

Chapter 1

Cosmetic Surgery in the Age of Gender

Cressida J. Heyes and Meredith Jones

We're watching a clip from a TV documentary about cosmetic surgery on YouTube.¹ It introduces Toni Wildish, 28-year-old mother of four, part-time shop assistant, and aspiring glamour model. Toni went to Prague as a cosmetic surgery tourist after determining that she couldn't afford breast implants in the UK. The majority of the YouTube clip is a hand-held video diary made by Toni and her friend Claire, who accompanies her for moral support. They shriek and joke to camera, and Toni flashes her pre-op B-cup breasts; they seem to be having an exciting time, albeit that the shots of their cheap hotel room reveal it to be "very dark and dingy and a bit spooky." Visiting the Czech surgeon, it's immediately clear that he and Toni are not on the same page about the size and shape of her proposed implants. Toni rejects the first implant she's shown, saying "oh that's too natural, oh I don't want *them* ... Let me show you, I've brought my pictures ... I want them so they're really *round*." She pulls out a file of images of Jordan (Katie Price)—the C-grade British celebrity well known for her huge augmented bosom—and the surgeon tries to suggest that her breasts' very spherical look is created by an uplift bra. But Toni is one step ahead of him. She whips out her mobile phone, on which she has a photo of Jordan, topless—the massive breasts clearly standing independent of a bra. The surgeon is appalled, and declares in awkward English, "Oh, that's horrible! I refuse to do something like that!" Later, in a talking head for the documentary, Toni says, "He was standing his ground, not giving me what I wanted. And I'd been told [by the medical tourism company that organized the trip] I could have what I wanted. And, well, I was just extremely let down." Toni and the surgeon eventually compromise, but Toni still gets F-cup breasts, round and high on her chest, with nothing "too natural" about them. After the surgery she jumps up and down in her hotel room, hamming for the camcorder, declaring triumphantly, "They don't move!"

When feminists first began thinking and writing about cosmetic surgery some twenty years ago, the state of affairs they confronted was dramatically different to the one described above. The conglomeration of global, media, technological, and aesthetic conditions that forms the backdrop to Toni Wildish's story was the stuff of science fiction. Cosmetic surgery recipients were patients, not consumers; their desires were pathologized and people seeking cosmetic surgery were often

1 The clip was from "Pete Burns' Cosmetic Surgery Nightmares," and it has since been removed from the site.

secretive and ashamed. Talking about one's surgery—let alone videoing it for global access—would have been both technically impossible and socially deviant. So Toni's video story is a new kind of narrative, told via a new kind of medium in a new set of global circumstances, and it demonstrates significant changes in how cosmetic surgery is now chosen, undertaken and received.

In contrast, Carole Spitzack's classic 1988 article "The Confession Mirror" (the first feminist publication on cosmetic surgery in English we know of) describes a very different visit to a cosmetic surgeon. Spitzack is asked to account for her "disease" to an expert who is completely authoritative, and who aspires to make her look more "natural." It is imperative that her surgical outcome be subtle—even undetectable—as having been achieved through surgery. She is made abject, and must rely on the surgeon as her sole source of information about the technical and aesthetic possibilities for her body. Her experience is localized not only within her own country of residence, but even within the sanctum of the clinic and the context of her relationship with the surgeon.

The differences between Spitzack's 1980's foray into the secret world of "the confession mirror" and Wildish's 2007 highly public surgical holiday highlight two issues that have been key to the formation of this volume: first, the landscape for feminists concerned to articulate cultural critique of cosmetic surgery has changed radically during the last twenty years, and political commitments or research methodologies that might have been a good match for the cosmetic surgical scene in 1988 may not suffice in 2008. Second, cosmetic surgery is far from being a parochial topic of limited political and ethical significance. There is increasing scholarly interest in it accompanied by intense popular fascination. It occurs at and highlights the intersection of tremendously complex and significant social trends concerning the body, gender, psyche, medical practice and ethics, globalization, aesthetic ideologies, and both communication and medical technologies. Indeed, cosmetic surgery is among the most interdisciplinary of topics and thus feminist analysis needs to start from a variety of disciplinary perspectives. So, represented in this volume are philosophers, sociologists, film studies theorists, cultural studies theorists, anthropologists, and those working in medical humanities.

Landscapes of cosmetic surgery are undergoing rapid change. For every newly touted technique (from silicone buttock implants to "combo packages" of Botox, Restylane, and laser resurfacing), and for every newly created media product (from shock-horror documentaries to award-winning television dramas like *Nip/Tuck*) there could be a corresponding new feminist examination and approach. This is perhaps all the more reason to gather together the best "early" feminist writing about cosmetic surgery. We reprint excerpts from the work of four well-known feminist critics of cosmetic surgery—Susan Bordo (1993 and 1997), Kathy Davis (the earliest work she draws upon for this piece is from 1995), Kathryn Pauly Morgan (1991), and Vivian Sobchack (1999). We wanted to reproduce these "classics" while also recognizing that the world of cosmetic surgery has changed since they were first published, so we asked each author to revisit her original analysis to revise or comment upon her earlier perspective. While these chapters

may be familiar to readers who have followed feminist critique of cosmetic surgery for some time (although the authors' updates may provide some surprises), they provide vital orientation for readers beginning to look at the worlds of cosmetic surgery and the ways in which feminist scholarship has approached them. They are a tacit background against which more recent writing can be understood. The majority of the volume consists of newly commissioned work that takes on the feminist challenge of understanding the very complex shifting landscape of cosmetic surgery in its contemporary modes. The feminist literature on cosmetic surgery is not yet large and is dispersed among very diverse journals or contained in books oriented around other topics, and so feminists have been relatively disconnected from an ongoing scholarly conversation on the topic. This volume thus seeks to gather together and represent the existing field while also starting new feminist dialogues about cosmetic surgery.

Cosmetic Surgery in “the Age of Gender”

Medical techniques on which much cosmetic surgery is based emerged in the years following World War I, as male soldiers returned from the front with new kinds of injury (Haiken 1997: esp. 29–43, Gilman 1999a: esp. 157–68). The contemporary field of “plastic” surgery—intervention aimed at restoring the normal configuration of the body's soft tissues—made its most rapid progress in response to these burns and wounds (perhaps especially of the face, as artist Paddy Hartley has demonstrated with his moving *Project Façade*²). Thus the distinction between reconstructive and cosmetic surgery emerged—the former, as the name suggests, *restoring* a body's “normal” appearance or functioning after injury or so-called congenital defect, with the latter *enhancing* a body already taken to fall within “normal” parameters. Feminists have by and large accepted this distinction, and have limited their political critique to cosmetic procedures while implicitly accepting that reconstructive surgery—including that aimed solely at improving appearance (such as birthmark or scar revision)—is fully justified. However, a number of essays in this volume question these distinctions and examine the blurry boundaries between them.

In the modern history of cosmetic surgery, the first written account of a face-lift is dated 1901; breast augmentation dates back to risky injections of—briefly—paraffin, followed by a longer postwar period of experimentation with liquid silicone (Haiken 1997: 235–55); liposuction was invented in 1974 and has become increasingly popular since the 1980s. Since at least the 1950s, women have overwhelmingly been the target consumers for cosmetic surgery, while men have practiced it: in 2007, 91 percent of all cosmetic surgical procedures in North America were performed on women, while eight out of nine cosmetic surgeons are men. Furthermore, these women have been mostly white: in 2007,

2 <http://www.projectfacade.com>. [Last accessed June 15, 2008.]

76 percent of cosmetic surgical procedures in North America were performed on “Caucasian” patients.³ Historically speaking, this feminization of cosmetic surgery will probably be short-lived: in the *longue durée* cosmetic surgery may be, as Sander Gilman (1999a: esp. 31–6) has argued, more implicated with ethnicity and national belonging than with gender, while statistical trends indicate that a steadily increasing proportion of recipients are men as well as non-white. New procedures continue to be developed, and there has been an explosive growth in the number and type of cosmetic surgeries performed, in new national markets and among more diverse class, gender, ethnic, and age groups.

The work in this volume thus responds to the “age of gender” in cosmetic surgery—our play between gender and chronology is intentional here—while at the same time illustrating a more general trajectory in feminist attitudes to bodies. Thus it demonstrates how a big picture analysis in which body-transforming practices are understood as top-down pressures on women to conform to patriarchal ideals is giving way to the more fine-grained and multi-factoral analyses that are required to understand contemporary constraints and incitements. Recent feminist research on cosmetic surgery (Davis’s work is a notable older exception) has begun to interview and engage with a wide range of cosmetic surgery recipients through interviews and participant observation, deploying empirically grounded ethnographic methods: Debra Gimlin, for example, has found that, far from working on “body projects” in voluntarily self-conscious ways, women use cosmetic surgery as a way of dealing with the unwanted intrusion of the body into consciousness (2006), and that narrative tactics for explaining and justifying the decision to have cosmetic surgery vary by national context (2007).

3 In 2007, 91 percent of cosmetic surgical procedures (excluding “minimally invasive” procedures such as Botox) performed by a member of the American Society for Plastic Surgeons (in both the US and Canada) were performed on women. See <http://www.plasticsurgery.org> > media > statistics. No reliable statistics are available for Australasia or other markets. Kathy Davis (2003: 41) cites the statistic for the gender distribution of plastic surgeons. A March 25, 2008 press release entitled “Cosmetic Plastic Surgery Procedures for Ethnic Patients Up 13 Percent in 2007” claims that: “Almost a quarter (2,626,700) of cosmetic plastic surgery procedures were performed on ethnic patients in 2007, up 13 percent from last year, including Hispanics, African Americans and Asian Americans, according to statistics released today by the American Society of Plastic Surgeons (ASPS).” President Richard D’Amico remarks that “A key take-away from this data is that the plastic surgery patient profile is changing ... The majority of patients remain Caucasian women, but it is noteworthy that cosmetic plastic surgery procedures were performed on almost as many Hispanic patients as male patients.” Available on-line at http://www.plasticsurgery.org/media/press_releases/Cosmetic-Plastic-Surgery-Procedures-for-Ethnic-Patients-Up-13-Percent-in-2007.cfm. Last accessed June 15, 2008.

Since 2006, cosmetic plastic surgery procedures increased in the following demographic categories: up 8 percent (1,011,000) in Hispanics, up 8 percent (847,800) in African Americans, and up 26 percent (767,800) in Asian Americans.

The epistemic and ethical challenge of interpreting these self-justifications is, however, enormous. Cosmetic surgery has always had a complex relationship to psychology: since it cannot be justified on the basis of physical medical need, it must be justified in relation to the patient's own desires. Elizabeth Haiken argues that in the US cosmetic surgery finds an early rationale in the "inferiority complex"—a syndrome first mooted by Austrian psychologist Alfred Adler in the 1910s (Haiken 1997: esp. 108–30; see also Gilman 1997: 263–65).⁴ Most Americans, Haiken implies, needed little more than a label to invoke the inferiority complex as a justification for numerous practices of self-improvement, and it enjoyed a significant vogue in media and advertising—and in selling the services of cosmetic surgeons (Haiken 1997: 111–23). Because the concept was vague and relative to the patient's perception of her own psychology, surgeons could more easily justify intervention on the basis of psychic need. The individual stipulated of herself that she had an inferiority complex (a claim that could not be disproved), which she attributed (if she hoped to get cosmetic surgery) to a bodily defect. Thus, cosmetic surgery advertising both called forth the self-diagnosis while at the same time surgeons were quick to deny any psychiatric expertise that might actually necessitate psychological selection procedures. Against this background it is a short distance to justifying cosmetic surgical intervention whenever the patient makes a convincing enough case, and the surgeon believes that risk of a negative outcome (whether physical, psychological, or legal) is low enough.

This dynamic continues today, although the language of the inferiority complex has fallen away. As Cressida Heyes (2007a) has pointed out, the growing body of literature on the sequelae of cosmetic surgery is far from showing that recipients consistently experience positive, long-term psychological benefits. As we might expect, some people are very happy with surgical results and have no regrets, while others are deeply disappointed (even with a technically "good" outcome) and feel more damaged by surgery than by their initial dissatisfaction. Some return for more surgeries—a practice both encouraged by surgeons (who, like any businessmen, need repeat customers), and treated with some suspicion as evidence of addiction or dysmorphia (not least because the returning cosmetic surgery patient may be more likely to complain or sue) (see Kuczynski 2006, Pitts-Taylor 2007). Toni Wildish had a life-threatening experience with post-surgical infection, yet in a follow-up cameo she says that she plans to have even larger, rounder breast implants to achieve the "Jordan" look, as well as facial cosmetic surgeries. Here

4 On Adler's view, a central developmental task for all humans is to transform the inevitable powerlessness of the young child into a sense of capability and self-sufficiency. Adequate parenting is clearly central to this task, and the parent who is not "good enough" (to borrow Winnicott's later phrase) will create a child who is insecure or timorous, and will need to compensate for their perceived inadequacy. Whatever personality style this results in, Adler suggested, a failure to adapt to the possibilities of independence and mastery in adult life as contrasted with the early sense of vulnerability and impotence will result in an "inferiority complex."

again, many surgeons' expectations of the compliant, normalized "patient" who wants a so-called natural, feminine appearance achieved through a conservative procedure may be thwarted by contemporary clients who want extreme results, total transformation, and who treat their surgeon as a service provider whom they expect to acquiesce to their demands. This new psychology and the way it transforms client–surgeon relations reaches its limit in the extreme cosmetic surgery practitioner—those public figures who use surgery to make statements far removed from any conventional presentation of a beautiful body. Whether, as in Orlan's case, the surgeries are used to make philosophical and visual aesthetic statements,⁵ or, as for Michael Jackson or Jocelyn Wildenstein, they produce a kind of mythical, monstrous cyborg (Jones 2008) whose political or aesthetic values are opaque, these celebrities disrupt the historical stereotype of the normatively feminine cosmetic surgery recipient who has any kind of "inferiority complex."

There is another limit in the practice of "rogue" cosmetic procedures—those undertaken without medical supervision (and sometimes outside the law) by individuals who could not afford or would not be permitted access to medically sanctioned procedures. For example, Don Kulick describes how Brazilian transgendered prostitutes inject liters of liquid silicone into their bodies to achieve a normative form (Kulick 1998). Since his fieldwork the number of "minimally invasive" procedures available and their increasing popularity has spurred a global black market of unlicensed or unqualified practitioners offering cheap and quick "salon" services, sometimes using knock-off or non-medical injectables, while some are willing to undertake more invasive surgeries such as liposuction (see Singer 2006). This emergent market has barely been explored by any researchers, including feminists.

Part 1: Revisiting Feminist Critique

Understanding why so many people—most of them women—are attracted to cosmetic surgery to alter their "normal" appearance is a key question for feminists, who have not long had serious scholarship on the personal narratives of diverse constituencies of cosmetic surgery recipients to draw on. When we started work on this volume we imagined we would find an early feminist literature that was quick to see women who have cosmetic surgery as either vain social strivers, or as victims of a patriarchal beauty system. These attitudes may indeed have had a heyday in unpublished feminist conversations—and in the anomalous but persistent feminist moments that surface in popular representations of cosmetic

5 The French performance artist Orlan is famous for making art of a series of radical and public cosmetic surgeries in the early 1990s. Orlan's audacious literalization of the body-as-text metaphor has itself birthed a large devoted literature, including two recent monographs. See O'Bryan 2005 and Ince 2000; also see Jones 2008 (esp. 151–78), Brand 2000, Goodall 1999, and Augsburg 1998.

surgery. Certainly when Kathy Davis describes this dominant perspective—in which cosmetic surgery is “unanimously regarded as not only dangerous to women’s health, but demeaning and disempowering”—she identifies a common belief, one held not only by self-described feminists. However, we have found that the feminist literature, on review, has actually *always* evinced a certain flexibility and curiosity about what cosmetic surgery might mean to individuals, and how that meaning might be understood as informing and being informed by a larger social context. Although different feminist theoretical models and disciplinary styles place different epistemic emphasis on women’s narratives (and use different interpretive strategies to theorize them), feminist scholarship is marked by a consistent interest in the reasons that cosmetic surgery recipients give for their surgeries.

Here in Part I Susan Bordo’s “Twenty Years in the Twilight Zone” comprises parts of her germinal essays “Material Girl” (1993) and “Braveheart, Babe, and the Contemporary Body” (1997), together with a brief 2008 update. Bordo is, recall, critical of the “postmodern imagination of human freedom from bodily determination”—especially in its pop cultural moments—for the way it denies the materiality of the flesh and levels political critique. In these selections she reminds us of how defect is not only corrected but also created by the economic and technological engine that carries us along, generating ever more impossible images. In her update, Bordo is pessimistic about the possibility that cultural critique can have any impact on this process; this is an important reminder from a commentator with a long perspective on cosmetic surgery that (viewed from a certain angle) things have become dramatically worse.

In “Revisiting Feminist Debates on Cosmetic Surgery: Some Reflections on Suffering, Agency, and Embodied Difference,” Kathy Davis reintroduces her more recent work on cosmetic surgery as a critical response to feminist interpretations that represent women as cultural dopes, taken in by a beauty system hungry for profit and control. Instead, her well-known argument runs, the women she interviewed and observed wanted to become “normal” and wished to overcome a degree of psychosocial suffering they found intolerable that could not be assuaged by any other means. Stressing choice (albeit choices made under conditions of constraint) and agency, Davis continues to charge that critics like Bordo are too quick to see themselves as offering a privileged epistemic perspective on women’s reasons for opting for cosmetic surgery.

The debate between Bordo and Davis centers around the question of whether women can be said to choose cosmetic surgery, or whether that “choice” is overdetermined by a larger patriarchal structure that makes cosmetic surgery seem like the only option for psychological survival in a world hostile to women’s bodies.⁶ How should feminist viewers categorize Toni Wildish, for example? Is she a victim of a beauty myth? Of global consumer culture? Or is she a canny and

6 Davis is critical of Bordo in her 1995 book *Reshaping the Female Body*, and Bordo responds to this critique in her essay “Braveheart, Babe, and the Contemporary Body.”

resourceful heroine, who after enduring some trials and setbacks finally got what she wanted?

Kathryn Morgan's classic "Women and the Knife," (1991, reprinted here in abbreviated form) is clearly strongly informed by radical feminism, as when she argues that

For virtually all women as women, success is defined in terms of interlocking patterns of compulsion: compulsory attractiveness, compulsory motherhood, and compulsory heterosexuality, patterns that determine the legitimate limits of attraction and motherhood. Rather than aspiring to self-determined and woman-centered ideals of health or integrity, women's attractiveness is defined as attractive-to-men; women's eroticism is defined as either nonexistent, pathological, or peripheral when it is not directed to phallic goals; and motherhood is defined in terms of legally sanctioned and constrained reproductive service to particular men and to institutions such as the nation, the race, the owner, and the class—institutions that are, more often than not, male-dominated.

But the text also includes a section called "listening to the women," and Morgan reflects on the forms of subjectivity that this institutional backdrop cultivates (see the critique of her method in Davis 1995: 164–72). Her update, "All of me ... Why Don't You Nip/Tuck/Suck/Inject/Laser ALL of me?" is a creative, not-so-dystopic look at medical tourism, cosmetic surgery as fashionable commodity, and class issues in what she calls an "exciting, brave and frightening transnational world."

Vivian Sobchack's "Scary Women: Cinema, Surgery, and Special Effects" (1999) with its "(Not Quite) Post-Mortem" rounds off the first section. Foregrounding later work by scholars on relations between media images and real bodies (see Part 2), Sobchack insists that "insofar as we subjectively live both our bodies and our images, each not only informs the other, but they also often become significantly confused." Looking at the "horrors" of aging women in film she demonstrates how cosmetic surgery is a "sort of magic" akin to cinema's special effects. Finally, after making it clear that "middle-aged women ... are demonized and made monstrous in our present culture" Sobchack describes her own self-image, at 67, as positively and confidently glowing. She writes inspiringly: "today, I am kinder to both myself and others and accept those sags, wrinkles, and imperfect bodies as—and because of—what they are; signs of life and not the stuff of images."

Part 2: Representing Cosmetic Surgery

Cosmetic surgery is no longer represented as a distant possibility reserved for the Hollywood celebrity or the wealthy socialite. It is increasingly marketed as

Davis revisits the debate in the introduction to her later book *Dubious Equalities and Embodied Differences*, on which her essay here is based.

an everyday option for ordinary women (and men), and its recipients cross lines of class, age, occupation, gender, and national context. Part 2, “Representing Cosmetic Surgery,” contains chapters that examine surgeons’ websites, makeover television, and women’s magazines. As cosmetic surgery has entered the ambit of more and more people, the popular cultural discussion of its merits and drawbacks has also proliferated. This discussion tends to follow certain well-trodden paths, as Suzanne Fraser points out in her chapter, “Agency Made Over? Cosmetic Surgery and Femininity in Women’s Magazines and Makeover Television.” Fraser identifies repertoires of nature, agency, and vanity—patterns of discourse production that individuals can tap into in order to make sense of their desires and actions. These repertoires function, she suggests, to recreate an imaginary that both undermines and reinforces gender stereotypes. Further, the repertoire of naturalness serves a particularly important but ambivalent role, as Dennis Weiss and Rebecca Kukla illustrate in their chapter “The Natural Look: Extreme Makeovers and the Limits of Self-Fashioning.” They provide an analysis of the deployment of the concept of the “natural” in TV makeovers—and, by extension, throughout popular representations of cosmetic surgery. They show that, as our own reading of Toni Wildish’s case suggests, “the natural” is neither the limit against which possibilities for change are defined, nor an irrelevant fiction in the face of individual choice. Such repertoires serve to educate, inform, and create the context within which cosmetic surgery is received; perhaps the greatest conceit of those who contribute to the representational world of cosmetic surgery is that they are only responding to consumer demand and do not themselves construct our desires, fears, and possibilities. This last point is well illustrated by Virginia Braun’s chapter, “Selling the ‘Perfect’ Vulva,” in which she analyzes surgeons’ websites promoting female genital cosmetic surgeries, which, she argues, contribute “to the ongoing construction of experiential as well as material bodies, to the production of desires, and practices around these desires.” Specifically, the websites function to demarcate and pathologize the “abnormal” vulva or vagina, generating dissatisfaction and anxiety among women about body parts that they may previously never have subjected to this kind of aesthetic or functional evaluation.

Part 3: Boundaries and Networks

The chapters in Part 3, “Boundaries and Networks,” attempt to explore cosmetic surgery in ways that redefine its borders. Alex Edmonds’s “‘Engineering the Erotic’: Aesthetic Medicine and Modernization in Brazil” is a brilliant ethnographic intervention into a national case study. Brazil has gripped the sociological imagination for the drama of its huge cosmetic surgical industry, which is part of the national health care system of a country with tremendous social inequalities. Edmonds argues that the availability of “*plástica*” to the Brazilian poor shows how shifting economic and cultural context invites a reconceptualization of the shared

feminist premise that “more extreme beauty practices function as a means for the social control of the female body within patriarchy.” Convincingly situating Brazilian cosmetic surgery in a global context, Edmonds argues that *plástica* is “a ‘localized’ form, produced by the encounter of global medicine and media with Brazil’s particular bureaucratic rationality of the health system, political economy of reproduction, and cultural notions of sexuality and beauty.” His chapter therefore exemplifies the larger point that what cosmetic surgery means for feminists may now need to be worked through where local contexts meet the emerging and rapidly transforming global picture, and without taking patriarchy as the sole or even key theoretical axis of analysis.

Meredith Jones argues in her chapter, “Pygmalion’s Many Faces” that despite the deep significance to feminist scholarship of narrative and testimony, to see cosmetic surgery’s political meaning as residing in the minds of its recipients is to fail to grasp the full range of actors and relationships that shape it. We suspect that feminists have to some extent focused on the women who have cosmetic surgery because they constitute a relatively accessible (even vulnerable) research target. It is much harder to inquire into the self-understandings of cosmetic surgeons, for example, because they protect their professional territory in ways that explicitly foreclose the possibility that their motives, beliefs, and desires are ethically or psychologically suspect. It is even harder to grasp how the roles of other institutional structures (such as health care bureaucracies) and non-human actors (such as implant technologies) might inform the subjectivities of human agents. Jones begins by documenting the established dynamics of surgeon as expert, lover, and artist, working on the female body—his “raw material”—to transform it in the image he chooses. She argues, however, that the exclusivity of the male surgeon/female patient dyad may be challenged by the emergence of new actors (her example is Botox) and by consumer expectations.

Cressida Heyes’s chapter, “All Cosmetic Surgery is ‘Ethnic’: Asian Eyelids, Feminist Indignation, and the Politics of Whiteness” explores so-called “ethnic” cosmetic surgery. Heyes examines the dominant feminist critique of, which constructs racially inflected surgeries (the most obvious example being Asian double eyelid surgery) as seeking solely to “whiten” recipients and erase embodied ethnic difference, and thus reflecting internalized racism on the part of their recipients. When ethnic cosmetic surgery is typically justified by surgeons (and to some extent by recipients) by using a rhetoric of objective, race-transcendent bodily flaws (Dull and West 1991: 58–9), or, more recently, one of making ethnic bodies more normative without erasing their distinctive features (Heyes 2007b: 23), this emphasis is understandable. The persistent popular tendency to see cosmetic surgery as outside history (especially the histories of ethnocentrism and assimilationism), unconnected to normative whiteness, and an expression of freedom of choice and upward mobility clearly requires a feminist counter. Nonetheless, Heyes suggests that, following an existing hermeneutic trajectory, feminist critics have implied that those women of color who deny (or challenge) a univocal reading of the larger institutional picture behind their choices bear the

double burden of collusion with racist norms. The foregrounding of certain key examples of ethnic cosmetic surgery, she argues, also distracts attention from the surgical whitening of white people, perpetuating the invisibility of the construction of whiteness and the neutrality of white people's cosmetic aspirations.

Part 4: Ambivalent Voices

As the case of the surgeons' promotional websites analyzed by Braun in Part 2 makes clear, our access to new technologies transforms possibilities for the representation and interpretation of bodies. Furthermore, new medical technologies and pharmaceuticals used in cosmetic surgery itself increase the range and consequences of aesthetic interventions on the flesh: the advent of Botox, Restylane and other "fillers," for example, has opened the way for less physically consequential and less risky "minimally invasive procedures." More and more procedures can be undertaken more and more often. And some of these are even prophylactic: start Botox in your twenties, and your frown lines may never appear.

These new possibilities for materiality and representation extend cosmetic surgery to new constituencies, where procedures may be used in ways that do not sit easily with dominant feminist interpretations. For example, Cindy Patton and John Liesch's chapter, "In Your Face," examines the use of facial fillers by gay men living with HIV/AIDS to counteract facial wasting—an increasingly legible marker of positive HIV status. As Patton and Liesch remark, the feminist literature on cosmetic surgery has been until quite recently unconcerned with men's experience—and not only because men have until recently formed the small minority of cosmetic surgery recipients. As Diana Dull and Candace West argue, cosmetic surgery narratives by both recipients and surgeons *accomplish* gender, representing surgery for women as normal and natural, but for men as extrinsic to their gender identity and hard to justify unless related to employment or health (1991: esp. 64–7). If cosmetic surgery is understood as undertaken to conform within a patriarchal beauty system acting through the bodies of women, it then follows that the men who have it are making almost unintelligible choices. Existing feminist scholarship (including the work of Davis and Morgan), as Ruth Holliday and Allie Cairnie (2007) argue, tends to simply exclude men from analysis *ad hoc*, treating them as aberrant exceptions to a gendered system. Examining the motivations of a small group of white British men who elected to have aesthetic procedures ranging from hair transplants, to scar revision, to tattoo removal, to liposuction, they conclude that their

participants are active investors in their bodies, spending large sums of money on consuming surgery now in the hope of eliciting future success (in different fields). The investments they make may be normative, but outcomes enable them to gain distinction, to distinguish themselves from the aging, balding,

spreading men around them. Consuming better bodies, in one sense, reinforces highly masculine notions of competition, yet it should not be reduced to this simple logic. (74–5)

This interpretive weakness has a currency in the clinical literature, too, where male prospective patients have historically been viewed with a certain amount of suspicion due to their alleged psychopathology as well as their greater tendency to assert their preferences and complain about outcomes. The old message is that men who seek cosmetic surgery are either neurotic or gay (or both, where the latter necessarily includes the former)—in contrast to women, whose dissatisfaction with their appearance is seen as a normal feature of heterosexual femininity.⁷ This model—in both its feminist and clinical forms—could only explain men’s choices as pathologically mimetic or tangential to a dominant understanding of femininity, but has yet to be fully supplanted by more nuanced, less reductive contemporary paradigms. Michael Atkinson remarks on the paucity of literature on men and aesthetic bodywork, and suggests that

the lack of theoretically innovative research symbolizes ... a general tendency to view masculinity as a singularly constructed and unproblematic gender identity. Masculinity still tends to be framed by gender researchers along very narrow conceptual lines ... Dominant constructions of masculinity are either interpreted as rigidly hegemonic/traditional or drastically alternative and deeply marginalized. Neither of these polar positions accurately captures how clusters of men often wrestle with and negotiate established constructions of masculinity in novel ways. (Atkinson 2008: 68)

Atkinson argues that for the Canadian men he interviewed cosmetic surgery enabled the construction of a “male-feminine” identity, which re-establishes “a sense of empowered masculine identity in figurational settings that they perceive to be saturated by gender doubt, anxiety and contest” (73). Their narratives use mechanisms of neutralization that meet the charge of participating in an effeminate practice: for example, “their willingness to endure painfully invasive surgeries re-establishes their ability to meet social threats with ‘modern’ masculine resolve” (80). Within the rapidly changing context of the cultural and socio-economic crisis of masculinities, the men’s narratives can be understood as reinstalling their bodies as “texts of strength, authority, and power;” having cosmetic surgery became a practice in which masculine aggression and risk-taking are turned inward rather than enacted intersubjectively; and the men appropriated traditionally feminine terrain for the purpose of gaining power (83–4). They were still, however, reticent

7 For a summary of this history with references see Davis 2003: 117–31 esp. 123–6; Haiken 1997: 155–61. For a more recent study that references the older literature on men and psychopathology as well as offering a more contemporary psychological model, see Pertschuk et al. 1998.

in talking about their decisions and experiences (83), reflecting perhaps that men are still rewriting scripts of cosmetic surgery in a time of tremendous ideological and material flux but have not yet normalized the kind of stigma that confronted women twenty years ago.

Atkinson makes no reference to the sexualities of his interviewees—a surprising omission in light of the troubled association of cosmetic surgery with effeminacy (and hence a stereotyped homosexuality). Rather than seeing their participants as using cosmetic surgery to “improve” their masculinity, Patton and Liesch in this volume show how they seek “to decrease their legibility as persons living with AIDS.” However, they aver, “this too is complex because to acknowledge a desire to diminish the signs of long-term survivorship risks altering their connections with their community.” This work is, we hope, at the beginning of a new generation of research on men, masculinities, and cosmetic surgeries.⁸

Diane Naugler’s chapter “Crossing the Cosmetic/Reconstructive Divide: The Instructive Situation of Breast Reduction Surgery” challenges the view that there are inherent (and some would argue, moral) differences between reconstructive and cosmetic surgeries. Naugler shows that breast reduction occupies an instructively ambiguous place on the continuum between such categories and argues that “the conceptual hegemony of the cosmetic/reconstructive divide participates in the naturalization of feminine aesthetic norms which produce women as available sexual surfaces and subjects.” Further, she references the vagaries of different national health care contexts; for example, her respondents are negotiating breast reduction in the Canadian system where a medical rationale will get the procedure paid for by provincial health care.

We complete the volume with “Farewell My Lovelies,” Diana Sweeney’s poignant and compelling reflection on the cosmetic surgery she undertook. Sweeney describes her breast augmentation and subsequent implant removal and eyelift surgery. Her essay makes excellent sense of the aesthetic, ethical, and political dilemmas that feminists face while also exemplifying how women can write from *within* the practice of cosmetic surgery. It highlights the challenges, dilemmas, moments of choice and moments of lack of choice, opacity of consciousness and clarity both after and before the fact about the meanings of surgery. Like Toni Wildish, Sweeney “wasn’t shopping for an opinion, but a technician; someone I could trust to do the job.” She was also made to “see” that parts of her body she wasn’t seeking surgery for were also defective: during a consultation for breast enlargement a surgeon pointed out her drooping nipples, and “the strength of his comment was such that it caused me to view my nipples as failures.” She sensitively narrates the culturally condoned desire to possess large breasts and looks back nostalgically on her “seven sweet years” of having them before her silicone implants began to encapsulate, precipitating their removal. This is an intimate and at times funny analysis of a life journey partly accompanied by cosmetic surgery, demonstrating aptly and honestly its pleasures as well as its horrors.

8 In addition to works already cited, see Atkinson 2006 and Gill et al. 2005.

Future Directions

There are many more under-examined aspects of contemporary cosmetic surgery that cry out for feminist attention. Cosmetic surgery is increasingly globalized, and little published feminist work explores the emerging relations between, for example, ethnically or nationally defined communities in their countries of origin and their diasporic locations (Zane 1998, Gilman 1999b). How do neoliberalism and globalization function to encourage the export of cosmetic surgeries developed in Western countries to the rest of the world, as well as to foster the emergence of new cosmetic surgical markets for currency-advantaged medical tourists? In her analysis of *Around the World with Oprah*, for example, a show that focused on women and global cosmetic surgical practices, Sharon Heijin Lee argues that Oprah unequally deploys a neoliberal rhetoric of individual choice. Echoing the dynamics described in Heyes's chapter in this volume with regard to ethnic cosmetic surgeries, only this time on a global scale, Lee suggests that popular eyelid surgeries (*sangapul*) among South Korean women are represented by Oprah in a very different way than the medical tourism of American women (Lee 2008: 27). South Korean women are depicted as the victims of internalized racism, which places an artificial constraint on their ability to exercise unfettered freedom of choice (30), whereas Oprah lauds the choices of Western women surgical tourists, who go to Brazil (the "Mecca" of cosmetic surgery), when she implicitly notes "American women's cost-effective choice to undergo cosmetic surgery and vacation at the same time." Lee argues that Oprah thus highlights

American women's abilities to "optimize choices, efficiency, and competitiveness in turbulent market conditions." Not only does this failure highlight American women's capacity for neoliberal rationality but it also animates liberal assumptions that Western subjects, guided by their individuality, are able to make choices in ways that non-Western subjects cannot. In other words, Americans electing plastic surgery in Brazil are not only choosing to do so for somehow "better" reasons than their Korean counterparts, but smart enough to do it for cheap, and in a tropical location at that. (Lee 2008: 30)

Much more feminist work is needed on cosmetic surgery tourism, as well as on non-Western national contexts where cosmetic surgery is emerging as a commodity both for visitors and for the new middle classes. Brazil is the most studied example of such a mixed market (see Edmonds this volume and 2007), but various Asian markets (India, Thailand, Singapore, Malaysia) as well as South Africa and Costa Rica are increasingly significant players (see O'Connell 2003, Connell 2006, Kuczynski 2006: 18–32). Countries where cosmetic surgery has little history have developed distinctive practices and preoccupations, as Susan Brownell's (2005) work on China exemplifies; a final topic for future feminist investigation is the growth of cosmetic surgical markets as a result of the impact of neoliberal ideals on non-capitalist economies such as China (Xu and Feiner 2007).

Neoliberal incitements and pressures work at both global and local levels, and there is clearly much more to be said about each of these, as well as about their interaction. Feminist economic analysis of how and why cosmetic surgery is marketed with increasing success to more and more lower income people, the impact of credit schemes and surgery loans, the roles of different consumers in shaping services and pricing, and the different practices and aesthetics that characterize different market sectors is overdue. Morgan's ambivalently dystopic update to her classic "Women and the Knife" (this volume) flags these issues. More prosaically, Vicki Mayer's acerbic comment on the politics of the TV makeover is apropos: randomly seated next to a semi-finalist on a plane, she meets "Sue Ellen," who hopes that *Extreme Makeover* can save her smile. The show's website "promises to make every woman's 'fairy-tale fantasies come true.'" However, "for Sue Ellen, this was basic health care. In the age of primary coverage cutbacks, medical mismanagements, and shrinking access to specialists in rural America, *Extreme Makeover* was her last hope. 'I got to do this show now or I'm going to lose them,' she explained. 'I don't want to lose my teeth ...'" (2005). If here overglamorized cosmetic surgery substitutes for basic health care, we might also ask whether the reverse is true: does cosmetic surgery divert the resources invested in medical education or the time and expertise of surgeons away from other, arguably more pressing, health care needs?

An utterly comprehensive look at feminism and cosmetic surgery would include detailed work on breast reconstructions after mastectomy, cosmetic dental work, the many trans surgeries available in various countries, intersex genital surgeries on infants undertaken in the name of sexual normativity, the increasingly popular "non-surgical" options such as "injectables" of Botox and Restylane, and procedures that blur the beauty salon/medical clinic line such as microdermabrasion and laser treatments. While this volume can only address a fraction of these issues, it demonstrates that the study of cosmetic surgery is a rich and complicated area. The challenge for feminist scholars when approaching the myriad of topics it covers includes coming to terms with our own implicated roles in a globalized and media-saturated world in which bodies play increasingly complex roles. We hope that while this volume provides a solid introduction to the important feminist work already done on cosmetic surgery, it will also offer inspiration to feminist researchers and scholars to tackle some of these new, fascinating, and deeply important questions.

References

- Atkinson, Michael. 2006. "Masks of Masculinity: Cosmetic Surgery and (Sur)passing Strategies," in *Body/Embodiment: Symbolic Interaction and the Sociology of the Body*, edited by P. Vanni and D. Waskul. London: Ashgate.
- Atkinson, Michael. 2008. "Exploring Male Femininity in the 'Crisis': Men and Cosmetic Surgery." *Body and Society*, 14(1), 67–87.

- Augsburg, Tanya. 1998. "Orlan's Performative Transformations of Subjectivity," in *The Ends of Performance*, edited by Peggy Phelan and Jill Lane. New York: New York University Press.
- Brand, Peg Zeglin. 2000. "Bound to Beauty: An Interview with Orlan," in *Beauty Matters*. Bloomington: Indiana University Press.
- Brownell, Susan. 2005. "China Reconstructs: Cosmetic Surgery and Nationalism in the Reform Era," in *Asian Medicine and Globalization*, edited by Joseph Alter. Philadelphia: University of Pennsylvania Press.
- Connell, John. 2006. "Medical Tourism: Sea, Sun, Sand and ... Surgery." *Tourism Management*, 27(6), 1093–1100.
- Davis, Kathy. 1995. *Reshaping the Female Body: The Dilemma of Cosmetic Surgery*. New York: Routledge.
- Davis, Kathy. 2003. *Dubious Equalities and Embodied Differences: Cultural Studies on Cosmetic Surgery*. Lanham, MD: Rowman and Littlefield.
- Dull, Diana and West, Candace. 1991. "Accounting for Cosmetic Surgery: The Accomplishment of Gender." *Social Problems*, 38(1), 54–70.
- Edmonds, Alexander. 2007. "'The Poor Have the Right to be Beautiful': Cosmetic Surgery in Neoliberal Brazil." *Journal of the Royal Anthropological Institute*, 13(2), 363–81.
- Gill, Rosalind, Henwood, Karen and McLean, Carl. 2005. "Body Projects and the Regulation of Normative Masculinity." *Body and Society*, 11(1), 37–62.
- Gilman, Sander. 1997. *Creating Beauty to Cure the Soul: Race and Psychology in the Shaping of Aesthetic Surgery*. Durham, NC: Duke University Press.
- Gilman, Sander. 1999a. *Making the Body Beautiful: A Cultural History of Aesthetic Surgery*. Princeton: Princeton University Press.
- Gilman, Sander. 1999b. "By a Nose: On The Construction of 'Foreign Bodies.'" *Social Epistemology*, 13(1), 49–58.
- Gimlin, Debra. 2006. "The Absent Body Project: Cosmetic Surgery as a Response to Bodily Dys-appearance." *Sociology*, 40(4), 699–716.
- Gimlin, Debra. 2007. "Accounting for Cosmetic Surgery in the US and UK: A Cross-Cultural Analysis of Women's Narratives." *Body and Society*, 13(1), 43–62.
- Goodall, Jane. 1999. "An Order of Pure Decision: Un-Natural Selection in the Work of Stelarc and Orlan." *Body and Society*, 5(2–3), 149–70.
- Haiken, Elizabeth. 1997. *Venus Envy: A History of Cosmetic Surgery*. New York: Johns Hopkins University Press.
- Holliday, Ruth, and Cairnie, Allie. 2007. "Man Made Plastic: Investigating Men's Consumption of Aesthetic Surgery." *Journal of Consumer Culture*, 7(1), 57–78.
- Heyes, Cressida J. 2006. "Changing Race, Changing Sex: The Ethics of Self-Transformation." *Journal of Social Philosophy*, 37(2), 266–82.
- Heyes, Cressida J. 2007a. "Normalisation and the Psychic Life of Cosmetic Surgery." *Australian Feminist Studies*, 22(52), 55–71.

- Heyes, Cressida J. 2007b. "Cosmetic Surgery and the Televisual Makeover: A Foucauldian Feminist Reading." *Feminist Media Studies*, 7(1), 17–32.
- Ince, Kate. 2000. *Orlan: Millennial Female*. Oxford: Berg.
- Jeffreys, Sheila. 2005. *Beauty and Misogyny: Harmful Cultural Practices in the West*. London: Routledge.
- Jones, Meredith. 2008. "Makeover Artists: Orlan and Michael Jackson," in *Skintight: An Anatomy of Cosmetic Surgery*. Oxford: Berg, 151–78.
- Kuczynski, Alex. 2006. *Beauty Junkies: Inside our \$15 Billion Obsession with Cosmetic Surgery*. New York: Doubleday.
- Kulick, Don. 1998. *Travestis: Sex, Gender, and Culture Among Brazilian Transgendered Prostitutes*. Chicago: University of Chicago Press.
- Lee, Sharon Heijin. 2008. "Lessons From 'Around the World with Oprah': Neoliberalism, Race, and the (Geo)politics of Beauty." *Women and Performance*, 18(1), 25–41.
- Mayer, Vicki. 2005. "Extreme Health Care." *Flow: Journal of TV*, 2(4). Available at <http://flowtv.org/?p=448> [accessed June 16, 2008].
- O'Bryan, Jill C. 2005. *Carnal Art: Orlan's Refacing*. Minneapolis: University of Minnesota Press.
- O'Connell, Brian. 2003. "Vanity Vacations." *Skin and Aging* 11(10), 48–53. Available at <http://www.skinandaging.com/article/2099> [accessed: June 17, 2008].
- Pertschuk, Michael J., Sarwer, David B., Wadden, Thomas A. and Whitaker Linton A. 1998. "Body Image Dissatisfaction in Male Cosmetic Surgery Patients." *Aesthetic Plastic Surgery*, 22, 20–24.
- Pitts-Taylor, Victoria. 2007. *Surgery Junkies: Wellness and Pathology in Cosmetic Culture*. Rutgers University Press.
- Singer, Natasha. 2006. "Beauty on the Black Market," *New York Times*, February 16. Available at <http://www.nytimes.com/2006/02/16/fashion/thursdaystyles/16skin.html>. [accessed June 16, 2008].
- Sullivan, Nikki. 2004. "'It's as Plain as the Nose on His Face': Michael Jackson, Modifier Practices, and the Question of Ethics." *Scan Journal* 1(3), November. Available at: http://www.scan.net.au/scan/journal/display.php?journal_id=44 [accessed: June 16, 2008].
- Xu, Gary and Feiner, Susan. 2007. "Meinü Jingji/China's Beauty Economy: Buying Looks, Shifting Value, and Changing Place." *Feminist Economics*, 13(3–4), 307–23.
- Zane, Kathleen. 1998. "Reflections on a Yellow Eye: Asian I(\Eye/)Cons and Cosmetic Surgery," in *Talking Visions: Multicultural Feminism in a Transnational Age*, edited by Ella Shohat. Cambridge, MA: MIT Press.