



Editor's note: This two-part roundtable features critiques of contemporary visual culture as seen through a medical humanist lens. In Part I, below, Laila Knio and Alyson Lee draw on the scholarship of sociologist Arthur Frank to interpret how pharmaceutical advertising depicted mental illness among Black Americans in the 1970s and plastic surgery for young South Korean women in the early 21st century. Part II will explore how debates about the reproduction and extension of human life appear in popular journalism and marketing materials.

Haldol and the Chaos Narrative

Laila Knio //

Assaultive and belligerent?

Cooperation often begins with
HALDOL
(haloperidol)
a first choice for starting therapy

Acts promptly to control aggressive, assaultive behavior

Several studies have reported the special effectiveness of HALDOL (haloperidol) in controlling disruptive and dangerously insubordinate behavior. "Even the number of violent assaults committed by a group of criminal psychotics 'resistant to maximal doses of phenothiazines' was reduced substantially during treatment with HALDOL." Symptom control can be achieved rapidly, frequently within a few hours when the intramuscular form is used for initial control of acutely agitated psychotic states."

Usually leaves patients relatively alert and responsive

Although some instances of drowsiness have been observed, marked sedation with HALDOL (haloperidol) is rare. In a report on a study with criminal psychotics the investigator states, "The patients remained alert and more amenable to psychotherapeutic intervention." Another investigator reports that HALDOL "normalizes" behavior and produces a sensitivity to the environment that allows more effective use of the social milieu and the therapeutic community."

Reduces risk of serious adverse reactions

HALDOL (haloperidol), a butyrophenone, avoids or minimizes many of the problems associated with the phenothiazines. Hypotension is rare and severe orthostatic hypotension has not been reported. There is also less likelihood of adverse reactions such as liver damage, ocular changes, serious hematologic reactions and skin rashes.

The most frequent side effects of HALDOL (haloperidol)—are usually dose-related and readily controlled.

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For information relating to Indications, Contraindications, Warnings, Precautions and Adverse Reactions, please turn page.

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In a 1974 advertisement for Haldol (above), an African American man sneers angrily out from the page, brandishing a fist at the reader. Adjacent text reads, “Assaultive and Belligerent? Cooperation often begins with HALDOL a first choice for starting therapy.” The advertisement exemplifies the emergence of schizophrenia as a Black disease around the time of the Civil Rights era. As Susan Sontag argues in *Illness as Metaphor*, society’s attitude toward a particular disease often correlates with the perceived *cause* of the disease and those believed to be afflicted. A lack of scientific explanation for the cause of disease fuels the genesis of deliberate but inaccurate attributions that serve one part of society at the expense of another. A possible consequence of this inaccurate attribution is the patient’s internalization of what sociologist Arthur Frank calls the *chaos narrative*, an embodied experience of a story so chaotic that it lacks “narrative order” (97). I will demonstrate how the 1974 advertisement for Haldol exemplifies a chaos narrative in three ways: by depicting the patient’s dramatic lack of control; by using the advertisement’s historical origin to illuminate the prescribing physician’s lack of control; and by the specific use of color, location, and diction to illustrate the creation of chaos motivated by an avoidance of social diagnosis. The rendering of bodies in chaos by the medical establishment is but one way that institutional violence has been, and continues to be, inflicted on African American patients.

By virtue of the pharmaceutical advertisement’s direct address to the prescribing physician instead of the ill person, the ad violently strips control away from the patient depicted in the advertisement. Phrases like “acts promptly to control aggressive, assaultive behavior,” and “usually leaves patients relatively alert and responsive” are meant to intrigue, reassure, and mobilize the physician. Meanwhile, the “assaultive and belligerent” patient is given no agency in his illness narrative. The implication, in Frank’s terms, is that the psychiatrically ill person’s control is contingent, and that discipline and regimentation must be imposed (30). Although Frank interprets the body in chaos as *disassociated*, this quality demands an ability to disentangle the self from the pain-inflicting body for the purpose of survival (103). The patient depicted in the ad is incapable of knowing the need for this dissociation and is without the tools to disassociate. The patient depicted here not only lacks *desire* but could be said to be incapable of desiring. The “disruptive” and “assaultive,” almost beastly, figure depicted, fist clenched, teeth bared, left shoulder turned menacingly towards the reader, might feel *need* but never desire; that would be too great a cognitive task. On the other hand, the patient is *associated* with his body *by default*. In response to Frank’s question, “Do I have a body, or am I a body?” (33), we can assume that not only are the self and body considered the same animalistic entity, but that the self is never given the opportunity to be recognized outside of the body. If such a separation existed, the reader might be shown a sliver of the ill person’s humanity. The patient is *monadic* in his isolation (the only figure in the illustration), and the crazed look behind his pupil-less eyes suggests an entrapment within his own mind. This entrapment again indicates the inability of the patient to separate self from body, a failure of disassociation that perhaps implies the continued infliction of violence—of institutional racism—upon this body.

Attendant to the patient’s powerlessness, and central to the chaos narrative, is the prescribing physician’s parallel lack of control—a lack of control grounded in the political underpinnings of the advertisement. The central motive of the advertisement is punishment *conflated* with treatment.

Frank writes that, in the chaos narrative, “The ill person’s loss of control is complemented by medicine’s inability to control the disease. Chaos feeds on the sense that *no one* is in control” (100). Phrases like induces “cooperation” and “acts promptly to control aggressive, assaultive behavior” do not imply a cure. Even if the “patient” in the advertisement suffers from schizophrenia, there is no talk of relieving the symptoms we currently associate with schizophrenia: hallucinations, delusions, disorganized speech and behavior, or negative symptoms like affective flattening. This is in large part because information about the pathophysiology and clinical presentation of schizophrenia was limited in 1974. Jonathan Metzler, an expert on the representation of gender in antidepressant advertisements, writes that the DSM II classified schizophrenia “as a disorder of racialized aggression.” The Civil Rights era ushered in incredible anxiety about Black bodies and their shifting place in society. The Black person who dared emote, protest, or challenge the social order was threatened with being called “schizophrenic.” Thus, the drug in the advertisement is not meant to treat or cure, but to control—to render cooperative.[1] In this new era, “psychiatric authors conflated the schizophrenic symptoms of African American patients with the perceived schizophrenia of civil rights protests, particularly those organized by Black Power, Black Panthers, Nation of Islam, or other activist groups” (Metzler). However much the medical community desired control over these “undesirable” subjects, their inherent *misdiagnosis* assured that control was elusive.

I turn now to the advertisement’s use of color, location, and diction to highlight a narrative of chaos born from an adamant desire to avoid a social diagnosis. Frank asserts that “chaos is told in the silences that speech cannot penetrate or illuminate” (101). We see this chaotic silence behind the advertised patient’s animalistic, wild eyes, heavy-set eyebrows, bared teeth, and clamped fist that imply a being incapable of rational speech (if capable of speech at all). The streams of red ink and white negative space wrapping through the patient, around the surrounding buildings, and along the street place the patient squarely in the center of chaos; the red ink and uniform gray-blackness of the background distort both patient and surroundings. The blurring of these colors creates a sense of anger and madness too loud to give form to any other emotion or humanizing characteristic. It is a picture of a person lost within himself. The illustration of the patient outdoors, on a street in front of a building, favors the idea of the “protest psychosis.” What we might interpret as an arrest of a Black man from the streets and a confinement to psychiatric care serves as further marginalization of the marginalized. Frank offers an explanation for society’s motivation to *help create* the chaos narrative: “Society prefers medical diagnoses that admit treatment, not social diagnoses that require massive change in the premises of what that social body includes as parts of itself” (113). Rather than promising a cure, the ad promises that Haldol will impose “cooperation,” while—*even better!*—rendering the patient “relatively alert and responsive.” In this way, the advertisement resists the restitution narrative most commonly told by both historical and contemporary pharmaceutical commercials. It does not promise that the patient will be “good as new” (Frank 77). In fact, we can infer that the patient was never “good” or “new” to start with. The advertisement ultimately captures the seductive appeal of pathologizing the un-pathological, of administering psychopharmacologic treatment rather than yielding to the demands of reformative change. We are left with the *imposition* of a chaos narrative by virtue of society covering

its ears in the face of the real narrative. It would be much more difficult to socially diagnose—to listen.

[1] In the 1960s, attribution of schizophrenia shifted from “frail, nervous white women” (predominant in the 1920s to 1950’s) to “anger and blackness” (Metzl). In a nod to Schizophrenia’s former designation, a 1950’s advertisement for Serpasil promised to render patients (two white women) “clean, cooperative, and communicative.”

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“Let’s Graduate from your Complex”: South Korean Plastic Surgery and the Automythologic Investment in Self

Alyson Lee //

According to the International Society of Aesthetic Plastic Surgery, South Korea has the highest ratio of plastic surgery procedures per capita at 898 per 100,000 people (Heidekrueger 271).[1] In 2015, it was estimated that one in three South Korean women aged 19 to 29 years had undergone some form of plastic surgery (Gallup Korea). It is within this context that I will analyze a video advertisement for “double eyelid surgery”[2] at ID Hospital (아이디병원), a top plastic surgery clinic in Gangnam, Seoul. In this advertisement, the plastic surgery patient emerges not just with a new face but with an entirely new mode of operating in their economic and social world.

The ad opens onto a girls’ high school classroom with a male teacher at the board. Traditional Korean-style music plays in the background. The teacher turns around to see one student with exaggeratedly small eyes. He believes she’s asleep and throws his chalk at the girl to wake her up. The girl, however, dodges the chalk. She groans, “대박” (“Amazing”) and grimaces at the surprised teacher. A voiceover (young, female) cries out, “뜰 때가 됐다!” (“It’s time to open your eyes!”). The

video cuts to the same student standing beside her teacher, her eyes now big and open. Text on the screen reads, “콤플렉스를 졸업하자!” (“Let’s graduate from your [insecurity] complex”) with relaxed vocal music. The ad ends with the logo for ID Hospital.

In his influential book *The Wounded Storyteller*, medical sociologist Arthur Frank offers different frameworks for understanding narratives of illness and disability. One such framework is the “automythology,” describing a common narrative arc where the ill person experiences “self-reinvention” in the wake of medical trauma— “[the self] not only has survived but has been *reborn*” (22; emphasis added). In an automythologic narrative, the ill person is re-envisioned as a phoenix rising from the ashes of their old, ill body and emerging a transformed individual. Read through the lens of Frank, ID Hospital’s 30-second advertisement makes automythologic claims that the self can be reborn through the slice of a scalpel. Specifically, the advertisement paints the “new self” as one primed for success within Korea’s competitive economic context. However, though this new self is socially coerced, the heroism of the story is still attributed to the subject for making a reasonable investment in her health and economic future.

If we allow dissatisfaction in one’s appearance to constitute “illness,” it is not difficult to place the narrative claims of plastic surgery within Frank’s framework. As sociologist Ruth Holliday writes, “Surgical makeover does not just simply represent alteration to the body but also improvement to the self, such that the subject...*claims to be a different person*” (“Gender, Globalization” 64; emphasis added). Such a radical transformation of self can clearly be seen in this ad. The subject begins with exaggeratedly small eyes, making her appear more monstrous than human (“수험생 할인”). Her otherness is then emphasized by placing her in a room of normal girls in uniforms. In the sea of uniformity, our attention is drawn to the only aberration in the room—the subject’s eyes. In no less than twenty seconds, however, this Other is radically transformed from monster to bright-eyed woman. The stark contrast supports the “rebirth” narrative with the transformation rendered, implicitly, by surgery.

Indeed, the ad makes no explicit mention of surgery, hospitals, or doctors until the very end. The subject’s transformation is brought about simply through the transition in the film editing, zooming away from the subject to give her enough time to be “reborn.” Moreover, when the camera zooms in on her face, the only “flaw” is her eyes. Everything else—skin texture, facial structure, nose, mouth—is more or less perfect. Thus, all she must do is follow the instruction of the chorus who tells her “it’s time to open [your eyes].”^[3] These choices create the impression that surgery is a magical quick fix, as easy as opening your eyes. Frank points to this as characteristic of automythology, which “can present the burning process as too clean and the transformation as too complete” (135). That is, in order for the phoenix metaphor to stay intact, the automythologic storyteller must focus the narrative on a radical “before” and “after.” Portraying too much of the intermediate struggle detracts from the “myth” and, in this case, might deter potential surgery clients.

Importantly, though, the transformation in the ad is not simply cosmetic. The subject’s “original self” has a sulky demeanor: she slouches in her seat, talks back to her teacher, and sneers. Her “new

self,” in contrast, stands tall, bright, and silent beside her impressed teacher. She seems to gain not only a new exterior but an entirely new personality. This change is further highlighted by the move from tense, traditional music to refreshing, modern “ahs” following the transformation. This shift in music parallels the shift from old to new face and from glowering to bright personality.

Thus, while Frank primarily discusses moral or spiritual character change as the mark of automythologic transformation (128), this ad centers itself on *academic* growth. The subject is immediately contextualized by the classroom, so the negative connotations of the “original self” are all read as metrics of a bad student. Her posture suggests boredom, her sarcastic response suggests disrespect,[4] and her small eyes make it seem like she is asleep. The teacher subsequently relates to her in a disciplinary manner, throwing chalk at her face—the target for discipline—to wake her up. In contrast, her “new self” exemplifies a model student. With her new face, she stands beside the teacher rather than against him, and he even gives her a look of approval. Plastic surgery won’t just make you prettier, it will make you a better student.

In the final shot, the chorus cheers, “Let’s graduate from your complex,”[5] that is, the bodily feature which gives you insecurity. The word “graduate” equates plastic surgery with work and implies that *not* taking care of your face is equivalent to not doing the homework necessary to graduate. Thus, while the ad points to surgery as a healer of insecurity, it also depicts surgery as a tool to further one’s ambitions.

This relationship between plastic surgery and productivity is highly influenced by Korea’s economic environment. In “Embodying Progress: Aesthetic Surgery and Socioeconomic Change in South Korea,” political anthropologist Eduardo Albrecht interviewed several South Korean surgery recipients to try to understand the ideology shaping the country’s plastic surgery industry. His work highlighted a sense that not getting surgery is considered lazy, as if you are not doing everything within your power to succeed. As one interviewee recounted, “An ugly girl is worse than an ugly girl who took the surgery” (43). Albrecht situates this ideology within Korea’s particular socioeconomic milieu. Following the Korean War, South Korea jumped from a country of poverty to a country with one of the highest GDPs in the world (29). To keep pace with the rapid development, job competition became notoriously fierce. For example, it is common today for employers to require headshots along with resumes. This structural practice alters the job-seeker’s relation to her own body. The body is now not just a passive medium for labor but one more “piece of equipment among many at the disposal of one’s ambitions” (44). Many job-seekers thus get “직업 성형” (literally “employment surgery”) in order to give them an edge in the job market (“Trading Faces” 192). In preparation for the adult world, many parents even “give” plastic surgery as a graduation gift to their seniors. It is no coincidence, then, that this ad takes place in a high school classroom and is wrought with “graduation” language.

Thus, in this advertisement, we see a complex aggregate of external and internal motivation. As Albrecht later suggests, the post-plastic surgery “body becomes a reflection of both a social will and an individual will” (47). The social will is exhibited through the chant “It’s time to open [your eyes],” which initiates the subject’s transformation. The chant is external, representing the

socioeconomic context pressuring the subject into conformation. Yet while the chant is external, “*It’s time to open [your eyes]*” [6] is more of an invitation than a command. The individual will is left with the subject, who alone can choose whether or not to open her own eyes. Ultimately, this locates heroism in the subject.



In the ending shot, balloons with “ID” rise from “콤플렉스를 졸업하자!”. [7] ID Hospital is not there to take credit for the work accomplished, but to offer congratulatory balloons to the subject. In classic automythology, the ill person has no choice but to undergo transformation, forced into the fire by their own ill body. They are heroes for enduring. For the plastic surgery patient, however, there is no biomedical disease to trigger transformation. Thus, if they want to achieve the new self, they must *self-impose* an automythology on their life story. They are heroes for taking initiative and making an investment in the self.

So while *Business Insider* calls South Korea one of the “Vainest Countries in the World,” the narrative is not so simple (Shen). As Frank’s phoenix rises from the ashes of illness, the subject of this ad is also reborn. This ad goes further by equating surgery with scholastic success, promising not just a change in appearance but a new economic trajectory. In Korea’s particularly coercive socioeconomic climate, plastic surgery is thus read not just as “beauty” but as a wise investment in the self. To borrow Frank’s words one last time, “At issue is not merely medical cure but enhancing ‘the natural drive of the human mind and body toward perfectibility’” (48). With plastic surgery, at issue is not merely a prettier face but driving the body towards socioeconomic perfectibility. Plastic surgery is a promise of a better future, and there are congratulations waiting for the subject on the other side of the knife.

[1] Comparatively, the next highest ratio is 669/100K in Brazil and 469/100K in the US (Heidekrueger 271).

[2] 쌍꺼풀수술 (“Double eyelid surgery”) is the most popular procedure in South Korea. It creates a crease in the lid to make monolid eyes bigger.

[3] 뜰 때가 됐다!

[4] “대박” means “amazing” or “incredible” and is said sarcastically in this ad.

[5] “콤플렉스를 졸업하자!”; “complex” in Korean is an idiomatic phrase stemming from “inferiority complex.” It usually connotes something one is insecure about and almost always references a physical attribute (e.g. your height, eye shape, skin, etc.).

[6] “뜰 때가 됐다!”

[7] “Let’s graduate from the complex.”

[8] A Korean social media platform

Transcription and translation of advertisement:

- Caption on YouTube: 수험생 할인, 이제 눈 뜰 때가 됐다! 콤플렉스를 졸업하자! 쌍꺼풀수술은 아이디병원 (*Discount for candidates, it's time to open your eyes! Let's graduate from the complex! ID Hospital for double eyelid surgery*)
- Subcaption: 수험생 전용 상담 → http://www.idhospital.com/#quick_ac (*consultation for test takers*); 카카오톡 비용문의 → http://www.idhospital.com/#quick_kt (*inquiry about Kakao Talk[8] cost*); 온라인 상담 → http://www.idhospital.com/#quick_oc (*online consultation*); 가상성형 신청하기 → <https://goo.gl/VBTbon> (*apply for virtual plastic surgery*)

Video Transcript and Translation of Speech:

- 00:00:15 “대박” = amazing/unbelievable (pr. dae-bahk)
- 00:00:18 “뜰 때가 됐다” = it’s time to open [your eyes] (pr. ddulddaega dwaet-da)
- 00:00:22 “콤플렉스를 졸업하자” = let’s graduate from “the complex” (pr. com-pu-lex-suh-rul joh-reob-ha-ja)
- 00:00:25 “아이디병원” = ID Hospital (pr. ah-ee-di byeong-won)

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