
Women and the Knife

Cosmetic Surgery and the Colonization of Women's Bodies

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Introduction

Consider the following passages:

If you want to wear a Maidenform Viking Queen bra like Madonna, be warned: A body like this doesn't just happen. . . . Madonna's kind of fitness training takes time. The rock star *whose muscled body was recently on tour* spends a minimum of three hours a day working out (*Toronto Star* 1990d; emphasis added).

A lot of the contestants [in the Miss America Pageant] do not owe their beauty to their Maker but to their Re-Maker. Miss Florida's nose came courtesy of her surgeon. So did Miss Alaska's. And Miss Oregon's breasts came from the manufacturers of silicone (Goodman 1989).

Jacobs [a plastic surgeon in Manhattan] constantly answers the call for cleavage. "Women need it for their holiday ball gowns" (*Sheboygan Press* 1985).

We hadn't seen or heard from each other for twenty-eight years. . . . Then he suggested it would be nice if we could meet. I was very nervous about it. How much had I changed? I wanted a facelift, tummy tuck and liposuction, all in one week. (A woman, age forty-nine, being interviewed for an article on "older couples" falling in love; *Toronto Star* 1990c).

"It's hard to say why one person will have cosmetic surgery done and another won't consider it, but generally I think people who go for surgery are more

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aggressive, they are the doers of the world. It's like make up. You see some women who might be greatly improved by wearing make up, but they're, I don't know, granola-heads or something, and they just refuse." (Dr. Ronald Levine, director of plastic surgery education at the University of Toronto and vice-chairman of the plastic surgery section of the Ontario Medical Association; *Toronto Star* 1990a).

Another comparable limitation [of the women's liberation movement] is a tendency to reject certain good things only in order to punish men. . . . There is no reason why a women's liberation activist should not try to look pretty and attractive (Markovic 1976).

Now look at the needles and at the knives (Figure 1). Look at them carefully. Look at them for a long time. *Imagine them cutting into your skin.* Imagine that you have been given this surgery as a gift from your loved one who read a persuasive and engaging press release from Drs. John and Jim Williams that ends by saying "The next morning the limo will chauffeur your loved one back home again, with a gift of beauty that will last a lifetime" (Williams and Williams, 1990). Imagine the beauty that you have been promised. . . .

We need a feminist analysis to understand why actual, live women are reduced and reduce themselves to "potential women" and choose to participate in anatomizing and fetishizing their bodies as they buy "contoured bodies," "restored youth," and "permanent beauty." In the face of a growing market and demand for surgical interventions in women's bodies that can and do result in infection, bleeding, embolisms, pulmonary edema, facial nerve injury, unfavorable scar formation, skin loss, blindness, crippling, and death, our silence becomes a culpable one. . . .

Not only is elective cosmetic surgery moving out of the domain of the sleazy, the suspicious, the secretively deviant, or the pathologically narcissistic, it is *becoming the norm*. This shift is leading to a predictable inversion of the domains of the deviant and the pathological, so that women who contemplate *not using* cosmetic surgery will increasingly be stigmatized and seen as deviant. . . .

Cosmetic surgery entails the ultimate envelopment of the lived temporal *reality* of the human subject by technologically created appearances that are then regarded as "the real." Youthful appearance triumphs over aged reality.

I. "Just the Facts in America, Ma'am"

As of 1990, the most frequently performed kind of cosmetic surgery is liposuction, which involves sucking fat cells out from underneath our skin with a vacuum device. This is viewed as the most suitable procedure for removing specific bulges around the hips, thighs, belly, buttocks, or chin. It is most appropriately done on thin people who want to get rid of certain bulges, and surgeons guarantee that even if there is weight gain, the bulges won't reappear since the fat cells have been permanently removed. At least twelve deaths are known to have resulted from complications such as hemorrhages and embolisms. "All we know is there was a complication and that complication

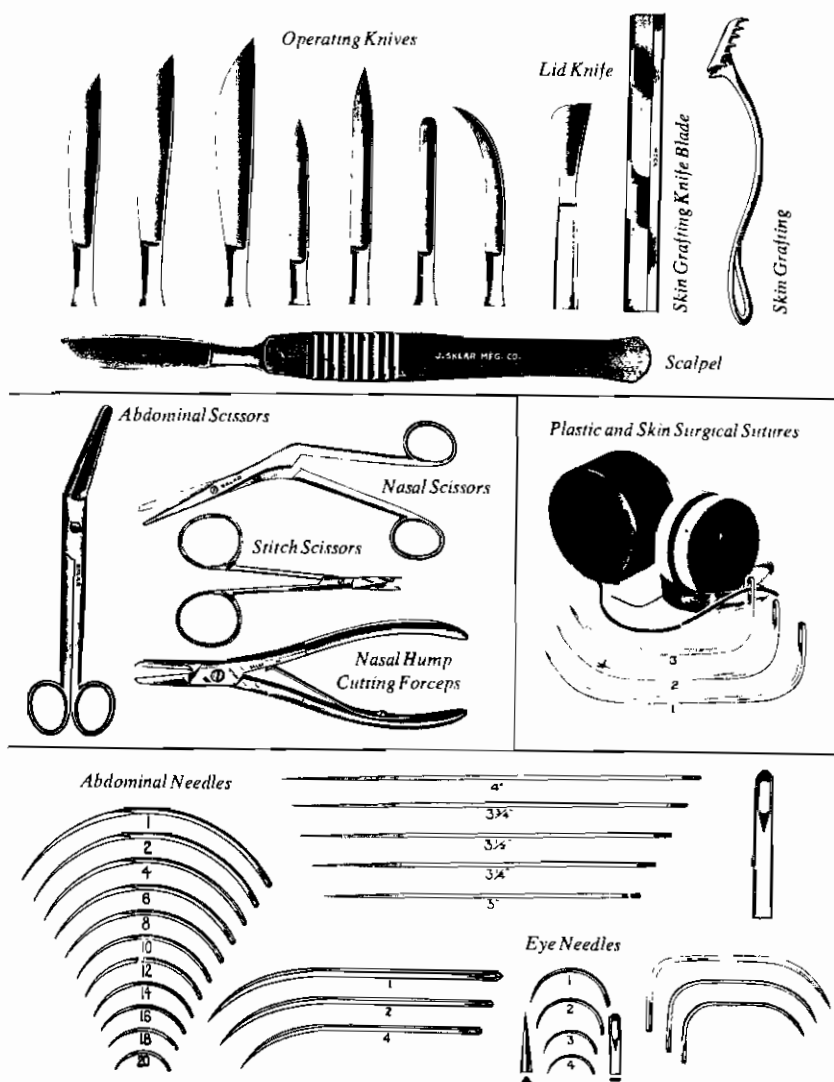


Figure 1

was death," said the partner of Toni Sullivan, age forty-three ("hardworking mother of two teenage children" says the press; *Toronto Star* 1989b). Cost: \$1,000-\$7,500.

The second most frequently performed kind of cosmetic surgery is breast augmentation, which involves an implant, usually of silicone. Often the silicone implant hardens over time and must be removed surgically. Over one million women in the United States are known to have had breast augmentation surgery. Two recent studies have shown that breast implants block X-rays and cast a shadow on surrounding tissue, making mammograms difficult to

interpret, and that there appears to be a much higher incidence of cancerous lumps in "augmented women" (*Toronto Star* 1988). Cost: \$1,500-\$3,000.

"Facelift" is a kind of umbrella term that covers several sorts of procedures. In a recent Toronto case, Dale Curtis "decided to get a facelift for her fortieth birthday. . . . Bederman used liposuction on the jowls and neck, removed the skin and fat from her upper and lower lids and tightened up the muscles in the neck and cheeks. . . . 'She was supposed to get a forehead lift but she chickened out,' Bederman says" (*Toronto Star* 1989a). Clients are now being advised to begin their facelifts in their early forties and are also told that they will need subsequent facelifts every five to fifteen years. Cost: \$2,500-\$10,500.

"Nips" and "tucks" are cute, camouflaging labels used to refer to surgical reduction performed on any of the following areas of the body: hips, buttocks, thighs, belly, and breasts. They involve cutting out wedges of skin and fat and sewing up the two sides. These are major surgical procedures that cannot be performed in out-patient clinics because of the need for anaesthesia and the severity of possible post-operative complications. Hence, they require access to costly operating rooms and services in hospitals or clinics. Cost: \$3,000-\$7,000.

The number of "rhinoplasties," or nose jobs, has risen by 34 percent since 1981. Some clients are coming in for second and third nose jobs. Nose jobs involve either the inserting of a piece of bone taken from elsewhere in the body or the whittling down of the nose. Various styles of noses go in and out of fashion, and various cosmetic surgeons describe the noses they create in terms of their own surnames, such as "the Diamond nose" or "the Goldman nose" (*Sheboygan Press* 1985). Cost: \$2,000-\$3,000.

More recent types of cosmetic surgery, such as the use of skin-expanders and suction lipectomy, involve inserting tools, probes, and balloons under the skin either for purposes of expansion or reduction (Hirshson 1987).

Lest one think that women (who represent between 60 and 70 percent of all cosmetic surgery patients) choose only one of these procedures, heed the words of Dr. Michael Jon Bederman of the Center for Cosmetic Surgery in Toronto:

We see working girls, dental technicians, middle-class women who are unhappy with their looks or are aging prematurely. And we see executives—both male and female. . . . Where before someone would have a tummy tuck and not have anything else done for a year, frequently we will do liposuction and tummy tuck and then the next day a facelift, upper and lower lids, rhinoplasty and *other things*. The recovery time is the same whether a person has one procedure or *the works*, generally about two weeks (*Toronto Star* 1989a; emphasis added).

In principle, there is no area of the body that is not accessible to the interventions and metamorphoses performed by cosmetic surgeons intent on creating twentieth century versions of "femina perfecta."

II. From Artifice to Artifact: The Creation of Robo Woman?

[Today, what] is designated “the natural” functions primarily as a frontier rather than as a barrier. While genetics, human sexuality, reproductive outcome, and death were previously regarded as open to variation primarily in evolutionary terms, they are now seen by biotechnologists as domains of creation and control. Cosmetic surgeons claim a role here too. For them, human bodies are the locus of challenge. As one plastic surgeon remarks:

Patients sometimes misunderstand the nature of cosmetic surgery. It's not a shortcut for diet or exercise. *It's a way to override the genetic code* (*Toronto Star* 1990b; emphasis added).

. . . Practices of coercion and domination are often camouflaged by practical rhetorical and supporting theories that appear to be benevolent, therapeutic, and voluntaristic. Previously, for example, colonizing was often done in the name of bringing “civilization” through culture and morals to “primitive, barbaric people,” but contemporary colonizers mask their exploitation of “raw materials and human labor” in the name of “development.”

The beauty culture is coming to be dominated by a variety of experts, and consumers of youth and beauty are likely to find themselves dependent not only on cosmetic surgeons but on anesthetists, nurses, aestheticians, nail technicians, manicurists, dietitians, hairstylists, cosmetologists, masseuses, aroma therapists, trainers, pedicurists, electrolysisists, pharmacologists, and dermatologists. All these experts provide services that can be bought; all these experts are perceived as administering and transforming the human body into an increasingly artificial and ever more perfect object. . . .

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.¹ 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. Biotechnology is now making beauty, fertility, the appearance of heterosexuality through surgery, and the appearance of youthfulness accessible to virtually all women who can afford that technology—and growing numbers of women are making other sacrifices in their lives in order to buy access to the technical expertise.

In Western industrialized societies, women have also become increasingly socialized into an acceptance of technical knives. We know about knives that can heal: the knife that saves the life of a baby in distress, the knife that cuts out the cancerous growths in our breasts, the knife that straightens our spines,

the knife that liberates our arthritic fingers so that we may once again gesture, once again touch, once again hold. But we also know about other knives: the knife that cuts off our toes so that our feet will fit into elegant shoes, the knife that cuts out ribs to fit our bodies into corsets, the knife that slices through our labia in episiotomies and other forms of genital mutilation, the knife that cuts into our abdomens to remove our ovaries to cure our "deviant tendencies" (Barker-Benfield 1976), the knife that removes our breasts in prophylactic or unnecessary radical mastectomies, the knife that cuts out our "useless bag" (the womb) if we're the wrong color and poor or if we've "outlived our fertility," the knife that makes the "bikini cut" across our pregnant bellies to facilitate the cesarean section that will allow the obstetrician to go on holiday. We know these knives well.

And now we are coming to know the knives and needles of the cosmetic surgeons—the knives that promise to sculpt our bodies, to restore our youth, to create beauty out of what was ugly and ordinary. What kind of knives are these? Magic knives. Magic knives in a patriarchal context. Magic knives in a Eurocentric context. Magic knives in a white supremacist context. What do they mean? I am afraid of these knives.

III. Listening to the Women

In order to give a feminist reading of any ethical situation we must listen to the women's own reasons for their actions (Sherwin 1984–85, 1989). It is only once we have listened to the voices of women who have elected to undergo cosmetic surgery that we can try to assess the extent to which the conditions for genuine choice have been met and look at the consequences of these choices for the position of women. Here are some of those voices:

Voice 1 (*a woman looking forward to attending a prestigious charity ball*):
 "There will be a lot of new faces at the Brazilian Ball" (*Toronto Star* 1989a). [Class/status symbol]

Voice 2 "You can keep yourself trim. . . . But you have no control over the way you wrinkle, or the fat on your hips, or the skin of your lower abdomen. If you are *hereditarily predestined* to stretch out or wrinkle in your face, you will. If your parents had puffy eyelids and saggy jowls, you're going to have puffy eyelids and saggy jowls" (*Toronto Star* 1989a). [Regaining a sense of control; liberation from parents; transcending hereditary predestination]

Voice 3 "Now we want a nose that makes a statement, with tip definition and a strong bridge line" (*Toronto Star* 1989a). [Domination; strength]

Voice 4 "I decided to get a facelift for my fortieth birthday after ten years of living and working in the tropics had taken its toll" (*Toronto Star* 1989a). [Gift to the self; erasure of a decade of hard work and exposure]

Voice 5 "I've gotten my breasts augmented. I can use it as a tax write-off" (*Toronto Star* 1989a). [Professional advancement; economic benefits]

Voice 6 “I’m a teacher and kids let schoolteachers know how we look and they aren’t nice about it. A teacher who looks like an old bat or has a big nose will get a nickname” (*Toronto Star* 1990b). [Avoidance of cruelty; avoidance of ageist bias]

Voice 7 “I’ll admit to a boob job.” (Susan Akin, Miss America of 1986 quoted in Goodman 1989). [Prestige; status; competitive accomplishments in beauty contest]

Voice 8 (*forty-five-year-old grandmother and proprietor of a business*): “In my business, the customers expect you to look as good as they do” (Hirschson 1987). [Business asset; economic gain; possible denial of grandmother status]

Voice 9 “People in business see something like this as showing an overall aggressiveness and go-forwardness. *The trend is to, you know, be all that you can be*” (*Sheboygan Press* 1985). [Success; personal fulfillment]

Voice 10: (*paraphrase*): “I do it to fight holiday depression” (*Sheboygan Press* 1985). [Emotional control; happiness]

Voice 11: “I came to see Dr. X for the holiday season. I have important business parties, and the man I’m trying to get to marry me is coming in from Paris” (*Sheboygan Press* 1985). [Economic gain; heterosexual affiliation]

Women have traditionally regarded (and been taught to regard) their bodies, particularly if they are young, beautiful, and fertile, as a *locus of power* to be enhanced through artifice and, now, through artifact. In 1792, in *A Vindication of the Rights of Woman*, Mary Wollstonecraft remarked: “Taught from infancy that beauty is woman’s scepter, the mind shapes itself to the body and roaming round its gilt cage, only seeks to adorn its prison.” How ironic that the mother of the creator of *Frankenstein* should be the source of that quote. We need to ask ourselves whether today, involved as we are in the modern inversion of “our bodies shaping themselves to our minds,” we are creating a new species of woman-monster with new artifactual bodies that function as prisons or whether cosmetic surgery for women does represent a potentially liberating field of choice.

When Snow White’s stepmother asks the mirror, “Who is fairest of all?” she is not asking simply an empirical question. In wanting to continue to be “the fairest of all,” she is striving, in a clearly competitive context, for a prize, for a position, for power. The affirmation of her beauty brings with it privileged heterosexual affiliation, privileged access to forms of power unavailable to the plain, the ugly, the aged, and the barren.

The Voices are seductive—they speak the language of gaining access to transcendence, achievement, liberation, and power. And they speak to a kind of reality. First, electing to undergo the surgery necessary to create youth and beauty artificially not only appears to but often actually does give a woman a sense of identity that, to some extent, she has chosen herself. Second, it

offers her the potential to raise her status both socially and economically by increasing her opportunities for heterosexual affiliation (especially with white men). Third, by committing herself to the pursuit of beauty, a woman integrates her life with a consistent set of values and choices that bring her widespread approval and a resulting sense of increased self-esteem. Fourth, the pursuit of beauty often gives a woman access to a range of individuals who administer to her body in a caring way, an experience often sadly lacking in the day-to-day lives of many women. As a result, a woman's pursuit of beauty through transformation is often associated with lived experiences of self-creation, self-fulfilment, self-transcendence, and being cared for. The power of these experiences must not be underestimated.

While I acknowledge that these choices can confer a kind of integrity on a woman's life, I also believe that they are likely to embroil her in a set of interrelated contradictions. I refer to these as "Paradoxes of Choice."

IV. Three Paradoxes of Choice

In exploring these paradoxes, I appropriate Foucault's analysis of the diffusion of power in order to understand forms of power that are potentially more personally invasive than are more obvious, publicly identifiable aspects of power. In the chapter "Docile Bodies" in *Discipline and Punish*, Foucault (1979, 136–37) highlights three features of what he calls disciplinary power:

1. The *scale* of the control. In disciplinary power the body is treated individually and in a coercive way because the body itself is the *active* and hence apparently free body that is being controlled through movements, gestures, attitudes, and degrees of rapidity.
2. The *object* of the control, which involves meticulous control over the efficiency of movements and forces.
3. The *modality* of the control, which involves constant, uninterrupted coercion.

Foucault argues that the outcome of disciplinary power is the docile body, a body "that may be subjected, used, transformed, and improved" (Foucault 1979, 136). Foucault is discussing this model of power in the context of prisons and armies, but we can adapt the central insights of this notion to see how women's bodies are entering "a machinery of power that explores it, breaks it down, and rearranges it" through a recognizably political metamorphosis of embodiment (Foucault 1979, 138).² What is important about this notion in relation to cosmetic surgery is the extent to which it makes it possible to speak about the diffusion of power throughout Western industrialized cultures that are increasingly committed to a technological beauty imperative. It also makes it possible to refer to a set of experts—cosmetic surgeons—whose explicit power mandate is to explore, break down, and rearrange women's bodies.

Paradox One: The Choice of Conformity—Understanding the Number 10

While the technology of cosmetic surgery could clearly be used to create and celebrate idiosyncrasy, eccentricity, and uniqueness, it is obvious that this is not how it is presently being used. Cosmetic surgeons report that legions of women appear in their offices demanding “Bo Derek” breasts (*Sheboygan Press* 1985). Jewish women demand reductions of their noses so as to be able to “pass” as one of their Aryan sisters who form the dominant ethnic group (Lakoff and Scherr 1984). Adolescent Asian girls who bring in pictures of Elizabeth Taylor and of Japanese movie actresses (whose faces have already been reconstructed) demand the “Westernizing” of their own eyes and the creation of higher noses in hopes of better job and marital prospects (*Newsweek* 1985). Black women buy toxic bleaching agents in hopes of attaining lighter skin. What is being created in all of these instances is not simply beautiful bodies and faces but white, Western, Anglo-Saxon bodies in a racist, anti-Semitic context.

More often than not, what appear at first glance to be instances of choice turn out to be instances of conformity. The women who undergo cosmetic surgery in order to compete in various beauty pageants are clearly choosing to conform. So is the woman who wanted to undergo a facelift, tummy tuck, and liposuction all in one week, in order to win heterosexual approval *from a man she had not seen in twenty-eight years* and whose individual preferences she could not possibly know. In some ways, it does not matter who the particular judges are. Actual men—brothers, fathers, male lovers, male beauty “experts”—and hypothetical men live in the aesthetic imaginations of women. Whether they are male employers, prospective male spouses, male judges in the beauty pageants, or male-identified women, these modern day Parises are generic and live sometimes ghostly but powerful lives in the reflective awareness of women (Berger 1972). A woman’s makeup, dress, gestures, voice, degree of cleanliness, degree of muscularity, odors, degree of hirsuteness, vocabulary, hands, feet, skin, hair, and vulva can all be evaluated, regulated, and disciplined in the light of the hypothetical often-white male viewer and the male viewer present in the assessing gaze of other women (Haug 1987). Men’s appreciation and approval of achieved femininity becomes all the more invasive when it resides in the incisions, stitches, staples, and scar tissue of women’s bodies as women choose to conform. And . . . women’s public conformity to the norms of beauty often signals a deeper conformity to the norms of compulsory heterosexuality along with an awareness of the violence that can result from violating those norms. Hence the first paradox: that what looks like an optimal situation of reflection, deliberation, and self-creating choice often signals conformity at a deeper level.

Paradox Two: Liberation into Colonization

As argued above, a woman’s desire to create a permanently beautiful and youthful appearance that is not vulnerable to the threats of externally applied

cosmetic artifice or to the natural aging process of the body must be understood as a deeply significant existential project. It deliberately involves the exploitation and transformation of the most intimately experienced domain of immanence, the body, in the name of transcendence: transcendence of hereditary predestination, of lived time, of one's given "limitations." What I see as particularly alarming in this project is that what comes to have primary significance is not the real given existing woman but her body viewed as a "primitive entity" that is seen only as potential, as a kind of raw material to be exploited in terms of appearance, eroticism, nurturance, and fertility as defined by the colonizing culture.³

But for whom is this exploitation and transformation taking place? Who exercises the power here? Sometimes the power is explicit. It is exercised by brothers, fathers, male lovers, male engineering students who taunt and harass their female counterparts, and by male cosmetic surgeons who offer "free advice" in social gatherings to women whose "deformities" and "severe problems" can all be cured through their healing needles and knives. And the colonizing power is transmitted through and by those women whose own bodies and disciplinary practices demonstrate the efficacy of "taking care of herself" in these culturally defined feminine ways. Sometimes, however, the power may be so diffused as to dominate the consciousness of a given woman with no other subject needing to be present. . . .

In electing to undergo cosmetic surgery, women appear to be protesting against the constraints of the "given" in their embodied lives and seeking liberation from those constraints. But I believe they are in danger of retreating and becoming more vulnerable, at that very level of embodiment, to those colonizing forms of power that may have motivated the protest in the first place. Moreover, in seeking independence, they can become even more dependent on male assessment and on the services of all those experts they initially bought to render them independent.

Here we see a second paradox bound up with choice: that the rhetoric is that of liberation and care, of "making the most of yourself," but the reality is often the transformation of oneself as a woman for the eye, the hand, and the approval of the Other—the lover, the taunting students, the customers, the employers, the social peers. And the Other is almost always affected by the dominant culture, which is male-supremacist, racist, ageist, heterosexist, anti-Semitic, ableist and class-biased.⁴

Paradox Three: Coerced Voluntariness and the Technological Imperative

Where is the coercion? At first glance, women who choose to undergo cosmetic surgery often seem to represent a paradigm case of the rational chooser. Drawn increasingly from wider and wider economic groups, these women clearly make a choice, often at significant economic cost to the rest of their life, to pay the large sums of money demanded by cosmetic surgeons (since American health insurance plans do not cover this elective cosmetic surgery).

Furthermore, they are often highly critical consumers of these services, demanding extensive consultation, information regarding the risks and benefits of various surgical procedures, and professional guarantees of expertise. Generally they are relatively young and in good health. Thus, in some important sense, they epitomize relatively invulnerable free agents making a decision under virtually optimal conditions.

Moreover, on the surface, women who undergo cosmetic surgery choose a set of procedures that are, by definition, "elective." This term is used, quite straightforwardly, to distinguish cosmetic surgery from surgical intervention for reconstructive or health-related reasons (e.g., following massive burns, cancer-related forms of mutilation, etc.). The term also appears to distinguish cosmetic surgery from apparently involuntary and more pathologically transforming forms of intervention in the bodies of young girls in the form of, for example, foot-binding or extensive genital mutilation.⁵ But I believe that this does not exhaust the meaning of the term "elective" and that the term performs a seductive role in facilitating the ideological camouflage of the *absence of choice*. Similarly, I believe that the word "cosmetic" serves an ideological function in hiding the fact that the changes are *noncosmetic*: they involve lengthy periods of pain, are permanent, and result in irreversibly alienating metamorphoses such as the appearance of youth on an aging body. . . .

There are two important ideological, choice-diminishing dynamics at work that affect women's choices in the area of . . . cosmetic surgery. The first of these is the *pressure to achieve perfection through technology*.

The second . . . is the *double-pathologizing of women's bodies*. The history of Western science and Western medical practice is not altogether a positive one for women. As voluminous documentation has shown, cell biologists, endocrinologists, anatomists, sociobiologists, gynecologists, obstetricians, psychiatrists, surgeons, and other scientists have assumed, hypothesized, or "demonstrated" that women's bodies are generally inferior, deformed, imperfect, and/or infantile. . . .

[Now, women are being pressured to see plainness or being ugly as a form of pathology. Consequently, there is strong pressure] to be beautiful in relation to the allegedly voluntary nature of "electing" to undergo cosmetic surgery. It is clear that pressure to use this technology is on the increase. Cosmetic surgeons report on the wide range of clients who buy their services, pitch their advertising to a large audience through the use of the media, and encourage women to think, metaphorically, in terms of the seemingly trivial "nips" and "tucks" that will transform their lives. As cosmetic surgery becomes increasingly normalized through the concept of the female "make-over" that is translated into columns and articles in the print media or made into nationwide television shows directed at female viewers, as the "success stories" are invited onto talk shows along with their "makers," and as surgically transformed women win the Miss America pageants, women who refuse to submit to the knives and to the needles, to the anesthetics and the bandages,

will come to be seen as deviant in one way or another. Women who refuse to use these technologies are already becoming stigmatized as "unliberated," "not caring about their appearance" (a sign of disturbed gender identity and low self-esteem according to various health-care professionals), as "refusing to be all that they could be" or as "granola-heads."

And as more and more success comes to those who do "care about themselves" in this technological fashion, more coercive dimensions enter the scene. In the past, only those women who were perceived to be *naturally* beautiful (or rendered beautiful through relatively conservative superficial artifice) had access to forms of power and economic social mobility closed off to women regarded as plain or ugly or old. But now womanly beauty is becoming technologically achievable, a commodity for which each and every woman can, in principle, sacrifice if she is to survive and succeed in the world, particularly in industrialized Western countries. Now technology is making obligatory the appearance of youth and the reality of "beauty" for every woman who can afford it. Natural destiny is being supplanted by technologically grounded coercion, and the coercion is camouflaged by the language of choice, fulfillment, and liberation.

Similarly, we find the dynamic of the double-pathologizing of the normal and of the ordinary at work here. In the technical and popular literature on cosmetic surgery, what have previously been described as normal variations of female bodily shapes or described in the relatively innocuous language of "problem areas," are increasingly being described as "deformities," "ugly protrusions," "inadequate breasts," and "unsightly concentrations of fat cells"—a litany of descriptions designed to intensify feelings of disgust, shame, and relief at the possibility of recourse for these "deformities." Cosmetic surgery promises virtually all women the creation of beautiful, youthful-appearing bodies. As a consequence, more and more women will be labeled "ugly" and "old" in relation to this more select population of surgically created beautiful faces and bodies that have been contoured and augmented, lifted and tucked into a state of achieved feminine excellence. I suspect that the naturally "given," so to speak, will increasingly come to be seen as the technologically "primitive"; the "ordinary" will come to be perceived and evaluated as the "ugly." Here, then, is the *third paradox*: that the technological beauty imperative and the pathological inversion of the normal are coercing more and more women to "choose" cosmetic surgery.

V. Are There Any Politically Correct Feminist Responses to Cosmetic Surgery?

Attempting to answer this question is rather like venturing forth into quicksand. Nevertheless, I will discuss two very different sorts of responses that strike me as having certain plausibility: the response of refusal and the response of appropriation.⁶ I regard both of these as utopian in nature.

The Response of Refusal

In her witty and subversive parable, *The Life and Loves of a She-Devil*, Fay Weldon puts the following thoughts into the mind of the cosmetic surgeon whose services have been bought by the protagonist, "Miss Hunter," for her own plans for revenge:

He was her Pygmalion, but she would not depend upon him, or admire him, or be grateful. He was accustomed to being loved by the women of his own construction. A soft sigh of adoration would follow him down the corridors as he paced them, visiting here, blessing there, promising a future, regretting a past: cushioning his footfall, and his image of himself. But no soft breathings came from Miss Hunter. [He adds, ominously,] . . . he would bring her to it (Weldon 1983, 215-16).

But Miss Hunter continues to refuse, and so will many feminist women. The response of refusal can be recognizably feminist at both an individual and a collective level. It results from understanding the nature of the risks involved—those having to do with the surgical procedures and those related to a potential loss of embodied personal integrity in a patriarchal context. And it results from understanding the conceptual shifts involved in the political technologizing of women's bodies and contextualizing them so that their oppressive consequences are evident precisely as they open up more "choices" to women. "Understanding" and "contextualizing" here mean seeing clearly the ideological biases that frame the material and cultural world in which cosmetic surgeons practice, a world that contains racist, anti-Semitic, eugenicist, and ageist dimensions of oppression, forms of oppression to which current practices in cosmetic surgery often contribute.

The response of refusal also speaks to the collective power of women as consumers to affect market conditions. If refusal is practiced on a large scale, cosmetic surgeons who are busy producing new faces for the "holiday season" and new bellies for the "winter trips to the Caribbean" will find few buyers of their services. Cosmetic surgeons who consider themselves body designers and regard women's skin as a kind of magical fabric to be draped, cut, layered, and designer-labeled may have to forgo the esthetician's ambitions that occasion the remark that "the sculpting of human flesh can never be an exact art" (Silver 1989). They may, instead, (re)turn their expertise to the victims in the intensive burn unit and to the crippled limbs and joints of arthritic women. This might well have the consequence of (re)converting those surgeons into healers.

Although it may be relatively easy for some individual women to refuse cosmetic surgery even when they have access to the means, one deep, morally significant facet of the response of refusal is to try to understand and to care about individual women who do choose to undergo cosmetic surgery. It may well be that one explanation for why a woman is willing to subject herself to

surgical procedures, anaesthetic, post-operative drugs, predicted and lengthy pain, and possible "side effects" that might include her own death is that her access to other forms of power and empowerment are or appear to be so limited that cosmetic surgery is the primary domain in which she can experience some semblance of self-determination. . . . Choosing an artificial and technologically designed creation of youthful beauty may not only be necessary to an individual woman's material, economic, and social survival. It may also be the way that she is able to choose, to elect a kind of subjective transcendence against a backdrop of constraint, limitation, and immanence. . . .

As a feminist response, individual and collective refusal may not be easy. As Bartky, I, and others have tried to argue, it is crucial to understand the central role that socially sanctioned and socially constructed femininity plays in a male supremacist, heterosexist society. And it is essential not to underestimate the gender-constituting and identity-confirming role that femininity plays in bringing woman-as-subject into existence while simultaneously creating her as patriarchally defined object (Bartky 1988; Morgan 1986). In these circumstances, refusal may be akin to a kind of death, to a kind of renunciation of the only kind of life-conferring choices and competencies to which a woman may have access. And, under those circumstances, it may not be possible for her to register her resistance in the form of refusal. The best one can hope for is a heightened sense of the nature of the multiple double-binds and compromises that permeate the lives of virtually all women and are accentuated by the cosmetic surgery culture. As a final comment, it is worth remarking that although the response of refusal has a kind of purity to recommend it, it is unlikely to have much impact in the current ideological and cultural climate. . . .

The Response of Appropriation

Rather than viewing the womanly/technologized body as a site of political refusal, the response of appropriation views it as the site for feminist action through transformation, appropriation, parody, and protest. This response grows out of that historical and often radical feminist tradition that regards deliberate mimicry, alternative valorization, hyperbolic appropriation, street theater, counterguerrilla tactics, destabilization, and redeployment as legitimate feminist politics. Here I am proposing a version of what Judith Butler regards as "Femininity Politics" and what she calls "Gender Performatives." . . .

Rather than agreeing that participation in cosmetic surgery and its ruling ideology will necessarily result in further colonization and victimization of women, this feminist strategy advocates appropriating the expertise and technology for feminist ends. One advantage of the response of appropriation is that it does not recommend involvement in forms of technology that clearly have disabling and dire outcomes for the deeper feminist project of engaging "in the historical, political, and theoretical process of constituting ourselves as subjects as well as objects of history" (Hartsock 1990, 170).⁷ Women

who are increasingly immobilized bodily through physical weakness, passivity, withdrawal, and domestic sequestration in situations of hysteria, agoraphobia, and anorexia cannot possibly engage in radical gender performatives of an active public sort or in other acts by which the feminist subject is robustly constituted. In contrast, healthy women who have a feminist understanding of cosmetic surgery are in a situation to deploy cosmetic surgery in the name of its feminist potential for parody and protest. . . .

As Butler correctly observes, parody "by itself is not subversive" (1990, 139) since it always runs the risk of becoming "domesticated and recirculated as instruments of cultural hegemony." She then goes on to ask, in relation to gender identity and sexuality, what words or performances would

compel a reconsideration of the *place* and stability of the masculine and the feminine? And what kind of gender performance will enact and reveal the performativity of gender itself in a way that destabilizes the naturalized categories of identity and desire? (Butler 1990, 139)

We might, in parallel fashion, ask what sorts of performances would sufficiently destabilize the norms of femininity, what sorts of performances will sufficiently expose the truth of the slogan "Beauty is always made, not born." In response I suggest two performance-oriented forms of revolt.

The first form of revolt involves revalorizing the domain of the "ugly" and all that is associated with it. Although one might argue that the notion of the "ugly" is parasitic on that of "beauty," this is not entirely true since the ugly is also contrasted with the plain and the ordinary, so that we are not even at the outset constrained by binary oppositions. The ugly, even in a beauty-oriented culture, has always held its own fascination, its own particular kind of splendor. Feminists can use that and explore it in ways that might be integrated with a revalorization of being old, thus simultaneously attacking the ageist dimension of the reigning ideology. Rather than being the "culturally enmired subjects" of Butler's analysis, women might constitute themselves as culturally liberated subjects through public participation in Ms. Ugly Canada/America/Universe/Cosmos pageants *and use the technology of cosmetic surgery to do so.*

Contemplating this form of revolt as a kind of imaginary model of political action is one thing; actually altering our bodies is another matter altogether. And the reader may well share the sentiments of one reviewer of this paper who asked: "Having oneself surgically mutilated in order to prove a point? Isn't this going too far?" I don't know the answer to that question. If we cringe from contemplating this alternative, this may, in fact, testify (so to speak) to the hold that the beauty imperative has on our imagination and our bodies. If we recoil from *lived* alteration of the contours of our bodies and regard it as "mutilation," then so, too, ought we to shrink from contemplation of cosmetic surgeons who de-skin and alter the contours of women's bodies so that we become more and more like athletic or emaciated (depending on what's

in vogue) mannequins with large breasts in the shop windows of modern patriarchal culture. In what sense are these not equivalent mutilations?

What this feminist performative would require would be not only genuine celebration of but *actual* participation in the fleshly mutations needed to produce what the culture constitutes as “ugly” so as to destabilize the “beautiful” and expose its technologically and culturally constitutive origin and its political consequences. Bleaching one’s hair white and applying wrinkle-inducing “wrinkle creams,” having one’s face and breasts surgically pulled down (rather than lifted), and having wrinkles sewn and carved into one’s skin might also be seen as destabilizing actions with respect to aging. And analogous actions might be taken to undermine the “lighter is better” aspect of racist norms of feminine appearance as they affect women of color.

A second performative form of revolt could involve exploring the commodification aspect of cosmetic surgery. One might, for example, envision a set of “Beautiful Body Boutique” franchises, responsive to the particular “needs” of a given community. Here one could advertise and sell a whole range of bodily contours; a variety of metric containers of freeze-dried fat cells for fat implantation and transplant; “body configuration” software for computers; sewing kits of needles, knives, and painkillers; and “skin-Velcro” that could be matched to fit and drape the consumer’s body; variously-sized sets of magnetically attachable breasts complete with discrete nipple pumps; and other inflation devices carefully modulated according to bodily aroma and state of arousal. Parallel to the current marketing strategies for cosmetic breast surgeries, commercial protest booths, complete with “before and after” surgical make-over displays for penises, entitled “The Penis You Were Always Meant to Have” could be set up at various medical conventions and health fairs; demonstrations could take place outside the clinics, hotels, and spas of particularly eminent cosmetic surgeons—the possibilities here are endless. Again, if this ghoulish array offends, angers, or shocks the reader, this may well be an indication of the extent to which the ideology of compulsory beauty has anesthetized our sensibility in the reverse direction, resulting in the domesticating of the procedures and products of the cosmetic surgery industry.

In appropriating these forms of revolt, women might well accomplish the following: acquire expertise (either in fact or in symbolic form) of cosmetic surgery to challenge the coercive norms of youth and beauty, undermine the power dynamic built into the dependence on surgical experts who define themselves as aestheticians of women’s bodies, demonstrate the radical malleability of the cultural commodification of women’s bodies, and make publicly explicit the political role that technology can play in the construction of the feminine in women’s flesh.

Conclusion

I have characterized both these feminist forms of response as utopian in nature. What I mean by “utopian” is that these responses are unlikely to occur on

a large scale even though they may have a kind of ideal desirability. In any culture that defines femininity in terms of submission to men, that makes the achievement of femininity (however culturally specific) in appearance, gesture, movement, voice, bodily contours, aspirations, values, and political behavior obligatory of any woman who will be allowed to be loved or hired or promoted or elected or simply allowed to live, and in any culture that increasingly requires women to purchase femininity through submission to cosmetic surgeons and their magic knives, refusal and revolt exact a high price. I live in such a culture.

Notes

Many thanks to the members of the Canadian Society for Women in Philosophy for their critical feedback, especially my commentator, Karen Weisbaum, who pointed out how strongly visualist the cosmetic surgery culture is. I am particularly grateful to Sarah Lucia Hoagland, keynote speaker at the 1990 C-SWIP conference, who remarked at my session, "I think this is all wrong." Her comment sent me back to the text to rethink it in a serious way. . . .

1. I say "virtually all women" because there is now a nascent literature on the subject of fat oppression and body image as it affects lesbians. For a perceptive article on this subject, see Dworkin (1989). I am, of course, not suggesting that compulsory heterosexuality and obligatory maternity affect all women equally. Clearly women who are regarded as "deviant" in some respect or other—because they are lesbian or women with disabilities or "too old" or poor or of the "wrong race"—are under enormous pressure from the dominant culture *not* to bear children, but this, too, is an aspect of patriarchal pronatalism.
2. I view this as a recognizable *political* metamorphosis because forensic cosmetic surgeons and social archaeologists will be needed to determine the actual age and earlier appearance of women in cases where identification is called for on the basis of existing carnal data. See Griffin's (1978) poignant description in "The Anatomy Lesson" for a reconstruction of the life and circumstances of a dead mother from just such carnal evidence. As we more and more profoundly artifactualize our own bodies, we become more sophisticated archaeological repositories and records that both signify and symbolize our culture.
3. I intend to use "given" here in a relative and political sense. I don't believe that the notion that biology is somehow "given" and culture is just "added" is a tenable one. I believe that we are intimately and inextricably encultured and embodied, so that a reductionist move in either direction is doomed to failure. For a persuasive analysis of this thesis, see Lowe (1982) and Haraway (1978, 1989). For a variety of political analyses of the "given" as primitive, see Marge Piercy's poem "Right to Life" (1980), Morgan (1989), and Murphy (1984).
4. The extent to which ableist bias is at work in this area was brought home to me by two quotations cited by a woman with a disability. She discusses two guests on a television show. One was "a poised, intelligent young woman who'd been rejected as a contestant for the Miss Toronto title. She is a paraplegic. The organizers' excuse for disqualifying her: 'We couldn't fit the choreography around you.' Another guest was a former executive of the Miss Universe contest. He declared,

- 'Her participation in a beauty contest would be like having a blind man compete in a shooting march'" (Matthews 1985).
5. It is important here to guard against facile and ethnocentric assumptions about beauty rituals and mutilation. See Lakoff and Scherr (1984) for an analysis of the relativity of these labels and for important insights about the fact that use of the term "mutilation" almost always signals a distancing from and reinforcement of a sense of cultural superiority in the speaker who uses it to denounce what other cultures do in contrast to "our culture."
 6. One possible feminist response (that, thankfully, appears to go in *and* out of vogue) is that of feminist fascism, which insists on a certain particular and quite narrow range of embodiment and appearance as the only range that is politically correct for a feminist. Often feminist fascism sanctions the use of informal but very powerful feminist "embodiment police," who feel entitled to identify and denounce various deviations from this normative range. I find this feminist political stance incompatible with any movement I would regard as liberatory for women and here I admit that I side with feminist liberals who say that "the presumption must be on the side of freedom" (Warren 1989) and see that as the lesser of the two evils.
 7. In recommending various forms of appropriation of the practices and dominant ideology surrounding cosmetic surgery, I think it important to distinguish this set of disciplinary practices from those forms of simultaneous Retreat-and-Protest that Susan Bordo (1989, 20) so insightfully discusses in "The Body and the Reproduction of Femininity": hysteria, agoraphobia, and anorexia. What cosmetic surgery shares with these gestures is what Bordo remarks upon, namely, the fact that they may be "viewed as a surface on which conventional constructions of femininity are exposed starkly to view, through their inscription in extreme or hyperliteral form." What is different, I suggest, is that although submitting to the procedures of cosmetic surgery involves pain, risks, undesirable side effects, and living with a heightened form of patriarchal anxiety, it is also fairly clear that, most of the time, the pain and risks are relatively short-term. Furthermore, the outcome often appears to be one that generally enhances women's confidence, confers a sense of well-being, contributes to a greater comfortableness in the public domain, and affirms the individual woman as a self-determining and risk-taking individual. All these outcomes are significantly different from what Bordo describes as the "languages of horrible suffering" (Bordo 1989, 20) expressed by women experiencing hysteria, agoraphobia, and anorexia.

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