

Cosmetic Citizenship:
Beauty, Affect and Inequality in Southeastern Brazil

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Date: April 5th, 2010

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Dissertation submitted in partial fulfillment of
the requirements for the degree of Doctor of Philosophy
in the Department of Cultural Anthropology in the Graduate School
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ABSTRACT

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Abstract

This dissertation examines how perceptions of beauty in Brazil reflect both the existing social inequalities and the struggles to produce a more egalitarian society. While hegemonic discourses about beauty in Brazil foster an upper-middle class, white standard, the working-class make claims to citizenship by redefining beauty according to their own affective, sensory experiences. As I see it, the affective relationship that plastic surgery patients have towards their own bodies is central to understanding why beauty is a source of social recognition in Brazil. In this dissertation, I argue that even though discourse attempts to discipline the body to perceive only the “truths” it produces, subjects reinhabit discourses through their immediate sensory experiences, opening up the political space to generate social change.

In order to access this form of “cosmetic citizenship,” however, working-class patients undergo low-cost aesthetic surgeries in public hospitals, which are subsidized by the State and help build the national reputation of plastic surgeons. I argue that this national investment in beauty establishes personal appearance as a precondition for citizenship and inclusion in the nation. While media narratives construct beauty as a vehicle for upward mobility in Brazil, the medical discourse about beauty imagines the Brazilian population as becoming progressively homogeneous through “miscegenation” and surgery. These discourses depend on the raciology established by Neo-Lamarckian eugenics at the beginning of the twentieth century, and later popularized by the work of Gilberto Freyre.

Dedication

I dedicate this dissertation to my family, who always gave me their support and love to help me become who I am today.

I am especially grateful to my mother, Sonya Hurtado, who encouraged me since childhood to believe in myself.

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Preface

Beauty is constantly lived, breathed and incorporated as a social category in southeastern Brazil. The talk of beauty is pervasive in all kinds of media, from television to song lyrics, and it is a daily concern of people of all incomes and backgrounds. I too became acutely aware of my body's appearance during my fieldwork. As with any other process of enculturation, it is hard to describe how exactly beauty became a constant concern of mine, but after a couple of years living in Rio de Janeiro and traveling frequently to Belo Horizonte, I began to look myself in the mirror in a different light. It was as if every ounce of extra fat, every ungroomed body hair, every sagging muscle and every large mole took a life of its own, becoming worrisome imperfections. A Brazilian friend asked once, "Why would you *not* take out that mole on your chest?" Her question implied that anything you *can* do to improve your body *should* be done, if you have the means to do so. Surgical transformations are naturalized as necessary enhancements. Another Brazilian friend had the same reaction when I told him I did not see the purpose of whitening my teeth at the dentist. "Why not? Taking care of yourself is a question of hygiene, and it is the best possible investment!" The body is understood in southeastern Brazil as having a crucial aesthetic value – a value that is never fixed but can be accrued through discipline and medical intervention. This "investment" on the body is nearly always equated with health, because a person's wellbeing is assumed to be visible on the surface of their body.

Remarking about a person's appearance, therefore, is not only socially permissible; it is equivalent to inquiring about that person's health and showing concern for them. If a person does not look his or her best, then many Brazilians assume that the

person must be sick or going through emotional distress. Residents of Rio de Janeiro (known as *cariocas*), in particular, always comment on your weight, your skin tone, your haircut and your muscular definition. They noticed details about my appearance I had never noticed before, and thereafter made sure to fret about, like the cleanliness of my fingernails. I soon learned that the disheveled look I had cultivated in graduate school was untenable in Brazil. For example, I had never gotten a manicure and pedicure before I went to Brazil, considering it an exclusively feminine practice and an unnecessary expense. In Rio, however, there is a beauty salon in nearly every corner of the city, catering to clients of different incomes and tastes. Many *carioca* men and women frequent beauty salons every week, in order to trim, wax and cleanse their bodies with ritual assiduity. Similarly, gyms and aesthetic clinics abound in Rio de Janeiro, and Belo Horizonte is not far behind in comparison. I began to see my body as infinitely perfectible and malleable, and to understand the failure of taking care of one's appearance as a social transgression.

The body is a key aspect of sociality in Brazilian society because it communicates a person's social standing. Those with the resources and time to become beautiful, the logic goes, will undoubtedly do so. Members of the upper-middle class commonly use the phrase *gente bonita* [beautiful people] as a euphemism for the people with whom they consider it appropriate to associate oneself. An up-and-coming locale, for instance, is not valued by its price of admission or its fare, but rather by the amount of *gente bonita* who frequent it. The imbrication of race and class in Brazil produces this upper-middle class beauty as normatively white, excluding a majority of the Brazilian population from beauty. Afro-textured haired is portrayed as *cabelo ruim* [bad hair], and a nose

considered wider and non-European is also described as a *nariz de pobre* [a poor person's nose]. The physical features that are aesthetically undesirable mark certain bodies as inferior in the relatively rigid Brazilian social pyramid, undeserving of social recognition and full citizenship within the nation. Since the body is considered to be infinitely malleable, a person who climbs the social ladder is expected to transform their body to conform to upper-middle class standards. My working-class interviewees would explain to me how the first thing a person does when they become successful is to straighten their hair and get a thinner nose through plastic surgery. As proof, they would show me examples of Brazilian celebrities “before” and “after” their fame, and remark: “They were not ugly, they were poor!” With this remark, my working-class interviewees claimed these celebrities as coming from their milieu, and imagined poverty itself as hindering individuals from having access to the capital that is beauty. Money, they would argue, allows anyone to become beautiful through the available technologies of beauty, which they highly admire.

The most surprising aspect of beauty in Brazil is not how it permeates the public sphere, but how important it has become to the working-class, particularly women, in their effort to gain access to social recognition in Brazil. In my research, I examined how working-class patients sought plastic surgery services in public hospitals in order to claim that they, too, have the “right to beauty” traditionally denied to them. These patients understood ugliness as the product of the backbreaking labor that they endured as both workers and mothers, and described their surgeries as procedures that would “repair” the damage done to their bodies. They also argued that their economic exclusion in the job market is directly related to their appearance, and having access to beauty could increase

the opportunities of upward mobility for themselves and their families. I argue that working-class Brazilians reinhabit beauty through their embodied perceptions, arising from their working-class experience, and thus make a claim that beauty *should* be available to everyone regardless of social origin. In other words, the social group that is most excluded from technologies of beautification does not reject beauty itself as a social category, but instead makes a claim to citizenship through their situated perception of why beauty matters. In my view there are aspects of citizenship in Brazil that go beyond the legal aspects of social inclusion, and are instead fought over at the level of the body. I understand bodily sensations, therefore, as affective expressions of the political terrain that is the topography of the body.

I use the term “cosmetic citizenship” to describe the fractious relationship between beauty and citizenship in Brazil. On the one hand, citizenship seems to be problematically ephemeral and superficial, dependent on “merely” cosmetic aspects of the body rather than on tangible personhood. By tracing the eugenic history of beauty in Brazil, however, I point out the ways in which beauty has been deployed by the Brazilian elites as a way to reassert their superiority, and as an indicator of the need to “improve” the Brazilian population as a whole. This mission was taken up by plastic surgery after the demise of early-twentieth century eugenic discourses. The medicalization of physical appearance reinforces whitening as the measure of national improvement, even as it reifies “miscegenation” as the foundation of Brazilian nationality. The discipline of Brazilian plastic surgery directly depends, however, on making working-class bodies bioavailable in public hospitals for the training of new generations of surgeons, which has transformed the country into a global center of plastic surgery education. As

technologies of beautification become more widely accessible, “democratizing” the practice, I believe beauty becomes untenable as a quality that only belongs to the Brazilian elite. More and more Brazilians today stake a claim to citizenship through beauty, thus engendering a multiplicity of embodied perceptions of what beauty entails. For these actors, beauty is never merely cosmetic – it represents a political struggle at the intimate level of the body over who deserves and who does not deserve to be recognized as a full citizen. The very ephemerality of beauty becomes a source of instability for this social category, challenging the long history of inequalities established at the level of appearance.

In 2007, I saw an amazing one-person play in Rio de Janeiro that marked me profoundly and convinced me of the political valence of claiming beauty for oneself. In her spoken-word performance, entitled “*Parem de Falar Mal da Rotina* [Stop Talking Badly about Routine],” the Brazilian poet and actress Elisa Lucinda expresses her love for her afro hairstyle and its versatility. “Why are you calling it *cabelo ruim* [bad hair]?” she asks her audience, “This hair has never robbed anyone or hurt anyone. Has yours?” The play challenges the perceptions of the audience about appearance, not only by comically challenging the associations between blackness and criminality, but also by demonstrating to her audience that the hairstyle cannot be pigeonholed into any category. During her performance, Elisa Lucinda constantly reshapes her hair, using elastic hair bands to transform herself into different characters. She takes the audience into intimate spaces within her home, like her bathtub, demonstrating how the simple acts of showering and dressing contain pleasurable moments of self-affirmation. In her poetry, she expresses that vanity might become a routine, but it is never exactly the same as the

previous day, and always has the potential to be experienced anew, transforming the performance that is our life. Elisa Lucinda thus gives value to the multiplicity of day-to-day sensations, asserting that beauty can never be singular. The paradox of beauty is how it can be experienced as simultaneously empowering and disempowering, making it a mechanism through which power circulates with ease on and through subjects and their bodies. The aim of this dissertation is to address this paradox, and make sense of the significance that beauty holds in Brazil.

Introduction

“Beauty opens doors [*A beleza abre portas*]” – Brazilian popular saying.

Beauty Matters

When Amelia told me about why she had wanted a plastic surgery, her voice broke and her eyes filled with tears. After discovering cysts on her breasts, she had become “extremely uncomfortable” with their appearance and how they felt to the touch. Despite the diagnosis declaring these cysts benign and establishing that no surgery was medically necessary, she strongly desired a plastic surgery to “repair” her body. Had the cysts compromised her health, she would have been able to operate without much delay, but the waiting queues for free elective surgery in the public health system were nearly two years long. She then decided to spend her own money to pay for a low-cost surgery at a teaching hospital instead, which represented a very big expense for Amelia. She made a living as a housekeeper, and had to scrape what she could from her meager earnings for a whole year, before being able to save enough for the surgery. The wealthy, Amelia complained, never faced the hardships she had to face:

I believe that only those with money are able to operate a lot, it is much more difficult for a poor woman to become beautiful... I do not find it cheap; I had to take money away from many other things... I think it will lift my morale, and I will improve. I haven't been leaving my house except for work and I am ashamed of going to the beach. It's as if I was *morta-viva* [living-dead]. I did not have the time to care of myself; I never went to the gym... It's completely different for those who have the money: they can just go to the best plastic surgery clinics.

For Amelia, to be a poor woman without access to beauty was to be like the “living-dead,” uncannily out-of-place in the world of the living. She described a powerful

feeling of abjection produced by the inability to “take care of [her]self,” which shamed her and confined her ability to fully participate in society. The promise of plastic surgery was that her body would once again matter, in the sense that she would once again become recognizable as a subject. This emotional discomfort with her own body arose from the sensation that the very texture of her body had compromised her proximity to the living, and only by “repairing” her body she would be able to regain the capacity of becoming a subject through beauty.

As I see it, the affective relationship that plastic surgery patients have towards their own bodies is central to understanding why beauty is a source of social recognition in Brazil. As the Brazilian popular saying asserts, “beauty opens doors” – beauty gives a body social value, and creates the conditions of possibility for human dignity and happiness. Ugliness, on the other hand, is experienced as a source of social exclusion and suffering. As I observed during two years of fieldwork in public and private clinics, working-class patients perceive their bodies as more prone to aging because they lead harder lives and do not have the time or resources to continuously upkeep their bodies. They also firmly believe that having a “good appearance” is essential in the job market, making plastic surgery a question of economic necessity, not vanity. Their day-to-day experiences and feelings in regards to beauty, therefore, are significantly different from the experiences of the upper-middle class patients I interviewed, despite both groups being exposed to roughly the same discourses about beauty. Patients’ perceptions about beauty are grounded on their economic worldview, their personal histories and their embodied experiences. For instance, a 71 year-old retired washerwoman named Leonora told me that she felt that all her years spent washing the clothes of other people had

“destroyed” her hands, and that what she most wanted now was to remove the signs of age from her hands, so that she would be able to “rest them” and fully enjoy her retirement. Her memory of years and years of labor made an affective association between aging and the landscape of her hands, generating a perception of beauty that was unique to her experience. In other words, perceptions of beauty affectively latch onto bodily features that have experientially emerged as topographical sites of consequence on the body. To argue that Leonora is simply reiterating widespread beauty norms would be to miss the ways in which she emotionally incorporates beauty. It would also misconstrue why beauty really matters to her and why, in turn, beauty enables her to matter.

In *Bodies That Matter*, Judith Butler argues that bodies materialize through the constant reiteration of norms and regulatory schemas. Subjects come into being and are recognized as such through language, and therefore there are no pre-discursive bodies; what is unintelligible remains an abject outside to what can be expressed (Butler 1993: 3). Even though I am borrowing from Butler’s theory to argue that beauty matters – that is, that beauty also materializes bodies and produces subjects, while ugliness produces the abject – I also want to insist that beauty cannot be solely reduced to discourse. Beauty is as much a sensorial experience and a perception as it is a series of norms to be reiterated. As Nadia Seremetakis points out, the sensory landscape is never stable or fixed, but is rather a transitive relationship that demands connection between perceiver and object and is based on multiple layers of accrued sensory memories. Each new sensation, therefore, cannot be determined in advance, nor is it simply the instantiation of a normative, pre-existing code. An anthropology of the senses would thus consider the senses to be a

social medium of communication that, like language, provide meaning to embodied experiences, yet operate in a different register from language (Seremetakis 1994: 6-7). An anthropology of the body, I would add, must strive to be an anthropology of the senses as well, given that the body is itself a privileged object of perception and is also the means through which the subject engages objects sensorially. This insight does not necessarily contradict the Foucauldian theoretical claim that bodies are constructed discursively, it merely qualifies that claim by emphasizing that embodiment is a sensorial construction as well. Discourse and sensory perception are not discrete categories either, they are mutually constitutive forces that refract and feed off each other during the constitution of the subject. I will argue that even though discourse attempts to discipline the body to perceive only the “truths” it produces, subjects filter and inhabit¹ discourses through their immediate sensory experiences, opening up the political space to generate social change.

Rosemarie Garland-Thomson argues that perceptions of beauty have the ethical potential to move us towards recognizing human differences without stigmatizing others. Seeing “rare beauty” in another allows us to momentarily imagine how other bodies are lived, and feel a shared humanity that generates empathy. Garland-Thomson contrasts this ethical form of vision with a form of staring that produces repulsion in front of anything considered abnormal, and which serves to distance the viewer from the unfamiliar subject he or she observes (Garland-Thomson 2009: 185-196). Thus,

¹ My notion of sensorially “inhabiting” the body is distinct from Butler’s notion of performative iterability, which despite being conceived as an unstable embodiment of gender norms, it is still represented as solely an effect of discursive imperatives (Butler 1993). It is also distinct from Foucault’s notion of counter-discourse, which is conceived as arising in opposition to discourse but enabled through the same language and operation of power (Foucault 1990). Neither Butler nor Foucault imagine subjectivities as arising through anything other than discourse, and thus have difficulties accounting for social change.

perceptions of beauty have the potential to be either normalizing, reasserting a repetitive standard of familiarity, or to become ethical practices of inclusion. When working-class women criticize the ready availability of beauty among the wealthy, and demand it for themselves, they are also innovating the ways beauty can be inhabited, according to their own embodied experiences. They are transforming beauty into an arena of struggle, where the threat of abjection is always present, but also one where they can lay claim to subjectivity through their own perceptions. Discourses about beauty might argue for a normative standard, but perceptions of beauty constantly refuse any illusion of fixity, surprising us with new configurations and variations of “rare beauty.” Our perceptions of beauty are always in excess of our words about it. This does not mean, however, that beauty is not just as much an effect of power, or less constitutive of subjectivity. Beauty’s very versatility means it can never be taken for granted, but rather needs be constantly accomplished and renegotiated, at every glance. In fact, I will argue that the affective weight given to beauty in Brazilian society is visceral in its intensity *because* the perceptions of beauty are becoming increasingly unstable as the country undergoes extensive economic transformations. The struggle to define what is beautiful in Brazilian society is a struggle over who matters and who does not matter, who is recognizable as a subject and who is not. The struggle, however, does not simply take place at the level of discourse, but also at the level of sensation, of perception and of affect.

Beauty as affect

Most people can never tell you what exactly they find physically attractive in another human being. Perhaps they see something in the height of their cheekbones, the

curvature of their back or the definition of their musculature. Perhaps it is not visual at all, but something about that person's smell in the morning, the way they walk into a room, the timbre of their voice, or the texture of their lips. A perception of beauty in another triggers individual memories, emotions and past experiences: it reminds the beholder of other people he or she has loved, desired or admired, and it is also reminiscent of abstract qualities like style, charisma, respectability, wit, strength or congeniality. Additionally, each perception of beauty in another has a dynamic relationship with one's own self-perception and one's lived experience within the human body – a body that is always changing, never in stasis – which means one's tastes change as one's body ages. All these evaluations occur below the level of awareness and are immediate; it only takes a glance for the viewer to ascertain beauty in another. Even though these perceptual experiences might seem natural, nearly visceral to an individual, they are embedded in accumulated layers of historical and cultural memories that give meaning to the senses beyond the individual. One learns to “see” and “feel” beauty in the same way one learns other behaviors and habits: by living and participating within a community that shares and exchanges experiences and knowledge. Perceptions are forged through the sensory interface between an individual and his or her surroundings; the senses would remain numb if they remained isolated from interaction. In order to understand beauty anthropologically, therefore, we must rethink embodied perception as mediated through our ability to inhabit spaces, people and objects beyond ourselves.

A traditional cognitive model of cognition does not allow for the human senses to be mediated by the interface between the perceiver and the world, because these senses are assumed to have direct access to experience. The human body is understood as a

bounded entity endowed with powers of perception, with which it gains the knowledge of a world existing beyond it. This model of perception is challenged in Brian Massumi's book *Parables for the Virtual*, which "poaches" scientific studies about human perception in order to make an argument that he describes as a philosophical engagement with science in order to make the humanities conceptually richer, and at the same time expand the current definitions of empiricism (Massumi 2002: 20-21). Massumi posits that there are no "raw" perceptions, because every experience only emerges through the repetitive passage of the senses through a virtual field of potential. Scientific attempts to restrict vision to its purest elements resulted in failure: experimental subjects felt completely disoriented and saw simply bright colors, nothing at all, or outright hallucinations. This happened, Massumi theorizes, due to the fact that "pure vision" renders a limitless visual chaos, a field of potential where any visual experience can emerge (Massumi 2008: 146). It is only by cross-reference with other senses, and only after it becomes habitual and embodied, that vision begins to modulate sensory chaos into defined, empirical objects of perception, including the body itself. Thus, the perceived oneness of the body is a back-formation, a product of habit, practice and movement rather than a bounded entity. The two-sided capacity of the body to emerge from the virtual and return to its own embodied particularity through perception is what Massumi terms *affect*. Not to be confused with emotion, which can be narrated and thus becomes discursive, affect describes the visceral intensity of sensorial experience that refuses qualification.

Affect is the sensorial aspect of human experience that exceeds language, even though affect is purely social. If perceptions are a product of habit, rather than "raw" sensations, then all perceptions are embodied responses to social relationships (including

our social relationships with non-human actors, as Bruno Latour would point out). A perception is an incorporated habit that resides in the muscles, the nerves and the skin, operating autonomously, and as such cannot be described as neither cultural nor natural, but rather as nature-culture continuum (Massumi 2008: 236-237). Conceiving sight, taste, sound, tact and smell as social interfaces allows us to imagine the body as *actively* social, emerging from the world it interacts with. Thus, the notion of affect pushes us to understand embodiment not as pre-determined by discourse, but rather as an unpredictable process of sociality. If we reduce bodies to straightforward reiterations of discourses, we lose sight of the processes of embodiment that allow bodies to materialize and matter. As Elizabeth Grosz points out, the Foucauldian portrayal of the body as an inscriptive surface, on which disciplinary regimes are imposed and through which discursive power is mobilized, presents the body as problematically passive (Grosz 1994: 146). This portrayal reiterates the mind/body dichotomy, where the body is represented as inert, feminized and an effect of intellectual discourse, rather than as generative and productive in its own right. The unfortunate consequence in academia has been to analyze discourses of race, class and gender as neatly inscribed on the body, and to read the body as a “text” to be deconstructed, rather than account for the ways in which individual bodies actively constitute themselves as racialized, gendered and classed bodies. Affect is a concept that attempts to restore agency not only to the subject, but also to the subject’s body by way of its sensations, thus undoing the mind/body dichotomy. Massumi argues that the perceived fixity of gender, race and class are grids that occur retrospectively but which never capture or limit the potential variation within the virtual field of emergence (Massumi 2002: 8).

Affect is conceptually useful for rethinking beauty because it allows for both the multiplicity of beauty and its visceral significance as a social category. Beauty can be potentially perceived in anyone or anything, yet society retrospectively imagines and articulates through discourse very strict norms about what and who really matters through beauty – definitions which I will argue attempt to reinforce gender, race and class hierarchies in Brazil. Each new perception, however, always has the potential of radically departing from previous perceptions by forging new sensory interfaces and inhabiting beauty in unexpected ways. In other words, beauty enables gender, race and class differences without being subsumed by any of them, because the embodied perceptions of beauty are always in excess of beauty as defined by discourse. Bodily topographies are traversed and marked by sensorial histories relating directly to subjects' affective relationship to their bodies. The fact that Leonora, the washerwoman I mentioned previously, felt that she was aging through her hands was a sensation emerging from her daily labor. The housekeeper Amelia, on the other hand, felt the appearance and texture of her breasts was compromised by cysts diagnosed as benign but experienced by her as deathly. For nearly every plastic surgery patient I interviewed there was a different understanding of why the beauty of a certain part of the body was more important to them, always arising from their personal histories. Working-class women who reinhabit beauty through their sensations are not merely expressing counter-discourses to hegemonic norms; they are *perceiving and experiencing* beauty as a different quality, one that emerges from their life experience. This does not diminish, however, the affective investment these women have in beauty. Since beauty is a perception through which bodies emerge, and through which bodies come to matter in

society, it becomes nearly impossible to simply disengage from caring about beauty altogether. Beauty becomes a perception of social worth in which everyone must stake a claim, and ultimately this muddies the distinction between beauty and ugliness.

Even though Lawrence Grossberg's definition of affect is not as complex as Massumi's definition, I find that his analysis complements Massumi's in interesting ways. Grossberg defines affect as "a structure and economy of belonging" where individuals find themselves "at home" with what they care about, which is best articulated by the notion of "the popular" (Grossberg 1992: 84). Affective investments in popular culture can be empowering by providing new meanings, pleasures and identities for individuals, and thus have the potential to bolster desires for political change. Affective attachments can also be disempowering, however, by making individuals more vulnerable to appeals from commercial culture and conservative ideologies. If affect is always an embodied experience, as Massumi argues, then we can conceive the body as a cultural "home" that condenses within itself the visceral experiences of the "popular." The political dimensions of affect are lived on and through the body, and experienced as processes of subjection or of abjection. Expressions of popular culture such as beauty, therefore, represent a debate about whose bodies are "inhabitable" and whose bodies remain excluded from national belonging. In Brazil, beauty is constantly being reinterpreted and reinhabited in magazines, television shows, beauty contests and song lyrics. Popular culture is a politicized field where the meanings of the body are played out, and affective attachments to popular culture should be considered political attachments as well. I will argue that popular perceptions of beauty have a political

valence that can reinforce and/or undermine existing social hierarchies, and the struggle over the signification of the body is ultimately a political struggle.

Lula's Missing Finger

Brazil is undergoing a fascinating political and economic transformation at this historical juncture. A country once ridden in debt and beset by structural inequalities that seemed insurmountable, Brazil is now one of the fastest-growing economies in the world and has twice elected a former factory worker and union leader, Luiz Inácio Lula da Silva, as its president. The Lula government has applied a mixture of free-market policies and redistributive economic measures, like increasing the minimum wage by a considerable margin and establishing a program known as Family Aid [*Bolsa Família*], which provides the poorest Brazilian families with monthly financial assistance. In the last decade, working-class families have felt a significant improvement in their living conditions and inequality in income has decreased 9%, according to the Brazilian Institute of Geography and Statistics, or IBGE (*O Globo* 09/18/09). Whether this decrease is due to the government's assistance programs or to the overall economic growth remains a highly contentious and political issue. Nevertheless, Lula is beloved by the working-class, who see him as one of their own and who interpret his rise to power as a validation of their own experiences and struggles. As James Holston points out, Lula is not by any means the only Brazilian politician who comes from an underprivileged background, but he was the first to campaign explicitly as not belonging to the elite, and rather as a worker who would represent other workers and laborers during his presidency. When Lula was first elected in October 2002, men and women from the working-class

celebrated on the streets and wept openly, affectively making Lula's victory their own (Holston 2008: 6-7). During eight years of presidency, Lula has continued to stress his humble origins, understanding the popular appeal of his political image.

The upper-middle class, on the other hand, is highly ambivalent towards Lula, and they constantly question his competence and merit running the country. One of the most telling aspects of their critiques is that their dislike of Lula is frequently expressed as a dislike of his body or his physical, embodied practices. From political columns and comedic sketches to online blogs and discussion boards, Lula is mocked as being unrefined, ugly, ignorant, lazy, a *cachaceiro* [drunkard], unable to speak proper Portuguese, and a Northeasterner (which is technically true, but used as an slur it becomes a heavily racialized and derogatory category). In other words, Lula is perceived as undeserving of power because he is too close to the masses, a fact that is betrayed by his bodily performance more than his government policies. The characteristic that most marks Lula as a political outsider, however, is the missing pinky finger on his left hand, which he lost in his youth in a factory accident. During the 2006 elections, a bumper sticker against Lula pictured a drawing of a hand with only four fingers, encircled and crossed by a red prohibited sign, imitating a traffic signal, and accompanied by the phrase, "4 more [years]? No!" The bumper sticker provoked formal complaints from Lula's Worker's Party, and resulted in a judicial injunction to forbid the use and distribution of these stickers (*O Globo* 10/23/06). The central argument made by the Worker's Party against the bumper sticker was that it was discriminatory against a disability common amongst the working-class, and thus discriminatory against the working-class as a whole. In other words, they consciously deployed the argument that

Lula's body epitomizes the working-class body, and that this body is not to be delegitimized or scorned, but should be protected by law. The controversy over the bumper sticker can be interpreted as a symbol of how the political struggle in Brazil is also a struggle over the signification of the body itself. Bodily signifiers of class and racial difference that have historically been wielded by the Brazilian elites to assert their superiority are being challenged and are slowly becoming destabilized.

Beauty is politically powerful because it is a malleable category that enacts social hierarchies without the need to explicitly mention race or class. The affective investment in bodily signifiers potentially renders these hierarchies self-evident, supporting the political status quo. As experiences of beauty multiply and begin to differ, however, those hierarchies threaten to become undone, as became clear during another episode in the 2006 elections. Two months before the election, the influential *Veja* magazine ran a cover story on Brazilian politicians who had used Botox and other aesthetic treatments to improve their image. Although it mentioned several other politicians, the focus was on President Lula himself, showing the "extreme makeover" he went through, from the time when he was a union leader in the 1980s to his current "mature and illustrious" image as he ran for reelection, achieved through Botox, teeth straightening and facial peeling, according to the magazine (*Veja* 07/23/06: 52-53). The 'before' photograph was obviously chosen to be as unflattering as possible, representing the younger Lula as an angry, disheveled demonstrator in a dirty white shirt, resembling a revolutionary. The 'after' photograph shows President Lula smiling with his dermatologist behind him, with a perfectly trimmed beard and in an immaculate suit, his arms crossed in a statesmanlike manner. Given that *Veja* magazine was openly anti-Lula in the 2006 election, the

underlying tone of scorn of the article is hard to miss. The article seems to want to remind its upper-class readership that Lula's changes are mere pretense, and he will always be an angry, dangerous member of the working-class. This fear became more evident after an overwhelming victory for Lula and his party in the election, which prompted *Veja* columnist Reinaldo Azevedo to compare the Worker's Party as a whole to a band of low-life criminals, and to declare, "There is no plastic surgeon capable of changing their soul" (*Veja* 10/25/07). By this phrase, Azevedo attempts to render the transformative power of plastic surgery useless for members of the working-class, establishing a radical difference (both physical and spiritual) between subjects that can be beautified, and those that cannot.

Lula's missing finger is symbolic of this imagined difference, a lack that from the point of view of the traditional elites renders the working-class body unfit to lead. Reclaiming the dignity and pride of that working-class body is a struggle that becomes frequently expressed through consumption. If true beauty is imagined to be "lacking" among the poor, beautification is understood among the working-class as a way to affirm their importance in society. Even during the global economic crisis of 2009, the beauty and hygiene sector of the Brazilian economy grew a surprising eleven percent, and has had a real growth, adjusted for inflation, of more than a hundred percent over the last decade (*O Estadão*, 09/01/2009). Brazil is now the third largest consumer of beauty products in the world, only behind Japan and the United States, which have much larger economies. The main reason for this steady growth, according to the president of the Brazilian Association of Cosmetic, Hygiene and Perfume Industries, or ABIHPEC, is the explosion of consumption of beauty and hygiene products amongst the working class (*O*

Estadão, 03/14/2009). This can be explained in part by increases in real income for working-class families during the last decade, which has transformed them into a major target for marketers and credit providers. What is surprising, however, is that working-class families spend a much larger share of their income in beauty products than upper-middle class families. According to a study conducted by the IBGE, the average working-class family's expenditure with beauty and hygiene products is R\$122,84 per month, or about US\$70, which represents more than five percent of the average working-class monthly family income, while upper-middle class families spend less than one percent of their total income in beauty and hygiene products (*Gazeta do Povo* 09/27/09). Having access to beauty is such a priority for working-class families because they perceive "good appearance" as a vehicle for upward mobility, and a way to secure the small gains they have made. Since the body has historically emerged in Brazil as a vital field where the political struggle for social recognition takes place, the working-class perceives beauty is not as an ephemeral expenditure, but as a fundamental, affective aspect of citizenship.

The academic literature about the beauty industry and plastic surgery in Brazil (Edmonds 2002; Novaes 2006) takes notice of the expansion of beauty practices amongst the working-class, yet it treats this phenomenon as an imitation of upper-middle class consumption. In other words, beauty is understood as a fixed standard communicated and imposed from above through medical discourse, the media and advertising. My understanding of beauty as affect attempts to complicate this account by emphasizing the political dimensions of beauty in a country undergoing widespread economic transformations. During most of Brazilian history, bodily aesthetics have been

instrumentalized as a vector of political exclusion. As the prevalent economic and political hierarchies threaten to become undone, affect becomes doubly centered on the body's capacity to determine access to citizenship. The proliferation of beauty salons,² aesthetic clinics and gyms³ in the working-class peripheries of urban cities in Brazil do not simply mimic the same establishments in wealthier neighborhoods, they reclaim those spaces in order to reinhabit beauty with different perceptions of embodiment. As García Canclini points out, consumers should not be understood as passive targets of capitalist messages, but as citizens-in-the-making who use products as powerful semiotic communications which politically and collectively affirm their place in the world (García Canclini 1995). In my view, however, beauty cannot be limited to a discussion about consumption. Many of my working-class interviewees claimed beautification as a basic health right in order to undergo plastic surgeries in public hospitals, at lower costs or free of charge. By demanding reparation from the public health system, they associated citizenship with the affect emerging from a medicalized subjectivity, not from a consumptive practice. In the next section, I will address how “cosmetic citizenship” arises through the interface between patients and the public health system.

Cosmetic Citizenship

Let me return briefly to the story of Amelia, the housekeeper who decided she wanted breast surgery to remove benign cysts that made her acutely uncomfortable with

² For example, ethnographic studies of “ethnic” beauty salons have pointed to the political dimension of hair, and the ways in which producing “black beauty” can be considered Afro-Brazilian activism (Fry 2002; Gomes 2006).

³ For more about the gym culture in the periphery of Rio de Janeiro, see Cesar Sabino's work on bodybuilders and steroid use (Sabino 2004).

her own body. Despite a medical diagnosis that determined that these cysts were not a danger to her health, Amelia felt these cysts were a health issue that required medical treatment. She was aware that women with greater economic resources could simply have the cysts removed if they so desired, and felt frustration that this was a right denied to her. She understood the aesthetic imperfections of her body as a sign of the difficulties that poor women experience in caring for their own health. In Brazilian society, having a beautiful body is inextricably associated with having a healthy body. A common expression used to admire a person's beauty, "*Quanta saúde!*", roughly translates into, "So much health!" Similarly, the adjective "*sarado*", which literally translates as "healed," is used as a slang term to describe someone having a toned, athletic body. The perception that beauty equals health also imagines beauty as a quality that can be achieved through the latest advances in fitness and medicine. In contrast, an unhealthy and troubled life is considered detrimental to a person's beauty, leaving that person "*acabada*" or "finished/ spent." For Amelia and working-class patients like her, the opportunity to become beautiful through surgical interventions is also the opportunity to regain a healthy semblance usually denied to them. The affective significance of plastic surgery, therefore, was commonly associated with the patients' medical history, where previous pains, medical interventions or diagnoses seemed to engender the bodily topographies now considered in need of surgical improvement.

Working-class patients, however, are also keenly aware that in exchange for their free or low-cost plastic surgeries, they have to be willing to become objects of study for the "advancement" of medical science. Publicly funded hospitals double as educational institutions for medical residents, transforming the patients of the public health system

into valuable case studies through which medical residents “train their hand” and learn their trade. Like in the laboratories described by Bruno Latour (Latour 1987), the production of scientific papers and medical innovations is central to the reputation of these institutions and their leading surgeons. This symbolic capital translates into greater media recognition, more funding, more students and a larger number of private clients for surgeons. For this reason, plastic surgeons have to carefully balance between giving preference to reconstructive plastic surgeries, which address “humanitarian” medical issues such as congenital defects and burn victims, and giving preference to aesthetic plastic surgeries, which have higher market value. A sharp distinction between the two categories – reconstructive and aesthetic – can become murky very quickly, in particular because surgeries need to be officially classified as reconstructive in order to be covered by the universal health care system, and because patients themselves describe their aesthetic surgeries as necessary “repairs.” I do not aim to portray working-class patients as passive experimental objects through which medical knowledge is produced, but rather as productive actors who are central to the success of Brazilian plastic surgery. On the operating table, the interests of working-class patients momentarily collude with the interests of plastic surgeons, but this fractious relationship is dependent on satisfactory medical results.

I define “cosmetic citizenship” as the subjectivity that emerges through working-class patients’ affective engagement with the medical establishment in order to gain access to plastic surgery. Working class patients are willing to make their bodies “bioavailable,” a term coined by Lawrence Cohen to describe how subjects collaborate with the State and with medical communities to render their body as a resource (Cohen

2004). Plastic surgeons were quick to recognize the potential of working-class desires for beautification, and used it to transform Brazil into the world's largest and most important training center for plastic surgeons. Brazilian legislation regarding universal health care makes it relatively easy for surgeons to bill the State for most of the costs of these plastic surgeries, and then profit within the private market by selling the innovations they have developed to other surgeons and private clients (see Chapter 3). Other medical specialties have also noticed the profit generated by this economy of beauty, and now recruit working-class patients to test minimally invasive aesthetic treatments. Doctors require these patients to go through a series of bureaucratic requirements, medical examinations and psychological evaluations to get their surgeries approved, as a way to sift through the large number of requests for the best candidates, and eliminate "problem patients" who question their authority. Accustomed to facing lines and numerous requirements for other social services, working-class patients never complain that they are not treated like clients in private plastic surgery clinics, where the only conditions are that the patient be in good health and have the money to pay the bill. Working-class patients know ways of working around the system, however, and commonly share tips in the waiting room about what are the "correct" answers to the most common questions made by the doctors or the psychologists. In this sense, cosmetic citizenship also generates solidarity between working-class patients as they collectively claim beauty as a basic right and redefine its significance (see Chapter 2).

As James Holston points out, the act of waiting in line for a service is an important site to study practices of citizenship, because it demonstrates how social actors negotiate their rights, privileges and vulnerabilities with others in a public space (Holston

2008: 15). This is particularly true in Brazil, where members of the working-class are painfully aware that the country's available resources have historically been rationed and allotted unfairly, and that they cannot take citizenship for granted but rather have to claim it anew every day. In his most recent book, *Insurgent Citizenship*, Holsten examines how citizenship has been persistently denied to the poorest members of Brazilian society through legal, political and economic means. He also argues, however, that working-class members of the urban peripheries have become politically organized to protest the disappropriation of their homes and make demands from the government to provide improvements to their neighborhoods, practicing a tactical form of "insurgent citizenship." As insightful as Holsten's analysis is, it fails to address how inequality has also been established through a much more intimate, immediate medium: the body itself. I assert that the exclusion of the poor in Brazil has historically been enacted through aesthetic hierarchies, establishing beauty as a prerequisite for citizenship. The performance of cosmetic citizenship by the working-class, particularly by women, threatens to destabilize the existing hierarchies by claiming beauty as a right and redefining beauty according to their own embodied experiences. The affective weight of beauty is political to the extent that it reclaims the body as a space that has been traditionally denied to working-class women, reinhabits it with new perceptions and makes demands from the medical establishment and the government to help women care for their bodies. Thus, I aim to complicate the usual analysis of how inequality operates in Brazil, and argue that without understanding the significance given to beauty in Brazilian society one cannot fully comprehend the subtle mechanisms by which social hierarchies are maintained, reproduced and resisted.

Additionally, my work is in dialogue with other anthropological studies that have shown how patients produce new forms of citizenship as they interact with the State and with medical experts to redefine their subjectivities. For example, Adriana Petryna's engaging ethnography about the survivors of the Chernobyl nuclear disaster makes the claim that in order to make demands from the Ukrainian government for disability benefits, these subjects must transform themselves into "biological citizens" who define themselves according to their medical assessments of biological damage (Petryna 2002). Similarly, in their ethnographic study of individuals with genetic diseases, Deborah Heath, Rayna Rapp and Karen-Sue Taussig describe how these individuals form communities to lobby the State and the medical community for recognition and improved treatment, producing a new form of "genetic citizenship" (Heath et al. 2004). These three authors caution that these definitions of selfhood through biology, despite giving rise to new forms of democratic participation, also have the potential of rekindling eugenic thinking by classifying certain biological characteristics as undesirable (Taussig et al. 2003). Nikolas Rose counters that the "biological citizenship" produced by biomedicine cannot be considered a new form of eugenics because these treatments are not imposed on national populations by the State, but are rather forms of self-government that individuals choose to adopt (Rose 2007: 69). Rose, however, has a very restrictive definition of eugenics, limiting it to the negative eugenics typical of the Nazi regime, which sought to directly eliminate undesirable members of the population. I will argue that if we take into consideration the broader strands of eugenic thinking, particularly the Neo-Lamarckian variety that was most influential in Latin America, we can see how

“choosing” to personally define and improve oneself according to one’s biology is a legacy of eugenics (see Chapter 1).

Thus, even though I see a close affinity between cosmetic citizenship and other forms of citizenship produced by novel biomedical interventions on the body, I do not aim to portray cosmetic citizenship as a clean break from the past. On the contrary, the historicity of the Brazilian body is central to understanding the hold that beauty has today on Brazilian society. Eugenic discourses about heredity might not be scientifically accepted discourses in today’s medical community, yet the cartography of affect mapped on the body by eugenics remains a strong influence of how people feel about their bodies and the bodies of others until today. Beauty, in particular, was a central concern for Brazilian eugenicists, because they believed it could be interpreted as an index of an individual’s and a population’s health. As a medical practice, plastic surgery has a very long history as well, one where the logic of “improving” the body is closely tied to producing the body as a racialized and a gendered body of medical intervention (Gilman 1998; Haiken 1997). In Brazil, the logic of improvement assumed by plastic surgery is closely aligned with hegemonic notions of beauty favored by the traditional elites, which reinforce their place in the nation’s existing social hierarchy (see Chapter 4). These aesthetic hierarchies are reproduced through the media’s narratives about upward mobility through beauty, which value whiteness as a quality that rescues poor women from their economic condition. These narratives, however, are slowly becoming destabilized as popular notions of beauty gain traction within the public sphere, establishing performances of beauty as forms of immediate enjoyment rather than hopes for the future (see Chapter 5). This instability has rendered beauty a central arena of

social struggle, played out not only at the level of discourse, but also at the level of affect and sensation. My research, therefore, attempts to understand how cosmetic citizenship mobilizes the affective history of beauty and plastic surgery, and thus plays a central part in the struggle over the signification of the body in Brazilian society.

Methodology

My dissertation combines historical research, ethnographic fieldwork and readings of Brazilian popular culture in order to examine the prevailing notions of beauty in Brazil as a product of the complex inequalities that the country has faced in the past and continues to face today. I carried out the majority of the ethnographic research in publicly funded hospitals in Rio de Janeiro and Belo Horizonte, from June of 2006 to May of 2008. Rio de Janeiro is considered the cultural capital of Brazil, due to its influence on national culture and given that it is where the largest media corporations, like Globo, are located. Its famous “beach culture,” however, is undoubtedly influential in people’s self-definition and their concern with beauty and fitness. Thus, to gauge whether plastic surgery was important to Brazilians who lived far away from the beach, I decided to also do ethnographic research in Belo Horizonte, which is the third largest metropolitan region in Brazil and the capital of the state of Minas Gerais. I found that the affective significance given to plastic surgery was experienced with the same intensity in Belo Horizonte as in Rio de Janeiro, and that the working-class understandings of beauty had many commonalities. I do not claim that these two southeastern Brazilian cities can come to represent the country as a whole, or that interpretations of beauty will not differ in other regions. In fact, I expect great variation in local interpretations of beauty, given

that I understand beauty as a perception that emerges from embodied experience.

Consumption of beauty products and plastic surgery is on the rise in all urban areas of Brazil, however, indicating that beauty has captured the national imagination. The shared conception of Brazil as a “tropical country” also feeds the idea that clothing which reveals the human body is a central aspect of Brazilian fashion.

The ethnographic research in philanthropic, public and teaching hospitals was always conducted with the permission of the hospital’s chief plastic surgeon. In most cases I was treated like a new medical resident, which meant I was usually required to wear a doctor’s overcoat or scrubs, and was allowed to see the medical consultations, the psychological evaluations and even the surgeries taking place. As I mentioned earlier, doctors and residents see the patients in these hospitals as subjects of medical study, and thus when I approached them about doing research on plastic surgery in Brazil, they directed me to their working-class patients as the obvious target of study. They never asked these patients for permission to become subjects of an anthropological study, which meant this was something I always had to do myself when I introduced myself to them. The place where I preferred talking with patients, however, was in the waiting room, the only space where I was not required to wear a doctor’s overcoat and thus could mingle with patients more easily. The waiting room was usually full of lively conversations, since patients had to wait for hours for their turn in line, and most were happy to indulge my questions. My research approach in order to interview upper-middle class patients, however, had to be radically different due to the restrictions placed upon me by their doctors. All except one plastic surgeon were unwilling to let me contact or approach their private clients, worrying they might find it intrusive. Thus, most of my

interviews with upper-middle class patients were arranged through common acquaintances, particularly other patients I had already interviewed. These in-depth interviews took place in public locations, like cafes and libraries, or within their private homes.

In all cases I have changed the names of both patients and doctors to protect their identities, with the exception of the plastic surgeons Ivo Pitanguy and Almir Nacul because I consider them public figures and discuss at length their work and ideas. I also decided to change the names of the hospitals I frequented, because in some hospitals aesthetic surgeries are labeled as reconstructive in order to have the Brazilian universal health care system cover the costs, and this could be considered a fraudulent practice. By protecting individual surgeons who were willing to be open about this practice, I hope to make a larger critique about systemic problems of Brazilian health care, which were present in nearly every hospital where I did research. The one exception was the Ivo Pitanguy Institute, whose name I did not change because of its importance within the national imaginary and because it asks patients to pay for their own aesthetic surgeries, and thus avoids the usage of public funding for these surgeries. I also frequented several conferences about plastic surgery and aesthetic medicine, in order to gain a better understanding of doctors' discussions and carry out ethnographic research about the medical profession itself. My critiques of plastic surgery are not meant as critiques of individual plastic surgeons who were genuinely helpful in giving me access; I wish instead to portray their concerns here as well. The unfettered expansion of plastic surgery is an issue that troubles these surgeons, because it devaluates their practice and makes profit its only concern. Some surgeons are very dedicated to doing reconstructive

work for their underprivileged patients, and I was witness to amazing reconstructive work being done that should be applauded. I believe a truly engaged anthropology is one that does not critique from afar, but rather seeks to accurately describe the contingencies and contexts from within which individuals strive to make ethical decisions.

In order to research the narratives of upward mobility through beauty that abound in Brazilian popular culture, I paid close attention to televised soap operas, beauty contests and journalistic coverage of the modeling world. A common thread in these narratives was the idea that poor women could lead their families out of poverty, either by marrying up or by being ‘discovered’ as models. Seeking to compare the narratives put forward by the media to the real experiences of individuals, I decided to do a short series of interviews in the modeling schools in two of Rio de Janeiro’s shantytowns, Cidade de Deus and Rocinha, and in talent agencies for children and teenagers, also located in Rio de Janeiro. I interviewed the directors of these schools and agencies, as well as the teenagers and parents who frequent them, in order to understand the investment that poor families put in beauty as a source of upward mobility. Additionally, I interviewed staff members from conventional modeling agencies to determine what were the real possibilities of women from low-income families to ‘make it’ in the modeling world. I also changed the names of all interviewees, except for the photographer Tony Barros and the model Gisele Guimaraes because I felt there was no risk to revealing their identities, and they are easily identifiable from my description of their work. Although this part of the research does not focus per se on plastic surgery, it illuminates the ways in which the narratives present in popular culture about beauty interact with subjects’ affective investment in beauty. Similarly, I considered historical

research central to my ethnography, because the logic of improvement present in present-day plastic surgery can be traced back to early twentieth-century medical texts concerned with eugenics and hygiene. Both share a conception of beauty as perfecting the Brazilian population, and thus as a measure of national progress. I undertook the historical research at the *Biblioteca Nacional do Brasil* [National Library of Brazil], the public library with the largest collection in the country, which is located in Rio de Janeiro.

Chapter 1: The Eugenesis¹ of Beauty

Healthier, Better-Looking Races

In 1874, the Count Arthur de Gobineau published a short essay titled *L'Emigration au Brasil* [Emmigration to Brazil], based on his experience as a French diplomat in Rio de Janeiro from 1859 to 1860. In this essay, he claimed that due to the extensive racial “miscegenation” occurring in Brazil, this entire society was destined to degeneration and would self-destroy in less than two hundred years. Gobineau described Brazilians as, “a completely mulatto population, polluted in the blood and the spirit, and frighteningly ugly” (Gobineau, quoted in Hofbauer 2006: 128). He argued that only by isolating its most “damaging” ethnic elements and encouraging European immigration, the destruction of Brazil could perhaps be avoided. Gobineau’s claims sent shockwaves among the small white elite that controlled Brazil at the time. He had insulted their burgeoning sense of nationalism, and at the same time he seemed to confirm their worst fears that the non-white, extremely poor majority would overrun their authority and condemn the entire nation. In the next few decades, much of the intellectual production in Brazil seemed concerned with proving Gobineau wrong. In the early twentieth century, *miscegenação* [miscegenation] began to be consistently portrayed by the Brazilian intelligentsia not as a degenerative influence, but rather as a constructive force that would create a racially homogeneous country in the long run and render moot the problem of racial difference. The director of the Brazilian National Museum, João Batista Lacerda, made the case in 1911 that only the white race would prevail with

¹ Eugenesis is defined as the quality or condition of being eugenic.

ongoing racial mixture, because the hereditary strength of the white race would eliminate all “lower types,” whitening the nation as a whole. He calculated that in a hundred years, there would no longer be any blacks in Brazil in a hundred years, and the mulatto population would merely make up 3 percent of the total (Lacerda 1911).

Despite celebrating *miscegenação* as the solution, not the problem, to the issue of how to build a nascent Brazilian nation, the Brazilian intelligentsia shared many racist assumptions with Gobineau. They portrayed the white race as undeniably superior to the other races, not only in terms of intelligence, culture and health, but also aesthetically. Take, for example, the argument given by Afrânio Peixoto, an influential professor of public health and legal medicine, in 1938 in his book *Climate and Health: A Bio-Geographical Introduction to Brazilian Civilization*,

Gobineau predicted that ‘children are dying in such high quantities that in the matter of a few, negligible years, there will be no more Brazilians’... Not only is the Brazilian population growing enormously... but racial mixture is also rapidly increasing. The white albumen is purifying the national molasses... Pure blacks do not exist anymore; mestizos disappear, either because they die prematurely due to somatic weaknesses, sensuality, nervousness and sensitivity to tuberculosis, or because they interbreed with whiter elements: thus the race whitens... In Brazil, the great race – that has assimilated and depurated the other two races, *which are only undesirable due to their uncultured condition and ugliness* – is the white race. Every day morbidity and mortality surrender to the sanitation of housing and of urban settings, in such a way that currently our mortality rate has a very dignified standing among the best in the world (Peixoto 1938: 42, 140, 167 – italics are mine)

Afrânio Peixoto replies against Gobineau’s pessimistic evaluation of Brazil by declaring that the Brazilian race is progressively whitening and thereby improving through the power of *miscegenação*. He argues that the “great” white race has “assimilated” the other two races – Black and Indian – and that if any “lower types” remain, they will naturally disappear because they are unfit. Sanitation complements the work of

miscegenação by crafting the health conditions for the fittest to survive. It is significant that even though Peixoto counters Gobineau's negative assessment of Brazil's future, both seem to agree on the *aesthetic* diagnosis of racialized bodies. Just as Afrânio Peixoto argues that it is the "uncultured condition and ugliness" of other races that makes them undesirable for the nation, Gobineau relied on the "frighteningly ugly" appearance of mixed-raced Brazilians to describe their supposed inferiority. For both Gobineau and Peixoto, whiteness was a desirable aesthetic ideal as much as it was a symbol of racial superiority.

According to the historian Lilia Moritz Schwarcz, Brazilian intellectuals of the early twentieth century constructed a paradoxical new theoretical framework whereby they could argue for an optimistic national project of "perfectible" Brazilian populations, at the same time they reinscribed old racial hierarchies through a social-Darwinist view of racial difference (Schwarcz 1993). In my reading of Afrânio Peixoto and other Brazilian intellectuals, this apparent paradox was resolved by giving emphasis to aesthetic evaluations of the human body, which were imagined as providing crucial information about the eugenic state of the population. In other words, the Brazilian intelligentsia constructed a *medico-aesthetic visualization* of the body, whereby the subjects under scrutiny were read as aesthetically and eugenically superior according to their proximity to whiteness. Ugliness, on the other hand, was taken as a visible sign of dysgenic traits and racialized illnesses, like the "somatic weaknesses" Peixoto attributes to mestizos. This particular way of visualizing racial difference allowed the Brazilian intelligentsia to equate their political project of improving the nation's population to the mission of improving the population's health as well. It also allowed intellectuals to

portray themselves as the ones with the knowledge, will and leadership necessary to heal the nation. This vision of the world is less social-Darwinist, as Schwarcz argues, than it is neo-Lamarckian, because it puts faith on the capacity of self-improvement rather than on the idea that “undesired” hereditary traits should be eliminated by force. The “positive” form of eugenics embraced by Neo-Lamarckism, therefore, represented a significantly different approach from that espoused by the “negative” form of eugenics, popular at the time in Germany and the United States, that sought to prevent the reproduction of the “unfit”.

The central tenet of Neo-Lamarckian discourses was the belief that human bodies were not bound to a hereditary destiny but were rather able to incorporate external influences such as the environment, upbringing and social condition, and that these acquired characteristics could then be inherited by future generations. This neo-Lamarckian understanding of inheritance in effect meant that the nation was a collection of “perfectible” populations, and that by controlling the social and environmental milieu of those populations one could hope to improve upon the nation as a whole. As the historian of science Nancy Leys Stepan has cogently argued, the embrace of neo-Lamarckian eugenics by Latin American intellectuals was a direct reaction to the negative assessments made about the region by European intellectuals. There were many European thinkers who shared Gobineau’s opinions about the effects of racial mixture in Latin America. Herbert Spencer himself argued that Latin America would remain in a perpetual state of anarchy because the mestizo was “ungovernable” by nature, caught as he was between two different modes of being, the white and the indigenous (Young 2006: 106). Neo-Lamarckism was able to counter these ideas because it “came tinged

with an optimistic expectation that reforms of the social milieu would result in permanent improvement, an idea in keeping with the environmentalist-sanitary tradition that had become fashionable” (Stepan 1991: 73). Neo-Lamarckism in effect created an alliance between public hygiene and eugenics, whereby “improving the conditions surrounding reproduction” through “hygiene, dietetics, puericulture² and preventive medicine” (Stepan 1991: 87) promised to deliver healthier and fitter generations in the future. The vice-president of the Eugenics Society of São Paulo, Olegario de Mouro, summarized concisely the early-twentieth century confidence in neo-Lamarckism when he wrote in 1919, “To sanitize is to eugenize” (Mouro, quoted in Stepan 1991: 90).

In my view, beauty was central to the Neo-Lamarckian project in Brazil. In their effort to measure eugenic improvement, the Brazilian intelligentsia constructed the body’s aesthetic qualities as visual evidence of the population’s health. In this way, the beneficial effects of *miscegenação*, as well as the effects of providing better sanitation conditions and hygienic education, would become clearly visible on the bodies of the populations about which the elite was most concerned. This medico-aesthetic visualization of the body however, brought along with it racist assumptions about whose bodies were beautiful and which ones were not. This projected an aesthetic hierarchy onto the population that crafted physical characteristics associated with whiteness as healthier and more beautiful, and other racialized physical characteristics as dysgenic and ugly. In this chapter, I will argue that the Brazilian project of creating a healthier, fitter and more productive population became associated with the ideal of beautifying the nation as a whole. Using early twentieth-century sources and current historiography, I

² Puericulture is defined as the science or art of raising young children.

will trace the ways by which the Brazilian medical field established physical appearance as an index of health conditions in rural areas, and by extension, as a measure of national progress. This medicalized conception of physical appearance would then become central to emerging discourses about the crucial role of female beauty in the construction of a national identity. The bodies of peasants and of women, therefore, became symbols of the national imperative to improve the nation through the physiques of national subjects. I will close the chapter with illustrations of how neo-Lamarckism informed the aesthetics of Gilberto Freyre, and argue that this Neo-Lamarckian legacy still structures contemporary discourses that produce gendered, raced and classed subjectivities in Brazil.

Visualizing ugliness

At the beginning of the twentieth century, Brazil was undergoing a process of rapid industrialization and urbanization in an attempt to become an important player in the global economy. The country was controlled by an alliance of landowner oligarchies and educated urban elites which sought to modernize the country but did not want the process to threaten the rigid social hierarchies that had propelled them into positions of power. The phrase inscribed in the new Brazilian flag, “Order and Progress,” typified the elites’ desire for economic progress while keeping the social order intact. Although the period known as the Old Republic was inaugurated by the official abolition of slavery in 1888 and the transition from a monarchy into a liberal republic in 1889, there were few real changes in the structure of power during that period. For one, the new constitution of 1891 determined that only male alphabetized citizens were eligible to vote and to be

elected to office, which excluded 98% of the population from democratic participation. Secondly, abolition did little to change the situation of black and mixed-race populations in Brazil, because the economic structure only reserved the lowest paying jobs for them. The historian Kim Butler has argued that State and private incentives for white immigration, resulting in the arrival of an average of 15,000 immigrants a year from Europe from 1850 to 1930, pushed most Afro-Brazilians out of the best remunerated positions in the agricultural and industrial economies, particularly in the southeast. Sensing the inevitable end to the slave economy, many plantation owners stopped buying slaves and refused to employ freepersons by arguing that these workers were inherently indolent, preferring immigrant workers instead (Butler, K. 1998: 28). This meant that even though Afro-Brazilians had formed the backbone of an exploitative colonial economy, and now made up 56% of the Brazilian population according to the 1890 census, they were being systematically excluded from any real opportunities for upward mobility (Butler, K. 1998: 36).

Along with the economic transformations taking place, there arose new imaginaries of the Brazilian nation that were, as I argued earlier, profoundly shaped by the neo-Lamarckian understanding of sanitation, race and improvement of the population. The governing elites believed that the Europeanization of Brazil would lead the country in the right direction, improving the overall “stock” of the working population and “whitening” the nation as a whole.³ The educated members of the Brazilian elite were also avid readers and admirers of European scientific thought, and felt that it was only through science that Brazil could forge its own pathway to progress. This optimism was

³ This racial logic led federal and state governments to establish several laws limiting immigration from non-European countries, like Japan, because they were considered racially inferior to whites (Dezem 2005).

based on recent advancements in Brazilian microbiology, particularly the successful sanitation and vaccination campaigns in Rio de Janeiro against yellow fever and smallpox beginning in 1903. These campaigns were organized by Oswaldo Cruz, a young doctor trained in the Pasteur Institute in France who was given the authority to manufacture and distribute the vaccines within Brazil. The mandatory vaccination campaigns were initially met with strong resistance, resulting in an uprising that nearly derailed the effort and came to be known as the 1904 “Vaccine Revolt.” The medical establishment had to confront both the conservative political detractors who disagreed with the modernization policies the country was undertaking, and the popular resistance to the authoritarian intrusions of the sanitary police (Needell 1987). When Oswaldo Cruz won the gold medal at the International Conference on Hygiene and Demography that took place in Berlin in 1907, he was received as a “cultural hero” among the Brazilian elite (Stepan 1991: 42). The international recognition for his efforts seemed to prove that the country could not only produce scientific innovation, but that public health initiatives backed by the State could do away with many of the obstacles that seemed to hold the nation back in relation to others (Stepan 1991).

The Oswaldo Cruz Institute, thus renamed in his honor, went on to produce many other important scientific innovations. In 1908, a doctor named Carlos Chagas discovered a heretofore unknown illness that became a symbol of the poor state of health of rural Brazilians. Christened as “Chagas disease,” this new illness was theorized as a probable cause for the general “unproductivity” of rural workers. It was calculated at the time that at least two million rural workers could be infected with Chagas disease, this at a time when the total population of Brazil had barely reached 30 million. The famous

discoverer of Chagas disease, Carlos Chagas, described the sufferers of the illness at the 1912 Medical Congress in Belo Horizonte in the following manner:

As a rule, those infected with the most severe cases do not reach adulthood, disappearing early on for the collective benefit; when the illness allows them to reach an older age, however, it stunts their physical development, thus resulting in miserable creatures of monstrous appearance, who are an assault against the beauty of life and against the harmony of things in those [rural] regions (quoted in Penna 1918: 144).

Thus, although Chagas disease provides the eugenic reassurance that the weakest will simply disappear “for the collective benefit” of the nation, it also provides the haunting image of “creatures of monstrous appearance” populating the rural landscape. This imagery communicated the message that if the State did not intervene with urgent public health initiatives, there would soon be widespread illness in rural areas, threatening the productivity of the nation and the very “harmony of things”. This portrait of rural workers as deformed and nearly disabled by disease was part of a larger campaign to convince the political elites of the need for a more interventionist Brazilian State, for which public health should be a primary concern not only in metropolitan areas, but also in locales neglected until then.

A similar medico-aesthetic diagnosis of rural bodies can be read in Belisário Penna’s and Arthur Neiva’s report on the dire state of health of the population in rural areas, published after their medico-scientific trip to the northeastern and central regions of Brazil in 1912. What most shocked the reading public at the time were the photographs that accompanied the report, and which graphically depicted the several diseases suffered by rural workers in the *sertões* or “backlands” of Brazil. Like other naturalist expeditions before it, Belisário Penna’s and Arthur Neiva’s report also

catalogued the flora and the fauna of the backlands, but it was the body of the rural worker that became a central object of scrutiny and concern in the report and in later discussions about it. Belisário Penna would go on to publish a series of articles in the newspaper *Correio da Manhã* in his efforts to influence public opinion on the need for sanitation, articles which were then reprinted in his book *Saneamento do Brasil* [Sanitation of Brasil], along with the original photographs from his scientific expedition. In those articles, he argues repeatedly that during his travels he witnessed widespread physical and intellectual infirmity among the rural population, painting a desolate picture where nearly everyone is ill with one disease or another:

In certain localities no one, literally no one from the area escapes... infection. These are small towns of one hundred to three hundred inhabitants, where there is merely a vegetative, animalistic way of life, and where entire families are made up of crippled, idiotic and goitered semi-idiotic individuals, this in areas with luxurious vegetation, fertile lands, crystalline waters and healthy climates (Penna 1918: 145).

Although Penna and Neiva were unable to conduct full diagnostic exams in the field, Penna asserts that the very visibility of sickness on the bodies of the rural populace, in sharp contrast to the healthy environment where these people lived, was enough to confirm their diseased state. If anyone doubted his word, the photographs were there to provide visual evidence of “the crippled, idiotic and goitered” people Penna described. His descriptions are significantly more hyperbolic than in the original report, probably in the effort to gain support for a national sanitation movement.

The starkness of the report reportedly inspired Miguel Pereira, one of the founders of the rural sanitation movement, to declare in 1916, “Brazil is still a vast hospital!”, a phrase often quoted to this day (Fonseca Casazza 2006). The photographs and the

discourse about rural workers made visible a frontier that was yet to be sanitized and medicalized – the diseased body of the backlands. Sanitation was presented to the reading public as a matter of national interest, because it not only would be able to provide a cure for the diseases that prevented national progress, but would also provide a “real incorporation into civilization” for those “ignorant individuals” abandoned to their own fate (Penna 1918: 107). Although the rehabilitation of these individuals through sanitation and hygiene promised to transcend their racial origin, Belisário Penna claimed that they had become helpless due to their return to a “savage state” after the end of slavery,

These thousands of ignorant and rude individuals, freed from the not always humane yoke [of slavery], dispersed in all directions, descended by the legions upon the forests and backlands, onto the margins of rivers and streams. They then gave in to alcohol and to orgies, without the least notion of hygiene, becoming animalized and nearly returning to the savage state of their forefathers in their natural desire to fully use their freedom – a freedom whose delights they were unable to comprehend and which can only be enjoyed through work, through methodical effort and by cultivating one’s spirit and one’s health. All these people, when they were still slaves, were subject to work discipline, were generally well fed, and were relatively well taken care of and sheltered, for this was in the primordial interest of plantation owners (Penna 1918: 15).

Although Penna does not advocate for a return to slavery, this passage makes clear his nostalgia for a simpler time when plantation owners were able to assert their public authority over the working population. In the sudden absence of this authority after the abolition of slavery in 1888, Penna calls for the Brazilian State to step in and, in the name of hygiene, reorganize the rural working class into a productive force. Leaving this population to their own devices would only cause their own racial “degeneration” and consequently, would arrest the progress of the nation as a whole.

As the historian Gilberto Hochman points out, Belisário Penna was a traditionalist who criticized the “artificiality” of fostering urban industries, when the “natural” Brazilian economic activity, in his eyes, would always be agriculture (Hochman 1998). For Penna, one of the worst consequences of the rapid expansion of urban industry was the wave of migration it was stimulating from rural to metropolitan areas. As the impoverished peripheries of Brazilian cities began to grow, other sanitarians like Afrânio Peixoto would argue that the “backlands” and their endemic rural diseases were now much closer to the general population and the urgency to sanitize the country was even greater than before. The sanitation movement thus redefined the borders between rural and metropolitan areas,

For the pro-sanitation campaign, the *sertões* [backlands] and rural areas were more of a medical, social and political category than a geographic location. Their spatial location would depend on the existence of the pairing of disease and neglect. Therefore, the *sertões* would not be as far removed from those who would decide on sanitation measures, nor would they merely be a symbolic or geographic reference to the country’s interior. (Hochman 1998)

The *sertões* were located, I would add, wherever the medico-aesthetic visualization of the body identified ugliness and disease. As the country became transformed by mass urbanization, the sick body that was first imagined as an isolated rural predicament came to be understood as a vector of disease that was expanding and becoming a threat to all Brazilians. Wherever rural migrants settled in their search for jobs, they would be bringing their illnesses and meager hygiene, something that would be neatly visible on their bodies according to sanitarians.

Whenever simple observation was not enough to determine the status of health of a given individual, anthropometry became the tool of choice to literally measure the

‘value’ of a potential laborer. Anthropometry had already become extremely popular in the late nineteenth century amongst Brazilian criminologists, who followed the Lombrosian belief that criminals possessed measurable physiognomic differences (Schwarcz 1993). The sanitation movement began to use anthropometry as a way to prove that hygienic measures could indeed alter the very dimensions of the human body and create an improved working force for the nation. One of the most enthusiastic proponents of anthropometry was Renato Kehl, leader of the eugenics movement in Brazil and founder of the Eugenics Society of São Paulo in 1918, a group in which several important medical authorities were active members, including Arthur Neiva and Belisário Penna⁴ (Stepan 1991: 48). In 1920, Renato Kehl published a short study entitled *Healthy Populations and Ill Populations: Some considerations and anthropometric data*, based on the measurements he and other doctors had collected at the Rural Prophylaxis Clinic in Merity, Rio de Janeiro. Using an “index of robustness,” calculated by subtracting one’s weight and thoracic width from one’s height, he determined there was “a significant difference between the muscular strength of sick individuals and the strength of the same individuals days after being cured... With this data one can verify the profound anemia of the people of Merity and the improvements observed in just a few months with vermicide treatment” (Kehl 1920: 10). For Kehl, a sanitation campaign in the Brazilian ‘hinterland’ was also a question of patriotism. Based on a second anthropometric study among men enlisting for the army, he concluded that the Brazilian “index of robustness” was below the minimum required in other countries. The evident “physical inferiority of Brazilian youth” could put into question the very

⁴ In 1920, Belisario Penna would also become Renato Kehl’s father-in-law, showing the tight social circle created by Brazilian intellectuals at the time.

masculinity that was supposed to buttress the country and defend it from attack (Kehl 1920: 4).

The historian Maria Bernardete Ramos Flores has argued that the sense of inferiority that the Brazilian intelligentsia felt in relation to other countries was frequently expressed as a “crisis of virility,” whereby the backwardness caused by vice, sickness and disorder was seen as a negative feminization of the population (Flores 2007: 188). If Brazilians were to create a stronger and healthier race that would conquer any obstacle, they first had to remove the weaker feminine elements that were holding back the nation. This weakness was personified in the archetypical character of Jeca Tatu, a poor, uncivilized and lethargic rural worker first invented by the writer Monteiro Lobato.



Figure 1.1 – Advertisement from *Almanaque do Biotônico* (1935: 4), reproduced under fair use.

Lobato initially portrayed Jeca Tatu as an irredeemable, inherently lazy figure in the *The Vital Problem*, published in 1918. As Lobato became influenced by the work of the hygienists, however, he changed his diagnosis of Jeca Tatu and declared him sick and unhygienic, but malleable if the State stepped in with the proper sanitation measures

(Santos 2003). In the above advertisement for vermicide from 1935 (see Figure 1.1), Lobato is pictured asking, “Jeca, why won’t you work?” Jeca answers that it is not laziness, but a “feeling of tiredness that never ends.” Lobato answers, “I know, my friend... you have a zoo of the worst kind in your entrails, and it is these animals that are making you ugly, lethargic and weak.” Notice that Lobato is portrayed as the educated authority that diagnoses the uneducated Jeca Tatu’s ailment, one that impairs not only his behavior but also his appearance.

When Mário Pinto Serva published *The Virilization of the Race* in 1923, Jeca Tatu had become a symbol of what was wrong with Brazil, leading Serva to declare that “we have the appearance of men, but we are not... because for every one hundred Brazilians, eighty are of the Jeca Tatu type” (quoted in Flores 2007: 182). Mário Pinto Serva called for a new “race politics” that would re-virilize the population and take Brazil in a more positivist, masculine direction towards progress and civilization. This was only possible because Brazil was in a state of formation and its population was “a still unformed ethnic mass, heterogeneous and plastic, which will assume the characters imprinted by the mental directors of its evolution” (quoted in Flores 2007: 185). These “mental directors” of Brazilian “evolution,” a new intellectual class that was leading Brazilian modernization, declared themselves capable not only of analyzing working bodies and declaring them fit or unfit for the purposes of the State, but also being able to provide the knowledge and determination needed to sanitize, train and produce a productive national force. Disease became a bodily marker that caused an aesthetic repulsion in the educated observer because disease was also marker of social difference, based on racist medical principles. The uneducated person who was the object of scrutiny would presumably be

unable to perceive his or her own predicament, which made the intervention of the hygienist even more pressing. This dichotomy between the observer and the observed reinforced the social differences between the ruling elites and the Brazilian working class. If the Brazilian intelligentsia saw itself as the architect of this new society, however, it was because it ultimately sought to create a society in its own image. In order to reproduce desirable medico-aesthetic characteristics in the population itself, the hygienists became interested in the women that would bear those imagined future generations. In the next section I will argue that women became another central object of concern for Brazilian eugenics and its investment in aesthetic appearance.

Reproducing beauty

For eugenicists like Renato Kehl, general sanitation measures in urban and rural areas were not enough to transform the country. Hygiene had to be taken even further, to the realm of reproduction, if Brazil was going to take seriously the challenge of molding its “perfectible” populations. The progenitors of the future generations of Brazilians, had learn how to self-analyze their reproductive potential. For this to be possible, the reading public had to be trained to read the bodies in question even if they did not belong to the medical profession, and uneducated individuals had to learn to defer to medical experts:

A man has the duty to learn to take care of his health, so that there is surplus of optimal characteristics to pass on to his children. Before getting married, an individual has to make a balance of his life, and verify if there is an overall surplus or deficit, if he is in organic conditions to take on or restrain from marriage. Not everyone possesses the judgment necessary to make this evaluation. Thus, this task should be left to doctors. (Kehl 1917: 6).

Kehl believes that a parent does not simply pass on his hereditary characteristics through reproduction, but rather passes on his general state of health at the precise moment in his life that he has children. As a neo-Lamarckian, he believed the qualities gained by an individual during his lifetime, given the moral will to improve, could be passed on to his descendants, leading to permanent social improvements. Kehl also believed, however, that “incapable” individuals should be impeded from reproducing altogether, in the effort to combat the main “causes for the virile depopulation,” like alcohol, syphilis and insanity, (Kehl 1917: 7-8). The Brazilian League of Mental Hygiene, of which Renato Kehl, Afrânio Peixoto and Carlos Chagas were active members, went as far as to recommend that the State enforce sterilization for degenerate individuals and pre-nuptial exams for engaged couples, so that doctors could decide if a particular marriage would be in the benefit of national health or not. Such drastic measures were never instated, however, because the rapid expansion of the Brazilian economy required more laborers and not less, making negative eugenics an unpopular and impracticable option for the State (Stepan 1991).

The issue of reproduction, however, remained linked to the “life of the species” (Foucault 1990) through a medico-aesthetic concern with the ideal types of bodies that should or should not make part of the Brazilian population. In *The Cure of Ugliness*, first published in 1923, Renato Kehl argues that ugliness is not an unavoidable characteristic, but rather a disharmony caused by the effects of disease and degeneration on individuals and their descendants. For Kehl, like the sanitarians before him, ugliness becomes an index of what is wrong with the nation, and a call for arms to make improvements upon the bodies in question. Unlike Kehl’s previous works, which were written for scientific

audiences and as appeals of action for the appropriate authorities, *The Cure of Ugliness* is written with a lay reader in mind, and Kehl makes specific medical and hygienic recommendations for the improvement of individuals and their offspring. For instance, here we find one of the earliest apologies in favor of the “surgical cure of wrinkles” in Brazilian scientific literature:

A surgical intervention with the purpose of beautification is justifiable. In this way, one can frequently cheer up those sorrowful, downcast, discouraged and aged individuals due to perfectly removable malformations. In many cases plastic surgery restitutes to these same individuals new animation, new encouragement for life, which will thereafter be happier and full of charm (quoted in Rebello Neto, 1933).

For Kehl, human beauty was a eugenic ideal that could be achieved with Cartesian accuracy through the proper hygienic and medical interventions, because ugliness simply meant the absence of health (Souza 2006: 64). Since he believed that surgically removing a “malformation” could improve the overall state of health of an individual, it was one valid technique among many for perfecting the Brazilian “race” as a whole. It does not come as a surprise, then, that the “father” of Brazilian plastic surgery, Rebello Neto, quoted Kehl’s authoritative opinion ten years later in his efforts to establish plastic surgery as a legally accepted medical specialty (Rebello Neto 1933).

Renato Kehl would go on to write several educational manuals about the importance of eugenic thinking for everyday concerns, like hygienic practices and matrimonial prospects. In *How to Choose a Good Wife* (1924), he taught men how to choose women that would ideally bear healthy, beautiful children, thereby improving the Brazilian race as a whole. Among Kehl’s concerns was how mothers should teach their children to obey strict gender roles to prevent sexual deviation, since perversions could

put in jeopardy the descent of a given family (Souza 2006). Kehl's manuals would go through many different editions given their popularity among the reading public, and inspired other similar publications. In 1932, a group of professionals in physical education created a magazine called *Revista Educação Física*, which had the purpose of promoting sports as an important factor in the collective goal of "perfecting the race" (Goellner 2003: 19). Renato Kehl's eugenic beliefs clearly influenced the magazine, which argued that physical activity was central to the life of any "modern woman" if she was to have the beauty and health necessary to "transmit to her child all the qualities that should constitute this individual as normal, if not perfect" (quoted in Goellner 2003: 65). Women's exercise was not simply a question of staying fit, but of fulfilling their role as mothers to create stronger generations and serving the Nation. It was in the area of sexology, however, that Kehl's influence seemed to be strongest. Brazilian sexology was at the time a nascent branch of medicine, not fully accepted by mainstream science but very popular among lay readers due to the suggestive topics covered, which had previously been taboo. Publishers perceived the sales potential of these new writers and regularly added photographic and artistic nudes to the books in the effort to attract new readers (Paiva 2002). The writers took very seriously their aim to promote the "moral and physical eugenesis of the race," by outlining what were ideal forms of femininity and sexual behavior (Irajá, quoted in Paiva 2002: 83).

The most famous and most widely read sexologist was Hernani de Irajá, who was born in 1897 in the southern state of Rio Grande do Sul but practiced medicine most of his life in Rio de Janeiro. A prolific writer, he wrote more than thirty books about sexuality from the 1920s to the 1960s, most of which were reprinted several times and

went through several editions. The central argument of his work is that sexuality should be a subject of serious scientific analysis, because it can determine whether the nation will be eugenically improved upon or not. In Hernani de Irajá's *Morphology of Woman: Female Plasticity in Brazil*, female sexuality becomes an object of medico-aesthetic examination, in the effort to determine which women are more apt for sexual selection. Following the same neo-Lamarckian arguments given by members of the sanitation movement, he argues that disease, poverty and extenuating physical work leave legible marks on the bodies of women from rural areas,

There is a lack of artistic harmony in the populations that are poorly fed and overburdened by everyday labor... Their characters betray their general discomfort. Their features, generally graceful in younger women, intermix with premature wrinkles that surface on the skin due to their everyday urgencies and difficulties... Their collarbones protrude in excess, their emaciated hands resemble the simian type, their bony feet denote the vestiges of hyperhidrosis or have been deformed by martyrizing shoes... producing veritable monstrosities (Irajá 1931: 32-33).

The desolate portrait of these women created by Hernani de Irajá is meant to produce not only empathy but also an aesthetic revulsion in the reader. Not only has the health and happiness of these women been compromised by their working conditions, but their beauty seems to have suffered most of all, transforming what could have been “graceful” women into “veritable monstrosities”. The term “simian” also serves to racialize them, but links that racialization to their condition rather than to steadfast hereditary causes. The simplest hygienic and eugenic measures, Hernani de Irajá subsequently argues, could prevent such widespread ugliness and aid human evolution.

Hernani de Irajá then goes on to map a Brazilian landscape of beauty, trying to determine which regions of the country have the most beautiful “types”. Based on the

statistics produced by the Brazilian military service, he argues that “the human specimen in the south presents larger average dimensions and more robustness than in the north” (Irajá 1931: 39). This is due to the “fewer mixtures with inferior elements in the south,” producing “purely white specimens” (Irajá 1931: 45). In the northern and central regions, on the other hand, there was a much more generalized miscegenation with indigenous and African descendants. Hernani de Irajá also conducted his own anthropometric studies of women from different regions of Brazil, where he measured the proportion of the dimensions of the head to the overall height. The emphasis on scientific measurements allows Hernani de Irajá to naturalize these differences as objective medical truths, not as subjective judgments. Irajá concluded that,

The svelte or long type is the most aristocratic. In general, the height exceeds 1m62. Brazil possesses marvelous examples of this class, widespread among Indo-European mixtures. The cities... of southern Brazil are rich in beauties of this ‘elancé’ type that is 7½ heads high. The short or squat type is more bourgeois. It belongs to the working classes of the fields or the factories. However, when there is a perfect equilibrium in the plastic disposition of the trunk, head and members, the short type is particularly charming and graceful, light and agile... In Ceará, Pernambuco and other northeastern states, one can find true ‘beauties’ in the mixture of that originally indigenous type with the Dutch, the Portuguese or even the English (Irajá 1931: 86-87).

These typologies created by Hernani de Irajá serve the purpose of educating the reading public about what are the most eugenically appropriate spouses, at the same time they reinforce the regional, racial and class hierarchies in Brazil. The southern, wealthy urban population is described as widely “rich in beauties” due to its racial purity; while the more racially mixed population of lower classes, rural areas and the northern states are described as less harmonious and less healthy, more prone to diseases like “ovarian dysfunction” (Irajá 1931: 32-33).

Non-white beauty is portrayed as something exceptional that can be found only in rare occasions, an exotic find to be cherished highly precisely because of its uncommon nature. These “lower types” are redeemed, in other words, through the act of reproduction with white men. A working class or northeastern woman who is “charming and graceful,” even if she is not beautiful according to scientific analysis, still has the potential of bearing forth “true beauties” with a man of European origin. Hernani de Irajá presented this conclusion in a graphic form as well, in an equation that can be summarized as follows: “Black Woman + Indigenous Woman + White Man = Beautiful Light-Skinned Woman” (Irajá 1931: 155).

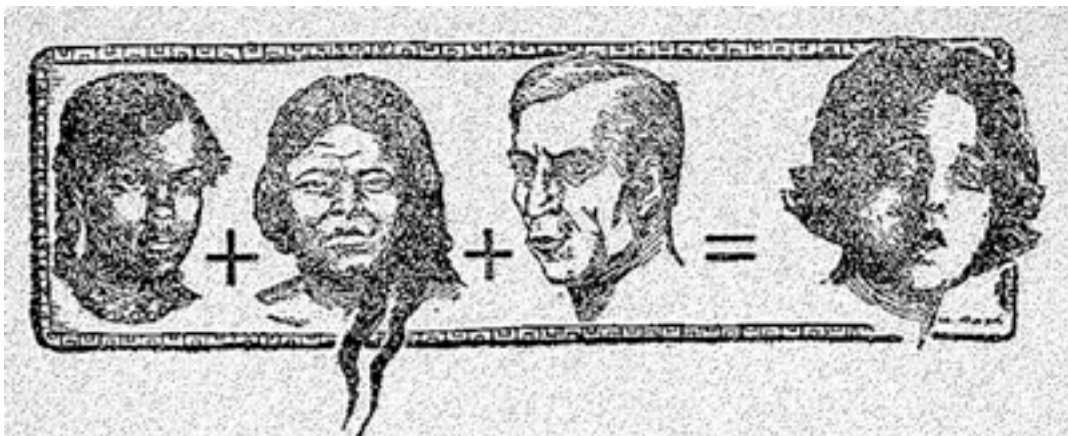


Figure 1.2 - Illustration from *Morphologia da Mulher* (Irajá 1931: 155), reproduced under fair use.

The narrative being told here is one where white men have the power of whitening and thus eugenically improving the nation, by producing offspring with less privileged women of other races. Furthermore, Irajá naturalizes white men’s desire for women of color⁵ by arguing that scientific measurements have determined that women of color have

⁵ Irajá’s narrative is silent about the taboo possibility that a white woman might conceive children with a man of color, but we can assume he would consider such a combination not only unacceptable but a step towards degeneration rather than whitening, since he gives so much weight to the inheritance of the father’s, not the mother’s, racial characteristics.

bigger buttocks, and “a woman with developed hips and great buttocks is considered in most populations as more apt for fecundation, gestation and giving birth... instinct almost always aids sexual selection” (Irajá 1938: 50). Real beauties, however, are still limited to the upper classes, because “the statistics... show how the affluent classes, exempt from these or other circumstances – misery, nutritional deficiencies, etc. – are the ones which possess the best morphologically wrought specimens” (Irajá 1931: 69). Wealthier and whiter women are portrayed as healthier, and therefore more likely to produce healthier progeny and able to guarantee that a man’s inheritance be protected.

In Hernani de Irajá’s writings, a woman’s role is consigned to that of housewife and mother. He warns against the dangers of masculinized women who acquire “virile habits” by practicing too many sports, because their “shoulders grow exaggeratedly in relation to the small volume of their hips, lacking in the portliness that is characteristic of their sex.” This might ultimately lead to “homosexual propensities” (Irajá 1931: 59). Young women, above all, must be feminine and learn how to care for their beauty, consulting a doctor if they have any concerns about their weight or appearance:

These young women should look for a specialist in nutritional diseases, or even better, a sexologist, so they are properly counseled to remedy the maladies that afflict them... Little defects... can bring great harm to girls who are slaves to aesthetic prejudice... They imagine themselves to be observed and analyzed meticulously, just because they have a scar on their face, some hairs on their chin, a small mustache... an ear that protrudes a little... Meanwhile, it never occurs to them or to their parents that an adequate treatment, sometimes a small, corrective aesthetic surgery that takes ten minutes, sometimes a little psychoanalysis, can free them forever from obsessive thoughts or from uncomfortable anomalies (Irajá 1938: 159).

Even though he argues that these women just “imagine themselves to be observed and analyzed meticulously,” Irajá’s extensive list of defects (which is much longer in the

original text) has the precise effect of magnifying any “anomalies” under a meticulous medico-aesthetic gaze. In the end, women and concerned parents should always defer to the expertise of medical authority to decide if aesthetic surgery or psychoanalysis is necessary. From other writings by Hernani de Irajá, like his legal defense of a surgery to “reconstitute physical virginity” by repairing broken hymens (Irajá 1969), it becomes clear he was performing many plastic surgeries on his patients and that surgery was rapidly becoming a common recourse for well-to-do Brazilian women who wanted to “hone” their beauty and their femininity.

Beauty pageants were also important channels for the dissemination of feminine eugenic ideals in Brazil. The first national beauty contests began to take place in the 1920s, and were considered to be “an attestation of the physical qualities of a race... a testimony of eugenic fitness” in relation to other countries (quoted in Besse 2005). Choosing “Miss Brasil” was a matter of national significance because she would represent the country in international pageants, and could prove that the nation had achieved an admirable level of progress, as made visible by the beauty and decorum of the Brazilian contestant. There was much discussion about the adequate methodology one should use to choose the winners – while Hernani de Irajá recommended that one should base the decision on strict anthropometric measurements, the anthropologist Roquette-Pinto argued that one should choose the ideal type of *white* Brazilian beauty and exclude all Brazilians of mixed race that might be offensive to international beauty standards (Flores 2007: 106-107). The printed media that advertised the event would only print the pictures of white candidates, but in the effort to transform “Miss Brasil” into an inclusive nation-forming event, the contests were organized as plebiscites at least

at the local level, allowing for even labor unions and Afro-Brazilian social clubs to crown their own queens (Besse 2005). Female beauty came to be seen as a nationalistic objective in which everyone could participate, and a signifier of the country's eugenic improvement.

The erotico-aesthetics of Gilberto Freyre

The scientific racism of early-twentieth century is usually considered to have been transcended with the publication in 1933 of Gilberto Freyre's *The Masters and the Slaves [Casa Grande e Senzala]: A Study in the Development of Brazilian Civilization*, a book of enormous impact in the Brazilian history of ideas. Trained in Columbia University under Franz Boas (who spearheaded the effort to delegitimize Social Darwinism in the US), Gilberto Freyre argued that Brazil's hybrid culture, combining African, indigenous and European elements, was a national asset to be valued rather than feared. In his view, the desire to whiten the nation was a delusion, for every Brazilian already carried within him "the shadow, or at least the birthmark, of the aborigine or the Negro" (Freyre 1933: 278). Furthermore, the mixture of the three races was more strongly suited for life in Brazil, and would allow for the creation of a new "Luso-tropical" civilization that would thrive and prosper. Gilberto Freyre's optimistic portrayal of racial diversity certainly represented a break from the earlier apprehensive readings of the Brazilian "racial dilemma," yet only recent historiography has begun to analyze the several ways we can trace continuities between Freyre and previous eugenic arguments. The underlying neo-Lamarckian logic that pervades much of Freyre's work, I believe, is highly significant if one wants to fully understand his huge influence reshaping the Brazilian national

imaginary. Here I want to briefly explore the racialized aesthetics put forward in Gilberto Freyre's writings and the neo-Lamarckian elements that can be found in his interpretation of the Brazilian relations between the races.

The Masters and the Slaves can be read as a myth of national origin, one where the founding moment is the sexual encounter between the three original races of Brazil. In Freyre's narrative, the Indian and African women gave themselves freely to white men, thus effacing any sexual violence of the colonial era and replacing it with a benevolent intimacy. According to Freyre,

The milieu in which Brazilian life began was one of sexual intoxication. No sooner had the European leaped ashore that he found his feet slipping among the naked Indian woman... The women were the first to offer themselves to the whites, the more ardent ones going to rub themselves against the legs of those beings whom they supposed to be gods. They would give themselves to the European for a comb or a broken mirror. (Freyre 1933: 85).

Note that even as Freyre celebrates racial mixture, he reasserts European superiority by arguing that the Indian women supposed the white men to be gods. He then goes on to argue that the offspring of these unions reaped the advantages from each culture, learning "tropical hygiene" and indigenous foodstuffs from Indian women, creating habits that Brazilians still practice to the present day. His sexual nostalgia for African female slaves is similar, arguing that every "sincere expression of our lives" was learned from the "female slave or 'mammy' who rocked us to sleep. Who suckled us. Who fed us, mashing our food with her own hands... [and from] the mulatta girl... who initiated us into physical love and, to the creaking of a canvas cot, gave us our first complete sensation of being a man" (Freyre 1933: 279). The female slave is either a caring mother figure or she is an object of sexual desire, but it seems she cannot be anything other than

someone who satisfies the desires of the white boy from the plantation. The Indian and African women become the conduits through which the Portuguese colonists learn how to live and love in the tropics, and thus eventually evolve into “Luso-tropical” Brazilians.

As Odile Cisneros argues, the idealized childhood described by Freyre serves as synecdoche for the infancy of the nation itself, a simpler and more primitive time before the process of modernization that upset established social hierarchies (Cisneros 2006: 210-211). Freyre was certainly ambiguous about colonial slavery. On the one hand, he denounced slavery as an economic system which was cruel to slaves and that had discredited the “eugenic qualities and native virtues” of Africans by causing illnesses and deformations that were later mistaken as genetic inferiorities (quoted in Romo 2007: 40). He adhered to the neo-Lamarckian arguments given by sanitarians that these inheritable diseases could be eradicated through proper public health measures. On the other hand, Freyre argued that the black population was uniquely adapted to work in the fields given their eugenic advantages, like their natural strength and their ability to withstand the tropical sun and heat – as if justifying their role in the colonial economy (Agiar 2006: 169). Freyre also suggested that slavery had brought together the different races through the benevolence of domestic intimacy,

Indian and Negro women were little by little relieved of hard labor in the fields and made domestic servants in the traditional mode of Christian Europe; while mestizo sons, mulattoes or caboclos, were often sent to religious schools together with the white sons of European families and orphans who had come from Lisbon (Freyre 1974: 4).

The historian Lilian Moritz Schwarcz has argued that it is this emphasis on the privacy of the home that allows Freyre to claim that Brazilian slavery was a much more benevolent form of captivity than the one suffered by slaves in the United States. In his utopian

portrayal of white and racially mixed children playing together and learning together, under the caring gaze of a black or Indian domestic servant, familial relations seem to replace commercial relations (Schwarcz 2006: 320-321). The slave-owner is converted into a benevolent patriarch overseeing a big family, and imposing the minimum discipline necessary for the advancement of the young nation.

I want to argue here that Freyre not only sanitizes power relations in Brazil in order to make history more palatable, he also *aestheticizes* those power relations through his physical descriptions of intimacy that bring the past into life. It is as if Freyre himself had traveled in time to ethnographically capture the daily experience of colonial life. Even though slavery had been abolished by the time Gilberto Freyre was born, it was recent enough that the northeastern elites to which he belonged still remembered the glory of days past, during the golden age of sugar cane plantations. Using the historical archives as secondary sources to back up his claims, Freyre rewrites these collective memories to transform them into a compelling origin story for the whole of Brazil. It is an origin story that also points towards a nationalistic harmonic future, one where the disarray of myriad ethnicities is replaced with *morenidade*, a celebration of common brownness that Freyre describes as “a denial of race and an affirmation of metarace” (Freyre 1974: 84). The transcendence of race is also an approximation to eugenic beauty:

Human aesthetic tastes in regard to human form and particularly to feminine beauty are being greatly affected by the increasing racial mixture that is going on, not only in large continental areas like Brazil, but in other areas as well. These are producing combinations of form and color that are no longer regarded with emphasis on their cacogenic, negative, effects, but on their sometimes impressively eugenic, and hence physically positive, aesthetic, effects. I belong to the number of those who think that this aesthetic aspect should not be underestimated. (Freyre 1966: 19).

Like other neo-Lamarckians before him, Freyre considers bodily aesthetics to be the measure of the eugenic advancement that Brazil has undergone. Even though he reframes beauty in new terms in order to celebrate browning rather than whitening, *morenidade* is still an ideal that strives for a homogeneous nation, both racially and culturally. It is only through the combination of racial characteristics that “impressively eugenic” beauty arises, presumably through the imagined erotic exchange between a white male and a non-white female. For in Freyre’s erotic universe, this is the only relationship that matters.

In *The Masters and the Slaves*, Freyre argues that a common saying prevalent during the colonial era was, “white women are for marriage, mulattas are for having sex, black women are for domestic work” (Freyre 1933). Although he critiques this saying as demonstrating the patriarchal domination of men over women at the time, it is a fantasy that he reiterates time and again in his writings. In an essay published in 1984 in the Brazilian edition of *Playboy* magazine, titled “*Bunda: Uma Paixão Nacional* [Buttocks: A National Passion]” Freyre returns once again to his idealized colonial universe to explain where Brazilian buttocks come from. First, he claims that Indian women had a preference for Portuguese men over Indian men because they were more sexually “potent,” and Indians seemed to have a preference for anal intercourse, according to documents from the Inquisition. It was African women, however, who were known for their “sexually provocative saliencies,” and who were available for the colonizer’s pleasure:

To satisfy his sexual urges, the male Brazilian patriarch had at his disposal – facing at times the jealousy of wives who defended their conjugal rights – slaves, black maids, women in various degrees of brownness. This, within the

reciprocity of the master's house and the slaves' quarters. Miscegenated [exchanges], as if *miscegenação* were enacted through anthropologically eugenic and aesthetic experiments. Experiments that permitted that the salencies of buttocks be regulated, avoiding Africanoid exaggerations (Freyre 1984).

Freyre represents the sexual exchanges between the white Brazilian patriarch and the brown or black woman at his disposal as the “eugenic and aesthetic experiments” of *miscegenação*. The logic of improvement of *miscegenação*, therefore, is exactly the same as the one espoused by hygienists, eugenic scientists and sexologists, where white men purify the Brazilian race by mixing with darker-skinned women. It is a form of racial mixture that has a teleological outcome – a “regulated” beauty that avoids racial “exaggeration”.

The main difference between Freyre and previous neo-Lamarckian analyses of *miscegenação* is that Freyre foregoes the scientific evidence of how it improves populations. Instead, he takes for granted that *miscegenação* is the best engine of improvement, naturalizing its power by relying on the affective details of intimate contact. Rather than relying on a medico-aesthetic visualization of the body, through his writing he enacts an erotico-aesthetic performance of what *miscegenação* accomplishes on and through the body. His narrative opens up the private space of the colonial plantation in an almost voyeuristic manner, describing in detail the erotic encounters taking place within. This narrative, however, is always from the point of view of the white male, and thus enabling *miscegenação* only through his sexual desire. Freyre must be put in the context of other authors of his time in order to fully understand the eugenic assumptions that underpin this sexual desire. The sexual fantasy of the erotic encounter with the Other is simultaneously the fantasy of whitening/browning the nation by

eliminating “Africanoid exaggerations.” The neo-Lamarckian belief that *miscegenação* could become a productive endeavor that would improve the Brazilian population predates Freyre, as does the conviction that the measure of such eugenic improvement would be visible in the beauty of the progeny of ongoing racial mixture. The eugenic experiment, as Freyre points out, is also an aesthetic experiment.

It is important to analyze Gilberto Freyre’s reliance on neo-Lamarckism because of his centrality to how Brazilians understand themselves and their history. The national myth of origin crafted by Freyre was readily adopted by the nationalist government of Getúlio Vargas, who was head of the Brazilian government from 1930 to 1954. It was only by the 1960s that Freyre’s work came under strong critique, when academics like Florestan Fernandes began to prove how systematic racial discrimination prevailed in Brazilian society, thus uncovering the ideological underpinnings of the “prejudice of having no prejudice” (Cleary 1999: 14). The military coup of 1964, however, lent Freyre renewed credibility in nationalistic circles, and as he received more public recognition his ideas became mainstreamed into popular culture. Of all the previous authors I analyzed in this chapter, Gilberto Freyre is perhaps the only one who is still widely read in Brazil. His accessible academic writings became part of Brazilian popular culture, and as his article for *Playboy* magazine suggests, he was comfortable with writing for lay audiences as well. Today, he is not only acclaimed as the greatest sociologist in Brazilian history, his works and ideas are taught to schoolchildren as accurate representations of Brazil. Contemporary scholarship, therefore, needs to engage with Freyre not only to critique his work, but also to analyze the enduring power of his arguments and the impact of his ideas in Brazilian society.

Chapter 2: Surgical Affects

Sensorial Histories

On most Sunday afternoons, Gilda and João's small home becomes noisy and joyful with the arrival of their siblings, children and grandchildren. Like most other working-class homes in the neighborhood of São Gonçalo, located an hour inland from the beaches of Rio de Janeiro, the patio serves a social space where families and friends gather. Gilda and João have been married for more than fifty years, and are both in their seventies and retired. On this particular Sunday, I was sitting on a wooden bench next to João and Gilda, looking through some family pictures. I saw a photograph of a woman who, in comparison, looked older than Gilda in the picture, and I asked whether this was Gilda's mother or an older relative. Gilda explained this was a picture a deceased family friend who was Gilda's age, but who had gone through many difficulties throughout her life, like a laborious and unhappy job, a troubled marriage and the death of one of her children. These situations are what had aged her well beyond her years, leaving her *acabada* [finished/spent]. I must have looked puzzled, so Gilda asked me to compare the appearance of her two eldest grandsons, both of them in their thirties. Gilda pointed out that while one worked an office job and had clear, light skin from working all day inside a building, the other one was a manual laborer who spent a large part of the day under the sun and thus had aged, burnt skin. João chimed in and began a long diatribe about how hard physical work was, and how much he had suffered as a railroad worker and a salt miner. The railroad soot, which killed many of his co-workers, had also damaged his lungs, and the mine salt had affected his eyesight and dried out the skin of his hands, now

rough and calloused. I should be very thankful, he said, of having an education and thus avoid physical work. Gilda agreed, and added, “*É o serviço que acaba com a gente* [It’s our job that finishes us off].”

From this exchange, one gathers that the Brazilian working-class understands aging as an index of how hard a person’s life has been. White-collar jobs are described as easier on the body than the physicality and dangers involved in blue-collar jobs. The body testifies, in other words, about a person’s struggles as a member of the working class. It is not merely the physical hardships that a person goes through, however, which remain clearly marked on his or her body. Emotional hardships also leave their indelible mark, registering the most serious problems a person has suffered. A person who is *acabada* [finished/spent] is a person whose appearance betrays a difficult past. The body is a landscape on which memories are indelibly written because these past experiences are understood as embodied sensorial events. As Nadia Seremetakis argues, the senses act as “record-keepers of material existence,” conveying the social meanings given to bodily histories. Sensory memories are social facts, therefore, that are not reducible to language (Serematakis 1994: 6). For instance, when João was reminiscing about his difficult work at the salt mines, he passed the index finger of his right hand over the palm of his left hand, as if tracing back the past through the texture of his skin. Gilda similarly reminisced about how João returned from his railroad work covered in soot, and could point to the exact spot in the patio where she used to scrub his skin with a sponge and warm water to help him clean up. The senses incorporate, and are from then on able to recall, the memories of experiences lived on and through the body. João and Gilda had told those and other stories so many times that even their grandchildren, who did not

witness their grandfather return from work, could recount those experiences with all the sensory details, as if they had also lived through the soot and the salt.

Following Brian Massumi's definition, I use the term affect to illustrate how processes of embodiment emerge through sensory perception. Affect describes the visceral intensity of sensorial experience, which is modulated into concrete perceptions only after it becomes embodied and habitual. I understand the body not as a bounded entity or a straightforward effect of power, but as a porous landscape that is actively constituted through the interface of the senses with the social world (Massumi 2008). As I argued in the Introduction, perceptions of beauty in Brazil emerge from sensorial experiences about the body one inhabits, and cannot be disassociated from the economic worldview, personal histories and political attachments that situate bodies within a given context. Beauty can acquire very different meanings, therefore, for individuals within the same society and influenced by similar sets of discourses, because as beauty is inhabited through the senses it is felt and experienced as a distinct quality. In this chapter, I will examine the ways in which plastic surgery patients in Brazil come to understand beauty, according to their sensorial histories and according to the medical context where they acquire the surgery. There are marking differences between perceptions of beauty among working-class patients in public hospitals, and upper-middle class patients in private clinics. Plastic surgery is conceptualized by the upper-middle class mainly as an act of consumption that fosters distinction and reinforces the value of whiteness. In contrast, working-class patients describe plastic surgery as a basic necessity that provides the "good appearance" needed in the job market and "repairs" their bodies from the wear of their physical labor as workers and as mothers. Patients from different walks of life

desire plastic surgery for different reasons, and understanding these divergences is significant because it allows us to map the ways in which race, class and gender inequalities are affectively inhabited through surgery in Brazil.

Previous studies about plastic surgery in Brazil (Edmonds 2003; Novaes 2006) have argued that as this medical practice has become more mainstream in Brazilian society, the working class has begun to imitate the upper-middle class fixation with beauty. While I agree that plastic surgery would not have such widespread currency in Brazilian culture if it were not perceived as a practice of the elite, I do not believe plastic surgery produces the same affects across different social groups. The literature about the history of consumption has challenged the idea put forward by the Frankfurt School that mass consumption is always a form of deception that depoliticizes consumers. As Jean-Christophe Agnew has argued, the entrance of the working class into the experience of consumption can no longer be considered a “passive immersion,” but rather a case of “actively appropriating and transforming leisure goods to suit their pleasures and purposes” (Agnew 1993: 28). In other words, the exact same consumer good can produce radically different cultural meanings depending on the social milieu in which the good is consumed. I do not want to simply restate, however, the Birmingham School’s argument about popular culture’s ability to appropriate, decode and subvert dominant ideologies (Stuart 1980; Williams 1981). As a medical discourse, plastic surgery remains practically impervious to working-class patient’s opinions of the practice, because they are not regarded as clients but as objects of study (see Chapter 3). Working-class understandings of plastic surgery, however, open up the political space to reinhabit the body with different affects, and thus give value to a different set of sensorial histories.

These sensorial histories are central to crafting working-class identity as a struggle over the signification of the body. Given that the struggle to define who is beautiful in Brazil is a struggle over who matters in society, working-class patients are staking a claim to citizenship by demanding beauty for themselves.

Embodied Distinctions

The private clinics where upper-middle class patients undergo plastic surgery look like five-star hotels, with marble entranceways and designer furnishings. I was introduced to Lygia at one of these clinics by her plastic surgeon, who described her as one of his most loyal customers. Lygia had undergone four aesthetic surgeries with him over the course of the last twenty years, and was now preparing to undergo a fifth surgery. At the time when we spoke, Lygia was 59 years-old and described herself as a business owner and housewife living in the wealthy *Zona Sul* [South Zone] of Rio de Janeiro. As I explained to her what my research was about, she seemed taken aback by my account that aesthetic surgeries were being performed in public hospitals. In her view, “samba school” women were naturally endowed with good bodies and even doing exercise seemed redundant, much less plastic surgery:

“The women in samba schools want the perfect body and work out a lot... But mulattas become too muscular when they work out, they already have bodies like that naturally and then end up with six-pack abs and legs that are too muscular, it’s not pretty. People who are dark-skinned cannot get plastic surgery anyway, right? They end up with keloids, the result is not as good.”

In Lygia's mind, my mention of lower-income women worried about their appearance immediately conjured up images of women in samba schools, particularly mulattas.¹ She then contrasted her own body, which she said always needed "a lot of care", with the bodies of mulattas, which in her mind were naturally muscular and fit, even if they were not necessarily pretty. She mentioned keloids (a type of scarring that is medically constructed as more common in people of African descent) as a medical reason why people of color should not get plastic surgery in any case – as if aesthetic surgery itself had been developed for bodies like hers, not other types of bodies.

Lygia's reaction was very common among my upper-middle class interviewees. They would be very surprised that people of lower income would also procure aesthetic plastic surgery – they would argue that poor people surely needed reconstructive surgery much more, like the repairing of cleft lips and of other deformities due to accidents and burns. As I argue in Chapter 3, plastic surgeons carefully craft this narrative about their practice, portraying the plastic surgeries that occur in public hospitals as altruistic forms of assistance given to the needy that are entirely reconstructive, never aesthetic. Upper-middle class interviewees took this narrative for granted, imagining plastic surgeons as great humanitarians who helped alleviate the suffering of abnormal individuals in public hospitals, while beautifying upper-middle class patients in private clinics. They found the prospect of aesthetic surgeries among those less privileged than them somewhat

¹ The Carnival mulatta is an archetypal figure that serves as centerpiece for the parades presented by each samba school, her dancing body an emblem of national celebration. Even though mulattas have been associated with carnival since the 1930s, when Afro-Brazilian cultural expressions like samba were adopted as symbols of national culture, the standardization of the samba school parades since the early 1970s for televised consumption have transformed mulattas into spectacles for cultural education and touristic consumption (Pravaz 2008).

disturbing, because they consider aesthetic surgery to be a luxury item of consumption. As the anthropologist Teresa Caldeira argues in *City of Walls*, the consumption of luxury items by the working class is perceived as abhorrent and wasteful by the upper classes, since ultimately it threatens the boundaries between social classes that consumption is supposed to provide (Caldeira 2000: 70-72). For the upper-middle class, plastic surgery is not only a way to differentiate themselves from others through consumption, but also a way to reinscribe bodily differences that they believe set them apart. As they embody these distinctions, they come to affectively perceive and experience ugliness as a distasteful, condemnable feature among the upper-middle class.

Lygia imagined her own body as needing constant upkeep and care to remain beautiful. Her beauty, in other words, was never a given but rather a product of continuous work on her body, unlike the “natural” body of the mulatta. The anthropologists Mirian Goldenberg and Marcelo Silva Ramos claim that among the upper-middle class of Rio de Janeiro, beauty is considered a form of “value” acquired through interventions on the body, whether they be plastic surgeries, tattoos, physical exercise or the consumption of cosmetics. The body that is “out of shape” or “ugly” is considered an unjustified product of indolence (Goldenberg and Ramos 2002). Similarly, the anthropologist Stéphane Malysse argues that the fit, thin and athletic body is “worn” by the upper-middle class in Rio de Janeiro the same way one would wear clothes to mark one’s social status. In fact, clothes tend to reveal as much of the body forms as possible, rather than conceal them. Power relations at the level of the body, Malysse claims, are today based not on racial or gender politics, but instead on having a fit appearance. This fit appearance is a visible representation of the energy, time and money

one has invested in creating a *corpo malhado*, which literally translates as a “body that has been worked on / molded,” but is also used today as a colloquial term for a fit and athletic body (Malysse 2002: 103). By focusing only on the upper-middle class, however, Goldenberg, Ramos and Malysse miss the ways in which the body that has been “worked on” is affectively imbricated with race and gender to become an exclusionary mechanism for those who cannot afford that body. The upper-middle class consumes the sculpted body as a luxury commodity not everyone is privy to, while the “natural” body is associated with the body of the poor. Working-class bodies that happen to be athletic and fit, like the body of the mulatta, are considered to have acquired that appearance naturally, not through work and discipline.

The disciplined body that represents the beauty of the upper-middle class, therefore, is also a racially unmarked body. Rosa, a 51 year-old divorcee who described herself as independently wealthy and who came from a family of Lebanese immigrants, told me she went through her first plastic surgery when she was only 15 years old. The nose surgery had been a present from her father, who suggested the surgery in the first place. She underwent the surgery in São Paulo at the same time as two of her cousins, both of whom had “ugly noses” like her. All of the women in her family went through the same surgery at one time or another, but not the men. She admitted she had gotten the surgery “without thinking,” as opposed to her two subsequent plastic surgeries as an adult. She now believed the surgery was necessary for her and the women in her family to fit into the *padrão de beleza nacional* or “national beauty standard.” In her opinion, however, there are two very different beauty standards in Brazil:

“You hear a lot about the *padrão* [standard] – it’s that sensual, big-breasted woman, but it has nothing to do with me... You have really two [standards], first the curvy mulatta, a *padrão* for export. Women enlarge their buttocks and their breasts, but it’s losing one’s good sense. You also have men who like the thinner, leaner woman. Young girls go after the curvy ideal... but they are looking for *padrões* that are not theirs. It’s crazy. We have somewhat lost the good sense of following your own *padrão de beleza* [beauty standard].”

Rosa clearly distinguishes between a beauty standard embodied by the curvy, excessive mulatta but that “has nothing to do” with her, and a thinner, contained standard of beauty that she associates with a more distinguished taste. Following Bourdieu, if taste serves the purpose of naturalizing social differences through consumption, then plastic surgery naturalizes social difference by affectively inscribing “taste” on the body (Bourdieu 1984). The upper-middle class, female body becomes tasteful not only by pursuing a thinner standard of beauty, but also by eliminating “ethnic” traces that might identify her family’s heritage as non-white. Rosa’s heartfelt “distaste” for the “ugliness” of her nose was experienced at the level of her body, making surgery a self-evident necessity.

Rosa’s story confirms that it is not uncommon for certain plastic surgeries to be passed on from one generation to the next within upper-middle class families, correcting the same feature that might mark the family members as different from everyone else in their milieu. Sander Gilman documents a similar concern with personal appearance among Jewish families in mid-twentieth century United States, who used plastic surgery as a way to free their children from the stigma associated with being Jewish. They wished to assimilate to American ideals of beauty, suggestive of a neo-Lamarckian belief that acquired characteristics would be passed on to future generations (Gilman 1999: 190). As I noted in the previous chapter, a strong persistence of neo-Lamarckism in Brazil would explain one of great appeals of plastic surgery as a technique to “improve”

the population and craft a more homogenous Brazilianness. If it is women who more frequently undergo these surgeries to eliminate familial “imperfections,” however, it is because their perceived beauty is considered a valuable characteristic that will make them marriageable to other families within the upper-middle class. This is why Rosa’s plastic surgery was also a present on her fifteenth birthday, the age frequently represented as the entrance of a girl into womanhood. As future mothers, young women are understood as bearers of a family’s heritage, and therefore they must embody the genetic ideals associated with distinction, affectively associated with an unmarked whiteness. As the anthropologist Robin Sheriff argues, the Brazilian upper-middle class views whiteness as “a genetic resource... as well as a racialized form of cultural capital” (Sheriff 2001: 177), despite insisting that Brazilianness is the constructive mixture of the three “basic” races: Indian, Black and European.

Anthropologists like Robin Sheriff, who have sought to directly address the topic of racism with their Brazilian interviewees, have found that there is a strong reticence in the country to admit that racism exists at all. The ideology of racial democracy idealizes racial harmony within the nation, producing a “cultural censorship” surrounding the matter of racism (Sheriff 2001). When the topic of conversation was beauty, however, my upper-middle class interviewees were very willing to express their beliefs in a racial hierarchy based on aesthetics, portraying it as an incontestable perception. Take, for example, the comment given by Taís, a 78 year-old wealthy retiree,

“Here in Brazil there are very beautiful people and very ugly people, depending on the region. The poor have less access [to beauty]. The North has a lot of ugly people, full of ugly Indians. In the South there are beautiful people, descendants of Germans; São Paulo has Italians, it’s a crazy mixture. [Brazilian supermodel] Gisele Bündchen is successful because she is thin and blonde, but she also has

that Brazilian charm, she is looser, not just another model... Rio de Janeiro used to have a lot of blacks, and they don't have back problems like the Portuguese, so the mixture was successful."

The "talk of beauty" provided interviewees like Taís a discursive space to talk about their belief that different races contributed differently to the Brazilian body politic – while Europeans brought their beauty, blacks contributed their physical strength and resistance to disease. Taís is thus able to celebrate the miscegenation that produced "Brazilian charm" at the same time she asserts the aesthetic superiority of whiteness. This aesthetic hierarchy makes whole regions of Brazil that received less European immigrants, like the North, less aesthetically valuable. Other regions, like Rio de Janeiro, are imagined as having a smaller proportion of blacks today than in the past, because this population became mixed into the general population. The underlying Neo-Lamarckian logic suggests that the ongoing racial mixture of Blacks and Indians with Europeans will progressively whiten, and thus aesthetically improve, the Brazilian population as a whole (see Chapter 1).

Plastic surgery and other forms of body modification are understood as able to provide immediate aesthetic improvements, aiding the work of miscegenation. In Rio de Janeiro, a whole new beachside development area, known as Barra da Tijuca, which has come to symbolize the *nouveau-riche*, is also the area of the city with the most gyms, plastic surgeons and aesthetic clinics per square mile. The new upper-middle class known as the *emergentes* [literally, those who emerge] has to establish its rightful place in the social hierarchy through its highly disciplined bodily performances. Elisa, a 52 year-old business administrator who had undergone four plastic surgeries, explained to

me that plastic surgery “updates your body,” and can thus transform a member of the lower classes into “another person”:

“If a woman from the *morro* [hillside shantytown/favela] climbs [the social ladder]... she will get *plástica* done. No samba school queen has a natural body, even though the black woman has a beautiful body. Carla Perez, for example: now she is another person. She took out that *nariz de crioulo* [black nose] and she got liposuction; now she even has her own aesthetic clinic.”

Upward mobility, then, is understood as inevitably accompanied by a change in a person’s appearance, in order for their body to conform to upper-middle class norms.

The “natural body” of the black woman might be beautiful, but it cannot ever belong to the upper echelons of society unless it is lapidated by familiar technologies of beauty.

Carla Perez, who was born to poverty but rose to fame through a musical dance troupe, was also known as the “*Cinderela Baiana*” [Cinderella from Bahia]. In popular culture, plastic surgery is understood as the magical wand capable of creating similar Cinderella fairy tales (see Chapter 5). It comes as no surprise, then, that some aesthetic treatments are marketed under the name “Cinderella Effect,” claiming they can instantly uplift the body in question.

The “Face of Bad Person”

Beatriz, a 20 year-old, upper-middle class college student who had undergone ear surgery, commented that the typical Brazilian beauty might be the “mixture of colors” found in the mulatta and her “big behind,” but that she would never want that for herself. Instead, she aspired to be like the Brazilian supermodels Gisele Bündchen or Daniela Sarahyba, and did not mention their race but implied that like her, these women were not the product of a mixture but simply white. I found her narrative about her ear surgery,

however, betraying a certain anxiety that she might be mistaken for that Other she rejected. She recalled that she had always hated the nickname *macaca* or “monkey” given to her by her schoolmates because of her protruding ears, and significantly *macaco* does not simply reference the animal in Brazil, it is also a common racial epithet directed towards black Brazilians. This experience marked Beatriz deeply, and she said she always felt like she had *cara de mau* [the face of a bad person] and asked her parents several times to allow her to get the surgery to “correct” her ears. Her father opposed, however, because he had undergone the same surgery when he was only four years old, and considered it a traumatic experience. Beatriz’s mother, who had *also* undergone ear surgery done, but as an adult, argued that new surgical techniques could guarantee the safety and painlessness of the surgery. When Beatriz finally underwent the surgery, she loved the result and said she might consider other surgeries when she got older, if going to the gym and dieting were not enough to have the body she desired.

If the sensual mulatta is a recurrent archetypal figure against which upper-middle class women contrast their beauty, the racialized criminal is the mulatta’s male counterpart – a stereotype of the dangerous ugliness that is imagined as emerging from poverty. Beatriz’s comment that she did not want to have the “face of a bad person” makes clear that certain facial features are highly stigmatized in Brazilian society, since they are associated with poverty and criminality. In the groundbreaking *City of Walls*, Teresa Caldeira argues that the boundaries between social classes are reinforced through discourses about bodily differences, like the “talk of crime” which portrays immigrants from northern Brazil to São Paulo as physically different and thus as potential criminals (Caldeira 2000: 32). Criminal stereotypes are so taken for granted in daily discourses

that Caldeira's interviewees would express surprise if criminals actually "had a good face," contrary to all expectations, yet they would reiterate their conviction that these criminals must still be northerners and outsiders – linking ethnic difference to crime (Caldeira 2000: 23). As I see it, the "talk of crime" intersects the "talk of beauty" through its affective construction of facial features as either innocently beautiful or suspiciously ugly. The evaluation of facial features is affective to the extent that it emerges from one's sensorial and emotional history, like Beatriz's constant taunting at school as a *macaca* [monkey] and her misrecognition in the mirror as having the "face of a bad person." She became unable to perceive her ears in any other way, and thus sought plastic surgery to provide her a different affective relationship to her own body.

The media reinforces the affective association between certain features and crime by constantly providing visual evidence of what common "criminals" look like. In early 2007, *Veja* magazine published a special report on crime in Brazil, and included a four-page spread on the theories of Cesare Lombroso, the Italian founder of criminology in the nineteenth century. Even though the magazine makes clear that Lombroso's ideas have been discredited, they display his sketches of criminal facial characteristics, like the protruding ear, and they argue that perhaps science will one day be able to determine the genetic determinant behind psychopathic behavior and explain why some criminals have "cruelty in their veins" (*Veja* 01/10/07: 82-85). Dangerous criminals are expected to look a certain way and are supposed to always belong to the lower rungs of society. This ability to identify the typical *cara de bandido* [face of a criminal] is meant to help the work of police as well as protect the upper-middle class on the street, as they seek to avoid people who might have intentions of harming them. In most cases, this translates

into clear forms of racial profiling that target dark-skinned, poor youth as always-already suspect. Conversely, when crimes associated with the poor are committed by members of the middle class, like drug dealing or murder, the Brazilian media obsesses over the innocent appearance of these “unlikely” criminals and the peculiar causes for such a troubling form of social inversion. Their very questioning reinforces the belief, present in both daily discourse and popular culture, that one should be able to observe a person’s features and determine whether they are a good or bad person.

Portrayals of crime and of criminals abound in the Brazilian media. In October of 2002, an upper-middle class university student from São Paulo, Suzane von Richthofen, murdered her own parents with help of her boyfriend and his brother, apparently with the motive of inheriting her parents’ large wealth. The media treated the murder as puzzling case of ‘good girl gone bad,’ but in general they blamed her association with a working-class boyfriend and her drug consumption as culprits for her behavior. To explain the crime, her often remarked beauty – and her whiteness – had to be linked to the ‘corruptive’ elements of the usually suspect lower classes. It is interesting to contrast this case with another crime that shocked Brazilian society. In February of 2007, Rosa Vietes and her two children were driving home when they were surprised by five young men with guns at a traffic light and forced to leave their car. In their haste to escape, the robbers did not allow Rosa Vietes to help her youngest son, João Hélio, to take off his seat belt, and he was left dangling from the car as the robbers sped away, dragging him to his death. The brutality of the child’s death made the murder of João Hélio a symbol to amend the penal code to increase prison sentences and lower the minimum age to try minors as adults, since most of the robbers were teenagers and one was underage.

Portrayed by the media as “monsters” who deserved no mercy (*Veja* 02/17/07: 47), the most widely circulated picture of the accused was the moment of their arrest, when smiling police are clutching their necks to force them to face the cameras. The accused are shirtless – signifiers of their poverty – and one of them has not even been allowed to put on his shorts, exposing his genitalia. In this case, no explanation for their behavior is deemed necessary; it is made self-evident by their social class, their race and by the picture itself, which comforts society by executing justice and showing the pain and humiliation the robbers should go through for their crime. Unlike Suzane von Richthofen, their life stories are unimportant and they remain nameless in most articles, becoming generic images of the “criminal” that the viewer can readily identify and blame.

The dichotomy between the criminal body and the upper-middle class body also explains why in an article in the magazine *Época* on the fear caused by crime, the article closes by recommending exercise as a way to fight fear. The article argues that “a healthy body gives one the sensation of being better prepared” against crime (*Época* 01/08/07: 42). The mention of exercise seems counter-intuitive at first, particularly because the alarmist article seemed to suggest that civilians should never react to a robbery and should never attempt to face the ruthless violence in Brazil. The best tactic is to try escape it altogether by isolating oneself in a gated community – a housing trend explained in the article as an inevitable consequence of fear, reminiscent of Caldeira’s ethnographic insights in *City of Walls*. If the time and money to exercise, however, are considered a clear marker between those to be feared and those who fear them, then the athletic body is as vital a symbol of difference as the walls that protect the homes of the

upper-middle class. Similarly, an advertisement for an International Conference on Aesthetics to take place in Rio de Janeiro, whose purpose was to publicize the latest innovations in cosmetics, dieting and aesthetic treatments, also makes mention of crime as the mirror opposite of having a beautiful body. A person's very happiness, the advertisement asserts, depends on being able to counter the "stress caused... [in] Brazil, by the fear of violence" with the adequate lifestyle choices that produce a healthy, fit body and a general sense of well-being (*Veja Rio* 07/26/06: 58). The advertisement also claims that just as "Rio is beautiful by nature... it is not exaggerated to affirm that along the streets and beaches of the city circulate some of the healthiest, most beautiful and best taken care of people in the world" (*Veja Rio* 07/26/06: 48). The "streets and beaches" of the city work here as a contrast to the *morros* or hillside shantytowns that are imagined as the settings where crime originates and spreads to the rest of the city.

Dieting is similarly portrayed as a bodily practice that becomes a valuable class marker in contrast to those who cannot afford to do so. The website *Minha Vida* [My Life], which sells "dieting programs" and other guidelines for getting fit, introduced in 2007 the concept of "nutritional sustainability," whereby for every given amount of calories lost by its subscribers, the website pledged to donate a certain amount of food to charity. The website emphasized the contrast between the country's poor, going hungry, and its clients, who wanted to lose weight:

"On the one hand, people who do everything to lose weight. On the other, poor children and youth who spend every day dreaming about a full plate. Linking the two, *Minha Vida*... the leading internet portal in the categories of Health & Fitness in Brazil introduces a pioneering project in nutritional sustainability. From now on, *Minha Vida* will donate a part of its income obtained from diet plan purchases to the NGO *Agente Cidadão* [Citizen Agent]... The first beneficiary will be the Community Center *Criança Feliz* [Happy Child], which houses 60

children from 6 to 14 years of age... If you want to help combat hunger, and at the same time get rid of those extra pounds, you just have to subscribe to any of *Minha Vida*'s dieting programs. Immediately, the calories you stop consuming are passed on to those who need a reinforced diet" (*Minha Vida* website).

Although the website's effort to do social work is laudable, their discourse evidently establishes weight loss as a privileged activity of the upper-middle class. In fact, the upper-middle class possesses so many calories that it should "donate" some of those calories to the needy. Brazil is a country where hunger is a charged political issue, because President Luiz Inácio Lula da Silva won much of his support among the left and the working classes by promising a monthly government stipend to eradicate hunger (a program that came to be known as *Fome Zero* [Zero Hunger]). Such redistributive programs made President Lula highly unpopular among the upper-middle class, which largely favors voluntary charitable donations over government intervention. By invoking the hunger of others as a reason to diet, the "choice" to work for a thinner body is imagined as a political freedom that not everyone should be privy to.

Luisa, one of my upper-middle class interviewees, refused to even believe that hunger was still a problem in Brazil, arguing instead, "No one wants to be fat, everyone works out. Fatness is the problem. [President] Lula keeps talking about *Fome Zero*, but everyone is fat!" She then went on to mull about whom were fatter, the women in Copacabana, Ipanema or Leblon, three neighborhoods in the *Zona Sul*, making me realize that she was purposely limiting her comparison to her social milieu. The affective weight that Luisa put on "fat" as a substance demonstrates an outright aversion felt by the upper-middle class towards unfit and undisciplined bodies. As Don Kulick and Thais Machado-Borges argue, the advertisements of weight-loss products in Brazil employ white actors

in luxurious settings in order to portray shedding weight as acquiring the privilege of whiteness (Kulick and Borges 2005). In comparison, the psychologist Joana de Vilhena Novaes describes how her upper-middle class interviewees would frequently remark that stigmatization for being overweight is such that “to be fat is to be *a marginal* [a criminal]!” (Novaes 2006: 35). In the upper-middle class, working to discipline one’s body is understood as protecting its privilege, while failing to take care of one’s body goes beyond being careless; it is a moral transgression that upsets the very borders that separate the Brazilian elite from the populations that have been traditionally marginalized.

Repairing the Marks of Labor

One of the most common (and harshest) expressions about beauty that I heard in Brazil is “there are really no ugly people, there are only poor people [*não tem feio, só tem pobre*].” The implication of the phrase is that ugliness is an unequivocal signifier for poverty, because wealth can immediately buy beauty. Surprisingly, it was my working class interviewees who uttered this phrase, not my upper-middle class interviewees.

Leandro, a 26 year-old interviewee from the working class, explained,

I believe there are social classes where there are more beautiful people. I believe that the more money you have, the greater the probability that you are more beautiful. For various reasons: you eat better, you lead a better life, you can get plastic surgery... Of course, there are beautiful poor people and very ugly rich people. But most rich people I see are beautiful, and when they are not naturally beautiful they *make* themselves beautiful.

This portrayal of beauty seems to reinforce the association between beauty and social status, yet it simultaneously denaturalizes the difference between wealthy bodies and

poor bodies. While the upper-middle class seeks to reassert an inherent distinction between their disciplined bodies and the “natural” body of the dark-skinned mulatta or criminal, the working class asserts that money is the only real differential between the rich and the poor. As I argued earlier, the working-class sees appearance as a direct product of one’s living conditions. The effects of not having enough economic resources and leading a “hard life” inevitably show up on the body, making it a visible symbol of a history of hardships. In contrast, the rich “eat well,” they “lead a better life” and they can “make themselves beautiful” through technologies of beautification. This amounts to a class critique about how normative beauty simply expresses the ability of the wealthy to purchase the bodies they desire.

The working class frames its own quest for beauty, on the other hand, as a constant struggle against their daily problems and the effect of labor on their bodies. Working class patients nearly always frame their surgeries as a form of “repair,” even if their surgeries would be considered aesthetic from a medical point of view. As I further explain in Chapter 3, a patient’s plastic surgery must be defined as a *cirurgia plástica reparadora* [reparative/reconstructive plastic surgery] in order to get it approved within the public health system. According to the medical definition, a *plástica reparadora* is a surgery that restores a physical ability or cures an ailment, like the treatment of burn victims so they recover mobility of their limbs after a severe burn injury, or breast reduction for women who suffer chronic back pain due to the large size of their breasts. In contrast, a *cirurgia plástica estética* [aesthetic plastic surgery] has the main purpose of beautifying the patient and is not considered a medical necessity but a choice. My interviewees at public hospitals would all insist that their surgeries were reconstructive

and not aesthetic, even in cases where beautifying their body was obviously a main concern when I would ask them about their motives for the surgery. Initially, I believed that patients defined their surgeries as reconstructive simply as a maneuver to get their surgeries approved within the public system, since doctors commonly do the same to get the Brazilian public health system to cover the costs. I was surprised to see, though, that even in teaching hospitals, where aesthetic surgeries could be purchased for a lower price and did not need to be designated as reconstructive, the patients would still identify their surgeries as a *plástica reparadora*. When I interviewed the patients after the surgery was completed, their description of the surgery as *reparadora* remained consistent, making me realize patients had an affective investment in that particular definition.

Even though the categories *reparadora* and *estética* are a medical distinction, working class patients have laid claim to *plástica reparadora* as a morally justifiable form of plastic surgery. While other women might “do it for vanity,” they do their surgeries out of “necessity,” and criticize the fact that money can buy beauty. Giovanna, a 42 year-old seamstress who had done a tummy tuck once before at a teaching hospital, and was now considering doing a breast lift, said, “in my case, I do it for my self esteem. I was never able go to the beach with a bikini, and it became a necessity... *Reparadora* is always necessary.” She argued that the kind of beauty she saw on television and magazines was “only for those who have money,” while “women without the economic conditions to take care of themselves become depressed because they are fat and aged.” Giovanna explained she was able to afford her surgery after saving up for nearly two years, even though it was for “health reasons,” and contrasted her own quest for surgery with the ease with which the rich could “live well” and take care of themselves. My

working class interviewees consistently portrayed their surgery as a hard-earned conquest, whether they paid the fee at a teaching hospital or they navigated the bureaucratic system to get their surgeries approved for free at public hospitals. To describe their surgery as a *plástica reparadora* was to reaffirm that their surgery fulfilled a basic need in their lives and that it was not a superfluous desire. Patients who were paying the fee at teaching hospitals, in particular, felt the need to justify the extra expense the surgery meant for their already tight income, and on occasions they had to confront the opposition of husbands or other family members who felt the surgery was too costly or unnecessary. Naming their surgery as *reparadora*, however, allowed my interviewees to affectively associate their surgery with the struggles that are specific to their social milieu and distance themselves from the conspicuous consumption of the upper-middle class.

The word *reparadora* is particularly resonant in Portuguese, because it is a derivative of the word “repair” and it allowed working class patients to argue that they were “repairing” their body rather than enhancing it. They described their body as being worn down by years of both physical work and their labor as housewives and mothers. Diva, a 55 year-old worker in a transportation company who went to a public hospital to get treatment for the varicose veins on her legs, expressed the feeling of embarrassment her legs caused her in very strong terms:

“I feel ashamed, especially at the beach. My body is whole, but it feels mutilated. People of low income like me do not have money for a gym, we have to work and carry heavy things. My legs make me uncomfortable, I’m afraid of even showing them to my husband... It’s a problem I did not have in my youth, but at work I had to carry heavy things and my busy life never allowed me to lay down and extend my legs. I would arrive from work and go directly to the kitchen. That is why my legs are like this today.”

Diva's feeling of strong discomfort arises from her inability to show her legs, even to her husband, and to have to hide a part of her body in a culture that celebrates the exposure of the human body, particularly at the beach. She equates her feeling of shame towards her own body as the sensation of being "mutilated," affectively associating her exclusion from beauty to the physical sensation of being cut or dismembered. This feeling of mutilation seems to combine all the years of physical pain caused by backbreaking double shift as a laborer and a housewife, portraying it as a progressive violence on the body that accrues through sensorial memory. In other words, Diva believes that the body becomes the sensations imposed on it by daily routines, and she understands beauty and ugliness as the products of that sensorial history. In her mind, if she had had the time to rest her legs, she would look differently and would feel differently about herself as well. By seeking to "repair" her body, she is also making a political claim about her right to inhabit it with new sensations.

If working-class women understand heavy labor as detrimental to their beauty, it follows that plastic surgery and other aesthetic treatments are understood as a form of leisure. Interviewees would usually explain to me that "after working all these years for others," including their husbands and children, getting a plastic surgery would mean the first time they would be taking care solely of themselves. The affective investment in "repairing" the body, then, is also an investment in recovering lost time and the sensorial histories associated with *not* working. Suely, a 53 year-old housekeeper from Belo Horizonte, described with pleasure the time that she spent in recovery after her tummy tuck, even if it was uncomfortable and painful, because she was taken care of by her

husband for a change. “I could not even bend over, so he had to wash my feet... and I cried out for him to bring me food when I was hungry” she recounted to me and to several other patients in the waiting room, with a smile in her face. She explained how cooking and cleaning would be detrimental for her healing after the surgery, so her mother, her daughter and neighbors took turns taking care of the household while she stayed in bed. Suely had obviously never before enjoyed a similar ability to relegate all responsibilities to others, which is why she found the situation so remarkable. Her story portraying plastic surgery as the opposite of work probably resonated among the other patients listening to her story, giving meaning to their desire for surgery within the working-class context.

The Appearance of Success

Even as they imagined their surgeries as a form of “repair,” my working-class interviewees also saw plastic surgery as a powerful tool in leveling the playing field for all social classes. One of their central concerns was how “improving” their appearance could perhaps compensate for their social status and provide opportunities of upward mobility. In public hospitals, I commonly heard expressions like “beauty opens doors” and “only beautiful people are successful.” When working-class women linked wealth to beauty and poverty to ugliness, they emphasized the fact that having a *boa aparência* [good appearance] could determine the future of a person in Brazilian society. I saw this concern come up most clearly in parents who brought in their children for plastic surgery. In a public hospital where I was doing research, Julia brought in her ten-year-old

grandson for an ear surgery, and made it clear that what was at stake was his future success:

“He needs to fix his ears so he won’t have the same problems as his mother and father... His mother and father made him wrong; he came with a manufacturing error, so now he needs fixing... People have plastic surgery done so they are not different from others; to feel included in their social group; to not have those ears, that nose, those lips that cause suffering... *Boa aparência* is important to be successful in the job market, people who say that is not the case are just saying that outwardly but think differently. Only in a *concurso público* [exam-based public position] they will have to hire you if you are smart, even if you are black. For all other professions, though, appearance is important, very much so. The talk about everyone having the same opportunities is just demagoguery.”

Julia wanted to fix the genetic “manufacturing error” that could potentially undermine her grandson’s opportunities, as it did with his parents before him – and ears are just one of many physical characteristics associated with poverty and blackness that she believes can “cause suffering.” Based on this suffering, Julia sought plastic surgery for her grandson, at the same time she critiqued the elusive right of equal opportunity in Brazil, describing it as “just demagoguery.” The experience of being denied full citizenship is claimed as an affective truth that is felt on a daily basis and that contradicts the official discourse of racial equality.

As the anthropologist Kia Caldwell points out, the phrase *boa aparência* has a racial undertone, because after it became forbidden by law in 1951 to state in job advertisements that white applicants were preferred, *boa aparência* became the euphemism of choice to express that whiteness was a job prerequisite (Caldwell 2007). Only in 1995 was the phrase *boa aparência* also banned from appearing in job advertisements, an important victory by the black movement in Brazil, but unfortunately the cultural weight given to having the “right” appearance for white-collar jobs has not

diminished. Today, magazines, websites and television programs continue to expound the importance of *boa aparência* in the job market, even if they circumvent the question of race, and claim that it consists of taking care of one's hygiene and having the right clothes and right attitude. Even hygiene, however, has its racial connotations, as in the case of "bad hair" considered inappropriate and "unclean" for white-collar jobs – men are expected to cut their hair short and women are expected to straighten it if they have afro-textured hair. Sometimes *boa aparência* is more explicitly associated with a given skin color, as in the online magazine *Bolsa de Mulher*, where a job consultant describes *boa aparência* as being "always within a more common prototype: slim, light skinned, with *traços finos* [fine features]. People look not only for beautiful individuals, but for a standard type of beauty, that is not exotic or different" (*Bolsa de Mulher*: 08/22/05). The term *traços finos* [fine features] is a euphemism for Caucasian features, since noses and lips that are associated with black or indigenous heritage are described as being "thick," "wide" or "flat." A 33 year-old working class interviewee, Carlos, described how even the slightest details about a person could be analyzed during a job interview, including class markers like the whiteness and straightness of a person's teeth, or how well that person took care of his or her fingernails. A business would never hire a person with the "hand of a factory worker... [just as] a businessman will never hold an expensive MontBlanc pen with damaged fingernails." He had repeatedly witnessed, however, companies that hired unprepared applicants just because they were blond and blue eyed, and thus "looked the part" for the job.

By marking certain physical characteristics as ugly and "unsuitable" for well-paying jobs, beauty becomes a powerful way to reinforce social hierarchies. *Boa*

aparência, therefore, was a powerful reason why my interviewees understood surgery as a question of necessity rather than simply a question of vanity. They understood that the body could be a much stronger class and racial marker than any clothes they could wear. As Josilene, a 47 year-old former worker in a state agency, but currently unemployed, put it:

“People don’t look at your clothes, they look at your body. Women run a risk [getting surgery], but if it is successful, as in most cases, it’s worth it... Appearance is important to have credibility and from there on to gain trust. It doesn’t matter if one is intelligent or one has a degree, immediately it is appearance that counts. Only after the exterior does the interior matter... Brazil is a developing country, and women work at home and outside of the home, in areas of risk, and this ages you. Everything contributes: a good diet too... Stress causes premature aging. A person who makes a small salary, who doesn’t eat well and has a bad marriage, is going to feel ugly.”

Josilene imagines a very small window of opportunity for herself and other working class women. If they are able to achieve the appearance necessary to gain the “credibility” needed for a well-paying job, they might achieve success in life. If they do not achieve this appearance they will be relegated to a working class occupation, and their small salary, their double shift at home and at work, and their life in riskier areas will inevitably age them. Josilene saw her breast reduction surgery as an investment and was optimistic about her life after the surgery, arguing that “a woman who loves herself takes care of herself.” She recognized the surgery as a risk, but felt the risk was “worth it” in the end because it was a potentially a life-changing investment. Another interviewee made a similar risk analysis, arguing that “living itself is a risk, one could be mugged any day, anywhere, just walking down the street,” representing a much larger risk than the risk of surgery.

The perception of the daily risks experienced by the working class, including the risk of suffering bodily violence at work or on the street, as well as the risk of being denied economic opportunities, trumps the risk of having surgery at a public hospital. Most patients were aware that they were, as one interviewee put it, “guinea pigs for the [medical] students, who already have the theory but still need the practice.” As Michel Foucault describes in *The Birth of the Clinic*, medical treatment has historically been offered to the poor in exchange for their presence as “objects of clinical observation” during medical training (Foucault 1994: 83). I was surprised by how many of the patients I interviewed in public hospitals would say they were aware of “being studied,” but were more than willing to go through the surgeries anyway. One of these patients, Dona Elza, insisted I could continue to interview her, even after her surgeon asked her to remove her clothes completely so he could proceed to mark up her naked body with a marker and take several photographs of her. Probably sensing my discomfort, she assured me that she was accustomed to this type of situation, and had lost her shame. When the surgeon asked her if they could use her images for educational purposes, she calmly agreed and remarked with a laugh, “They can study me; I like to contribute with something to the study of medicine... I am not a guinea pig; they call me their ‘model’... I’ll come out on the Playboy of the medical school!” The willingness to become “bioavailable” for medical study (Cohen 2004) arises from the conviction that the benefits outweigh the risks of surgery, because a free or lower-priced plastic surgery compensates for the unlimited access to beauty enjoyed by the wealthy. As an interviewee exclaimed, “It is important to have [plastic surgery] services like these, because the poor also have the right to be beautiful.”

The working class might consider that plastic surgery will improve their chances of upward mobility, but they do not lose their strong class identity as “the poor” for that reason. In fact, as I have argued, their affective relationship to plastic surgery is one inhabited by the sensorial histories of their physical labor and their economic exclusion. By emphasizing the difficulties the poor experience in trying to accomplish beauty, they criticize beauty as a privilege of the wealthy. They assert the “right to be beautiful,” therefore, in a way that refuses the project of homogenizing the population, fantasized by the upper-middle class. They instead claim beauty as a basic component of human dignity, which should be made available to everyone. Let me return for a brief moment to João and Gilda’s home in São Gonçalo, which as I explained at the beginning of this chapter, is one of my favorite places to frequent on Sunday afternoons whenever I am in Brazil. Gilda and her three sisters are full of a vitality that I have rarely seen in a group of women any age, much less among women in their sixties and seventies. They always tease and banter when I drop by, asking me to choose which one of them is the most beautiful that day, then bursting in laughter at my shy responses. I have noticed the key to the game is to choose a different sister every Sunday, always paying a compliment about their dress or their hair that day. This way, they are equally beautiful, yet for a moment they are also recognized as the most beautiful of all. Beauty, without all its compulsory rules, can become a carefree form of play.

Chapter 3 – The Rise of the Cosmetic Nation

Affective Governmentality

Every Thursday at Rio de Janeiro's First Federal Hospital, the plastic surgery team gathered at the hospital's top floor, where they would change into scrubs and enter the operating rooms for that week's scheduled surgeries. I had been frequenting this public hospital for several weeks now, invited by the chief plastic surgeon, Dr. Mario, who owned a private clinic in a wealthy neighborhood of Rio but taught here at First Federal Hospital. He treated me like any other of the first-year medical residents, allowing me to observe the consultations, surgeries and post-operative care involving plastic surgery patients. On this particular Thursday, Dr. Mario and I were sitting in the coffee room, taking a break from the surgeries while the rest of the team toiled away at the operating rooms. I asked Dr. Mario why he thought there were so many aesthetic surgeries in Brazil, and he responded,

Everyone wonders why there is so much [aesthetic] plastic surgery in Brazil, but that is because they believe Brazil is all African and poor. In reality, there are two Brazils: the Brazil that is poor and miserable, and the Brazil that is rich and developed. As Delfim Netto [former Minister of Finance during the dictatorship] said, Brazil is a BelIndia, half Belgium, half India. The developed Brazil wants plastic surgery because we live in a world of competition, where image is given a lot of importance. The other half of Brazil is indeed African and Asiatic.¹

His answer surprised me, not only because it seemed to pigeonhole aesthetic surgery as a consumer desire exclusively of a whiter and wealthier population, but also because it negated all the aesthetic surgeries occurring at that very moment in the operating rooms

¹ The term "Asiatic" refers here to the indigenous population of Brazil, imagined as racially closer to Asians. The myth of origin about Brazil describes its population as the mixture of "three original races": African, Indian and white European (see Chapter 4).

less than a hundred feet from our location. I asked Dr. Mario to explain why then, so many aesthetic surgeries were undertaken at public hospitals like this one. He answered that performing aesthetic surgery in public hospitals had become a necessity due to the large number of doctors training to be plastic surgeons and the high demand from society for this kind of surgeries. This was, however, simply “an anomaly, a distortion permitted by the hospital structure.”

For Dr. Mario, the growth of aesthetic surgery in public hospitals is a “distortion” because it would always be, in his eyes, a practice of the “rich and developed Brazil” and thus firmly located within private healthcare. Many other plastic surgeons I interviewed would also argue that their medical specialty is a symbol of the country’s development, as the most cutting-edge and modern medical specialty in the country. As such, its “appropriate” setting is the luxurious consultation rooms and impeccable private clinics where the upper-middle class purchases aesthetic surgery, not the run-down public hospitals. Instead, the surgeries that should ideally be carried out in public hospitals are reconstructive surgeries, whose main purpose is not to beautify but rather to address a medical ailment and restore a body’s normal function.² According to Dr. Mario, however, it is becoming increasingly difficult to make a clear distinction between reconstructive and aesthetic surgeries, because almost any surgery could be argued to be restoring health rather than enhancing a body. Since the 1960s, when the famous plastic surgeon Ivo Pitanguy first opened a medical residency that doubled as philanthropic service for the poor, reconstructive surgeries have been seen as an important

² This definition of reconstructive surgery is the official definition found in plastic surgery textbooks, both in Brazil and elsewhere. Aesthetic surgery and reconstructive surgery are the two main sub-disciplines within plastic surgery, and the distinction between the two is closely regulated in most other countries, according to my interviews with non-Brazilians plastic surgeons.

humanitarian activity for plastic surgeons, adding to plastic surgery's national reputation. Pitanguy lobbied to expand the definition of "reconstructive" to include any surgery that fostered a person's inclusion within society. With the creation of a Brazilian universal health care system in 1988, reconstructive surgeries began to be covered by public insurance, resulting in the widespread expansion of the Pitanguy model of education within public hospitals, particularly in the Southeast. This model allowed plastic surgeons and their students to perform nearly all types of surgeries in the name of humanitarianism.

Even though medical residencies routinely blur the differences between reconstructive and aesthetic surgeries, the medical students I interviewed had a very clear distinction in their minds between the two. They saw reconstructive surgeries as a bothersome chore from which they could learn very little, valuing instead the aesthetic surgeries that generate profit in the private market. The aesthetic surgeries in public settings that Dr. Mario portrays as an "anomaly," therefore, have become the keystone for plastic surgery training in Brazil. The unease or outright disavowal that Dr. Mario and other surgeons expressed about aesthetic surgery in public hospitals arises from how this practice contradicts the public perception of their profession. In the public imagination, plastic surgeons are highly admired for their reconstructive work on the poor in public hospitals: surgeries that treat accidental injuries, burns, and congenital deformities. Brazilians who do not frequent public hospitals expressed disbelief when I told them that according to my observations, these purely reconstructive surgeries represent only five to ten percent of all plastic surgeries in public hospitals. They understood my observations regarding plastic surgery as offensive criticisms of national heroes. The image of plastic

surgeons as benefactors of the poor persists despite the fact that nearly all the Brazilian plastic surgeons I interviewed had been trained through the aesthetic surgeries made possible by public funding. Admitting that these surgeries are central for building their own knowledge and reputation would put into question the neat separation between public and private health, and it would problematize the notion that aesthetic surgery is aligned with medical modernity and the “rich and developed” Brazil. The public discourse about Brazilian public healthcare portrays it as an inefficient and cumbersome system, which only becomes a justifiable government expenditure insofar as it provides basic healthcare to the poor and destitute.

Within the space of the public hospital, surgeons and residents act as ‘gatekeepers’ for the State,³ deciding how to allocate resources and which cases to prioritize. Legally, only reconstructive surgeries are allowed to take place through the use of public funds, but there are no regulatory or surveillance mechanisms in place to verify what surgeries are being carried out every day. Later in this chapter, I will show that what doctors choose to “see” and register in public hospitals becomes the official numbers that the government perceives as well. One could argue that within the consultation rooms and the operating rooms, the doctors and residents *are* the State. They assume the authority of the State as a mantle, however, in order to further their own interests and build the reputation of their practice. Redefining aesthetic surgeries as reconstructive procedures allows them to develop profitable innovations on the bodies of working-class patients, at the same time they gain public recognition for their charitable work on the poor. In November of 2008, the Brazilian Federal Senate celebrated the

³ I capitalize the word “State” when I am referring to the Brazilian government, and thus differentiate it from a territorial entity forming part of a federal union, such as Rio de Janeiro state.

sixtieth anniversary of the Brazilian Society of Plastic Surgeons by holding a special session to pay homage to the medical specialty. Several senators expounded on the charitable work that was being done by plastic surgeons since Ivo Pitanguy first rose to the occasion in the 1960s. One senator even remarked upon the growth of plastic surgery in public hospitals, lauding the “fact” that “nowadays, plastic surgery is more focused on the recovery of victims of accidents and disfigurements, than in aesthetic surgery” (*Agência Senado* 11/12/2008). The growth in the absolute number of plastic surgeries, therefore, has not gone unnoticed by government actors, but it is presumed to represent a growth in real need among the poorest members of the Brazilian population. The national pride associated today with plastic surgery arises from their perception as great humanitarians who provide a service in lieu of the State.

The failure of the Brazilian State to see past the image that plastic surgeons seek to portray about themselves reveals that the presence and omniscience of the State is itself an illusion. James Ferguson and Akhil Gupta have argued that the State crafts an image of encompassing the entire breadth of the nation through reiterative practices of governmentality that produce “local” institutions in opposition to “higher up” State authorities. They argue that this imagined “verticality” of the State as above and beyond civil society, however, is being reshaped under new modalities of neoliberal governance that extend the logic of the market to State functions (Ferguson and Gupta 2005). This logic allows private interests assume the vertical authority that was previously deployed by the State, at the same time they instrumentalize the State as the guarantor of their continued expansion. In the case of Brazilian plastic surgery, a neoliberal logic concerned with profit underlies the expansion of aesthetic surgery in public hospitals,

relying on the State's authority and asserting that this expansion is simply acquiescing to a growing public demand. It is surprising, however, that this neoliberal logic continues to have such a strong hold in what many consider to be a "post-neoliberal" moment in Brazilian history (Fortes 2009). The Lula government has explicitly rejected neoliberalism as a failed economic policy that only fosters inequality, choosing instead to strengthen the Welfare State. Neoliberal governmentality continues to remain a standard characteristic of many of the State's operations, however, because it is a form of governance that does not seek to dismantle the Welfare State, but rather deploy it to govern in the benefit of private interests, as Aiwaha Ong has cogently argued (Ong 2006). I want to argue that this is the case because neoliberal governmentality is not simply constructed through discourse, but rather through affect, crafting intensely felt alliances that outlast and exceed the power of State policy.

Michel Foucault defines governmentality as the "institutions, procedures, analyses, and reflections" that allow the modern administrative State to manage economies and populations (Foucault 2003: 244). The tactics of government, he argues, have become dispersed throughout society, enlisting individuals to discipline, optimize and regulate each other in relation to an imagined greater good. Despite the "love, or horror" that the idea of the State exercises, it is nothing more than a "composite reality and a mythicised abstraction, whose importance is a lot more limited than many of us think" (Foucault 2003: 244). By brushing aside the love and horror that State can evoke, I believe Foucault misses a central, affective aspect of why governmentality translates into habitual, embodied practices. The idea of the State might be a fiction, yet it is an extraordinarily convincing one, to whom people are willing to hand over their lives,

bodies and subjectivities. As Michael Taussig suggests in *The Magic of the State*, it is not the rationality of governmental tactics that make the State powerful, but rather its mythical aggrandizement through “imageric- and feeling-states,” which are experienced as magically forceful (Taussig 1997). The State that is concretely experienced as “real” is the one that interpellates individuals affectively. By affect, I am referring to the sensorial aspect of human experience that exceeds language, and is not predetermined by discourse. Although in the Introduction I emphasized the ways in which affect is an unpredictable process of sociality, allowing subjects to reinhabit discourse with their embodied sensations, in this chapter I want to point out the ways in which affect can also become an efficient tactic for governance. When the art of government deploys affect in its effort to manage target populations, policy is not simply obeyed but *felt*, crafting embodied loyalties that facilitate mobilizing these populations. Nationalism is a clear example of an affective tool of governance that is efficiently deployed not only by the State, but also by corporations and other private interests.

What I call “affective governmentality,” therefore, can be defined as the management of affect and sensory perception in the service of statecraft. I believe neoliberal governmentality is more dependent on affect than previous forms of governance because although private actors instrumentalize government operations in their favor, these actors do not always have the force of law to back their assumed authority. In order to recruit both the State and civil society as willing allies, private interests supercede or assume the force of law⁴ with affective appeals that portray their

⁴ Two contemporary examples come to mind: the employment of Blackwater’s services in the Irak war, which did not make them accountable for acts of violence, and the bailout of American banks in during the economic crisis of 2009, which did not make them accountable for sidestepping financial regulations.

cause as more urgent, more just and more important than written State policies. In this chapter, I will argue plastic surgeons deploy affective governmentality in order to align their own interests with the nation's interests. By portraying their work in public hospitals as humanitarian, they are able to disavow profit as their main motive of operation. Plastic surgeons' careful management of affect assures they can build their reputations with continued State backing and the willing participation of working-class patients, who put their trust in these surgeons in public hospitals. Thus, surgeons are able to transform their own vision of the public health system into the State's vision, providing them leeway to circumvent or even shape the State's policies and regulations. As Brazil is transformed into a global center of knowledge about plastic surgery, attracting hundreds of foreign surgeons from around the world, the advances of the medical specialty become increasingly tied to nationalist narratives of progress. Criticizing the discipline of plastic surgery is therefore paramount to criticizing the nation itself. In the next section, I will trace the historical conditions that made this possible, by basing the expansion of Brazilian healthcare on State investment in private health providers. The growth of plastic surgery has depended directly on this hybrid structure, which allows doctors to profit through the public health system.

Hybrid Medicine

The Brazilian health system was marked by disparities of access and quality during a large part of the twentieth century. The sanitation movement led by the Oswaldo Cruz Institute from 1900 to 1930 was the first attempt at creating a State health policy (see Chapter 1), but its main aim was the eradication of disease through vaccines

and hygienic education, not the construction of public hospitals. Those who could not afford the care of a private, university-trained doctor,⁵ would depend on the medical care provided by “philanthropic hospitals” managed by Christian brotherhoods, like the network of Santa Casa da Misericórdia hospitals founded under Portuguese colonial rule (Russel-Wood 1968). After Brazilian independence, these philanthropic hospitals received public funds to make necessary reforms and conform to modern standards of hygiene. They fell into disrepute among the working class, however, who rightfully saw them as way-stations to death and who preferred, whenever possible, to continue making use of popular forms of medicine like herbalists, barber-surgeons, midwives and *curandeiros* [healers] (Williams 1994). The Getúlio Vargas government (1930-1945) established the first social security system in Brazil with the creation of a variety of Pensions and Retirement Institutes [*Institutos de Aposentadorias e Pensões*, or IAPs], in which a worker was given access to a particular network of medical services through his or her affiliation with a given professional class (Menicucci 2007). This semi-autonomous social security system was considered a government compromise to the demands of urban workers’ unions, but it reinforced health disparities by providing better health coverage to professional classes with higher incomes, because they could afford to pay higher monthly contributions to their given institutes and even establish their own hospitals. The system also excluded anyone who did not receive a regular salary, like rural workers, the unemployed and those who made a living from the informal economy (Lima, Fonseca and Hochman 2005).

⁵ At the time this form of medical care, as well as voting rights, were limited to the white elite, which represented less than 2% of the total Brazilian population (Holston 2008: 102).

It was only in 1966, during the military dictatorship, that all the different pension and retirement programs were unified into a single government agency, the National Institute of Social Security [*Instituto Nacional de Previdência Social*, or INPS]. Although it established the State as a centralized administrator of health services, this unification did not represent a significant expansion of the network of public hospitals. All salaried workers who paid a monthly contribution were integrated into the system, and this increased demand forced the INPS to purchase medical services from private hospitals to complement its own healthcare capabilities.⁶ Private hospitals were remunerated according to a price chart that allocated a given sum per medical act, known as the Units of Service [*Unidades de Serviço*, or US] (Menicucci 2007: 81). There is evidence that many workers pushed for the use of private services due to the ill repute of philanthropic and public hospitals, which were considered low-quality, charitable services for the indigent (Menicucci 2007: 71). In practice, this resulted in the rapid expansion during the 1970s of the private healthcare system in Brazil with the use of public social security funds, as more and more private hospitals vied to become accredited service providers for the INPS. It also fomented practices of corruption, generated more expensive procedures and promoted the creation of many new private hospitals and medical schools that privileged specialized, profitable technologies rather than basic healthcare (Escorel, Nascimento and Edler 2005). During the military dictatorship, the health condition of the poorest Brazilians kept deteriorating as unsalaried

⁶ The INPS also entered into agreements with specific companies, whereby the INPS would subsidize the company so it would provide healthcare to its employees, usually by subcontracting a medical provider (Menicucci 2007).

workers⁷ remained excluded from the social security system, and medical care for the poor was mostly limited to the Ministry of Health's combat and prevention of transmissible diseases in order to protect the rest of the population.

The “economic miracle” of the 1970s, which saw the Brazilian economy grow astronomically even as social inequalities became exacerbated, provided the military government with increased revenue to keep funding the expanding private healthcare system. During this decade, nearly 90% of all INPS expenses consisted in purchasing services from private medical providers, representing a large majority of all medical procedures (Menicucci 2007: 82). By the 1980s, however, as the Brazilian economy entered a sharp downturn, it became clear that the continued funding of healthcare services through the INPS was in crisis, making the current system untenable. Direct government subsidies were replaced with tax breaks for companies that would continue to provide medical insurance to their employees, causing an exponential growth in private insurance companies. The dictatorship's repressive measures weakened with the onset of the economic crisis, inaugurating a transitional period known as the “political aperture” [*abertura política*], which allowed a growing number of social movements to push for a return to democracy in the country. Within the area of healthcare, an alliance of medical students, doctors and health officials formed the movement for Sanitation Reform [*Reforma Sanitária*], whose position was that only a universal healthcare system would truly address the collective needs of Brazilian society. Their efforts won the inclusion of healthcare as a “right of all and an obligation of the State” in the new Brazilian constitution of 1988, and a commitment from the government to significantly

⁷ During the military dictatorship, unsalaried workers represented about 25% of adult male workers (Menezes Filho et. al. 2004). Women were even more likely than men to work in the informal economy.

expand and decentralize the public health system (Escorel, Nascimento and Edler, 2005). The movement's most radical proposals, however, which consisted in nationalizing all medical care, fell by the wayside with the organized opposition of a now powerful private hospital industry. There was also lack of support from the middle class and workers' unions, which saw private insurance and private medical providers as more reliable (Arretche 2005). The basic right to healthcare, therefore, remained subordinate to the right of private medical providers to sell health as a consumer item.

The political project of giving equitable healthcare to all Brazilians remained unrealized, then, as public healthcare was reinscribed as a resource for the neediest but not an aspiration of society as a whole. The Unified Health System [*Sistema Único de Saúde* or SUS], as the Brazilian universal healthcare system came to be known, has consistently suffered from underfunding and, until today, lacks a secure source of financial support to guarantee its operations (Correia 2000). The problems of the SUS are a political liability to governmental social policies, as it has become easy for political opponents to point out its failures rather than its merits in criticizing current administrations. Similarly, private insurance plans criticize the deficiencies of the SUS as a marketing strategy to capture more clients (Menicucci 2007: 211). The disrepute of the universal healthcare system remains strong in the mainstream media, even though many national health indicators have significantly improved since it was implemented (Noronha, Pereira and Viacava 2005). More importantly for my argument, the public health system remains what I call, following Telma Menucucci, a "hybrid" structure, whereby a large amount of public funding needs to be funneled through private hospitals in order to reach the general population. According to the 2008 statistics of the Brazilian

Federation of Hospitals (FBH), only 37% of all hospitals in Brazil are public hospitals and the rest are privately owned hospitals. This figure is not surprising by itself, until we take in account that 70% of those privately owned hospitals have contractual agreements with the State to provide medical services for the SUS, of which about half are non-profit “philanthropic” or university hospitals and the other half are profit-driven private hospitals (FBH website). In other words, the State is still heavily dependant on subcontracting privately owned hospitals in order to complement its own medical care, although to a lesser extent than before. This hybridity allows for private medical care to keep growing, since its source of income remains flexible and comes from both private insurance and the SUS.

The Brazilian healthcare system, then, has the aim of providing universal access to Brazilian citizens, but the production of medical services remains highly privatized and hardly universal. Rather than evenly distributed according to population, most of the private medical resources are amassed and developed in the richest regions and cities in the country, reinforcing the health disparities in Brazil. A study by the Brazilian Institute of Geography and Statistics (IBGE) found that in comparison with other countries that provide universal healthcare, where 80% or more of health expenditures come from public funds, the Brazilian healthcare model relies on the private sector to such a large extent that only 33% of expenditures are public (IBGE, “*Economia da Saúde*,” 2008). Most critics of the ongoing reliance of the SUS on private healthcare have described it as acquiescing to the neoliberal ideology that seeks to reduce the participation of the State in the economy. Although universal healthcare was instituted in 1988, the Brazilian governments of the 1990s strongly favored privatizing rather than expanding public

services, influenced by the free-market agenda pushed forward by global lending institutions like the World Bank and the IMF (Correia 2000). As I have shown here, however, the Brazilian State began to subsidize private medical services in the 1960s, predating the “neoliberal turn” by more than a decade. This suggests that in Brazil publicly funded healthcare never shrunk, but rather expanded continuously through private mechanisms (Menicucci 2007). This produced a contradiction within the politics of public health, where the effort to give more people access to healthcare was tempered by the aim to foster the participation of the private health sector. In other words, the case of Brazilian healthcare problematizes the common understanding of neoliberalism as operating exclusively through privatization, and questions how and where neoliberalism came into being.

David Harvey argues that neoliberalism stems, in large part, from the oil crisis that took place during the early 1970s, creating the need for a new economic regime of flexible accumulation and its corollaries of free trade, global financial flows and strong private property rights (Harvey 1990, 2005). He sees the Pinochet dictatorship in Chile as the first experiment in applying economic neoliberal policies, resulting in widespread privatizations and the opening of the country to foreign capital (Harvey 2005). The Brazilian dictatorship (1964-1985) is not usually described as neoliberal (despite its political sympathies with the Pinochet regime) because it predated the international oil crisis, and it favored populist policies like import-substitution rather than unfettered free trade. The Brazilian “economic miracle” of the 1970s, however, would not have been possible without the politico-economic alliances between global corporations, local elites and the dictatorship, which transformed the State into a champion for private interests in

detriment of the needs of the poorest people in the country. I want to argue here that the Brazilian dictatorship performed a hybrid application of neoliberal economic policies and policies associated with the Welfare State, producing long-lasting legacies for subsequent Brazilian administrations. Aihwa Ong suggests that we understand neoliberalism not as a homogenous economic project, but rather as a form of governmentality that manages populations according to market-driven logics, and which varies considerably according to context (Ong 2006). Neoliberal governmentality, in other words, is a technology of governing which does not necessarily eliminate the State's role in the economy, but rather constructs the State as operating in function of private interests. An ethnographic account of neoliberalism should not assume a given narrative of global neoliberal processes, but trace how specific, historically contingent governmental operations appropriate different neoliberal logics. In certain contexts, the State and the market might even become confused, producing hybrid imbrications between the private and the public, like the ones I argue can be found in Brazil.

The “Pitanguynization” of Brazil

Ivo Pitanguy is a synonym of plastic surgery, he is the father, the god of plastic surgery. He is a god in Brazil, in the whole world I believe. That is why the Santa Casa has credibility. He has operated on people who have had their entire bodies burned. He has also operated on many famous people... But he is still simple, and has an immense wisdom.

– Renata, a 53-year-old working-class patient at Santa Casa da Misericordia hospital

In the case of Brazilian healthcare, neoliberalism has not meant the death or dismantling of the Welfare State, but rather its instrumentalization for the expansion of the private health sector. Not all areas of medicine benefit from this hybrid system equally, however, particularly because resources are so limited. Private actors have to

carefully manage the perceptions of public health in order to attract State funding and gain the support of civil society. A clear example is provided by João Biehl's ethnography on the Brazilian AIDS policy, which shows how the alliances between pharmaceutical companies and the Brazilian government have created a form of "pharmaceutical governance" where nearly 80% of the government AIDS budget goes towards purchasing patented medications (Biehl 2007: 380-1). Initially, the pressure of social movements for free AIDS treatment, based on the right to universal healthcare provided by the 1988 constitution, pushed the government to pledge it would provide anti-retroviral drugs (ARVs) nationwide. As soon as the government threatened to break existing patents and produce its own generic drugs, however, the multinational pharmaceutical companies agreed to negotiate and provide lower-priced ARVs for first-line treatment, while redirecting activist gains to their own advantage and mobilizing demand for costlier new therapies. The Brazilian AIDS policy is today portrayed by the State and by private actors as a resounding success, even though it renders invisible a widespread epidemic amongst the most vulnerable populations of the country, like the homeless, whose deaths are not even recorded as AIDS-related (Biehl 2007: 202-210). The free distribution of ARVs is privileged over a more comprehensive AIDS treatment, leaving the role of caring for the ill and poor to small NGOs which are overburdened and underfunded. Those populations whose health concerns are interpreted as economically and politically negligible are ignored by Brazilian AIDS policy.

The conundrum of Brazilian healthcare is not simply that private interests have a say in shaping policy decisions. The main issue, as I see it, is that the government does not have the capability to distribute healthcare resources to the general population

through public networks, and therefore relies on hybrid public-private mechanisms. This means national policy is translated into a practice that uses public funds according to the economic and political priorities of many interested parties. This does not fully explain, however, why certain medical specialties and biotechnologies are able to attract more interest, funding and support than others. In the case of AIDS, the Brazilian government's policy was shaped in the context of a perceived global epidemic, which mobilized international health organizations, AIDS activists, governments and pharmaceutical companies. The affective centrality of AIDS, in other words, guaranteed that an AIDS policy, however imperfect, would be funded and implemented. There was no analogous mobilization or external pressure in favor of plastic surgery. On the contrary, the expansion of plastic surgery within public settings was a cause spearheaded by plastic surgeons themselves, who had to overcome resistances within the medical community in relation to plastic surgery's merits and importance as a medical specialty. Today, plastic surgery is a national hallmark, but that was not the case fifty years ago. One surgeon in particular, Ivo Pitanguy, is referred to as the "Pope of Plastic Surgery" by other plastic surgeons, because he made it his life's work to "spread the word" about plastic surgery and transform it into one of the most respected Brazilian medical specialties nationally and internationally. In my view, Pitanguy's lasting legacy is to have been able to produce the affect necessary to manage and maintain positive perceptions about plastic surgery, thus allowing for the continued expansion of the practice under the purview of the State.

As I explained in Chapter One, plastic surgery has been present in Brazil since the early twentieth century, when it became associated with Neo-Lamarckian eugenics. Due

to the dearth of medical schools that provided training in plastic surgery, however, most plastic surgeons were self-trained or had been educated abroad. Plastic surgery had no presence within the public health system, and was thus strictly limited to the upper class, and portrayed as a luxury item of consumption. According to Ivo Pitanguy's autobiography, *The Right to Beauty*, when he began practicing medicine in 1949 he had to work very hard at convincing his colleagues that plastic surgery was a medical specialty that had a place in public hospitals. They were initially hostile to the idea and accused him that he "was using that mass of poor people as 'guinea pigs' and... taking advantage of them to 'make [his] hand', an unfair expression they used back then" (Pitanguy 1983: 63). The son of a wealthy family from Belo Horizonte, Ivo Pitanguy had studied medicine abroad with some of the most renowned plastic surgeons in the United States and Europe, like Gillies, McIndoe and Iselin, who earned their fame by reconstructing the disfigured faces of soldiers from the two world wars. In order to gain support for his practice, Pitanguy contended that Brazil might not have had victims of war, but it had very similar conditions in the violence of its favelas:

The experiences I had as I explored the alleyways of favelas, and during my stay in the United States, when I witnessed the return of mutilated soldiers with disfigured faces, made evident that suffering is the same in all latitudes and hemispheres... We live in an era of permanent trauma. Even if war creates a greater concentration of it, the day-to-day succession of urban violence creates just as many mutilations as war (Pitanguy 1998: 75).

By associating urban violence with war, Pitanguy tapped into the Brazilian imaginary about crime and disorder within the favelas and the fear that this violence might spill out into middle-class neighborhoods. If narratives of violence undergird the logic of beautification in Brazil, it is because ugliness is a symbol of social disorder and Brazil's

stark social inequalities. Plastic surgery is imagined as capable of suturing those inequalities, providing an invaluable service to the nation.

The 1950s and 1960s witnessed a rapid process of urbanization within Brazil, in which large numbers of poor rural workers migrated to urban areas in search of work (Holston 2008: 104). Most of them settled in favelas, the shantytowns that had slowly spread on the hillsides of cities like Rio de Janeiro for decades, but that grew exponentially within this period. Brazilian newspapers from this era were filled with accounts of criminals – frequently described by the darkness of their skin and their “ugliness” – descending from the hillsides to attack “innocent” residents of wealthier areas. Pitanguy capitalized on this fear by claiming that plastic surgery not only cured accidental mutilations, but also congenital deformities that might alter a person’s character. He made the case that the correction of deformities through plastic surgery could help reintegrate the favela’s social misfits into society, absolving the upper-middle class from the economic and political forms of exclusion it perpetrated on the poor:

Physical defects influence the human being in such a way that anthropological studies done on incarcerated criminals show significant behavior changes in those whose undesirable features, which differentiated them from others, were corrected. (Pitanguy, quoted in Wolfenson 2005: 62).

Pitanguy resurrected old arguments from criminology to present his work in public hospitals as a form of humanitarian service that could improve not only the lives of individuals, but the whole of society as well. The specter of the “natural-born criminal,” identifiable through his physical appearance, could be resolved by excising those “undesirable” physical features that made these individuals socially undesirable as well. The normalization of these patients through surgery was imagined as removing the

racialized traits of their poverty. Thus, Pitanguy reinforced the Neo-Lamarckian association between beautification and the betterment of society, which provided plastic surgery an affective basis for its expansion in public hospitals. Pitanguy's appeals won him the backing of then-President Kubitschek, who in 1960 provided Pitanguy funding to open a plastic surgery service for the poor, doubling as a medical school, in one of Rio de Janeiro's oldest philanthropic hospitals, the Santa Casa da Misericórdia.

What catapulted Ivo Pitanguy to national fame was, not surprisingly, one of these scenes of criminal violence, whose tragic proportions helped cement it into collective memory. When I asked my interviewees about when they first heard about Pitanguy, most recalled his role in helping the victims of the fire which occurred at a circus performance in the middle class neighborhood of Niterói in Rio de Janeiro, on December of 1961. The tragedy produced nearly 500 deaths and more than 2500 injured survivors, many of them children with severe burns, which prompted the mobilization of many doctors, including Pitanguy and his team. Journalistic accounts of the time focused not only on the efforts to help the victims, but also on the police investigation into the culprit. Despite reports that three other tents of the same circus had burned down in previous occasions due to faulty electrical wiring, the suspicions quickly fell on a "dark-skinned 19-year-old man" with a history of psychiatric problems and other "*favelados* [people from the favelas] who had caused disturbances" after proprietors barred them entrance to the circus (*O Globo* 12/18/61). The investigations concluded the "*favelados*" had set fire to the circus in revenge for their humiliation. An editorial described the perpetrators as "not having a conscience. They act out of beastly instinct... and are a product of the environment they grow up in, in the margins of society. These *marginais* [criminals] are

being produced by the thousands in front of our eyes” (*O Globo* 12/28/61). In contrast with this depiction of a wild, senseless criminality coming from the favelas, plastic surgeons were portrayed as restoring order by caring for the victims and repairing their scarred bodies. Pitanguy gained special recognition for getting the US government to donate three hundred square meters of freeze-dried human skin to graft onto the burn victims (*O Globo* 01/02/62). Not only was this a marvel of modern American technology transplanted onto Brazilian bodies, but it seemed to provide solace for the tragic crime that had been committed, as if medical science could triumph over violence. The imported skin, imagined as white, would reverse the violence affectively associated with darker skin.

The circus tragedy is a narrative that is recounted up to this day, always in association with Pitanguy, and it provides him the moral authority to claim that the absence of beauty is a serious medical and ethical problem that should be addressed by plastic surgeons. In the introduction to *The Right to Beauty*, Ivo Pitanguy uses his recollections about the circus burn victims he cared for to argue that aesthetic surgery is as crucial and necessary as reconstructive surgery:

Sometimes it was almost unbearable to see certain victims, made monstrous by the fire. Could I be satisfied with keeping them alive, now that the horrible scars embedded in their faces or their bodies would transform their lives into permanent torment? ... Could it be possible that surgery could content itself with repairing? Would it be normal to simply think about preserving a life and ignore the beauty of a face? (Pitanguy 1983: 9-10)

It was his experience with the circus tragedy, Pitanguy argues, that convinced him to fight against ugliness itself, and combine aesthetic and reconstructive surgery into a single practice. The title of Pitanguy’s autobiography, *The Right to Beauty*, summarizes

his view of beauty as a basic health right that should be provided by both public and private hospitals. Until today, plastic surgeons and their patients within the public health system use the term “right to beauty” to explain why plastic surgery should be accessible to everyone. Pitanguy also laid the groundwork for blurring the distinction between reconstructive and aesthetic surgeries, particularly within his medical school, making it easier for surgeons, medical residents and patients to rebrand elective medical procedures as medically indispensable. As I explained earlier, this blurring between aesthetic and reconstructive designations allows medical schools to privilege procedures that generate profit in the private market. The hybrid structure of the Brazilian healthcare system enables plastic surgeons to gain their skills and knowledge in publicly funded hospitals, and then sell that intangible capital in their private practice.

Today, Ivo Pitanguy sees his private patients either in his private island off the coast of Rio de Janeiro, or in his sumptuous clinic in the upper-middle class neighborhood of Botafogo. Within the medical community, however, Ivo Pitanguy is renowned for his institute at the Santa Casa da Misericórdia, which has become one of the most highly respected plastic surgery schools in the world. By 2003, it had bestowed a complete, three-year education to 448 plastic surgeons from 36 different countries, and had also provided briefer training to nearly four thousand other surgeons. According to the institute’s own estimates, nearly 44,000 low-income patients have been operated here since it was first founded in 1960, an average of more than a thousand patients a year (Crisóstomo et. al. 2003). Two plastic surgeons of German and Spanish origin, who had come to Brazil to perfect their training in aesthetic surgery, explained to me that having Pitanguy in one’s resume garners global recognition among the medical community.

This is not because the Pitanguy school is technologically more advanced or its educators more qualified; this is due to the simple fact that the Pitanguy school makes available the largest number of patients willing to undergo aesthetic procedures with medical residents. These two European surgeons, as well as medical residents from several other nationalities, confirmed that in their countries plastic surgery is limited to paying customers in private settings, where patients are unwilling to be operated on by surgeons still in training, making it very difficult for plastic surgeons to learn their trade. In other words, the transfer of knowledge from public hospitals to private practices is unique to Brazil, and the main reason for its global recognition. As a Brazilian surgeon remarked, Pitanguy's school of plastic surgery revolutionized plastic surgery, by "educating new plastic surgeons, giving them access to large numbers of patients for clinical studies, and... making plastic surgery a possible dream of mass consumption." Making low-income patients available as experimental subjects is lauded as democratizing the consumption of beauty, thus portraying the expansion of plastic surgery as humanitarian, non-profitable work.

If the rise and respectability of Brazilian plastic surgery is synonymous with Ivo Pitanguy, it is because his name is a signifier not just for his practice, but for a model of education that has spread across Brazil. Many of Pitanguy's former students went on to open their own medical residencies in philanthropic, university and public hospitals, all of which cater to low-income patients. These medical residencies emulate the humanitarian image so carefully crafted by Pitanguy, who has won several national and international distinctions "for his work with less-favored populations" (*Ivo Pitanguy: The Master of Beauty* 1999, p. 80). At a plastic surgery conference, which I attended in Rio

de Janeiro on October of 2006, Pitanguy was honored as “Patron of the Brazilian Society of Plastic Surgeons (SBCP)” in a formal, portentous ceremony. The SBCP’s president pointed out that the word “patron” comes from the Latin “pater” or father, and that Ivo Pitanguy was indeed the father of every Brazilian plastic surgeon, whether they had studied with Pitanguy or not, because “every word of his reflects positively on all of us.” After the ceremony, Pitanguy was surrounded by dozens of surgeons wanting to congratulate or exchange a word with this “mythical” surgeon. Plastic surgeons’ veneration of Pitanguy is an indication that they, too, want to believe that their work can improve the lives of all Brazilians. They, too, prefer to disavow that their knowledge is dependent on low-income patients. Their celebration of plastic surgery frequently employs hyperbolic tones, like in the case of a surgeon who described himself as “a restorer of people, an instigator of happiness, a catalyst for change, a creator of love in the patient for himself, a force for good.” Their deployment of affect in order to shape perceptions about their profession, it seems, is so effective that it captivates plastic surgeons themselves. No other plastic surgeon embodies this image better than Pitanguy, who has even marched down Sapucaí avenue⁸ with a samba school that held a parade in his honor during the Carnival of 1999 (*Época* 02/22/1999).

Many of Ivo Pitanguy’s essays published in Brazilian medical journals address philosophical issues about his profession. He praises the plastic surgeon’s ability to innovate, comparing the profession to “poets, artisans and artists in every field of creativity” (Pitanguy 1993:86). Pitanguy points out that the artistic limits of the plastic

⁸ Sapucaí avenue, also known as the *Sambódromo*, is the official venue where samba schools parade every year during Carnival. Each school must present a theme, or *enredo*, that honors an aspect of Brazilian society.

surgeon are imposed by the anatomy of the human body and the will of the patient, and therefore the surgeon must prepare the patient physically and psychologically before surgery, “just as the painter prepares his canvas and his paints, and the sculptor his marble” (Pitanguy 1993: 83). Plastic surgeons in Brazil have readily assumed this subjectivity as “artists,” because it imagines patients as highly malleable and bases innovation on the surgeon’s creative abilities, rather than on the availability of working-class patients to work on. In fact, some medical residencies require that students take a short course on art history, and many of the educational books about plastic surgery carry titles that associate art with the practice, such as *Plastic Surgery: Foundations and Art* (Mélega 2003). A book that celebrates the biographies of several Brazilian plastic surgeons, *Transformations: Art and Plastic Surgery*, even showcases the amateur paintings created by these surgeons as proof that “plastic surgery displays... all the attributes of art” (Wolfenson 2002: 78). While foreign plastic surgeons I interviewed were quick to point out that it is the lack of institutional and legal barriers that makes it possible for Brazil to generate new surgical techniques, Brazilian “surgeon-artists” take immense pride in their creative genius. Their collective self-presentation is central to the continuous support the medical specialty receives from civil society and from the State, which consider plastic surgery to be a genuine national asset. Plastic surgeons thus shape their public personas in accordance to the affective forms of governance that they deploy in their daily lives. These strategic forms of personhood enable them not only to gain symbolic capital within society, but also to negotiate the space that the specialty carves out within each hospital in order to have access to patients, produce new techniques and generate profit.

Surgeries with *Jeitinho*

Back in Rio de Janeiro's First Federal Hospital, I was observing a facelift procedure on a given Thursday, dressed in scrubs and taking fieldnotes. The surgery was conducted by third-year residents and watched attentively by other students, for whom a facelift is a special treat that does not come by often. They made the case that they need to be proficient in aesthetic surgeries so that when they open their own private practice, they do not commit any errors and get sued by their wealthier patients. This was not just any facelift either, it was a "mini-lipo-facelift", which removes extra fat from the face at the same time it reduces wrinkles, and had been one of the most interesting novelties presented at the last national plastic surgery conference. The chief surgeon, Dr. Mario, had approved that his students try it out for the first time to evaluate its advantages and drawbacks. At the end of the operation, as the patient slowly awakened, Dr. Mario told a second-year resident who was filling out the forms to write the surgery down as a correction of facial paralysis. The resident asked defiantly why they could not admit the surgery was a facelift, given that everyone knows that all public hospitals perform these surgeries. Dr. Mario gave her a reprimanding look, and reminded her that the official position of the Brazilian Society of Plastic Surgeons is that aesthetic surgeries only occur in private clinics. The resident replied that if that was the case, then residents should be allowed to operate in his private clinic as well, but Dr. Mario just ignored her. At his clinic, the students were only allowed to observe, but he did all the operations himself and assured his customers they could count on his experience and knowledge for the best possible results. The resident later confided to me that she was considering transferring

to another residency program at a philanthropic hospital, where she had heard residents could openly perform all the aesthetic surgeries they desired.

This exchange is very revealing about what are considered the appropriate spaces and bodies for plastic surgeons in training to learn their trade in Brazil. Even though all professors in plastic surgery residencies have their own private practice, they do not make those private patients available to their residents. Residency programs for plastic surgery and many other medical disciplines are located within the public health system – the network of public, philanthropic and university hospitals where surgeries are covered or subsidized by the universal healthcare system, and where nearly all the patients are working-class. The understanding between these patients and the medical establishment is very similar to the “hidden contract” described by Foucault in *The Birth of the Clinic*, where treatment is given to the poor in exchange for their presence as “objects of clinical observation” in order to train doctors (Foucault 1994: 83). As I previously explained, the Brazilian State lacks the ability to provide and distribute healthcare resources solely through public networks, and thus relies on hybrid public/private mechanisms. One of the main aspects of the State’s deficiencies is not having enough hospitals or enough doctors working exclusively within the public system to care for all the patients, due to lack of infrastructure and the very low salaries it offers doctors in comparison to private healthcare. The public health system thus has to rely on subcontracted philanthropic and university hospitals that are privately-owned, and on the labor of teaching surgeons and medical residents who either already have their own private practice or plan to have one in the future. These actors have to follow certain guidelines, but there is no auditing procedure to confirm that those guidelines are being followed. Thus, the decision of

which procedures should be carried out are left to hospital administrators, doctors and residents, who as hybrid actors tend to privilege procedures that generate profit within the private market.

Claudia Travassos, a public researcher for the Fiocruz Institute who has analyzed the reliability of the Unified Health System [*Sistema Unico de Saúde*, or SUS] at length, told me in an interview that the SUS can be understood as little more than a system of resource allocation and collection of statistics. Based on the structure set up during the 1970s for social security, the SUS continues to provide payments to individual medical providers according to a table that establishes a standard price for a given medical procedure. With the exception of organ transplant queues, which follow strict international regulations, there are no clear rules on which patient gets treatment first. Each hospital also produces the statistics for its own operations, which means that the statistical inflation or under-notification of certain medical treatments is a somewhat common occurrence (Travassos, personal communication, 28/01/08). The government usually responds to patients' complaints about inadequate treatment in the public health system by injecting more funding into the system, but not by increasing the oversight of how the funding is used. Local governments have a certain amount of control over health expenditures through democratically elected Health Councils [*Conselhos de Saúde*], but these councils also rely on available statistics that sometimes contradict the conditions on the ground (Correia 2000). Official statistics should be understood not as merely "distorting" reality, but as producing and interacting with the health practices and policies that these numbers describe. Thus, the statistics about the growing number of plastic surgeries occurring within the public health system "verify" that plastic surgery addresses

real medical needs of the Brazilian population, and provide validation to approve additional funding for it. Additionally, those statistics are used to justify the expansion of the types of procedures permitted under the federal guidelines.

The general guidelines for plastic surgery and all other medical specialties are determined by the Federal Council of Medicine [*Conselho Federal de Medicina*] or CFM, an institution that possesses the legal authority to assess, regulate and standardize all medical activities in Brazil (CFM Resolution number 1541.98, 01/15/1999). The CFM's federal and regional administrative boards are composed of doctors who were democratically elected by their registered peers. These administrative boards, in turn, are responsible for choosing the members of "technical commissions" for each medical specialty, which will make rulings pertaining to issues relevant to that specialty. Medical associations, such as the Brazilian Society of Plastic Surgery, will usually recommend some of their highly respected members for positions in their respective commissions. Thus, the CFM's "technical commission for plastic surgery" is entirely composed of plastic surgeons, most of whom also act as professors for medical residencies. The resolutions and rulings of technical commissions, if approved by the CFM board, have the force of law, and the Ministry of Health usually adopts these rulings as the norms to be used within each medical specialty in the context of the universal healthcare system. The technical commission for plastic surgery has pushed for a wide variety of plastic surgeries to be designated as "reconstructive" surgeries, and therefore be covered by public healthcare. For example, in 2003 the CFM ruled that reduction mastoplasties and abdominal dermolipectomies, commonly known in English as breast reductions and tummy tucks, should be considered "non-aesthetic" surgeries when excess breast or

abdominal tissue is causing a patient back pain (CFM Processo-Consulta number 641/2003). The ruling quotes Pitanguy's studies of those medical conditions, using his authority as the main reasoning behind the ruling. Even though these surgeries had been taking place in some public hospitals for more than a decade, the ruling made the practice official for all public hospitals.

Two important aspects of this and other resolutions is that they state unequivocally that patients' requests for reconstructive surgeries are on the rise, and argue that there should be rigorous scientific criteria to determine if a surgery is reconstructive or aesthetic, without ever specifying what that criteria might be. Thus, the expansion of the "reconstructive" nomenclature is portrayed as arising from patient demand, not from surgeons' interests. Moreover, there are no clear national standards to diagnose whether a surgery is aesthetic or reconstructive, and the decision is thus delegated to surgeons themselves. Today, tummy tucks and breast reductions are two of the most common surgeries that take place in publicly funded hospitals, but plastic surgeons do not require any medical exams to corroborate a patient's claim of back pain. Whenever I was present during consultations, it became clear that surgeons made suggestive questions to prompt the patient to express his or her physical discomfort. Many patients in the waiting room already knew how the process worked, and would coach other patients about what were the "correct" things to say and symptoms to exhibit in order to have their surgery approved. I witnessed several occasions where female patients had no trouble with the size of their breasts, but were bothered instead by their flaccidness after bearing and breastfeeding their children. These patients got medical approval for a breast reduction, and the surgery would be recorded as such in the official

paperwork, but the actual surgery they would receive would be more accurately described as a breast lift, since no breast tissue was removed. Similarly, nosejobs (rhinoplasties) are routinely described as the correction of a deviated septum, eyelid surgeries (blepharoplasties) are justified as improving a patient's eyesight, and vaginal rejuvenations (ninfoplasties or labiaplasties) become reconstructive surgeries to "fix" anomalous genitalia.

Once a given reconstructive surgery is approved, the topography of the body that the surgery targets is made available not for one, but for a series of medical interventions. At the same time, labeling a surgery as reconstructive justifies plastic surgery's place within the public health system, by affectively associating the practice with humanitarianism. Reconstructive surgeries are described in Portuguese as *cirurgias reparadoras*, which literally means "reparative surgeries" – surgeries that in the public imagination repair that which is deformed or disfigured. Depending on a hospital's internal politics, however, the types of surgeries that fall under the reconstructive rubric vary widely. In some public hospitals, where the funding is more tightly controlled by hospital administrators, plastic surgeons and residents have to be much more careful and cover their tracks, sometimes even "sneaking" their patients into the operating room in order to avoid the surveillance from doctors in other specialties. This is the reason why in the scene I described earlier at First Federal Hospital, the act of renaming surgeries caused tension between plastic surgeons and their residents, and could not be taken for granted. In the case of university and philanthropic hospitals, which are privately owned but are affiliated with the public health system, it is practically commonsense to rename surgeries in order to reclassify them as reconstructive surgeries. The hybridity of these

hospitals makes it easier for plastic surgeons to make alliances with other surgeons and hospital administrators to allow the practice. In fact, surgeons from other specialties also conduct plastic surgeries and other elective surgeries in the search for profit. Gastroenterologists perform stomach reductions, gynecologists carry out liposuctions, dermatologists execute facelifts, and otolaryngologists provide nosejobs.⁹

The understanding between patients and surgeons that permits the circumvention of official norms can be attributed to a cultural convention known as the Brazilian *jeitinho*. The anthropologist Roberto DaMatta describes *jeitinho* as an informal arrangement between a common individual making a request and a person in position of authority. The *jeitinho* finds a middle ground that will allow the petitioner to forgo some of the requirements usually associated with the request. This is made possible by engaging the figure of authority in casual conversation, exploring commonalities that might forge a sympathetic relationship between the petitioner and the figure of authority, and thus create the possibility of a harmonious solution for both parties. The social reality, therefore, transcends the impersonal force of law, which most Brazilians consider to be imperfect and inapplicable as a universal (DaMatta 1986: 95-105). When surgeons justify aesthetic surgeries for their patients in public settings, these patients interpret it as a personal favor that remedies the imperfections of the public health system. In many cases, having a personal connection with a surgeon who works in a public setting can effectively prioritize one's name in the long waiting list, and shorten the time before

⁹ The Brazilian Society of Plastic Surgery has attempted to legally limit the ability of other surgeons to perform plastic surgeries, but the Brazilian legal system has so far protected the right of doctors to perform all types of surgeries. In cases of malpractice, however, the CFM is much more likely to give harsher sentences to surgeons from other specialties than to plastic surgeons, given that plastic surgeons control the CFM's technical commission in plastic surgery.

surgery. At the hospitals where I conducted research, it was very common for plastic surgeons to “arrange” surgeries for their employees and acquaintances, as a form of patronage that might complement payment for services. Even though these surgeries are only made possible through public funding, patients see them as facilitated by surgeons. As Maria Antonia, a patient at the Ivo Pitanguy Institute, remarked, “While the government does not offer basic things, Pitanguy offers us the opportunity to be beautiful.” In Maria Antonia’s reasoning, Pitanguy provides a service in lieu of a neglectful State, and his plastic surgery service is a private accomplishment. Plastic surgeries arranged through *jeitinho* thus provide recognition, admiration and gratitude only for plastic surgeons, not for the hybrid medical system that makes those surgeries possible in the first place.

This informal arrangement of providing aesthetic surgeries through *jeitinho* has today become the unstated rule, rather than the exception, of surgical practice within the public health system. According to government data about the Unified Health System (SUS), however, a hundred percent of the plastic surgeries occurring through the SUS are reconstructive surgeries. Dr. Paulo, a member of the statistical department at the Ministry of Health, showed me how the series of databases available about the public health system do not even consider aesthetic surgeries as valid “values” to be entered. Only reconstructive surgeries have their own categories and corresponding codes within the long list of permitted medical procedures, from which surgeons choose when they are filling out the forms after each operation. These forms are the basis for the official numbers that are then entered into government databases. Dr. Paulo explained that data used to be more “accurate” a decade ago, when surgeons had to write in their own

diagnoses rather than being able to choose from a list. As the system of gathering data becomes more modernized and automated, more information is lost, because surgeons simply look for the codified categories that most closely resemble the procedure they carry out. The State is aware that certain “distortions” are inevitable, like in the case of underreported C-sections¹⁰ and of abortions (which are illegal in Brazil but are routinely carried out as treatment for miscarriages), but the statistics are nonetheless considered trustworthy measures of the population’s health conditions. Dr. Paulo acknowledged that he was personally aware that aesthetic surgeries indeed occurred in public settings, since he had an aunt who had gotten a nosejob at a public hospital. Yet he suggested that bringing this fact to the public’s attention could hinder the efforts of patients who “truly deserved” getting a reconstructive surgery through the public health system at a given hospital or another.

In Dr. Paulo’s reasoning, aesthetic surgeries obtained through *jeitinho* for a minority of patients guarantee that reconstructive surgeries are available to the general public. As a State actor, he finds it inevitable that doctors and patients will use the public health system to their own advantage, and in fact expects distortions in the available statistical data due to these on-the-ground realities. Dr. Paulo still believes, however, that surgeons are trustworthy gatekeepers for the allocation of public resources, because they understand local health needs that supersede national directives. Statistical inaccuracies reflect errors in data collection, not in the health system itself. Thus, the norms and regulations of the public health system are understood as a flexible blueprint that

¹⁰ The Brazilian government set a limit to the number of C-sections permitted in public hospitals, in order to conform to WHO recommendations, but this fomented statistical underreporting. As the anthropologist Dominiq Behague argues, the capping policy reinforced the desirability of this surgery, since it reinforced patients’ belief that C-sections are a privilege of the few (Behague 2002).

becomes imbricated with informal arrangements specific to each locality. I argue that these informal arrangements are dependent on prior affective associations that establish certain medical procedures as priorities in the minds of both patients and doctors, and as national priorities for the State as well. The respect and admiration with which reconstructive plastic surgeries are regarded guarantee their consigned value within the public health system, and allow for the expansion of aesthetic surgeries justified as reconstructive procedures. What I have called affective governmentality is dependent not on strict State regulations, but rather on flexible norms that, through the management of affect, can be circumvented and adapted to neoliberal private interests. The State thus becomes a guarantor for unofficial practices that exceed the State's own explicit aims, with the complicit participation of State actors. In the case of plastic surgery, the prestige given to the medical practice's ability to "repair" only adds to the affective pull that it exerts on the nation, tying the success of plastic surgery to narratives about repairing the nation's inequalities.

The mainstream media reiterates these narratives without questioning them: an article in the influential *Veja* magazine remarked on the fact that in the span of a decade, reconstructive procedures had increased nearly tenfold. The cause for this increase was portrayed as an increase in criminal violence, where plastic surgeons had to repair "severed fingers and ears, stomachs punctured by bullet wounds or cut by knives... faces disfigured by violent punches." In the same article, the president of the Brazilian Society of Plastic Surgery lamented this trend, declaring, "violence in Brazil has reached a level that alters even our national statistics" (*Veja* 06/12/2002). "Altered" statistics about plastic surgery are imagined as an index of urban violence, evoking fear, and the role of

plastic surgeons in public hospitals is assumed to be one where they suture the wounds of the body politic and reshape the features of society. Statistics are such powerful symbols because they can be deployed to give meaning to events and trends at the same time that they simplify our view of the world. In *Seeing Like a State*, James Scott argues that statistics were developed in order to render legible the subjects and resources that the State needed to mass mobilize in the efforts to modernize. These modernization projects so frequently failed because legibility is very problematic for statecraft, given that the very act of reducing complex realities to standardized measurements can produce severely myopic visions of the world (Scott 1998). I want to argue, however, that governance sometimes *relies* on complex realities remaining illegible for civil society and even the State itself. Affective governmentality, in particular, is abetted by statistics that construct a simpler narrative about complex events, and thus evoke strong emotions that benefit specific private interests. The feelings of loyalty and national pride that plastic surgery induces in the Brazilian population, including State actors themselves, cannot be explained as false consciousness, but would be more accurately described as a form of governmentality that has become an embodied sensation.

Chapter 4 – The Raciology¹ of Beauty

Eugenic Innovation

Rio de Janeiro is a central hub for national and global conferences about plastic surgery and aesthetic medicine. It is not simply Brazil's touristic appeal that attracts doctors from around the world to come to the city, but rather the opportunity to learn about innovative beautification techniques that are not available elsewhere. At these conferences, doctors have the opportunity to listen to scientific panels, participate in training sessions and witness live demonstrations. The biggest conference room is usually reserved for live surgeries, which take place at a nearby hospital and are simultaneously transmitted to a large screen for the audience at the conference. The doctor performing the surgery describes in detail the methods being used to operate on the patient, and comments on how these methods have the potential to replace or improve upon older techniques. After the surgery is completed, audience members watching the live feed can ask the surgeon direct questions and learn more about the technique being presented. The doctors performing these live procedures are usually respected members of the medical community, who have already proven their worth by developing innovations that many other surgeons in Brazil and abroad have later adopted. A surgeon wins prestige and symbolic capital, in other words, by sharing his or her knowledge of novel surgical techniques, which usually carry the surgeon's name and are sometimes even trademarked. This prestige is translated into tangible capital as the surgeon

¹ I use Paul Gilroy's term "raciology" to describe the set of discourses that produce race/color as a natural "truth" of human biology (Gilroy 2000).

becomes a requested name in the conference circuit, charging for presentations and training sessions, and forging a recognizable name that provides him with more private clientele. Additionally, if the surgeon is promoting a procedure associated with a certain laboratory product, like silicone implants, the surgeon can gain extra income as a stockowner or consultant for the laboratory.

While some novel surgical techniques quickly exhaust the interest they initially incited, and eventually fade from memory, others become lasting members of the “arsenal of techniques” available to doctors and patients in their enduring “fight against aging” and against ugliness. Surgeons argue that in this lively “ecosystem” of innovative techniques, the ones that are most revolutionary and provide the best results are those that become conventional knowledge and accepted science. Following Bruno Latour, however, I want to argue instead that science constructs knowledge on the basis of complex “machinations of forces” taking place during scientific controversies, and it is only after scientific facts become indisputable “black boxes” that they are presented as absolute “truths” discovered in Nature. The scientific innovations that eventually become conventional knowledge are those that are able to craft the most robust networks – what Latour calls “stronger associations” – by enrolling the largest quantity of actors, human and non-human, as allies (Latour 1987). In the context of Brazilian plastic surgery and aesthetic medicine, innovations have to first gain traction amongst doctors and medical students, particularly during medical conferences, which are considered the ideal setting to present innovations to one’s peers. This requires that presenters have clinical studies backing up their claims, usually carried out amongst working-class patients in publicly funded hospitals, with the complicit support of State actors (see Chapter 3). Doctors who

are additionally able to enlist laboratories and companies interested in investing in the machines and implants needed for the technique usually have more financial backing to promote their innovation more widely. In the context of so many competing claims, however, doctors who want to stand out above the rest, and thus recruit more actors as allies, need to craft a narrative that will capture the imagination of their audience and provide their innovations a wider significance beyond beauty.

One of the most renowned techniques that has come out of Brazil is *bioplastia*, or bioplasty, which has become increasingly popular during the last two decades in Brazil, and more recently in several other Latin American countries, despite many doubts about its safety. The technique, which is described as “the plastic surgery of the third millennium” (Nacul 2005), consists of a liquid compound called polymethyl methacrylate (PMMA),² also known in English as acrylic glass or plexiglass, which is injected directly into the muscular tissue of the face or the body in order to permanently reshape them. Doctors call PMMA a “liquid implant,” in the sense that it is meant to replace other types of injections as well as solid silicone implants, thus providing patients a cheaper and easier way to alter their bodies without the need to go into a hospital. An estimated 60 liters (approximately 15 gallons) of PMMA are being used every month in Rio de Janeiro alone for aesthetic procedures (*Istoé*, 01/07/2010). With prices of about 200 dollars for every application of a few milliliters, *bioplastia* produces millions of dollars in profit every year for the laboratories that produce the compound. Today, it is one of the most

² Polymethyl methacrylate has been used in other medical treatments since 1936 due to its high biocompatibility, meaning the human body does not commonly show adverse reactions to the compound. PMMA is one of the main compounds used for dentures in dentistry, for intraocular lenses in ophthalmology and for bone cement in orthopedic surgery (Nácul 2005). Its use in liquid form, however, is restricted to its aesthetic application in *bioplastia*.

widespread and profitable aesthetic treatments in Brazil. The success of *bioplastia* is clearly linked to its claim that it can instantaneously reshape a person's features, and make a pliable body conform to normative beauty standards. When I asked the inventor³ and main advocate of *bioplastia*, the plastic surgeon Almir Nácul, why he thought that beautification techniques like *bioplastia* had become so popular in Brazil, he answered, “*Miscegenação* [miscegenation] improved the *eugenia* [eugenesis⁴] of the population, and beautification techniques aid *eugenia* because they help people remain youthful and improve themselves.” For Dr. Nácul, therefore, the question of personal improvement cannot be separated from questions of race, eugenics and population. To beautify is to improve not just the self, but the population as a whole, collaborating with the work of *miscegenação* to improve the Brazilian nation.

The most revealing aspect of Dr. Nácul's comment is his claim that *miscegenação* [miscegenation] initiated the process of eugenic improvement, and the science of beautification merely complements that work. He represents *miscegenação* as a natural fact that can be observed in Brazilian society, not as a construct of Neo-Lamarckian eugenic thinking developed in the early twentieth century. From a Latourian point of view, *miscegenação* has become “blackboxed” and as such, it is an incontrovertible fact that can be “borrowed” wholesale by competing actors that wish to buttress their own scientific claims (Latour 1987: 82). *Miscegenação* is imagined as a force of constant innovation that produces hybrid racial subjects that approximate the “Brazilian ideal,”

³ There is controversy over who originally invented *bioplastia*. A surgeon from Rio de Janeiro claims that he and his medical students first tested it out in a public hospital, perceiving its potential. He argues Almir Nácul is today known as the inventor because he was the first to gain official approval to produce the compound for medical use under a trademarked name.

⁴ Eugenesis is defined as the quality or condition of being eugenic.

becoming a central engine of national identity. A hundred years ago, Brazilian Neo-Lamarckism established beauty – particularly female beauty – as an indexical measure of this ongoing process of national improvement, and favored interventions such as hygienic education and “whitening” immigration policies in order to aid the work of *miscegenação* of crafting “fitter” populations (see Chapter One). Even though eugenic views have been scientifically discredited on the global stage, in contemporary Brazil *miscegenação* and beauty remain inextricably associated, and continue to shape medical perceptions within plastic surgery and other medical disciplines invested in beautification. Doctors who are able to most closely associate their innovative beautification techniques to the engine of *miscegenação* can portray their science as also able to “improve” the Brazilian population by creating a more homogenous, aesthetically pleasing “Brazilian race.” The techniques that are perceived as most “revolutionary,” like *bioplastia*, are those that promise doctors the ability of altering and enhancing physical features at will.

The promise of limitless modification is so alluring that it trumps the enormous medical risks associated with these techniques. Doctors are surprisingly willing to choose controversial but “revolutionary” innovations, about which there are no guarantees of safety, over more conventional techniques with less potential. Thus, while Latour portrays all scientific controversies as teleologically headed towards closure in one direction or another, I found that plastic surgery and aesthetic medicine partake in endless controversies that refuse closure altogether. Risky techniques that have been controversial since their inception continuously recruit new allies at the same time they gain new detractors. The innovations that capture the imagination of surgeons and spread quickly in hospitals, clinics and consultation rooms are not only those that are most

lucrative, but also those that promise to produce the most impressive transformations in the Brazilian population. In this chapter, I will argue that certain scientific narratives resonate more strongly than others because they are also able to naturalize unequal social relations on and through the medicalized human body. Donna Haraway has shown how shared semiotic codes are able to articulate “dramas” of gender and race into the discursive construction of Nature, reproducing structures of domination (Haraway 1992). I will argue that Neo-Lamarckian eugenics are a shared semiotic code in Brazilian society, which provides the unstated logic that shapes doctor’s perceptions of what is beautiful and what needs corrections, and thus incites the alliances necessary to generate medical innovations. Plastic surgery is a raciological discourse that crafts an aesthetic hierarchy by putting emphasis not on skin color, but on other physical characteristics that are valued according to their proximity to whiteness and ideal masculinity or femininity. Moreover, Neo-Lamarckism is a legacy shared by other Latin American countries, simplifying the diffusion of surgical technologies across borders.

The Beauty of *Miscegenação*

The concept of *miscegenação* [miscegenation] is central to Brazilian self-portrayals about the nation’s identity and character. The “mixture of the three races” – white, indigenous and black – is described in Brazilian music, literature and popular culture as a fusion that gave origin to Brazil’s unique culture and racial composition, differentiating it from every other nation. Most of these portrayals are celebratory in nature, following the example established by the writings of sociologist Gilberto Freyre, who argued that Brazilian miscegenation produced a new, harmonious “racial

democracy” that was an amalgam of the biological and cultural qualities of the three originary groups (Freyre 1933). In Chapter One I argued that this Brazilian myth of national origin must be understood as heir to the Neo-Lamarckian belief that eugenic science could measure and eliminate the “dysgenic factors” that were affecting the Brazilian population and preventing national progress. This particular brand of Neo-Lamarckian eugenics attempted to counter the European conviction that all racially miscegenated populations were predestined to degeneration (Stepan 1991), arguing instead that with the aid of white immigration and appropriate hygienic measures, the effect of miscegenation would eliminate unfit racial types and whiten the population as a whole. Neo-Lamarckism relied on a raciology that valued whiteness as a sign of healthier, fitter and more beautiful populations, producing an aesthetic hierarchy that valued certain racial characteristics over others. Anthropometric measurements of ideal beauty types were understood as providing objective evidence of both the evident successes of miscegenation, and the bodies that still required improvement. The imagined eugenic future, therefore, would produce a homogeneous nation without racial variation and without ugliness.

Important leaders of the eugenic movement, like Renato Kehl, listed plastic surgery as one of the basic medical tools available in the fight against ugliness (Kehl 1923), and in the 1930s the “father” of Brazilian plastic surgery, Rebello Neto, defended the practice as a way to reduce dysgenic malformations (Neto 1933). Although the eugenic movement entered a period of decline with the end of the Second World War, which demonstrated to the world the misconceptions and dangers of eugenic scientific principles, in Brazil the Neo-Lamarckian ideals of improvement through beauty far

outlasted the movement. Plastic surgery was the ideal candidate to assume Neo-Lamarckian objectives as its own because it was a medical discipline also concerned with the outward, physical characteristics of human bodies. As I argued in Chapter Three, the iconic plastic surgeon Ivo Pitanguy made the case that beautification would lead to the betterment of society by eliminating physical defects related to criminality, thus gaining the support of the State to open a practice for the poor. The assumption that certain physical “types” inevitably correspond to certain behaviors was a notion common to both eugenics and criminology. Pitanguy also argued that the increase in demand for plastic surgery could be interpreted as man’s search for *eugenia* [eugenesis]:

During these last decades, Man has significantly changed his lifestyle, leading to the search for *eugenia* [eugenesis]. Several factors, such as regular sporting activity and greater exposure of the body, have stimulated the quest for surgical techniques that can diminish many different deformities that were previously less exposed, and thus regarded with less importance (Pitanguy 1993).

Here, the elimination of deformities is associated with an increase in visibility of the body and self-awareness about health, leading to the pursuit of eugenic ideals of beauty. The mindful consumer-patient, in other words, will use medicine to eliminate dysgenic deformities that do not correspond to a healthier lifestyle. Significantly, in the sanctioned English translation of the aforementioned text by Pitanguy, the word *eugenia* is replaced by the word “well-being” (Pitanguy 1993), perhaps illustrating that the translator was wary of how a foreign audience might regard the term.

What exactly constitutes a defect or deformity according to medical knowledge? Although the patient is portrayed in medical literature as the one who, in Foucauldian fashion, “confesses” his or her defect to the surgeon, who will then decide what the most appropriate medical treatment is, the surgeon already possesses a preconceived notion of

what given physical characteristics count as defects. As a medical science, plastic surgery aims to portray ugliness as a disease that can be objectively diagnosed and treated, stemming from a naturalized standard of beauty. For example, the surgeon José Carlos Ronche Ferreira argues that while popular culture might produce certain exaggerated, inadequate perceptions of beauty, the surgeon's instinct can interpret correctly what is really beautiful:

Our instincts know how to recognize and admire beauty as that which best performs a given function. Teeth that are white and well aligned are 'beautiful' because they do not possess any dental cavities or periodontal diseases, and chew better – providing better function. Noses that are too small or too big are 'ugly' because they do not allow normal breathing... and in most cases they are associated with deviations of the septum and hypertrophy of the nasal conches – providing bad function. Breasts of adequate proportions, round and without flaccidity are associated with a predominance of glandular tissue over adipose tissue, destining them for lactation... – we judge them to be 'beautiful.' By these examples, we conclude that 'the beautiful is good, and the good is beautiful'. (quoted in Roque 1999: 91).

In this narrative, the aesthetic preferences for whiter teeth, perfect noses and non-flaccid breasts are stripped of any classed, raced or gendered power dynamics that might underlie taste. Instead, the body is portrayed as visibly manifesting its state of health through beauty and ugliness, which the clinical gaze can then translate into objective medical diagnoses. Appearance is never merely aesthetic, it professes the hidden biological truths of the body, confirming the doctor's "instinctive" recognition of what is "good" and beautiful. By subsuming beauty and ugliness to biological function, plastic surgery is able to portray beautification as the pursuit of health, like the eugenic movement that preceded it. Unlike the eugenic movement, however, the corrected physical appearance is not considered an inheritable trait – what is "inherited" instead from one generation to the next is the surgical intervention itself.

The Neo-Lamarckism of the early twentieth-century assumed that medical interventions would allow individuals to produce healthier offspring, passing on their newly acquired qualities to the following generations. Today, Brazilian doctors do not claim that acquired characteristics are inheritable, but they do assert that “malformations” are passed on from one generation to the next, requiring individuals to replicate the plastic surgeries undergone by their parents. The magazine *Viva Saúde* [Live Healthy], for example, presented a surgeon’s research about “Dumbo ears” or *orelhas de abano* [fan-shaped ears]:

“About 5% of the population presents this anomaly, which is more frequent in girls... It is a genetic malformation, generally producing several cases in the same family... The doctor studied 30 patients of both sexes, from 6 to 14 years of age... According to the specialist, they presented emotional and behavioral disturbances: anxiety, depression and attention deficit disorder... The best indication to reduce the anomaly is otoplasty, a quick and simple plastic surgery that presents excellent results. It is generally conducted between 7 and 14 years of age, when the ears already have reached their definite size... Adults can also undergo the operation, but because they have more rigid cartilage, there is a 15% risk of the problem returning” (*Revista Viva Saúde*, November 2004).

The “genetic malformation” is represented as a family trait that repeats itself, in essence locating blame in the parents’ genetic makeup rather than in societal norms, and consequently urging parents to take responsibility for their children’s appearance. The attentive parent, the magazine article suggests, will perform the “corrective” ear surgery as early as possible, to avoid the child’s emotional distress and guarantee better results. The risk of surgery is also underplayed, replaced instead by the risk of having an aesthetic problem that hauntingly returns, either as an adult medical condition or as a genetic marker. Plastic surgery is a “quick and simple” medical solution to these recurrent family anomalies, and the earlier the surgery is conducted, the lower the

possibility that a given family will be portrayed as different from the rest. As I argued in Chapter Two, ear and nose surgeries are very common in Brazil among upper-middle class families of Jewish and Arab descent that want to erase or attenuate “ethnic” traces that might mark them as un-Brazilian.

If plastic surgery capitalizes on the fear of difference in a country as racially diverse as Brazil, it is because underlying the ideal of *miscegenação* there is a clear impetus for producing a homogeneous, whiter nation. During a conference in Rio de Janeiro, a group of plastic surgeons explained to me that *miscegenação* is what gives plastic surgery so much appeal in Brazil, because it makes white women desire the “buttocks and breasts of black women,”⁵ while everyone else desires “European noses,” particularly *nordestinos* [Northeasterners] after moving to the “whiter” Southeast.⁶ While in this narrative white women are imagined as becoming “darker” through surgeries that sexualize their bodies, approximating the archetypal eroticized body of the mulatta, Northeasterners are imagined as becoming “whiter” through nose surgeries that diminish their recognizable visibility as rural immigrants and outsiders. The beautiful, homogeneous center of Brazilian *miscegenação*, in other words, is a whiteness tinged by the erotic excess of blackness, or a brownness that strives for whiteness. The deviation from the center occurs when the body is marked as dangerously moving towards mixture rather than away from it, as a plastic surgery resident explained to me,

⁵ My own research with plastic surgery patients showed these claims are inaccurate. Upper-middle class white women consciously try to distinguish their bodies from the body of the mulatta, considering it more buxom and naturally beautiful than their own (see Chapter 2).

⁶ The category *nordestino* is a quasi-ethnic category associated with poor rural workers in northeastern Brazil, and a highly negative stereotype used against rural immigrants coming into urban areas (see Albuquerque Jr. 1999; Caldeira 2000)

The mixture of races in Brazil left a lot of people with the wrong nose or ear. That is why people do surgery, to look like those beautiful people that mixed less, like [blonde models] Gisele Bündchen and Daniella Cicarelli. Sometimes whole families undergo nose surgery so that they do not have their father's nose.

Individuals and families who have a “wrong” nose or ear, therefore, must seek surgery to erase traces of the excessive ethnicity, which distances them from beauty. Plastic surgery complements the process begun by *miscegenação*, by providing everyone the opportunity to acquire the ideal physical features of “Brazilianness” that they are lacking. Those who “mixed less” are imagined as beautiful because they have predominant European ancestry, yet they still possess the hybridity essential for a genuine Brazilian identity. Another plastic surgeon claimed it was cultural and racial *miscegenação* that provided models like Gisele Bündchen a uniquely Brazilian appeal that white models from other countries do not possess, making “Brazilian women with German ancestry more beautiful and feminine than German women themselves.” Predominant African or Indian ancestry, however, is considered dysgenic and in need of further mixture or additional surgical intervention.

The eugenic interpretations of beauty embraced by doctors do not remain restricted to medical texts, but become part of Brazilian popular culture through the mainstream media. In 2007, the BBC Brasil website launched a special called “Afro-Brazilian Roots [*Raízes Afro-Brasileiras*],” which explored the genetic ancestry of several Brazilian black celebrities, including singers, political leaders, athletes and a model and actress, Ildi Silva. According to the DNA analyses performed by the Brazilian geneticist Sérgio Pena, from the Federal University of Minas Gerais, all participants

showed traces of all three “Brazilian races”: African, European and Amerindian.⁷ The most intriguing and publicized results were those of model and actress Ildi Silva, whose DNA analysis showed that despite being dark-skinned and identifying as black, she has 71.3% European ancestry, 19.5% African ancestry and 9.3% Amerindian ancestry (BBC Brasil, 05/29/2007). According to Sérgio Pena, these results show that “skin color is an inaccurate indicator for race,” because it represents such a small percentage of the human genetic code (BBC Brasil 05/28/2007). Even as the study denies the importance of skin color, however, it reifies race by assuming that there are distinct and quantifiable racial ancestries for each individual. As Priscilla Wald has pointed out, population genomics traces ancestry by assuming that certain genetic markers are stable representations of originary human populations, which are then problematically interpreted in the light of contemporary racial taxonomies, reasserting developmental narratives of human evolution (Wald 2006). In the case of the “hybrid muse”⁸ Ildi Silva, her “genetic mixture” was interpreted in the media as the ideal combination needed to craft a “perfect Brazilian woman” (*O Globo*, 09/25/09), one which could only arise from the “great alchemy of the races,” which endowed Ildi with green eyes, straight hair and “*traços finos*” [fine features] from her “predominantly European” side, and a brown skin tone from the mixture of black with Indian (*Plástica e Beleza*, 12/2009). Her beauty becomes

⁷ The reactions of other participants in the study emphasized other qualities besides beauty. The soccer player Obina understood his “dominant” African and Amerindian ancestry as proof of his “warrior” qualities (BBC Brasil, 06/01/2007), while the musicians Djavan and Sandra de Sá expressed pride that their musical abilities always displayed their “black veins” (BBC Brasil 05/30/2007) and the fact that they “carry so much of Africa within [them]” (BBC Brasil, 05/31/2007). The Franciscan friar and leader of the *movimento negro* [black consciousness movement], David dos Santos, was the only participant in the study who disagreed with the results, since he felt that by describing the participants as racially mixed rather than as black could delegitimize their “African origins,” and was thus a veiled attack against affirmative-action policies in Brazil (BBC Brasil, 05/31/2007).

⁸ “Hybrid muse” is the title of a song by the popular Brazilian songwriter Caetano Veloso, who allegedly briefly dated Ildi Silva and dedicated the song to her. Many articles describe Ildi Silva with this title.

a measure of successful *miscegenação*, where European qualities are subtly enhanced, but not overpowered, by black and Indian influence.

The relative success or failure of *miscegenação* does not rely merely on skin color, therefore, but on other physical characteristics that are highly racialized and gendered. The term *traços finos* [fine features], in particular, is a common but powerful figure of speech used in Brazil to describe facial features that are considered European, like a thinner nose and an angular face. The term is gendered as well, since it is most commonly applied to women rather than men. In an article from 2008 titled, “Beauty: Is perfection possible?” *Veja* magazine interviewed ten plastic surgeons about what constitutes perfect beauty, to conclude that although beauty varies from culture to culture, there are basic universal proportions that link beauty to the evolution of the human species. The article maintains that “in all eras” of human history, the ideal woman possesses “wide hips and full breasts,” representing her capacity to “procreate and feed healthy children,” while her “*traços finos*” [fine features] are indicative of “fertility and youthfulness” (*Veja*, 10/29/2008). Beauty is portrayed here as a sexualized female body destined for reproduction, but which would not be considered fully feminine if it did not possess European facial features. In another article titled “Doll Beauty,” which appeared in the popular science magazine *Mente Cérebro* [Brainy Mind] in 2007, beauty is described as an indicator of “good genes,” superior in the evolutionary scale, while ugliness is caused by the “*traços primitivos*” [primitive features] that belonged to “our ancestors.” The article claims that the preference for blonde women that look like “Barbie dolls” in countries like Brazil, where “*morenos* [the brown-skinned] predominate,” is none other than the search for the “genetic diversity” that will “reinforce

the immunological system of our offspring” (*Mente Cérebro*, 05/2007). The dysgenic *traços primitivos* [primitive traces] represent the opposite of the more desirable *traços finos* [fine features], and thus align blackness with the primitive, while establishing whiteness as aesthetically and biologically superior. The development narrative of beauty put forward by articles like these is embraced and reiterated by plastic surgeons, because it establishes plastic surgery as a eugenic enterprise in the service of evolution and progress.

“Harmonizing” Difference

While *miscegenação* is considered a fundamental Brazilian quality, and talk about racial and cultural hybridity is prevalent in everyday discourse, the topic of racial discrimination is taboo in Brazilian society. One of the pillars of Brazilian “racial democracy” is the belief that racism, unlike other countries with a history of slavery, does not have a place in Brazil. As Robin Sheriff argues, a widespread form of “cultural censorship” curtails talk about racism within Brazilian public discourse, and Brazilians thus put more emphasis on class difference instead as the main cause of discrimination in society. The utopian image of the country as racially harmonious is embraced by poor and wealthy alike who, even if they are aware that racism exists and have experienced it, value a non-confrontational, polite silence about the topic (Sheriff 2001). Attempts at instituting affirmative action policies based on race in Brazilian universities, for example, have been countered with accusations that affirmative action is itself racist because it produces a racially polarized, “bicolor” society and does not respect the indeterminacy produced by *miscegenação* (Kamel 2006). This cultural etiquette with regards to race

also structures discourses about beauty, which despite exhibiting a marked preference for whiteness, insist that the ideal Brazilian beauty is the product of *miscegenação*. Using figures of speech like *traços finos* [fine features] to describe desirable “European” facial features is not considered discriminatory, but a straightforward description of aesthetically superior characteristics. Another common figure of speech is the phrase *cabelo ruim* [bad hair] used to describe afro-textured hair, and which preemptively qualifies it as aesthetically undesirable. Valuing racialized physical characteristics positively or negatively is not considered racially prejudiced because one of the “wonders” of *miscegenação* is that people any color can possess those qualities – there are light-skinned people with *cabelo ruim* and dark-skinned people with *traços finos*. Beauty can be found in any skin color. Thus, the language of beauty disassociates race from the aesthetic hierarchies it produces, and at the same time devalues any traces of ethnicity that stray from whiteness, with the exception of skin color itself.

Scholars have described the color classification system in Brazil as “fluid” (Sansone 2003), “ambiguous” (Telles 2001) and “multiple” (Fry 1995/1996), because *cor* [color] is a highly contextual and situational category. In Brazil, color is a continuum rather than a set of fixed categories, and it is interpreted according to individual characteristics, not familial descent, making it possible for members of the same family to “belong” to several different colors. Additionally, people use different color descriptions for others depending on the intimacy of their relationship: a dark-skinned man or woman might be described as *moreno/a* [brown] by acquaintances, since it is the more polite term to use, but can be described with the term of endearment *neguinho/a* [diminutive for black] among family members or close friends (Sheriff 2001). The term

neguinho, however, would be interpreted as derogatory if it comes from a stranger. Even official census data about Brazilian racial demographics is disputable, because respondents have negative connotations about the category used by the government for mixed-race/brown (*pardo*),⁹ and census takers themselves tend to “whiten” individuals according to their economic status or level of education (Telles 2001). If asked to self-identify, most Brazilians prefer the more inclusive term *moreno*,¹⁰ which ranges from *moreno de praia* [beach brown, used for individuals who are light skinned but have a beach tan],¹¹ to *moreno escuro* [dark brown, used for many varieties of dark skin]. One of the main proponents of racial democracy, Gilberto Freyre, claimed that this national preference for *morenidade* [brownness] was proof that Brazilians did not give importance to skin color, and instead sought to craft a Brazilian “metarace” that transcended race (Freyre 1974). Critics of racial democracy counter that despite the fluidity of color in Brazil and the celebration of *morenidade*, it does not preclude a valuation of whiteness over blackness.

I want to make a slightly different critique here by arguing that the perceived fluidity of Brazilian color classifications is a product of the default comparison with Euro-American racial understandings. As Peter Fry has argued, many foreign scholars

⁹ When Brazilians are asked to choose from the five official categories provided by the government census, 59 percent identify as *branco* [white], 38 percent identify as *pardo* [racially-mixed/brown], 6 percent identify as *preto* [black], and one percent identify as *amarelo* [yellow] and *indígena* [indigenous] (Owensby 2005). The term *pardo* has the connotation of a much darker skin color than *moreno*, which is more ambiguous and inclusive.

¹⁰ When Brazilians are asked to self-identify in their own terms, they use more than a hundred different words and combinations, but roughly 52 percent use terms associated with the word *moreno* [brown], 39 percent use terms associated with the word *white* [branco], and 8 percent use terms such as *preto* or *negro* [black] (Owensby 2005).

¹¹ As Patricia Farias has argued, Brazilian beach culture in cities like Rio de Janeiro devalues individuals who are excessively pale, described by the term *branquelos*, because it is considered a sign of being un-Brazilian – either because the person is a foreigner, or does not possess the leisure time to frequent the beach (Farias 2002).

writing about racism in Brazil presume that racial democracy is a form of false consciousness, and use terms to describe race and color that are not analytically neutral. This type of analysis, Fry claims, problematically projects a binary black-and-white model as the ideal future of Brazilian racial politics (Fry 1995). I agree with Peter Fry, but believe he did not go far enough in questioning his own analytical lens. By putting emphasis on the apparent “fluidity” or “multiplicity” of color classification in Brazil, in contrast to more “solid” ethnic identities elsewhere, scholars of race can potentially make the reverse error of aligning themselves with Gilberto Freyre’s celebratory portrayal of Brazilian exceptionalism. Gilberto Freyre sought to portray Brazilian racial hybridity as the mirror opposite of American segregation, crafting a narrative where Brazil emerges from the conviviality and erotic encounters between the races. Caught up in the debate about whether “racial democracy” is an ideological myth or a lived reality¹², much of the scholarship about race in Brazil has become politically invested either in proving that a color line indeed exists under the indeterminate surface, requiring a U.S.-style racial politics, or that fluid perceptions of “color” are not based on phenotypical but rather socioeconomic evaluations, requiring a form of economic justice that attains the convivial harmony imagined by Freyre. In my opinion, however, the mechanisms of Brazilian raciology are structured by neither a hidden color line, nor by an unfulfilled conviviality. Instead, race/color in Brazil comes into being through the aesthetic evaluation of individual physical characteristics, producing a matrix of power that is not fluid and unpredictable, but surprisingly stable. *Traços finos* [fine features] are valued as the ideal prototype of beauty, *orelhas de abano* [fan-shaped ears] are invariably described as a

¹² For more on the debate about U.S./Brazil comparisons about race, and the question of how racial categories are translated across borders, see French (2003).

defect or deformity, and *cabelo ruim* [bad hair]¹³ is branded as undesirable by the very virtue of its name. The scholarly emphasis on the category *cor* [color], assumed to encompass all physical characteristics, ignores the ways in which other features have been historically established as reliable markers of difference.

Aesthetic evaluations racialize features by associating them with positive or negative genetic heritage. Physical characteristics are naturalized as inheritable traits that are present in some populations and regions of Brazil more than others, producing an imaginary about a national geography of beauty. The southern regions of the country, for example, are characterized as having had a much larger influx of European immigrants, which according to a modeling scout, explains why more teenage fashion models are “discovered” in this region than in others:

Like any other location in Brazil, one finds centers of *miscegenação*, and in the South the concentration of Italian, German, Polish and other ethnicities is particularly strong, which then mix with the Brazilian and reveal many beauties every year... Talking about genetics, the [Southern girl] has a strong link to the *traços europeios* [European features] desired in the international market, but we cannot discount that Brazilian beauty found in other Brazilian states is also successful here and abroad (*Globo.com*, “Menina Fantástica” 12/16/2009).

Again, we can see how the logic of *miscegenação* imagines Brazilian beauty as a mainly European inheritance that becomes slightly nationalized through mixture, yet still retains the desirable *traços europeios* [European features] that translate into a valuable, gendered appearance. In contrast, *orelhas de abano* [fan-shaped ears] are portrayed as a problem mostly suffered by the *nordestinos* [Northeasterners] of Brazil (Caldeira 2000). A plastic surgeon was so concerned about the frequency of this “pathology” in his native state of

¹³ The fact that the Brazilian *movimento negro* [black consciousness movement] puts great emphasis on revaluing afro-textured hair shows that bodily aesthetics are increasingly being recognized as a form of racial politics, and indicate a possible direction antiracist activism could take in Brazil (see Fry 2002; Gomes 2006).

Ceará (located in the Northeast), that he founded a philanthropic project called *Plástica na Escola* [Plastic Surgery at the School], which offered free ear surgery to children from public schools with the financial support of several private companies (*Diário do Nordeste*, 09/30/2007). Without this surgery, the surgeon explained, these children would suffer severe developmental problems and not reach their potential. Relying on the portrayal of children as symbols of the future (Edelman 2004), girls with “European features” are represented as valuable genetic potential for Southern Brazil, while in the Northeast children’s aesthetic differences are pathologized as a problem that causes developmental stagnation (for more on children’s futures, see Chapter 5).

A raciological analysis of plastic surgery can be particularly illuminating about the mechanisms of racialization in Brazil. Plastic surgery atomizes body parts into separate units, distinguishing skin color from other racialized characteristics. Scholarly analyses of race in Brazil frequently conflate skin color with other physical characteristics, portraying the category *cor* [color] as an interpretation of a person’s overall physical appearance. In my research, however, I came to understand that certain physical characteristics possessed their own racialized characterizations, independent of the person’s color. For example, plastic surgery patients who are diagnosed as having a *nariz negroide* [negroid nose] are not always classified as *negros* or *pretos* [black]. In fact, it is more common to classify these patients as *morenos* [brown] or *brancos* [white], and then justify the surgery as correcting the fact that the patient has the “wrong” nose. During a nose surgery of a teenage girl at a public hospital in Rio de Janeiro, a plastic surgeon explained to me why the surgery was necessary:

This girl has the typical Brazilian beauty, except for the nose. She is *morena* [brown], a product of *miscegenação*. She wanted to correct not only the shape but also reduce the width of the nostrils... but it would create a scar and appear artificial. The negroid nose is very common in the Brazilian race.

The plastic surgeon evokes the category *morena* as the “typical” beauty in Brazil, and thus as the ideal center of racial mixture. The patient’s nose, however, which is also a “common” product of racial mixture, is portrayed as a problem needing correction. Rather than an aspect of hybrid beauty, the “negroid nose” becomes an exception to *morenidade* [brownness] that dangerously darkens the body as a whole. The patient herself did not use the medical term “negroid nose,” but the more familiar *nariz achatado* [flattened nose], considered aesthetically displeasing and inferior to thinner and pointier noses. The patient and her mother explained to me that the girl was made fun of at school, and the “right” nose would provide her with better opportunities in the future, but they did not specifically mention race.

Plastic surgeons are very careful to represent the surgery they perform not as a deracializing procedure, but as a subtle transformation that will hide its artifice and will bring “harmony” to the patient’s features. In all cases, they insist, a patient’s essential racial characteristics must be respected. At the same time, however, they are unclear about what represents a patient’s essential racial characteristics, since everyone is imagined as racially mixed. On their personal website, for example, two plastic surgeons explain the role of *miscegenação* in producing the “Brazilian’s nose”:

It is not a novelty to us Brazilians that we are the product of the combination of three basic races, and because of that it becomes so complicated to know our own *cor* [color]... It is a history of unimaginable mixture among our ancestors... To perform a rhinoplasty in this situation of *miscegenação*, the plastic surgeon must take into account the nuances of individuality and harmony in relation to the expressed desire for change... A technical evaluation of the races shows that the

skin of the *negro* tends to be thicker... *afro-descendentes* [descendants of Africans] have more delicate nasal cartilage, larger nostrils and the lack of a nasal dorsum... We must preserve the facial physiognomy, the personality and the primordial ethnic characteristics. (BGnews, 03/2006).

We can sense a certain tension in this discourse, one that portrays racial mixture in Brazil as “unimaginably” pervasive, making color indeterminate, yet also calls for respecting “primordial” ethnic characteristics. Black skin is portrayed as more difficult to operate on, and the black nose is pathologized as a delicate, imperfect structure that needs special care from the plastic surgeon. Rhinoplasty, however, is able to “harmonize” the patient’s nose with the remainder of his or her features, imagined as more mixed and thus more perfect. The doctor’s expertise is called upon to decide what kind of harmony the patient requires, which will preserve the patient’s basic physiognomy at the same time it transforms his or her features. As another surgeon explains, nose surgery “moderates the more marking features the patient dislikes, yet never makes a black person look Caucasian, or vice-versa” (*Plástica & Beleza*, 07/2001).

Within the Brazilian medical community, nonetheless, there is considerable disagreement about what constitutes an appropriate surgical correction of the “negroid nose,” and how to measure the results. This task is made more difficult, according to a paper published by surgeons from the Federal University of São Paulo (UNIFESP), by the fact that this type of nose “shows accentuated anatomical variations, due to the great racial miscegenation” that exists in Brazil (Hochman et.al. 2002: 258). Attempting to establish definitive “objective” parameters for this surgery, the UNIFESP’s surgeons conducted a detailed anthropometric study of eleven female patients with “negroid nose” at the university’s hospital. Of these patients, two were described as having *cor branca*

[white color], five as having *cor parda* [brown color] and four as having *cor negra* [black color], confirming that color is indeed considered distinct from other racialized physical characteristics. The article explains that nine ideal anthropometric standards (most of them angle measurements) were developed by analyzing enlarged digital photographs of all eleven patients, taken from three different perspectives before and after the surgery. The patient whose photographs were chosen to illustrate these nine ideal measurements in the published article, however, is a dark-skinned patient probably classified as *negra* in the study, and placed next to racialized illustrations that resemble Lambrosian criminology depictions in their effort to exaggerate facial features (see Figure 4.1).

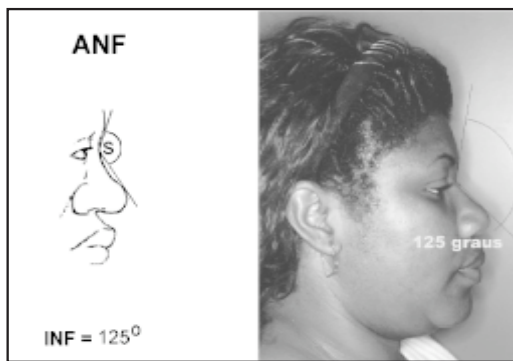


Figura 6 - Ângulo Nasofrontal.

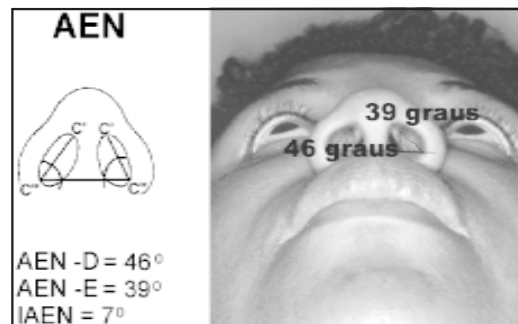


Figura 9 - Ângulo do Eixo da Narina (Direita e Esquerda) e Índice de Assimetria dos Eixos das Narinas.

Figure 4.1 – Illustration from *Acta Cirúrgica Brasileira* (Hochman et. al. 2002: 262), reproduced under a creative commons license.

Significantly, though, the photographs of this particular patient after the surgery are never shown. Instead, at the end of the article we are shown the “before” and “after” photographs of a lighter-skinned patient, who represents the successful transformation from a non-black patient with an inaccurate “negroid nose,” to an ideal *morena*. The ideal patient to be “harmonized” by plastic surgery is imagined as the one who already

benefitted from *miscegenação*, and can thus meet the plastic surgeon halfway in his fantasy of whitening the nation through surgery.

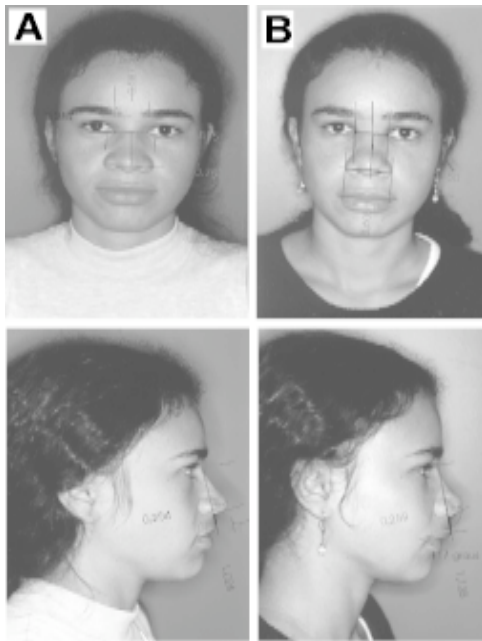


Figura 12 - Comparação de fotogrametrias nasais computadorizadas (posição anterior e de perfil direito). A - pré-operatório; B - pós-operatório.

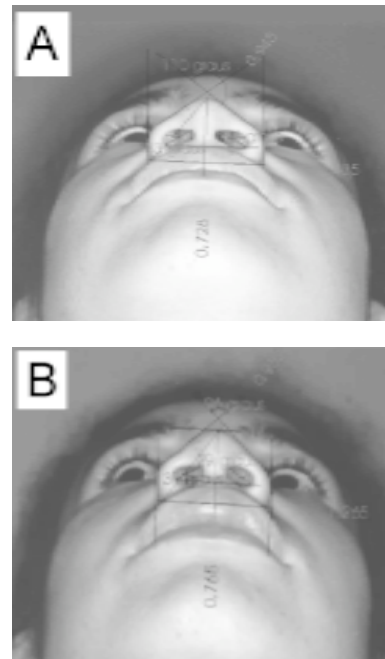


Figura 13 - Comparação de fotogrametrias nasais computadorizadas (posição basilar). A - pré-operatório; B - pós-operatório.

Figure 4.1 – Illustration from *Acta Cirúrgica Brasileira* (Hochman et. al. 2002: 263), reproduced under a creative commons license.

The Social Life of Implants

Plastic surgery's reliance on anthropometry to measure physical differences demonstrates its close relationship to Neo-Lamarckian discourses. The visualization and measurement of bodies allows doctors to naturalize their preconceptions of ideal physical types as “objective” medical analyses. These measurable bodies are most commonly the bodies of women and children, portrayed as carriers of important genetic value for the nation, either as mothers or as future citizens. Plastic surgery is concerned not only with individual patients but also with public health, allowing doctors to portray their work as

improving the population as a whole. As the director of a residency program in aesthetic medicine explained to me,

No one is a guinea pig here. [We] provide for the wellbeing of the population, help with their self-esteem, and promote their inclusion in society... Appearance is one of the preponderant factors for individual success. Patients arrive with a lowly physiognomy, but leave with another perspective, exhibiting radical changes.

These doctors do not simply craft a discourse of humanitarianism in order to justify their practice; they believe that it is their duty to provide beauty to the unfortunate individuals who are deprived of it and to promote social inclusion through surgery. The appearance of the patients defines their social worth: their poverty and suffering is epitomized by their “lowly physiognomy,” while beautification is portrayed as a source of upward mobility and success. Like Neo-Lamarckism before it, plastic surgery understands physiognomies as revealing a person’s character and health problems, and therefore improving a person’s physiognomy is concurrent with improving their health, personality and outlook on life.

As a discourse of improvement, beautification inevitably produces an image of its negative opposite, ugliness, which in Brazil takes threatening overtones. This became clear to me at the 14th International Scientific Congress of Aesthetics, taking place in Rio de Janeiro on August of 2006, where there was a special presentation about a new laser machine that was advertised as the latest breakthrough to treat skin imperfections, including acne, sunspots and under-eye shadows. The doctor who was giving the presentation to an audience of doctors, physiotherapists, nurses, aestheticians and a lone anthropologist chose very intriguing language to describe the benefits provided by the laser treatment:

The face of the patient becomes homogenized and illuminated, and we recognize her as beautiful. The nose and lips appear *afinados* [thinner]... With this machine, I can produce beauty from technique. One of my patients even cried, and we all got really emotional about the results... The illumination transforms people's unconscious perceptions of the patient, making her less of a threat. Now everything will go well with her boyfriend or at work... If the face becomes illuminated it becomes beautiful, because it is no longer a threat to the unconscious.

If the laser treatment is able to “illuminate” the face of the patient, it is because she was somehow darker or under a shadow before. If the treatment makes the nose and lips appear “*afinados*” [thinner], the patient was not previously perceived as having *traços finos* [fine features]. Without naming blackness directly, the presenter evokes it as a threat to beauty and thus to a person's happiness. Blackness, the presenter seems to be implying, is unavoidably frightening as a “threat to the unconscious.” Despite the fact that the laser machine could not really provide whiteness to potential patients, the presenter instrumentalized a subtly racialized discourse to capture the imagination of his audience. Trying to differentiate it from the competition, he portrayed the laser machine as capable of radically altering people's appearance and transforming their lives, and he assured us this would guarantee high profits for anyone who bought the product. The audience's reaction seemed to confirm that the presentation struck a cultural nerve, producing very positive impressions about the machine.

Within the Brazilian beauty market, there are hundreds of other machines and aesthetic treatments that promise to produce beauty without the need for surgery. These machines and treatments are constantly advertised in magazines and television shows as the latest “modern technologies” about which conscious consumers should be aware. As a dermatologist explained to me, many of her clients already come to her inquiring about

a given technology that they have heard about in the media or through a friend, making it essential that her medical practice always be equipped with the latest innovations.

Doctors and other health professionals who are not trained in plastic surgery, but who are still interested in selling beauty to their patients, learn how to employ these minimally invasive techniques, which can be carried out in the consultation room rather than in an operating room.¹⁴ Many plastic surgeons are bothered by this “intrusion” of other medical specialties into the science of beautification, and insist that lasting transformations can only be accomplished through surgery. Other plastic surgeons, however, perceive this expansion of the beauty market as an opportunity to sell their innovations to a much larger pool of health professionals and patients. Minimally invasive techniques replace a doctor’s surgical skill with the technological proficiency of a machine or implant, usually backed by a scientific explanation that provides the logic behind the technique’s power. For example, “carboxytherapy” machines that inject carbon dioxide under the skin are described as a groundbreaking treatment to eliminate cellulite, by stimulating collagen production; “ultrasonic lipo” machines are advertised as able to use high-energy ultrasound to break down abdominal fat, which is then eliminated through the patient’s urine; and “Bulgarian threads” are marketed as enabling facelifts and nosejobs in few minutes, by inserting elastic threads under the skin to lift and reshape a person’s features. Each of these techniques has several competing companies producing the machines or implants needed for the procedure, and struggling to produce

¹⁴ These various techniques are today grouped under the rubric “aesthetic medicine,” which has acquired quite a large following amongst Brazilian doctors, as well as other health professionals. Many minimally invasive treatments do not require a doctor’s degree, and thus can also be employed by physiotherapists, nurses and aestheticians. The Brazilian Society of Aesthetic Medicine defends the interests of this heterogeneous group of health professionals, and is constantly feuding with the Brazilian Society of Plastic Surgery about which procedures should be carried out by which specializations.

narratives that will convince doctors and patients to adhere to their product rather than others.

As I argued above, subtly racialized narratives are the most successful in producing positive impressions about a technique, because they associate beautification with eugenic improvement. As perhaps the most profitable innovation developed in Brazil, *bioplastia* is a clear example of the lasting legacies of eugenic thinking, given its advocates claim it can radically modify a person's features. A doctor in aesthetic medicine whom I interviewed showed me a series of pictures of white celebrities, and argued that anthropometric measurements proved that their faces all shared certain angles and proportions. These features, he argued, correspond to the Western standard of beauty that "everyone desires." The inventor of *bioplastia*, Dr. Almir Nácul, describes the technique in a similar fashion,

Common characteristics found amongst the most beautiful Western women, like more prominent cheekbones, a defined jaw line and a small depression on the cheek (the blush effect)... are well known in the fashion industry and in marketing, becoming the guideline for any woman who wants to become more beautiful. For men, these characteristics are a more defined and square jaw line. Whatever the desire of the patient, a doctor can redesign a face after studying in detail its constitution, restoring the equilibrium of harmonic lines and enhancing a previously hidden beauty (Nácul 2005: 49-50).

The text is accompanied by "before" and "after" pictures of men and women who are "redesigned" by *bioplastia* by gaining sharper and squarer features. Since the narrative states that the patients portrayed in the "after" pictures have attained typical "Western" beauty, the "before" pictures are racialized as non-Western. The desirable "harmonic lines" not only approximate Brazilians to an idealized "West," but also rejuvenate them by "recovering the definition of features" lost in the aging process (Nácul 2005: 50).

Additionally, patients can choose to increase the size of several other body parts, including breasts, buttocks, muscles and even the penis,¹⁵ and can actively participate on their own “reengineering,” because they remain awake during the surgery (Nácul 2005: 25). Given all its benefits, the author claims, *bioplastia* is an “evolution” in plastic surgery that has “come to stay” (Nácul 2005: 14).

Advocates of *bioplastia* usually portray the critiques about the technique as the typical resistance that any revolutionary scientific idea encounters. They claim that PMMA is a substance that is one hundred percent “biocompatible” with human tissue, because the molecules of PMMA are too big to be decomposed by white cells, thereby producing a controlled inflammatory reaction that generates collagen around each molecule of PMMA. Since it is not absorbed by the organism, *bioplastia* is able to provide permanent transformations to a patient’s features, unlike other injectable substances whose effects are merely temporary (Nácul 2005: 37). Detractors of the technique point out that the very permanence of *bioplastia* is problematic, since it cannot be removed if the result is unsatisfactory or if a negative reaction occurs. Although in most cases the inflammatory process stops at this microscopic level, there are common complications where it produces bigger, visible nodules. Additionally, if the compound obstructs a blood vessel it can lead to chronic edemas, blindness (when applied in the periorbital area) or even the necrosis of affected tissues, and there are no long-term studies about the safety of the product in humans. A study with rats conducted by the

¹⁵ The notion that an injection can reshape a human body without requiring surgery is seductively familiar in Brazil, because *travestis* [transgendered prostitutes] have been using liquid silicone injections to feminize their bodies for decades (Kulick 1998). Unlike the case of *travestis*, however, where injections are performed informally, usually by peers and at home, *bioplastia* is performed by doctors in consultation rooms and sanctioned by the medical system.

University of Brasilia, which determined that the compound can migrate to the kidneys and liver and cause health problems, garnered extensive media attention and gave more visibility to patients who were permanently disfigured or blinded by *bioplastia* (*O Globo* 04/15/07). The laboratories that produce PMMA, however, claim that their product is completely safe if it is properly used, and blame badly trained doctors or adulterated substances for mistakes. They have also produced counter-studies in rats to show that the compound does not migrate to other parts of the body. The Brazilian Federal Council of Medicine (CFM) issued a warning about the technique in 2006, asking doctors to be aware of its unknown long-term effects, and inform patients about “fantastic and exaggerated” advertisements about *bioplastia*’s ability to transform the body (CFM communication, 17/03/2006). Despite the warning, the CFM allowed the practice to continue.

Later in the same year, during a plastic surgery conference in Rio de Janeiro, a plastic surgeon and member of the CFM gave a talk about an extensive reconstructive surgery he had to perform on a patient who lost half of her nose and right cheek to necrosis after a dermatological application of *bioplastia*. The patient had undergone *bioplastia* applications ten years earlier with no complications, but this time she suffered an intense immuno-allergic reaction that led to a large loss of tissue. She required several surgeries to correct the damage but was left with an extensive scar on her face nonetheless. The surgeon asked, “*Bioplastia* was a consecrated technique, what happened here?” When I interviewed this surgeon, he confirmed that there are several dozen similar cases of necroses, but the question remains whether the error is in the product itself or the applicant. Given the quantity of people who have undergone the

procedure, he argued, condemning the technique could lead to widespread public commotion and an avalanche of lawsuits. The doctor also said that, despite all the hesitations he has about the technique, he is against prohibiting it because of its important reconstructive applications for the treatment of lipodystrophy in HIV-positive patients.¹⁶ A few months later, I heard the same surgeon recommend the technique to his students, calling it a “formidable tool” that does not yet have an equivalent in plastic surgery. From a Latourian point of view, *bioplastia* is a controversy that paradoxically refuses closure, either in one direction or another. The human body is an actor within this scientific network that continuously refuses to be recruited as an ally of PMMA, showing time and again that the substance is not as “biocompatible” as it is portrayed by advocates. Despite the relative frequency of these “errors” that generate enormous suffering for patients, doctors insist on the technique because, when it succeeds, it promises them “formidable” powers to transform a person’s features.¹⁷

As a response to the mounting critiques, the Fifth Global Conference on Aesthetic Medicine that took place in June of 2008 in Rio de Janeiro featured two panels and a keynote lecture dedicated to *bioplastia*. In front of their peers, doctors from several disciplines (many of whom work as “consultants” in the laboratories that produce PMMA) strongly defended the technique, claiming that there were more than a hundred studies proving its safety and more than a million satisfied patients to date. Occasional

¹⁶ Lipodystrophy is a condition caused by anti-retroviral HIV medications, characterized by the loss of subcutaneous fat. Since 2005, the Brazilian universal health care system has covered this treatment for HIV patients (*Agencia Saúde* 01/23/2009).

¹⁷ I interviewed a patient who ended up with a “square face” and several nodules on her face after a *bioplastia* treatment, and each time she went back to the doctor for corrections the outcome just worsened. She described the experience as “horrifying,” and she was unable to find a surgeon able or willing to undo the treatment. I also saw another patient who lost her entire upper lip after a *bioplastia* injection, and she had to undergo an extensive reconstructive surgery that required the surgeon to fuse her upper and lower lips in order to graft new tissue onto the missing upper lip.

complications, they argued, are inherent in any medical treatment. The “concerted campaign to tarnish the product” was a consequence of the threat *bioplastia* represents to conventional plastic surgeons, unwilling to admit their techniques are outdated. Presenters passionately argued that, despite any risks, to turn one’s back on *bioplastia* would be to renounce to one of the most powerful advances in medical history. Injectable implants, a plastic surgeon claimed, were a “phenomenal weapon that aesthetic medicine possesses... a dream of defeating all afflictions... [by] completely modifying bodily structures.” Using *bioplastia*, another claimed, the surgeon is “transformed into a sculptor” who can “make the ugly beautiful... transforming shadows into light and creating points that illuminate the face.” The doctor’s power to dispel darkness and ugliness from a patient’s features was not simply rhetorical, however, but was confirmed through the “before” and “after” pictures documenting the transformations of patients. By altering the angles and proportions of the chin, cheekbones and nose, doctors explained, the “facial volume” of the patient was made to resemble those of fashion models and other international beauty icons. The angle of the “negroid nose” in relation to the forehead, for example, could be altered from thirty degrees to ninety degrees with *bioplastia*, making it appear less wide without the need for surgery. The “improvement” of the patients, therefore, was not a subjective evaluation, but a measurable fact verified through anthropometry.

The narrative about *bioplastia* relies on the audience’s pre-established perception that only certain features are aesthetically desirable, and thus the power to engineer those features on the human body can only be interpreted as medical progress. Despite the claim that *bioplastia* gives more agency to the patient by allowing him or her to remain

awake and provide the surgeon feedback during the injections, surgeons have a very fixed idea of which physical characteristics produce beauty and which produce ugliness. For example, a doctor at the *bioplastia* panels claimed that the facial characteristics of all patients could be grouped and managed according to the four different temperaments: phlegmatic, choleric, melancholic and sanguine. He argued the last three should be enhanced, respecting the patient's temperament, but the phlegmatic, he warned his audience, represents the "features of the poor, with a round face, drooping eyes, retracted chin and general weakness... assassins have this type of face, and our society has no place for it." Poor immigrants from northeastern Brazil are the ones usually associated with a "round face," and it is no coincidence that the surgeon is attributing them a criminality that he believes can be easily read on their features – Brazil has a long legacy of using Lombrosian criminology to stigmatize underprivileged groups (Caldeira 2000). Recognizing the characteristic *rosto de bandido* [face of a criminal] is portrayed as a crucial survival mechanism in order to avoid danger in urban settings.¹⁸ Beautification becomes a eugenic enterprise when these stigmatized physical characteristics are portrayed as unacceptable within Brazilian society as a whole, and there is a medical impulse to excise them from the social body. By pathologizing and treating ugliness, plastic surgeons become guardians and purveyors of an aesthetic moral economy where beauty is the paramount form of capital, and ugliness is the paramount source of abjection.

Medical standards of beauty, therefore, reflect and reify the existing socio-economic order within Brazil. The physical characteristics associated with more

¹⁸ Racial profiling is very common in daily interactions on the street, particularly in the ways private security and police target poor black youth as being always-already suspect.

“European” phenotypes, which are highly valued as beautiful, are also more prevalent in the upper-middle class. In contrast, the features associated with an “ugly” criminality are those that are prevalent among underprivileged and excluded racial groups. This social hierarchy based on aesthetics is not exclusive to Brazil, but can be found in many other countries, particularly other Latin American nations that share a similar history with Brazil. The ideal of *miscegenação* found in Brazil shares many similarities with narratives of *mestizaje* throughout Latin America, chiefly their celebration of racial mixture as a conduit for improving and perfecting the population. Based on Nancy Leys Stepan’s argument that Neo-Lamarckian eugenics was a scientific logic that gave rise to both *miscegenação* and *mestizaje* (Stepan 1991), I believe that this shared history also explains why technologies of beautification that claim to radically modify the human body resonate widely beyond Brazil’s borders. In his keynote lecture at a conference, Dr. Nácúl proudly expressed that he has been invited to give lectures and teach *bioplastia* in Ecuador, Venezuela, Mexico and Puerto Rico. Additionally, many surgeons from other Latin American countries come to learn the technique in his clinic, known as the *Centro Mundial de Bioplastia* [World Center of Bioplastia], located in the city of Porto Alegre. The narrative of improving patient’s features through *bioplastia* and other plastic surgeries easily translates into other contexts where more “European” phenotypes are valued as the beauty standard to which everyone must aspire. I deem these new transnational biotechnological networks, therefore, as informed by a common Neo-Lamarckian framework. Biotechnologies might indeed be novel forms of biopower, but they traverse along axes of power that long predate them.

For instance, at another conference in Rio de Janeiro, a Bolivian plastic surgeon presented her “treatment” of the “Andean nose,” which she explained had not been studied as carefully as the “negroid nose” and required its own specific approach. Showing a picture of the Bolivian president Evo Morales, the surgeon claimed this type of “wider nose” was a result of evolution, due to the low levels of oxygen at a high altitude. Although she valued the adaptive, Neo-Lamarckian abilities of indigenous Andean populations, she still valued the aesthetic values of *mestizaje* over the “Andean nose,” diagnosed as a problem to be corrected. The surgeon took for granted that a thinner nose was more desirable aesthetically, and went on to describe how injectable implants had to be combined with extensive nose surgery to produce a more pointy nose with more slender nostrils. The “before” and “after” pictures showed patients with lighter skin than Evo Morales, on whom the elimination of the “Andean nose” was imagined as approximating them to a *mestizo* [mixed-race] ideal, and distancing them from the stigmatized indigenous populations. The Neo-Lamarckian impulse to improve the population by “whitening” it is clearly as strong in the Bolivian discipline of plastic surgery as it is in its Brazilian counterpart. One can see a similar impulse to “correct” certain facial features on the websites from clinics from all over Latin America, specially those celebrating the power of *bioplastia* to “give us complete control over the structures of the face, allowing us to accomplish true art... on the human face” (*Centro Paraguayo de Bioplastia*, retrieved on 02/02/2010). The meanings and values *bioplastia* takes in different contexts probably vary according to the specific dynamics of race-thinking relevant to each country, but they share the impulse to create more homogeneous, whiter nations.

Another characteristic common to the Latin American region is its concern with beauty pageants, and the role plastic surgery plays in those events. Plastic surgery is not only permissible in beauty pageants nowadays, but practically a requirement. It is not uncommon for agents and managers of beauty contestants to recommend that they get certain plastic surgeries to achieve the desired features and measurements required to win the title. In fact, it is one of these managers who made an agreement with Dr. Nácúl to “create a factory of Misses in Rio Grande do Sul, similar to the one that exists in Venezuela, the country that is the leader in the number of Miss Universe titles” (*Veja*, 12/13/2000). At the keynote lecture I mentioned earlier, Dr. Nácúl proudly declared that seven of his former patients went on to win the title of Miss Rio Grande do Sul, and three of them eventually became Miss Brazil as well. The beauty he is able to produce, in other words, is confirmed by national and international beauty contests, which are valued in wider society as events that determine ideal feminine standards. If beauty contests construct femininity as a symbol of national belonging, plastic surgery produces this femininity as perfectible and a quality that can be achieved. Today, beauty pageants are perceived in Latin America as a measure of which women can be improved upon more successfully, rather than as measures of natural beauty. In the next chapter, I will analyze how beauty pageants and other media events construct beauty as a source of upward mobility, social improvement and gendered citizenship in Brazil.

Chapter 5 – The Hopeful Labor of Beauty

Learning to Dream

In one of Rio de Janeiro's most famous favelas, *Cidade de Deus* [City of God], teenage girls walked up and down a makeshift catwalk in the community's small basketball court for their bi-weekly lesson in the local modeling school, called *Lente dos Sonhos*, or Dream Lens. I observed them from the bleachers, sitting next to the girls' mothers and other curious passersby that had gathered to look at the girls and cheer them on. Their teacher, a young model from the community called Gisele, gave the girls tips on how to sway their hips as they walked on high heels. She demonstrated how to pose twice at the end of the catwalk, looking ahead at imaginary cameras taking their pictures, before twirling around and walking back. Some girls looked nervous and self-conscious, obviously uncomfortable about being the center of attention, while others carried themselves with confidence and contained excitement, taking the class very seriously and professionally. I asked one of the girls' mothers sitting next to me why she enrolled her daughter in a modeling class, and she answered that many people had commented on her daughter's beauty and encouraged her to try out for modeling. "Who knows," she said with a gleam of hope in her eyes, "she might get lucky and get discovered, then she can make a career out of this and guarantee her future." The modeling school allows the girls to practice becoming a model and thus "produce"¹ the beauty her mothers hope will become a real source of income in the future. Beauty is not seen as an inherent quality of

¹ In Portuguese, the verb *se produzir* [to produce oneself] is used to describe the process of embellishment through makeup, hairdo, clothing and physical performance. To be *produzida* [produced] is to have accomplished beauty through labor on the body.

the body, but as something that can be practiced, learned and improved. There is hopeful anticipation in every step these girls rehearse, because it means incorporating a gendered performance associated with success and upward mobility.

The hope that beauty can take a girl out of poverty resonates in very powerful ways within Brazilian society. Narratives of upward mobility through beauty are interwoven throughout diverse forms of media – from journalistic accounts of recently “discovered” models, to the carefully crafted storylines of soap operas and beauty pageants. As the name “Dream Lens” suggests, it is through the lens of a camera that a girl’s unrealized potential is thought to be able to blossom into tangible success. The media’s fascination with the millionaire contracts for Brazilian models who strut the catwalks in Milan, Paris or New York produces these women as admired icons of a valuable femininity that is exported from Brazil to the whole world. Beauty, however, is understood as having essential value within national and local circuits as well. The founder of Dream Lens, the photographer Tony Barros, acknowledged that very few girls who took the modeling course would actually make a living from modeling. For him, though, teaching the girls to value their own beauty was a source of motivation and self-esteem – for themselves and for the community as a whole. Learning how to “take care of themselves” would lead to job opportunities in areas where appearance is fundamental, like the beauty industry and receptionist jobs. He believed the modeling school rescued these girls from prostitution or from becoming pregnant at a very young age, because it gave them something to look forward to. In this way, beauty was seen to fundamentally change their lives. After working with Dreams Lens, Tony said, girls were recognized in their community as “models”: an identity that was met with admiration and respect. He

portrayed the girl's beauty work as a transformation in subjectivity that changed forever how everyone viewed these girls, particularly how they viewed themselves. Beauty produces hope in a context where there is little else to hope for.

I define hope as the affective longing for opportunities of self-realization. As Ghassan Hage argues, it is society that provides social significance to life pursuits, and thus any given society has the capacity of producing and distributing hope amongst its members. For Hage, a "decent" society ought to generate equally meaningful forms of "societal hope" for all its members (Hage 2003: 16). In capitalist society, however, hope is distributed in a highly unequal fashion, through two very powerful mechanisms. On the one hand, the nation-state provides hope through identification with the State project, giving citizens the opportunity to belong to something larger than themselves. On the other hand, capitalism allows all individuals to experience the possibility of upward mobility, despite the massive inequalities on which capitalism depends (Hage 2003: 13). As post-Fordist capitalism renders these hopes more fragile, by undermining the role of the State as guarantor of the population's general welfare, individuals take to "magical means" that still produce hopefulness in the face of uncertainty (Hage 2003: 25). Jean and John Comaroff have also pointed out the global rise of "occult economies" that aim to magically produce value out of nothing, in the context of the widespread insecurity produced by "millennial capitalism" (Comaroff and Comaroff 2000). I want to argue that magic is a form of labor that attempts to reinhabit hope with new affective connotations, providing individuals reason to hope in nearly hopeless situations. Beauty is one such form of magic in Brazil, because it links hope to performances of femininity that are associated with upward mobility and citizenship – the two mechanisms that Hage argues

provide hope in capitalist society even as they exclude large segments of the population. The magic of beauty is its ability to produce value out of the only guaranteed capital low-income women possess, their own bodies, even if racism and sexism has historically excluded these women through those very same bodies.

Beauty, nonetheless, depends not only on itself but also on the “good fortune” of being “recognized” by another, because beauty’s value becomes tangible capital only by being “discovered” by a modeling scout or the media. Women can increase their chances of being recognized as beautiful by submitting their bodies to the medical technologies that are capable of producing beauty, which are commonly described as “miracles” that transform and improve a devalued, “ruined” [*acabado*] body. In some cases, beauty is literally a miracle, like in the case of an Evangelical Church in Rio de Janeiro that promised that women could lose up to ten pounds through faithful prayer (*O Dia* 26/03/2008). Unlike most other forms of magical value beauty is unique in the sense that the human body is both the site from where added value directly emanates and where it is accumulated, making hope a form of embodiment. In other words, to become beautiful is to also become a symbol of prosperity itself. Models who come from poor backgrounds are frequently portrayed in the media as “Cinderellas” touched by a magic wand, transported from poverty into the idealized world of fashion. Newspaper articles congratulated Dream Lens as “able to transform poor girls into models” (*Jornal O Dia*, 10/2007), and showed a picture of the favela’s most successful model, Gisele Guimaraes, posing in front of the Eiffel Tower in a fashionable jacket, skinny jeans, boots and long, straight hair, as proof of this veritable “carioca fairy tale” (*Jornal Extra*, 10/20/2007). The photograph is meant to symbolize the wonder of social inclusion through beauty,

which brought the “daughter of a maid and a fruit-seller” to Paris for the “career of her dreams.” As another newspaper argued, this was “fashion in the service of citizenship” (*Jornal O Dia*, 10/2007). Ironically, it is only once Gisele is seen as having transcended her origins – by performing the mobility, cosmopolitanism and success associated with transnational fashion – that she becomes a full citizen of the Brazilian nation.

Emphasizing this magic, none of the articles mentioned the real difficulties Gisele suffers to book modeling jobs, despite having a contract with a modeling agency. When I interviewed Gisele, she complained that every time she auditions for a modeling job in Brazil, she notices that there are strong preferences for models who are lighter skinned and have lighter eyes than her. On the other hand, she is not “black enough” to get booked as a “typically” Brazilian model in shoots for foreign media outlets. She supplements her income by teaching the modeling classes in her community and by working as a hostess at a restaurant, but she still lives in her small one-room, humble home in City of God. She still dreams, however, of one day being able to parade the catwalks of famous designers in Europe. At the same time, the girls who take classes with her continue to look up to her as a symbol of success. Gisele’s material conditions may not have improved, but she can nonetheless still perform beauty better than anyone else, having mastered all the small details that make her presentation at the catwalk convincing. When Gisele walks flawlessly down the runway, the improvised catwalk made of old rugs held down with bricks begins to fade away, yielding the spotlight to the powerful model taking the stage – her head high and her body focused on the prize. Through her perfectly tailored gestures, Gisele is able to communicate a confident femininity that symbolizes a more luxurious world than the one her students know and

experience every day. Learning to perform beauty like Gisele is a way of having access to that world, even if only for a fleeting moment. The magic of make-believe is not simply an imitation exercise; it is a form of work that allows girls from poor communities to claim model's subjectivities for themselves.

Performances of beauty produce hope, therefore, by reinhabiting the body with new affective connotations, crafting the illusion that a different future is possible. Affect, as I argued in the introduction, is the sensorial aspect of human experience that exceeds language, but which still carries powerful social meanings embedded into the very ways bodies are lived. In order to redistribute hope, beauty relies on historically and culturally established perceptions of what is feminine success, associations that usually occur below the level of awareness, and remakes those established perceptions in the process. Femininity itself, therefore, can be understood as a form of affective work that comes into being through embodied gestures and sensations, but which is not pre-determined from the start by discourse. Beauty and hope can be perceived and felt in even the direst of conditions, without the expensive clothing, the usual architectural setting or the discursive authority that proclaims certain women are models and others are mere mortals. The affect of a convincing performance defies the context where beauty has come into being, and provides the magical basis to new forms of value and belonging. If beauty is so laden with hope, however, it is only because there are very limited possibilities for upward mobility and full citizenship in Brazil. Structural inequalities have historically excluded the Brazilian poor from having equal access to housing, education and employment (Holston 2008); this produces a precarious future for most low-income households. There is a tension, therefore, between the urgencies of the

political present and the hopeful future produced by beauty. The labor of beauty has the potential to politicize working-class women, by providing them an immediate way to reframe how their bodies are valued, but can simultaneously depoliticize these women by continuously deferring hope onto the future.

Performances and representations of beauty, I will argue in this chapter, can be understood as a form of affective labor – a type of labor that does not produce material commodities but rather intangible affects, and where the product itself is not separable from the act of production (Fortunati 2007). As a form of labor that requires production to become embodied by the producer, affective labor is a practice of self-making as well as a form of work, crafting the producer’s subjectivity at the same time it generates value on and through the body. In Brazilian society, the work of beauty not only produces femininity but also generates and distributes hope across all social classes, promoted by the media as a national narrative about gender and upward mobility. The affective labor associated with beauty, therefore, is not only performed by women who embody beauty and dream of its possibilities, but also by the diverse forms of media whose “lens” communicate that dream to others and provide authoritative confirmation about who are the real “Cinderellas”. Despite Gisele’s convincing strides down any makeshift runway, her beauty could be dismissed as unrealized potential unless she had those photographs in front of the Eiffel Tower and the newspaper articles to prove that she indeed experienced a brief “fairy tale,” and at any moment could be called back to Europe to resume her dream. Examining media narratives about beauty allows us to understand both their strong appeal as a form of hope, and the underlying tensions about Brazilian society they attempt to smooth over. Later in this chapter, I will analyze how televised soap operas

and beauty pageants affectively construct a singular vision of feminine beauty, which is still able to beckon all Brazilian women into these mediatized forms of participation in the nation. I will also look at the affective work of popular cultural expressions that craft alternative perceptions of beauty that refuse the hope of upward mobility and its temporality. First, however, I want to discuss why I find affective labor to be a useful analytical tool to look at gendered dynamics within performances and representations of beauty.

The Affective Work of Beauty

Affective labor has garnered renewed theoretical attention recently, particularly after Michael Hardt and Antonio Negri's claim that this type of labor, along with intellectual labor, is becoming hegemonic in post-Fordist capitalism, replacing the primacy previously held by industrial labor. Affective and intellectual labor, they argue, are immaterial forms of biopolitical production that generate emotions, relationships and subjectivities, collapsing the divide between private and public spheres and rendering labor more precarious and flexible. Affective labor is largely feminized, evidenced by the predominance of women in the service economy and in jobs where affect is central to labor performance, as is the case with nurses and executive assistants (Hardt and Negri 2004: 108-115). Hardt and Negri recognize their indebtedness to the Marxist-feminist literature that first recognized the importance of women's affective work within and outside the family, but they do not pursue gender as an analytic to understand precisely how affect produces subjectivities, or why it has become predominant today. The consequence, as Leopoldina Fortunati points out, is that Hardt and Negri's work once

again reduces women to their bodies and naturalizes their association with emotional work (Fortunati 2007: 147). I would add that their reliance on a transcendent category like the “Multitude” is a gesture that, in subsuming gender and race to class difference, returns to a simpler Marxist analysis that does not have to fully account for other ways that power operates outside class. Hardt and Negri’s insights point, nonetheless, towards an important shift in the global modes of production within society – from forms of labor that produce goods and services alienated from the worker’s body, to forms of labor that produce affect by embodying production itself and establishing work as a form of self-making. The commodity or service to be sold is now incorporated into the worker’s own subjectivity, possibly producing new forms of alienation from one’s very self, but also novel forms of resistance.

If affective labor has indeed become a hegemonic form of social organization, we should analyze how it deploys gender difference to generate value and produce subjectivity. The 1970s Marxist-feminist debate on women’s labor initially posited the question of whether the unpaid labor of women at the home, where they cared for the needs of the whole family, was central to the social reproduction of capitalism. Scholars argued that “femininity” itself was a product of the private/public divide that was necessary to capitalism, constructing a realm of the “personal” where women were said to naturally belong and where their labor alleviated the alienation of male laborers (Barrett 1988: 192). Kathi Weeks argues that in the effort to map domestic labor onto the needs of Marxist production, Marxist-feminists had a tendency to value housework over other affective forms of care that are more intangible; this reified the distinctions between the domestic and the public spheres (Weeks 2007: 236). The insight that affect could be

considered a productive and active form of work, however, led Arlie Hochschild, among others, to argue that feminized “pink-collar” jobs (such as the work of flight attendants) also required workers to perform “emotional labor,” managing the emotions of clients through their own performance of feminine care for their well-being. Not only was gender productive, in the way it performed a familiar code of femininity and maternalism associated with domesticity, but gender itself was produced through this type of labor, having “deeply constitutive effects” on the subjectivities of workers, including the men who choose to work within those jobs (Weeks 2007: 240-241). Taking seriously Hardt and Negri’s claim that post-Fordist capitalism collapses the divide that exists between private and public life, one could argue that affective labor spills beyond the domestic realm to all areas of social life, bringing along the constitutive effects of gender associated with this new mode of production.

I want to argue here that the definition of affective labor should not be limited to the types of labor that require the care of others, but should be extended to any type of labor that produces gendered affects rather than tangible commodities. I consider beauty, in particular, to be a gendered form of work that produces the body itself as valuable, especially when beauty is labored in relation to an imagined audience that will evaluate and visually consume the body in question as a commodity. Beauty is not a superficial or static practice of gender, but should rather be seen as a process that takes considerable, continuous effort and which is thus constitutive of subjectivity. Elizabeth Wissinger has recently made this argument in relation to the work of models, because models do not manage the emotions of clients directly, but become conduits for “affective energies” that interpellate viewers both consciously and below the level of awareness, attracting

attention to the images and products marketers want to sell (Wissinger 2007: 266). Modeling requires a constant upkeep of the body and a collapse between the intimate and public life of the model, because his or her own body becomes the product that is constantly assessed and measured by the fashion industry (Entwistle and Wissinger 2006). Wissinger, however, does not explain how this relatively strict definition of “beauty,” which models struggle to live up to, is embedded in a specific history and context of production. That is, if modeling is indeed an affective form of labor that interpellates viewers, it is because the images of models are indexical to familiar codes of bodily practices within the fashion industry that are reiterated as attractive and valuable, and which only the most daring fashion designers dare to challenge.² Additionally, the images of models never reach the consumer in an unmediated manner, but are carefully manipulated and managed by a whole team of industry experts who embed affective narratives into photographic shoots and runway shows.

Consider, for instance, the ways in which young models from the school Dream Lens (Gisele included among them) were portrayed in images that circulated around the world, in a manner strikingly different from the ways they were portrayed within Brazil. Foreign magazines, fixated on the poor origins of these models, made the point of photographing them with the favela itself as a background, contrasting their beauty with the poverty of their surroundings. *Maxim* magazine, for example, photographed the female models in bikinis and posing sensually in front of concrete walls, alleyways or small grocery stores; they titled their photographic essay “City of Goddesses” (*Maxim*

² An example of a designer who challenged many of fashion’s bodily norms is recently-deceased Alexander McQueen, who endowed his models with clownish makeup, science-fiction inspired hairdos and prosthetic limbs to shock his audience at runway shows.

Spanish edition, 09/2005). The spread depends on the violent imagery about Brazil that circulates globally, in films like *City of God*, in order to associate the models with a dangerous exoticism that invites the spectator to enact a fantasy of erotic slumming. Similarly, *FHM* magazine photographed male and female models in front of the urban sprawl of the favela or in local barbershops and pool halls, dressed in revealing hip-hop designer gear that is described as a “gritty street style for the underbelly of Rio and beyond” (*FHM* UK edition, 06/2003). Essentialized as members of the “underbelly of Rio,” the models are thus portrayed as always-already marginal, unable to escape their surroundings. Represented as racially marked bodies, they perform a familiar “Brazilianess” that can be readily consumed by an exoticizing touristic gaze. This representation is in stark contrast with Gisele’s photographs in front of the Eiffel Tower in Paris that emphasize not her origins but her upward mobility away from racialized poverty. While within the Brazilian context the images of models from favelas communicate the highly valued “Cinderella” narrative and distribute hope about upward mobility, in the international context the photographic essays rely on a completely different aesthetic to communicate other types of affects that are attractive to a non-Brazilian audience. Both of these types of images, however, have in common the aim to commercialize beauty and sexuality as forms of value that will in turn sell magazines and newspapers.

I understand mass-mediated cultural texts, therefore, as performing affective labor by generating immaterial forms of value on and through their representations of gendered bodies. These representations seek to produce specific forms of catharsis in an audience by deploying familiar narratives, but the audience’s reaction can potentially exceed or

contradict the logic of these narratives in the process. Ethnographic accounts of television, like Purnima Mankekar's and Lila Abu-Lughod's analyses of serialized dramas in India and Egypt, have pointed out the ways in which these "national texts" create archetypical images of womanhood and modernity. These hegemonic narratives about "modern women," however, are not passively consumed by target audiences, but are rather actively interpreted in relation to the daily concerns of viewers (Mankekar 1993; Abu-Lughod 2005). The pleasures of spectatorship, in other words, are not dependent on audience members agreeing or disagreeing with the hegemonic narratives presented in these serialized dramas. As Anne Allison argues, the affective appeal of new entertainment media, and their ensuing potential to generate economic value, relies instead on their capacity to generate new modes of attachment, sociality and information-sharing, which can be qualified as forms of affective labor (Allison 2009). Even though television is not usually described as typical of post-Fordist forms of media consumption, and literature on the subject instead emphasizes novel forms of virtual communication, the two have become blurred as a result of fan-produced content that is posted on the Internet and then integrated by writers into television programming (Gregg 2009). In Brazil, Internet access is still very limited, but television can still be considered a "proto-interactive" medium because television programs are increasingly relying on polls and discussion groups to analyze the audience's reactions to specific programs, which are then tailored to attract more viewers (Hamburger 2005). In what follows, I will analyze how Brazilian television performs affective labor by distributing hopes of upward mobility through beauty to its gendered audience, producing a form of catharsis that

resonates with national concerns but also with the audience's immediate, daily preoccupations.

Good Girls and Attractive Villains

Why did beauty choose you
To represent itself?
The world could be yours,
You just have to be, or exist.

- Song lyrics to "*Bellísima*" [So Beautiful], by Ney Matogrosso, from the soundtrack of *Bellísima*.

Brazilian *telenovelas* [soap operas] are cultural texts of utmost importance within the national context. In the most powerful television network in Brazil, Rede Globo, they make up a large part of daily programming, with five *telenovelas* running Monday through Saturday and occupying most of the afternoon and evening schedule.³ All these *telenovelas* are produced by Rede Globo itself, employing some of the most talented writers, actors and art directors in Brazil, and incurring up to two hundred thousand dollars per episode in production costs (*Veja*, 11/2008).⁴ These high production values are more than justified by the profits provided nationally through advertising, as well as by the resale of transmission rights to networks from more than 130 different countries within the international market (Valentim 2007). Currently three other Brazilian networks, Rede Record, SBT and Bandeirantes, also produce *telenovelas* and compete with Rede Globo for their share of the television audience, although they rely on lower

³ The subgenre of the *telenovela* is usually determined by the time it is aired: at 2:30pm, it is a rerun of a previously successful *telenovela*; at 5:30pm, it is aimed towards a teenager audience; at 6:00 pm, it is frequently a period piece about Brazil's past; at 7:00 pm it is comedic in nature; and at 9:00 pm it is dramatic and aimed towards a more adult audience.

⁴ On average, each *telenovela* has 150 to 200 episodes and lasts about eight months, and can therefore have a total cost of up to forty million dollars.

production values and cannot afford the same celebrated actors that work exclusively for Rede Globo. As a genre, however, the Brazilian *telenovela* shares a similar structure and narrative style across networks, and is considered an accessible form of leisure for all Brazilians that is capable of influencing public discussion about sensitive topics, like family, love, intimacy, social injustice and politics. As Esther Hamburger argues, *telenovelas* are so important within the Brazilian public sphere because they represent national concerns in the form of family dramas, blurring the distinction between the public and the private, the intimate and the political, as well as fiction and non-fiction genres.⁵ Characters from *telenovelas* represent archetypes from Brazilian society about which the spectator can make moral judgments, deciding whether to root for their success or wish for their downfall.⁶ In either case, though, the spectator makes use of the national “lexicon” provided by *telenovela* narratives to make sense of and communicate his or her own intimate dramas (Hamburger 2005).

One of the most common narratives within Brazilian *telenovelas* is the story of a *mocinha* [good girl] whose virtue and honesty hold up in the face of a series of obstacles that prevent her from finding happiness, success and true love, which she always finds at the end. There are generally two routes the plot takes; the *mocinha* is either from humble origins and must confront the villains who prevent her from succeeding, or she is initially wealthy and loses everything to conniving villains who steal everything from her, and from whom she must then strive to recover what is rightfully hers. The *mocinha* is

⁵ In the 1970s, for example, *telenovela* narratives reflected a concern with modernizing the country, coinciding with Brazil’s economic growth, while in the 1980s *telenovelas* became more cynical and focused on corruption, mirroring the political scandals prevalent at the time (Hamburger 2005).

⁶ Even though most *telenovelas* tell stories about urban characters in Rio de Janeiro or São Paulo, whose lives have little in common with most of the Brazilian population, the sensory experience produced by these tales allows spectators to temporarily share the hopes and dreams of the characters on television.

usually portrayed by some of the most beautiful and talented actresses in Brazil, and this actress's beauty becomes a central lynchpin of the character's path out of poverty and into love and success. The *mocinha*'s beauty is equated with upward mobility because it is what provides her a new job opportunity, like a modeling career, or what makes her attractive to a wealthy *galã* [male lead]. The male lead is very much like a prince charming, who sweeps the *mocinha* off her feet and offers her a better life, going against social conventions. The villain is usually characterized as someone who disapproves of this union and will do anything to stop it, or as a female competitor who envies the good girl and wants the male lead for herself. At least a couple of *telenovelas* (*Mulheres de Areia*, aired in 1993, and *Paraíso Tropical*, aired in 2007) featured twin sisters with opposite personalities; the "good twin," who is genuinely in love with the wealthy male lead, and the "evil twin," a gold-digger who wants to take her sister's place by manipulating her way up the social ladder. Even though in both *telenovelas* the same actress played the parts of the *mocinha* and the villain, it was relatively easy to tell them apart on screen, because the "evil twin" wore heavier makeup and dressed more sensuously than her sexually modest "good twin." Given that these plots relied frequently on one sister impersonating the other, however, it was up to the scriptwriters and the actress to give the audience subtle clues about who was the "real" sister under the costume. *Telenovela* performances are thus carefully managed to communicate different affects depending on the character's personality, and provoke specific reactions in the audience.

The virtuous femininity of the *mocinha* is an affective performance that provides much of the strength to a *telenovela*. Because she is the female lead and heroine of the

story, when the *mocinha* loses the sympathy of the television viewers, the ratings of the *telenovela* can quickly plummet. Since the moral message crafted by *telenovelas* is that female beauty is a double-edged sword – providing power and mobility to both good and bad women – the humble personality of the *mocinha* can never come into question as she pursues her dreams. Otherwise, she is likely to bear a resemblance to the overly ambitious villains. At the same time, she needs to show strength of character to confront the villains who are out to destroy her, thereby providing a redemptive narrative to the plot. Female lead actresses walk a fine line in terms of how they play a role, therefore, while male leads do not suffer the same pressure. The reason for this difference is that masculine beauty is not portrayed as redemptive. The male lead is either depicted as the wealthy “true love” of the *mocinha*, whose good looks are a symbol of his social status, or he is depicted as a deceptively handsome villain who seduces the good girl so he can steal everything she owns. When the male lead is not a wealthy character, the male actor’s beauty is always suspect – a symbol of his duplicity. In the *telenovela* titled “Two-Faced” (*Duas Caras*, aired between 2007 and 2008), a wealthy *mocinha* named Maria Paula is tricked by a handsome conman who, after marrying her, disappears with all her money. He undergoes a plastic surgery⁷ and changes his identity to become the powerful businessman Marconi Ferraço, yet this transformation does not alter his ambitious and ruthless character. It is only towards the end of the *telenovela*, after Maria Paula confronts him and after he meets their now ten-year-old son, that he begins to change and truly fall in love with Maria Paula. It is the *mocinha*’s simple beauty, honesty

⁷ While consuming aesthetic treatments and plastic surgery in excess is usually critiqued as a character flaw in *telenovelas*, aesthetic clinics are common settings and plastic surgeons are portrayed as having a heroic profession.

and enduring love for Marconi Ferração, not his two-faced beauty, which redeems his character from villain into hero.

Redemptive beauty is highly gendered because the *mocinha*'s virtuous femininity represents a virginal Catholic ideal that men cannot fulfill within the *telenovela* genre. Even the male heroes are portrayed as promiscuous and easily susceptible to sexual advances from female villains, without the need of romance. The beautiful and desirable *mocinha*, however, will only have sexual relations with her "true love," and even if she falls for a villain's false love vows, her love for him is genuine and pure. The upward mobility and happiness she achieves by the end of the *telenovela* are portrayed as a fair reward for her untarnished qualities. This moral tale about femininity is meant to satisfy the expectations of middle-class and working-class housewives who are considered the core audience of *telenovelas*. The affective performances of the *mocinha* distribute the hope that any woman can have her own Cinderella fairy tale and transcend her social standing through beauty. The definition of beauty written into *telenovelas*, however, is very narrow and reflects the views of the upper-middle class scriptwriters. The *mocinha* might be poor, but she is usually lighter-skinned or has lighter eyes than most the women of her social class. She is recognized as beautiful by the male lead because, despite having a menial job, she stands out as someone who physically does not "read" as working-class. In contrast, darker-skinned men and women are usually given more stereotypical roles as chauffeurs, housekeepers and other people in service jobs in *telenovelas*. For the sake of comic relief, a common plot twist includes the reversal of social positions, placing the working-class above the rich and powerful, yet this reversal is nearly always temporary and never redemptive. For example, in the comedic soap

opera *Cobras & Lagartos* (aired in 2006), a poor black man finds himself in charge of a large fortune through a combination of luck and pretense. This reversal makes him vulnerable to manipulation by several villains, however, who want the money as well. By the end of the *telenovela*, the fortune returns to its rightful inheritors – the beautiful *mocinha* and her handsome male lead, both of whom are white.

The moment of recognition when the wealthy male lead sees the *mocinha* for the first time and perceives her uncommon beauty, was central to the soap opera *Belíssima* [So Beautiful], which aired between 2005 and 2006. In a flashback scene that was aired in the first episode and repeated several times throughout the *telenovela*, we see the *mocinha* Vitória as a poor white girl living on the streets, selling candy at a stoplight to the drivers passing by, with her younger brother beside her. When the handsome Pedro looks out of the window of his car, he is awestruck by her beauty, and offers to buy the whole box of candy Vitória is selling, which takes her by surprise. Their dialogue is interrupted when an unidentified man threatens to hit Vitória's younger brother, and Pedro steps out of his car to defend the boy, saving them both. The camera then focuses again on Vitória, zooming in beyond her torn clothes and dirty hands to display only her beautiful face, her light eyes hopeful and expectant as she looks back towards Pedro, who is now smiling at her. No dialogue is necessary to explain that this is the beginning of a Cinderella fairy tale, and that Pedro will marry Vitória despite the objections from his grandmother, the powerful businesswoman Bia Falcão. The villainous grandmother makes several attempts at destroying their relationship, including an assassination attempt that by mistake kills her own grandson Pedro instead of Vitória. At the end of the *telenovela*, we discover that Vitória is actually the illegitimate child of Bia Falcão, whom

she abandoned at birth. In other words, Pedro unknowingly married his own aunt, and recognized in her the beauty of the upper-middle class to which she rightly belonged all along. The *telenovela* thus constructs Vitória's whiteness as a symbol of her true social status, even though it never expresses this in words. Instead, an affect of recognition is generated; when a wealthy man rescues a beautiful white woman from poverty, he is really rescuing one of his own.⁸ Seeing feminine beauty is therefore a form of self-recognition, reinforcing the association between the *mocinha*'s white femininity and upward mobility.

There are signs that the *mocinha* narrative is in crisis, however, as *telenovela* viewers and writers⁹ have become increasingly jaded towards this familiar formula that makes the narrative highly predictable. The traditional love stories produced by Rede Globo are experiencing a slight but steady decline in ratings (*Uol Notícias*, 09/18/2008) and, as a consequence, its writers are relying more frequently on polls and discussion groups conducted amongst middle-class and working-class housewives to discover which characters beckon their attention. Surprisingly, these women are captivated not with the *mocinha*, but with anti-heroic or even villainous female characters. When *Paraíso Tropical*'s ratings decreased in 2007, writers decided to give less attention to the conflict between the *mocinha* and her "evil twin," and provide more time to the immensely

⁸ The same logic does not apply to masculine beauty within the same *telenovela*. Bia Falcão's granddaughter Júlia decides to marry outside her social class as well, with the handsome white laborer André. He betrays her trust, however, stealing all her fortune, and we later discover he was hired by the villain Bia Falcão to seduce Júlia. André repents but is then shot by Bia Falcão, and before he dies he confesses to Júlia that he falsely expected to get far in life because of his good looks.

⁹ A writer from the competing network Rede Record has openly rejected the "unpolluted *mocinha*" as a "ridiculous fantasy" that has no relation to Brazilian reality. The network now favors more conflicted characters and violent plots inspired on police thrillers and science-fiction, and has enjoyed mixed success (*Folha Online*, 03/17/2009).

popular character of Bebel. Bebel was a mulatta prostitute from Copacabana originally created as a secondary character, who would become the lover and aide of the main villain in the *telenovela*. The actress who played Bebel, Camila Pitanga, talked with prostitutes from Copacabana to learn more about their daily lives so she could incorporate their exaggerated gestures, sensual stride and even their grammar mistakes into the role she portrayed (*Globo.com*, 09/23/2007). She was thus able to affectively endow the character with a believable and irresistible charisma that seemed to exonerate her from all her dishonest and sexualized behavior. Despite representing the opposite of the virtuous *mocinha*, viewers demanded that Bebel be rewarded a happy ending, which she finds after embezzling millions from a corrupt politician, and becoming a national celebrity. She is portrayed as an independent woman able to deploy her wily femininity to take advantage of men (while not becoming dependent on them) to become upwardly mobile. The character of Bebel thus represents a shift in the feminine affects that are associated with the hope of upward mobility, even though it reasserts the fantasy of mobility itself.

Social Inclusion and the Future

The fairy-tale narrative of the young *mocinha* who is recognized through her beauty is reiterated in beauty pageants, which distribute the hope of upward mobility through the promise of modeling. The contest *Beleza na Favela*, or “Beauty in the Favela”, was a popular segment of the morning variety show *Hoje em Dia* in the Record Network during 2007 and 2008. The premise of the contest was to send scouts to some of the poorest communities in Brazil looking for teenage girls who had the potential to

become models. It then took them “from the periphery to the catwalk” (*Hoje em Dia*, 11/19/2007). Each segment would begin in the favelas of a given Brazilian state, where the modeling scout picked one among dozens of girls who had signed up enthusiastically to compete. The narrative focused on the humble home of the winner and the emotional response of her parents. The show would then shift to the television studio in São Paulo, where the winner from each favela walked the catwalk, and a panel of judges decided on which girl would represent the state in the national finals. The move from the favela to São Paulo already signified a transcendent move into modernity, as represented by the flashiness of the television studio. It was also stressed that this was the first time the girls had boarded a plane and travelled so far from home, all for the “dream of being a model so they can help their families” (*Hoje em Dia*, 11/19/2007). The contestants were very careful to stress that they were looking to help not themselves, but rather their parents and their community, thus disavowing any ambitious tendencies that might be considered unseemly in a *mocinha*. These girls were represented as models of behavior for all other teenagers and not only models of beauty.

The scholarly literature on beauty pageants argues that these events build national communities by constructing femininity as a symbol of national unity, citizenship and pluralism, even as it defines “respectable” womanhood as sexually proper and racially unmarked (Ahmed-Ghosh 2003; Banet-Weiser 2004). In “Beauty in the Favela”, the recognition of these teenage girls as beautiful on national television was meant to symbolize a form of social justice that would include the Brazilian poor in the larger national community. As one television host put it:

“Winning Beauty in the Favela is not simply winning a beauty contest, it is defeating prejudice, defeating the difficulties and obstacles, defeating social difference, and showing to all Brazilians, all the population, that Brazil is much more... than the neighborhoods of the South Zone of Rio de Janeiro and the South Zone of São Paulo, those that we see on television every day. Brazil is a country that has in its most impoverished communities great values, great talents that only need to be discovered. That is the Midas touch of our program, through the reporters who went forth and made their discoveries” (*Hoje em Dia*, 12/10/2008).

The stated purpose of Beauty in the Favela, then, is to conquer prejudice and social difference by revealing unknown beauties obscured by the very poverty of their surroundings. One presenter compared it to “revealing the diamond hidden in the favelas of Brasil” (*Hoje em Dia*, 12/09/2007). This discovery of an unrecognized Brazilian natural resource, as it were, positions the television program as a progressive and nationalistic enterprise. The accomplishment of transforming these girls into models is portrayed as uplifting their entire communities, by reinstating these forgotten Brazilian peripheries into the national imaginary through the beauty of their young women. Beauty is represented as a valuable product that can be consumed within Brazil or exported abroad, aligning these girl’s hopes with hopes of national progress. By positioning itself as the facilitator of these “discoveries,” the program becomes an arbiter of what is beautiful and who is worthy of being hopeful. This authority is enacted through the self-congratulatory “Midas touch” of its scouts, who are commended for venturing into uncharted territory like colonialists discovering new land.

What was worthy beauty in the eyes of these scouts? First of all, the teenage girls who were chosen were tall and thin, since it was a prerequisite that they must be able to compete within global modeling standards. As I followed the program, however, I also noticed that the scouts almost always looked for the girl that seemed out of place, because

she had lighter eyes while the rest had brown eyes, or because her nose was thin and pointy while the others had larger noses. Long, straight hair was not a precondition, but seemed a very desirable quality. The girls who were chosen might be dark-skinned, but not exaggeratedly so. The scouts looked for a type of beauty that might be uncommon in the communities they visited, but which is ever-present in Brazilian television and advertising, including the appearance of the scouts themselves. The scouts did not verbalize their criteria, however, they just presented their choices as a natural recognition of a beauty that beckoned to them affectively. In short, the scouts looked for girls who would be considered beautiful in the wealthy South Zones of Rio de Janeiro or São Paulo, the same aesthetic the show criticized as being ubiquitous on television. The scouts never bothered to ask what people in the communities they visited might admire as beautiful, reinforcing the idea that the periphery can only be revalued by acquiescing to the standards emanating from the metropolitan centers. The panel of judges making the decision of who would be the finalist from each Brazilian state reinforced this choice, weeding out racial difference and, perhaps unconsciously, making the contestants as uniform as possible. Brazilian beauty is thus constructed as homogeneously single, a whiteness that might be tinged with a hint of racial mixture but not overwhelmed by it. Contests like *Beauty in the Favela* claim to promote social inclusion, affectively reassuring television viewers through dreams of upward mobility,¹⁰ at the same that they reinforce the aesthetic judgments that exclude a majority of the Brazilian population from

¹⁰ The program was only critiqued in academic circles, like the leftist magazine *Caros Amigos*, but was generally well received by viewers. The only change for the second edition of the contest was to change the name to *Beleza na Comunidade* [Beauty in the Community], because the word “community” is considered a more politically correct word for “favela.”

the cosmetic citizenship made available by beauty. While the girls provide the labor of beauty, the judgment of their value rests on the media's standards.

The beauty contest attracted the attention of enough viewers that the grand finale was aired not in its usual slot during the morning variety show *Hoje em Dia*, but was scheduled for a prime-time television gala during the evening, mimicking traditional beauty pageants. The winner, Vanessa, was a very light-skinned girl from the northern state of Amapá, whose population self-identifies as 75% brown or black according to the latest government census (PNAD census data). She was not necessarily the most eye-catching of all the contestants, but she was the most confident on the runway and seemed to have the most previous experience. In a biographical sketch about Vanessa aired the next day, the program did not stress her appearance, but rather the work that she had put into becoming a model. Members of her family had taught her how to walk and behave like a model since she was very young, like her sister before her who had also participated in pageants, and she had always remained faithful to that dream. The victory was merely the beginning in Vanessa's journey, one television host expressed, since now she had to learn how to navigate the complex modeling world in order to succeed. As King-O'Riain argues, the work to naturalize a certain physical appearance as beautiful within a community is an accomplishment – the product of “bodily, cultural and political effort to assert, maintain and challenge” the meanings of racialized and gendered performances (King-O'Riain 2006: 4). I want to argue that beauty contestants and models are not passive actors who are simply identified as beautiful. On the contrary, they actively participate to shape and embody their own subjectivities in relation to the expectations of what models should be like, requiring extensive affective labor on their

part. Beauty contests craft a given version of femininity as a form of economic and social capital, which contestants and their parents can consciously appropriate and deploy. Despite being from humble backgrounds, several of the finalists claimed modeling had been their objective since childhood, showing the reach that the imaginary about beauty has nationwide.

The hopes and dreams associated with beauty begin at a very early age in urban areas of Brazil, at modeling and talent agencies for children and teenagers. The stated aim of these agencies is to “discover young, new talent” for advertisements, television programs, runway shows and films. In return for a fee or commission, these agencies help parents to book auditions and casting calls for their children, and to guide them through the process of going into show business. They also offer courses to improve the children’s acting and modeling skills and to teach them how to behave during an audition. Every agency critiques the others for profiting from parents’ high expectations, while claiming that they truly have these families’ welfare in mind. As evidence of their rate of success, their websites show examples of children and teenagers who started at the agency and are now famous models, *telenovela* actors or advertising stars. The people who run these agencies, however, admit that very few of the children in the agency will actually book important jobs and make a profit, and even less will make a living as actors or models when they are adults. Nevertheless, they never reject a candidate altogether, recommending instead that the child or teenager take more courses, lose some weight or get braces to improve his or her chances. When I asked why only a particular type of beauty seems to be valued within the industry, they claimed that there was nothing they could do to include more diversity in mainstream media and advertising – it

went against the very logic of selling a product. One argued, “If [the models] have the appearance of coming from an upper social class it works out; if they have a bad appearance, like teeth with cavities, the product will not sell... Many advertisers demand [the model] have light eyes and light hair because it represents high class.” Beauty, therefore, is a form of value that affectively revalues other commodities with which it becomes associated, but only insofar as it provides the “good appearance” of the Brazilian “high class.” The surplus value that can be extracted from beauty to create capital, in other words, is a highly racialized and classed form of value, limiting the hopes of the working-class parents who bring their children to talent agencies.

I interviewed several parents at one of these agencies in Rio de Janeiro, all of whom emotionally expressed the bright future they envisioned for their child. A woman who worked as a bank teller recounted with pride how several people had approached her thirteen-year-old daughter in the street, commenting on her beauty and encouraging her to become a model. The girl began to walk like a model at home, and this made her mother decide it was time to put her in an agency and “help her run after her dream.” Even though the girl did not have the “blue eyes and blonde hair” that were usually more valued in casting calls, she believed these preferences were changing and there were now “several types of beauty in the business.” Another mother, who worked as an event planner, commented how difficult it was to find a normal job in Brazil, even with an education. She hoped her nine-year-old son could instead become an actor, seeing how he “shone” during casting calls and nearly got the part for a film. Beauty was relative, she explained to me, because “some people have light eyes but they still lack any charm,” unlike her son. A housekeeper hoped her five-year-old daughter would one day become

like Taís Araujo¹¹ or Beyoncé, whom she described as “beautiful black women” who had followed their dreams. She paid for the modeling and acting courses for her daughter with her own money and committed every weekend to her daughter’s potential, but she did not admit that anyone criticize her decision, not even the girl’s father. These three mothers defended their children’s beauty with fierce conviction and were emotionally invested in them becoming models or famous actors, despite being acutely aware that beauty is generally defined as white, blonde and light-eyed in Brazil. They were not only hopeful that beauty and charm could provide a better future for their children, but were also optimistic that what is defined as beautiful in the first place would not be the same for the next generation. Asserting that, in their eyes, their children were truly beautiful was a political affirmation insofar as it imagined an equal playing field, undoing hegemonic ideals of beauty.

The hopeful labor of beauty enables Brazilians of different backgrounds to affirm that cosmetic citizenship does not necessarily have a pre-determined color or appearance. This hope relies on the belief that Brazilian society is or will become a color-blind racial democracy, the equivalent of Hage’s “decent” society that provides opportunities of self-realization to all of its members. According to Robin Sheriff, the ideology of racial democracy is so powerful because it is a shared dream that cuts across social classes, sustaining the hope that everyone *should* be equal in Brazil (Sheriff 2001). The utopian ideal of an egalitarian beauty beckons all Brazilians even if it remains an unrealized ideal at the present time. The hope of equality will remain strong as long as there is a different

¹¹ Taís Araújo was the first Brazilian actress to portray a black *mocinha* in *Da Cor do Pecado* (aired in 2004) and *Viver a Vida* (aired between 2009 and 2010). Her presence as one of the few black protagonists in Brazilian television has transformed her into an icon for Brazilian women who identify as black.

future to be imagined, embodied in the figure of the child. This is why television programs like *Beauty in the Favela* always seek to “discover” beautiful teenagers, not adults, and why modeling and talent agencies for children and teenagers are able to draw in so many committed parents. As Lee Edelman argues, the investment in children’s futures establishes a political vision that is always a vision of futurity rather than one of the present (Edelman 1998). The affective labor that goes into children’s and teenagers’ beauty, therefore, always places the hope of upward mobility on the future, seeming to always require additional labor to become a reality. Parents already see the value of their children’s beauty, but in order to transform this value into capital, they require the recognition of the media’s gaze, in the same way the *mocinha*’s value only becomes recognized when she is noticed by her male lead. This promise of recognition can be perpetually delayed, beckoning the affective labor of parents and their children without ever fulfilling the dream of truly expanding the hegemonic definition of beauty. In what follows, I will look at alternative politics of beauty that might perhaps approximate Edelman’s call to refuse hope altogether, and revel instead in the immediate *jouissance* of having no future (Edelman 1998).

Short-circuiting Hope

The space is not very big,
But it has a plastic pool and hose to relieve the heat.
It’s not a beachfront penthouse,
It’s a humble home; you can come.
It’s a barbeque on the *laje* [concrete roof]; you can come up.

- Song lyrics from “*Churrasco na Laje*” [Barbeque on the Concrete Roof], performed by Jhony*B.

Yet another indication of how citizenship is closely tied with appearance is demonstrated by a diversification of beauty contests throughout Brazil in the last decade. The most common of these new contests are those that celebrate “black beauty” and are organized by Afro-Brazilian associations and NGOs that promote racial equality. For example, one of the most famous Carnival parades in the city of Salvador, Ilê Aiyê, which is closely tied to candomblé and the Afro-Brazilian movement, elects a *Deusa do Ébano* [Ebony Goddess] every year. She is not only considered a representative of black beauty, but of the Afro-Brazilian community more generally, and thus she has to be able to communicate the political views of the movement to the world at large, such as defending affirmative-action policies based on race (*O Globo*, 02/13/2010). The Ebony Goddess also has to be able to perform an “authentic” blackness, by using traditional African dress and styling her hair in a way that revalues its natural texture. The concern with authenticity is also manifest in “Osasco’s Black Beauty” contest organized in the state of São Paulo and sponsored by the Osasco prefecture’s Office for Women and Racial Equality. The contest regulations required that male and female participants identify as *afro-descendentes* [having black heritage], that they participate in a workshop about Afro-Brazilian history before the event and that they model traditional African garb during the contest. Besides being valued according to their beauty, attitude and congeniality, contestants were asked to provide the “best afro characterization” possible (*Prefeitura de Osasco* website). Similarly, in the state of Alagoas a community of *quilombolas* [descendants of fugitive African slaves] held “Muquém’s Black Beauty” contest alongside a display of “afro” dances and drumming (*Cada Minuto*, 11/16/2009). As the legal anthropologist Jan Hoffman French argues, performances of authenticity are

a central aspect of “becoming black” in *quilombola* communities, given their relatively recent legal recognition as black through land claims (French 2009).

The reason why “black beauty” contests have become a central part of the Afro-Brazilian movement, and also why they are sponsored by local governments, is due to the generalized perception that beauty is a central aspect of social inclusion in Brazil. By asking participants to embrace black appearance and identity, these beauty pageants are imagined by organizers as political events that facilitate the creation of a black community and contest the prevalent beauty standards that exist within Brazil. The expectation is that, in the long term, revaluing “ethnic” beauty will lead to a more equal playing field for all social relations, particularly within the job market, where a whiter appearance is still highly valued. This hope of a different future for the Brazilian black community as a whole, however, easily lends itself to more individualistic desires for upward mobility and success. For instance, the call to register new candidates for the “Black Beauty” contest in the city of Araponga, located in the state of Paraná, was worded in the following manner:

“If you have an exuberant black beauty, a sculpted body, are beautiful, are between 14 and 25 years of age, you live in Arapongas and you dream of being a model, actress or conquering the world, do not miss the opportunity of being discovered in the ‘Black Beauty’ contest sponsored by the Secretary of Culture, Leisure and Sports of Arapongas” (*Bonde* 09/10/2009).

The prerequisites were no longer having knowledge of Afro-Brazilian history and heritage, but rather exhibiting the “exuberant” sensuality and “sculpted body” that are associated in Brazilian popular culture with the figure of the mulatta; this pigeonholed the contestants into a restrictive feminine ideal. The contest also portrays itself as a platform that will provide individual recognition to the winners, and perhaps bring about their

“discovery” as models or actresses. The affective significance of the contest, therefore, is directed towards the romantic promise of upward mobility, instead of providing contestants with the political will to intervene during the present and transform the perceptions about appearance. In this instance, the affective labor of beauty works to depoliticize identities, rather than to provide them with new political horizons.

When other communities adopt beauty contests as a way of asserting their identity, the focus is frequently on constructing an imaginary future for the participants as well. For example the annual *Festival do Japão* [Japan Festival] that takes place in São Paulo holds a yearly “Miss Nikkei” beauty contest that is only open to female descendants of Japanese immigrants (*O Globo*, 07/19/2009). This event not only ties ethnic pride to “authentic” Japanese femininity but, according to their website, it also seeks to discover new talents who want to find success as professional models in Japan and Asia more generally (*Miss Nikkey Brasil* website). Similarly, six different indigenous ethnic groups from the state of Mato Grosso do Sul celebrated the “First Indigenous Beauty Contest of Pantanal” in 2009, with support from the state government (*O Globo*, 04/27/2009). According to the contest’s organizer, the “event is very important to us because it will open new roads for these girls... bringing new expectations to their lives” (*Jornal Itatiaia*, 04/14/2009). It remains unclear what she means by these new roads and expectations, but a future in modeling is not an unfeasible hope for these women anymore, because an indigenous girl from the village of Ipegué was a national contestant in Miss Brasil in 2008 (*O Globo*, 04/19/2008). Brazilian beauty contests are not limited to celebrating racial identities either. Several women’s prisons in Brazil have held “Miss Penitentiary” contests, with the purpose of “elevating the self-

esteem of female prisoners, in order to diminish internal conflict and provide them a greater chance of becoming reintegrated within society” (*O Globo*, 02/28/2008). The notion that by performing beauty these female prisoners can be reintegrated into society implies that ugliness is a sign of their criminality. The name given to this contest by the administration of the São Paulo state penitentiary system, “Rewriting the Future,” invokes feminine beauty as a lynchpin of future citizenship and upward mobility.

What would a beauty contest that affectively counters this investment in the future look like? Since 2003, the central market in Rio de Janeiro, known as the Saara, has promoted a yearly beauty contest to elect a *Garota da Laje*, or “Concrete-Roof Girl.” The *laje* is the simple flat roof made of concrete that is typical of working-class homes in Brazil, which unlike a finished roof with tiles, allows the homeowner to add another level to the structure if necessary. This common practice of slowly building and adding to one’s own home, which anthropologist James Holston calls “autoconstruction,” allows working-class families to continuously personalize their homes according to need, and lay claim to membership within their community through homeownership (Holston 1991). The architectural aesthetic of autoconstruction is considered “ugly” by upper-middle class Brazilians because, by displaying the concrete and bricks that constitute the house’s structure, it refuses the appearance of being a finished product that one could purchase. As the song lyrics at the beginning of this section show, the *laje* [concrete roof] is a particularly important element in the architecture of an autoconstructed home, because it also serves as a space of socialization during hot summer days. Given that in Rio de Janeiro most working-class neighborhoods are located far away from the beach, it has become customary among working-class women to suntan themselves on the

concrete roofs of their homes. The *Garota da Laje* contest not only recognizes this gendered beauty practice, but also gives value to the type of working-class housing that gives rise to it. The organizer of the beauty contest portrayed the aim of the event as “transforming the corny into a craze, [and] showing the beauty of the *comunidade* [favela/community] and the periphery” (*Jornal Hoje* 11/14/2008). The *Garota da Laje* is thus a representative of feminine beauty and also of the architectural aesthetic valued by the working-class.

The contestants of *Garota da Laje* are not expected to be perfectly beautiful or highly *produzidas* [produced/beautified]. The contestants are not very tall, thin or young, and are of every color and hue available in Brazil. Many of them are already married and have children. As a contestant explained, the only requirement for contestants is “to have natural beauty, because no one here has had cosmetic treatments or plastic surgery, everybody has cellulite, everyone is natural” (*RJTV* 11/17/2008). The visible imperfections on the body of these women are held up as evidence of the authenticity of these women, like the noticeable construction materials in their autoconstructed homes. The contest thus provided a space for women to express their discontent with the idea that beauty cannot be a personalized aesthetic, but should be a mass-produced, uniform product of labor. Another contestant who worked every day at a bakery shop exclaimed, “Brazil needs to find its true identity... The Brazilian woman is *mestiça* [mestizo], she needs to wake up at 4am to work, and does not have the time to go to a beauty salon” (*Revista Trip* 10/24/2003). By emphasizing the racial diversity and busy working schedule of the average Brazilian woman, this contestant is pointing out how hegemonic representations and practices of beauty are largely irrelevant to them. The *Garota da*

Laje contest celebrates beauty, but does not seek to create a narrative of upward mobility associated with beauty. The prizes are not large amounts of money or fancy modeling contracts, but rather a seven-year old car (the winning prize), a plastic pool, a pre-molded *laje*, a barbeque grill, a stereo and R\$199 (about one hundred dollars) to spend at R\$1.99 stores at the Saara market (*O Globo*, 11/12/2008). These are prizes associated with non-conspicuous consumption and with leisure, like the weekend barbeques that take place at the *laje*. Hopes for immediate and communal enjoyment replace the hopes for future success.

The contest garners plenty of media attention due its uniqueness. Much of the coverage is tongue-in-cheek, joking that, “in the land of the *Garota de Ipanema* [Girl from Ipanema], the *Garota da Laje* has reached new heights” (*Jornal Hoje* 11/14/2008). Another reporter, pointing to a black contestant, argued that here indeed was the real “body of the Brazilian woman, full of curves, full of thighs. You don’t have to be a [supermodel like] Gisele Bündchen... you can eat as you wish to have this great body” (*Hoje em Dia*, 12/08/2008). Thus, he exoticized this woman’s beauty by implying that it required no work or discipline, but rather had a natural excessiveness that upset the norms of a more contained femininity associated with modeling. The organizers and contestants seem to use the banter of the media to their advantage, since they do not take the contest that seriously in the first place. The contest takes place at the Saara market in the center of Rio de Janeiro during a normal weekday, attracting the attention of hundreds of workers and shoppers going about their way. The contestants parade in bikinis but they also wear short-shorts, leopard prints, lingerie and similar clothing that would never be considered appropriate in a traditional beauty pageant. Additionally, they do not

simply walk down the makeshift runway, they dance *pagode* and *funk* (musical styles associated with the working-class), they toss their hair around dramatically, and some even crawl on their hands and knees. The audience responds to these over-the-top performances with enthusiasm, by hooting loudly and hollering sexual compliments, and the contestants flirt back. The contestants who are eliminated sometimes make a scene as they leave, complaining to the cameras about how they were obviously more beautiful than the winner (*Profissão Repórter*, 20/07/2009). In short, the contest is a celebration of unapologetic sensuality, corny clothing and outrageous behavior that the Brazilian upper-middle class would dismiss as debasing, vulgar and unsophisticated.

The affective labor performed by this working-class representation of beauty is radically different from the affect deployed by the hegemonic narratives about beauty I previously examined. The *Garota da Laje* is a parody of conventional beauty pageants, replacing the flawless image of a delicate, refined femininity with an unseemly and unruly femininity that is purposefully tasteless. Following Laura Kipnis, it is this very tastelessness that is transgressive and powerful because it upsets bourgeois mores regarding privacy, shame and disgust, and thus serves as a reminder of the excessive, grotesque materiality of the body that can never be fully contained and disciplined (Kipnis 2005). I would add that this tastelessness also destabilizes the teleological timeframe that imagines beauty as a form of progress and ascension. By grounding beauty on the physicality and sensuality of the body, and celebrating the erotic exchanges between the contestants and the audience, the unruly sexuality of the *Garota da Laje* engages in a *jouissance* that refuses a longing for the future. There are no objectives to the contest other than the immediate enjoyment of the event itself, and no promises of

betterment and social inclusion. The immaterial forms of value produced by the contest, like the recognition of the winners, are embedded in the spatial and temporal context of the Saara market and the neighborhoods where these women live and work. It is not a form of value that can in turn generate more capital and surplus value, constantly demanding more labor from them. This is why *Garota da Laje* resonates politically amongst women who already work hard every day and for whom beauty does not make sense unless it can be immediately enjoyed. A beauty with no future is a beauty that exists only for its own sake, not for the sake of others.

Conclusion

In this dissertation, I have argued that beauty is an affective source of social recognition in Brazil. Beauty is deployed by those in power to reinscribe social hierarchies, yet it is also claimed by the working-class as a form of citizenship that should be available to everyone. In other words, beauty circulates as a value within Brazilian society, producing different affective registers depending on the context where it is appropriated, but all the while gaining more traction and significance in the national imaginary. In its circulation, beauty thrives as a relevant social category, and has increasingly tangible effects on the subjectivities of individuals and on the nation's economy. As I pointed out in the Introduction, all aspects of the Brazilian economy that are related to beauty have undergone remarkable growth over the past decade – plastic surgery, beauty and hygiene products, beauty salons, diet pills, gyms, etc. This economic growth has been all the more surprising due to the fact that it has been spurred by working-class consumption. The working-class is willing to spend on beauty not as a form of conspicuous consumption, but rather because it perceives beauty as an essential requirement for social inclusion.

At this historical juncture in Brazil, the working-class perceives that a real opportunity to become fully included within the national fold has finally arrived. This perception arises largely from the election of Lula da Silva, a former factory worker and union leader, to the presidency of the country. The Brazilian elites have historically controlled all branches of government for centuries, and have legally excluded the working-class from all essential aspects of citizenship (Holston 2008). The election of Lula became a landmark for the increased democratic participation of the working-class

in civil society. This new political reality is concurrent with Brazil's steady economic growth, one where the working class has seen its real income and purchasing power grow significantly in the last decade (*O Globo*, 04/06/2010). Perhaps for the first time in Brazilian history, the country's progress is perceived as working in favor of those who have smaller incomes and who proudly identify as "the poor," and not in favor of the traditional elites. Consequently, national pride is overwhelmingly on the rise and the working class increasingly identifies with the state project and especially with president Lula, who after eight years in power still enjoys nearly eighty percent approval ratings. The notion of belonging, however, is not restricted to economic and political participation within Brazil, but is also communicated through a more intimate medium: the body itself. As I have argued, the working class has also been excluded from citizenship at the level of the body, and understands beauty as a valuable resource that, limited to the wealthy before, is slowly becoming accessible to the poor as well.

The figure of Ivo Pitanguy is central to understanding the expansion of plastic surgery within Brazil, given the changing economic and political realities of the country. Pitanguy understood clearly the need among Brazilians of low income to make a claim to citizenship through beauty, and founded the first plastic surgery service catering to the working-class in a teaching hospital. He gained the backing of the State by portraying his practice as a philanthropic service, and today his model of education for plastic surgery has expanded throughout most publicly funded hospitals in the southeastern region of the country. Pitanguy's most important accomplishment, however, was to tie the advancement of plastic surgery to national progress, by transforming his practice into the most innovative medical specialty in Brazil. Today, Pitanguy is one of the most famous

surgeons in the country, and Brazil has become a global center of innovation for beautification procedures, attracting hundreds of plastic surgeons from around the world who come to learn the latest techniques. These innovations are directly dependent on the bodies available for clinical studies, which working-class patients willingly volunteer in their desire to gain access to beauty. Patients consider the risk of surgery with medical residents less dangerous than the threat of abjection through the aesthetic devaluation of their bodies. They highly admire Pitanguy as a surgeon who cares for the poor, and take pride in participating in the advancement of medical knowledge that then circulates worldwide. By willingly submitting their bodies to medicalization and surgery, these patients feel that they are achieving social inclusion through beauty, and that they are participating simultaneously in a medical project that is a symbol of national pride larger than themselves.

The symbolic value of beauty, therefore, translates into tangible capital in the form of medical knowledge. Brazilian surgeons profit from selling their innovations nationally and transnationally, as they craft alliances with laboratories that produce the implants and machines associated with their novel techniques. Not only plastic surgery, but many other beautification technologies in Brazil have been spurred in recent years in what is a spread of beautification techniques amongst all social classes. Diversifying, and thereby expanding, one's consumer base is the logic of capitalism, of course; and this is true with post-fordist capitalism today in Brazil as well. But, as the beautification campaign extends outwards, marketing experts have noted the need for new affective tactics to capture the imagination of these (potentially) new consumers. In my view, it remains to be seen whether these new tactics will generate different constructions and

standards of beauty in the mainstream media, or whether they will simply reproduce the aesthetic hierarchies that have been dominant in Brazil over the last century. For there is a contradiction between a consumer economy that affectively interpellates consumers as equals, and an economy of labor that materially constructs the working-class as experimental bodies on which medical knowledge can be developed and transmitted to new generations of surgeons. The latter is a form of labor that is highly gendered as well, because most of the patients are women. Therefore, the beauty that is so central to the economic engine is also central to reproducing inequalities at the level of laboring/labored body.

The Brazilian State is complicit, and indirectly capitalizes on, the success of beautification technologies. For instance, at the time of writing this conclusion, the tax and revenue agency of the Brazilian government decided to allow individuals to deduct the cost of most aesthetic and reconstructive plastic surgeries from their taxable income (*Folha Online*, 04/21/2010). Plastic surgery is considered an essential medical procedure for patients, as well as an iconic national industry that brings international recognition and revenue for the country. State actors who take for granted the value of plastic surgery facilitate its continuous expansion, even if this expansion entails a loss of revenue for the government itself. The logic of improvement through beautification has thus become part of the State project, and is widely shared across Brazilian society. The significance of beauty itself as a category of national belonging in Brazil, however, seems so overdetermined with contradictions that it seems unlikely it can retain its affective hold on people in the long term. On the one hand, Brazil as a society has begun to address centuries of inequality and exclusion, even if in a tentative manner, through

important economic and political transformations that have required mobilization from civil society and the direct intervention of the State. On the other hand, the prevalent aesthetic hierarchies reproduce social inequalities at the level of the body, with the willing participation of patients, doctors and State actors.

I believe that Brazilian social hierarchies will only become undone through a transformation of bodily signifiers. Since beauty is mainly deployed through affective means, then we can understand affect itself as the terrain on which bodily inequalities can be contested and challenged. Beauty is as much an embodied sensation, unique to the individual, as it is a commodified product that needs to be normativized to become profitable. Paradoxically, affect lends itself to both capital's standardizations of beauty and to individual performances of beauty whose details and richness are non-reducible. Finding new ways of expressing beauty, true to the unique affective relationships individuals have to their own bodies, would create new forms of belonging within the nation. Today, the success of the working-class within Brazil is mainly measured by their increased economic participation and the victory of Lula. The threat of exclusion based on a person's appearance, however, remains a daily reality that must be addressed at a grassroots level to generate lasting social change. Belonging must reach beyond the nation-state and also deeper within the self, drawing new affective topographies that multiply the ways in which any one body is read and recognized. This process of social transformation is already underway, in the form of alternative performances of beauty valued by the working class and derided by the Brazilian elite. Many working-class women in Brazil understand and make the claim that beauty can be lived and felt differently, as a celebration of difference rather than as a homogenization of appearance.

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Short Biography of the Author

Alvaro Jarrín was born in Quito, Ecuador on July 12th, 1980. He moved to the United States in 1999 for his undergraduate studies at Williams College, in Massachusetts, where he was recipient of the Williams/Haystack scholarship for international students. At Williams, Alvaro majored in Anthropology and English, and wrote a creative honors thesis titled *A Body Away*, which received the Henry Rutgers Conger Memorial Literary Prize. He received his Bachelor of Arts degree in May of 2003.

In September of 2003, Alvaro began his doctorate degree in Cultural Anthropology at Duke University. He received generous support from several institutions to conduct research in Brazil. In the summer of 2004, he received support from the Duke Center for Latin American & Caribbean Studies (LACS) and the Duke University Center for International Studies (DUCIS) for an initial foray into Rio de Janeiro and on-site language training. The next summer, he was recipient of the Ernestine Friedl Research Award from Women's Studies, the Tinker Mellon Graduate Student Research Award from LACS and a grant from Cultural Anthropology to conduct pre-dissertation fieldwork. From June 2006 to May 2008, Alvaro Jarrín conducted his dissertation fieldwork in southeastern Brazil, funded by the Wenner-Gren Dissertation Fieldwork Grant.

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Alvaro published an article in 2006 in *Exchange*, the online Journal of the Anthropology Department at the University of Chicago, titled “The Right to Beauty: Cosmetic Citizenship and Medical Modernity in Brazil.”