

Revealing Narratives in Before and After Photographs of Cosmetic Breast Surgeries

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REVEALING NARRATIVES IN BEFORE AND AFTER PHOTOGRAPHS OF COSMETIC BREAST SURGERIES

RACHEL ALPHA JOHNSTON HURST

Abstract: *Feminist cosmetic surgery scholars have been attentive to cosmetic breast surgeries as emblematic of a range of issues and questions. Breast implant and reduction surgeries have been analyzed by scholars as psychologically beneficial, as representative of unethical practices in the cosmetic surgery industry, as exemplar of the objectification of women's bodies, and as connected to powerful cultural ideas about breasts. A curious dearth in previous scholarship is a sufficient engagement with the ubiquitous library of photographs that document these procedures. This essay discusses before and after photographs of cosmetic breast surgeries, which occupy a liminal space as medical and sexual, verification and fantasy. In this essay, I argue that before and after photographs of cosmetic breast surgeries should be read as revealing of*

Resume : *Les chercheurs qui se spécialisent dans le domaine de la chirurgie plastique féminine se sont intéressés à la chirurgie cosmétique du sein comme étant emblématique de tout un éventail de questions et de sujets. Les implantations mammaires et les opérations de réduction ont été analysées par les chercheurs pour leurs aspects psychologiques bénéfiques, pour l'exemple qu'elles offrent de pratiques contraires à la déontologie dans l'industrie de la chirurgie plastique, pour l'objectification qu'elles font du corps féminin, pour leurs liens profonds avec les idées culturelles sur les seins. Curieusement plus rare parmi toutes ces recherches est l'étude de l'omniprésente collection de photographies documentant ces pratiques. Cet article discute des photographies pré- et post-chirurgie plastique mammaire qui occupent une place liminaire entre le médical et le sexuel, entre le vérifiable et l'imaginé. Dans cet essai, je propose l'idée que les photographies pré- et post-chirurgie plastique mammaire doivent être interprétées*

the conditions under which patients and surgeons operate, rather than solely as proof of an operation's results. To make this argument, I focus on two examples of before and after photographs – one of a breast augmentation and one of a breast reduction – and guide my analysis of the images in relation to narrative interviews with three women who underwent cosmetic breast surgeries.

comme la révélation des conditions dans lesquelles patientes et chirurgiens opèrent, plutôt que comme la simple observation du résultat de l'opération. Afin de soutenir cet argument, je me concentre sur deux exemples de photos pré- et post—l'une d'une augmentations mammaire et l'autre, d'une réduction—et je conduis mon analyse en m'appuyant sur l'interview de trois femmes ayant subi une opération de chirurgie plastique mammaire.

Feminist cosmetic surgery scholars have been attentive to cosmetic breast surgeries as emblematic of a range of issues related to embodied experiences of gender and sexuality. Although some scholars have considered the role of before and after photographs in advertising and decision-making processes, they have not given due attention to the highly standardized style of photography that appears on surgeons' websites to demonstrate these outcomes. In this essay, I argue that before and after photographs of cosmetic breast surgeries should be read as revealing of the conditions—individual and structural—under which patients and surgeons operate, rather than solely as proof of an operation's results. To make this argument, I focus on two examples of before and after photographs—one of a breast augmentation and one of a breast reduction—and guide my analysis of the images in relation to narrative interviews with three women who underwent cosmetic breast surgeries. At first glance, the images I discuss are utterly unremarkable, due to the repetition of similar images on virtually every website advertising cosmetic breast surgery. However, in this essay, I maintain that when considered alongside women's narratives of their cosmetic breast surgeries, the meaning of these photographs becomes manifold and surprising, much like the experience of undergoing the surgeries themselves. These images, I argue, exist at the nexus of medicine and sexuality, past and present, as well as verification and fantasy.

I begin this essay with a synopsis of feminist analyses of cosmetic breast surgeries, which interpret these surgeries variously as exemplars of the objectification and sexualization of women; as psychologically beneficial acts that enable patients to feel more at home in their bodies; and finally, as connected to powerful and multivalent cultural ideas about breasts. These analyses provide a rich and multifaceted context for thinking about the function of photography for cosmetic breast surgeries. After this necessarily concise summary, I extend a theoretical framework for reading my two examples as illuminative of the terrain of cosmetic breast surgeries. Kaja Silverman recently posited that photography is disclosive, rather than evidentiary; in her words, as an object that is of this world, it is “the world’s primary way of revealing itself to us” (7 and 10). In my book, *Surface Imaginations: Cosmetic Surgery, Photography, and Skin*, I argued that the contemporary conditions of the cosmetic surgery industry are shaped by the seductive fantasy that an alteration on the surface of the body will result in an improvement of one’s interior life, aligned with a promise that our bodies are limitlessly transformable and most of all, controllable (19). I call this fantasy “surface imagination.” Silverman’s contention that the photograph is disclosive is provocative to me, as I previously understood the use of photographs within cosmetic surgery as objects of aspirational evidence. This essay provides an opportunity to reflect on how these two ways of understanding photographs are in tension with and complement one another. Before delving into the photographs, I offer a sketch of the methodology I use to connect three narratives of cosmetic breast surgery by Tonya, Leah, and Melinda (all pseudonyms), with an analysis of two archetypical before and after photographs found online. Conceiving of photography as disclosive pushes me to rethink the function of before and after photographs beyond their more commonly perceived status as evidence. This rethinking is a useful intervention to better understand what these photographs mean to women considering and undergoing cosmetic breast surgeries, as well as their use in medicine and popular culture.

Analyses of cosmetic breast surgeries exist amongst the earliest feminist investigations into the relationship between culture, images, and

the cosmetic surgery industry. These initial discussions typically presented cosmetic breast surgeries as objectifying and harmful, a capitulation to visual preferences generated by men through the beauty and pornography industries. For example, Kathryn Pauly Morgan claims that “de-skin[ning] and altering the contours of women’s bodies” to look like “mannequins with large breasts in the shop windows of modern patriarchal culture” happens in a context where women are subject to “compulsory attractiveness,” which is “defined as attractive-to-men,” and where women are compelled to direct their sexuality towards men (46 and 32). Other early feminist approaches emphasized the sexualization of women’s breasts in cosmetic surgery, linking breast augmentation with foot binding, as a means to “increase sexual desirability” (Spitzack 39). A common thread that connects several of the objectification analyses is a concern about the creation of pathologies such as “micromastia” to justify breast implants (Bordo 44; see also Morgan 39-41; Spitzack 38). Although contemporary analyses of cosmetic surgery tend to be more nuanced, such analyses of breast augmentation continue to have an afterlife in anti-pornography analyses, as well as trans-exclusionary radical feminist analyses of transgender surgeries (see Dines; Jeffreys).

Cosmetic breast surgeries are frequently explained as having a beneficial psychological outcome, because patients report they can dwell more easily within their bodies because their internal image of their body is more closely aligned with its outward appearance following surgery. Kathy Davis’s *Reshaping the Female Body: The Dilemma of Cosmetic Surgery* was the first scholarly text to take this claim seriously. She argues that while cosmetic surgery has been sensationalized as the domain of the rich, vain, and famous, the majority of women who undergo cosmetic surgery desire to appear “ordinary” (Davis 12). More importantly, women’s active engagement with cosmetic surgery resists cultural expectations for women to be passive and compliant. Davis concludes that cosmetic surgery can be a means for women to become “embodied subjects, rather than objectified bodies” (114). Debra Gimlin’s interviews with women who underwent breast augmentation reveal that women combined the narrative that cosmetic surgery is psychologically beneficial with the

narrative that they were hard-working people and thus morally entitled to surgery (86-88). These interviews also show an intriguing alignment with popular discourses about the importance of self-care for women. As I will discuss shortly, my interviews with three women who underwent cosmetic breast surgeries within the context of a project about cosmetic surgery more generally also reflected the idea that these surgeries were a form of self-care and taking control of one's life (Hurst).

And finally, feminist scholars have argued that cosmetic breast surgeries cannot be analysed outside of a broader understanding of the socio-cultural meanings of breasts, particularly those produced by beauty and celebrity cultures, as well as ideologies of motherhood. Within a discussion of surgeons' claims that cosmetic surgical body modifications are quickly and easily integrated into patients' body image, Virginia Blum astutely notes that a woman's sense of her breast implants "belonging" to her self-concept of her body is limited "only insofar as breasts ever belong to women and are not culturally coded for visual pleasure, as a signifier of femininity" (32). Arguing that we currently live in a "surgical culture" where the body is transformed into a two-dimensional plane through cosmetic surgery, Blum situates cosmetic breast surgeries as inseparable from the "public spectacle of femininity," which alienates women from their bodies, particularly parts of the body that are highly gendered and sexualized, like breasts (33). Like Blum, Meredith Jones posits that celebrity culture—which is highly invested in ongoing bodily transformation to meet contemporary trends and demands to appear youthful and feminine—is inseparable from how cosmetic breast surgeries are interpreted (139-43). Both scholars note the contradictory status of breasts as both sexual and maternal. Analyzing breast augmentation through the methodology of the psychoanalytic case study, Alessandra Lemma argues for a psychoanalytic praxis that is concerned with what effects the significant rise in cosmetic surgery has on individual psychical experiences, particularly as patients experience psychological distress post-cosmetic surgery (24). In *Minding the Body*, she devotes a case study to a patient who undergoes breast augmentation in relation to her experiences of having and being a mother, which

Lemma investigates through the lens of cultural ideologies as well as the patient's singular experience (23-40).

Each of these feminist perspectives has addressed, to varying degrees, the relationship between the idealized image and the body. The insights of these scholars guide my analysis in *Surface Imaginations*, which theorizes that the photograph is the idealized surface of the cosmetic surgery industry, counterposed against the skin as the de-idealized surface. The photograph is capable of interminable transformation, without the pain or time required to recover physically, or the uncertainty of the results of an operation. For these reasons, I conceptualized the photograph as "reminder, evidence, and promise" in cosmetic surgery (92). The skin, on the other hand, is uncontrollable: it bleeds, hurts, scars, and changes throughout time, no matter what we do.

I did not enter into this project with the intention of inquiring into the status of photographs in cosmetic surgery; however, my inquiry into surgeon's websites, women's magazines, and interviews led me to situate the photograph as central to cosmetic surgical practice. I was particularly surprised by the degree to which photography functioned as a medium for patients to visualize the effects of a cosmetic surgery on their body, as well as how my interviewees used photography as a way of documenting the changes to their body, which I explore extensively in my book. I came to see photographs as primarily items of evidence in cosmetic surgical practice, and I located these photographs within a variety of other identity and evidentiary photographs like driver's licenses and mug shots (113-15). Further, I argued that photographs of cosmetic surgery act as fantasy objects that provide evidence as either memories of previous embodiments or assurances of potential embodiments.

In her reconsideration of the history of photography, Silverman proposes that we rethink the photograph as not the invention of a handful of men, not as an object with an indexical relationship to its subject, but rather as an ontological and social revelation (87). In this reframing, photography is a fundamentally human activity that "develops ... *with us* and *in response to us*" (Silverman 12). Photographs

are *not* representations of something that is no longer there, but instead they are receptive surfaces through which the world discloses itself to us through the camera in a singular fashion that is radically different from our look (Silverman 47 and 123). Silverman develops her analysis through a deliberation on early photographs (daguerreotypes, and those produced by the camera obscura, for example), as well as contemporary fine art photographs (particularly those created by artists who reclaim early photographic practices). She does not discuss the implications of her argument for contemporary vernacular photography and digital photography, yet as this is the first in a three-volume series, it is possible that she will do so in the future. This argument is profoundly different from how I understood photography in *Surface Imaginations*, where I emphasized the evidentiary qualities of cosmetic surgery photographs. Silverman's insight compels me to push my analysis further to ask what impressions of the cosmetic surgery industry and encounter exist in ordinary before and after photographs.

When photography is considered an index or as evidence, images possess a quality of "pastness," in that the referent exists in the historical moment of the photograph (Silverman 2-3). In this conceptualization, photographs are dispassionate objects of remembrance or confirmation, faithfully encompassing the past in an image. Before and after photographs of cosmetic breast surgeries enclose two discrete moments in breasted life, moments that viewers understand as separate: "before" is past, and "after" is present. In this way, the use of before and after photographs both relies on and disturbs the quality of "pastness" that indexical or evidentiary understandings of photography possess. This is because before and after photographs invite the viewer to consider the transformation of the patient's body in the present and also to imagine the possibility of transformation in their own future. Working with Silverman's exegesis of Walter Benjamin's early work on photography, photographic images are not fixed, but rather developmental, reaching through time and space for a look that could "recognize" and "redeem" an image (7). When a photographic image reaches a look of recognition and redemption, "the present discovers itself within the past, and the past is realized with-

in the present” (Silverman 7). Before and after photographs of cosmetic breast surgeries have been considered by many scholars (including me) to fix bodies in time for the dual purposes of advertising a surgeon’s skill and narrating a patient’s bodily transformation. The past is rejected as abnormal or deficient and the present is celebrated as a victory. However, if I follow Silverman, before and after photographs can also be thought of more disruptively: not as linear narratives that separate past from present, but as mutually constitutive and disclosive of the individual and structural factors that shape how patients obtain surgery.

I work from the premise that even the most mundane photographs of cosmetic surgery are not transparent and knowable, but instead that before and after photographs can be read as part of a system of signs pointing to the fantasies of the cosmetic surgery industry. Typically, photographs like the ones I discuss in this essay are dismissed as banal and uninteresting, or as manipulated and unreliable. Thus, they are not typically the material of scholarly consideration, which prefers extraordinary examples like “extreme” makeovers, artists who use cosmetic surgery, or fictional explorations of the before and after image in visual culture. As a result, ordinary photographs of cosmetic surgeries are under-theorized and presented as though they can be read transparently (if they are presented at all). My research is interested in novel ways to understand the embodied experience of undergoing cosmetic surgery, an experience in which patients navigate a complex visual terrain of individual desires and socio-cultural ideals. This complexity leads me to use creative methodologies like poetic transcription (using interview transcripts to craft texts inspired by the conventions of poetry) in order to investigate the meaning of cosmetic surgery for those whose lives intersect with its ideologies and practices (Hurst 34-40). Here, I propose that another creative and speculative way to better understand my interviews with cosmetic breast surgery recipients is through expanded inquiry into the kinds of before and after photographs they described in our conversations. My analysis in this essay builds on, and extends my earlier work on these interviews, which were analysed through a grounded theory approach that considered the interview as an in-

tersubjective and intertextual commitment (see Glaser and Strauss; Clarke; Charmaz; Shostak). Rather than take these images for granted, I reconsider them through the lens of Silverman's argument that photographs are a way that the world (of cosmetic surgery) reveals itself to us as viewers.

Specifically, I think that Silverman's argument has profound consequences for how we look at photographs such as these:

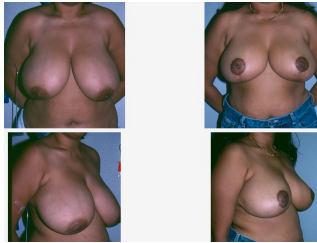


Figure 1. Otto Placik, Patient No. 7181-Dr. Placik-Breast Reduction, Chicago Illinois-Arlington Heights-four-plate photograph, Wikimedia Commons, 17 July 2011, https://commons.wikimedia.org/wiki/File:Patient_No._7181-Dr._Placik-Breast_Reduction,_Chicago_Illinois-Arlington_Heights-four-plate_photograph.jpg.



Figure 2. Otto Placik, Dr. Placik Breast Augmentation, Wikimedia Commons, 26 June 2009, https://commons.wikimedia.org/wiki/File:Dr._Placik_Breast_Augmentation.jpg.

Figures 1 and 2 are before and after photographs of breast reduction surgery (figure 1) and breast augmentation surgery (figure 2). These surgeries were performed by Dr. Otto J. Placik, a plastic surgeon practicing in Chicago, who uploaded several photographs of his surgeries to Wikimedia Commons, because he “believe[s] a picture is worth a thousand words” (Placik). My selection of these two photographic sets is driven by their free-use status, as Placik registered them with Creative Commons. Photographs like these can be located on virtually any website of a cosmetic surgeon who offers cosmetic breast surgery as a part of their practice. However, my decision not to choose photographs directly from a surgeon’s website stems from the assumption that patients would know their photographs were being used by their surgeon, but not expect them to be used otherwise, as they might with an image uploaded to an open access media repository. The photographs are arranged in a grid that would be called a “full-face” view and a “three-quarter” view, if we were looking at facial portraits; it should be noted that the two views give the appearance of heightened objectivity, as it is quite common not to include the three-quarter view in surgeons’ before and after galleries. These two perspectives aim to give the viewer a sense of the visual attractiveness of the patient’s breasts, as well as their size and volume. The photographs begin at the patients’ necks, and end at their waist or hips. We read the images from left to right, as though reading English text, and the photographs on the right ostensibly show the viewer what has happened as a result of the surgery. The photographs on the left-hand side—the “before” images—attempt to show the viewer what is pathological about the patient’s breasts; on the right, the viewer is encouraged to make an assessment of how successful the surgeon was in correcting the pathology.

The style of these photographs encourages an objectifying gaze, as the viewer sees only a de-individuated torso that seems curiously disembodied even though all we see is a body. Deborah Lupton observes that “the iconography of medical advertising is a revealing insight” into the disconnection between doctors and patients, as no body contact is implied through the image, which fragments the body into pieces and strips the patient of their individuality

through a dehumanizing and anonymous encounter (72). Arranged in a makeover style of transformation, the “after” photographs locate the surgery as the central change to the body, even though other elements of the women’s bodies have changed in order to make the “after” image more normatively flattering through weight loss, jewellery, and tanning. But most notably, as viewers we have no concept of how much time has passed since the women underwent their surgeries, which would have inevitably caused swelling, bruising, and scarring. Some scarring is visible in the “after” photographs of the breast reduction, although the size and colouration of the scars suggest that they were taken some time after the operation, and no scarring whatsoever is apparent in the “after” photographs of the breast augmentation. The makeover framing of the photographs diminishes the reality that these women underwent surgery, even though the “before” photographs (unusually) contain signs of a medical environment, as one woman is apparently receiving intravenous fluids and the other woman is wearing a bandage on her inner elbow, as though she has recently had a blood draw. And of course, the makeover framework lessens our awareness of the pain and discomfort involved in recovering from cosmetic breast surgeries.

The use of the makeover trope in before and after photographs by cosmetic surgeons suggests an equivalence between changing one’s appearance through makeup, dieting, and hairstyling and changing one’s appearance through surgery. In *Surface Imaginations*, I brought together Elizabeth A. Ford and Deborah C. Mitchell’s analysis of movie makeover narratives with Kathy Davis’ analysis of cosmetic surgery narratives. Both tropes define the makeover or surgery as a defining moment of the protagonist’s life; as an outcome or reward for suffering through hardship; as defined by a series of deliberations; and as a way to confirm one’s identity (Hurst 64-66). The combination of cosmetic surgery and movie makeover narratives, in a range of photographic practices apparent in women’s magazines, surgeon’s websites, and personal photographs, conceals more than reveals what happens in cosmetic surgery (Hurst 72). Although I would still maintain that this is accurate when considering the surgical process and healing period following a surgery, Silverman’s re-

evaluation of the disclosive potential of photography encourages me to reconsider what before and after photographs might reveal of the conditions under which patients engage with the cosmetic surgery industry. Through this process of reconsideration, I was surprised to find that these somewhat mundane photographs *did* express themes of my interviews conducted with three women who underwent cosmetic breast surgeries, even though they reveal very little about the process of undergoing surgery.

I interviewed three women in 2007 and 2008 who had undergone cosmetic breast surgeries, which formed part of the research for my book. Tonya and Leah received breast reduction surgeries that were covered by provincial health insurance. Tonya's surgery happened nine years before we met, while Leah's surgery was comparatively recent, having occurred just over a year before our interview. Although a commonly-held assumption is that breast reduction surgery is a medically necessary procedure, patients—especially those who have access to government-funded health insurance—indicate that framing breast reduction as “medically necessary” or as “reconstructive” surgery is instead a successful strategy to gain access to funded cosmetic surgery (see Naugler, “Crossing” and *To Take a Load Off*). This was true for both Tonya and Leah, who discussed their surgeries in cosmetic and emotional terms, as both interviewees had experienced a kind of hyper-visibility as well as unwanted sexual attention as a result of their large breasts. Melinda underwent breast augmentation surgery at a privately-run clinic and paid for her own surgery. This is typical for Canada, with the exception of breast implants that women receive after a mastectomy, which is classified as a “reconstructive” surgery. Her surgery occurred three to four years before our interview (she could not remember exactly when the surgery happened). Melinda explained that her surgery was a way to reclaim her body after an abusive relationship, and further, as a return to the way her breasts looked when she was pregnant and breastfeeding her daughter, a time when she felt powerful in her embodiment. This is a necessarily brief introduction to these interviewees, and more detailed information and analysis about their experiences of coming to, undergoing, and living after cosmetic surgery

can be found in my book. For now, I would like to turn back to the before and after photographs of breast reduction and augmentation in relation to Tonya's, Leah's, and Melinda's narratives of their surgeries.

Tonya described her consultation appointment as a profoundly disembodied and "very degrading" experience, where her breasts—which were a "heavy source of shame" for her—were treated as though they were not a part of her body, and instead as objects to be evaluated as either "too big ... too ugly ... too saggy" through photography. Based on the way Tonya described the process of being photographed "from the front and side" in order to be assessed by a "review panel ... a faceless panel of doctors" who would determine whether or not her surgery was eligible for provincial health insurance coverage, the photographs on the left in figure 1 could be the outcome of the appointment she described. Tonya also discussed looking at after photographs of breast reduction surgeries in a "standard textbook" that her surgeon offered in response to her request to see what scarring she could expect. While Tonya was critical of how the photographs of her breasts would be used to visually assess her eligibility for insurance coverage based on appearance rather than medical need, she accepted the realism of the photographs such as those in figure 1.

Leah, on the other hand, had looked at some breast reduction photographs on the Internet and was not convinced that they provided an accurate representation of surgical results. She linked this incredulity with the commonplace idea that it is unwise to seek medical information from the Internet, as the risks will always be exaggerated. Unlike Tonya, Leah did not have photographs taken as a part of her intake appointment. Nevertheless, her experience of being assessed in the clinic is also present in figure 1. Because she did not trust the evidentiary power of photographs, Leah felt that she needed to place her trust in the surgeon instead. Although she described him as a "nice man" and a "good" surgeon, her description of being assessed by him was not flattering. He was in the consultation room for just five minutes, "flicked open" her hospital gown, and treated her breasts and body as though he "was a mechanic dealing with parts."

The sterile and detached disposition of figure 1 discloses this experience, as the viewer is not encouraged to see the subject as a person entering into a medical relationship to change a part of her body that might be associated with a range of feelings related to sexuality, maternity, shame, and pathology, but instead as “parts” that can be “dealt with.” The fragmented body in figure 1 uncovers the vulnerability and objectification in the encounter, as well as the experience of having one’s breasts manipulated and evaluated as though they are entirely separate from one’s self.

One significant difference between figure 1 and figure 2 is the presence of scarring in figure 1. This scar—which encircles the woman’s nipples and runs down vertically toward the crease where her breasts and torso meet—has a visual function in the photograph that is parallel to the popular assumption that breast reduction surgery is a reconstructive, medically necessary procedure. The scar’s apparition suggests and reinforces the idea that patient and surgeon are less concerned with the cosmetic outcome and that this surgery has been done for functional reasons. Its visual presence replicates the significance of the scar for both Leah and Tonya. Leah’s motivation to seek breast reduction surgery originated in the shame she felt about the stretch marks networked across her breasts; in contrast to these, surgical scars were not concerning in the least. Tonya made a decision to never be ashamed of her surgical scars and contradictorily described her scars as “big and disgusting and ugly” but also “actually quite good.” She created a regimen of care to minimize the size and improve the appearance of her scars, which included the use of turmeric and rosehips. Melinda also spoke about scarring, saying that while her breast augmentation scars were larger than usual, they were also “not noticeable” and “faded.” Figure 2 is markedly different, as the scar left by inserting breast implants into the patient’s chest is possibly concealed in the creases underneath her breasts, something which Melinda mentioned when she said that her scars were not apparent. In figure 2, it appears that the patient’s breasts have miraculously grown, but are otherwise not substantially different in shape or location.

Intriguingly, the depiction of breasts in figure 2 is revealing of how Melinda discussed her hopes for her breast augmentation surgery, rather than her interactions with her surgeon. Melinda consulted the photograph gallery on her surgeon's website and was reassured that he had operated on women who varied in body and breast size, and that he also performed breast reduction and lifting surgery. She reminisced fondly about her experiences of being pregnant and breast-feeding her daughter, which was a time when her "body changed a lot" because she "had breasts" and felt "more feminine and sexier and curvier." This transformation was almost magical, and facilitated an experience of embodiment that was powerful and different from her self-concept as a "heady" person who didn't previously care that she had small breasts. Melinda's narrative about her breasts growing during pregnancy and childbirth is uncomplicated and does not involve a dramatic change. This was the expectation that she held about her breast augmentation, which she hoped would return her to this former embodiment where her breasts were "small, and natural." Here, figure 2 discloses the wishes informing the decision to undergo breast augmentation surgery, as well as Melinda's satisfaction and happiness with her outcome. Significantly, Melinda said that she "liked [her] breasts all of a sudden," a declaration that echoes the immediacy of the transformation in figure 2.

As representatives of conventional before and after photographs of cosmetic breast surgeries, my analysis of figures 1 and 2 in relation to interview narratives about breast reduction and augmentation indicates that such photographs do hold a disclosive dimension that I had never considered. When read disclosively, looking at before and after photographs of cosmetic breast surgeries is an act of recognition that reveals the body in transformation and the power dynamics of the patient-surgeon relationship. This disclosive dimension exists alongside the instrumental use of before and after photographs as evidence of a surgery, a use which I have argued conceals more than it reveals (73). For example, what continues to be invisible in figures 1 and 2 is the severe pain, swelling, and bruising that Tonya described as "look[ing] like I'd gone through a Mack truck," the dehydration and adverse reaction to pain medication that led Melinda

to an emergency room two days after her surgery, and the discomfort Leah experienced when dealing with drainage tubes for the week following her surgery. These examples of what is unseen in before and after photographs of cosmetic breast surgeries suggest that their common use as evidence of a surgery is one that intends to be persuasive through diminishing what is painful and unpleasant about healing.

Before and after photographs of cosmetic breast surgery are “predicated on [a] conceit of immediacy and visual order,” revealing a desire to correct and control the disruptive body presented in the before image (Hannabach 356). An analysis of before and after photographs of cosmetic breast surgeries as disclosive is significant in the context of ongoing struggles for authority over the interpretation and creation of medical images at the intersection of science and popular culture (Treichler et al. 9). Reflecting on the disclosive qualities of Figure 1 and Figure 2 through the lens of narratives of cosmetic breast surgeries makes room for an interpretation that considers not just the results of a surgery (evidence), but also the conditions that patients navigate as they establish relationships with surgeons. Ordinary before and after photographs of cosmetic breast surgeries can facilitate a better understanding of patients’ hopes for surgery, as well as their experiences of the consultation process, which are inscribed onto the photograph’s surface. Reconsidering these photographs through Silverman’s insight that photography reveals something about the world compels me toward a more nuanced and changed understanding of Tonya’s, Leah’s, and Melinda’s narratives. Thus, while I continue to interpret these photographs as concealing the process of recovery and healing, I additionally understand them as revealing a partial view of the world of cosmetic surgery to their viewers. Thinking through such photographs not only as evidentiary, but also as disclosive, opens up a potential avenue of analysis for researchers interested in visual culture and embodiment.

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