

Cultural Controversy

What's really behind plastic surgery to
reshape ethnic features? **BY HOWARD KIM**

DO YOU BELIEVE your almond-shaped eyes make you look like a foreigner? In a world of sleekly sculpted noses, does your nose stand out because it's too flat at the bridge?

At one time, turning to cosmetic surgery to alter such traits would have raised eyebrows. Worse yet, if you happened to be a person of color you might have been branded a shameless sellout, a cultural heretic.

Today, most people take a different view. To be sure, surgery to erase ethnic traits is still fairly common, but it's no longer taboo. What's different is that the stigma associ-

ated with plastic surgery is largely gone and with it, the prejudices linked to ethnicity.

"People are turning to plastic surgery for a variety of reasons, not all of them ethnic," says David Sarwer, Ph.D. a researcher at the Center for Human Appearance at the University of Pennsylvania School of Medicine in Philadelphia.

Most people of color want to refine their ethnicity, not lose it, maintains Dr. Samuel M. Lam of Plano, Texas. The board-certified plastic surgeon's book, *Cosmetic Surgery of the Asian Face*, was published just this year by Thieme Medical Publishers. "I think we've come to a universal aesthetic that isn't defined by culture," he says.

Instead, say surgeons, psychologists and others, the emphasis today is on attractiveness.

The Eye of the Beholder

But isn't attractiveness culturally determined, too?

Yes, says E. Carol Webster, Ph.D. a black psychologist from Fort Lauderdale, Fla., who claims blacks are rejecting what's natural for them in the name of acceptance. "If your skin is darker or your hair is kinkier, you're made to feel that you're not good enough," Webster says.

Women such as Halle Berry and Vanessa Williams might have perpetuated the stereotype. "The underpinnings of this go back to slavery when lighter-skinned slaves seemed to have an easier lot in life," Webster maintains.

"The media is largely responsible for these images," observes Dr. Lloyd Krieger, a board-certified Beverly Hills plastic surgeon who doesn't see anything wrong with altering one's appearance if it makes the person feel better.

"It's all about self esteem," says board-certified New York plastic surgeon Dr. Howard T. Bellin. "Is being more comfortable with yourself selling out? That's a question better left to psychology, not medicine."

What's clear is that people of color are turning to cosmetic surgery in large numbers, regardless of the reasons.

In 2004, more than 9.2 million cosmetic procedures were performed in the U.S.

The nation's largest minorities (Hispanics, African-Americans and Asians) accounted for 14 percent, according to the American Society of Plastic Surgeons

in Arlington Heights, Ill.

Among the most requested procedures: nose reshaping (rhinoplasty), eyelid surgery (blepharoplasty), breast size change, liposuction and facelifts. Hispanics, the fastest-growing minority, accounted for the largest number of operations in 2004 with nearly 553,000 procedures.

The Eyes Have It

Among Asians, the single most requested operation has been the double eyelid fold surgery, which has fueled charges that Asians are trying to downplay their own ethnicity in favor of a Caucasian look. Critics say the number of eyelid surgeries (more than 230,000 in 2004, not all done on Asians), doesn't reflect ethnic refinement at all but a worrisome shallowness.

The operation creates a second eyelid fold, which gives the eye a rounded appearance that to some observers resembles an occidental-looking eye. "Unless you subscribe to a Western point of view, a more rounded eye has nothing to do with beauty. It certainly doesn't look natural, not to someone Asian," says Los Angeles-based writer Yayoi Lena Winfrey.

The mindset, Winfrey claims, is to deny your ethnicity. Winfrey, whose heritage is Asian and black, says she questions the motive. "There's got to be an element of self-loathing in something like this."

But the motive was quite the opposite for 18-year-old Maggie, a Vietnamese-American from Dallas. Maggie underwent blepharoplasty last May to correct what she says was a flaw from a previous surgery. "I was concerned only with my looks," says Maggie, who declined to give her full name because her family was not supportive of her choice to have surgery. The blepharoplasty left her with more rounded, less Asian-looking eyes, which she says she doesn't mind at all.

In Asia, the double eyelid procedure has become standard fare in aesthetic surgery, dating back to 1896 when Japanese physicians first began using it allegedly to beautify the Asian eye at a time of growing Western influence.

In the U.S., plastic surgeons deny that ethnicity is a big factor. "People [of color] come in for all sorts of reasons. You can't pin it down to one thing," says Bellin of New York.



The Image Problem

On the other hand, surgeons may not fully understand what's at stake. Patients wrongly assume that a surgeon will understand them, says Sarwer of the Center for Human Appearance. "But surgeons have their own biases and they're not necessarily grounded in good science" or good taste, he says.

Indeed, a 2004 study suggested that plastic surgeons can differ widely with their patients on what they consider attractive or natural. The study, conducted by Yale University researchers, surveyed differences in breast shape preferences between patients and their surgeons. It found that physicians can have "drastically different images in mind regarding what constitutes an attractive, natural and ideal breast shape."

The study gave no definitive reasons for the inconsistency, but some observers believe the differences are regionally based.

Then again, patient preferences can follow fads. In

his practice, New York surgeon Dr. Edmund Kwan sees patients requesting fuller-looking lips. The puffier, more sensuous look is in today, whereas in past years the big demand, especially among certain ethnic groups, was the thinner, streamlined look. "Today, the puffy look is in vogue," says Kwan, implying that things may change again in the not-too-distant future.

The aesthetics-versus-ethnicity debate is apt to rage on. What seems clear, however, is that minorities are just as likely to ignore the critics as agree with them. Most seem united on one issue—beauty.

"What makes Halle Berry beautiful isn't her ethnicity, but the fact that her face is almost perfectly symmetrical," Sarwer says. "Her bone structure is so fine, it gives her face a fresh, youthful appearance, and that's quite desirable."

In the end, the pursuit of beauty and self-esteem may be what wins out, critics admit. Ultimately, it will be what brings all seekers, regardless of race, to the table.

2004 COSMETIC DEMOGRAPHICS

ETHNICITY	2004 Total Procedures	2004	2003	2002
Caucasian	7,736,927	84%	83%	84%
Hispanic	552,638	6%	6%	6%
African-American	460,531	5%	5%	6%
Asian-American	276,319	3%	3%	3%
Other	92,106	1%	3%	1%

Source: American Society of Plastic Surgeons



MOST COMMONLY REQUESTED PROCEDURES FOR ETHNIC PATIENTS

SURGICAL:

Hispanic

Nose reshaping
Breast
Liposuction

African-American

Nose reshaping
Breast reduction
Liposuction

Asian-American

Nose reshaping
Eyelid surgery
Breast augmentation

MINIMALLY INVASIVE:

Hispanic

Botox
Microdermabrasion
Injectable fillers

African-American

Botox
Injectable fillers
Chemical peel

Asian-American

Botox
Chemical peel
Microdermabrasion

Source: American Society of Plastic Surgeons

Who Is the Right Surgeon for Ethnic Surgery?

OVER THE past several years, the popularity of cosmetic surgery has made most procedures safe and accepted. But as with all surgery, patients do face a certain amount of risk. Similarly, choosing the right surgeon for an ethnic procedure can be crucial to a safe and satisfying experience, physicians say.

- **Check the physician's credentials.**

Board certification in plastic surgery is paramount, but equally important is a track record. Ask how many of your chosen procedure the physician has performed in the past. Ask to see before-and-after photos with patients of your own ethnicity, including some of the surgeon's less-than-best work. Insist upon seeing those photos. Going with a surgeon of your own ethnicity doesn't always ensure satisfactory results, but board certification and a strong track record can get you closer.

- **Determine the surgeon's own cultural biases, sensitivity and experience level.**

Physicians have their own preferences. Consider how much he or she knows about your ethnic group to be able to understand your intentions. It can greatly influence the results, says Dallas-based surgeon Dr. Samuel M. Lam. "Among many Asians, dimples are a sign of fertility [not just a facial feature]. How many Western surgeons know that?" Lam says. The more a physician knows about your culture, the more likely your needs will be understood.

- **Consider your own personal biases regarding what is attractive or right for you.**

Again, the right surgeon can advise you on what is realistic. Many patients come in with unreasonable expectations. A knowledgeable physician can steer the patient correctly, says New York surgeon Dr. Edmund Kwan. Also, don't expect perfection. "We try to get it close, but there will always be a slight variation," Kwan says.

- **Price isn't everything, but don't overpay or underpay, either.**

According to reports, the field is glutted with surgeons moonlighting as eye or nose specialists. Check the surgeon's credentials and ask to speak with past patients, especially those of your particular ethnicity.

Typically, the cost of a nose, lip or eyelid procedure ranges between \$3,000 and \$7,000. Most insurance plans will not cover the cost. But many providers have financ-



ing plans that will soften the blow. Be leery of discounts. These surgeries aren't cheap, and sometimes paying the full, going price will result in better service.

- **Consider potential results.**

Facial procedures can be tricky. Unlike a tummy tuck, "it takes years [for a surgeon] to get it right," says New York specialist Dr. Howard T. Bellin, who says he's performed about 4,000 rhinoplasties in his 25-year career. Statistics on mistakes requiring touch-ups or second operations vary by physician. Bellin says his touch-up rate is about 5 out of 1,500 cases. Others have a much higher follow-up rate. However, if you're unhappy with results on aesthetic grounds, that may not be the surgeon's fault.

- **Be conscious of potential scarring, especially on darker skin.**

If your skin is dark in color, post-operative scarring is a factor. Though rare in facial surgeries (it happens more in breast surgeries and tummy tucks), the procedure can potentially leave you with what's known as keloids or hypertrophic scarring. These are unsightly raised scar tissues that are quite noticeable and result from the effects of healing on darker, denser skin.

There is a solution that reduces the potential for such scarring: less invasive techniques, but they may leave the patient with less than optimal results. Discuss the likelihood of such scarring with your surgeon, especially if his or her experience with dark skin pigments is limited.

—H.K.