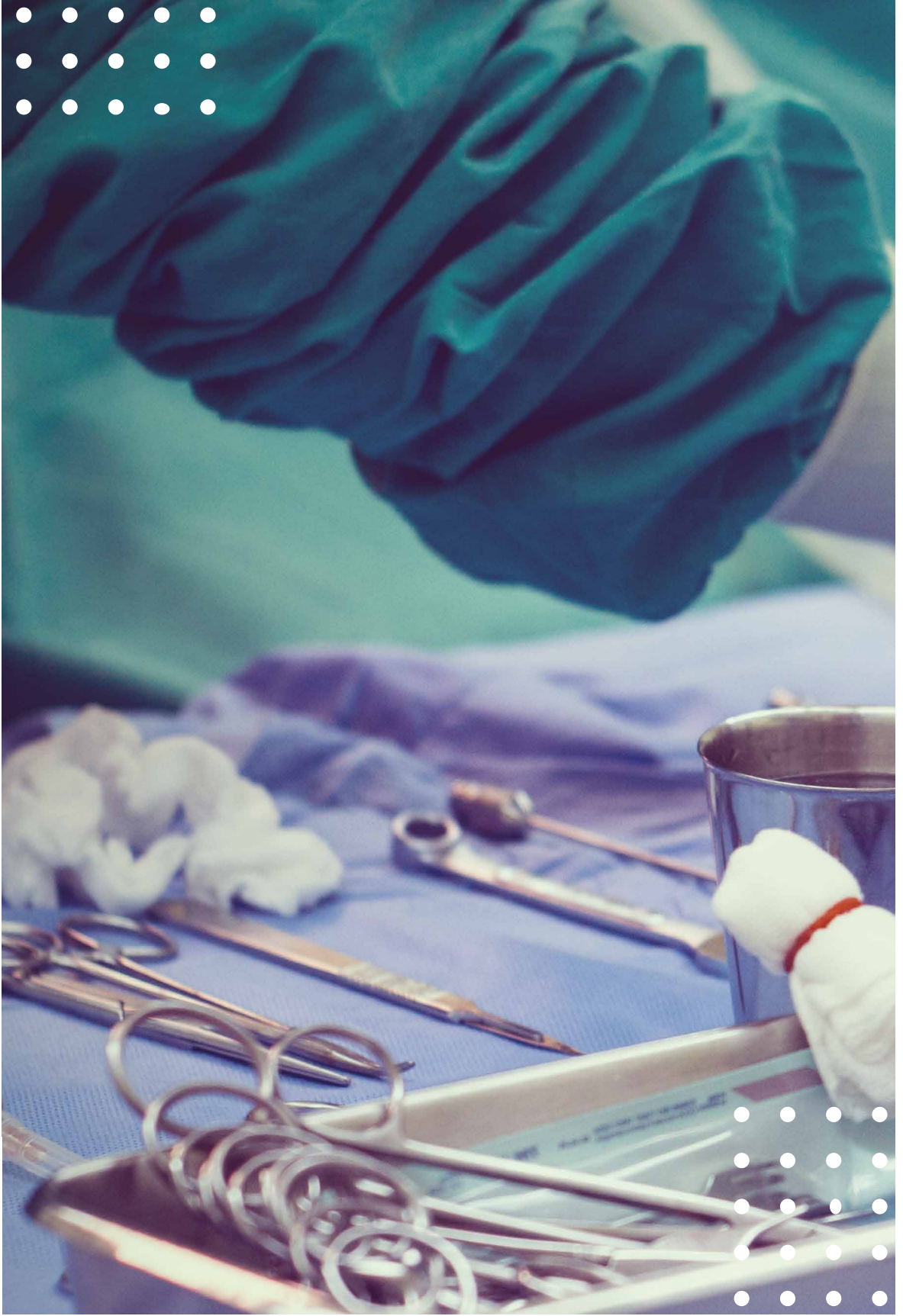
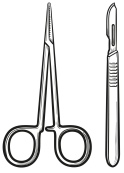


LEVE DURA

ISSUE
#2

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topic of the month:
PLASTIC SURGERY



September, 2021.

SCIENCE, TECHNOLOGY, AND PLASTIC SURGERY

Levedura is a monthly magazine where experts and scholars discuss science and technology. Each edition has a main theme connecting all texts. The pieces you will find here are personal and well-researched reflections on topics that make the gears in our contributors' heads spin, even when writing on topics other than their main research or field of work. If you have a pitch for an edition or article, please reach us at levedura.blog@gmail.com

The articles you will find in this magazine might be an original version or a direct translation from the texts published in Brazilian Portuguese on our website **levedura.blog**

Click to listen to our playlist with songs related to this month's themes.

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THE BRAZILIAN BUTT: PLASTIC SURGERY AND RACE

by Camila Silveira Cavalheiro
translated by Julia Garcia

In February 2021, the British newspaper **The Guardian** published an article about the Brazilian butt lift (BBL). In Brazil, this procedure is known as **liposculpture**, where the patient's own fat is used to reshape body contours. Fat removed from the abdomen, for example, is injected into other areas, such as the hips and buttocks, adding new curves to the patient's body.

According to data from the International Society for Aesthetic Plastic Surgery (ISAPS), presented in the report, this surgery has grown 77.6% in popularity worldwide since 2015. In 2019, 54,894 surgeries were performed, of which 18,370 (33%) were carried out in the United States, Brazil and Mexico. The article also points out the strong presence of figures like Kim Kardashian, Jennifer Lopez and Nicki Minaj in the media, references when the subject is the ideal butt.



“THE DEVELOPMENT OF SURGICAL TECHNIQUES AND THE TRAINING OF PROFESSIONALS, AS WELL AS ALL SCIENTIFIC KNOWLEDGE, DOES NOT TAKE PLACE IN A VACUUM. WE ARE IMMERSSED IN SOCIAL RELATIONSHIPS THAT EFFECTIVELY BUILD OUR UNDERSTANDINGS OF THE WORLD.”

People tend to associate Brazilian women with wide hips and big butts, especially in the Global North. Images of popular festivals, such as Carnival, and of our beaches, filled with voluptuous bodies and tiny bikinis, illustrate the “Brazilian butt” costume. The body of the “mulatto” is **idealized**, as described by the anthropologist Álvaro Jarrín, who conducted an ethnographic investigation on plastic surgery in Brazil.

Brazil is a research and development center in the field of plastic surgery and trains hundreds of professionals in the most diverse specialties. This is due to a very specific access context, which acts as a two-way street between patients and professionals. The development of new techniques and interventions, for example, is directly associated with the possibility of practicing on the bodies of black and lower-class women.

THE BRAZILIAN BUTT: PLASTIC SURGERY AND RACE

by Camila Silveira Cavalheiro

translated by Julia Garcia

Several plastic surgeries are offered by the Unified Health System (SUS), when understood as repair surgeries, that is, aimed at restoring or repairing any alteration, anomaly or dysfunction. The private sector, on the other hand, offers payment methods that facilitate access, such as scheduled surgery and the “lease-to-own payments,” in which the patient pays a certain amount per month until all costs are covered. In other words, aesthetic procedures in general, whether surgical or not, are not exclusive to the middle and upper classes. This is a unique situation, distinct from the rest of the world.

A closer look at various aesthetic interventions allows us to see the intertwining of plastic surgery with eugenic policies. The history of plastic surgery is marked by this relationship, even though we make a recurrent effort to erase its racial character. In this context, Sander Gilman's work is representative. The author states that the history of plastic surgery is not only associated with a process of normalization or beautification: it is also marked by racial issues. Among the more than twenty procedures covered by him, it's worth highlighting breast reduction surgeries, performed on a large scale in the late twentieth century in Brazil. Large breasts would be stereotypically associated with black women, in a way that middle-class families presented their daughters with the operation, moving them away from a racialized aesthetic. We can mention other surgeries that aim at the same objective, such as rhinoplasty, when it aims to correct the “negroide” nose—a racist definition adopted by eugenic physicians, and which is still in use today.

In anthropological and feminist literature, there are several procedures associated with an “ethnic” character, widely criticized for erasing identity marks, through a process of internalization of racism. One of these interventions is blepharoplasty, also known as eye westernization surgery. Philosopher Cressida Heyes takes up feminist critiques of surgery and asks: why are only non-white or ethnically marked bodies read as engaged in projects of bodily conformation? The author states that all body modification processes are implied by aesthetic norms, which have cuts of class, race, gender, age, capacity, etc. And white people actively participate in these tensions.

Let's consider another procedure performed on the eyes, known as foxy eyes. The procedure is meant to make the outer corner of the eyes longer, which supposedly makes them more attractive. Influencer and actress Flávia Palavalli, who has more than 18 million followers on Instagram, had the procedure done in 2020. On social networks, many users wondered: why are Eastern Asian women are criticized for “westernizing” their look, for instance, while western women become empowered by seeking changes that make their eyes “sexy”? What is the pattern here?

THE BRAZILIAN BUTT: PLASTIC SURGERY AND RACE

by Camila Silveira Cavalheiro
translated by Julia Garcia

Let's recall the iconic opening scene of the 2016 Olympic Games, hosted in Brazil. Gisele Bündchen walks along a long catwalk to "Garota de Ipanema." She is wearing her long blond hair down and a golden dress with a long front slit. The scene was televised around the world and is frequently mentioned again in Twitter trends. Gisele was the first Brazilian supermodel to make it to the international runways and, in the early 2000s, she was the highest paid model in the world. Gisele sells a standard of beauty that does not include the ideal Brazilian butt—indeed, a white standard.



Do all Brazilian women look the same? Of course not. Catwalks and foreign trade prefer and actively favour bodies that come close to a westernized model—the global north ideal. When looking for body changes associated with racial or ethnic marks, such as wide hips and big buttocks, larger breasts or more elongated eyes, white women seek exotic or sensual traits without becoming socially marked by new contours, like Melissa, interviewed for **The Guardian**. She sought the procedure in 2018 to "fill up her jeans" and attract the attention of "black and mestizo" men, who, according to the young woman, "like curvy women."

Like hundreds of other categories, beauty is not one-sided. Within the same group, there are different standards of beauty, crossed by class, race, gender, age, ability, access, health. These patterns change according to the social, economic and political context in which we are inserted and over time. The development of surgical techniques and the training of professionals, as well as all scientific knowledge, does not take place in a vacuum. We are immersed in social relationships that effectively build our understandings of the world.

The idealization of Brazilian butts does not refer only to the construction of ideal and desired curves, sold through a surgical procedure whose growth has been expressive in recent years. It is necessary to pay attention to the broader picture: the backdrop to the development of technologies and how they are disseminated, the public who has access to these services, and, above all, the political and social aspects that underlie the possibility of the existence of certain bodily transformations.

FACE, SCIENCE, AND LANCET

by Marcelle Schmitt
translated by Julia Garcia

The delivery went well, but the doctors didn't take the baby back to the mother as expected. The father was frightened. He went to find out what had happened, but no one would tell him anything. After much insistence, which resulted in a heated argument with one of the hospital security guards, he was finally allowed access to his newborn child. Before, however, the obstetrician announced: "We're not sure what to do—the boy was born with no face."

The parents discovered, a few days later, that there was an opening extending from the baby's upper lip to the nose through the roof of the mouth—in medical terms, cleft lip and palate, a congenital anomaly that occurs in the embryonic period, up to the 12th week of pregnancy. Thyago, now a lawyer and interlocutor of the research I am developing, had a face. A face that, after more than 10 surgeries performed over two decades of treatment, has a small scar. This true story, which took place in the mid-1980s in a hospital in São Paulo, is still re-enacted in present days. There are many medical professionals who, like most lay people, do not know how to act when faced with faces that cross the border of what we consider normal.

As in the case of the doctor who was unable to name the baby's condition, the vast field of textual and image information available to us does not seem to be enough to talk about the face. It escapes us at the same time it constrains us. Disability studies theorist Garland-Thomson says the face is an epistemological problem that can only be resolved through analogies. Daniel Black, a thinker in the field of communication, describes the face as an anatomical and perceptive phenomenon, the most unstable and illusory part of the human body. The human face is that which forever surpasses efforts to capture it or establish a generalized vision of its reality. Recognizing the face of someone we love or cherish, for Black, is not just about the combination of shapes, but also about the feelings their faces communicate to us. This ability to read faces, of course, is informed by our assumptions and prejudices.



"BUT WHAT MAKES THE FACE ONE OF THE BODY'S MAIN POINTS OF REFERENCE? WHY DOES IT LARGELY CONCENTRATE ONE'S IDENTITY MARKERS AND MEANS OF COMMUNICATION WITH THEIR SURROUNDINGS?"

FACE, SCIENCE, AND LANCET

by Marcelle Schmitt

translated by Julia Garcia

But what makes the face one of the body's main points of reference? Why does it largely concentrate one's identity markers and means of communication with their surroundings? These are questions that still elude me, and for which there are no exact answers. However, there's an approach that helps me to think about these issues in a more "organized" way: the idea that the face **spreads**. An example of this is that we often take the face for the individual, and the individual for the face. The face seems to emanate to the rest of the body and beyond. Whether through the senses—sight, hearing, touch, and smell—or through speech and expressions, the face does not end in itself.

We could also ask ourselves: what is a face? Well, there are fourteen individual bones that together form parts of the digestive, respiratory, visual, and olfactory systems. A set from which we infer someone's gender, age, ethnicity, and social class. However, whereas a person's face is one of the greatest expressions of our humanity, as the anthropologist David Le Breton says, it can also be altered. Like a canvas, it allows the viewer to capture what the body insists on laying bare—feelings and emotions which we cannot suppress or mask—thus, it is also the target of massive interventions whose objective is, above all, to adjust its shape, such as plastic surgery.

It is currently accepted among biologists that the human face is a combination of biomechanical, physiological, and social influences. The face begins to develop around the twenty-fourth day in the embryonic stage. Specialized pluripotent cells, called cranial neural crest cells, are primarily responsible for the facial skeleton whose development occurs concomitantly and interdependently with the skull. In fact, that's when a fetus can develop cleft palate and lip.

While studying a little about facial embryology, in order to better understand Thyago's case and those of other research interlocutors, I came across the following term: facial process. As a layperson, I was dazzled by the images of what I understood to be the nose, mouth, eyes. For embryology, however, the correct terminology was "frontonasal prominence process," "maxillary prominence process," etc. Certainly, at a certain point in pregnancy and especially after birth, these "processes" are no longer seen as such and are named as the parts we usually know. However, what caught my attention was that the face itself, even in biological terms, is not "ready." Either because it is still at an embryonic stage, or because we're not born with a fully grown set of teeth, or because our eyes, ears and nose are still developing. Additionally, if we turn a careful look at the face—and this applies to the rest of the body—we will see that even after adulthood it is not "finished." Throughout life these "facial processes" are quite evident, especially as we grow older. Still, we assume one's face as something solid and finished, and we're stunned when we realize how little agency we have with regard to these changes. For Gilman, historian of science, intervening in the body through surgery and other technologies would be connected to this fear. A way for us to take control not just of the physical body, but everything it represents. In the case of the face, this means what we are as individuals, our character and personality.

FACE, SCIENCE, AND LANCET

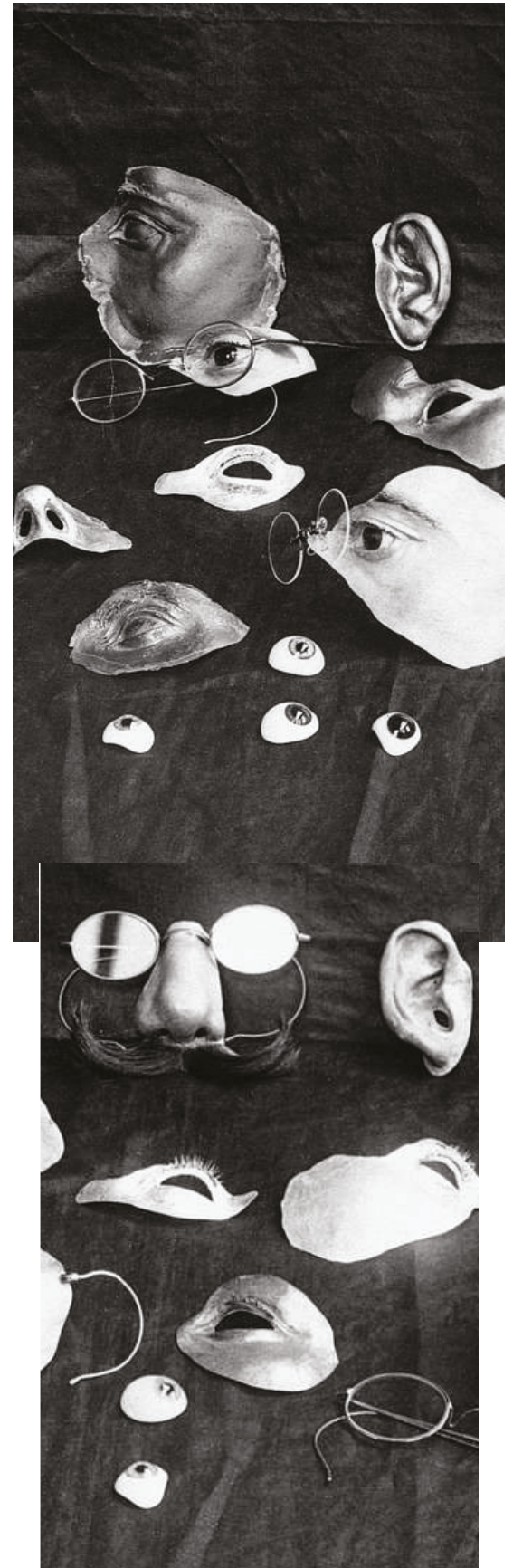
Whether through beautifying and repair technologies or to accompany physiological processes conceived as more natural, our faces are constantly in the process of being made. Even though these are phenomena that have always accompanied us, the face and the ways in which we modify it—or how we try to interrupt its transformations—are still understudied. It is important to say that technologies such as plastic surgery, despite being seen as new, have existed since ancient times. It was only in the 16th century and as a result of the syphilis epidemic, however, that these surgeries began to be performed more frequently. At that time called decorative surgery, these procedures were meant to rebuild the noses of people affected by an advanced stage of the disease.

In the 19th and 20th centuries, with the Crimean War (1853-1856) and the First (1914-1918) and the Second World War (1939-1945), there was a great increase in surgical techniques. Due to the huge number of victims with mutilated and burnt faces and bodies, methods of reconstruction became increasingly specialized. Plastic surgery then began to move away from the stigma that associated it only with the illnesses resulting from syphilis and began to represent an area of medicine dealing with those who serve the nation, gradually becoming respectable in terms of profession.

In Brazil, the second country in number of plastic surgery procedures in the world, Renato Kehl was a prominent figure. The doctor and eugenicist (1889-1974), long before internationally renowned Ivo Pitanguy, stood out for attributing a role to plastic surgery that went beyond mere aesthetics. For Kehl, diets, genetics, and plastic surgery were crucial ingredients for the “cure of the ugliness” of Brazilian people. Yes, exactly that—according to the doctor, the Brazilian population was too degenerate, and corrective procedures for “malformations” were essential not only for individuals, but for the whole nation. He believed that cosmetic surgeries should be not only carried out in rare cases but as a continuous and comprehensive policy.

by Marcelle Schmitt

translated by Julia Garcia



FACE, SCIENCE, AND LANCET

by Marcelle Schmitt
translated by Julia Garcia

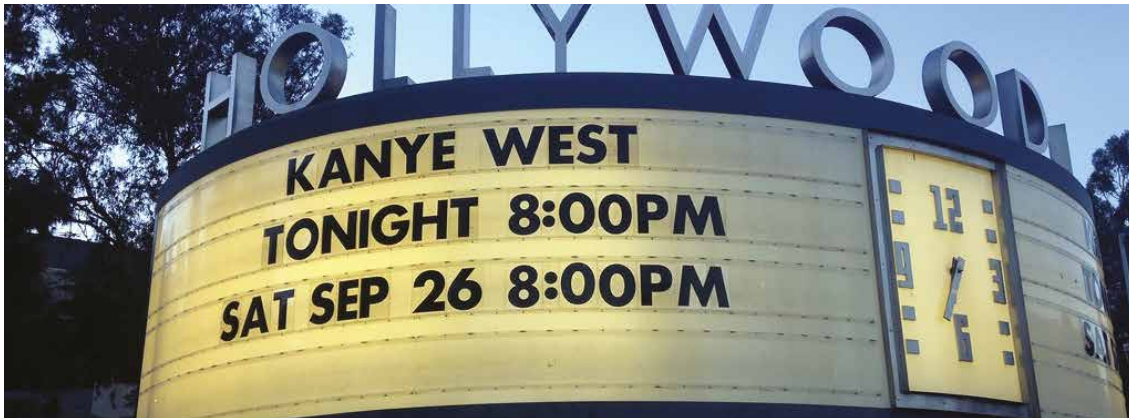
The relationship between the sciences that study and intervene in the face with eugenics and racism is even broader still. There have been many different approaches taking facial features as indicators of one's personality and character. These all assumed the outside as a revelation of inside: criminology allied to craniometry—whose main representative is Italian surgeon Cesare Lombroso (1835-1909)—and physiognomy, an enterprise originated in India and alluded to certain biblical passages. Indeed, since Pythagoras (570 BC – 490 BC) and even much earlier—still to this day—there has been this enduring idea that one's face spreads. This perspective helps us to understand a little about how science has often conceived the face as a clear, and often irrefutable, mirror of the individual—a profoundly dangerous notion, with tense implications. It was once believed that operating on the faces of people considered too ugly could help reduce crime. Different oppressive political projects relied on claiming that the “Jewish nose” or the “Black nose” needed repairing. Conversely, these are the same surgeries—it's worth pointing out—that have long enabled people born with cleft lip and palate to speak, eat and breathe with quality of life, and feel comfortable with the aesthetics of their own face.

In a conversation we had in May 2020, André, a research interlocutor who, like Thyago, was born with cleft lip and palate, told me this: “People see this scar,” pointing to the region between the upper lip and the base of the nose, “and transport it across your entire body.” He was referring to the discrimination he's faced, such as how he often got treated in job interviews, the workplace, and in school for having a mark on his face and speaking slightly through the nose. Again we see how someone's face and its markers can be taken as the whole individual.

Racist, ableist, and even eugenicist assumptions of what a face should look like to be considered beautiful or even normal and acceptable have long shaped our understanding of what a face is or what it should be like. This does not mean, however, that we should discredit the sciences and doctors or treat all facial intervention procedures as perverse technologies. That's not the point I'm trying to make. However, just as the face is ever a work in progress, ongoing even much after the fixed maturation we assume to take place in adulthood, so are the disciplines that deal with the face—in fact, science in general. As many anthropologists and philosophers of science have insisted, scientists in all different fields must periodically question ourselves about the questions that move them, and the ideas that inform them. It's imperative to make this unfinished nature more and more evident. Lest we run the risk of generating dead knowledge in a society that does not value the diversity of life.

DONDA AND THE LAW OF THE DEAD

by Larissa Costa Duarte



Donda, Donda, Donda - Kanye West's homonymous new album was released just a few weeks ago and it begins with a very haunting and beautiful chant of Donda West's name. It is no secret the rapper has struggled over the years with mental health issues, so, for many fans, it was great seeing the musician back to spotlight for something other than tabloid-worthy news. The album itself is named after the rapper's late mother and manager, a college professor who seems to have understood that the school is not, and should not be, the only place for learning. Even as an educator—or perhaps, exactly because she was one—Donda supported her son's artistic endeavours from a young age. But among the celebration of his mother and her teachings, the songs in Donda are also laments on her absence. Donda West died back in 2007 after complications from a plastic surgery.

As you know by now, this volume of **Levedura** is about plastic surgery. This is never an easy topic to approach, but I was certain that our invited authors would come up with layered views for such an uneven theme. And they have. From interventions aimed at reaching impossible beauty standards, to reconstructive surgery in newborns, we have learned in this edition that plastic surgeries are frequently performed in diametrical contexts. But one thing that seems to be common on both ends is that plastic surgery is hardly ever seen as "real surgery."

Plastic surgery, like most things in the world, is not a new concept, idea, or procedure. There are records on reconstructive surgery being performed in India and Egypt in 800 BC and earlier. Pieces of skin being removed and reimplanted, noses being rebuilt, fractured lips being stitched closed. Indeed, the word "plastic" seems to come from the Greek word *plastike*, which refers to the art of sculpting and modeling. I tend to believe that similar procedures must have been just as common in other parts of the world at the time. After all, modifying our bodies either permanently or momentarily is one of very few transcultural human traits that we have identified so far.

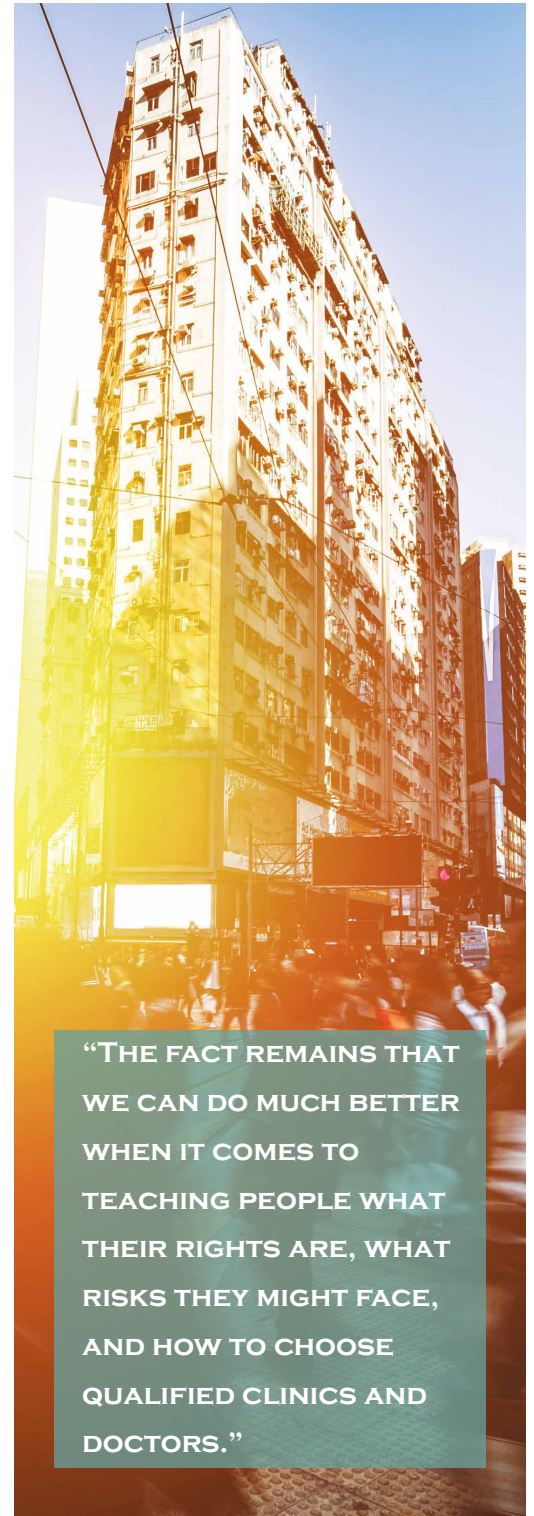
DONDA AND THE LAW OF THE DEAD

by Larissa Costa Duarte

Back in downtown Porto Alegre, I walked by the same two or three streets every single day for about 8 years. And one of the many things that I saw every day during that time were clinics trying to sell cosmetic surgeries such as breast implants, fat removal, and vaginal renewal procedures. To be honest, this description probably fits any other Brazilian big city. These cosmetic clinics are just...there. Amongst drug stores, groceries stores, bars, restaurants, hair salons, Nike products—both original and fake.

But now, as I stop and think about it, I find it weird to think about how common place these clinics have become. Well, I guess that it's not as if they were performing open-heart surgeries... Right? It's not real surgery... despite the very real blades, very real anesthesia, and very real blood involved. Not to mention the very real, irreversible deaths that happen every year as a result of surgical malpractice and negligence.

In Brazil, and as far as I know, in all the United States, there are no clear rules about which pre-op exams a doctor has to mandate before performing a surgical cosmetic procedure. Guidelines do exist, but they are not mandatory. Surgeons are free to choose what aspects of your health, and how far back in your health history they want to dig before giving you a green light to undergo a cosmetic surgery. In the case of Donda West, and in the case of many other people, an extensive and detailed health screening would probably have deemed them unfit for plastic surgery due to pre-existing health issues. Perhaps, finding out about an unknown disease in pre-op could potentially even have extended their lives. It could have been the opportunity for them to treat an unknown heart condition, or a blood clotting condition before it was too late.



“THE FACT REMAINS THAT WE CAN DO MUCH BETTER WHEN IT COMES TO TEACHING PEOPLE WHAT THEIR RIGHTS ARE, WHAT RISKS THEY MIGHT FACE, AND HOW TO CHOOSE QUALIFIED CLINICS AND DOCTORS.”

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But this is not how the story went. In California, the death of Donda West did spark a social debate about pre-screening before cosmetic surgeries, but the Donda West Law, approved in 2010 is more of a poor consolation and a homage than an actual regulation on surgical practices. Even though the regulation “prohibits doctors from performing elective cosmetic surgery without a physical examination and clearance from a medical professional,” it also says that “violating the provision does not constitute a crime.” In effect, a violator would be judged by a medical board, but they would not face criminal charges.

So, this is not meant to be a wake-up-call kind of article. This is a personal reflection on how plastic surgeries are one of many areas in science and medicine where we need to invest in health literacy and better, more explicit regulation. This is not a plea for women to reconsider undergoing aesthetic procedures. This a plea for policy makers, researchers, doctors, surgeons to make sure that information is communicated honestly and clearly to patients. Plastic surgeons must be held accountable for not screenings their patients – or for screening them and choosing to ignore the results. They know better than anyone, after all, that plastic surgeries are very real and consequential surgical interventions.

No medical procedure can ever be completely risk-free, of course—it would be foolish to think otherwise. But the fact remains that we can do much better when it comes to teaching people what their rights are, what risks they might face, and how to choose qualified clinics and doctors. After all, the hard truth is that every law named after someone is a law named after a victim of a tragedy, and no one man should have the power to decide how much caution is too much when it comes to someone's health. But collectively, we do have the power to reduce these tragedies, and to praise amazing people through songs, not through laws.

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