

knowledge:community::knowledge:power  
 hermeneutics:semiology::critical interpretation:codes.

Decoding and transcoding plus translation and criticism: all are necessary. So science becomes the paradigmatic model not of closure, but of that which is contestable and contested. Science becomes the myth not of what escapes human agency and responsibility in a realm above the fray, but rather of accountability and responsibility for translations and solidarities linking the cacophonous visions and visionary voices that characterize the knowledges of the subjugated. A splitting of senses, a confusion of voice and sight, rather than clear and distinct ideas, become the metaphor for the ground of the rational. We seek not the knowledges ruled by phallogocentrism (nostalgia for the presence of the one true Word) and disembodied vision, but those ruled by partial sight and limited voice. We do not seek partiality for its own sake, but for the sake of the connections and unexpected openings that situated knowledges make possible. The only way to find a larger vision is to be somewhere in particular. The science question in feminism is about objectivity as positioned rationality. Its images are not the products of escape and transcendence of limits, i.e. the view from above, but the joining of partial views and halting voices into a collective subject position that promises a vision of the means of ongoing finite embodiment, of living within limits and contradictions, i.e. of views from somewhere.

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## Anne Balsamo

### ON THE CUTTING EDGE

#### Cosmetic surgery and the technological production of the gendered body

#### The biotechnological reproduction of gender

**A**MONG THE MOST intriguing new body technologies developed during the decade of the 1980s are techniques of visualization that redefine the range of human perception. New medical imaging technologies such as laparoscopy and computer tomography (CT) make the body visible in such a way that its internal status can be accessed before it is laid bare or opened up surgically. Like the techniques that enable scientists to encode and read genetic structures, these new visualization technologies transform the material body into the visual medium. In the process the body is fractured and fragmented so that isolated parts can be visually examined: the parts can be isolated by function, as in organs or neuron receptors, or by medium, as in fluids, genes, or heat. At the same time, the material body comes to embody the characteristics of technological images.

When the human body is fractured into organs, fluids, and genetic codes, what happens to gender identity? In a technologically deconstructed body, where is gender located? Gender, like the body, is a boundary concept; it is at once related to the physiological sexual characteristics of the human body (the natural order of the body) and to the cultural context within which that body 'makes sense.' The widespread technological refashioning of the 'natural' human body suggests that gender too would be ripe for reconstruction. Advances in reproductive technology already decouple the act of procreation from the act of sexual intercourse. Laparoscopy has played a critical role in the assessment of fetal development, with the attendant consequence that the fetal body has been metaphorically (and sometimes literally) severed from its natural association with the female body and is now proclaimed to be the new, and most important obstetric patient. What effects do these biotechnological advances have on cultural definitions of the female body? As is often the case when seemingly stable boundaries (human/artificial, life/death,

nature/culture) are displaced by technological innovation, other boundaries are more vigilantly guarded. Indeed, the gendered boundary between male and female is one border that remains heavily guarded despite new technologized ways to rewrite the physical body in the flesh. So that it appears that while the body has been recoded within discourses of biotechnology and medicine as belonging to an order of culture rather than of nature, gender remains a naturalized point of human identity. As Judy Wajcman reminds us: 'technology is more than a set of physical objects or artefacts. It also fundamentally embodies a culture or set of social relations made up of certain sorts of knowledge, beliefs, desires, and practices.'<sup>1</sup> My concern here is to describe the way in which certain biotechnologies are ideologically 'shaped by the operation of gender interests' and, consequently, how these serve to reinforce traditional gendered patterns of power and authority. When Judith Butler describes the gendered body as 'a set of repeated acts within a highly rigid regulatory frame that congeal over time to produce the appearance of substance,' she identifies the mechanism whereby 'naturalized' gender identities are socially and culturally reproduced.<sup>2</sup>

Carole Spitzack suggests that cosmetic surgery actually deploys three overlapping mechanisms of cultural control: inscription, surveillance, and confession.<sup>3</sup> According to Spitzack, the physician's clinical eye functions like Foucault's medical gaze; it is a disciplinary gaze, situated within apparatuses of power and knowledge, that constructs the female figure as pathological, excessive, unruly, and potentially threatening. This gaze disciplines the unruly female body by first fragmenting it into isolated parts – face, hair, legs, breasts – and then redefining those parts as inherently flawed and pathological. When women internalize a fragmented body image and accept its 'flawed' identity, each part of the body then becomes a site for the 'fixing' of her physical abnormality. Spitzack characterizes this acceptance as a form of confession.

In the scenario of the cosmetic surgeon's office, the transformation from illness to health is inscribed on the body of the patient. . . . The female patient is promised beauty and re-form in exchange for confession, which is predicated on an admission of a diseased appearance that points to a diseased (powerless) character. A failure to confess, in the clinical setting, is equated with a refusal of health; a preference for disease.<sup>4</sup>

But the cosmetic surgeon's gaze does not simply *medicalize* the female body, it actually redefines it as object for technological reconstruction. In her reading of the women's films of the 1940s, Mary Ann Doane employs the concept of the 'clinical eye' to describe how the technologies of looking represent and situate female film characters as the objects of medical discourse. In Doane's analysis, the medicalization of the female body relies on a surface/depth model of the body whereby the physician assumes the right and responsibility of divining the truth of the female body – to make visible her invisible depths. The clinical gaze of the physician reveals the truth of the female body in his act of looking through her to see the 'essence' of her illness. According to Doane, the clinical eye marks a shift in the signification of the female body, from a purely surface form of signification to a depth model of

signification. She traces this shift through a reading of the difference between mainstream classical cinema and the woman's film of the 1940s.<sup>5</sup>

In examining the visualization technologies used in the practice of cosmetic surgery, we can witness the process whereby new biotechnologies are articulated with traditional and ideological beliefs about gender – an articulation that keeps the female body positioned as a privileged object of a normative gaze that is now not simply a medicalized gaze ('the clinical eye'), but also a technologized view. In the application of new visualization technologies, the relationship between the female body and the cultural viewing apparatus has shifted again; in the process, the clinical eye gives way to the deployment of a technological gaze. This application of the gaze does not rely on a surface/depth model of the material body, whereby the body has some sort of structural integrity as a bounded physical object. In the encounter between women and cosmetic surgeons, it is not so much the inner or essential woman that is looked at; her interior story has no truth of its own. Both her surface and her interiority are flattened and dispersed. Cosmetic surgeons use technological imaging devices to reconstruct the female body as a signifier of ideal feminine beauty. In this sense, surgical techniques literally enact the logic of assembly line beauty: 'difference' is made over into sameness. The technological gaze refashions the material body to reconstruct it in keeping with culturally determined ideals of feminine beauty.

### Cosmetic surgery and the inscription of cultural standards of beauty

Cosmetic surgery enacts a form of cultural signification where we can examine the literal and material reproduction of ideals of beauty. Where visualization technologies bring into focus isolated body parts and pieces, surgical procedures carve into the flesh to isolate parts to be manipulated and resculpted. In this way cosmetic surgery *literally* transforms the material body into a sign of culture. The *discourse* of cosmetic surgery offers provocative material for a discussion of the cultural construction of the gendered body because, on the one hand, women are often the intended and preferred subjects of such discourse, and on the other, men are often the bodies doing the surgery. Cosmetic surgery is not then simply a discursive site for the 'construction of images of women,' but in actuality, a material site at which the physical female body is surgically dissected, stretched, carved, and reconstructed according to cultural and eminently ideological standards of physical appearance.

There are two main fields of plastic surgery. Whereas *reconstructive* surgery works on catastrophic, congenital or cancer-damage deformities, *cosmetic* or *aesthetic* surgery is often an entirely elective endeavour. And whereas reconstructive surgery is associated with the restoration of health, normalcy, and physical function, cosmetic surgery is said to improve self-esteem, social status, and sometimes even professional standing.

All cosmetic surgery implicitly involves aesthetic judgements of facial proportion, harmony, and symmetry. In fact, one medical textbook strongly encourages plastic surgeons to acquire some familiarity with classical art theory so that they are

better prepared to 'judge human form in three dimensions, evaluate all aspects of the deformity, visualize the finished product, and plan the approach that will produce an optimal result.'<sup>6</sup> Codifying the aspects of such an 'aesthetic sense' seems counter-intuitive, but in fact, there is a voluminous literature that reports the scientific measurement of facial proportions in an attempt to accomplish the scientific determination of aesthetic perfection. According to one plastic surgeon, most cosmetic surgeons have some familiarity with the anthropological fields of anthropometry and human osteology. Anthropometry, which is defined in one source as 'a technique for the measurement of men, whether living or dead,' is actually a critically important science used by a variety of professional engineers and designers. One example of practical anthropometry is the collection of measurements of infants' and children's bodies for use in the design of automobile seat restraints. Of course it makes a great deal of sense that measurement standards and scales of human proportions are a necessary resource for the design of products for human use; in order to achieve a 'fit' with the range of human bodies that will eventually use and inhabit a range of products from office chairs to office buildings, designers must have access to a reliable and standardized set of body measurements. But when the measurement project identifies the 'object' being measured as the 'American negro' or the 'ideal female face,' it is less clear what practical use these measurements serve.

If anthropometry is 'a technique for the measurement of men,' the fascination of plastic surgeons is the measurement of the ideal. One well-cited volume in a series published by the American Academy of Facial Plastic and Reconstructive Surgery, titled *Proportions of the Aesthetic Face* (by Nelson Powell and Brian Humphreys) proclaims that it is a 'complete sourcebook of information on facial proportion and analysis.'<sup>7</sup> In the Preface the authors state:

The face, by its nature, presents itself often for review. We unconsciously evaluate the overall effect each time an acquaintance is made. . . . This [impression] is generally related to some scale of beauty or balance. . . . The harmony and symmetry are compared to a mental, almost magical, ideal subject, which is our basic concept of beauty. Such a concept or complex we shall term the 'ideal face.'<sup>8</sup>

According to the authors, the purpose of this text is quite simple: to document, objectively, the guidelines for facial symmetry and proportion. Not inconsequentially, the 'Ideal Face' depicted in this book – both in the form of line drawings and in photographs – is of a white woman whose face is perfectly symmetrical in line and profile [Figure 59.1]. The authors claim that although the 'male's bone structure is sterner, bolder, and more prominent . . . the ideals of facial proportion and unified interplay apply to either gender.' And as if to prove the point, they provide an illustration of the ideal male face in the glossary. As I discuss later, this focus on the female body is prevalent in all areas of cosmetic surgery – from the determination of ideal proportions to the marketing of specific cosmetic procedures. The source or history of these idealized drawings is never discussed. But once the facial proportions of these images are codified and measured, they are reproduced by surgeons as they make modifications to their patients' faces. Even though they work with faces that are individually distinct, surgeons use the codified measurements

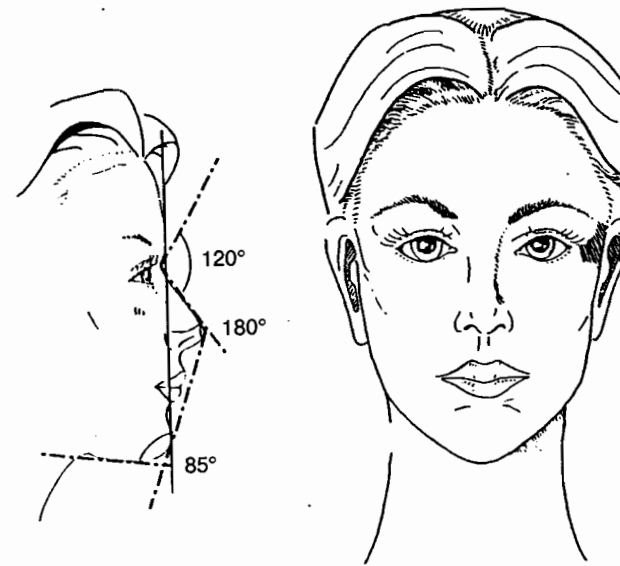


Figure 59.1 'Angles and proportions of the ideal female face' diagrams, 1984 (Courtesy of Thieme Medical Publishers)

as a guideline for the determination of treatment goals in the attempt to bring the distinctive face in alignment with artistic ideals of symmetry and proportion.

The treatment of race in this book on 'ideal proportions of the aesthetic face' reveals a preference for white, symmetrical faces that heal (apparently) without scarring. On the one hand the authors acknowledge that 'bone structure is different in all racial identities' and that 'surgeons must acknowledge that racial qualities are appreciated differently in various cultures,' but in the end they argue that 'the facial form [should be] able to confer harmony and aesthetic appeal regardless of race.'<sup>9</sup> It appears that this appreciation for the aesthetic judgement 'regardless of race' is not a widely shared assumption among cosmetic surgeons. Napoleon N. Vaughn reports that many cosmetic surgeons 'mindful of keloid formation and hyperpigmented scarring, routinely reject black patients.'<sup>10</sup> But the issue of scar tissue formation is entirely ignored in the discussion of the 'proportions of the aesthetic face.' Powell and Humphreys implicitly argue that black faces can be evaluated in terms of ideal proportions determined by the measurement of Caucasian faces, but they fail to address the issue of post-surgical risks that differentiate black patients from Caucasian ones. Although it is true that black patients and patients with dark ruddy complexions have a greater propensity to form keloid or hypertrophic scars than do Caucasian patients, many physicians argue that black patients who are shown to be prone to keloid formation in the lower body are not necessarily prone to such formations in the facial area and upper body; therefore a racial propensity for keloid formation should not be a reason to reject a black patient's request for facial cosmetic surgery. And according to Arthur Sumrall, even though 'postoperative dyschromic

changes and surgical incision lines are much more visible in many black patients and races of color than their Caucasian counterpart,' these changes and incision lines greatly improve with time and corrective cosmetics.<sup>11</sup> As an abstraction the 'aesthetic face' is designed to assist surgeons in planning surgical goals; but as a cultural artifact, the 'aesthetic face' symbolizes a desire for standardized ideals of Caucasian beauty.

It is clear that any plastic surgery invokes standards of physical appearance and functional definitions of the 'normal' or 'healthy' body. Upon closer investigation we can see how these standards and definitions are culturally determined. In the 1940s and 1950s, women reportedly wanted 'pert, upturned noses,' but according to one recent survey this shape has gone out of style. 'The classic, more natural shape is the ultimate one with which to sniff these days.'<sup>12</sup> The obvious question becomes, what condition does the adjective 'natural' describe? In this case we can see how requests for cosmetic reconstructions show the waxing and waning of fashionable desires; in this sense, 'fashion surgery' might be a more fitting label for the kind of surgery performed for nonfunctional reasons. But even as high fashion moves toward a multiculturalism in the employ of nontraditionally beautiful models, it is striking to learn how great is the demand for cosmetic alterations that are based on Western markers of ideal beauty. In a *New York Times Magazine* feature, Ann Louise Bardach reports that Asian women often desire surgery to effect a more 'Western' eye shape.<sup>13</sup> Indeed, in several medical articles this surgery is actually referred to as 'upper lid Westernization,' and is reported to be 'the most frequently performed cosmetic procedure in the Orient.'<sup>14</sup> The surgeons explain:

An upper lid fold is considered a sign of sophistication and refinement to many Orientals across all social strata. It is not quite accurate to say that Orientals undergoing this surgery desire to look Western or American; rather, they desire a more refined Oriental eye. . . . An upper lid Westernization blepharoplasty frequently is given to a young Korean woman on the occasion of her betrothal.

Although other surgeons warn that it is 'wise to discuss the Oriental and Occidental eye anatomy in terms of differences *not* defects,'<sup>15</sup> at least one other medical article on this type of surgery was titled 'Correction of the Oriental Eyelid.'<sup>16</sup> In terms of eyelid shape and design, the authors do not comment on how the 'natural' Oriental eye came to be described as having a 'poorly defined orbital and periorbital appearance'; thus, when their Oriental patients request 'larger, wider, less flat, more defined, more awake-appearing eyes and orbital surroundings,' these surgeons offer an operative plan for the surgical achievement of what is commonly understood to be a more Westernized appearance.<sup>17</sup> In discussing the reasons for the increased demand for this form of blepharoplasty 'among the Oriental,' Marwali Harahap notes that this technique became popular after the Second World War; this leads some surgeons to speculate that such a desire for Westernized eyes 'stem[s] from the influence of motion pictures and the increasing intermarriage of Asian women and Caucasian men.'<sup>18</sup>

[ . . . ]

### Cosmetic surgery as a technology of the gendered body

In recent years, more men are electing cosmetic surgery than in the past, but often in secret. As one article reports: 'previously reluctant males are among the booming number of men surreptitiously doing what women have been doing for years: having their eyelids lifted, jowls removed, ears clipped, noses reduced, and chins tightened.' One cosmetic surgeon elaborates the reasons that men are beginning to seek elective cosmetic surgery:

A middle-aged male patient – we'll call him Mr. Dropout – thinks he has a problem. He doesn't think he's too old for the lovely virgins he meets, but he wants to improve things. . . . When a man consults for aging, generally he is not compulsive about looking younger but he seeks relief from one or more specific defects incidental to aging: male pattern baldness . . . forehead wrinkling . . . turkey-gobbler neck. There are many things that can be done to help the aging man look younger or more virile.<sup>19</sup>

According to yet another cosmetic surgeon, the reason for some men's new concern about appearance is 'linked to the increasing competition for top jobs they face at the peak of their careers from women and Baby Boomers.'<sup>20</sup> Here the increase in male cosmetic surgery is explained as a shrewd business tactic: 'looking good' connotes greater intelligence, competence, and desirability as a colleague. Charges of narcissism, vanity, and self-indulgence are put aside; a man's choice to have cosmetic surgery is explained by appeal to a rhetoric of career enhancement: a better-looking body is better able to be promoted. In this case, cosmetic surgery is redefined as a body management technique designed to reduce the stress of having to cope with a changing work environment, one that is being threatened by the presence of women and younger people. While all of these explanations may be true in the sense that this is how men justify their choice to elect cosmetic surgery, it is clear that other explanations are not even entertained: for example, what about the possibility that men and women are becoming more alike with respect to 'the body beautiful,' that men are engaging more frequently in female body activities, or even simply that a concern with appearance is not solely a characteristic of women? What about the possibility that the boundary between genders is eroding? How is it that men avoid the pejorative labels attached to female cosmetic surgery clients?

In their ethnomethodological study of cosmetic surgery, Diana Dull and Candace West examine how surgeons and patients 'account' for their decisions to elect cosmetic surgery.<sup>21</sup> They argue that when surgeons divide the patient's body into component parts and pieces, it enables both 'surgeons and patients together [to] establish the problematic status of the part in question and its "objective" need of "repair".'<sup>22</sup>

But Dull and West go on to argue that this process of fragmentation occurs in 'tandem with the accomplishment of gender' which, in relying upon an essentialist view of the female body as always 'needing repair,' understands women's choice for cosmetic surgery as 'natural' and 'normal' and as a consequence of their (natural) preoccupation with appearance. Because their 'essential' natures are defined very

differently, men, on the other hand, must construct elaborate justifications for their decision to seek cosmetic alterations. This analysis illuminates one of the possible reasons why men and women construct different accounts of their decision to elect cosmetic surgery: the cultural meaning of their gendered bodies already determines the discursive rationale they can invoke to explain bodily practices. Where the bodies and faces of male farmers and construction workers, for example, are excessively 'tanned' due to their constant exposure to the sun as part of their work conditions, their ruddy, leathery skin is not considered a liability or deformity of their male bodies. In contrast, white women who display wrinkled skin due to excessive tanning are sometimes diagnosed with 'The Miami Beach Syndrome,' and as one surgeon claims: 'we find this type of overly tanned, wrinkled skin in women who not only go to Miami every year for three or four months, but lie on the beach with a sun reflector drawing additional rays to their faces.'<sup>23</sup> It is no surprise then, that although any body can exhibit the 'flaws' that supposedly justify cosmetic surgery, discussion and marketing of such procedures usually construct the female body as the typical patient. Such differential treatment of gendered bodies illustrates a by-now familiar assertion of feminist studies of the body and appearance: the meaning of the presence or absence of any physical quality varies according to the gender of the body upon which it appears. Clearly an apparatus of gender organizes our seemingly most basic, natural interpretation of human bodies, even when those bodies are technologically refashioned. Thus it appears that although technologies such as those used in cosmetic surgery can reconstruct the 'natural' identity of the material body, they do little to disrupt naturalization of essentialized gender identity.

Wendy Chapkis amplifies this point when she writes:

However much the particulars of the beauty package may change from decade to decade – curves in or out, skin delicate or ruddy, figures fragile or fit – the basic principles remain the same. The body beautiful is woman's responsibility and authority. She will be valued and rewarded on the basis of how close she comes to embodying the ideal.<sup>24</sup>

In the popular media, advertisements for surgical services are rarely, if ever, addressed specifically to men. In a 1988 advertising campaign for the Liposuction Institute in Chicago, every advertisement features an illustration of a woman's (saddlebag) thighs as the 'before' image of liposuction procedures. And of course, many cosmetic alterations are designed especially for women: tattooed eyeliner marketed as 'the ultimate cosmetic'; electrolysis removal of superfluous hair; and face creams. An advertising representative for DuraSoft explains that the company has begun marketing their colored contact lenses specifically for black women, ostensibly because DuraSoft believes that 'black women have fewer cosmetic alternatives,' but a more likely reason is that the company wants to create new markets for its cosmetic lenses. So whereas 'being a real man requires having a penis and balls' and a concern with virility and productivity, being a real woman requires buying beauty products and services.<sup>25</sup>

And yet women who have too many cosmetic alterations are pejoratively labeled 'scalpel slaves' to identify them with their obsession for surgical fixes. Women in their later thirties and forties are the most likely candidates for repeat plastic surgery.

According to *Psychology Today* the typical 'plastic surgery junkie' is a woman who uses cosmetic surgery as an opportunity to 'indulge in unconscious wishes.'<sup>26</sup> *Newsweek* diagnoses the image problems 'scalpel slaves' have:

Women in their 40s seem particularly vulnerable to the face-saving appeal of plastic surgery. Many scalpel slaves are older women who are recently divorced or widowed and forced to find jobs or date again. Others are suffering from the empty-nest syndrome. 'They're re-entry women,' says Dr. Susan Chobanian, a Beverly Hills cosmetic surgeon. 'They get insecure about their appearance and show up every six months to get nips and tucks. . . . Plastic-surgery junkies are in many ways akin to the anorexic or bulimic,' according to doctors. 'It's a body-image disorder,' says [one physician]. 'Junkies don't know what they really look like.' Some surgery junkies have a history of anorexia in the late teens, and now, in their late 30s and 40s, they're trying to alter their body image again.<sup>27</sup>

The naturalized identity of the female body as pathological and diseased is culturally reproduced in media discussions and representations of cosmetic surgery services. Moreover, the narrative obsessively recounted is that the female body is flawed in its distinctions and perfect when differences are transformed into sameness. But in the case of cosmetic surgery the nature of the 'sameness' is deceptive because the promise is not total identity reconstruction – such that a patient could choose to look like the media star of her choice – but rather the more elusive pledge of 'beauty enhancement.' When cosmetic surgeons argue that the technological elimination of facial 'deformities' will enhance a woman's 'natural' beauty, we encounter one of the more persistent contradictions within the discourse of cosmetic surgery: namely the use of technology to augment 'nature.'

[ . . . ]

## Conclusion

Through the application of techniques of inscription, surveillance, and confession, cosmetic surgery serves as an ideological site for the examination of the technological reproduction of the gendered body. A primary effect of these techniques is to produce a gendered identity for the body at hand, techniques that work in different ways for male bodies than for female bodies. In its encounters with the cosmetic surgeon and the discourse of cosmetic surgery, the female body becomes an object of heightened personal surveillance; this scrutiny results in an internalized image of a fractured, fragmented body. The body becomes the vehicle of confession; it is the site at which women, consciously or not, accept the meanings that circulate in popular culture about ideal beauty and, in comparison, devalue the material body. The female body comes to serve, in other words, as a site of inscription, a billboard for the dominant cultural meanings that the female body is to have in postmodernity.

For some women, and for some feminist scholars, cosmetic surgery illustrates a technological colonization of women's bodies; for others, a technology women

can use for their own ends. Certainly, as I have shown here, in spite of the promise cosmetic surgery offers women for the technological reconstruction of their bodies, such technologies in actual application produce bodies that are very traditionally gendered. Yet I am reluctant to accept as a simple and obvious conclusion that cosmetic surgery is simply one more site where women are passively victimized. Whether as a form of oppression or a resource of empowerment, it is clear to me that cosmetic surgery is a practice whereby women consciously act to make their bodies mean something to themselves and to others. A different way of looking at this technology might be to take seriously the notion I suggested earlier: to think of cosmetic surgery as 'fashion surgery.' Like women who get pierced-nose jewelry, tattoos, and hair sculptures, women who elect cosmetic surgery could be seen to be using their bodies as a vehicle for staging cultural identities. Even though I have argued that cosmetic surgeons demonstrate an unshakable belief in a Westernized notion of 'natural' beauty, and that the discourse of cosmetic surgery is implicated in reproducing such idealization and manipulation of 'the natural,' other domains of contemporary fashion cannot be so idealized. The anti-aesthetics of cyberpunk and slacker fashion, for example, suggest that feminists, too, might wish to abandon our romantic conceptions of the 'natural' body – conceptions that lead us to claim that a surgically refashioned face inevitably marks an oppressed subjectivity. As body piercing and other forms of prosthesis become more common – here I am thinking of Molly Million's implanted mirrorshades and Jael's naildaggers – we may need to adopt a perspective on the bodily performance of gender identity that is not so dogged by neoromantic wistfulness about the natural, unmarked body.

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