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. (“Madonna Passionate About Fitness” 1990; italics 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.” (“Cosmetic Surgery For the Holidays” 1985)

We hadn’t seen or heard from each other for 28 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; “Falling in Love Again” 1990)

“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 aggressive, they are the doers of the world. It’s like makeup. You see some women who might be greatly improved by wearing makeup, 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; “The Quest to Be a Perfect 10” 1990)

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)
This paper is about women and about the knives that "sculpt" our bodies to make us beautiful forever. I want to explore this topic for five reasons. First, I am interested in the project of developing a feminist hermeneutics that tries to understand the words and choices of women situated in an interface position with various so-called experts in Western culture.

Second, I experience genuine epistemic and political bewilderment when I, as a feminist woman, think about contemporary practices and individual choices in the area of elective cosmetic surgery. Is this a setting of liberation or oppression—or both?

Third, I have come to realize that this is a "silent" (if not silenced) topic both in mainstream bioethics and in recent ground-breaking discussions in feminist medical ethics. Apart from some tangential references, there is virtually no discussion, feminist or otherwise, of the normative and political issues that might be raised in relation to women and elective cosmetic surgery. I believe we need a feminist framework and critique to understand why breast augmentation, until recently, was the most frequently performed kind of cosmetic surgery in North America ("New Bodies For Sale") and why, according to Longevity magazine, in every 225 adult Americans had elective cosmetic surgery in 1989. 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.

Fourth, I situate this topic in the larger framework of the contemporary existential technologizing of women's bodies in Western culture. We are witnessing a normalization of elective cosmetic surgery. As the author of an article targeted to homemakers remarks, "For many women, it's no longer a question of whether to undergo cosmetic surgery—but what, when, by whom and how much" (McCabe 1990). Not only is elective cosmetic surgery moving out of the domain of the sleazy, the suspicious, the secretly 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. I believe it is crucial that we understand these normative inversions that are catalyzed by the technologizing of women's bodies.

Finally, I am intrigued by the deeper epistemological and metaphysical dynamics of the field of cosmetic surgery. For example, a recent hospital-sponsored health conference advertised a special session on "facial regeneration" by asking, "Are you looking in the mirror and, seeing the old you, wishing you could be seeing the you that you used to be?" and then promising that this previous, youthful "you" could be regenerated. As a philosopher, I am shocked at the extent to which patients and cosmetic surgeons participate
in committing one of the deepest of original philosophical sins, the choice of the apparent over the real. 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.

**"JUST THE FACTS IN AMERICA, MA'AM"**

As of 1990, the most frequently performed kind of cosmetic surgery is liposuction, which involves suckling 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 was death," said the partner of Toni Sullivan, age forty-three ("hardworking mother of two teenage children" says the press; "Woman, 43, Dies After Cosmetic Surgery" 1989). 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 show 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" ("Implants Hide Tumors in Breasts, Study Says" 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... [Dr.] 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" ("Changing Faces" 1989). 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 outpatient clinics because of the need for anaesthesia and the severity of possible postoperative 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 thirty-four 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" ("Cosmetic Surgery for the Holidays" 1985). Cost: $2,000–$3,000.

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

Lest one think that women (who represent between sixty and seventy percent of all cosmetic surgery patients) choose only one of these procedures, heed the words of Dr. Michael Jon Bederman of the Centre 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. ("Changing Faces" 1989; italics 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."^3

FROM ARTIFICE TO ARTIFACT:
THE CREATION OF ROBOWOMAN?

In his article "Toward a Philosophy of Technology," Hans Jonas (1979) distinguishes between premodern and modern technology. Part of what is especially characteristic of modern technology, he suggests, is that the relationship of means and ends is no longer unilinear but circular, so that "new technologies may suggest, create, even impose new ends, never before conceived, simply by offering their feasibility. . . . Technology thus adds to the very objectives of human desires, including objectives for technology itself" (Jonas 1979, p. 35). In 1979, Jonas only speculates about the final stage of technological creation: "Are we, perhaps, on the verge of a technology, based on biological knowledge and wielding an engineering art which, this time, has man [sic] himself for its object? This has become a theoretical possibility . . . and it has been rendered morally possible by the metaphysical neutralizing of man" (Jonas 1979, p 411). We now know that the answer to Jonas' question is yes. We have arrived at the stage of regarding ourselves as both technological subject and object, transformable and literally creatable through biological engin-
engineering. The era of biotechnology is clearly upon us and is invading even the most private and formerly sequestered domains of human life, including women’s wombs. I interpret the spectacular rise of the technology of cosmetic surgery as a form of biotechnology that fits this dialectical picture of modern technology.

The domain of technology is often set up in oppositional relation to a domain that is designated “the natural.” The role assigned to technology is often that of transcendence, transformation, control, exploitation, or destruction, and the technologized object or process is conceptualized as inferior or primitive, in need of perfecting transformation or exploitation through technology in the name of some “higher” purpose or end, or deserving of eradication because it is harmful or evil.

Although there continue to be substantive theoretical challenges to its dominant metaphors, Western scientific medicine views the human body essentially as a machine. The machine model carries with it certain implications, among which is the reduction of spirit, affect, and value to mechanistic processes in the human body. This perspective also facilitates viewing and treating the body in atomistic and mechanical fashion, so that, for example, the increasing mechanization of the body in terms of artificial hearts, kidneys, joints, limbs, and computerized implants is seen as an ordinary progression within the dominant model. Correlative with the rise of the modeling of the human brain as an information-processing machine, we are witnessing the development of genetic engineering; transsexual surgery; the technological transformation of all aspects of human conception, maternity, and birthing; and the artificial prolongation of human life.

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. (“Retouching Nature’s Way” 1990; italics added)

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 anaesthetists, nurses, aestheticians, nail technicians, manicurists, dietitians, hairstylists, cosmetologists, masseuses, aroma therapists, trainers, pedicurists, electrolysts, 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. Think of the contestants in the Miss America pageant who undergo cosmetic surgery in prepa-
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” (“Changing Faces” 1989). [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 on your lower abdomen. If you are hereditarily predisposed 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” (“Changing Faces” 1989). [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.” (“Changing Faces” 1989). [Domination; strength]


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 maid has a big nose will get a nickname” (“Retouching Nature’s Way: Is Cosmetic Surgery Worth It?” 1990). [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 1986). [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” (Harshson 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” (“Cosmetic Surgery for the Holidays” 1985). [Success; personal fulfillment]


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.”

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 and 1989). It

How do these general remarks concerning technology and the body apply to women—and to which women—and why? For virtually all women as women, success is determined 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—organizations 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 out our toes so that our feet will fit into elegant shoes, the knife that cuts out our 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.
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 savior, the mind shapes itself to the body and roaming round its gift 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 a simple question. In wanting to continue to be “the fairest of all,” she is striving, in a clearly competitive context, for a prize, title, 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-fulfillment, 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.”

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: pp. 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, p. 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 metaphor of embodiment (Foucault 1979, p. 138). 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 Ten

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” (“Cosmetic Surgery for the Holidays” 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 (“New Bodies for Sale” 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, gait, voice, degree of cleanliness, degree of muscularity, odor, degree of hirsuteness, vocabulary, hands, feet, skin, hair, and vulva can all be evaluated, regulated, and disciplined in the light of the hypothetical 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, as various theorists have pointed out, 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 predetermination, 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.

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. As Baky notes, such diffused power also signals the presence of the colonizer:

Normative femininity is coming more and more to be centered on woman's body... Images of normative femininity... have replaced the religious oriented tracts of the past. The woman who checks her makeup half a dozen times a day to see if her foundation is caked or her mascara runs, who worries that the wind or the rain may spoil her hairdo, who looks frequently to see if her stockings have bunched at the ankle, or who, feeling fat, monitors everything she eats, has become, just as surely as the words of the Paracelsus, a self-polishing subject, a self committed to a relentless self-surveillance. This self-surveillance is a form of obedience to patriarchy. (Baky 1988, p. 81; italics added)

As Foucault and others have noted, practices of coercion and domination are often camouflaged by practical rhetoric 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." Murphy (1984), Piercy (1980), and I (Morgan 1989) have all claimed that similar rhetorical camouflage of colonizing takes place in the areas of women's reproductive decision-making and women's right to bodily self-determination. In all of these instances of colonizing the ideological manipulation of technology can be identified, and I would argue, in all of these cases this technology has often been used to the particular disadvantage and destruction of some aspect of women's integrity.

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 suitor, the 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.

**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
choosers. 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 applies 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. 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 nonconsensual: they involve lengthy periods of pain, are permanent, and result in irreversibly altering metamorphoses such as the appearance of youth on an aging body.

In order to illuminate the paradox of choice involved here, I wish to draw an analogy from the literature on reproductive technology. In the case of reproductive self-determination, technology has been hailed as increasing the range of women's choices in an absolute kind of way. It cannot be denied that due to the advances in various reproductive technologies, especially IVF and embryo freezing, along with various advances in fertility and fetal surgery, there are now women with healthy children who previously would not have had children. Nevertheless, there are two important ideological, choice-diminishing dynamics at work that affect women's choices in the area of the new reproductive technologies. These dynamics are also at work in the area of cosmetic surgery.

The first of these is the pressure to achieve perfection through technology, signaled by the rise of new forms of eugenicist thinking. More profoundly than ever before, contemporary eugenicists stigmatize potential and existing disabled babies, children, and adults. More and more frequently, benevolently phrased eugenicist pressures are forcing women to choose to submit to a battery of prenatal diagnostic tests and extensive fetal monitoring in the name of producing "perfect" (white) babies. As more and more reproductive technologies and tests are invented (and "perfected" in and on the bodies of fertile women), partners, parents, family, obstetricians, and other experts on fertility pressure women to submit to this technology in the name of "maxi-
and as surgically transformed women win the Miss America pageants, women who refuse to submit to the knives and to the needles, to the anaesthetics 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-looking 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.

ARE THERE ANY POLITICALLY CORRECT FEMINIST RESPONSES TO COSMETIC SURGERY?

Attempting to answer this question is rather like venturing forth into political 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. 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 sign of adoration would follow him down the corridors as he passed 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, pp. 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 surgery practice, a world that contains racist, anti-Semitic, eugenicist, and anti-discrimination, 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 bodies 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 care 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, anaesthetics, postoperative 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. Lakoff and Scherr comment on this:

No responsible doctor would advise a drug, or a procedure, whose clearly demonstrated benefits do not considerably outweigh its risks, so that a health-threatening drug is not prescribed responsibly except to remedy a life-threatening condition. But equally noxious drugs and procedures are medically sanctioned merely to "cure" moderate overweight or flaccid breasts—hardly life-threatening ailments. . . The only way to understand the situation is to agree that those conditions are, in fact, perceived as life-threatening, so dangerous that seriously damaging interventions are justified, any risk worth taking, to alleviate them (Lakoff and Scherr 1984, pp. 105–6).

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 (in Beauvoir's sense of this term).

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 competences 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. In just one year, the number of breast augmentations has risen 32 percent; eye lifts have increased 33 percent; nose jobs have increased 30 percent; face lifts have increased 39 percent; and liposuction and other forms of "body contouring" have become the most popular form of cosmetic surgery ("New Bodies for Sale" 1985). Cosmetic surgeons are deluged with demands, and research in the field is increasing at such a rapid pace that every area of the human body is seen as open to metamorphosis. Clearly the knives, the needles, the cannulas, and the drugs are exercising a greater and greater allure. Nevertheless, the political significance of the response of refusal should not be underestimated in the lives of individual women since achieved obligatory femininity is a burden born by virtually all women. And this response is one way of eliminating many of the attendant harms while simultaneously identifying the ways that the technological beauty imperative increasingly pervades our lives.

The Response of Appropriation

In their insightful essay, "The Feminine Body and Feminist Politics," Brown and Adams remark that "since the body is seen as the site of action, its investigation appears to combine what are otherwise characterized as discrete sites, the theoretical and the political, in an original unity" (Brown and Adams 1979, p. 85). 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." The contemporary feminist guerrilla theater group Ladies Against Women demonstrates the power of this kind of response. In addition to expressing outrage and moral revulsion at the biased dimensions of contemporary cosmetic surgery, the response of appropriation targets them for moral and political purposes.

However, instead of mourning the temporal and carnal alienation resulting from the shame and guilt experienced prior to surgery and from the experience of loss of identity following surgery, the feminist theorist using the response of appropriation points out (like postmodernists) that these emotional experiences simply demonstrate the ubiquitous instability of consciousness itself, that this is simply a more vivid lived instance of the deeper instability that is characteristic of all human subjectivity. Along with feeling apprehension about the appropriation of organic processes and bodies by technology, what this feminist theorist might well say is that the technologies are simply revealing what is true for all embodied subjects living in cultures, namely, that all human bodies are, and always have been, dialectically created artifacts (Lowe 1982; Haraway 1978, 1989). What the technologies are revealing is that women's bodies, in particular, can be and are read as especially saturated cultural artifacts and signifiers by phenomenologically oriented anthropologists and forensic archaeologists (even if they have never heard about Derrida or postmodernism). Finally, present practices in cosmetic surgery also provide an extremely public and quantified reckoning of the cost of "beauty," thereby demonstrating how both the processes and the final product are part of a larger nexus of women's commodification. Since such lessons are not always taught so easily or in such transparent form, this feminist theorist may well celebrate the critical feminist ideological potential of cosmetic surgery.

Rather than agreeing that participating 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 direct 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" (Hartsok 1990, p. 170). Women who are increasingly immobilized bodily through physical weakness, passivity, withdrawal, and domestic sequestration in situations of hystera, agoraphobia, anorexia cannot possibly engage in radical gender performances of authority. 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.

Working within the creative matrix of ideas provided by Foucault, Kristeva (1982), and Douglas (1966), Judith Butler notes:

The construction of stable bodily contours relies upon fixed sites of corporeal permeability and impermeability. The deregulation of such (heterosexual) exchanges accordingly disrupts the very boundaries that determine what it is to be a body at all. (1990, pp. 132–33)

As Butler correctly observes, parody "by itself is not subversive" (p. 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 performability of gender itself in a way that destabilizes the naturalized categories of identity and desire? (Butler 1990, p. 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 emplaced 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 recall from this table the contours of our bodies and regard it as "mutilation," then so, too, ought we to shirk from contemplation of the cosmetic surgeons who de-skin and alter the contours of women's bodies so that we become more and more like athletic or enameled (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 desublimating actions with respect to aging. And analogous actions might be taken to undermine the "lighter is better" aspect of racial 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 "Beauty 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 makeover 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 domestication 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 maleability 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 Weilbaum, who pointed out how strongly visualist the cosmetic surgery culture is. I am particularly grateful to Sarah Lucia Hoagland, keynote speaker at the 1990 CSWIP conference, who remarked at my session, "I think this is all wrong." Her comment sent me back to this text to rethink it in a serious way. Thanks also to the two anonymous Hypatia reviewers for their frank, helpful, and supportive response to an earlier version of this paper.

1. This paper addresses only the issues generated out of elective cosmetic surgery which is sharply distinguished by practitioners, patients, and insurance plans from reconstructive cosmetic surgery which is usually performed in relation to some trauma or is viewed as necessary in relation to some pressing health care concern. This is not to say that the distinction is always clear in practice.

2. I regard the Hastings Center Report and Philosophy and Medicine as the discipline-establishing journals in mainstream biocritics. The feminist literature to which I am referring includes the double special issue of Hypatia, 1989 (vol. 4, nos. 2 and 3), the anthology Healing Technology (Rahal 1989), and the entire journal series Women and Health and Women and Therapy through 1990. With the exception of a paper by Kathy Davis on this topic which has just appeared (1991) the only discussions that do exist discuss the case of Quinamodi, inc., the Hunchback of Notre Dame.

3. For a thorough account of how anatomical science has conceptualized and depicted the ideal female skeleton and morphology, see Russell's Sexual Science: The Victorian Construction of Womanhood (1894) and Schick's The Mind Has No Sex: Women


4. Although the particular kind of machine selected as paradigmatic of the human body has shifted from clocks to hydraulics to thermodynamics and now to information-processing models, the Cartesian machine-modeling of the body continues to dominate and is, obviously, the one most congenial to the correlative technologizing of the human body, which literally metamorphoses the body into a machine.

5. I say "virtually all women" because there is now a nascent literature on the subject of fat suppression 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 the "wrong race"—are under enormous pressure from the dominant culture not to bear children, but this, too, is an aspect of patriarchal pronatalism.

6. The desire to subordinate our bodies to some ideal that involves bringing the body under control is deeply felt by many contemporary women (apart from any religious legacy of asceticism). As Barkey (1989) and Bordo (1989a, 1989b) have noted, this is an aspect of the disembodiment desires of anorexic women and women who "pump iron." In the area of cosmetic surgery, this control is mediated by the technology and expertise of the surgeons, but the theme is continually articulated.

7. A similar point regarding femininity is made by Sandra Barkey (1989) in her discussion of "feminine discipline." She remarks that women will resist the dismantling of the disciplines of femininity because, at a very deep level, it would involve a radical alteration of what she calls our "informal social ontology":

To have a body felt to be "feminine"—a body socially constructed through the appropriate practices—is in most cases crucial to a woman's sense of self as female and, since persons currently can be only as male or female, to her sense of herself as an existing individual. . . . The radical feminist critique of femininity, then, may pose a threat not only to a woman's sense of her own identity and desirability but to the very structure of her social universe. (Barkey 1989, p. 78)

8. I view this as a recognizable political metaphor 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 artificialize our own bodies, we become more sophisticated archaeological repositories and records that both signify and symbolize our culture. (Barkey 1989, p. 78)


10. 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 on" is a tenable one. I believe that we are intimately and inextricably enculturated and embodied, so that a reductionist move in either direction is doomed to failure. For a persuasive analysis of this thesis, see Lowc (1986) and Haraway (1978, 1980). 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).

11. Although I am cognizant of the fact that many women are entering medical school, the available literature is preponderantly authored by men most of whom, I would infer, are white, given the general demographics of specializations in medical school. I also stress the whiteness here to emphasize the extent to which white norms of beauty dominate the field. I think of these surgeons as akin to 'fairy godfathers' to
18. A booth of this sort was set up in a prominent location at a large "Today's Woman Fair," at the National Exhibition grounds in Toronto in the summer of 1980. It showed "before" and "after" pictures of women's breasts and advertised itself as the "Breast You Were Always Meant to Have." One special feature of the display was a "before" set of photographs showing a woman whose breasts had been "deformed" by nursing, and an "after" set of photographs showing a woman whose breasts had been "enhanced" through cosmetic surgery. She was meant to be shown with both sets of photographs, as if she had finally attained through cosmetic surgery the breasts "she was meant to have." I am grateful to my colleague June Larkin for the suggestion of the analogous booth.

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