Making faces racial

Making Faces Racial: How Plastic Surgery Enacts Race in the US, Korea and Brazil

Alexander Edmonds. alex.edmonds@ed.ac.uk.
Department of Social Anthropology, University of Edinburgh, UK.
Twitter: @alexedmonds15
Linkedin: www.linkedin.com/in/alexanderedmonds

So Yeon Leem. soyeonleem@sm.ac.kr
Sookmyung Institute of Global Governace, Sookmyung Women's University, South Korea
Twitter: @leem_so
Linkedin: www.linkedin.com/in/so-yeon-leem-62936b51/

Abstract
Engaging with debates about the re-emergence of the race concept in science, this article opens up facial plastic surgery's expertise of racial phenotypes to inquiry. Drawing on ethnographic fieldwork and analysis of medical discourse, it analyzes how this expertise is made and put into practice in three nations with large cosmetic surgery markets: the US, Korea, and Brazil. Plastic surgery has drawn on the scientific knowledge of race from fields such as anthropology and anthropometry to make racial features (nose and eyes) into an object of medical intervention. Race has been enacted differently, however, in the three national contexts we discuss according to the changing politics of difference and beauty ideals. While contemporary surgery attempts to sidestep the ethical problems raised by earlier scientific racism and whitening practices, it continues to pathologize non-white racial features by operating on traits it sees as "excessive" or merely typical, rather than beautiful.

Keywords: *plastic surgery, race, facial features, beauty, phenotype, international comparison*

Introduction

In the twenty-first century, cosmetic surgery rapidly expanded in Latin America, the Middle East, and Asia, and amongst racial minorities in the West, raising concerns about whether operations on racial traits were being used to whiten non-white patients (Kaw 1993). This important ethical question raises a more basic one, which is whether facial features could be said to even "have" a race? In this article we examine how plastic surgeons have responded to this question. Drawing on our respective ethnographic fieldwork on plastic surgery in South Korea (Leem 2016a, 2016b, 2017) and Brazil (Edmonds 2007, 2010), as well as medical and historical sources, we analyse plastic surgery's expertise regarding racial phenotype and how it has been put into practice. We focus on three nations: the US, Brazil, and South Korea, which by some estimates rank respectively first, second, and third, in terms of cosmetic procedures performed per year (Heidekruger et al 2016).[1] Our juxtaposition of these contexts is a deliberate critical strategy made in response to debates about the changing medical and scientific status of race.

The reintroduction of the race concept into the biological sciences in the twenty-first century, particularly in research on genetics, has raised problems for the social constructionist view on race that has long prevailed in the social sciences and humanities (El Haj 2007, M'Charek 2013). This constructionist view, though it encompasses a broad range of approaches, holds that racial categories are made by society and an outdated racial science, and do not inhere in nature. It was a view that seemed to be supported by changes in the science of race after WWII, a time when scientific racism became discredited. During this period many scientists began using the clinal model of continuous variation to argue that race cannot be used to draw hard boundaries between populations. Some even declared that the race concept was "biologically meaningless" (e.g. Livingstone 1962, 279). However, with advances in genetics and genomics research in the twenty-first century, the race category, though still contested, re-emerged in the biological sciences. This "molecularization" of race (Fullwiley 2007) has caused reassessment of the ontological status of race for scholars in various fields (M'Charek 2013). Hartigan (2008) argues that if the race concept is described as a social construction, yet is shown to inhere in DNA, critiques of the scientific use of race may become irrelevant.[2]

While the race category declined in importance in research on *genotype* in the post-world war II period, it has been used routinely to describe *phenotype* in some medical and scientific fields, such as plastic surgery, biological anthropology, and forensic science (M'Charek, Schramm, and Skinner 2014). One forensic anthropologist (Sauer 1992), an expert who maps skeletal remains onto conventional North American races, wondered, "If races don't exist why are forensic anthropologists so good at identifying them?" The comment underlines that changes in the scientific status of race in genetics do not affect all areas of scientific and medical research. Current scientific knowledge of racial phenotype may eventually be dismissed on scientific grounds. However, to dismiss this version of race as a "social construction" would ignore the fact that it rests on scientific criteria of validity, such as replicable experiments and peer review.

Our response to this dilemma is to examine how plastic surgery enacts racial phenotype. We use the term *enact* here to open up plastic surgery's knowledge of phenotype to inquiry, not as a social fiction, but as a medico-scientific fact, though one made differently across our three national contexts (M'Charek 2013). The view of race as biologically meaningless did not seem to reach many plastic surgeons, who continued to

perform surgeries on features that they described in racial terms (e.g. the "Negroid nose" or "Asian eye"). In doing so they catered to patients' demands for particular surgeries. But they did not simply reproduce cultural common sense about racial phenotypee. Rather, they drew on a range of techniques and scientific knowledge, such as the (eventually obsolete) racial anthropology, anatomy, psychology, anthropometry, and digital modelling, in order to constitute a valid and operable medical object: the racial trait. This medical object, however, is not stable and single, but rather is "multiple" (Mol 2003): it has changed over time and varies in the different national contexts under discussion here.

These versions of race were developed in relation to changing politics of difference and beauty ideals. Most contemporary plastic surgery aims to sidestep earlier scientific racism and beauty hierarchies as it enacts the racial trait in ways that reflect each nation's histories of the racial body. For example, in the US, as assimilationist ideals began to decline, surgeons substituted the goal of "racial preservation" for the once acceptable aim of "passing." In Korea surgeons performing double eyelid surgery have replaced past white reference points with Asian ones as the nation's beauty industries and wider consumer society have grown. Brazilian surgeons, on the other hand, speak of "harmonizing" racial features within an ethical climate where whitening practices remain widely acceptable since they are not seen to violate racial authenticity.

However, in all three cases, surgery continues to pathologize the racial features it enacts by aiming to correct racial traits seen as "excessive" or as merely typical, rather than beautiful. In this article we focus on procedures performed on women, because the majority of patients are female, but also because contemporary surgery enacts the racial trait as more problematic and operable in women than in men. Our comparison across sites does not seek to underline diversity for the sake of it, much less celebrate it. Rather, we seek to problematize the apparent given-ness and unmediated legibility of racial phenotype. This approach aims to contribute to critiques of the new scientificity of race: by analysing the unstable configuration of social and medical knowledge that makes the face racial, we hope to show that such knowledge is contingent, and thus might be otherwise.

A note on terminology: we do not presume that the racial feature is a naturally occurring category and the terms "race" and "ethnicity" here refer either to their use in scientific and medical discourse, or to social ascriptions of identity made by surgeons or patients.

From racial passing to race preservation in the United States

In this section we analyse historical shifts in the enactment of the racial trait in plastic surgery in North America.[3] The region, along with Western Europe, played a central role in the development of the modern specialty. Moreover, due to its ethnic and racial diversity, plastic surgeons there produced a detailed knowledge of the racial trait as they sought to offer aesthetic "improvement" to non-white and non-Anglo patients. This knowledge shifted over time, in dialog -- and sometimes tension -- with the science of race beyond the medical speciality and with a wider politics of difference.

Modern plastic surgery arose in the late nineteenth and first half of the twentieth centuries alongside two human sciences that influenced its enactment of race: anthropology and psychology. According to this anthropology, the "racial" nose – e.g. the Jewish "hook nose" and Irish "pug nose" -- indexed lower evolutionary development. Historian Sander Gilman (1998, 1999) has shown that plastic surgeons drew on this

anthropological knowledge of race, but introduced the possibility that the nose was a *mutable*, not fixed, racial index. In that period, however, the prospect of using plastic surgery to enable racial others to "pass" or "vanish into the crowd" was received with alarm (Gilman 1999).

However, in the US, cosmetic surgeries to improve racial features became more therapeutically legitimate, beginning in the 1930s, in part due to racial anthropology's decline (Haiken 1997). This goal needed a therapeutic justification, however, which was supplied partly by the work of Freud and his one-time disciple Alfred Adler (1870–1937). Adler popularized the "inferiority complex," which held that defects in appearance can cause psychological problems and social adjustment difficulties (Haiken 1997, 95). Correcting defects offered a means of gaining social acceptance. Thus, New World ideologies of assimilation and self-improvement made it possible—even therapeutic—to alter racial markers (Haiken 1997). However, such alterations were seen as aesthetic improvements owing to the assumed inferiority of non-white, Semitic and other "white ethnic" facial features. These patients did not necessarily use surgery to move into an Anglo or white identity (though this was a possibility), but surgery was thought to lessen visible ethnic and racial differences that caused unhappiness or social problems (Gilman 1999). The nose job in this context thus aligned the medical knowledge of race with prevailing white beauty norms and a politics of difference in North America that valued the assimilation of ethnic minorities.

This alignment of knowledge, beauty, and politics, however, began to disintegrate, beginning in the 1970s with the rise of multiculturalism that challenged the earlier assimilationist ethos. The black is beautiful and wider ethnic pride movements challenged white beauty norms, though the old aesthetic hierarchies persisted in everyday life – and in plastic surgery (Haiken 1997). Ethnic and racial surgeries did not decline, but in fact found a larger market, in part due to the growth of credit plans (Essig 2011) and the rise of a larger "makeover culture" (Jones 2008) that made cosmetic surgery more accessible. As the use of surgery to pass or whiten became more ethically problematic surgeons began advocating more natural-looking surgeries by the 1980s that promised to enhance beauty, not transform race. Here is a typical statement of this turn in racial thinking: "Surgical philosophies have also changed, shifting from the perspective of racial transformation…toward a view of racial preservation" (Sturm-O'Brien et al. 2010, 69).

Yet, as plastic surgery distanced itself from passing fantasies, the specialty paradoxically returned to the old quest of racial anthropology: to empirically describe the racial feature. To "preserve yet improve" Asian, black, and other racial features, the medical specialty needed to know what distinguishes the feature as racial. In response some surgeons undertook a more rigorous and extensive use of anthropometric techniques to describe racial features, the most well-known example of which is the work of Leslie Farkas and colleagues (e.g. Farkas et al 1986). Farkas (1915-2008), a Hungarian-born plastic surgeon who emigrated to Canada in 1968, is known as a pioneer of modern craniofacial anthropometry. Early in his career he became convinced that surgeons could not rely on their visual assessment in correcting congenital anomalies or facial injuries. He began a life-long quest to develop a sophisticated anthropometric system for the medical specialty. In his 244 publications he generated a large database of craniofacial norms, which could be used by surgeons to define more objective surgical goals in operations such as correction of the cleft palate. However, Farkas believed that these craniofacial norms varied in different racial and ethnic groups. Collaborating with physical anthropologists, he generated

databases of race-specific "normative measurements" of the skull and face for surgeons to use in reconstructive surgeries (Anderson and Habal 2009).

But Farkas was also active in the field of aesthetic surgery, and he used anthropometry to identify, not just *norms*, but also *ideals* that ostensibly could be used to achieve cosmetic improvements in patients of different races. Rejecting the use of the neo-classical canon to define ideal proportions in the face, a common practice in plastic surgery in the past, Farkas created a new knowledge of norms and ideals that was exceptionally detailed. For example, in one article, titled "The geography of the nose," he described 16 nasal measurements, 15 other craniofacial measurements, and 29 different "proportion indices," derived from relationships between facial measurements (Farkas et al 1986). Farkas used such anthropometric data to define differences between racial features, such as the "Caucasian," "Asian," and "black" nose.[4] But he also included comparisons between groups of "average" and "attractive" patients, who are always specified by gender, and are usually women. Attractive faces in this literature are defined by the judgments of observers or the surgeon's own judgment (Farkas et al 1986).

This use of detailed anthropometry to define race-specific ideal proportions was a crucial development in the specialty because it enabled surgeons to present surgery on the racial trait as cosmetic *improvement*, but one which does not aim at whiteness, which plastic surgeons had implicitly used as a norm. Indeed, colleagues heralded Farkas for creating "diverse data" and personally "travelling the world to measure Chinese and African American faces" in order to avoid ethnocentrism (Anderson and Habal 2009, 714), a goal that was undermined by the fact that surgeons continued to target similar "problems" in non-white facial features as they had in the past.

On the one hand, plastic surgery's version of the racial trait cannot be seen as a "social" construction in that it drew on some existing medical and scientific practice and knowledge. For one, it used anthropometric data that could be replicated by other researchers. It *did* involve aesthetic judgment, but it defined beauty ideals again through anthropometry, using methods that surgeons at least consider valid, and which are used by other sciences of beauty, such as evolutionary psychology (Etcoff 2000). Moreover, plastic surgery's version of race drew on racial knowledge in the field of reconstructive surgery, which seemed to boost the medical legitimacy of the race concept since reconstructive surgeries have a more clear healing rationale, compared to cosmetic surgeries. Farkas' own use of anthropometry was grounded, not just in his background in cosmetic surgery, but also in his extensive work with craniofacial trauma (Anderson and Habal 2009). Some reconstructive surgeons, moreover, use the race concept to explain differing congenital deformity rates amongst different populations. North American surgeons have found, for example, that "blacks" experience lower rates of isolated cleft lip than do "whites," but greater rates of pre-auricular appendages (Rogers 1998, 31–32). Reconstructive surgery's version of race does not seem to explicitly pathologize non-white features since it describes statistical probabilities of congenital abnormalities, which in some cases are higher in whites than in non-whites.[5] Such uses of race – even if out of synch with the "non-existence" of race view in genetics -- lend some authority to the scientificity and materiality of race and were accepted as valid by experts in the fields of plastic surgery and anthropometry.

However, plastic surgery's version of the racial trait is also informed by the old racialized aesthetic hierarchies and cannot be seen simply as the description of morphological differences created by "geography." Many North American cosmetic surgeons continued to offer the same "improvements" to racial traits as they had in the

past, which raises the question of whether they are not profiting from, or contributing to, internalized racism in ethnic minority patients (Kaw 1993). Moreover, while plastic surgery created a "new" anthropometry, it reproduced some of the old and (for much of biological sciences) outdated racial anthropology of the nineteenth century. Farkas and colleagues (1986) even present a diagram of "typical nostril shapes" alongside a nearly identical image taken from Topinard's *Elements of General Anthropology* (1885), an influential text from the height of scientific racism that ranked each race's level of evolutionary development according to its nasal index, with "Hottentots" and "Mongols" below "Parisians."

North American surgeons' enactment of the racial trait thus holds together different techniques and forms of knowledge: the old racial anthropology and the new anthropometry; race-specific norms and probabilities in reconstructive surgery as well as race-specific, aesthetic ideals for cosmetic operations. It is also an enactment that developed in relation to a specific politics of difference. Racial surgeries in North America target "internal others" within a society where the passing and assimilationist ideals were in decline, but which remained white-dominated. The following two sections describe how different alignments of beauty, racial knowledge, and identity politics emerged in the rapidly growing South Korean and Brazilian cosmetic surgery markets.

The Asian, above-average face in Korea[6]

The two most common types of procedures that target racial features in South Korea (and East Asia more widely) are surgeries to project and narrow the nose and surgery to create a double eyelid. We focus here on the latter procedure, double eyelid blepharoplasty, which is the most commonly performed cosmetic surgery in South Korea, and also because the eye is particularly salient in medical and cultural discourse as a marker of Asian difference. This relatively simple surgery creates a crease above the eyelid. Caucasians are born with such a double eyelid, whilst plastic surgeons claim that about half of East Asians are born with it, and half are born with a single eyelid. A crucial ethical question surrounding this surgery is whether it aims to "Westernize" or "whiten" East Asians, as critics claim, or whether it is merely a beautification procedure (Kaw 1993).

The development of this surgery must be understood in the context of modernization in Asia and geopolitical relationships between Korea and the West. In Japan in the 1930s the operation acquired a cosmetic rationale that evoked modernization. The rounder looking eye created by the surgery became associated with qualities such as "openness" and "individuality" during a period when it was thought desirable for Japan to "open" to the West (Shirakabe 1990, 219). In post-World War II South Korea the eyelid procedure continued to reflect not only modernization ideals, but also Cold War relationships with the West. US plastic surgeon David Ralph Millard (1955) learned about the technique while stationed with the Marines during the Korean War. He recounts how he performed it on a Korean translator who asked for "a round eye" to alleviate suspicion caused by his "slant eyes". After the surgery, the patient was "mistaken for Mexican or Italian". Millard noted that female patients also requested to be "Occidentalized in order to be more attractive to the American troops". As with the North American Jewish nose job, the operation's goal was passing as another race, but within the political climate of the Cold War. The surgery attempted to familiarize the political creations of war: the untrustworthy "gook" and the racially polluting "war bride" (Kim 2005). Opening the eye ostensibly made the "Oriental" less threatening in a geo-political context of suspicion.[7]

This logic of Westernization, however, began to fade in the early 2000s in Korea as the plastic surgery industry boomed and a new confidence arose in pop culture (Leem 2016a, 2016b, 2017; Holliday and Elfving-Hwang 2012). Until the 1990s, surgeries in Korea still often invoked a white reference point. At that time, large and round eyes with double eyelids were presented as features that distinguished a white face from a Korean one. By the 2000s, however, plastic surgery instead began depicting varieties of "pan-Asian beauty," all with double eyelids, but without white faces as reference points.

As demand for double eyelid surgery rapidly grew in the twenty-first century explicit emulation of white faces was deemed to be an exaggeration, even pathological, as in the caricature, "The Portrait of Gangnam Beauty"[8]. This image is a parody of a well-known, Korean painting, "The Portrait of Beauty," painted by the Korean genre painter Yoon-Bok Shin in the late-eighteenth to mid-nineteenth centuries. While the original painting represents "traditional" feminine beauty, the modified version satirizes slavish emulation of Western beauty with its depiction of overly large eyes, a long, protruding nose, and an excessively small chin, references to surgical alteration. The term, *Seong-hyung-goi-mul* (Plastic surgery monster), is a criticism of unharmonious Westernized beauty (Leem 2017). The portrait reflects a shift in plastic surgery discourse towards promoting more natural-looking surgeries that ostensibly enhance beauty, not transform race.

The double eyelid also became associated with qualities, such as alertness, sexual openness, and individuality, which were once associated with the West, but became Korean ideals, as beauty culture and consumer society expanded (Leem 2016a). These meanings of the Korean eye are highly gendered. Whereas beauty ideals for women in the past were linked to qualities such as fertility and tranquillity, newer ones reflected the ideal, and obligation, of active sexuality and female autonomy (Holliday and Elfving-Hwang 2012). Men also became more avid consumers of cosmetic surgery in Korea, including eyelid surgery, as more androgynous masculine ideals arose in popular culture. Men's surgeries were not seen to emulate a Western look, but rather youthful K-pop stars, Korean "flower boys," boy heroes from Manga, or other Asian models of masculinity (Holliday & Elfving-Hwang, 2012; Miyose and Engstrom, 2015; Käng, 2014)

However, while plastic surgery has shed some of its association with Westernization, Korean surgeons continue to utilize the race concept in facial surgeries. As in the US, surgeons in South Korea turned to anthropometry to better understand racial anatomy. New technologies, like photometric analysis, allowed surgeons to more precisely measure the Asian eye shape, spacing, and eyelid shape. This anthropometric gaze racialized phenotypic variation in new ways. For one, it revealed more variation in Asian eyes, such as eight sub-varieties of eyelid shape**.** Surgeons also specified in more detail essential anatomical differences between Asian and white eyes, such as differences in "lateral canthal tilt" (Rhee et al 2012)[9], or qualitative differences in the *shape* of the eyelid (that is, beyond the presence or absence of a double eyelid). The Asian crease is said to run *parallel* to the eyelid, while the Caucasian crease has a *semilunar shape* (Nyugen et al 2009). Surgeons argue that they thus must use Asian, not white, anatomical models when performing facial surgery to achieve better, more natural results.

This is a subtle shift in plastic surgeon's version of race. Rather than abandon the race concept in the face of critiques of surgery as whitening, they have instead used anthropometry to enact racial phenotypic differences in ways that buttress their clinical expertise and make surgeries desirable to patients. Surgeons recognize that for many

would-be patients, whitening is either irrelevant or repulsive. Rather than a whiter eye, they offer an enhanced, but *authentically Asian*, eye.

[Figure 1 here]

However, plastic surgery still pathologizes the racial trait in that it identifies race-specific qualities as targets of intervention when they are seen as excessive, or sometimes merely "average," as opposed to attractive. For example, surgeons claim that Asian eyes are characterized by more fat deposits, which are not seen as a problem unless they are excessive. Similarly, the Korean nose only becomes operable when surgeon or patient claim it has dimensions that are not simply "racial," but "too racial," that is, "too wide" or "too flat." This point is also illustrated by a newer racial procedure now gaining popularity in Korea: jaw reshaping. This radical, bone-cutting surgery, which risks major complications and was once only performed for reconstructive purposes, is now offered as a cosmetic surgery. It posits the "too-wide" jaw as both a typically female Korean feature and an unaesthetic excess. These surgeries also show the interdependence of race and gender as they present such racial "excess" as creating an overly masculine face.[10]

The new anthropometrics is altering the relationship between beauty and race. Korean surgeons began to use anthropometry more extensively to document so-called attractive facial anatomy. For example, Rhee et al (2012) measure a range of landmarks and angles in "attractive" faces created from composites of female celebrities, and compare them with measurements of "average" faces in each race. These images replace earlier racial sciences' vertical racial indices with a schema that aligns races horizontally (**Figure 1**), aesthetically judging *within* races, not across them. For surgeons the racial feature becomes less visible or problematic in *ideal* female faces. They claim that female above-average faces of any race have common traits, such as wider-spaced eyes and smaller chins. As the female patient's face moves from average to ideal proportions, it takes on these attributes of universal feminine beauty and supposedly becomes less racialized in appearance.

This use of anthropometry and digital modelling to measure attractive faces is part of a "science of beauty" practised by other disciplines such as psychology (Etcoff 2000).[11] As plastic surgeons take up these techniques, their enactment of the racial trait has shifted. The racial trait becomes more present—and pathologized—in faces with average anatomical values. The racial feature thus in a sense only becomes racial when it is deemed to be ugly or less than ideal. Surgery enacts race as an ordinary quality, eclipsed by extraordinary beauty that is globally appealing, scientifically measurable, and medically attainable (Leem 2017). This subtle distinction allows surgeons to continue to operationalize race in facial surgeries, whilst appearing to sidestep the aesthetic problem of unnatural results and the ethical problem of whitening.

Enacting the Negroid nose in "meta-racial" Brazil

We move now to Brazil, a society with a history of the racial body that differs significantly from those in our first two cases. Anderson (2014, 782) argues that the race concept in Europe and North America sharply contrasted with the "greater interest across the Southern Hemisphere…in racial plasticity, environmental adaptation, mixing or miscegenation, and blurring of racial boundaries". In Latin America race is often not seen as simply a matter of ancestry, but is a relational category, shaped by the "accumulation" of traits, such as social markers, hair type, and the shape of facial features (Weismantel 2001, Wade 2010). This literature underlines that phenotypic differences should not be taken as

"given facts" (M'Charek forthcoming): rather their perception is mediated by situated knowledge, medical practices like plastic surgery, and lay classifications of appearance (Edmonds 2010, Sansone 2003).

In the semiotics of phenotype in Brazil, facial features and hair can be more important racial markers than skin colour (Twine 1998). Racial and color terms in that country are sometimes seen as more fluid or relative in that they are not necessarily determined by ancestry, and can be altered by the acquisition of social status or beauty work (Edmonds 2010). At the same time, white or "whitish" hair and facial features are valorised aesthetically and socially rewarded. Conversely a "too black" appearance is stigmatized societally, and even within families (Hordge-Freeman 2013). How does plastic surgery enact the racial trait in this context?

The most common cosmetic surgery procedure that is explicitly racialized in Brazil is rhinoplasty. Many patients request to have their nose *afinado* (thinned but also "refined") or to project the tip by inserting cartilage. The technique is sometimes referred to as "correction of the Negroid nose" in Brazil and other parts of Latin America (Vidal and Vigil 2010). While this medical description seems to racialize the facial feature, it does not assume that the feature will identify the patient as "black" (*preto* or *negro* in Portuguese). In fact, some patients requesting this surgery identify as white, or with a colour term, such as brown (*moreno*), or its variants. Some *moreno* Brazilians say they have mixed ancestry, indigenous ancestry, brown relatives, or are simply unsure of family history. Some consider themselves white. *Moreno* is thus a racially ambiguous term, different from the more racialized identity of *negro* (black), and one of the most popular descriptions of physical appearance (Sansone 2004).

The surgical search for beauty in mixed and brown patients is influenced by Brazil's long history of whitening. *Embranquiamento* (whitening) has a distinct significance in Brazilian nation-building. Imported from Europe, racial anthropology brought the unwelcome idea to Brazilian elites in the late nineteenth century that liberal racial mixing would doom the population to degeneration. The scientific concept of whitening offered a local form of resistance to this idea: the admixture of European blood would gradually whiten, and hence improve, the people (Skidmore 1974). *Embranquiamento* was later translated into policy favouring European immigration at the expense of extending full citizenship to non-whites (Andrews 1991). However, beginning in the 1920s, Brazilians again reassessed racial mixture. Scholar Gilberto Freyre used Boasian anthropology's culture concept to challenge racial pessimism (Vianna 1999). Freyre (1956, 1986) celebrated racial and cultural *mestiçagem* (mixture). His vision of a vibrant, mixed Brazil became a central, often eroticized, aspect of national identity in the twentieth century (Bocayuva 2001). It was elaborated in the new modernist literature and in avant-garde paintings depicting the beautiful kaleidoscope of Brazilian phenotypes convivially mixing (**Figure 2).** Freyre's work, and its uptake by the state and popular culture, helped establish a vision of the population as a meta-race that transcended racial boundaries.

[Figure 2 here]

This was a highly gendered gaze that made the mixed-race woman a symbol of Brazilian sensuality, and has been critiqued by black social movements. However, while this nationalist discourse aestheticizes mixture it stigmatizes blackness as "excess" (Freyre 1986). In Freyre's vision, race in a sense became visible in blackness but (partially) disappears in mixture. Freyre's ideas about race and beauty underline central contradictions in Brazilian society and plastic surgery practice. The blurring of racial boundaries is

celebrated, as is mixture in some social domains; yet, black Brazilians encounter social and aesthetic prejudice (Telles 2004), reflected in the proverb: "The whiter, the better".

The relative fluidity between color categories in Brazilian society thus does not mean that surgeons reject the race concept in their medical practice; on the contrary, they claim to have intimate medical knowledge of how race manifests in the body. They assert that whites' skin ages poorly, that blacks gain weight more easily, that an African-European mixture produces an attractive slender waist and voluminous hips in women. Some surgeons even claim to know from which tribes (e.g. "Bantu" or "Angolan") their black and mixed patients have descended according to their propensity to form keloid scars. Surgeons also apply this knowledge, for example, in surgeries that redistribute fat to the hips in emulation of what they see as desirable African-white mixture in women's bodies. However, mixture also creates what surgeons see as aesthetic problems: features that do not fit the face or disharmonies. Surgery's goal for the mixed patient is to harmonize such disharmonies. Recalling Freyre's discourse on mixture as avoiding excess, surgeons promise to remove overly accentuated racial traits. As in Korea, such "excess" is seen as more of an aesthetic problem in women, than in men, though some male patients do request racialized rhinoplasty.

Brazilian plastic surgery differs from our other two cases, however, in that it tends to unlink the racial trait from racial identity. US and Korean surgeons use sophisticated anthropometric measurement in order to know the racial feature in precise detail and then move the patient towards race-specific ideals. In Brazilian plastic surgery, on the other hand, the racial feature is not necessarily considered an index of racial identity. A brown or white patient may be considered to have a black nose. Improving the nose in these conditions is not seen as posing a risk of "changing" the racial identity of the patient, but is rather seen as a valid means of harmonizing the face. Depictions of racial phenotype as malleable feed fantasies of flexibility in racial or colour identities. Aspiring actress Noemi said, "I am all mixed, white, Indian, black . . . I can go in several directions". Nevertheless, she was contemplating surgery to refine her nose at her employer's suggestion, the Globo TV network. Noemi saw the procedure as a means to obtain a well-paid telenovela role. Her desire for improvement suggests how the Brazilian fantasy of the meta-racial beauty utopia is haunted by the spectre of whitening and a long history of stigmatizing a black appearance.

Rita Segato (1998, 11) describes a distinct, intimate racism style in Brazil regarding "internal contamination", "a fear (and a certainty) of being contaminated somewhere", which she contrasts with the US logic of policing racial boundaries. In beauty work, these contamination anxieties are directed onto the body: some mothers try to project their infants' nose by pulling it, women straighten and dye their hair blond, and surgery erases contaminating traces of blackness. As one surgeon described, while mixture is potentially beautiful, the patient always wants a nose that is more European than African. In Brazil, race can be depicted either as pathological excess or as absent in harmonious "meta-racial" mixture. The racial feature is thus not a fixed object of medicine. In the US and Korea, it is seen as a product of geography, expressed in biology; in Brazil, it may or may not map onto identity and can be "softened" or whitened.

Concluding discussion

Plastic surgery draws on multiple techniques and sciences, including anthropology, anthropometry, anatomy, and psychology, to enact race. These techniques and sciences are

global, though flows of knowledge do not just move from the metropole to periphery (Safier 2010). For example, much of racial science originated in Europe and North America, but in Latin America elites adapted it to their own purposes (Leys 1992). And while some pioneers of Brazilian plastic surgery trained in Europe and the US, today Brazil – and South Korea -- are high-prestige destinations for surgery that export their own beauty techniques. However, while there has been a global exchange of plastic surgery discourse and techniques, there are important differences in the enactment of race in our three contexts.

The *moreno* ("brown") Brazilian is in one respect similar to the Jewish or white ethnic American during the era of assimilationist optimism: their race is plastic in that it is environmentally shaped. It is a temporary condition that can be changed in the next generation—or in the present through plastic surgery. Yet, there is also a difference between these two cases. North American plastic surgery was thought to help patients to overcome psychosocial difficulties resulting from their minority status, while in Brazil, the *moreno* is not seen as a racial other. In Brazil rhinoplasty on moreno patients does not seek to assimilate an ethnic minority but rather to hide "internal contamination," or the "trace of blackness" that is manifested in facial features. Thus, in the US the Jewish nose job was initially imagined as changing the race of the *person*, while in Brazil the black nose job aims to change the race of the *nose* to make it fit the person's meta-racial condition. Plastic surgery enacts race differently as it adapts to different politics of difference.

In contemporary Korean plastic surgery, race is enacted differently again. Racial vision has different reference points. It is directed less at difference within the national population, and more internationally, at European and other Asian countries. For the Korean surgeon, the eye and the person "have" a race and plastic surgery must preserve racial anatomy. This goal requires detailed understanding of the racial eye's anatomy and the beautiful eye's characteristics. This contemporary use of race repudiates the earlier Cold War fantasy of racial passing and whitening. Korean surgeons still mobilize racial typologies but have tried to strip them of a hierarchy that rated white above Asian faces. Yet, these surgeons reinforce racial boundaries as they delineate features' racial dimensions with modern anthropometry. While Korean surgery holds that race must be preserved in the eye, it also aims to "diminish" racial features. This tension raises different ethical questions than the older surgical rationale of Westernization. The discovery that the Asian eye can be improved *without* Westernizing it has only facilitated the procedure's rapid expansion. Unlike the Jewish nose job, double eyelid surgery does not aim to allow the patient to *blend in* with her surroundings but rather *stand out* as beautiful. Yet, as plastic surgery itself is becoming normalized in Korea, the altered body may become the norm.

These versions of race might seem to be social constructions in that they are informed by beauty ideals that are mercurial and dependent on power relations in society. However, this aestheticization of race is not unique to plastic surgery, but has also informed the evolutionary frameworks of scientific racism (Gould 1981). Moreover, plastic surgery, like forensic anthropology, has also made its models of phenotypic difference empirically verifiable, by using techniques such as anthropometry, and by conforming to medico-scientific norms. And just as forensic anthropologists feel that their knowledge of race is confirmed by the practical work they do identifying skeletal remains, plastic surgeons' knowledge of race seems to them to be materialized in the body of the patient (Edmonds 2010). For example, racial differences in skin elasticity are demonstrated to surgeons when they palpate the patient. Or surgeons observe racial differences in the formation of keloid scars or in the occurrence of congenital abnormalities in patients. On the other hand, the

racial trait as a medical object is certainly not a natural kind, or a self-evident category that presents itself to an observer without mediation. We have used the concept of enactment to show how surgeons do not socially construct, but rather biologize race and beauty by using techniques and sciences to describe them in anatomical, physiological, and statistical terms (Edmonds 2013).

Our analysis has shown that while there are differences in plastic surgeons' uses of race, in all three cases they continue to enact the racial feature as a medical object needing improvement. They no longer treat the racial feature itself as the pathology, however, but instead see typical or excess race as the problem. In the US and Korea surgeons claim they can improve such "defects," not by aiming at whiteness, but rather at race-specific beauty ideals. In Brazil surgeons believe they can improve racial features by harmonizing the face, echoing a national discourse that aestheticizes brown mixture and stigmatizes a "too black" appearance. In all three cases surgeons enact race as an average quality, which can be made unproblematic, even less visible, through aesthetic improvement via surgery. Plastic surgery thus creates a tension between race and beauty: a racial feature is most visible when it is merely typical. As surgery nudges the average towards the ideal, it seeks to transform race into beauty. This is one dystopian scenario raised by plastic surgery: normality—the unaltered body—becomes pathological and beauty a norm that must be obtained through medical intervention.

While race is made into a valid medical object, we have argued that it is also a multiple one. By showing the different ways race can be measured, modelled, and "diminished" in the face, we aimed to problematize the assumption of racial phenotype. If there in one race for cosmetic surgery, another one for reconstructive surgery; one for assessing beautification possibilities, another for scarring risks; one for Brazil and one for Korea; one for the 2000s and one for the 1950s; then there are likely many more that can and will be made. If facial features' race is contingent, then so too is racial defects' ugliness. What can be *made*—the racial feature as a surgically improvable object—can also be *unmade* through other techniques, politics, and knowledge.

---

[1] South Korea, though, has the world's highest *per capita* rate of cosmetic operations (Heidekruger et al 2017).

[2] Another problem with the social constructionist perspective on race is that it rests on an oversimplified account of the earlier "disappearance" of race from science (Reardon 2005).

[3] We focus on the US, but also discuss the influential work of a Toronto-based plastic surgeon, Leslie Farkas.

[4] Unlike in the Brazil case, Farkas assumed that the race of the facial feature would match the racial identity of the patient, an identity that was defined by the patient (i.e. a "Caucasian" patient would have a "Caucasian nose."

[5] Cosmetic surgeons also observe that patients of some African ancestry are more likely to form keloid scars, which they believe they have to take into account in order to benefit patients (since such scars can "ruin" cosmetic surgeries) (Edmonds 2010).

[6] Surgeons' and customers' voices in this section were collected during Leem's fieldwork at a plastic surgery clinic, Seoul, Korea between 2008 and 2010. Details about the field-site and fieldwork have been provided elsewhere (Leem 2016a).

[7] The aim of Westernizing the Korean body also reflected a new racial vision of the Korean body as being anthropometrically distinct—and superior—to the Japanese body (Holliday and Elfving-Hwang 2012, 69).
[8] One of Seoul's twenty-five districts, Gangnam has a high density of plastic surgery clinics and also symbolizes South Korea's fashionable and modern lifestyle (Leem 2017).
[9] They identify the race of person by social ascription in this research.
[10] Plemons (2017) also makes this point in relation to facial feminization surgery performed on Asian trans- women in North America
[11] See Etcoff 2000 for a review of this emerging field.

Figure Captions
Figure 1 "Average or attractive composite faces from different races. " (Rhee et al. 2012, 1237).
The seven composite faces used in this figure are an average Korean face (AVK), an attractive Korean face (ATK), an attractive Asian face (ATA), an average Caucasian face (AVC), an attractive Caucasian face (ATC), an average African face (AVB), and an attractive African face (ATB).

Figure 2 "Five girls from Guarantinguetá," Emiliano di Cavalcanti, 1926.
Seeking to create a uniquely Brazilian art form, di Cavalcanti celebrated the aesthetics of mixture in his portraits of Brazilian women.

References
Anderson, Warwick. 2014. "Racial Conceptions in the Global South." *Isis* 105 (4): 782–792.

Anderson, Nina Kay and Habal, Mutaz. 2009. In Memoriam of Leslie Farkas, MD. *Journal of Craniofacial Surgery*. 20 (3):713-4.

Andrews, George Reid. 1991. *Blacks & Whites in São Paulo, Brazil, 1888-1988*. University of Wisconsin Press.

Edmonds, Alexander. 2007. "'The Poor Have the Right to be Beautiful': Cosmetic Surgery in Neoliberal Brazil." *Journal of the Royal Anthropological Institute* 13(2): 363-381.

Edmonds, Alexander. 2010. Pretty Modern: Beauty, Sex and Plastic Surgery in Brazil. Durham: Duke University Press.

Edmonds, Alexander. 2013. Can Medicine be Aesthetic? Disentangling Beauty and Health in Elective Surgeries. *Medical Anthropology Quarterly* 27(2):233-52.

Leem, So Yeon. 2016a. "The Anxious Production of Beauty: Unruly Bodies, Surgical Anxiety, and Invisible Care." *Social Studies of Science* 46(1): 34-55.

Leem, So Yeon. 2016b. "The Dubious Enhancement: Making South Korea a Plastic Surgery Nation." *East Asian Science, Technology, and Society: an International Journal* 10(1): 51-71.

Leem, So Yeon. 2017. “Gangnam-Style Plastic Surgery: The Science of Westernized Beauty in South Korea.” *Medical Anthropology* 36(7): 657-671.

Bocayuva, Helena. 2001. *Erotismo a Brasileira*. Rio de Janeiro: Garamond.

Etcoff, Nancy. 2000. *Survival of the Prettiest: The Science of Beauty*. New York: Anchor Books.

Farkas, L. G., J. C. Kolar, and I. R. Munro. 1986. “Geography of the Nose: A Morphometric Study.” *Aesthetic Plastic Surgery* 10 (1): 191–223.

Freyre, Gilberto. 1956. *The Masters and the Slaves: A Study in the Development of Brazilian Civilization.* Translated by Samuel Putnam. New York: Knopf.

Freyre, Gilberto. 1986. *Modos de Homen e Modas de Mulher*. Rio de Janeiro: Record.

Fullwiley, Duana. 2007. “The Molecularization of Race: Institutionalizing Human Difference in Pharmacogenetics Practice.” *Science as Culture* 16 (1) :1–30.

Gilman, Sander. 1998. *Creating Beauty to Cure the Soul: Race and Psychology in the Shaping of Aesthetic Surgery*. Durham: Duke University Press.

Gilman, Sander. 1999. *Making the Body Beautiful: A Cultural History of Aesthetic Surgery.* Princeton: Princeton University Press.

Goldstein, Donna. 2003. *Laughter Out of Place: Race, Class, Violence, and Sexuality in a Rio Shantytown*. Berkeley: University of California Press.

Gould, Stephen. 1981. *The Mismeasure of Man*. New York: Norton & Company.

Haiken, Elizabeth. 1997. *Venus Envy: A History of Cosmetic Surgery.* Baltimore: Johns Hopkins University Press.

Hartigan, John Jr. 2008. “Is Race Still Socially Constructed? The Recent Controversy over Race and Medical Genetics.” *Science as Culture* 17 (2): 163–193.

Heidekrueger, Paul I., S. Juran, D. Ehrl, T. Aung, N. Tanna & P. Niclas Broer. 2017. “Global Aesthetic Surgery Statistics: A Closer Look.” *Journal of Plastic Surgery and Hand Surgery* 51 (4): 270-274.

Holliday, Ruth and Joana Elfving-Hwang. 2012. “Gender, Globalization and Aesthetic Surgery in South Korea.” *Body & Society* 18 (2): 58–81.

Hordge-Freeman, Elizabeth. 2013. “What’s Love got to do with it?: Racial Features, Stigma and Socialization in Afro-Brazilian Families.” *Journal of Ethnic and Racial Studies* 36 (10): 1507-1523.

Kaw, Eugenia. 1993. “Medicalization of Racial Features: Asian American Women and Cosmetic Surgery.” *Medical Anthropology Quarterly* 7 (1): 74–89.

Käng, Dredge Byung'chu. 2014. "Idols of development: Transnational transgender performance in Thai K-Pop cover dance." *Transgender Studies Quarterly* 1(4): 559-571.

Kim, Tayeon. 2005. “The Moving Eye: From Cold War Racial Subject to Middle Class Cosmopolitan, Korean Cosmetic Eyelid Surgery, 1955-2001.” PhD diss., Bowling Green State University.

Livingstone, Frank B. 1962. “On the Non-Existence of Human Races.” *Current Anthropology* 3(3): 279.

M’Charek, Amade. 2013. “Beyond Fact or Fiction: On the Materiality of Race in Practice.” *Cultural Anthropology* 28 (3): 420–442.

M’Charek, Amade. Forthcoming. *American Anthropologist*. “Tentacular Faces: Race the Return of the Phenotype in Forensic Identification. Accessed June 24, 2020: https://anthrosource.onlinelibrary.wiley.com/doi/full/10.1111/aman.13385

M’Charek, Amade, Katharina Schramm, and David Skinner. 2014. Topologies of Race: Doing territory, population and identity in Europe. *Science, Technology, & Human Values*, 39 (4): 468-487

Millard, David Ralph. 1955. “Oriental Peregrinations.” *Plastic and Reconstructive Surgery* 16(5): 319-336.

Miyose, Colby, and Erika Engstrom. 2015. "Boys over flowers: Korean soap opera and the blossoming of a new masculinity." *Popular Culture Review* 26(2): 4-15.

Plemons, Eric. 2017. *The Look of a Woman: Facial Feminization Surgery and the Aims of Trans- Medicine*. Durham: Duke University Press.

Reardon, Jenny. 2005. *Race to the Finish: Identity and Governance in an Age of Genomics.* Princeton: Princeton University Press.

Rhee, Seung Chul, Kyoung-Sik Woo, and Bongsik Kwon. 2012. "Biometric study of eyelid shape and dimensions of different races with references to beauty." *Aesthetic plastic surgery* 36(5): 1236-1245.

Rogers, B. O. 1998. “Anthropologic and Physiologic Considerations.” In *Ethnic Considerations in Facial Aesthetic Surgery*, edited by W. E. Matory, 31–35. Philadelphia: Lippincott-Raven Publishers.

Sansone, Lívio. 2004. *Negritude sem Etnicidadade*. Rio de Janeiro: Pallas Editora.

Sauer, Norman. 1992. “Forensic Anthropology and the Concept of Race.” Social Science & Medicine 34(2):107-111.

Segato, Rita Laura. 1998. *Two Ethno-Racial Paradigms: Brazil and the US*. No. 233. Brasília, Brazil: Departamento de Antropologia, Universidade de Brasília.

Shirakabe, Yukio. 1990. "The development of aesthetic facial surgery in Japan: As seen through a study of Japanese pictorial art." *Aesthetic plastic surgery* 14(1): 215-221.

Skidmore, Thomas. 1974. *Black into White: Race and Nationality in Brazilian Thought*. New York: Oxford University Press.

Sturm-O'Brien, Angela K., Annette E.A. Brissett, and Anthony E. Brissett. 2010. "Ethnic trends in facial plastic surgery." *Facial Plastic Surgery* 262 (2): 69-74.

Telles, Edward. 2004. *Race in Another America: The Significance of Skin Color in Brazil.* Princeton: Princeton University Press.

Topinard, Paul. 1885. *Éléments d'Anthropologie Générale*. *Paris: A. Delahaye et É. Lecrosnier.*

Vianna, Hermano. 1999*. The Mystery of Samba: Popular Music and National Identity in Brazil*. Chapel Hill: University of North Carolina Press.

Vidal, Bernaldo Canto, and Tania Canto Vigil. 2010. "Rinoplastia en la nariz mestiza y negroide: una preocupación de todos." *MediSur* 8(1): 26-31.

Wade, Peter. 2010. Race and Ethnicity in Latin America. Second, revised and updated edition. London: Pluto Press.

Weismantel, Mary. 2001. *Cholas and Pishtacos: Stories of Race and Sex in the Andes.* Chicago: University of Chicago Press.