at her breasts and says, “Aren’t they pretty?” (Episode 105). 39 No doubt there are many possible meanings and readings of the scene. Karen was clearly enjoying her “body on display,” an act of powerfulness, Attwood would suggest. Perlman’s behavior can also be read as a gaze of connoisseurship—appreciation for the work of art he has created and for the value he has produced. Alternatively, some could read the male’s frank appraisal of a woman’s nude breasts on television as prurient. No matter how the scenes are read, they signal both the medicalization of beauty and the turn to aesthetics, all within a framework of social relations marked by unequal power.

**Imaging and the Technological Gaze**

Several of the surgeons on *EM* use imaging devices to show the contestants how they might look after surgery. For example, Dr. Morello shows Kenna how she would look with a “refined” chin line and shows Michel how rhinoplasty and a chin implant would alter her profile. According to one plastic surgeon, the doctors do not need the imaging devices; they can visualize what the patient will look like after surgery. He said

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39 Multiple versions of *EM* episodes circulate on the web, mostly on *YouTube*, where they have been posted by the surgeons to promote their work. Some versions contain extra footage showing the doctor advising the patient or comforting her following surgery.
the imaging is to help patients who cannot always visualize the results (Salinger). This observation establishes the technical and artistic superiority of the doctor, who can anticipate the aesthetic results without aids. However, the computer software can create images it is impossible to achieve with flesh, much as architectural imaging software can create digital images of buildings that are impossible to construct (Balsamo *Technologies* 75–77). Pictures make the imaginary seem real (Ihde 455). Nevertheless, the use of visual images in medicine has a long tradition, starting with Leonardo DaVinci, whose technical drawings of anatomy and machinery created a style of seeing (i.e., two-dimensional, Renaissance perspective) that has endured (Ihde 461). The visual images represent not only imaginary things (such as the machines DaVinci envisioned, but never built), but also bring into view things that are normally hidden from view (internal organs made visible by Magnetic Resonance Imaging—MRI—for example) (Ihde 454, Balsamo Virtual 631). The privileging of vision renders all sensory experience visual, which has led to the creation of scientific instruments for seeing or visualizing, such as the computer imaging devices the surgeons use.

Balsamo describes the use of imaging devices as an interface of the body and technology (*Virtual* 624). The devices give a false sense of control over reality, she says. The imaging also fragments the body, isolating and flattening it, disrupting identity (*Cutting* 223). The fragmentation isolates parts of the body—face, hair, legs, breasts—making them easier to scrutinize and more susceptible to pathologizing critique (Balsamo Technologies 26). She cautions that the images replicate traditional gender markers and “do not eradicate body-based systems of differentiation and domination” (627). Use of
normative ideals of feminine beauty derived from classical European art or from averages of masculine white faces result in a sameness to the faces (Phi, Gilman). As Balsamo observes, the masculine/clinical gaze gives way to a “technological gaze [that] refashions the material body to reconstruct it in keeping with culturally determined ideals of feminine beauty” (Cutting 225). Referring to the similar appearances of the Swan contestants after their makeovers, one doctor observed that there were technical reasons, nothing that there are a “certain finite number of procedures you can do” (Kuczynski 110). He also pointed out that the contestants came from similar socioeconomic backgrounds, suggesting that their class-based tastes led to the sameness of their appearances—which he described as “Pam Anderson”—ignoring the fact that the surgeons and other panel of specialists developed the surgical plans without input from the contestants (Kuczynski 111). On EM, the interaction between the surgeon and contestant give the impression of collaboration. But, the surgeons always control the imaging devices while the patients watch, leaving one to wonder how the patients might construct their own imagined bodies if allowed control of the tools.

**The Encounter**

On EM, the surgeons behave differently with female patients than with male patients in subtle but potentially meaningful ways. They are more formal with the women, maintaining a clinical detachment, often using very denigrating terms to describe the women’s features and body parts—“very droopy,” “unfeminine,” “the nose from hell . . . like a rocket about to take off”—and implying that blame lay with the women for failure to maintain their bodies, attitudes reinforced by the accompanying narrative.
Dr. Morello, for example, says several times that Kenna’s lengthy recovery is a result of her age, while the narrator comments repeatedly on how she looks very old because she did not take care of herself (sat in the sun too much). Similarly Kristy’s old looking appearance (false teeth, stretch marks, drooping breasts) is attributed to her pregnancy at 15, after she “turned to boyfriends” for reassurance (Episode 220). In contrast, when Dr. Zarem meets with Mike and James, he never critiques their appearances; rather, he talks about what they will look like after surgery and how much better they will feel about themselves. The narration lays blame with the cruelty of others, not with the men—e.g., with the girls who rejected Mike, the young men who “jumped” James. The male specialists are also friendlier with the male contestants, making jokes with them and coaching them as a favorite uncle or an older brother might. There is a camaraderie that is absent in the interactions with female contestants. Chris Harris’ coaching on how to approach girls is one example (Episode 220).

Besides the advantages of more education, prestige and financial stability, the exercise of aesthetic judgment or taste places the doctors in a superior relationship to the contestants. As Eagleton, Frow, and others point out, aesthetics are an expression of ideology and class. There are multiple ways in which the dominance of the surgeons in comparison to the contestants plays out. They are the ones taking action on the contestants, changing their bodies, cutting into them. They are constructed as hard workers. Dr. Carmody, for example, talks of being “dog tired” at the end of the long surgeries, describing it as “nerve wracking.” Similarly, Dr. Zarem mentions that plastic surgeons are always on edge, anxious about their work, because they are “taking faces
apart and putting them back together again” (Celebrity). The contestants, in contrast, are passive recipients. Although the surgeons were paid, the surgery is presented as a gift to the contestants, invoking the norm of reciprocity, and placed in the continuum of reconstructive/cosmetic surgery as a form of charity not unlike the surgeries performed by the doctors in third world countries through organizations such as Operation Smiles (www.OperationSmiles.org).

The absence of women surgeons, despite their growing numbers in proportion to men, suggests a gendered aspect to the relationships, too. Indeed, there were no women among the surgeons or industry representatives interviewed, all of whom were key figures in the deliberations over whether to support EM or not. Whereas women comprise nearly 50 percent of enrollees in medical schools (21,000 out of about 44,000 total), there were only 623 ABPS-certified women plastic surgeons out of 7003 in 2006, double the number in 1995 (AAMC, Singer). There are no women among the officers of the ABPS, and only three women directors out of 22 (Officer). One of the surgeons who was involved in discussions about whether or not to cooperate with EM says that he does not remember any female surgeons among those selected for the show. He says there probably were not any women who met the criteria the ASPS had established, which required extensive and broad experience performing not only cosmetic procedures, but also reconstructive surgery (Phillips). He also acknowledges that there were few women among plastic surgeons for many years as it was “an old boys’ club,” and it was challenging for women to meet the rigorous requirements of certification while balancing pregnancies, childcare, and other requirements of “traditional feminine” roles. Licensing
requirements established in the US in the early 20th century, which emphasized scientific training and assigned more importance to physicians’ observations than patient knowledge, have led to the exclusion of women from many of the most prestigious specialties, such as neurology, orthopedics, cardiology, and surgery (Lorber 38). In any case, the absence of women among the surgeons on EM led to the construction of an entertainment script in which privileged men remake disadvantaged women.

The show also reinforces stereotypes and essentializing dualities about masculine and feminine roles—e.g., active/passive, mind/body. But, the show accommodates social change, even as it resists it. The normalized heterosexual framing of the show positions the principal stylist, Sam Saboura, as gay whether or not he is. Scenes invariably show him holding clothes up for inspection, combing through racks of clothes, assuming the role of shopper/consumer often associated with women, while also reinforcing stereotypes about gay style. His presence on EM serves as a form of inoculation against potential criticisms of heterosexual bias on the show.

**Patient-Centered Care**

As the foregoing suggests, the initial encounter between the doctor and patient, along with diagnosis and treatment planning, are critical steps in the transformational process. Current health care policy, following on decades of women’s rights and consumer rights movements, calls for the active engagement of patients and their families throughout the health care process, starting with the initial visit and diagnosis. Patient-centered care and the related Medical Home Model promoted by the Institute of Medicine (IOM) call for a partnership that respects “patients’ wants, needs, and preferences” and
which takes into consideration the “economic conditions and sociocultural and political characteristics” of the patient’s community (Robert, Rickert). The driving force behind these models is research showing definitively that “expert opinion could not be correlated with positive results” in one study and that medical outcomes are highly dependent on patient satisfaction (Richert). Patient-centered care has traces of 19th century care in the US, which was largely performed by midwives and lay healers (Lorber 37-40). The introduction of educational requirements and licensing in the early 20th century replaced home care and patient knowledge with expert opinion, dismissing the importance of cultural traditions and remedies (Lorber). Publication in the early 1970s of *Our Bodies Ourselves* by The Boston Women’s Health Book Collective marked a feminist stand demanding respect for the female patient’s knowledge of her own body and demanding the right of control over decisions made about it. Although the surgeons on *EM* gave the contestants an opportunity to say what they wanted, the expert judgment of the doctors and the additional constraints posed by the television production timetable limited the control patients had over what was done. In addition, the demands for a good story—culminating in a dramatic change of appearance—necessitated multiple procedures that the patients may not have cared about. In effect, the show presents the traditional model of expert-driven care, rather than the emerging patient-centered care.

**Television Doctors and the Media Context of *EM***

*EM* was among the first medical reality shows. TLC’s *Trauma: Life in the ER*, produced by NYT Television and aired from 1997-2002, was a real-life version of the popular TV drama, *ER. Trauma* showed emergency room doctors dealing with crises
around the United States. It was controversial because of its graphic presentation of the violence done to bodies. Despite high ratings, production stopped in 2002 because the cost and time for production were too great. Each episode took one or two months to tape and another three to edit. In addition, it was difficult to obtain the patient permissions for filming that were required by new laws and costly to maintain multiple camera crews working in different locations around the country. Reruns of the show still appear on Discovery’s Health and Fitness Channel, however, and there have been several popular spin-offs, including Code Blue, Paramedics, and Maternity Ward.

*EM* overlapped with *Trauma* for just a few months. Although *EM* also showed surgeons in the operating room, the images were sanitized somewhat (despite the ASPS’ claims to the contrary), removing scenes of cutting, for example. *EM* had none of the obstacles that were encountered in producing *Trauma*. A condition for selection to be on *EM* included permission to film, and there was only one camera operator, working in one location.40

*EM* followed in a long tradition of television shows featuring doctors. Scholars attribute the enduring popularity of shows about doctors to several factors: They provide a look behind the scenes of a world everyone encounters frequently—like a “fly on the wall” in the doctor’s office, the clinic, and the hospital (Wittebols 210); they offer an opportunity for stories that engage a wide range of deep emotions—i.e., “a place where emotions ‘run wild’” (Turow 1); and doctors, like police detectives and lawyers, can pry

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40 Originally, the ASPS demanded that *EM* be filmed in different locations to give different doctors the opportunity to be on the show. That plan was scuttled when it was determined to be cost prohibitive to move the production crew to the different sites.
into private areas that might be off limits in other settings, what one characterizes as “professional busybodies” (Turow 8). The real-time format of soap operas fits easily into viewers’ lives, “weaving in and out of domestic space and playing with an audience’s sense of time” (Wittebols 210, Creeber 4). Although learning about medicine and health care is not the primary reason people watch medical shows, many report that they have learned important information from the shows, including signs of serious illness (Lee, Turow). Viewers also place high trust in the technical accuracy of information presented on medical shows, whether fictional or not (Turow). Doctors also learn from television shows. Several scholars have written about the use of shows such as House to train medical students on such topics as ethics and bedside manner (Arawi). Showing the dramatic television shows to students is seen as a natural progression from training through closed-circuit television that has been done in medical schools for decades. Television is considered to be a particularly good medium for teaching medical procedures up close, suggesting an affinity between surgery and television that may have supported the filming of EM (McLuhan 308-337).

EM offered a new construction of medical heroes. Popular television shows about doctors in the years leading up to 2002 included the afore-mentioned ER, Chicago Hope (which had a premise very similar to ER’s), and St. Elsewhere. Those shows, in turn, represented a more modern version of dramas dating back to the 1960s, such as Ben Casey, Dr. Kildaire, and Marcus Welby, MD. There were also a number of long-running, hospital-based soap operas starting in the 1960s. In April 1963, NBC and ABC launched The Doctors and General Hospital, respectively, followed in 1965 with NBC’s Days of
Our Lives. The soap operas replaced the biological family with the professional family, switching the focus from home life to the workplace, another example of how the boundaries are disintegrating between home and work (Soap). What nearly all of these shows had in common was a focus on the teamwork of doctors in a big city hospital and the conflicts between brash young men (and sometimes women) and older physicians, such as Dr. Gillespie on *Dr. Kildaire*, Dr. Craig on *St. Elsewhere*, Dr. Kerry Weaver on *ER*, and Dr. Watters on *Chicago Hope*. The older shows represent the centrality of hospitals in medical care and the dependence physicians had on them. Even Dr. Welby was shown to have strong ties to the local hospital, Lang Memorial (actually St. John’s in Santa Monica), where he had privileges. Another distinction between the old doctor shows and *EM* was the emphasis on teamwork in the dramatic shows. In every episode of the medical dramas and *Trauma*, doctors and other specialists were shown working together to resolve a medical crisis. It was the dynamics of the team that created the dramatic tension. Just as *Private Practice*, a spin-off of *Grey’s Anatomy*, moves the action outside of the hospital to a private clinic, much as the practice of cosmetic surgery has moved out of the hospital. The surgeons on *EM* are all independent physicians, solo practitioners, who own their own practices and the clinics where they perform surgery. They are never seen in hospitals. Nor is there any evidence of partners. Dr. Carmody mentioned that his stardom (as a result of appearing on *EM*), will make it impossible for him to hire a young partner to take over his practice, as patients specifically request his services and they are willing to wait years. It suggests a new role for the doctor as hero, at the center of the action and on the frontiers of the future, in contrast to the teams, clinics,
and practices with rotating doctors that define medical care now. Although there appear to be several doctors present during surgery (anesthesiologists, perhaps), only the celebrity plastic surgeon is featured on television (i.e., faces the camera and speaks). The show’s Extreme Team is composed of a variety of specialists assembled for each makeover, all independent businessmen (and occasionally women) brought together to address the unique needs of the contestant. The changing composition of the Extreme Team reflects a couple of facets of new management approaches. It is an example of how work is performed increasingly through quickly assembled teams; and, it illustrates the principles of small batch production and customization in niche markets, where services are planned and executed intermittently for individual clients instead of being mass produced. That is, services are customized for a specific customer (contestant). In addition to different storylines, tensions and settings, recent dramatic series such as *Grey’s Anatomy*, also construct masculinity differently, combining romantic sensitivity with technical competence and ambition (Gilchrist). The surgeons on *EM*—all male—alternate between wearing formal business attire, usually dark suits and ties, with colorful scrubs, conveying the message that they are practitioners of their craft—a kind of artisan—businessmen and artists who draw on and sculpt flesh. They fill multiple roles. Their use of digital imaging devices signals that they are keeping pace with new technology; their use of surgical tools as they stand surrounded by expensive equipment confirms their surgical expertise. They are also clearly celebrities, as evidenced by their carefully plucked eyebrows and makeup and their many appearances on television talk shows to promote *EM* and their own practices. They are also inventors and artists. Dr.
Dorfman created the successful Zoom teeth whitening system, for example. The surgeons represent in many ways a new ideal of masculinity—a professional with special, scientific expertise; a successful entrepreneur; someone engaged in aesthetic/symbolic work managing images; a celebrity, at ease under the constant surveillance of a camera; and an auteur with a recognizable body of work. Their frontier is the media, which they master personally and for which they prepare others. This contrasts with the plastic surgeon of the early and mid 20th century, who was constructed as a “rugged, male explorer, embarking on exciting adventures in unknown territory” (Davis Dubious 49).

Soon after EM first appeared, many other television shows about plastic surgery aired. The reality shows included The Swan, I Want a Famous Face, Miami Slice, and Dr. 90210. nip/tuck, a drama, was also on the air. ASPS representatives draw a sharp distinction between the images of plastic surgeons promoted on the other shows and the image of the doctors on EM, criticizing the doctors on those shows for the lack of probity the society wishes to promote. They wanted to present an image of dignity, competence, and humanitarianism, not an image of a high-living playboy lifestyle. They describe their members as “good guys” who “give people’s lives back,” who “restore fingers,” “rebuild” lives that have been destroyed by terrible accidents, war wounds, or birth defects (Britten). They claim they do not know anyone like the surgeons on the fictional nip/tuck. One leader in the industry said he got so agitated when he saw nip/tuck that his wife asked “why are you watching this? It sends you into a blind rage” (Petregallo). Another said some of his colleagues had wanted to bring the nip/tuck doctors up on charges (for sanctioning by the ASPS), not realizing that they were fictional characters
It is reminiscent of the indignation aroused in the 1930s when a *Time* story revealed the lavish lifestyle of Dr. J. Eastman Sheehan, president of the American Association of Plastic Surgeons (AAPS), who boasted of charging $10,000 for a surgery and who was reported to have a large staff, including two butlers and a housekeeper to press his 25 suits. Members of the AAPS were so incensed that 10 of them resigned (Haiken 66-68). The portrayal of Dr. Rey and the fictional doctors on *nip/tuck* apparently hit a nerve among ASPS members, still sensitive to the negative image of cosmetic surgeons, which reappeared in the 1990s following the FDA ruling on the risks of breast implants. At the time, they undertook a campaign to overcome the “unflattering—and usually inaccurate—stereotype of the arrogant, money-grubbing cosmetic surgeon” (Sullivan 97).

On *nip/tuck*, two partners in a Miami cosmetic surgery practice, Sean and Christian, confront various plastic surgery issues each week, mostly efforts to forestall aging and the attendant loss of sex appeal. The show presents a cynical alternative to the message of hope and inspiration conveyed on cosmetic surgery reality shows like *EM*, sometimes making allusions to images the ASPS has tried hard to change over the years. At the beginning of each episode, the two doctors sit in front of a huge coral reef fish tank, possibly a symbol of natural beauty controlled, asking their new client, “What is it you don’t like about yourself?” It is a parody of the question Foucault says all doctors asked their patients in the 19th century: “Where does it hurt?” (*Birth* xviii). What the ASPS surgeons object to is the expensive cars—a Lamborghini for Christian—and the numerous sex scenes in the office and elsewhere. “I don’t know anyone who lives like
that,” one ASPS surgeon claimed (Britten). One scene shows Sean and Christian in a continuing education class on face lifting where they stand before dissection trays, each holding a severed head of a cadaver. The scene is evocative of Frankenstein and the dream not of rebirth but of life restored. In another episode, the nip/tuck doctors feed the body of a drug lord, who had tried to extort plastic surgery to conceal his appearance, to the alligators in a nearby swamp. It is an allusion to the reputed use of plastic surgery by criminals in the 1930s, an association the ASPS has worked hard to eradicate (Haiken 66).

Plastic surgeons appear occasionally on other medical dramas, including Grey’s Anatomy and Chicago Hope, but they are either shown as heroes performing difficult reconstructive surgery following catastrophic injuries or they are vilified for causing injuries and medical crises while performing cosmetic surgery. The shows reproduce the central conflict running through the history of the cosmetic/plastic surgery profession.

One reason plastic surgeons objected to The Swan was that the show put the contestants, all female, in competition with one another. The two contestants each week competed with each other. At the end of the season, the winners participated in a beauty pageant where they competed to be crowned “The Swan”—the prettiest of all. The EM surgeons objected to making women who were already insecure about their appearances look like losers again on national television. Yet, competition with other women was certainly an underlying motivation for many of the surgeries performed on EM, as evidenced in Nancy Jackson’s comments about her prettier sister, and Karen’s comments about holding back around prettier women (Episode 105).
The ASPS surgeons objected even more strongly to Dr. Rey, star of E! Entertainment Television’s *Dr. 90210*, saying that he does “nothing complex or difficult—just breast implants” (Carmody). One said Dr. Rey had tried “multiple times” to get board-certification, but failed, and claimed there is a long list of “complaints and litigations” against him” (Phillips).\(^{41}\) “I don’t even know if he’s a real doctor” (Petregallo). Although Dr. Rey is not board-certified, he is, indeed, a surgeon. According to his website, he obtained a Master’s degree in Public Policy from Harvard and his MD from Tufts University. He did a surgical residency at Harbor, UCLA and a plastic surgery residency at the University of Tennessee—Memphis Health Sciences. He also completed a fellowship in aesthetic and breast reconstruction at Harvard Medical School. He claims he has never had the time to get board-certified because he was such an immediate success (Singer, Dr. Robert Rey, Dr. Robert M. Rey).\(^{42}\)

Critics of Dr. Rey object to images of him cruising around Beverly Hills in his Porsche or swimming in his backyard pool. They also dislike his informal banter, calling clients’ restructured breasts “hot” and telling one to “take care of these babies; I worked hard on them” (Singer). (That scene is further evidence of the connoisseurship of the doctors mentioned earlier. Dr. Rey’s comments are more blatant than Dr. Perlman’s, for example, in framing the breasts as objects with economic value, although both express admiration for their work.) The ASPS surgeons also mock Dr. Rey for the stethoscope he

\(^{41}\) I have no evidence to confirm or refute the claim that there are complaints against Dr. Rey.

\(^{42}\) The ABMS reports that 85 percent of doctors are certified by one of the 24 boards under their supervision (American).
drapes around his neck over his Versace suits and silk shirts, noting that a plastic surgeon rarely has need of a stethoscope (Singer).

One of the ASPS surgeons said *Dr. 90210* was all about the doctor, not the patient. There is some truth to that claim. The show traces the makeover of Dr. Rey from his poor childhood in a Brazilian slum, where he and his siblings were being raised by his single mother, to his rescue by Mormon missionaries and his education in the United States. It could be said that his life story parallels the transformation narrative of *EM*. Dr. Rey worked his way through medical school by acting in commercials, which was the beginning of his career on television. His story is one of transformation, a modern Horatio Alger, rags to riches story. It is also emblematic of the changes taking place throughout American society and in the cosmetic surgery industry.

One of the many differences between Dr. Rey and the *EM* surgeons is how openly he exposes his personal life, blending the personal with his public work life. He sometimes arrives home late, apparently carrying office paperwork, appearing weary and talking about his long day in surgery. He is shown in the pool with his wife and child or conversing in a family room. In contrast, there is never any evidence of a personal or home life for any of the *EM* surgeons, with the sole exception of the framed photo on Dr. Morello’s desk of him and his wife (presumably) (Episode 103). The contrast between Dr. Rey and the *EM* surgeons reveals changes occurring in medicine and elsewhere in society, as signs of the old give way to the new and old boundaries shift or disappear. Dr. Rey’s private life is exposed on TV much as the *EM* contestants’ lives are exposed, evidence of cultural changes and the blurring of boundaries. The “othering” of
Dr. Rey by the ASPS provides a peek inside the operations of the ASPS and the way it has exerted its power historically over professional boundaries by discrediting outsiders. At the same time, Rey’s success despite his dismissal of the ASPS and ABPS reveals the diminishing influence of the society and reveals some of the pressures forcing changes within the profession.

Indeed, the widespread presence of cosmetic surgeons on television suggests that boundaries are becoming increasingly blurred between medicine and entertainment despite the ASPS’ efforts to maintain tight control over the image of plastic surgeons. Cosmetic surgeons now appear on daytime talk shows such as *The Doctors* and *Dr. Oz* frequently. Although there is a technical distinction between television personalities (people who are themselves on television) and stars (people who play others), there is nevertheless an element of performativity (of course) in the surgeons’ portrayals of themselves (Bennett). And, they are considered “talent” on the shows, just as actors would be. The AMA’s establishment of the National Association of Medical Communicators nearly 30 years ago recognizes the natural synergies that exist between medicine and media. Dr. G. Tim Johnson, medical editor of ABC News, says “There’s a revolution in the worlds of medicine and media, in the sense that in the early days these two worlds ignored each other and dealt with each other with arrogance and mistrust. Today they court each other in a torrid love affair because they’ve found out it’s good for both medical science and the media business” (Kaufman). In the UK, the Association of

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43 The Association, which has more than 300 members, was established to ensure that medical news presented on television was accurate and objective. The organization teaches medical professionals—mostly doctors—how to write scripts, use teleprompters, and speak in sound bites, in addition to providing guidance on ethics and what to wear.
Broadcasting Doctors (ABD), founded 20 years ago in cooperation with the BBC, links its 900 members (medical specialists) with the media (Association). The blurring of professional lines and entertainment are occurring in other professions, too, most notably in the law. Court shows were among the first reality shows on television, but have become increasingly popular with favorite personalities like Judge Judy. One critic calls the daytime courtroom shows “dramedy”—a type of daytime comedy. He says “people are enticed to make spectacles of their private lives on television,” much as they would be on Jerry Springer, but the legal premise gives them more legitimacy. Unlike the cosmetic surgery shows, which depict actual surgery in real clinics, the courtroom shows are enactments. The contestants are not real litigants; they are paid. There are no lawyers. And, the cases involve moral and ethical issues more than they do legal issues—e.g., adultery. The judges dispense moral judgment, not legal decisions (Benson 7-13). Yet, the shows comprise a $1 billion industry, with $40-$50 million in annual profits. Judge Judy earns $30-$35 million per year (Benson 7-13). Yet the distinction between real courtrooms and television sets may not be obvious to viewers, leading to a cross-over in perceptions about justice as entertainment. Similarly, the appearance of corporate moguls such as Donald Trump and Martha Stewart on The Apprentice and The Apprentice: Martha Stewart, as well as the more recent show, Undercover Boss, frame corporate management as spectacle, and portray management, in part, as surveillance. Collectively, these reality shows represent the commodification of professional work. They also reflect a trend towards making work—particularly higher-paid work—into entertainment. In so doing, they glamorize the work, downplaying the difficulties, long hours, challenges and
complexities, while also eroding the image of professionals. In this respect, the shows can be seen as carnival, providing a glimpse behind the façade of professional expertise.

**Pitchmen**

Besides performing on *EM*, which often entailed six hours or more of surgery, the doctors also promoted cosmetic surgery much as the pitchmen on infomercials might. Although *EM* was not scripted, the doctors conveyed critical messages to potential consumers about the safety of cosmetic surgery, the importance of using only ABPS-certified surgeons, the time required for full recovery, and the potential benefits. On top of that, they were required by their contracts to promote the show.

Twice a year the doctors met with sponsors at an event like a premiere or season opener. One described it as being like a “draft pick” with a lot of “hob nobbing” (Carmody). The events included photos with the sponsors, as well as a press tour. The doctors also had to appear on talk shows and at Disney World and other Disney venues, as Disney owns ABC. One said, “It would have been fun if I didn’t have a day job. It was always at the last minute. I’d get a call Thursday, take a red eye, spend a few hours, and return home” (Carmody).

**Policing Professional Boundaries and Disciplining Doctors**

The history of cosmetic surgery suggests that intense competition has been rife since the early days of the profession. At the same time that the ASPS, ASAPS, and ABPS have established standards for ensuring safety and quality care that benefit patients, they also have exercised extensive control over entry into the profession and

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44 See Haiken, Sullivan and Gilman for details.
over the practice of cosmetic surgery. Although there is no formal relationship between the two societies (ASPS and ASAPS) and the board (ABPS), there is overlap in membership and they serve complementary functions. The ABPS regulates who receives certification, which is required for membership in the societies and which has served historically as a signifier of safety and fitness to perform cosmetic surgery. The ABPS therefore controls entry into the most prestigious ranks of the profession. The norms and ethical standards of the societies, along with a formal system of sanctions, place further constraints on members, shaping their behavior and controlling the practice of plastic surgery.

Case studies with before and after photos are a principal means of communication within the profession.
When surgeons present papers at their professional meetings, they are done in the format of case studies, and there are tightly guarded norms on the submission of cases and photos. One of the surgeons interviewed complained of being soundly rebuked at a professional meeting for submitting photos of a client before she had fully recovered—just a week after her surgery—revealing the professional rivalries and the strength of professional conventions in the field. Someone in the back of the audience stood up and yelled “How dare you have the \textit{cojones} to show a week post-op!” Another colleague said it was “just jealousy” (Carmody). It is the accepted practice in the field to submit photos a year or so after surgery to allow for full healing, and it was considered unforgivably arrogant to present photos earlier. The reason why surgeons are discouraged from showing photos soon after surgery is that the full effects of the surgery are not visible for
a year or more. There may be skin stretching or other effects that do not appear immediately. Consequently, an accurate assessment of the quality of the work cannot be made for many months (Phillips). Nevertheless, the incident exposes the rancor and rivalries that seems to pervade the practice of cosmetic surgery. One surgeon said he attended an annual conference of a dental association with another cosmetic surgeon. When Dr. Dorfman (the cosmetic surgeon) was honored—welcomed “like a rock star”—the two surgeons remarked to each other on how they would have been stabbed in the back at their own professional association meeting for being so successful. “He [Dorfman] put cosmetic dentistry on the map. He put a lot of money in dentists’ pockets. We did the same with plastic surgery, but we didn’t get any thank you notes” (Carmody).

Several surgeons also mentioned how, when they began their careers many years ago, there were restrictions on where young surgeons could open their practices. They had to be far enough away geographically from other surgeons so that they would not be in competition with them. Today, practice covenants may restrict surgeons who leave the practice from working within a certain geographic distance—e.g., 100 miles. However, such covenants are illegal in some states, including California, and are frequently challenged in court (Phillips).

Surgeons also mentioned how older surgeons in the hospitals where they did their residencies would make them leave the operating room so they could not see how certain procedures were performed, as the older doctors considered the procedures to be their intellectual property, calling to mind the surgeon who covered the window to block Jack Anderson’s view (Salinger, Carmody). While medical ethics demand that medical
knowledge be shared openly, one doctor known for a particular rhinoplasty technique was notorious for hiding his knowledge from others. He allegedly charged $1000 to allow other doctors to observe his surgeries and would put a hand in front of his work to conceal what he was doing if they did not pay (Phillips).

The ASPS discourages patenting of surgical techniques, saying “In medicine, there are no exclusive techniques. If a procedure has merit, it is published in the medical (peer-reviewed) literature and can be performed by any qualified surgeon” (Procedures). Nevertheless, the name of a procedure can be trademarked, preventing others from using the name of the particular technique, but not from performing it (Phillips). Dr. David Kent, for example, has registered a trademark for the “Lifestyle Lift®,” a mini face-lift that can supposedly be completed quickly and inexpensively, with minimal recovery time. Kent, who did his residency in Otolaryngology and who is Board-Certified by the American Osteopathic Board of Ophthalmology and Otorhinolaryngology, has established 74 lifestyle franchises around the US where his trademarked procedure is performed. Kent’s creation of a franchise using a trademarked surgical technique exemplifies the increasing competition and emphasis on business and corporatization of medicine.

If competition within the specialty is intense, competition with other types of doctors is even more extreme. Several surgeons mentioned to me, a little gleefully, that cosmetic surgery involves by definition “the skin and everything in it”—in other words, the whole body (Salinger). One of the arguments that convinced Howard to work with the ASPS was their claim that anyone, including dermatologists, can do cosmetic surgery in
some states. It is a damning claim and a true one. However, the majority of cosmetic surgery procedures are non-invasive, including injectables such as Botox and Restylane. In 2011, 7.6 million of the 9.2 million cosmetic surgery procedures performed in the US were nonsurgical. Indeed, non-invasive procedures accounted for more than 80 percent of all procedures in 2011 and generated approximately $4 billion of the nearly $10 billion in cosmetic surgery purchases. Moreover, the demand for non-invasive procedures is growing, easily outpacing other techniques. Between 1997 and 2010, sales of nonsurgical procedures grew from 741,000 to 7.6 million (15th). Two surgeons mentioned that the injectables can be used very effectively in place of surgery to do contouring (Britten, Petregallo). Yet, the ASPS and ASAPS have laid claim to the full range of procedures, surgical and other, and conveyed through television and other media that no one is safe receiving services, even non-invasive ones, from anyone other than an ABPS-certified cosmetic surgeon.45

Working in a complementary role to the ABPS, the ASPS and ASAPS police the profession, establishing ethical standards and enforcing them with sanctions.46 One of the standards prohibits offering cosmetic surgery as a prize in a contest. It was that standard that led the ASPS to write to ABC Television and the executive producer immediately after the EM pilot aired, refusing to permit its members to appear on the show. Howard said all the surgeons he asked to appear on the show refused. Indeed, several surgeons note that one of his colleagues filed a complaint against Dr. Fisher for appearing on the 45 Although it has seemed that the ASPS has tried to block dermatologists from performing cosmetic surgery procedures, the ASAPS now recommends board-certified plastic surgeons or dermatologists. 46 The history of EM has shown that the ethical standards are very dynamic, evolving to accommodate cultural changes.
EM pilot. It is not clear whether the ASPS formally sanctioned Fisher, but he ultimately resigned from the society (Phillips). Nevertheless, he now lists his ASPS membership on his website. One surgeon said they (the ASPS) “put Garth through the ringer. Garth took bullets for the rest of us” (Carmody). When Howard received the letter advising him of a violation of the standards of the ASPS, he immediately contacted the executive director to request a meeting with its members. Ultimately, after months of heated debate and deliberation, the ASPS and ASAPS agreed to cooperate, with a number of provisos, including the requirement that the surgeons be paid so they would not be in violation of the societies’ ethical standards. The agreement was formalized in a letter of understanding with ABC, but never made legal (Cole). By all accounts, Howard complied with the agreement. However, ABC replaced Howard after the first season and ceased cooperating with the ASPS, even though they continued to show the ASPS name and recommend ABPS certification on the closing page of every episode, thus suggesting (incorrectly) the endorsement of the ASPS. Indeed, as a condition of their cooperation with EM, the ASPS and ASAPS required that the show “plug” the societies and the ABPS prominently (Regalado).

The point of this discussion is to show how the doctors are caught in the cycle of competition and continuous self-improvement that characterize the current economic era and how the ASPS has positioned itself to extend its boundaries and protect them from penetration by others. But, their power has been eroding, and their boundaries blurred. They still maintain a stronghold on the profession, but have had to give way to pressures from young, new doctors entering the field and from other social forces, such as
deregulation. Dr. Rey is an example of the success one can achieve without the
imprimatur of ABPS certification. He also reflects how other boundaries are disappearing
within the profession as the line between medicine and entertainment grows fainter.
Indeed, in the years that have elapsed since *EM* aired, some of the surgeons on the show
have come to be more and more like Dr. Rey.

**Extreme Makeover of the Plastic Surgeon**

Dr. Carmody says that there was a lot of cat fighting in the beginning when *EM*
first aired. Colleagues asked “Why did they pick you and not me?” But, “in the end,
everyone benefitted,” he said, estimating “something like a 400 percent increase” in
plastic surgery sales since the shows first aired (i.e., 2002). He mentioned research
Dr. John A. Persing, Section Chief, Yale School of Medicine Department of Surgery,
published several years ago documenting a 7 percent increase between 2005 and 2006
(Doheny). The ASAPS reports that the number of procedures performed grew from
1.6 million in 1997 to 9.2 million in 2011, a 500 percent increase in 14 years (15th).
Persing’s research (which must be viewed with some caution, as it had a very small
sample taken from Yale patients) did find that 80 percent of patients had been influenced
by television makeover shows to seek cosmetic surgery. The “shows have put a lot of
money in plastic surgeons’ pockets,” Dr. Carmody says. Former and current executives
of the ASPS and ASAPS say “it seems so long ago . . . like rotary phones,”
acknowledging that the profession has adjusted to televised plastic surgery and come to
accept it (Britten).
In many ways, the greatest transformation on *EM* was in the image of plastic surgeons. The ASPS acknowledges that the industry had suffered from a negative image for many years for various reasons, but has come to be accepted. Whereas people used to lie about their surgeries and sneak in the back door of the doctors’ offices, they now acknowledge it openly. Surgery has also come to be much more accepted by the public (Phillips). Plastic surgeons are more prominent on television, in reality shows, daytime advice shows like *The Doctors*, and dramas, like *Grey’s Anatomy*, which featured a plastic surgeon as one of the main characters. And, the idea of a plastic surgeon *cum* celebrity like Dr. Rey (and now Dr. Fisher) seems far more natural.

As the surgeons on *EM* cut into and reshape the skin, one can see larger, parallel social changes entailing the reshaping of boundaries conceptually and professionally as individuals at all levels struggle to adjust to and accommodate the changes of late capitalism. With their celebrity status and successful practices, the *EM* surgeons represent the possibilities and opportunities available to the creative class. But, their discourse exposes the instability of every day life. The high costs of doing business, the extreme competition, and the vulnerability to economic change all pose threats to the surgeons that keep them ever shuffling to maintain stable footing. They keep redefining themselves, assuming new roles as scientist, artist, performer, pitchman. At the same time, they remain vigilant in protecting the eroding boundaries of their profession in a futile effort to keep pace with continuous and rapid change. The next chapter explores how *EM* reflects the effects of the recent social and economic changes on the television industry, and how the show functions to reinforce and support the flexible economy.
CHAPTER 3. ALWAYS-ON-THE-MOVE, JUST-IN-TIME WORKERS:
TELEVISION PRODUCTION IN LATE CAPITALISM

When asked why his company, Lighthearted Entertainment was replaced with another production company after only one year, *Extreme Makeover (EM)* Creator and Executive Producer Howard Schultz declined to say, but confided that a “show lives in the creator’s gut. It’s like being a parent and someone else raises your kid; it was a heartbreaking mess” (Schultz). Members of his production team and others involved with the show are equally reluctant to comment on the reasons for the change, but speculate that it had to do with cost containment. They cite two main differences between the production companies: (1) Schultz was much more engaged in the production of the show than the new producers, who worked remotely on the East Coast; and (2) his productions had a higher quality or production value than later episodes (Walker, Mercer, Tannenbaum). They remember, for example, that Schultz was present at all of the surgeries and personally telephoned participants’ families when surgery was over to assure them that everything had gone well (Walker). He was also, reportedly, extremely conscientious about screening applicants to ensure readiness and suitability for the program. In his words, the incident that later led to a lawsuit would “never have
happened on my watch.” He said the woman was rejected at the last minute because her jaw had to be broken for the surgery, extending the time required for recovery and thereby making her ineligible for the tightly scheduled show. He claims he would have given her the surgery even if he had been unable to use her on the show. One of his production supervisors said, “Howard may have been too nice. People were out of their element, having major surgery with cameras in their faces. Howard felt it was our duty to do right by them. But, you have to find a balance between addressing their needs and keeping the budget down” (Fiedler). She mentioned that the learning curve on how long recovery takes was a factor—i.e., “how long it is before a patient looks changed enough and is recovered enough to go in front of the camera without being in pain.” The new production company, New Screen Entertainment, had experience with medical documentaries produced in cooperation with ABC (e.g., Body Human 2002), so she thought they might have had more knowledge about how to handle the technical aspects of production in a medical setting. Another staff member said, “it’s just who they [ABC] liked. The new group had hospital documentary experience. . . . They made [EM] more of a docu-soap” (Saunders, Mercer). It is not completely clear how a docu-soap was different from what Schultz was producing, since docu-soaps are a sub-type of reality show that use conventions of documentaries (scenes of people in their work settings)

47 The family of an applicant sued the show after the applicant’s sister committed suicide, alleging that the producers encouraged her (the sister) to exaggerate the negative aspects of the applicant’s appearance (Extreme Sued).
48 A docu-soap is a genre of reality television in which a group of people in a particular occupation are filmed as they go about their jobs. The shows lack the social commentary associated with documentaries such as An American Family. Although unscripted, there may be a semblance of a storyline to make a show more like a soap opera. Docu-soaps include Miami Ink, Ice Road Truckers, Deadliest Catch, Millionaire Matchmaker, and the Housewives shows (tv tropes).
along with story lines. However, one of the production assistants mentioned that the new producer dropped the *EM* host, as one example of the differences (Mercer). A member of the production team who was present at the end reported that the second company ran into problems with ABC, too, which led to the premature cancellation of the show (Mercer). It seems doubtful that was the only cause of the cancellation, however. Ratings had dropped from a high in Season 1 with 11 million viewers, to fewer than 5 million viewers in the final season, and a drop in rankings from 40th to 175th place. The production crew was down to just a few people, and the casting team reported that it was extremely difficult to find interesting new stories (Fiedler). Nevertheless, the rumor reflects the perceptions production workers have of the vulnerability of independent production companies, despite the increased opportunities open to them.

Schultz’s production company, Lighthearted Entertainment, founded in 1992, is one of many small production companies to emerge in the late 20th century in response to the proliferation of television channels and the concomitant development of digital equipment that made low cost production and post-production facilities possible (Blumenthal 300-301). The switch to New Screen Entertainment illustrates the vulnerabilities of small production companies, as well as the intense competition and the pressures of time and cost containment for people at various socioeconomic strata of the entertainment industry in the current economy. It demonstrates the multiple balancing acts of keeping costs low and avoiding risk, while also meeting production goals—in this case, producing television shows that can generate income in diverse ways over many years. It also reflects the competing forces affecting the industry. At the same time that
deregulation and new technologies made possible more independent production companies, other trends worked toward reducing the number of companies. For example, as agents discovered it could be more profitable to “bundle” or “package” talent (a writer and director, for instance) rather than promoting each separately, it became possible for studios to bypass production companies (Higa). Technological changes also reduced the number of crew members needed for production, sometimes combining as many as three jobs into one, thus drastically reducing employment opportunities. This chapter, focuses on competition, financing, production, and labor management in the television industry in late capitalism, beginning with a discussion of the circumstances that led to the emergence of reality television in the 1990s, then considering *EM* from the perspective of the production companies, the production workers, and the network.

**The Transformation of Television**

*EM* appeared at a critical time in television history, as part of the vanguard of reality television programming, which arose in direct response to multiple economic and technological changes. Among the changes were an increase in the number of television channels and delivery modes, along with lower production costs (Cairncross 61). These changes brought not only more choices in content, but also alternative ways of receiving television programs—e.g., through direct satellite or cable, in addition to traditional broadcasting (Cairncross 63-64). All of this made it more difficult to reach the increasingly fragmented audiences with traditional advertising. It also created niche markets—what Cairncross terms “boutique television”—such as sports channels, all news channels, etc. (66).
The deregulation of cable television under the Reagan Administration in the early 1980s led to the proliferation of television channels, resulting in more than 100 channels per cable television network, widely expanding viewing options, and eliminating the dominance of the three networks, ABC, CBS, and NBC. The development of new, lightweight hand-held cameras, digital production equipment, and post-production editing suites added to the competition by making it possible for almost anyone to make a film, stimulating newfound optimism for the democratic, liberatory potential of the medium.\textsuperscript{49} Deregulation also freed cable companies from tight restrictions on programming, allowing them to relax their standards, clearing the way for more competition.\textsuperscript{50} That, coupled with the emergence of technologies that permitted taping of television broadcasts (i.e., VCR and TiVo), drastically reduced the reach and impact of television advertising. Networks could no longer depend on a large share of viewers; moreover, the new technologies enabled viewers to fast forward through advertisements. At the same time, production costs rose rapidly by eight to ten percent per year, partly due to the high debt incurred in the purchase of several networks (Disney’s purchase of ABC, for one) (Raphael 121-122). And, a 1986 change in the tax law eliminated the ability to deduct a percentage of the cost of television production from taxes, dramatically affecting the financing of television production and stimulating a search for lower cost production

\textsuperscript{49} Avid and Final Cut Pro are two inexpensive editing systems that offer an alternative to the costly rental of post-production facilities (Blumenthal 380-381).

\textsuperscript{50} The Cable Communications Policy Act of 1984 reduced FCC oversight and abolished some guidelines as the Fairness Doctrine, which required cable stations to show opposing viewpoints on controversial topics.
strategies. Reality television offered a solution to network executives seeking cost savings. It was also quick, as there was no need to wait for the availability of writers or talent. And it was comparatively strike-proof.

MTV’s Real World, which premiered in 1992, is usually cited as the first of the modern reality television shows. The success of the show quickly prompted others, including CBS’s Survivor, which first aired in 2000. Besides the potential for high ratings, reality shows had the advantage of being very inexpensive to produce, costing “a fraction” of the cost of a situation comedy or dramatic series (Tannenbaum, Carmody). Although estimates vary greatly, a one-hour episode of a network reality show can be produced for $400,000 to $1.5 million compared to a scripted dramatic show, which typically costs from $2 to $5 million (Schultz, Raphael 127, Honthaner 401). Cable reality shows can be produced for even less ($200,000 to $500,000) (Schultz). A crew member from EM speculated that each episode cost about $750,000 due partly to the cost of the surgeries (Tannenbaum). The defining characteristics of reality television account for these dramatic cost differences. Reality television typically uses “actuality” footage, on-scene shooting, non-traditional labor, hand-held cameras, and available lighting (Raphael 126). The shows require no scripts, eliminating or minimizing the need for writers. What little writing is done is usually performed by segment producers or story

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51 Previously, producers were permitted to deduct 6.7 percent of the cost of production from their taxes (Raphael 122-123).

52 The 1973 PBS documentary, An American Family, was the first reality-style television show. The 12-episode series followed the Loud family—parents and five children as they went through their daily lives. Scenes included the break-up of the marriage and the coming out of a son (American Family). In 2011, HBO produced Cinema Verite, a movie about the production of An American Family, which Margaret Mead had lauded as a new art form comparable to drama or the novel (Lim).
editors, who earn far less than writers and generally receive no benefits. Generally, the shows require no props or costumes; minimal location fees, if any; no animation; no original music score; no special effects; and no paid talent (Raphael 122). In other words, reality television has much lower above-the-line (creative) costs than other productions.

When *EM* appeared, reality television was also less vulnerable to strikes than other shows. NABET strikes against ABC in 1977 and NBC in 1987 had seriously threatened the networks (Raphael 123). The five-month strike by the Writers Guild of America in 1988 delayed the start of the fall season and significantly reduced the viewing audience (Raphael 125). In early 2001, writers were again threatening a strike (Rutenberg). The shows also require no actors’ fees or residuals, as participants are given only minimal stipends and usually required to sign away all rights to the content. Reality television producers also typically use non-union—below-the-line workers—i.e., temporary workers on contract, who receive no job security or benefits (Raphael 123). These workers usually negotiate a flat rate or a per week rate (Higa). Because it is so difficult to enter the industry and competition is so intense, there are many labor abuses. Indeed, many people are willing to work for free just to get into the industry (Higa). Raphael describes labor practices during this period as an “attack on labor, mainly on below-the-line workers” and notes staff cutbacks across all studios of 10-30 percent, as well as resistance to strikes that resulted in one instance in a 25 percent wage reduction and a cut of 200 jobs (123). One of *EM*’s production managers mentioned that *EM* was non-union, and that union shows are much more expensive. He said there is a trend to go

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53 Story editors earn $1200-$3500 per week, compared to members of the Writers Guild, who earn a minimum of $3376 per week for a half-hour show, plus benefits.
union, but shows often have to shut down and/or let people go when they turn union because of the greater cost of union labor. He cited as an example FreemantleMedia, Ltd., a division of Bertelson’s *American Idol*, which has been sued for labor violations on such shows as *Price is Right*, *Let’s Make a Deal*, and *American Idol* (Tannenbaum, Wyatt, Teamsters). One article about the lawsuits said “Freemantle’s *American Idol* is the highest rated show on TV, but while the company reaps huge profits from it and other primetime programs such as *America’s Got Talent* (NBC) . . . its writers and other behind the scene workers often endure substandard and illegal working conditions” (Wyatt). The suit alleges that Freemantle subjected workers to sweatshop conditions, doctored timesheets and paid for 12-hour days/60-hour weeks, while requiring 20-hour days, often without breaks (Wyatt). The trend towards unionization is reflected in the Director’s Guild of America’s efforts to organize classes of producers that have not previously been represented and in the growth of the International Alliance of Theatrical Stage Employees (IATSE), the largest union representing workers in the entertainment industry, which boasts growth from 74,344 members in 1994 to more than 113,000 in 2012, despite the industry changes described above (Teamsters, IATSE).

Historically, IATSE has worked “quietly behind the scenes.” However, observers credit Matt Loeb, who took over the leadership of IATSE in 2008, with a more aggressive stance (Matt). In November of 2010, IATSE went on strike against the Reveille, 3Ball, and 25/7 production companies at the Calabasas, California, ranch where *The Biggest Loser* is filmed, after NBC hired replacement workers for the 50 who had walked out. At issue were health and pension benefits, available to DGI and AMPTP.
members working on the set. The California Labor Federation and the LA Labor Federation joined the strike, and the host and two trainers refused to work, auctioning themselves (lunch dates) on eBay in a show of solidarity (Biggest). After two weeks, a settlement was finally reached in which IATSE members who worked a minimum of 400 hours per six-month period were granted benefits (Matt). In February of 2012, IATSE and Teamsters again went on strike when workers who attempted to unionize were fired by Original Productions, producer of Spike TV’s 1000 Ways to Die (as well as many other reality television shows, including Ice Road Truckers) (Union). In March of the same year, the union threatened to “hold the line” on such issues as “health care, pension benefits and working conditions” as it renegotiated the “basic Hollywood agreement” with the major studios (IATSE Leaders).

Observers attribute the dramatic increase in IATSE membership to President Matthew Loeb’s leadership. His bargaining strategy resulted in more than a thousand term agreements, the chartering of many new craft locals, and the addition of thousands of members, accomplished in part by adding new worker categories, including visual-effects workers (Matthew, Matt). He serves on the AFL-CIO Executive Council. To strengthen the union’s political participation, Loeb has launched a campaign titled “Stand Up, Fight Back” through the IATSE-PAC. He believes organizing is paramount to success and that it starts with the individual worker, who must organize from within, reaching out to co-workers (How, Matthew).

Besides lower production costs and less vulnerability to strikes, reality television has another important business advantage: it operates under a different business model
from traditional television. Because of the low cost and speed of production, shows become profitable much more quickly, eliminating the need for deficit financing (Schultz).

**How Reality Television Shows Make Money**

Traditionally, television has operated on deficit financing—i.e., a gamble that a show will become successful enough that the costs of production will be recovered both by the network and the production company. Historically, networks have financed programming with advertising revenue from sponsors they obtain for the shows they license from production companies. The licenses give them the right to air shows a certain number of times (e.g., twice per season) at a fixed rate and to exercise options for additional seasons at the same price should the show prove successful (Magder 139). The networks keep the advertising revenue, but revenue from the first season is rarely sufficient to cover the costs of the initial investment. Furthermore, licensing fees typically cover only a portion of the costs incurred in producing the show (usually 50 percent or less), leaving the remainder of the costs to be financed by the production company. The entertainment industry works completely on credit, one producer says (Higa). Ideally the costs are recovered through sales to ancillary markets, including cable distribution, DVD sales, and international sales (Goldman). Reality television shows can generally be produced without relying on deficit funding for two reasons. The low costs of production can be recovered in the first season. In addition, the production companies often secure sponsors (i.e., pre-sell sponsorship) before licensing shows to the networks, significantly reducing the risk to the network (Magder 140). Until *Survivor*, networks always paid for
the productions, found the sponsors, and kept the advertising revenues. Because of the perceived risk of *Survivor*, Mark Burnett offered an alternative business model, finding the sponsors to pay for the productions, not the networks, and sharing advertising revenues with the networks (Magder 140). That is, he presold the sponsorships. Theoretically, that business model could be applied to other types of television productions, and may have been. However, the model originated in reality television and is one of the distinguishing characteristics of the genre.

Reality television also offers unprecedented opportunities for product placement, providing an effective way of reaching target audiences, despite the use of taping devices that allow viewers to skip advertisements. Product placement, once a task of the prop master, has become big business in Hollywood since the advent of digital video recording, which gives viewers the opportunity to skip advertisements. The argument in favor of product placement is that the use of branded products on television shows helps establish verisimilitude, contributes to the creation of a certain image, and—importantly—allows advertisers to reach specific market segments. In effect, it capitalizes on the fragmentation of television audiences, by targeting specific segments more directly. It also offsets costs for craft services or props. There are fewer constraints on product placements than on advertisements. The technique has proven so effective in reaching certain markets that some shows have been kept on the air longer than they should have been because the manufacturer wanted to hit a specific demographic target
Under optimal circumstances (from a marketing perspective), advertisers can negotiate deals that allow them to integrate their paid advertisements with product placement on the same show. For example, Ford could advertise during commercial breaks and reinforce the message by having the actors drive Fords on the show. US spending on product placements (in all media, including television, film, videogames, etc.) totaled $4.25 billion in 2005 and $3.61 billion in 2009, with spending expected to grow dramatically until 2014 as advertisers seek more strategies to reach their audiences (New PQ, Kiley). The drop in 2009, which resulted from the economic recession, was the first recorded decrease in annual spending on product placement, and it was far less than the drops in spending on other types of advertising and marketing (New PQ).

Product placement representatives function like talent agents, but represent products, not actors (Lindner). They work under contract with the corporation that sells the product—e.g., General Mills for products featured on *Biggest Loser*. They are a type of sales representative, often working independently, but sometimes as part of an agency. It is a fairly new occupation, one that has emerged in the late 20th century, and one that typifies the types of jobs forming in the changing economy. Product placement specialists read scripts or project concepts to identify opportunities suitable for the brands they represent. Network lawyers—“Standards and Practices”—get involved to ensure proper conditions exist, e.g., how the product is placed, how many mentions it receives, etc.

How much money a show earns from product placement depends on many things. One of

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54 One expert hinted that *The Apprentice* was an example of a show that was kept on the air despite low ratings because it reached a specific target market very effectively (Lindner). The show received the lowest ratings ever in September 2010 with only 4.7 million viewers; but, it came in second with male adults, aged 18-34 (Rice).
the best examples of successful product placement is the *Biggest Loser* show, which has a relationship with General Mills to promote its products through integrated marketing, as described above. An industry expert claims General Mills pays more than $2 million for product placement on *The Biggest Loser* (Anderson). The fee for integrated marketing on *American Idol* in its second season was $25 million (McChesney 149). A traditional commercial costs $100,000-$150,000 per spot. Nielsen Media reported 6,248 placements on *Biggest Loser* between November 2007 and November 2008. *Extreme Makeover: Home Edition*, a knock-off of *Extreme Makeover*, is another of the top sites for product placement and integration. It had 3,371 placements during the same period for such advertisers as Sears, Ford, and Pella. (Note that all these shows have to do with self-improvement, home-improvement.)

Despite its popularity with advertisers (80 percent of whom report using it), product placement has its critics. The Federal Communication Commission (FCC) has considered regulations on product placement requiring advertisers to identify paid product placements (FCC). In addition, the Writers’ Guild of America has protested product placement, claiming it forces writers to write advertising copy masquerading as a storyline (McNary). In effect, product replacement has led to the emergence of a new type of laborer—writers who blur the lines between creative writing and advertising. Product placement has become such an integral part of television financing that advertisers now work hand-in-hand with producers to construct television shows from the very beginning to write products into the scripts in what is termed “branded entertainment.” McChesney notes that Disney entered into a deal with Mindshare, part of the WPP media
conglomerate, in 2003 to work collaboratively on the development of several shows and later established a division at ABC called “Advertisers Beyond Commercials” dedicated solely to supporting branded entertainment (149).

When asked about his use of product placement, Schultz cited—after a perplexed silence—the discount received for showing images of *Le Meridien* hotel off Sunset Boulevard, where participants stayed during their makeovers. He also speculated that some of the dental products might have been “placed,” and possibly some Mentor medical products, but he was not certain. One of his assistants pondered whether the promotion of Dr. Dorfman’s teeth whitening product—Zoom—comprised product placement (Tannenbaum). They denied that there was any other intentional product placement. It can certainly be argued that the presentation of plastic surgery and other services on *Extreme Makeover* was not a form of product placement, since the surgeons and others did not pay the producers to be on the show, and there was no product placement agent working on their behalf. But, the ASPS definitely advocated on behalf of cosmetic surgeons and their positioning on the show, much as product placement specialists would. And, part of the agreement they negotiated required the promotion of ABPS certification (Regalado). The definition one product placement expert gives for product placement encompasses a broad range of activities that do not always entail formal negotiation or payment for the use of a product on air (Lindner). I argue that the promotion of cosmetic surgery was analogous to product placement, and possibly even more insidious in that the surgeons got the producers to pay them to be on the show, where they were able to promote their services very effectively. The entire show was
constructed around the promotion of services. Every episode included the overlay of graphic information listing each doctor’s credentials and address, as well as his ABPS certification.

![Figure 17. Presentation of Doctor's Credentials on First Appearance](image)

Each episode concluded with the before and after shots commonly used by plastic surgeons to promote their services, and many of the images are still in circulation on the surgeons’ websites providing ongoing testimony to their skills. The show also plugged the American Board of Plastic Surgery (ABPS), the American Society of Plastic Surgeons (ASPS) and the surgeons affiliated with them through certification or membership. Each episode concluded with a cautionary note to use an ABPS-certified surgeon.
Even though the ASPS is quick to say that the surgeons were paid for their work in compliance with the society’s ethical standards, the value of the advertising received far exceeded the cost of the surgeries, as one of the surgeons noted when he said, “You can’t pay for that kind of advertising!” (Carmody). The program was promoting a specific sub-set of physicians and contrasting them to others who might be able to perform the same job—much as an advertiser would promote the merits of one automobile over another. A more obvious example was the promotion of cosmetic dentistry, which was performed by Dr. Dorfman and his colleagues on virtually every episode. Dr. Dorfman blatantly advertised the teeth whitener, Zoom, a product of the dental supply company Discus Dental he owned and later sold to Royal Philips.
Electronics for their Consumer Lifestyle Section (About Philips). Whenever the product was used on the show, the camera lingered over images of the eerie blue light illuminating the patients’ teeth while undergoing the treatment, as the name appeared on screen and was stated in a voice-over by the narrator.

Figure 19. Contestant Undergoing Teeth Whitening

So successful was the show for Dr. Dorfman that several major dental associations have awarded him lifetime achievement awards and L.A. Magazine calls him the “best aesthetic dentist in L.A.” (Beverly). Nearly every news and feature story about Dr. Dorfman and his website feature his association with EM very prominently, thus creating a continuous advertising loop from Dr. Dorfman to EM and back to Dr. Dorfman—an endless celebration of the show and the dentist. (The same is true of the
surgeons and style experts; all link back to *EM*, where they are mentioned in a cycle of perpetual cross promotion.) Besides the surgical services, virtually all of the specialists on *EM* capitalized on the opportunity to promote their services—Jonathan Aniston, a hairstylist who parlayed an appearance into his own reality show, for example. The show also offered, as many reality programs do, the opportunity for product tie-ins. The fitness trainers, in particular, took advantage of that opportunity with book sales, videos, etc. Numerous other services and products were featured on the show, including hair styling, style consultations, and products used in surgery such as chin and breast implants.

![Figure 20. Medical Device—Chin Implant](image-url)
What all of this reveals is how advertising was interwoven into the very fabric of the show to the extent that it became inseparable from the story—it was the story.

McChesney notes the same blurring of lines between content and advertisements:

A whole new paradigm for media and commercialism is being formulated in which traditional borders are dissolving and conventional standards are being replaced. This is more than a power shift from media firms to advertisers; it is about the marriage of content and commercialism to such an extent that they are becoming indistinguishable (153).

We are advertised to in ways that we are not consciously aware of. (*Mad Men* takes this process a step further by making the ad men the subject as they create advertisements for the products placed on the show.) *EM* was in the forefront of shows that blend product promotion with story.

Reality television is financially attractive for several other reasons. Networks that own cable channels—ABC, which owns E!, for example—can “repurpose” the shows, airing them on multiple cable channels throughout the week after they have been broadcast on the network stations. Starting in the late 20th century, programs have been produced with the intent of putting them in syndication for distribution through cable channels, network affiliates, pay-for-TV, DVD sales and downloads, as well as the sale of international rights and formats (Raphael 129-131, Goldman).

If a concept has broad appeal across cultures and can be adapted to a variety of local contexts, then the format can be sold, i.e., the concept can be packaged and sold abroad with production and marketing guidelines that will work in multiple and diverse
settings. The Netherlands firm, Endemol, producer of *Big Brother, Fear Factor, Wipeout*, among other shows, has been particularly adept at placing themselves in the forefront of format sales (Magder 146-147). Endemol also owns the format for *Extreme Makeover: Home Edition*, which closely follows the format of the original *EM*, even retaining the tight time constraints. (It requires completion of a house in seven days compared to the six weeks required for recovery from plastic surgery.) In 2009, Howard Schultz announced a partnership between Lighthearted Entertainment and the Japanese firm, Nippon Television Network (NTN), to develop and market formats worldwide, starting with *All or Nothing* (Lighthearted).  

The press release explained that it would be easier to develop a concept with cross-cultural appeal from the beginning than to try to adapt a concept to different cultures.

Although Schultz was edged out of the production of *EM*, he receives 50 percent of the profits from the sale of American episodes (which ABC owns). The episodes have aired in 122 countries besides the US. He also receives royalties for foreign adaptations of *EM*. *EM* has been replicated through the sale of international rights and formats in such places as Greece and India. The sale of international rights greatly increases the potential income from a show (Goldman). Until the 1990s, most international television was state-controlled. In the early 1990s, many countries opened television broadcasting to commercial networks, resulting in fierce competition and new opportunities for US television producers. It is an interesting paradox that companies maintain a tight grip on their intellectual property and brand, while also trying to make it moldable and flexible to

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55 At this writing, the deal for *All or Nothing* does not appear to have succeeded. There is no information about the show and Schultz has declined to comment.
address a variety of markets. It is another example of the flexible economy at work, where flexibility and adaptability increase opportunities for profit over and over.

The break-up of the USSR also opened new markets in Eastern Europe for US-produced shows (Ulin 270). There are now more than 50 sales territories worldwide and opportunities to obtain licensing fees in the millions from each territory. International sales are high margin; costs include marketing and delivery, one-time expenses for dubbing or supplying subtitles, adaptation to different formats, press kits and other promotional materials (Ulin 272). Schultz has (presumably) amassed a fortune from it due to his share in the ownership of the intellectual property. “Life is good,” he acknowledges. The show has gone on to earn money continuously through worldwide syndication and format sales. It is the intellectual property of the show that has yielded the greatest wealth. As one worker noted, no one made any money on the back end other than the producers. But, intellectual property in reality television is a little different from the intellectual property associated with scripted shows. In scripted shows, it is the script that constitutes the intellectual property. In reality television, it is not only the concept and format, but also such things as who controls or “owns” critical contacts. For example, on *All-American Muslim*, a short-lived TLC reality show that aired in 2011-2012, contracts with the families comprised the intellectual property. One of the producers describes a mad scramble to “get papers”—i.e., contracts from families (Higa). The person who signed the most families ultimately obtained rights to produce the show (Higa). Whatever the type of intellectual property, it clearly is key to wealth in the industry. “The businesses that exploit the death of distance are built principally on
intellectual property—intangible assets with commercial value such as brands. . . .” (Cairncross 231). Yet only the owners of the intellectual property share in the wealth amassed from the repeated and multiple exchanges of the intellectual property.

The next section addresses the daily lives of the production team.

The Reality of Television Labor in the Flexible Economy

Schultz said he had a production team of more than 100 people working on EM in the first season, although members of his team estimate only 30 or so, including 4-5 handlers and a casting team of about 12, in addition to the producers and technicians (Tannenbaum). One observer suggests there were probably 100 people for an entire season, but far fewer at any given time (Higa). The numbers are surprising, given the economies created by the new digital technologies, which allow producers to combine several jobs into one (Blumenthal 301). Yet, the management of the casting and the multiple makeovers occurring at any given time necessitated a large team. In any case, as the ratings declined over the years, the staff dwindled until there were only a few left, performing multiple duties (Mercer). Members of EM’s production crew describe grueling schedules and a mad pace entailing long schedules and multiple trips back and forth across Los Angeles every day to keep up with the makeover regimes of participants at various stages in the process. One said 10- or 11-hour days in three locations were typical (Saunders). A seasoned producer says there is “no such thing as a 40-hour week” in television production. People work 60 hour weeks at a minimum, and often work 18-hour days (Higa). Similarly, Mercer describes “18-hour days, no health care, no meal breaks, no overtime, poor wages” (161). At any one time, there were as many as sixteen
to eighteen participants at some stage of their makeovers—“coming in for an interview, arriving for a makeover, going into surgery, coming out of surgery, working out, having final hair and makeup” (Hendricks). A production supervisor described it as a “plastic surgery factory” with new participants arriving weekly as others completed and left, an example of Just-in-Time management in the service sector. She said, “We got really good at it—it was very streamlined” (Fiedler). Staff met the participants when they arrived at the airport, escorted them to their hotel; accompanied them on trips to surgeons’ offices, fitness workouts and styling regimes; took them shopping; etc. Some staff members were present for the surgeries, spending as much as sixteen hours and leaving late at night only to begin again early in the morning. Scenes frequently show participants arriving or leaving the clinics in the dark, very early in the morning or late at night when the streets were empty. One of the production associates remembers arriving as early as 4:30 AM for the surgeries and staying until late at night and mentioned he was “bored out of my mind” (Saunders). Otherwise, a worker might begin a typical day at 8 AM setting up a consultation with a doctor, which usually took 2-3 hours. Then, around 11 AM, he or she might accompany another participant to a dental appointment across town. Later, mid-afternoon, the worker would take yet another participant to a styling appointment or for a haircut (Saunders). In addition to Schultz, who was present at surgeries during the first year, there was usually a camera operator, an audio technician, a production assistant (PA), and an associate producer at every surgery (Saunders). The hectic pace is evidence of the challenges resulting from the time-space compression of postmodernism where, as Harvey puts it, “the present is all there is” (Condition 240). It illustrates the speed-up in
the pace of life that characterizes late capitalism and the incessant push to accelerate turnover and consumption that permeates life in the early 21st century (Condition 258, 285).

Contestants often placed an additional time burden on workers with their demands for special attention and immediate responses to their needs. One worker said he had to draw boundaries to make it clear to participants that he was not available after certain hours (Tannenbaum). He said that at the beginning people were “super, super, super grateful,” but that, “as time goes on . . . 95 percent of people start expecting things. We waited on them hand and foot” (Tannenbaum). He said he would go to the hotel after finishing work at 7 PM, but participants started expecting it and “would get upset if I couldn’t make it” (Tannenbaum). Another said all participants started out grateful, but started to think a big television network should do more. She said it was never enough, that they became “tyrannical, like children,” wanting, for example, a certain kind of tea prepared a certain way (Walker). Yet another said, “These people were no different from others. Some were happy, grateful. Others—no matter what—were never happy. Maturity was part of it. Young people didn’t understand the ramifications. They didn’t understand that you can’t overhaul life in two months without putting something into it. Older people understood the commitment” (Saunders). A handler described her job both as “too intense” and as “drudgery,” commenting on how difficult it was to see people in pain when she could do nothing about it (Walker). She described participants who had to be watched because of their misuse of pain killers, one who tried to grind her teeth down
with a nail file, and another who became hysterical when she saw her hair highlighted, screaming, “He won’t recognize me” (Walker).

From every angle, time was critical and in short supply. Shows had to be completed within a narrow six- to eight-week window at minimal cost, while protecting ABC from risk of lawsuits or bad publicity. As one of the casting producers put it, “We had to be as safe and cautious as we could” (Mercer). Another pointed out that the budget cuts and streamlined operations “upped the odds every time of something awful going wrong” (Fiedler). Declining to say more because of a confidentiality agreement, she said “nothing serious—fatal or horrible” happened. “There was an asthma scare; hair transplants may not have been quite right; a breast may have ended up higher than the other. Even our great LA surgeons aren’t perfect. When you alter your body, you have to know there’s a chance of something going amiss” (Fiedler). ABC’s insistence on far more insurance coverage than normal is further evidence of the preoccupation with risk (Schultz).

These recollections give some insight into the unglamorous reality of the production work. Besides dealing with difficult personalities and long hours, there is little job stability; entry into the industry is difficult, and there are long periods of unemployment (USDOL Occupational Television). The Bureau of Labor Statistics (BLS) describes “unusual hours . . . with 22 percent of workers having part-time schedules and 14 percent having variable schedules” working on average just 29.6 hours per week over the course of a year. BLS also describes the work as highly stressful as producers struggle to “meet schedules, stay within budget, and resolve personnel and production jobs.” As
one person points out, the jobs are not really compatible with parenting. None of the production workers interviewed mentioned children; only two mentioned spouses. In both cases, the spouses also worked in television production (Fiedler, Walker).

Regular bouts of unemployment are common (Higa). Indeed, one of the advantages of working on EM, according to the crew, was “four years of steady work” (Fiedler). Jobs are rarely publicized, but obtained through a network of contacts. Workers must be available at any time to receive a call and must be ready to jump immediately when an opportunity arises. As an example, one worker mentioned a musician friend who received a call from American Idol on a Monday, and rehearsals were Tuesday through Thursday of the same week (Higa). Once inside the industry, workers strategize to rise through the ranks to the coveted “creative” jobs, as the following examples from EM illustrate.

At the lowest rung of the labor pool were the Production Assistants (PAs). PAs picked participants up at the airport and generally ran whatever errands were needed. One former PA said she was a gofer, who “set up the office, made runs for craft service pick-ups, dropped footage off at destinations, assisted on set when needed” (Hendricks). It is a demanding, sometimes demeaning role, but a point of entry into the entertainment industry and a potential springboard to better jobs, according to one of the casting managers interviewed (Tannenbaum). Several members of the production team mentioned they had started as PAs (Hendricks, Tannenbaum). These entry-level jobs offer young people opportunities to break into the entertainment business, but expose them to tremendous exploitation. They are akin to the interns in the flexible labor market,
a source of inexpensive or free labor. One production assistant claims that some people are so eager to enter the industry that they will work for free (Higa).

Just above the PAs were the four to five cast handlers who lived at the hotel with participants and stayed with them from the time they arrived at the airport until the final Reveal. They were on call to deal with any problems that arose, to spend time with participants, take them shopping, handle emergencies, and generally provide “a lot of mothering, nurturing” (Tannenbaum, Hendricks). Two of the handlers mentioned that they rarely had a day off and missed holidays with their families the entire time they worked on the show because the job was so demanding (Hendricks, Walker). “The challenge for me was separating myself. I lost my sense of self. I lost significant time with my family,” one said. “I was definitely sleep deprived” (Hendricks). Handlers dealt with participant issues such as dissatisfaction with the meals that were brought in, unhappiness about the lack of support from family members left at home, doubts about going through with the surgery, romances with other participants, and addiction to the pain killers prescribed following surgery. In addition to their other duties, handlers also fulfilled a surveillance role for the producer by reporting any problems that might compromise successful completion of a show (Hendricks, Tannenbaum). They were responsible for keeping an eye on participants to make sure they adhered to their diets and workout routines. Their role, which was analogous to quality control workers in a manufacturing plant (but more difficult, because they were dealing with people, not machines), on guard for potential threats to production, reveals the widespread and varied mechanisms of surveillance operating in the current economic regime, and how natural
they seem under the guise of helping people, making improvements, quality control, and getting the job done.

Not surprisingly, there was a large casting team on *EM* to sift through the thousands of applications, manage auditions around the country, promote the show to potential applicants on television, screen applicants in Hollywood, and—in the later years of the show—search for unique candidates to fill a specific role, such as the participant in the “Cinderella” episode. The importance and challenges of finding suitable contestants demanded a large casting team (Honthaner 401). Nevertheless, in later seasons, as ratings declined and it became more difficult to find suitable candidates, members of the casting team were laid off until there were only a couple remaining. One of the factors leading to the decline in popularity of *EM* may have been the difficulty of coming up with a new story each week. One of the casting producers said, “it’s really the same story. You can only tell the story a couple of times. The applications all started to sound the same” (Fiedler). Indeed, one of the drawbacks of reality television is its “short shelf life” (Raphael 132-133). Although it is comparatively inexpensive to produce reality television shows, and they are easy to reformat for international sales, reruns are not very popular (Raphael 132). The small team that remained became more engaged in the story development, developing story lines, then casting for them (Mercer). One of the casting assistants called herself “the ax” (Walker). She was responsible for letting applicants know when they were not selected. She said she had to keep it brief, to avoid saying anything that might be misconstrued and used in a lawsuit, and that she found it most effective to say the show was looking for someone who needed a more extreme
makeover, someone who was less attractive. However, she noted that some of the applicants had such serious problems—a sloping cranium that made one “look like an idiot,” a face injured by a bomb blast—that it was difficult to make the case. Their needs were so great they could not be helped in the short time allowed for the productions—6 to 8 weeks.

The production supervisor managed the day-to-day schedules for everything off camera and supervised the cast handlers. In that capacity, she made sure the handlers picked up medications for the participants, got participants to their appointments, took them shopping, etc., and she also relayed any pertinent information about participants—e.g., problems at home—to the producers (Fiedler). The associate producer, a little higher in the hierarchy, handled “all the boring stuff the producer doesn’t want to do” including clearing a location, handling the money and accounting, etc., while the producer focused on crafting the story (Saunders). Sometimes, as the production workers gained more experience, they became involved with the storyboards (Mercer).

Of the production workers interviewed, only one had any training in television or film production. The others had virtually no related training, but got their jobs through friends or other contacts. College television production classes usually focus on technical aspects of production, such as types and uses of lighting and sound equipment and their placement; camera effects and techniques (e.g., use of filters, panning, zooming); and directing (e.g., changing cameras, fades, etc.). Internships such as the one offered by the Directors Guild of America (DGA) provide on-the-job training where interns may be assigned gofer tasks similar to those described by the EM production crew, but the
internships were very competitive, entailing the submission of work samples and references, as well as personal interviews. All production workers acknowledge the importance of personal contacts. A producer of another reality show says “it’s all about who you know” (Higa). Workers on *EM* say their experience on the show helped them advance in their careers and cite several work relationships that have been important to their careers over the years (Tannenbaum). One worked for Schultz for many years before *EM* and maintained strong ties with a casting producer who has hired him for other jobs (Tannenbaum). Workers also acknowledge long bouts of unemployment between jobs. One said it is the norm in Hollywood (Higa). Quick response and timing are also critical. A producer said you cannot miss a call and you have to “accept on the spot. You can’t call back two seconds later. It’s how the industry works” (Higa). Besides maintaining a large network of contacts and being ready to jump when opportunities arise, workers in the television industry also have to invest in their own careers. Camera operators and other technicians, hired on a contract basis, usually have to supply their own equipment (e.g., cameras or sound equipment). In addition, producers or workers aiming for higher level, creative jobs may have to produce their own demonstration tapes to illustrate their capabilities, spending possibly $20,000 per tape (Higa). Yet, despite the hard work, lack of job security, modest wages for many of the jobs, and costs of maintaining their careers, jobs in the reality television industry remain highly

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56 A former DGA intern who was assigned to *Police Woman* in the 1970s applied for the internship several times after obtaining an advanced degree in Motion Picture Studies at UCLA. He failed several times before being accepted. He said he performed duties such as coordinating with caterers (Goldman).
competitive. BLS reports average earnings for major production categories as displayed in the following table (USDOL Occupational Television):

<table>
<thead>
<tr>
<th>Job Category</th>
<th>Average Annual Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Television producers/directors</td>
<td>$55,380</td>
</tr>
<tr>
<td>Camera operators/editors</td>
<td>$59,970</td>
</tr>
<tr>
<td>Audio and video technicians</td>
<td>$38,050</td>
</tr>
</tbody>
</table>

Producers include not only the executive producer, but also various assistants and casting directors. Non-union workers, like those employed on *EM*, earn less (Tannenbaum). BLS reports that competition for these jobs is “keen,” despite the stressful environment, and notes that jobs are open only to “the most creative and highly motivated people, able to adapt to rapidly changing technologies” (USDOL Occupational Television). It is also typical of more widespread changes in the US labor market where virtually all workers must be ready for constant change, ready to adapt to new technological demands, and where those with more creativity have a better chance of securing good jobs (Reich 177-178). The different levels of jobs within the industry represent the emerging job categories Drucker and Reich theorize, with in-person workers (like handlers) at the lowest level, with the least pay and the greatest competition; mid-level, free-lance technicians, who are vulnerable to pay cuts and competition from abroad; and technical experts or knowledge workers with highly specialized skills—creative talent, perhaps—who can demand the best positions.
Despite the seeming drawbacks of work in the lower levels of the reality television industry, the majority of workers interviewed speak very favorably of their experiences with *EM*, especially in contrast to other shows. One described it as “one of the best experiences” of his life. He said, “I’ve worked on crap. I’m proud that it [*EM*] helped a lot of people. *EM* is one of the only shows that helps people. I’ve worked on game shows, but they are not doing anything uplifting” (Tannenbaum). Another said, “Of any show I’ve worked on, I’m most proud of working with [*EM*]” (Hendricks). One, who said *EM* had advanced his career, contrasted it to other shows he had worked on such as *Sex Masturbation Parties, Bride Capture, Looking for the Exorcist* (Saunders). Several commented that the show had changed their lives, not only by providing a professional springboard to other jobs, but by teaching them some empathy for others (Saunders). One described the show as “inspirational”; another compared it to seeing children near death from diarrhea or suffering from scoliosis on another doctor show; and one who suffered herself from low self-esteem due to obesity said she had become “a better person” and had developed more compassion and learned never to go “to this extreme to find self-esteem” (Tannenbaum, Hendricks, Saunders).

Only one of the people interviewed about *EM* expressed a dissenting viewpoint.57 “Some people might consider [*EM*] tasteless. We were very busy. No one had a lot of pride in the end product. We got really desensitized. Fundamentally, we did what ABC wanted. If we didn’t, none of us would have a job. Our job was making the client happy”

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57 Despite promises of confidentiality, respondents were cautious about what they said. Several mentioned constraints on who they could talk to and what they could say because of confidentiality agreements they had signed.
Her dissatisfaction seemed to arise mostly from creative differences. She believed the superficial stories portrayed on television were shallow when compared to the changes occurring behind the scenes, the long-term relationships and bonds formed, and the psychological transformations of contestants. Whether it would have been any different under Schultz’s leadership is unclear.

Whereas the executive producer uses the language of transformation and journey, participants talk of fairytales and winning the lottery, and the surgeons talk of art and aesthetics, the production workers at the lower levels talk either of inspiration—the idea of breathing life into something, of creating something worthwhile—or, alternatively, of “crap.” Their use of language and their polarized responses to their work capture both the promise of the industry and the realities of daily life. Much as the participants hold out a dream or fairytale of a “life changed forever,” some of the production workers seem to hold a dream where creativity equates with achievement. In their strivings for the “creative” jobs of executive producer, director, writer, they cling to the dream of making something beautiful, worthwhile, while they are actually producing something many people define as trash. It is one of the drawbacks and paradoxes of creative work in the entertainment industry: many of the jobs are in advertising, on soap operas, or—increasingly—on reality television shows, where writers must conform to the constraints of the genre, while still trying to do a good job and display originality. Indeed, Reich identifies jobs of this type (i.e., “symbolic” work) as among the most promising in the current economy (177). It is contemporary evidence of how capitalism thrives on and commodifies creativity. The emphasis on the creative aspects of work reveals a general
social trend in which class is being redefined to equate creativity with privilege. Richard Florida’s book on *The Creative Class* makes the argument for a sub-class of “super creative” people who are highly engaged in creative pursuits and who generate the greatest economic benefit to society (69). (Perhaps the surgeons’ redefinition of their work as art relates to this perception of a link between social class and creativity.) Mayer observed a similar privileging of creativity in her studies of television production, where she notes a conflation of creativity with legal authority and also with genius. She notes a “special fraternity of *auteur* producers” with a “special stamp” of individualism that separates them from the “docile, assembly line” workers in the lower ranks (*Below* 32).

For many of the production workers, however, as the BLS statistics and worker anecdotes suggest, ascendancy to creative jobs will never occur, just as participants may discover their lives are largely unchanged despite their memorable experiences on *EM*.

The viewpoints of these young production workers—their desire for more creativity, their willingness to perform “real donkey work for the new culture industries”—parallel the experiences of fashion workers McRobbie describes who represent an emerging work force of “craft entrepreneurialism,” seeking pleasure and satisfaction in their work, despite an awareness of the politics inherent in it (*Culture* 71-72). She argues that their willingness to engage in the work neither represents acquiescence to “expressive individualism” nor false consciousness, but a “pre-emptive opportunism,” a recognition of the potential rewards (*Culture* 72).
Pitching

One of the most important roles of above-the-line producers, including the executive producer, is pitching. They are forever pitching ideas to networks either directly or through an agent. One former d-girl—i.e., “development girl”—who was responsible for coming up with ideas that would eventually be pitched, said she spent every breakfast, lunch and dinner with agents discussing ideas for eventual presentation to networks (Higa). Schultz said he had pitched many ideas, often in person with PowerPoint presentations. But, his agent sold the idea of EM to ABC in a short phone call. Once a network is interested, it may ask for an additional presentation, a short 2-3 minute video or a pilot, perhaps a “proof of concept” (Mercer). A co-producer on EM described a regular process of pitching to the network even after the overall show concept was approved. She would meet with the executive producers and network representatives to make a PowerPoint presentation of the proposed story for their final go/no go decision. In an earlier role as Casting Director, she also had to make sales pitches on local radio and television morning shows to publicize the casting calls (Mercer).

Producers also make pitches to obtain funding. Someone engaged in producing On the Road in America for the Middle East Broadcasting Center (MBC) mentioned that the producer made a pitch for funding to a hedge fund. She and her colleagues also met with US State Department and Department of Defense staff, as well as representatives of
several Washington, DC think tanks, to seek financial (and possibly diplomatic) support for the production (Higa).

One essential for rising to the higher, creative ranks of the entertainment industry is a short video production. Anyone who wants to direct a production has to be able to develop content. Most people will “beg, borrow, steal” to pull together the funding to make a video for this purpose (Mercer, Higa).

What effect do the cost saving strategies, time pressures, and other characteristics of the flexible economy have on the quality of the productions? The next section takes a look at the production values of EM.

Quality

EM has similar production values to other primetime reality shows: It makes use of available settings (doctors’ surgical suites), party venues, outdoor locations; uses no costumes or props other than the clothes bought for the Reveals and the surgical devices used in makeovers; uses no paid talent (actors); has minimal scripting; uses no original musical score; and has no animation—all the qualities that drive costs up. In other words, it has low production values.

Although Schultz and members of the production crew ridicule the production values of the second company, the differences between the episodes Schultz produced and the others are not immediately obvious. The biggest difference is the disappearance of the hostess, Sissy Biggers, who helped establish continuity between scenes by meeting

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58 On the Road in America was a RTV production shown in the Middle East in 2007 or so. It featured four Muslim Arabs traveling around the U.S.
59 The analysis of production value is based on a model from Karen Lury’s Interpreting Television.
with contestants and accompanying them through the various stages of their makeovers. Otherwise, all of the episodes display the low production values generally associated with reality television. This is particularly evident in the sound and narration, especially when compared to a scripted show (such as *nip/tuck* or *Sex and the City*, for example). Five productions from the first two seasons—Kine and Tammy (Episode 101); Kenna and Michel (Episode 103); Karen and Sandra (Episode 105); James and Kacie (Episode 219); and Mike and Christy (Episode 220)—all use digital/electronic sound, the kinds of music or sound generated by a synthesizer (“synth”) or Moog synthesizer. The types of instruments are barely discernible, but include percussion (electronic drums) for more upbeat sections of the show (when the narrator talks about the bright futures ahead), and guitar or keyboard for slower, more serious segments (such as scenes where participants reveal their sadness). The electronic music plays in almost every scene (with the exception sometimes of consultations with the doctors), often masking the absence of sounds that should be present, such as honking horns in the New York City traffic, doors closing, or footsteps when participants are walking. (“Atmos” tracks are usually used to generate sounds one would normally hear in any given setting, such as the murmur of voices in the background and glasses clinking in a restaurant, horns honking in traffic [Lury 82]). In the earlier episodes, the music is softer. In all episodes, other sounds—such as swishing sounds—are used to accompany visual fades between scenes or the addition of items on graphics (the list of the doctor’s credentials, for example). Indeed, graphics are used in much the same way as PowerPoint presentations. As an image appears on screen (a surgeon striding towards the camera or before and after images of the
participant), a swishing sound or ping occurs as each new bit of information is added to
the screen (what PowerPoint calls “animation”). The fairly frequent insertion of graphics
throughout each episode, along with the PowerPoint style animation, constructs the
episodes as a type of formal business presentation, furthering the sense of an
advertisement or infomercial.

The soundtrack is presumably added during post-production, probably drawing on
a library of sounds. Royalty-free music and sound effects are available very
inexpensively from such sources as StockMusic.Net, owned by Digital Sound Media, a
division of REM Publishing. StockMusic.Net sells collections, such as “Reality TV,
Volume 1”—“all the music you need whether you are voting someone off the island,
choosing the perfect mate or trying to land that executive job” (StockMusic). A sound
effect or song can be downloaded any time within minutes for $39.95 per track. (The
whole collection sells for under $200.) This source reveals not only the range of
inexpensive tools now available to producers, but the emergence and proliferation of new
businesses set up to capitalize on the changing business environment and the demand for
instantaneous supply. It is an example of the niche markets Harvey theorizes when he
describes the reciprocal relationship between flexible production and product innovation:
“Flexible production systems have permitted, and to some degree depended upon, an
acceleration in the pace of product innovation together with the exploration of highly
specialized and small-scale market niches” (Condition 156). At the same time that
innovation has created opportunities for some, it has put others out of business.
The second difference between the *EM* episodes and scripted shows with superior production quality concerns the narrative scripts. In the case of *EM*, Schultz said the show—after he was replaced—was “overwritten, clichéd, full of crap.” Members of the production staff who continued to work on the show after the production company was changed agree that the narrative storylines, which were added during post-production editing by two people on the East Coast, were neither as creative nor as well done as Schultz’s, reducing the quality of the show and their pride in it. Although the show was not scripted, the producers created a story “arc” for each episode, suggesting to surgeons and contestants that they incorporate lines that would support the story (Saunders). The story arc is usually created in post-production. Indeed, some experts argue that post production creates reality television (Honthaner 402). There is a narrative threading through every episode of *EM*, introducing scenes, creating continuity, and interpreting comments (e.g., explaining why a doctor is explaining a certain procedure). The story is established largely through the narrative. As noted earlier, the hostess used in season one was dropped and replaced by off-screen narration. In some cases, the stories are comparatively straightforward accounts of change—e.g., from masculine to feminine appearance, more youthful look, removal of excess tissue around the mouth. Other episodes have a very clear, and often very corny, theme that dominates the narrative. This is particularly noticeable in the episode on Kristy and Mike (Episode 220). The narrator describes Mike, who works in an auto body shop, as “a total wreck” who gets “a total overhaul” when he goes into the “*Extreme Makeover* body shop” for “new parts,” sees the dentist at “our chop shop” and the dermatologist on a “pit stop” before his final
“finish.” After the hair styling, Sam Saboura waves a checkered finish flag to complete the conceit. For Kristy, featured on the same episode, the narrator mixes up two different storylines—one of metamorphosis and one of time travel. Kristy talks of being “an ugly, hairy caterpillar” as a Monarch butterfly alights on her hand and the narrative describes her metamorphosis. For most of the episode, however, the narrative speaks mostly of the “time machine” and the “fountain of youth” that will make Kristy, who seems “old before her time,” look “younger than springtime.” He describes the operating room as a “time capsule” that will “turn back the clock.”

This narrator sounds like a friendly, white male, with no discernible regional accent and no socioeconomic markers, other than correct diction, pronunciation, and grammar. Nevertheless, the disembodied voice of an apparently white male places the episodes in the framework of patriarchy, and lends them additional authority through the use of what people in the entertainment industry call “the voice of God” (Lury 63). The multiple, verbatim repetitions of key refrains is like a chant, contributing to the sense of cultural and spiritual ritual of growth.

There are two small differences between early and later episodes. The earlier episodes all show the participants in recovery, moaning, swaddled in bandages in darkened rooms, whereas later episodes skip the recovery, showing the patients at their first post-op visit to the doctors. The change reflects a deviation from the commitment made to the ASPS to show the recovery phase. It also creates the impression that recovery from plastic surgery is a lark, an impression enhanced in the Kacie and James
episode when they are both shown chatting and sunning themselves on the hotel rooftop shortly after surgery.

The episode with Mike (the auto body worker) also has a cross-promotional angle. Chris Harris, host of ABC’s reality show *The Bachelor*, appears to give Mike coaching on how to approach girls, or—as the narrator puts it—how to “soup up his dating engine.” Chris instructs Mike to avoid “cheesy pick-up lines” (ironic advice, given the cheesy narration).

The abandonment of the unique, custom features, such as scripts, musical scores, costumes, sets, etc., results in a show with low production values, a flat appearance. There is little depth either in the stories or in the sensory appeal of the show. It is, as noted earlier, like a long PowerPoint presentation on the merits of cosmetic surgery—an infomercial for the industry—in which lessons on citizenship and subjectivity are embedded, urging personal responsibility and continuous self-improvement through the exercise of choice. Yet, it is an odd message in that it blends lessons on personal responsibility with an appeal to dreams of transformation and the belief that “anything is possible if you believe,” all within a larger framework of happenstance where chance—not choice—prevails.

**The Larger Context—Disney and the Media Industry**

McChesney says the importance of communication in modern societies is “axiomatic,” partly because of the power concentrated in a few enormous corporations (2008: 341). Although his work concentrates primarily on journalism and news media, I suggest that it has application to reality television as well, and particularly to shows
framed as docudramas, which may seem to have greater authority or a greater veneer of truthfulness than other genres. McChesney argues, drawing on the work of Noam Chomsky, that the media construct consent for neoliberal goals, diverts the “revolutionary potential” of new technologies from “serving the common good . . . to producing profit” (247). Among the myths promoted in the media, he says, is that of a “natural free market” (288). The idea of choice is one of the themes weaving through *EM*, where the decision to have a makeover (to consume) is framed as choice, which becomes conflated with opportunity. Yet, there is no real choice, just as McChesney says there is little competition in the so-called free market, which is increasingly dominated by “totalitarian organizations”—i.e., enormous organizations that have sucked up all the competition under one umbrella, like the two entities that dominate communication—Omnicom and MPP (2008 288). There is no real choice for the contestants, other than to get something or not, just as there is very little real choice in media. It is also a choice to remain engaged in the market, to be consumers, a choice promoted by shows like *EM*, which stimulate desires.

Although it is difficult to find exact financial figures for the reality television industry, since television production tends to be lumped with other industrial categories and some data are protected, the financial figures in this section can still provide a sense of the general size of the industry and the distribution of wealth within it. Data are not available on the precise contribution of television sales to the Gross Domestic Product (GDP), which is currently about $14.7 trillion. However, the US Department of Commerce, Bureau of Economic Analysis (BEA) classifies television within the broad
category of Arts, Entertainment, and Recreation, or simply “Recreation,” which accounts for $388 billion or roughly 2.5 percent of the GDP. Expenditures for recreation in 2010 exceeded personal consumption expenditures for automobiles, furnishings, clothing, gas, and transportation (Department of Commerce). One of the chief economic strengths of the US television industry is that it produces far more products (television shows) for export than the US imports, an increasingly important factor in a global economy in which more and more US manufacturing and service sector jobs are being lost to overseas suppliers. In 2010, revenue in the television industry was estimated at nearly $31 billion, and the industry employed approximately 62,000 people (US Industry).

Wealth is concentrated in the hands of a few. Seven corporations dominate the industry:

- The Walt Disney Company
- Viacom Incorporated
- CBS Corporation
- NBC Universal
- Sony Corporation
- Time Warner
- News Corporation

Otherwise, the industry is made up largely of small independent production companies, like Lighthearted Entertainment, that either compete with the networks or sell to them.

*Extreme Makeover*, though created and produced by an independent production company, Lighthearted Entertainment, was aired on ABC, owned by The Walt Disney
Company (Disney). Disney, which employs nearly 150,000 people, is the world’s largest media conglomerate comprising film and television production, publishing, travel, and entertainment. In 2010, Disney reported annual sales of $38 billion and net income of nearly $4 billion. In addition to the ABC Television Network, Disney owns 10 broadcast stations and 226 affiliates; a controlling interest in eleven cable channels, including ABC Family, Lifetime, the History Channel, ESPN, and A&E; production companies, including Touchstone and Miramax, Buena Vista (Home Video, Home Entertainment, and International), Hollywood Pictures and Caravan Pictures; 13 international channels; 8 book houses; 17 magazines; 17 internet sites; Marvel Comics; 5 music groups; a live theater production company; theme parks; a sports team; cruise line; and resorts. In addition, Disney has 26 joint ventures with other media conglomerates, including such competitors as Time Warner (Bagdikian). Ironically, Dr. 90210—one of the shows most disliked by the Extreme Makeover surgeons—was produced on E!, one of the cable channels controlled by Disney. As Benjamin Barber suggests, “nothing is quite as it seems. Everybody owns a piece of somebody and nobody is really on the outside” (147). It is an example of how the instruments and relations of production constantly change, producing uncertainty and anxiety, all in the service of capitalism (Marx). Or, as Marx put it, “all that is solid melts into air” (Marx).

The domination of the media by a few giant organizations with overlapping memberships and interests ensures a common and constantly reinforced message, not only in the news, but on scripted shows and reality programs. Harvey (as well as Chomsky and others) argues that the media have systematically constructed consent for
neoliberalism over the past three decades (2005). *EM* bears evidence of this in its emphasis on personal responsibility, rapid turnover (change) in support of consumption, and disposability (of workers, of marriages) (165-172). *EM* normalizes extremes of personal self-improvement by building on the cherished American myth of new beginnings and reinvention, much as news media build consent by building on tradition (Harvey *Neoliberalism* 39). The consumer culture promoted by neoliberalism “however spectacular, glamorous, and beguiling, perpetually plays with identity of the shopping mall and the anxieties of status by way of good looks (in the case of women) or of material possessions” resulting in a “world of pseudo-satisfactions” (Harvey *Neoliberalism* 170). In other words, the promise of “lives changed forever” on *EM* is an empty promise. The oohs and ahhs of family members and friends at the Reveals provide an ephemeral thrill, emblematic of the short-lived pleasures of consumption available to all who engage in a program of self-improvement, while the material well-being and financial security of contestants remains unchanged. It is the promise of neoliberalism, where hopes and dreams have diminished, replaced by fleeting and modest pleasures.

**EM as a Lens on American Life at the Millennium**

*EM* provides a view of life and work in the changing economy at the new millennium. The interactions and experiences of people working at different levels and in different organizations to produce *EM* reveal the effects of the time-space collapse Harvey and Bell have theorized, and particularly the challenges of working at the ever-increasing pace required in the flexible economy, where one must be ready to jump on a moment’s notice. The experiences also expose the vulnerabilities of production workers
(like other workers) as new technologies make it possible to perform jobs cheaply with fewer people and lead to further labor abuses and sweatshop conditions. It shows the “instability that marks the realities of labor markets in the new television economy” (Mayer 67) as well as shifting workplace hierarchies and reconfigurations in status. In *EM*, shifts in socioeconomic status that privilege creativity can be seen. The *EM* experience also exposes the tremendous and growing disparities between the people at the lowest production levels, whom Mayer likens to “docile assembly line” workers (32) and the owners of the intellectual property, who profit from its resale in different forms for many years. All of this occurs within the larger context of media control and domination that works to support and further the aims of neoliberalism and the privileged class.

The next and concluding chapter examines the legacy of *EM*—how it lives on in different forms and how the concept has been embraced as an enduring part of American culture in the 21st century.
A *YouTube* video titled *Extreme Body Makeover by Samantha G* parodies *EM*, using Photoshop in place of a surgical knife. It shows an attractive woman jogging in a bikini top and shorts. As the song “Stupid Girl” plays, a cursor appears, moving her nipple up and trimming her waist, making her more Barbie-like (MezmeriZe1804). It is not unlike the scenes of the imaging devices used in the surgeons’ offices, where the doctors re-draw the faces of their clients on screen.

Another video, *Extreme Makeover of Angela Talbott’s Old Lady*, shows the Photoshop makeover of a very old and unattractive woman with sagging skin, pouchy eyes, and warts who is transformed into a china-doll beauty (dxnxnx).

These two videos illustrate the concept of convergence between television and the internet, each medium informing our understanding of the other (Jenkins). They also demonstrate the way that digitized images are replacing the corporeal body as representations of selfhood with multiple, ever-changing identities—i.e., as simulacra of the self.

More than five years have passed since *EM* went off the air, and more than ten since it premiered. This chapter provides an update on the contestants, the profession of cosmetic surgery and RTV, and examines the conversion between televised episodes of the show and internet discourse. I also summarize my findings, examining the ways in
which the conditions of existence met expectations of life under flexible accumulation, as theorized by David Harvey, and how they did not. I conclude with a discussion of contestants’ aspirations in applying for an extreme makeover and how those aspirations link to the mode of production.

Others who have analyzed the text of the show have written about its use as a tool for promoting ideological values, especially flexibility, malleability, adaptability, and consumerism (McRobbie, Ouelette, Miller, Lewis). They have commented on the power inequities and the patriarchal structure, with men (mostly older white men) remaking the bodies of disadvantaged women. My look behind the scenes reveals both support for this disciplinary function and contradictions.

After the Makeovers

Ten years after *Extreme Makeover (EM)* first aired, much has changed in American culture. RTV, once a niche type of programming, has come to dominate television. Cosmetic surgery is widely accepted, and the presence of plastic surgeons on television commonplace. Many believe the “great contraction” of 2007-2008 signaled the end of the neoliberal form of capitalism. They foresee a new social order emerging, with some optimistic scenarios among the possible futures (Dumenil, Alperovitz). The Occupy Wall Street demonstrations of 2011 provide one example of an emerging social activism occurring after the contraction. For *EM* contestants, however, little has changed.

Kenna DuBose still works as a school counselor, the same job she held before the makeover. She continues to follow her diet and workout regimen, taking it so seriously that her sister says Kenna “thinks she’ll fall apart” if she does not get to the gym. Kenna
reports that people still occasionally recognize her from the show. She dated for a while, but the relationship ended. Kenna mentioned that many other contestants (whom she saw at a reunion) have failed to maintain their diets and exercise programs as well as the styling (e.g., hair color and style), exposing the impermanence of the makeovers, despite the drastic measures taken (multiple surgeries) and confirming the claim that the new looks resulted more from the styling than the surgery (Mercer). Nevertheless, Kenna’s family says she feels better about herself, and seems noticeably happier and more self-confident, which helps her in her work (DuBose, Godwin). Her sister acknowledges that the experience made “a big difference psychologically” for Kenna. Kenna’s parents joke that she is starting to show signs of aging again and “needs to go back for another treatment” (Godwin).

Nancy Jackson continues to work as a dog groomer, but says she has been able to open her own shop instead of working for someone else as a result of greater self-confidence. More than anything else, she wanted her teeth fixed, which she could not afford, and now reports that her husband has asked her to sleep with her mouth closed because her teeth are so shiny. Her marriage faltered as a result of the makeover, as her husband was angry about her leaving him to care for their children and worried that her new beauty would be a threat to the union. She recommends that future contestants go through marital counseling to ease the transition when they return home. She pointed out that “nothing changes for the spouse; it’s just more work.” They were experiencing financial troubles at the time, and the power was turned off while she was gone. With “three young kids, it was really hard.” However, the marital problems have been
resolved. She is pleased that she looks as pretty as her sister, with whom she was compared unfavorably before the surgery. According to a friend, the sister broke Nancy’s nose when they were children, intensifying the rivalry between the sisters and contributing to Nancy’s low self-esteem (Henderson). As evidence of Nancy’s greater self-confidence, a friend notes that Nancy smiles more (presumably because she is less self-conscious about her teeth) and speculates that the larger breasts may also have contributed to Nancy’s newfound self-confidence.

Bridget continues to work at her government accounting job. She applied for EM to have breast enlargement surgery as a fifteenth wedding anniversary gift for her husband, whom she describes as a “delicious man. . . a very good husband.” She wanted to reward him with a special gift for giving her years of happiness and knew that he “likes big chests.” Bridget says she did not feel ugly and did not have the typical sad story. She said “plastic surgery doesn’t change your life; it didn’t change mine.” Bridget reports that she accomplished all that she wanted: her husband “really enjoys it.” Her new appearance “revived the passion” in their marriage for a while, but then “it was back to normal.” Bridget says she received many invitations to events after the makeover, but declined them all. She also removed the heavy makeup that she describes as “another face over your face” and went back to the Afro hairstyle she had before the makeover so that she would not be so recognizable. (The stylists straightened her hair to make the change appear more dramatic, according to Bridget.)

Kacie Searcy and James Bower, who met as contestants on the show, married each other and had two children before divorcing after three years. Kacie is now raising
three children with her boyfriend (father of her third child) and contemplating additional cosmetic surgery to correct for the wear-and-tear of childbirth (Keith). James, an insurance investigator in Southern California, is remarried with a third child. He says that before his makeover he never imagined it would be possible to have a wife and children. Kacie remarks that they shared a lot when they were undergoing their makeovers, but after that, “there was nothing left” (Keith).

Kine Corder, an African American woman, has parlayed her experience on EM into a new career. Using contacts she developed while undergoing her makeover, Kine began a lifestyle coaching business. Her website contains a photo gallery of pictures from a national tour and promotes her book, *The Art of Starting Over: 30-Day Guide to Creating More Power, Peace, and Pleasure in Your Personal Life* (Kinecorder). A banner on the home page bears the legend “Conquer the world one opportunity at a time,” while a blog shares advice Kine received from J-Z, that when we learn from mistakes they become experiences that serve as a foundation for good judgment. Kine also started another business called “Presidential Lifestyles,” “a concierge service to the stars,” where she performs personal duties the stars do not have time to do themselves, an example of the “outsourced American” Hochschild theorizes (Corder-Hall). Kine’s mother reports that Kine’s life is largely unchanged, despite the new business ventures, but notes that her “income is higher” (Corder-Hall). She says Kine has maintained contact with Dr. Dorfman, whose wedding she attended, and with Dr. Fisher, who performed her surgery. Kine has clearly embraced the promise of *EM* and the underlying American mythos of new beginnings. When I interviewed her, Kine said she had not
planned to apply for a makeover, that she was just looking for a job as a beautician on the show. She pointed out that she was one of the only African American contestants on the show, and speculated that African Americans do not consider cosmetic surgery because they learn from the time they are small children that they have no choice but to accept the way they look. She said she learned from the *EM* experience that one can change.

As other critics have observed, *EM* presents in every episode one basic story that supports the dominant capitalist ideology: through submission to authority, compliance with rules (e.g., fitness regimens), hard work, and consumption, one can attain the American Dream of a life changed forever. Part of the compliance is adherence to gender expectations—e.g., for women, taking care of children, making one’s self attractive (always new) to a husband, wearing dresses and high heels, smiling. The testimony of contestants and others reveals a slightly different version of the story, however. The contestants—to a one—attribute their selection (and the opportunity for change) to a magical intervention—like winning the lottery, a miracle, a rescue. That belief reflects the growing sense of powerlessness and insecurity throughout American culture (Gusterson). It is also consistent with Miller’s observation of a growth in faith industries and Ross’s notion of a “jackpot” economy. It is evidence of a loss of faith in the American Dream and one’s ability to achieve it. But, in contradiction, the contestants all demonstrated tremendous agency in getting themselves noticed and selected for the show. They displayed mastery over the skills needed to package and sell themselves, including the use of sign systems, symbols, and media—all valuable talents in the change to a creative economy. They learned to create marketing themes and tell their stories in sound
bites. They showed ingenuity and creativity in figuring out what they could barter to get their basic needs met—e.g., making a mockery (spectacle) of themselves by accentuating the grotesqueness of their looks (displaying their “Halloween teeth,” plucking at flabby flesh, gaping toothless at the camera) all to elicit the interest of an audience and gain an advantage such as badly needed dental care. They also grasped the opportunity immediately, leaving children and partners behind to deal with various challenges at home, defying the stereotype of selfless moms perpetuated by the text of the show. At the same time that they submitted to multiple procedures they did not necessarily want or need, they still got the services they most desired. And all feel good about what they did. They also had fun and reveled in the pleasures of their short-lived celebrity. By all accounts, their new looks have long since disappeared. More significantly, none shared in the wealth generated by the show. All relinquished their rights to their images (“forever and ever, throughout the universe”), which are now sold and resold in foreign countries and used by surgeons to promote their services, generating a steady stream of income to the network, executive producer, and surgeons from the intellectual property.

It may seem that little has changed in the lives of contestants since they appeared on EM, as many of the visible effects of their makeovers have worn off or diminished with time, suggesting that the show’s promise of “lives changed forever” is a hollow one. But the show’s focus on physical transformation obscures some of the other changes contestants experienced, changes that give them satisfaction, comfort, and possibly better opportunities, if not significantly greater wealth, social status, and financial stability. The comments of contestants and their loved ones expose an uncomfortable tension between
the goals one might wish for all Americans—job security, health care, safety, a comfortable retirement, a voice in the future direction of the nation, for example—and what the contestants (at least) define as a better (or acceptable) life. On the one hand, contestants got something they wanted and feel better off for it. Like the SSRI drugs that make people feel “better than well,” the surgeries reportedly left contestants feeling more comfortable (Kramer). On the other hand, could they or should they have gotten more?

McRobbie tackles the knotty problems of ideology in the new economic structure, addressing the ongoing tension surrounding consumer-based constructions of femininity and practicalities of daily life, noting that women are neither complete dupes nor entirely in a position to reject the pleasures and advantages of complicity (Culture 66-67). She calls for an examination of the effects of the restructuring, beyond “the factory floor, to . . . home, street, and family” (Culture 66). It is some of those effects that can be seen through the lens of EM. The experiences of the contestants can be seen as evidence of the way in which Americans are working harder, but settling for less and less, believing the neoliberal rhetoric equating freedom with consumption and offering a better future for those who take responsibility for themselves. It shows people learning from the media and taking lessons from the corporate sector to refashion themselves in ways they hope will lead to a better future.

All contestants downplay the importance of the makeovers in their lives and report few tangible changes. Yet, they all express satisfaction that they had the makeovers, recall the experience fondly, and acknowledge that they feel better about themselves (except for the accountant, who had a different motivation for her
Whether the physical makeovers have been lasting or not, the experience certainly affected them in seemingly positive ways. Fiedler claimed it was the experience behind the scenes of *EM* that was most important—the relationships formed with others who had shared similar experiences, emotional changes that left people feeling more comfortable with themselves. One mentioned that contestants were relieved to be able to “open up without being dismissed—to hear someone respond, ‘I know exactly what you’re saying,’ instead of ‘Keep a stiff upper lip’” (Hendricks). Some of the contestants developed lasting friendships with each other—Karen and Sandra (Episode 105), for example, offered support to each other during their makeovers. Karen, who was more outgoing, encouraged Sandra, for example, to open up more (Fiedler, Hendricks). A handler mentioned that “some people wouldn’t look you in the eye initially” and that it was rewarding to see the contestants “go from looking at the ground to looking straight ahead” (Hendricks). The experience also seemed to transform the contestants’ identities, altering their life narratives, providing them with interesting stories to tell of their success in being selected and their short-lived celebrity. The experience gave them a sense of control over their lives, of taking responsibility, even though one can question how much control they really had, since they were capitulating to socially constructed norms. The experience also made some of the contestants (Kine and James, for example) aware of possibilities they had not previously considered for themselves and their futures.

60 Contestants signed contracts limiting what they can say about *EM*, so the universally positive comments can be viewed with some skepticism. Several contestants approached for interviews declined to participate in the research, possibly because of concerns about the contractual constraints.
Nevertheless, the contestants—even though the show’s success depended on them—did not share financially in the profits from the show.

**Intellectual Property and the Financialization of Reinvention**

Their labors resulted in the creation of products that have gone on to generate income for others, but generally not for themselves. The contestants on *EM* can be seen as the raw material used to generate the intellectual property of the show—the episodes sold in syndication, the formats sold around the world, and the promotional material posted on surgeons’ websites. They performed a passive labor, a labor of acquiescence, in which they relinquished their rights in exchange for needed services.

**The Circulation of Contestant Images for Promotion**

On the morning after Kine Corder, the African-American beautician from Chicago, and Tammy Guthrie, a Florida mother appeared on *Extreme Makeover (EM)*, Charlie Gibson, host of ABC’s *Good Morning America*, interviewed their surgeon, Dr. Garth Fisher, who told of the challenges of the surgery and the technical know-how required. The two women sat in the background, pretty and nearly mute, like Chinese medicine dolls. They nodded and smiled, but said little, as the doctor elaborated on the procedures.

On CNN, Larry King devoted an hour to the show in what he called a “tribute to *Extreme Makeover,*” where he presented clips of six contestants, including Deshante Hall, an African American woman with a hare lip, and the Gobble Sisters, three sisters

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61 Chinese doctors used carved ivory medicine dolls until about 1911 to diagnose illnesses in women patients. The patient sat fully clothed behind a screen, pointing to the places on the doll where she hurt. The antique dolls are now highly prized collectables, costing $1,000-$1,500, valued as an “expression of the style and culture” of the period in which they were made (Dalton).
dissatisfied with the “turkey necks” they all had inherited, then discussed their makeovers with Drs. Fisher, Griffin, and Dorfman (Extreme Makeovers). Again, the contestants said very little. King directed most of his questions and commentary to the doctors, who talked at length about the difficulty of the procedures and how much their efforts had changed the lives of the contestants, positioning themselves as rescuers, saviors. The doctors bantered among themselves, mentioning that the surgeons were paid, but Dorfman, the cosmetic dentist, was not. When asked why he was not paid, Dorfman implied it was too long a story to go into details, but said “in the end, they didn’t realize how expensive dentistry was going to be.” When Dr. Griffin mentioned that Dorfman had donated “hundreds of thousands of dollars” worth of his services to the contestants, Dorfman quickly corrected him, saying “actually, millions.” What Dorfman did not say was how much the advertising would have cost him. When asked who benefited most from EM, one of the production crew members said, without hesitation, “Dr. Dorfman” (Tannenbaum). Dorfman was on nearly every episode, where he was able to advertise, without paying any advertising fees, a teeth-whitening product called Zoom, which he owned and distributed through his dental supply company, Discus Dental, described on his website as “one of the largest dental companies in the world” (Bill). In 2010, Dorfman sold Discus Dental to Philips Electronics, a Netherlands firm that is one of the largest electronics companies in the world. It has been integrated into the Consumer Lifestyle Sector where it is expected to complement the Philips Sonicare electric toothbrush in capturing the growing oral healthcare market (Philips). The cosmetic dentistry industry in the US has grown to $70 billion a year, almost half the total spent on
dentistry, and has experienced a 300 percent increase in teeth whitening procedures between 1999 and 2004 (Puente). The discussion on *Larry King Live* positioned Dorfman’s services as charity, masking the tremendous benefits to him, personally, of appearing on *EM*. In general, *EM* presented the contestants as the stars when it was really the doctors who received the most attention and who—along with the producer—benefited most financially.

These two examples expose the disparities between the two groups—the contestants and the surgeons, replicating the growing disparities in American culture and revealing some of the mechanisms at play in the redistribution of wealth. While the women, who are predominantly low-income, often single parents, filling vulnerable jobs, sit mute and largely ignored (but smiling), the wealthy surgeons and cosmetic dentist laugh and boast of their technological prowess and artistic skill. It reveals the differences in power between those who own or control the means of production and those who do not. The scene evokes memories of men in other settings, sitting around boasting of their sexual exploits, except here it is their ability to transform the women into beauties rather than their ability to attract beauties that is at stake. It is another version of the Pygmalion myth, in which the sculptor falls in love with his statue, bringing it to life.\(^6^2\)

Traces of the contestants as they appeared during and immediately after their makeovers exist in diverse places on the internet: *YouTube*, the surgeons’ and dentist’s websites, archived local news stories, and in books published by *EM*’s trainers. The

\(^{62}\) Dina Copelman, George Mason University, drew my attention to the powerful male fantasy suggested by this scene; she likens it to a brothel filled with old professors searching for their Elizas.
circulation of these images reveals the way aesthetics function in creating careers in the competitive, post-Fordist world of personal improvement.

Not long after *EM* aired in late 2002, at least two of the fitness trainers featured on *EM* published books and began selling other products, drawing on their new notoriety to promote their goods and services. Michael Thurmond, a Los Angeles-based trainer who had worked with several celebrities, published *The 6-Week Body Makeover*, in which he promised to share the techniques used on *EM* to bring about the transformations of the contestants. On his website, linked to Amazon.com, where his books can be purchased, there is an image of a Monarch butterfly, a code commonly seen on *EM*, superimposed over a call-out box promoting his books. An adjacent call-out box, bearing the *EM* and ABC Television logos, has a link to a video of Thurmond, which begins with scenes of him driving in a vintage corvette, as the narrator states that Thurmond is visiting with people around the country, who are “one by one, leading the makeover of America” (www.MichaelThurmond.net). Later scenes from the video show Thurmond conferring with *EM* contestants, but their faces are largely obscured. Only a leg or arm shows. The focus is on Thurmond. The narrator mentions that Thurmond has trained more than 10,000 people and 1,000 trainers, in addition to his work with youths. Like other members of the Dream Team, Thurmond is positioned as a good Samaritan who helps the disadvantaged. His website notes, for example, that he won a Congressional medal for his work with underprivileged youths in Montebello (a low-income suburb of Los Angeles). Similarly, his biographical sketch mentions that he began his lifelong
commitment to helping youth when he started his career in the Russian River area of central California.

Like Thurmond, David Kirsch, a New York City lawyer turned fitness trainer (speaking of reinvention) launched a series of books and other products, capitalizing on his television fame. On his website, he downplays his involvement with EM, emphasizing, instead, the many celebrities whom he has “sculpted,” including Heidi Klum, Ellen Barkin, Faith Hill, Anne Hathaway. Nevertheless, he uses EM contestants as “success stories” in his book, *The Ultimate New York Diet—Just 2 Weeks to a Total Transformation*. One of the former contestants, Kenna DuBose, has placed reviews praising Kirsch’s books and other media products on Amazon. Regarding products he has for sale, she says:

I am a great supporter of David Kirsch, his products, his books and his DVDs. . . . I was one of David’s *Extreme Makeover* women, so I can personally vouch for the effectiveness of his workouts. . . . As one of the *Extreme Makeover* makeover contestants, and one of the success stories in David’s new book, I want to be the first to recommend the cardio-sculpting routine and nutrition plan.

(Amazon)

Despite her laudatory comments about David’s methods, neither Kenna’s name nor her picture appears on his website.

Besides being fitness trainers (a relatively new vocation), Thurmond and Kirsch exemplify other aspects of Harvey’s theory of the flexible economy. Both were small-business entrepreneurs who parlayed their experiences on EM into profitable ventures,
building on their customized work with individual clients, to mass marketing their methods. Both benefit from being entrepreneurs in the personal services sector, a part of the new economy offering low wage, usually dead-end, employment. Both articulate a philosophy of mind/body unity that echoes the refrain of cosmetic surgery makeover candidates, who proclaim a desire for their outer bodies to reflect their inner selves, merging the New Age ethos with the new economy. (Deming, the creator of Total Quality Management on which continuous quality management is based, was also concerned with mind/body integration. He incorporated into his 14 principles of quality management the necessity of a guiding vision and a total philosophy of excellence and commitment to quality.)

The surgeons and cosmetic dentist featured on *EM* also have websites containing images and video clips from the show promoting their services. Dr. Fisher, whom the ASPS sanctioned for appearing on the pilot, proclaims himself “the plastic surgeon who started the ‘Extreme Makeover’ phenomenon.” Elsewhere, it says “Doctor Fisher is extremely proud that he was chosen as the very first surgeon to inaugurate the concept of reality plastic surgery television shows” allowing “average people” from “all walks of life” access to plastic surgery. His biographical sketch says, “his vision to employ the media as an instrument to bring plastic surgery into the public domain has eased the process of informational access to patients worldwide” (GarthFisher). Indeed, under the auspices of providing information to the public, the surgeons’ websites, as well as the websites of their professional organization, the ASPS, provide extensive information to dispel concerns about plastic surgery and build confidence in it. Fisher’s site contains
videos taken from *EM*, cut to remove footage about the contestants’ backgrounds and procedures performed by other experts, leaving only his consultation, scenes of the surgery, and “after” shots of the contestants at their Reveals. Some of Fisher’s videos contain scenes that do not appear on the official *EM* episodes, but which linger longer on his consultations with the candidates. For example, one scene shows Dr. Fisher meeting with Tammy during her recovery. When she complains of a headache, he says, “You need some sugar,” explaining that she is having the headaches because she been unable to eat anything for many hours. Most of the footage is about the extensive problems the contestants had, Dr. Fisher’s resolution of the problems, and the contestants’ testimonials about how good they feel—e.g., “Dr. Fisher was wonderful. . . . I feel like I’ve won the lottery” (Tammy). Dr. Fisher also sells a five-volume set of videos titled *The Naked Truth* on his website advising people on the advantages and disadvantages of different cosmetic surgery procedures, using as examples “real patients,” who, he says have a much greater impact than actors. No doubt the same could be said of the contestants (Extreme Makeovers). The framing of scenes shows Dr. Fisher prominently, with the contestants’ faces and heads sometimes eliminated entirely.

Dr. Perlman, another doctor featured in many of the *EM* episodes—the one with Van Gogh reproductions on his walls, memorable for the goggles he wears to inspect breasts post-op—also posts videos on his website, although they appear to be unaltered from the original. His website, in contrast to the others, contains a disclaimer stating that the makeovers depicted on the site are the result of a combination of procedures performed by a team of experts. The statement seems uncharacteristically modest for the
doctors featured on the show, but it also functions to control expectations, alerting viewers that they cannot expect such dramatic results from just one surgical procedure.

The website for Dr. Dorfman, the *EM* cosmetic dentist, also displays the *EM* logo prominently and makes use of *EM* images. His website refers to him as the “dental expert on ABC’s Extreme Makeover . . . known as ‘America’s dentist.’” He has a Before and After Page, where there are images of Kim, Michael, Kristy, and Kine, among others—without their names. Each page has three photos: a close-up of the candidate’s opened mouth, showing broken, missing, discolored, uneven teeth; a before photo; and an after photo of the contestant’s face. The names and details of the candidates have been completely elided, leaving nothing but their smiles.

What the foregoing demonstrates is that images from *EM* have been widely circulated by different people in different ways, often edited, usually eliminating or minimizing information about the candidates, but using their images to promote the capabilities of the professionals who assisted them on *EM*. Many of these images (scenes from *EM*) reappear on YouTube, often posted by the same doctors who have posted them on their websites. For example, there are videos of Drs. Fisher, Morello, and Perlman taken from *EM* on YouTube, further promoting their practices. In short, the contestants labored for almost nothing (no wages), while images of them and data about them have been used and circulated extensively by others to promote themselves and advance their careers.
Lifestyle, Brand, and Marketing

In addition to the television images, other data about the contestants exist and circulate independently of them. As part of the application process, candidates completed lengthy questionnaires to be on EM, providing information about their attitudes, beliefs, and life experiences. As noted elsewhere, many thousands of people applied for the show, all completing these applications. The application process for the show presented an unprecedented opportunity and vehicle for gathering extensive data that could then be used to target “lifestyle segments” (Miller Makeover 125). Whereas simple demographic data such as age, income, and education can provide a crude way of targeting marketing messages, more sophisticated and effective methods are available when factor analysis is applied to the kinds of data gathered by the EM producers (Rothschild 42-44). Claritas (now owned by Nielsen) was a pioneer in performing this kind of analysis and categorizing consumers according to specific variables linked with Census data. Their product, PRIZM, identifies 66 market segments defined by preferences linked with purchasing behavior. The categories or market clusters are determined by such characteristics as age, affluence, mobility, stage of family lifecycle, etc., and labeled according to key variables—e.g., “Shotguns and Pickups,” “Kids and Cul-de-Sacs,” “Money and Brains,” and “Mayberryville” (Rothschild 50). Using the market segments allows businesses (and others) to target potential customers more

63 Normally, it would be very costly to conduct a market analysis or purchase market segment data and have the data analyzed to support advertising. In this case, the producers obtained dual benefits from the data: they were able to screen applicants, but also obtained extensive information about their target audience for free.
64 Factor analysis is a multivariate statistical technique used to find patterns that might not otherwise be apparent in data.
efficiently. By gathering extensive data from applicants to their reality television shows, producers capture information their sponsors can use to target messages to the show’s primary audience through traditional advertising, product placement, and branded entertainment. In addition to using the data for their own programming, the networks can sell the data to other firms interested in the same markets.

Although market segmentation has long been a behind-the-scenes source of information for advertising, contestants’ comments suggest that the concept has spread and become integrated into the way Americans think about themselves and formulate their personal goals. Much as the just-in-time techniques of production management and the continuous quality improvement concepts have spilled over from business into management of the self, so has the concept of lifestyle. Several of the contestants expressed aspirations associated with a certain “lifestyle,” suggesting that they have created an image in their minds of a possible future. It is another example of the circularity of consumption and advertising: the market segments originally defined through analysis of consumer preferences and predilections are now defining the ways consumers see and construct their images of themselves. When Kacie, for example, describes her imagined future after the makeover, she articulates a lifestyle goal (Episode 219). It is perhaps more apparent on home makeover shows such as Trading Spaces or Extreme Makeover—Home Edition.)

Hand-in-hand with the construction of personal goals and self-improvement initiatives is the concept of branding and the creation of a personal brand entailing—like products—a “look” and a short narrative storyline analogous to an advertising “tag line.”
The experience of contestants on *EM* illustrates this process of developing personal narratives in several ways. To be selected for *EM*, contestants first had to write a short, attention-getting narrative to be noticed among the thousands of applicants. During the series of interviews, *EM* casting producers coached contestants on shaping their “story arcs” to make them into interesting scripts. The *EM* narrator recounted these stories, which were reinforced by the contestants’ on camera statements. In addition, network websites containing stills of the contestants carried short narratives summing up the stories of each makeover. These images and associated storylines were early precursors to social network sites such as Facebook, which first appeared in 2004, where people post photographs and profiles of themselves. Today, these sites pose one of the main motivations for having cosmetic surgery—to look better in photos posted on social networking sites. With online services such as Instagram, researchers note a trend to communication through the exchange of photographs without accompanying text, placing even greater importance on visual impressions.65

A recent Nightline segment highlighted the connection between social networking sites and appearance. It featured Triana Lavey, a 37-year-old television producer, who had cosmetic surgery because she did not like the way her chin looked on Facebook or Skype (Don’t). According to the ASPS, chinplants are the fastest growing procedure and there is greater and greater demand for the “Facebook facelift” among the “iPhone

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65 Leaders from US federal statistical agencies and private sector contractors met in Washington, DC, in March 2013 at the annual FedCASIC conference jointly sponsored by the US Census Bureau and BLs to discuss, in part, ways of conducting research using photographs in place of other data sources. The reason for the discussion was the increase in nonresponse to traditional surveys, and the proliferation of photographs online with the concomitant decrease in text and the move to very short statements on such sites as Twitter.
generation” (Don’t). Triana, who ultimately had not only chinplants, but also fat
injections and a nose job, spent two hours in surgery undergoing procedures that typically
cost $12,000 - $15,000. When asked if it were extreme, she responded that cosmetic
surgery for Facebook should be a “last ditch” choice, but acknowledged that she can
afford it and has much more self-confidence since doing it, unintentionally exposing the
social disparities between those who can afford cosmetic surgery and those who cannot.
As justification, she said social media has changed “how we look at ourselves and judge
ourselves,” suggesting that people define themselves, their identities in part in relation to
social media (Don’t). The number of websites offering help in crafting profiles for
Match.com and other sites attests to the growing importance of this skill.

The notion of a personal brand, popularized by Tom Peters, has been widely
promoted online and in self-help books (Peters; Browne Authentically, Unforgettable;
Lair). I first recognized how widely accepted this trend had become several years ago
when a young woman who worked in my office asked everyone to start using her full
name, instead of a diminutive, because she wanted to improve her “brand” following an
office scandal in which she was implicated. Writing in 1997, just a few years before EM
premiered, Peters advocated emulating the big corporations and learning from consulting
firms such as McKinsey “what it takes to stand out and prosper in the new world of
work.” “We are all CEOs of our own company, Me Inc. . . . free agents in an economy of
free agents,” he said (Peters). Besides standing out, achieving maximum visibility, the
trick is to have a “pitch”—a short story to capture attention (Peters). This pithy pitch is
also described sometimes as an “elevator speech”—a statement of no more than 30
seconds that communicates why someone (or a company) is important and why the
listener should care (What). The *EM* taglines (e.g., “old before her time to younger than
springtime”) demonstrate this process. Peters also recommended “reinventing yourself on
a semi-regular basis,” anticipating the makeover craze just ahead. Fifteen years later,
similar advice is circulating widely on the internet, including on an online *Huffington
Post* blog (Browne). Academics have questioned the ethics of personal branding,
specifically the self-commodification inherent in the practice and the power differentials
that come into play in interactions involving personal brand (e.g., gender issues) (Lair).
Nevertheless, self-branding seems to be well entrenched in our culture, replacing the
concept of reputation with an image that can optimize communication in the space of
seconds.

Personal branding, in concert with a program of continuous self-improvement,
provides a strategy for promoting one’s self in multiple markets—for friendship,
affiliation, and love when repeated relocation disrupts relationships, and for work as the
job market becomes increasingly more competitive. The ability to transmit information
around the world in seconds necessitates increasingly rapid decision-making, placing
greater emphasis on first impressions and necessitating constant readiness and rapid
change. As communication occurs increasingly via the internet, the visual images and
pithy descriptors become ever more critical in defining identity and attracting attention.

In the lowest-paying, most vulnerable in-person jobs, where workers take over the daily
tasks of people too busy to do them themselves, an attractive appearance provides a
differentiator, an added value to distinguish the worker from others (Edmonds,
Hochschild Outsourced). Surface appearances smoothed over and continuously refined on aging frameworks, like postmodern architecture, provide a stratagem for remaining engaged and competitive in an ever-changing environment.

*EM also had a role in generating income from interest payments, albeit an indirect one. Websites linked users who expressed interest in cosmetic surgery to other sites where they could obtain instant credit online.

**Interest Income**

It can be argued that *EM* brought cosmetic surgery to the masses. Previously, cosmetic surgery was a luxury that could be indulged only by those wealthy enough to afford it and those with sufficient leisure time to undergo the long recovery. With technological advances that shorten the recovery time (new anesthesia and less invasive techniques) and financing, cosmetic surgery is now available to nearly everyone in the US. (This was even more true when *EM* aired, before the credit collapse of 2007.) The ASPS reports that the majority of cosmetic surgery patients have annual incomes under $40,000, placing them clearly in the middle or lower income brackets. CareCredit, owned by General Electric, provides financing for healthcare services not covered by insurance, including dentistry and cosmetic surgery. (See www.carecredit.com.) On many sites that advertise cosmetic surgery services and provide referrals to cosmetic surgeons, anyone can apply for instant credit to cover the cost of surgery. (I obtained immediate approval for $20,000 in financing without supplying any financial information about myself.) Monthly payment plans can be arranged for up to five years, depending on the total borrowed. Interest rates are high and skyrocket if the borrower is late on even one
payment. In addition, doctors generally charge higher prices than normal to clients who use CareCredit due to the risk of default and costs associated with the loan processing. One of the ASPS representatives said most established doctors do not offer financing, that it is offered mostly by young surgeons trying to establish new practices, as they need clients more and are willing to deal with the added hassles and risk (Phillips). Financing is, according to Harvey, one of the tools of neoliberalism underlying the growing income disparities (Harvey *Neoliberalism*). Cosmetic surgery offers a new arena where people can become indebted through consumption in pursuit of a fantasy of a better life.

**The Flexible Boundaries of Cosmetic Surgery**

Although the doctors have benefited financially from their involvement with *EM*, their experiences nevertheless reveal changes in the conditions of experience in the medical and health care industry, particularly among young doctors who share many of the insecurities and vulnerabilities of others in the changing economy. To keep pace and maintain their advantage, plastic surgeons, through their professional association, the ASPS, have had to redefine and reposition their work continuously, moving the boundaries over and over to accommodate change, and redefine their specialty. Whereas the profession originally drew an ethical line between reconstructive (medically necessary) surgery and “beauty” surgery (voluntary, unnecessary procedures desired to satisfy one’s vanity), they have gradually moved the line over the decades, first redefining low self-esteem as a form of medical necessity warranting surgical intervention. Now, taking care of one’s self through cosmetic surgery is viewed as evidence of strong self-esteem and well-being, goals of health care consistent with the
WHO’s definition of health. The focus now is not on whether it surgery is necessary or not, but whether the patient’s expectations are realistic or not. Hand-in-hand with the assessment of suitability (“right reasons”) is an assessment of risk that has shifted from medical risk to the patient, to legal risk to the surgeon (i.e., the likelihood a patient will sue if dissatisfied with the results).

In redefining the profession, the ASPS uses a discursive strategy involving the language of wellness, art, and rescue. Cosmetic surgery is offered as means of feeling better about one’s self, likening it to the cosmetic pharmacology use of SSRIs to treat depression and make people feel “better than well” (Kramer). By positioning cosmetic surgery as a means of achieving wellness, the profession equates it with basic rights. Indeed, there is increasing talk of cosmetic surgery as a basic right, since research documents a link between earnings, social mobility, and beauty (Edmonds, Hemermesh). In Brazil, beauty is considered a necessary “value added” for people in personal service jobs (Edmonds). In the US, people are speculating (tongue-in-cheek, perhaps) that the government may offer cosmetic surgery as a way of decreasing social inequities (Hemermesh). In some cases, cosmetic surgery is already being offered as a regular health benefit. Although the Department of Defense denied it offered cosmetic surgery as an inducement to enlist in the military during the Iraq war (as an alternative to other benefits, such as education or training), it made available cosmetic surgery to anyone in the armed services or their immediate family members, as long as the necessary leave time was approved (Schaler). Although a spokesperson said they were not in the business of doing extreme makeovers, there was no restriction on the number of procedures one
could have. A JAG attorney received an estimated $100,000 in cosmetic surgery procedures (rhinoplasty, chin realignment and jaw reconstruction). Everything was paid by the US government, including the medical leave, except for the implants used in breast enlargements. Between 2000 and early 2004, more than 550 breast enhancements had been performed and more than 1500 liposuction procedures on military personnel and their dependents. The stated rationale was that the procedures offered military surgeons much-needed opportunities to practice skills they would need for reconstructive surgeries to treat battlefield injuries. But, one observer points out that breast enhancements and liposuction provide poor preparation for the reconstructive surgical skills needed on the battlefield. His observation puts a new slant on the old debate about what constitutes reconstructive surgery.

By constructing surgeons as artists, the ASPS also repositions surgeons in the creative class and the creative economy. The image of a surgeon as artist distances him/her from the violence inherent in surgery (and the revulsion and fear it might evoke) and also capitalizes on the idea of creating beauty and bringing order to chaos. Most importantly, it provides a justification for their claim to be the only doctors qualified to perform non-invasive procedures, which are in greater demand than the surgical procedures. The discourse complements the rhetoric so often employed by plastic surgeons of “giving people back their lives,” suggesting that the surgeons create beauty, improving on nature (Britten).

Individual surgeons also must, as the interviews demonstrate, master the skills of self-promotion to make themselves known and convey an appealing image. More than
other doctors, they express a need to maintain attractive offices consistent with their profession, which results in much higher expenses, offsetting their high earnings, and burdening young doctors who are just starting their practices (Phillips). They also undergo surgery themselves, increasingly, to present a youthful image to their clients and attract romantic partners when their relationships end (Phillips). The beauty of their wives or romantic partners is also important, apparently. One of the partners who appeared on Plastic Wives, which piloted in January 2013, described herself as an advertisement for her husband’s practice. In other words, everything in their lives must be controlled and constructed to convey a uniform, cohesive, favorable, artistic image, and it must be constantly updated to keep pace with changing tastes.

Despite the initial uproar over Dr. Fisher’s appearance on the EM pilot, everyone involved in the early debates now acknowledges that the field has moved on and televised cosmetic surgery is now an accepted, everyday occurrence on local television stations, cable shows, news shows, and afternoon talk shows such as The Doctors and Dr. Oz. They note that clients used to sneak in the back door, but now they brag about their surgeries. One says, for example, “‘It’s getting to the point that (surgery) is like going to the gym. . . . It’s a normal part of life’” (Puente). The ASPS notes a startling increase in cosmetic surgery procedures since EM first aired (38 percent between 2000 and 2005), attributing the dramatic rise to the cosmetic surgery makeover shows. Cosmetic surgery has clearly become a mainstay of American life, even though cosmetic surgery makeover shows have disappeared. Opinions differ on the reasons for the disappearance. Schultz says it is cyclical and the shows “will be back.” One of his production assistants said they
ran out of stories (Fiedler). Sender reports that respondents in her reception study of makeover television shows disliked the cosmetic surgery shows because the contestants did not have to do the work themselves. They preferred shows like The Biggest Loser where they saw people do something they thought they might be able to emulate (96). Whatever the reason, the ratings dropped precipitously over the years.

As the demand for cosmetic surgery has grown, the boundaries of the profession have continued to erode and shift in a mad rush to keep pace with social change and in response to pressures from the young, new doctors flooding the field. Indeed, the control previously exerted by the ASPS and other professional societies seems to have diminished to the point where many young surgeons (like Dr. Rey) simply ignore it. The ASPS has relaxed its ethical standards numerous times. One of the biggest changes concerns the prohibition on offering cosmetic surgery as a prize in a contest. Surgical procedures have recently been offered on E!’s Bridalplasty as a prize for winning contests, “pushing the limits of medical ethics” (Hutchison). The show’s surgeons supposedly circumvent the prohibitions by examining and pre-approving contestants for surgery prior to their appearances on the show. However, others in the profession argue that it violates ASPS ethics and “undermines the doctor-patient relationship” (Hutchison). One critic complained that the show is “embarrassing to the field . . . . The society frowns upon taking a well-respected specialty down into this level of entertainment,” but acknowledged that there was nothing the ASPS could do about it since it was not a violation of the code of ethics (Hutchison). Yet, a member of the ABPS says it was a

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66 Dr. Terry Dubrow, the cosmetic surgeon on Bridalplasty, was previously on The Swan, giving the ASPS more ammunition for their derisive comments about Swan doctors.
clear violation. The revised ethical standards allow some non-invasive procedures to be given as prizes, but not surgery (Phillips, Petregallo). Representatives of the ASPS acknowledge that it is difficult to maintain the restrictions (given pressures from members) and almost impossible to police activities.

Several of the surgeons who appeared on EM have continued their private practices, noting prominently on their websites their involvement with the show, cashing in, yet again, on the value of their participation in EM has been. Dr. Jon Perlman, for example, maintains a practice in Beverly Hills, California; Dr. Harvey Zarem has relocated to Savannah, Georgia; Dr. Griffin continues to practice in Beverly Hills, where he has become known for his expertise in performing cosmetic surgery on people of color.

For those doctors whose transformation into celebrities have been more permanent—i.e., Dr. Garth Fisher and Dr. Bill Dorfman (the cosmetic dentist)—the internet abounds with information about their personal lives as well as their professional achievements. In seeming contradiction to the preferences of the ASPS, which wanted to draw a clear line between medicine and entertainment, and which loathed the flamboyant antics of Dr. Rey, Dr. Fisher promotes his celebrity status and connections openly. For example, his website currently contains a link to a YouTube video of him performing surgery on Kris Jenner, Kim Kardashian’s mother, before Kim’s wedding.

Dr. Fisher was clearly attracted by television celebrity from the beginning. His first wife, Dancing with the Stars host Brooke Burke, referred Howard Schultz to her

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67 These two specialists have publicists who manage their interactions with the press and others, further evidence of their dual careers in medicine/dentistry and entertainment.
husband, Garth Fisher, when Howard was looking for a surgeon for the *EM* pilot (Carmody). Fisher’s marriage and subsequent divorce were treated as news by celebrity columns, which also pointed that he was introduced to his second wife, the former *Playboy* model Jessica Canseco, by another television celebrity surgeon, Dr. Nassif of *Dr. 90210* (*Extreme Makeover’s Garth*).

Similarly, Dr. Bill Dorfman (who was exempt from the pressures of the ASPS, since he is not a plastic surgeon) has evolved into a media figure. Like Fisher, his marriage to Jennifer Murphy, a former Miss Oregon, and their subsequent break-up featured prominently in the gossip columns. In fact, the Hollywood press learned that Jennifer had filed for divorce before he did. He learned of it only after a TMZ reporter called him to confirm the news (Dr. Dorfman). The snarky stories about the divorce mention that Dorfman met her at a beauty pageant and later asked her to model his teeth-whitening product, Zoom (Dr. Dorfman).

Both Dr. Fisher and Dr. Dorfman are deeply entrenched in the celebrity culture, as evidenced by their marriages to models, beauty queens, and television stars. Their relationships reflect both the contemporary volatility and instability of marriages, but also the interconnections and tensions between marriage and work, where the boundaries are disintegrating. As discussed in Chapter 3, celebrity judges, therapists, and business executives are experiencing a similar blurring of the boundaries between professional life and entertainment—e.g., Judge Judy, Dr. Phil, Donald Trump.

To some extent, the doctors’ privacy has been disrupted and they have lost some control over the dissemination of their images on the internet. A story about Dr. Dorfman
casts him as a creepy bad boy. Dorfman was caught on camera on El Segundo Boulevard in West Los Angeles boasting that he has collected teeth of famous people. He says he would ask, “Do you want it? [and when they said they didn’t] I’d put it in the back and hang onto it.” He mentioned a “secret stash” and said he thought maybe he could sell them on eBay someday. Later, Dorfman retracted, saying it was all a joke (Dr. Bill). Whether or not it is true, the incident demonstrates the effects of increasing surveillance on everyone, the difficulties of retaining control of one’s image on the internet, and the ephemeral nature and fragility of image.

Their participation on EM changed the surgeons’ lives (perhaps more than the contestants’), making medicine into entertainment, as well as public education. (See Chapter 2.) At the same time, the profession was being repositioned as art and therapy, further distancing it from medicine and cutting. It was being constructed as something creative and comforting, not something involving physical violence. It was offered as an alternative solution to anxieties that might previously have been ignored or treated with SSRI drugs, enlarging the market for cosmetic surgery to capitalize on the phenomenal growth of the pharmaceutical industry in the past two decades. In a twist on Kramer’s concept of cosmetic pharmacology, the profession has positioned cosmetic surgery as an alternative to drug therapies for unhappiness. Like the drugs, cosmetic surgery is a quick fix, but one that has to be repeated for the effects to last. By positioning the surgery as art, the doctors also cross the boundaries of science and healthcare into the creative/symbolic realm, where most growth is expected in the 21st century. This positioning also distances the surgery from the negative image it had in the early 20th
century—the Frankensteinian implications, its use to disguise criminals, and its association with vanity.

Jenkins claims that the internet opens up opportunities for resistance and alternative readings (259). Given how widespread the phenomenon of makeovers has become in America, one might expect to find opposing commentary, critiques, parodies, and altered versions of the episodes. But there is very little that can be easily discovered. What spoofs there are (such as those cited in the introduction) riff on the doctors’ use of the knife as an artistic tool. They also play on which is more real—the image or the body.

**Transformation of Television**

A spoof of *EM* at 56th *Emmy Awards* hosted by Gary Shandling, shows three of the surgeons—Dr. Perlman, Dr. Fisher, and Dr. Griffin—consulting with Shandling on a makeover in preparation for the *Emmys*. The three doctors huddle around Shandling, each drawing a new “landmark” or incision line on him and describing yet another procedure to be performed, ending with “sex change operation.” Then, the camera cuts to a scene of Shandling swathed in bandages like the recovering contestants on *EM*, weeping, as one of the surgeons says, “it’s an emotional night.” Then the *Emmys* begin. That the segment was used to begin the *Emmys* shows the powerful impact of the television show on the industry and the American consciousness. It also reveals an otherwise unseen side of the doctors—a humorous side, and one that is perhaps a little cynical. They make a mockery of the multiple procedures that they seem to promote on *EM*. And the fake tears and comment—“it’s an emotional night”—seem to make light of the emotions of the candidates, suggesting an alternative reading of *EM* from the seemingly dominant reading.
that it is an inspirational program about rescue, hope, belief, hard work, and transformation. Whatever the case, the attention given to the spoof illustrates the impact of *EM* culturally and as part of the burgeoning reality television industry.

Although exact figures are difficult to obtain, one observer claims that RTV, which filled a niche market in the 2000, had become a predominant form of programming by 2010, with shows on virtually every network (Ocasio). In 2000, there were 4 shows compared to 320 in 2010, and in the Fall of 2002, only 6 out of 84 possible prime time hours on the four major channels were set aside for reality television (Fall). It is estimated that more than half of all shows on television now (at least during prime time) are reality television shows, and that more than ten percent of workers in the Los Angeles entertainment industry (30,000 out of 240,000) work on them (Reality).

Immediately following the premiere of *EM* in late 2001, a number of variations on the theme of cosmetic surgery reality television appeared, including the aforementioned *The Swan* and *Dr. 90210*. *Miami Slice* and *I Want a Famous Face* are two examples. In addition, many scripted shows, such as *Law and Order*, *CSI*, and *Bones* have had episodes revolving around cosmetic surgery. Whereas the cosmetic surgery makeover shows have largely disappeared, the theme has been picked up by two other television genres: Daytime talk shows, such as *The Doctors* and *Dr. Oz*, have taken over the role of public information previously performed, in part, by *EM*, demonstrating the extent to which televised cosmetic surgery has been accepted and integrated throughout the medium. The popular *Housewives* franchise (Bravo) and its imitators also have integrated cosmetic surgery into their storylines, although the depiction is not always positive. *Mob
Wives, a VH1 takeoff on the other Housewives shows, dedicated at least one episode to the complete body makeover of one of the stars. Many of the stars of other Housewives series have either had procedures done on television or talk about it. For example, Vicky Gunvalson and Tamra Barney of Real Housewives of Orange County have both had breast implants and Botox treatments, in addition to other procedures. Bethenny Frankel, Jill Zarin, and Ramona Springer of Real Housewives of New York have all had Botox treatments in addition to other procedures, including breast implants in one case and a reduction in another. Nene Leakes of Real Housewives of Atlanta had rhinoplasty and veneers on the show (Amorasak).

Addicted to Beauty (Oxygen), one of the most recent cosmetic surgery reality shows, featured a La Jolla, California, medispa where a local plastic surgeon teamed with a spa owner to cross-advertise their services. The show dealt more with staffing issues and marketing than with medicine or transformation, firmly positioning cosmetic surgery alongside cosmetics and spa services, and well entrenched in the business sector. It reflects a transformation in the way medicine is positioned since deregulation and since the unprecedented growth of the health care field in the late 20th century. Although the term “addicted” has a negative connotation, indicating a loss of control, it is used differently on the show. The term is used tongue-in-cheek (with no apparent sense of irony) to refer to a healthy obsession with appearances, and a commitment to continuous beauty maintenance—i.e., taking care of one’s self. It reflects how cosmetic surgery has been integrated into the framework of wellness.
The recent show that comes closest to eliciting the gasps that *EM* occasioned when it first appeared is *Bridalplasty* (E!). As mentioned earlier, *Bridalplasty* aroused the ire of the ASPS once again by offering cosmetic surgery as a prize on television. It is a bit like a cross between *EM, The Swan*, and *Survivor*. Twelve brides competed for body makeovers. They constructed lists of the procedures they wanted (much as *EM* contestants did), then competed each week for one of the procedures on the list. The competitions entailed such things as planning a dream honeymoon, “bedroom knowledge,” or “compatibility with fiancé.” One bride was eliminated each week and one won a prize—one of the procedures on her list (Perigard).

Although cosmetic surgery shows declined precipitously in popularity between 2002 and 2010, other makeover shows proved enormously popular and enduring—*The Biggest Loser* (NBC, 2004-present), *What Not to Wear* (TLC, 2003-present), and Daytime Emmy award-winning *Starting Over* (MTV, 2004-2006), for example. In her study of makeover television viewers, Sender says that even though viewers enjoyed such shows as *EM* and *The Swan*, they were critical of them because the work was done by others (i.e., doctors and stylists) and not by the contestants themselves. The implication is that cosmetic surgery was viewed as an easy way out that did not entail hard work on the part of the contestants. It is a variation on the moralistic attitudes towards cosmetic surgery as vanity. Instead of criticizing the recipients for vanity, they are criticized for sloth. Viewers admire the contestants on *The Biggest Loser* for doing the hard work themselves. It is another example of the circularity of the marketplace: people are first lured into heavy consumption—overeating, hoarding—then lured back for rehabilitation,
a different kind of consumption. Bridalplasty requires contestants to work, to compete for the cosmetic surgery—to earn it. Perhaps that will make it more acceptable to viewers, if not to plastic surgeons.

When interviewed, Schultz commented that television is “cyclical” and that Extreme Makeover would be back. Indeed, Extreme Makeover: Weight Loss Edition premiered in 2012. It capitalizes on both the fame of the previous EM shows—both the original cosmetic surgery makeover show and the subsequent Home Edition—and the derivative program, The Biggest Loser, providing yet another example of the circularity of postmodernism in which a show represents a hybrid of the original and the copy.

Howard Schultz’s career has followed the same trajectory as reality television. Indeed, given the success of his shows, Schultz might claim some credit for shaping the path reality television has taken. Schultz’ first success, Studs (Fox, 1991-1993), was a dating game show, patterned after such offerings as The Dating Game and Love Connection. In it, after a couple of challenges, one of the men was selected for a date, earning the title “Stud.” Schultz describes the show as the first in the now well-established genre of “relationship” reality programs (Lighthearted). Some of his staff described EM—his next big hit—as a relationship show because the makeovers facilitated the development of love relationships, a dominant theme on the show. Next! (2005-2008), an MTV speed dating show in which the contestant called “next” after determining he/she had seen enough of the current candidate, was the highest rated afternoon show on television the first year and the highest rated show among youths over a five-year period.

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68 Dina Copelman, George Mason University, pointed this out as an “economy of dysfunction.”
It was founded in part on the principle of first impressions (a motivation for EM), as it was not uncommon for contestants to call “next” within seconds of seeing a candidate (Next). The Next! format has been sold in 60 territories worldwide. On The Moment of Truth (Fox, 2008-2009), a show adapted from the Colombian Nada Mas Que La Verdad, contestants had an opportunity to win $500,000 if they could answer 21 questions honestly according to a lie detector. Most questions concerned illegal or unethical behavior or infidelity. The format has been sold to the UK, Spain, Brazil, Germany, France, and Italy, among other places.

Schultz’ latest production, Plastic Wives, aired on TLC January 27, 2013. A blend of the housewives shows and cosmetic surgery makeover shows, it features the wives of prominent cosmetic surgeons and cosmetic dentists. Dayna Devon Moelleken, wife of Beverly Hills plastic surgeon Brent Moelleken, says to her husband, “I am your walking billboard,” noting the importance of looking perfect when married to one of the “most powerful plastic surgeons” in town. She admits to numerous surgeries. She lost her job as co-host of Extra when she became too old for the role at age 40. Her husband notes the allure of “unlimited access” to plastic surgery, saying “the price is right,” an admission that he performs her surgery himself, suggesting he does not trust other doctors. When he performs the surgery, he says “I know she isn’t going to look like a freak.” The interactions reveal, again, the circularity of economics and image making: He performs the surgery on his wife, who becomes a commodity herself (exchangeable in the marketplace), but also an advertisement for and a consumer of plastic surgery. Her situation also reveals the sense of vulnerability that increasingly accompanies aging.
Frances, another wife, reveals the pressures of time and the instability of relationships. She had a “procedure room” built into her new home because “it’s a race against time.” Her ex-husband, Ryan Stanton, acknowledges that he left her because she was aging and he prefers younger women.

The website for Schultz’ production company, Lighthearted Entertainment, says the producers are “fiercely committed to translating their creativity, energy, and ideas into shows that tap the zeitgeist of our culture” (Lighthearted). Schultz has mastered the business of reality television, with multiple shows broadcast or replicated around the world, providing years of income and profit from the intellectual property long after actual production has ceased. In contrast, Schultz’ production staff members continue to jump from one job to another, relying on their network of friends and industry contacts, working long hours for modest wages, usually in non-union shops. Their lives are a pattern of brief work stints interspersed with periods of unemployment. Like other types of production workers, they are increasingly vulnerable to lower-cost competition in the US and globally. Most earn low wages and no benefits, and have little formal training, if any, for the jobs they perform. Their jobs are secure only as long as their show receives high enough ratings to remain on the air, and filming is done locally. They took their jobs because they were attracted by the possibility of working just a few months a year (as friends had) or for the hope of moving into the creative ranks. Just as the differences between the plastic surgeons and the contestants are representative of the income gap between haves and have-nots in America, Schultz’s growing wealth stands in stark contrast to the modest earnings of his employees. Moreover, his income will likely
continue to grow exponentially in comparison to theirs, as they go from show to show scrambling for their wages.

Yet, Schultz, himself, is subject to many of the same pressures for speed and adaptability, as reflected in the turnover of content of his website promoting an ever-changing list of television projects, many of which disappear after a short time. He gives the impression over the phone of an open, warm, genuine, caring fellow, committed to his craft—an image that is consistent with how the contestants and many of his former staff members portray him. He left an impression of candor and openness during the three hours or so we talked. However, I found exactly the same quotations (verbatim!) in newspaper and magazine articles, the same seemingly off-the-cuff remarks and anecdotes. That he had a prepared response to virtually any question that might be asked suggests a hyper-awareness of the importance of controlling the information that is circulated. It is not altogether surprising in a person from the entertainment industry. But it calls to mind the increasingly common practice of planning and rehearsing scripts for routine, every day, occasions rather than speaking spontaneously and extemporaneously. It is another example of how the awareness of surveillance and assessments of risk are percolating through daily life.

Indeed, I found that everyone involved with *EM* had to “pitch” constantly—themselves, a product or service, the show, a television concept. The ability to sell was not only an expectation of some (e.g., a contractual requirement that the surgeons appear at events with sponsors and network personnel), but a necessity for getting needs met or getting ahead (e.g., being selected for *EM*, getting the network’s interest in a television
concept). It seemed to have been an expected and accepted practice that virtually everyone took for granted. Even in their interviews with me, they were pitching to make sure they could shape and control the stories that circulated about them. It is evidence of how widely a marketplace mentality has become embedded in our behaviors and how widely it has spread through our lives, making over the conditions of our daily experience. It raises the question of why so much emphasis is placed on altering the body or making people look more attractive, when skills in persuasion seem to be more advantageous and more lasting.

**The Expected and the Unexpected**

As expected, my research confirmed that Post-Fordist business tactics (as defined by Harvey) are in wide use throughout various social strata, where marketplace practices have taken hold both at work and at home. The rapid pace of the makeovers; the need for quick response; reductions in the number or production workers; the constant pitching; the long hours, grunt work, job insecurity and lack of benefits of production workers are all examples of the effects of the flexible economy. Not surprisingly, my evidence confirmed that wealth associated with EM accrued mostly from the ownership and circulation of online images and through intellectual property, such as concepts and show formats, increasing the disparities between those who own and control the images (producers and surgeons) and those who were key in producing them (contestants and production workers). There were, nevertheless, some surprises.

The increasing demand for surgery that will make people look good online (in their Facebook or LinkedIn photos, on skype) suggests that images have superseded the
body in importance, playing a bigger role in getting people ahead and in producing social mobility. It raises the possibility that surgery may not be necessary at all; it could be replaced by PhotoShop as the Samantha G YouTube video demonstrates. What, then, is to be done about the corporeal body?

Although they relinquished their rights to the wealth produced by EM, and the effects of their makeovers were ephemeral, contestants revealed more signs of agency than suggested by the narrative. Their agency was limited, however, and exercised unpredictably. Contestants were not the selfless rubes portrayed on the show and described by some of the production staff. Even though they lived in rural areas and had traveled little, they nevertheless were wired in enough to learn about the show and to marshal the tools necessary to get noticed and to be selected from among many thousands of applicants. In addition, although they are portrayed as people who held back, isolated themselves, and avoided being in public because of embarrassment about their looks, they nevertheless agreed to be seen at their very worst on national television, where their flaws were shown in close-up and exaggerated for millions of viewers to see. What they may have lacked in social capital, they made up in other ways. One of the biggest surprises is that they used their unattractiveness and the discourse on beauty to present themselves as interesting products for entertainment—something to evoke a gasp or a cringe. In so doing, they tapped successfully into the pleasures of the horror genre, while calling into question the very premise underlying the show—that people get ahead by using their beauty. These people used their lack of beauty as a form of capital. But—for the most part—they were not able to parlay their new beauty into anything, even though
they clearly had the skills needed to sell themselves. Moreover, even though some of the contestants apparently recognized the income and social inequities at play in the making of *EM*—one of the reasons they gave for their diva-like demands—there is no evidence that any of them have put their marketing and media skills to work ever again to address their needs, let alone community or social issues, even though recent campaigns on social media (e.g., in support of marriage equality) have demonstrated the possibilities for effective online action. It would be interesting to know why the physical transformations proved dis-empowering and what prompted contestants to reach aggressively for something they wanted once, then stop. What inhibited them?

One of the most unexpected discoveries was that the most privileged people—the executive producer and the surgeons—despite their advantages, were confronted with numerous threats to their stability, which left them constantly shuffling and changing position to keep their footing. Schultz was pushed out of the production of *EM* almost immediately after ABC bought it. Postings on his website and Facebook page change constantly, introducing new ventures, which rapidly disappear from the sites, illustrating the rapid turnover of ideas, and the high failure rate of new concepts.

More significantly, the surgical profession appears to be surprisingly vulnerable, shifting position constantly, searching for solid ground. Although the demand for cosmetic surgery is growing astronomically, the demand is predominantly for non-invasive procedures (requiring no surgical skill) and what the surgeons, themselves, call “simple” procedures—breast implants and liposuction. The deskilling of plastic surgery represented by cosmetic surgery has been countered by the reconstruction of plastic
surgeons as artists, suggesting another type of specialized skill they can draw on that
others do not have. But, it is a claim with little foundation. The deskilling of surgeons
could open the way for less well-trained professionals akin to Physician Assistants and
Nurse Practitioners, despite the ASPS’ efforts historically to bar dermatologists, dentists,
and others from the practice of plastic surgery. At the same time, cosmetic surgeons—
like everyone else—must retrain to keep pace with technological changes. For example,
daVinci robotics, called the least-invasive surgery yet, has taken hold in other surgical
specialties, requiring the doctors to learn how to perform surgery from a computer
console, and placing control partly (at least) in the hands of a computer programmer
(daVinci).

Competition in the cosmetic surgery field is also intensifying as other types of
specialists seek the advantages of fee-for-service work. The growing presence of doctors
on television, online sources of medical information, medical expert systems, and the
like, will undoubtedly transform the practice of medicine. It will be interesting to know
what effects these changes have on cosmetic surgery. Will consumers be able to use
online imaging to design their own transformations, for example, replacing the diagnostic
function of the surgeons? LocateADoc.com features a “virtual plastic surgery tool,” also
called a “face touch-up tool.” Users are invited to upload a photo, design a face, post it on
Facebook to get input from friends, and submit it on the LocateADoc website to identify
a surgeon who will perform the transformation (LocateADoc). People like Ryan
Stanton’s ex-wife (seen on Plastic Wives) administer injectables in their own “procedure
rooms,” and beauticians offer Botox parties.
The demand for cosmetic surgery has followed the path of luxury goods (Veblen, Isherwood). Once available only to those with sufficient leisure time to undergo the lengthy recovery and with sufficient funds to pay for it, the quicker recovery times and availability of instant credit have made it available to more people, to the point where it is now almost a commodity. If it comes to be viewed as something that gives an unfair advantage, and becomes repositioned as a basic human right (as Hemermesh and Edmonds argue it might), what effect will that have on the practice of cosmetic surgery? If the services were covered by Medicare, Medicaid and most insurance companies, how would that change the practice of cosmetic surgery and the demand for it?

One last observation has to do with romance, the driving force behind the makeovers. Although the previous literature on makeover shows has focused on the ways in which the shows support neoliberal ideology, promoting malleable workers conditioned to the demands of the flexible economy, my evidence shows that people sought makeovers as a way to find or renew romance in their lives. Contestants and production workers all confirmed that everyone was seeking love. And, the narration and storylines support the idea that romance was the aim of the makeovers. Several of the young contestants say they “just want to find a girlfriend/boyfriend.” Kenna talks of wanting to meet someone her own age. Michel wants men to “hit on” her. Those who were married sought a renewal of romance and passion. But, the show presents the pursuit of romance as work—what I would call the work of romance—leaving the impression that one must work continuously at keeping romance alive or finding it, all through self-improvement and consumption. There are many remarks on the show about
people (women who have been taking care of their families) letting themselves go, and needing to take care of themselves. The young men are coached on how to approach women for dates. Shumway and others have documented the reasons why romance may be taking different forms at this time, but more information is needed about why romance has become so all-important and why it requires so much effort, which is evidenced not only in *EM*, but in the proliferation television shows on dating and dating websites. Judging from *EM*, the quest for romance—which has long figured prominently in American dreams—has assumed even greater importance in the aspirations of many Americans.

**Flexible Dreams**

The satisfaction and pleasure of contestants following their makeovers, despite the show’s failure to fulfill its promise of “lives changed forever,” raises questions about the nature of aspirations in the changing economy, and in the midst of growing instability and insecurity. As job stability has diminished, marriages are no longer considered binding, and wages have stagnated for the majority of Americans, aspirations have changed too. Many news stories and articles have documented the declining aspirations. For example, a 2005 *Fortune* article addressed the “crisis of confidence” occurring in America as a result of increasing global competition, a stalled standard of living, and a growing service-based economy susceptible to outsourcing (Colvin). Polling data show skepticism that people, especially the working class, can get ahead (Hanson). There are claims that the “good times” are over and that Americans must find a new dream to replace the dream of wealth accumulation, perhaps a dream of a “larger life,” a life lived
“more fully” (Greider). And *Time Magazine* recently proclaimed that “The American Dream has seen better days—much better” (Meacham 28). Whereas the American Dream—a term coined by James Truslow Adams in the 1930s—has long promised material comfort, financial stability and a better future for those who work hard and their children, it has undergone many transformations (Cullen 3). I theorize that these transformations reflect adjustments to accommodate changing systems of accumulation following financial crises. Cullen traces the dream from the Puritans’ desire for a better life, through the 18th century drive for land ownership, the 19th century goal of upward mobility as embodied in Abraham Lincoln’s ascent to the presidency, and the mid-20th century quest for home ownership (163). Ownby theorizes a dream of novelty, represented by diverse foods, fashion (including body modification, possibly), and international travel. I will go further to say that the American Dream is no longer (and probably never was) a monolithic dream of a large reward deferred (land, home ownership, fame), as most of the discourse would suggest. Rather, I propose that the dream is malleable, changing to reflect changing conditions, and polymorphous—assuming different forms for different people at different times. Like the mode of consumption, there is perhaps a mode of aspiration that changes with the mode of production. From the experiences of *EM* contestants, I infer that the current dream for many is for ephemeral pleasures—for a string of memories, recorded in photos, that one can weave together to create a story of a good life, content for a Facebook timeline, for example. It may be for the achievement of a desired lifestyle, the ability to fit a role constructed by marketing. Perhaps one American Dream is of the simulacra of a happy
life, as represented in the online images of people surrounded by family and friends, having fun, traveling, eating, engaging in ephemeral pleasures. The stories and collection of experiences help shape an identity and a brand. The aspirations contestants expressed before their makeovers were for modest instances of pleasure. Looking pretty at a wedding was a common theme. Another was to return to a high school reunion as a “hottie” (Schultz’s inspiration for the show). In describing their satisfactions after the makeovers, contestants spoke of the pleasure of the reveal, of meeting celebrities, of being on talk shows—all unusual moments in their lives that mark them as different.

Yet another dream may have been for celebrity. One of the production assistants said all of the contestants planned to get agents to manage their careers after their makeovers. Cullen claims the current dream is of “the coast,” which he equates with celebrity, fame and easy money. The desire for celebrity, he suggests, links to an American fascination with gambling and “the chance to get something for nothing,” citing Las Vegas as the essence of the dream (163).

The themes of gambling, celebrity and the American dream appear on EM, as the contestants exclaim about their good fortune in being selected for the show, and their pleasure in the short-lived celebrity. They talk of “winning the lottery,” describing their transformations as “the American Dream” come true. Yet, their claims of good luck detract and distract from the effort they expended in applying to be on the show, and the extraordinary steps they took to secure their makeovers and obtain some of the health care services they badly needed, especially dental care. They invested time and creativity into their applications, risked their marriages, and burdened families to go on the show.
Rather than seeking “something for nothing,” I suggest that the rhetoric of luck and winning the lottery represents a loss of belief in personal agency and a loss of faith in their ability to realize their dreams, whatever they are. The contestants’ stories reflect a switch to a dependence on luck, chance and magical intervention over personal agency, complicating the narrative about personal responsibility and neoliberalism. The dependence on magical intervention, which is reinforced by the fairytale framework of the show, is consistent with Miller’s observation that the rise in right wing conservative religion has emerged as a response to the disabling effects of neoliberalism (Miller Makeover 12-16).

Just as workers are adapting to varying work and life circumstances continuously, the evidence suggests that they are also adapting their dreams and aspirations to accommodate change, accepting small pleasures where they find them, while still hoping, perhaps, for something more. Their sense of self-efficacy may have to do with how grand the dream is: they may have confidence in achieving small goals, but leave the bigger things to luck or faith. This sense of bounded self-efficacy reflects social pressures to constrain desire and it is reflected in the assessments surgeons perform. In evaluating a patient’s suitability for surgery, the diagnostic criteria depend heavily on a subjective assessment of how realistic the aspirations are. Any big hopes are squelched as evidence of pathology, while modest desires are approved and regular touch-ups (i.e., a steady stream of easy procedures over a long period of time) encouraged. The big dreams pose a threat of dissatisfaction that will call unpleasant attention to those holding the power, whereas small procedures over time provide a steady stream of income. I leave off with
the thought that more research is needed to explore how aspirations are changing along with changes in the conditions of existence of workers, how they reflect economic trends, what they are, and what role RTV plays or will play in shaping them. It will be interesting to see how aspirations change in the wake of the 2007 financial crisis and whatever future economic system evolves from it.
APPENDIX A. LIST OF INTERVIEWS WITH KEY INFORMANTS

A. *Extreme Makeover* Production Team

A.1. **Howard Schultz**, **Executive Producer, Writer, Creator**

   A.1.a. 2:00 PM, February 16, 2010

   A.1.b. 6:00 PM, Tuesday, February 23, 2010

   A.1.c. 5:30 PM, October 13, 2010

A.2. **Jim Tannenbaum**, Casting Production Manager, 10:00 PM, Wednesday, September 1, 2010

A.3. **Kevin Wall** Physical Trainer, 2:00 PM, Wednesday, September 15, 2010

A.4. **Amanda Fiedler** Production Supervisor, Saturday, 5:00 PM, September 18, 2010

A.5. **Corinne Hendricks** Production Assistant/Cast Handler, 6:00 PM, Monday, September 20, 2010

A.6. **Joanne Mercer** Casting Director, 10:00 AM, Wednesday, September 22, 2010

A.7. **Will Saunders** Associate Producer, 3:00 PM, Monday, September 27, 2010

A.8. **Geraldine Walker** Casting Production Assistant, 3:00 PM, October 17, 2010
B. Representatives of Medical Societies Involved with *Extreme Makeover*

B.1. **W. Price Phillips, MD** plastic surgeon, former President, American Society of Plastic Surgeons (ASPS),

   **B.1.a.** 10:00 AM, Thursday, August 12, 2010

   **B.1.b.** 9:30 AM, Wednesday, February 20, 2013

B.2. **Anthony Petregallo, MD** plastic surgeon, former President, ASAPS, 2:00 PM, Monday, August 16, 2010

B.3. **Peter Gesler** former Executive Director, ASPS, 12:00 Noon, Wednesday, August 18, 2010

B.4. **James Britten, MD** plastic surgeon, former board member, ASPS ethics committee member

   **B.4.a** 6:30 PM, August 18, 2010

   **B.4.b** 12:00 Noon, August 25, 2010

B.5. **Frank Carmody, MD** celebrity plastic surgeon and ASPS member, 4:00 PM, Wednesday, August 25, 2010

B.6. **Richard Cole, Esq.** ASPS counsel, 11:00 AM, Friday, September 10, 2010

C. *Extreme Makeover* Contestants, Family, and Friends

C.1. Contestants

   **C.1.a.** **Kenna DuBose**** contestant, 5:00 PM, Sunday, August 15, 2010

   **C.1.b.** **Kine Corder** **contestant, 4:00 PM, Friday, September 10, 2010

   **C.1.c.** **Nancy Jackson** contestant, 2:00 PM, Monday, October 18, 2010
C.1.d. Bridget Calderone contestant, 9:00 PM, Tuesday, November 2, 2010

C.2. Family and Friends

C.2.a. Diane Schwede** relative of contestant, 5:30 PM, Monday, August 23, 2010

C.2.b. Kenton DuBose** child of contestant, 5:30 PM, Thursday, August 26, 2010

C.2.c. Iris and Ken Godwin** parents of contestant, 4:00 PM, Sunday, September 5, 2010

C.2.d. Andre Caldwell friend of contestant, 1:00 PM, Saturday, September 18, 2010

C.2.e. Elaine Taylor mother of contestant, 11:00 AM, Friday September 24, 2010

C.2.f. Judy Henderson friend of contestant, 12:00 Noon, Friday, October 29, 2010

D. Other

D.1. Brandon Woods former Office Manager, Washington, DC plastic surgery practice, 3:00 PM, March 9, 2010 (in-person interview in Washington, DC)

D.2. Warren Salinger East Coast plastic surgeon, 4:00 PM, August 10, 2010

(in-person interview in Annapolis, Maryland)
D.3. **Steve Goldman** Hollywood producer/director, expert on motion picture and television financing, 3:00 PM, August 16, 2010

D.4. **Dan Schulman** props expert, 9:00 PM, Wednesday, September 1, 2010

D.5. **Phil Lindner** product placement expert, 2:00 PM, Thursday, September 2, 2010

D.6. **Kristin Anderson** product placement expert, 4:00 PM, Thursday, September 23, 2010

*Telephone interviews, unless otherwise indicated.

**Real name used with permission; otherwise, fictitious names are used throughout to protect confidentiality.

***All times are EST or EDT.


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Women in the Workforce. US Census Bureau.  


*Fictitious name is used to protect anonymity and confidentiality. See Appendix A, List of Key Informant Interviews, for more information.
Elaine Cardenas is Vice President of Survey Services at Data Recognition Corporation, a mid-sized, Minneapolis-based firm. She has worked as a senior business development executive in the federal survey and market research field for the past 15 years, first at Chilton Research Services, owned by The Walt Disney Corporation, and later at The Gallup Organization. Prior to that, she worked at Abt Associates, a social policy think tank, where she established and directed several large federal contracts in the mental health and substance abuse areas, including the Higher Education Center on Alcohol and Other Drug Prevention and the NIDA Technology Transfer Support Program. These national public information programs collected, synthesized and disseminated research findings on such topics as mental health and drug addiction. Her specialty was the application of market research methods to the transfer of knowledge from research to practice. She also conducted research on displaced workers. Among the projects she found most interesting was a study of retraining programs for workers in automobile manufacturing plants whose jobs were disappearing because of increased competition from Japan. Earlier in her career, she provided onsite support at the Bureau of Labor Statistics, conducted studies of CETA programs, and provided administrative assistance to the DARE Foundation and members of the National Marijuana Commission. In addition to dozens of government publications, she co-edited with Ellen Gorman a collection titled *The Hummer: Myths and Consumer Culture*, as well as “Clueless on the Home Front” and “We Are All Pawns,” which appeared in *Cybermedia Go to War* and *Politics and Culture.org* (July 8, 2003) respectively. She has also written television reviews for PopMatters.com. She has an MBA and a graduate certificate in Women’s Studies from George Mason University. She completed her undergraduate studies at UCLA and California State University, Northridge, where she studied English, television and film.