CHAPTER 1

Introduction—The Body Plastic

Desiring normality
she was labelled with vanity
Whilst some said she chose
every change to her body
In plastic

1 BRAIN & BODY, BRAIN VS BODY

The painter Gwen John was both gifted artist and muse to the sculptor Rodin. She painted and she posed, exercising cerebral artistry and physical dexterity in her own work whilst responding intellectually and bodily to Rodin’s creativity. For an artist, painting is creative and physically demanding. This is nowhere better exhibited than through Gwen John’s *Self-Portrait in a Red Blouse*. In the biography *Gwen John—A Life*, Sue Roe explains that the picture ‘would have required endless, meticulous concentration’. Finding it physically strenuous, even exhausting, Gwen John herself ‘likened painting in oils to doing housework’. Her words are echoed by women working in the arts, including sculpture, ceramics, photography, craft, filmmaking and directing. As director and filmmaker Karen Buczynski-Lee says:
Making a film is like constructing a jigsaw puzzle, moving, thinking and communicating multidimensionally to translate artistic vision into the film medium. Without physical and mental multitasking, filmmaking cannot happen.10

This epitomises Gwen John’s life. In her work, as in the work of the sculptor Camille Claudel,11 another of Rodin’s muses, she exemplified the reality that women are both brains and body, body and mind. Yet the way women’s bodies have been regarded over time tends to undercut this truth. It is not simply that many looking upon the work of artists or sculptors may fail to realise that the figure of the woman there represented is more than body, more than emotional energy or inspiration for the man (as it usually is)12 who painted or sculpted her. In all life’s realms, woman-as-body rather than woman-as-mind or, better still, woman-as-mind-and-body, has a propensity to dominate. Thus, the invention of photography and film heralded new ways to represent women in the same old way. Woman-as-body was confirmed and promoted through these new mediums, harbingers of the twentieth-century invention of the beauty contest13 and the film actor as star, then as celebrity. In the Countess de Castiglione, Abigail Solomon-Godeau provides an example of the way photography solidified the traditional notion of woman-as-object, despite the Countess’ engagement as a director of her own images, bringing ingenuity, creativity, skill and knowledge of the camera and what it could do. As Solomon-Godeau recounts, from the mid- to the end of the nineteenth century, Countess de Castiglione was photographed relentlessly by Louis Pierson of Mayer & Pierson.14 On some accounts, in her younger years, then as she aged, photographers Adolph Braun and Gaston Braun respectively trained their lenses untiringly upon her, too. Yet she was equally untiring. This woman who has historically been depicted as a willingly accommodating human object was anything but. However apparently compliant in the eye of the camera (and the cameraman) she might appear, the Countess was at work, mind and body. Both famous and infamous in her pursuit of the celluloid image, she was photographed in poses unconventional for one of her class, déshabillé, legs akimbo and flying, head winsomely leaning towards the camera.

Styling her essay ‘The Legs of the Countess’, Abigail Solomon-Godeau reclaims the Countess as actor and director of herself as subject. She draws attention to the three types of women who publicly populated the period of the Second (French) Empire and the Third (French) Republic when the Countess figured in the eye of the lens. These three were the
prostitute, uniting (to paraphrase Solomon-Godeau) in her person both the commodity and the seller; the dancer or actress being ‘the spectacle within the spectacle – who is perceived as a type of circulating goods’; and the ‘beautiful, worldly woman’, both idea and ideal ‘endlessly hypostatized, scrutinized and dissected’. It was at this time that Karl Marx wrote ‘The Fetishism of Commodities’. Solomon-Godeau remarks and reflects upon this, drawing attention to the increasing fetishisation and commodification of women and women’s bodies during this period. Simultaneously, the industrial revolution led to a downgrading of skills on which women prided themselves and for which they had had some acknowledgement. Industrialisation homogenised production and, hence, the work and the workers creating the product. Women as workers took on the role of automaton in the factory, or body on the street. Women who did not work in the world of industry became celebrated as ‘the lilies of the field’. Idealised as neither toiling nor spinning, they graced society as objects to be looked upon, their value lying in the bodies they inhabited and the clothes they wore.

The following century, the focus on women’s bodies, and women as bodies, if anything deepened. Women’s attention to their own bodies as if they were canvases to be worked upon and titivated, transformed and changed at the hands of women themselves, or through the hands of others employed to renovate their person, intensified. Writing in 1993, Susan Bordo examined this phenomenon. She expressed concern that in the 1980s, ‘a decade marked by the reopening of the public arena to women’, women were ‘spending more time on the management and discipline of our bodies than we have in a long, long time’. For Bordo, the principal influence in this is not ‘chiefly … ideology’, but ‘the organization and regulation of the time, space, and movements of our daily lives’. This, she said, ‘trains, shapes and impresses’ women’s bodies with ‘the stamp of prevailing historical forms of selfhood, desire, masculinity, femininity’. Women’s bodies, rather than brains, were foregrounded, the trap set by ever-increasing cosmetics and perfume production—alongside a growing aesthetic, cosmetic and plastic surgery industry.

Today’s women, Susan Bordo posits, are engaged in the pursuit of ‘an ever-changing, homogenizing, elusive ideal of femininity’, a pursuit without end. Women are required constantly to ‘attend to minute and often whimsical changes in fashion’. Women’s bodies thereby become ‘docile bodies—bodies whose forces and energies are habituated to
external regulation, subjection, transformation, improvement’. The ‘centr
tal organizing principles’ of women’s daily lives, from when we rise in
the morning to going to bed at night, are the ‘exacting and normal-
izing disciplines of diet, makeup, and dress’.22 And, faced with this daily
regime, where our bodies are a focus of our everyday living—not from
vanity, nor from narcissism, but because this is the way lives at least in the
Western world are ordered, our bodies are never good enough.

In *Flesh Wounds—The Culture of Cosmetic Surgery*, Virginia L. Blum
also highlights women’s connection with their physical selves and,
through this, identifying their own physical imperfections. She refers to
‘the perceived flaws of the female body’,23 providing an opening for
plastic surgeons who view themselves ‘as “healers” of cosmetic defects’.24
They see their work, too, as healing the ‘emotional desperation’ of women
who detect flaws in their bodies writ large—sufficiently large, that is, to
seek the surgeon’s scalpel. Surgeons, Blum writes, conceive of their work
not as damaging healthy bodies, but as ‘helping’ women to reconstruct
not only their bodies, but their lives. Albeit on the one hand apprehended
as miracle work, making and remaking the ideal, the work they
do on women’s bodies is ‘maintenance’, says one surgeon. The obligation
falling upon women is that akin to the good householder who paints the
house regularly, as required.25 In the same vein, the good householder
would ensure that the gutters are kept free of weeds and bird droppings,
leaves and other detritus, or repair bulging window frames and shutters,
or replace or reorder sagging brickwork and tiles gone awry. Unable to do
this alone, the householder must call upon the skilled services of special-
ists. When maintenance of women’s bodies is required, therefore, the
skilled specialist provides the answer.

Virginia Blum identifies a moralism creeping in. Middle-class morality
requires home upkeep. This segues effortlessly into a moral imperative for
the ageing woman. Here, Blum apprehends the work of Robin Tolmach
Lakoff and Rachel L. Scherr who in *Face Value: The Politics of Beauty*
observe that sometimes ‘in the popular media it is suggested that a woman
has a virtual moral duty – to herself and those who must behold her …’. 
This requires that she ‘remove those wrinkles and bags, tuck that tummy,
raise those breasts’.26 Or, rather, that she seek out an aesthetic, cosmetic
or plastic surgeon to do so.

The imperative of normality infuses the surgeon’s exposition and justi-
fication, too. If twenty-five years classifies as maturity and if, at this age, a
woman ‘had exactly the right amount of skin coming from the brow down
to the first fold [of the eye or the neck] and exactly the right amount of skin coming to the eyelashes ... and that was normal, then is it normal to allow time to change it'? The question is clearly rhetorical, for of course it is not 'normal', in the surgeon’s eyes, to ‘allow’ change whereby ‘the skin begins to slide down over the jaws and the bags begin to show’.27

This notion of what is normal harks back to the ancients and their ideas of female bodily construction as perfection. In Femininity Susan Brownmiller recalls that the classical Greeks determined what was ‘perfect’, as did the Goths, whilst the Renaissance envisioned another shape and form as the ideal.28 For the Greeks, ‘in the perfect female torso the distance between the nipples of the breasts, the distance from the lower edge of the breast to the navel, and the distance from the navel to the crotch were units of equal length’.29 With the coming of the Goths, this changed:

Centuries later, the Gothic ideal was strikingly different. With the breasts reduced to oval spheres ... ‘distressingly small’, and with the stomach expanded to a long ovoid curve that suggests an advanced state of pregnancy, at least to the modern eye, ... ‘the navel is exactly twice as far down the body as it is in the classical scheme’.30

Contrarily, perfection of form in Renaissance Italy was demonstrated by ‘a rounded body’, sporting ‘full hips and large breasts’. This vision should be topped off by ‘strawberry blonde hair’ above a high forehead, the whole embraced by ‘pale skin’.31

2 The Body Perfect/Imperfect

The female archetype does not remain static. Nor does ‘everyone’ conform or strive to do so. Sometimes resistance to the demands of appearance and bodily construction (whether real or created by dress, fashion and other artifice) surface, as Elizabeth Shackleton’s Pocket Diaries of 1765 and 1766 reveal.32 In The Gentleman’s Daughter, Amanda Vickery writes of Shackleton and her fellow Georgians, their habits as consumers of fashion and household accoutrements, and their place on the social scene. Elizabeth Shackleton was not, observes Vickery, a ‘slavish imitator of elite modes, nor a passive victim of the velocity of fashion’. Such lack of conformity, insurrection even, was supported by her recording in her Pocket Diary a sardonic poem, mordantly mocking the
demands placed upon women’s bodies to comply with prevailing social strictures:

Shepherds I have lost my waist. Have you seen my body?  
Sacrificed to modern taste, I’m quite a Hoddy Doddy.  
Never shall I see it more, Till common sense returning  
My body to my legs restore, then I shall cease from mourning.  
For Fashion I that part forsook where sages plac’d the belly  
Tis lost and I have not a nook for cheesecakes, tarts or jelly!  

Nonetheless the imperative that governs women’s appearance infuses every age, so that at the end of the eighteenth- and into the nineteenth-century Britain revered a particular look, hair along with facial features playing a vital role. Hence, the Duchess of Devonshire, aunt to Lady Caroline Lamb who was later worshipped then pilloried for her looks, her rejection of convention, and her ‘tempestuous … liaison’ with Lord Byron, possessed ‘red-gold curling hair, grey eyes, and an always laughing mouth’. Her sister Henrietta, Lady Bessborough, ‘had dark eyes and hair and a softer less lively disposition’. This led Elizabeth Jenkins, Caroline Lamb’s biographer, to nominate Henrietta as ‘altogether perhaps the more interesting of the two’. However, the perspective formed through an early twentieth-century woman’s eyes and intellect was not replicated when the women lived, for the Duchess was considered by the society of the time as ‘the most fascinating woman of the age’. Her sister rated not so well.

Forward, then, to the Victorian era, where the dominant paradigm featured women showcasing nipped-in waists, their bodies conforming to the required ‘hourglass’ shape, hips and bosom swelling above and below into rounded perfection. The look was achieved by the wearing of tightly structured corsets which pulled women’s bodies into a smoothly sculpted form. In Victorians Undone—Tales of the Flesh in the Age of Decorum, Kathryn Hughes recounts the contradictions between the way a woman’s body should be, and the way the body of a woman might be represented in art. Dante Gabriel Rossetti painted his muse, Fanny Cornforth (aka Sarah Cox), ‘from the torso up’, her brocaded costume ‘falling open to reveal her thick pillar of a neck and her creamy chest’. Her body is ‘plush’ with a ‘tumble of red-gold hair’ falling over her forehead, disclosing ‘facial features [that] are full but not quite heavy’. Painted in 1859, the portrait, known as Bocca Baciata, displayed the ‘tilt
of her head tactfully foiling the beginning of a double chin’, such artifice able to be avoided had the twentieth-century surgeon’s knife been so readily available as now. Indeed, when it first went on display, the sitter’s body was regarded as wanton, her style that of a floosy, her bulges and her features poorly reminiscent of those required of the ‘good’ Victorian lady. The painting was likened to a foreign print, a euphemism for the pornographic representations that came into popularity through distribution in seaside towns of these images on postcards.

The passing of the age of Victoria brought with it a new ideal. In The Spectacular Modern Woman—Feminine Visibility in the 1920s, Liz Conor recounts the influence of photography, film and beauty competitions in dictating how a ‘real’ woman should look in the 1920s and 1930s. She was flat bosomed, narrow hipped, long of leg, with pretty knees, elbows and wrists, her slender calves tapering towards well-turned ankles. As Conor observes, the ideal was rarely if ever achieved by reason of nature. She cites Russian filmmaker Lev Kuleshov, who perfected through montage the archetypal woman of film:

I shot a scene of a woman at her toilette: she did her hair, made up, put on her stockings and shoes and dress – I filmed the face, the head, the hair, the legs, the feet of different women, but I edited them as if it was all one woman …

‘Thanks to my montage’, he averred, ‘I succeeded in creating a woman who did not exist in reality but only in cinema’.

From the last century and into the present, the demand for the ideal travels to the most intimate parts of a woman’s body, with culture, race and ethnicity playing their part. Notions of womanly perfection as allied to cultural, racial and ethnic imperatives formed part of the contradictory response to the Fanny Cornforth portrait. Some viewers swam against the tide by declaring it ‘a superb thing, so awfully lovely’, focussing particularly on her lips. These were described as ‘slack’ or Mulatto lips, despised on the one hand, yet longed for on the other, for what they represented: sexual availability and pleasure. This is reminiscent of the contradictory approach to women’s lips when reddened by rouge or, later, lipstick: the colouring being associated with actresses, prostitutes or fallen women. It brings into play, too, the paradox of Western or Anglo-Saxon features being prized over African, Middle Eastern or Asian characteristics, whilst some at the same time being secretly admired.
and imitated. Bee-stung lips, achieved by design not nature, today imitate Fanny Cornforth’s mouth. The Brazilian butt lift seeks to enable women’s flat bottoms to imitate the rounded curves of their African sisters. These complimentary imitations are matched in the reverse by the renunciation of and growing revulsion for vulva that are perceived to be other than perfect. The growing demand for labiaplasty (‘cosmetic labiaplasty surgery’ or CLS) revives the vision of the ‘Hottentot Venus’ with her rounded buttocks and ‘elongated’ labia minora.

In 1810, Sarah Bartmann, a Khoi woman from the Cape of Good Hope, was brought to London as a slave, then becoming an exhibit, representing female African sex and sexuality. As Camille Nurka and Bethany Jones note in ‘Labiaplasty, Race and the Colonial Imagination’, the protrusion of Sarah Bartmann’s labia minora from between the labia majora was a bodily conformation observed a century earlier by Captain Cook in his excursions around the Cape. As Nurka and Jones confirm, Khoi women’s genitals were the subject of scientific interest. ‘Enlarged’ labia were classed as signifying lower evolutionary development, with Nurka and Jones remarking, too, upon the association of this genital design with a lack of cleanliness, sexual laxity and even a propensity towards prostitution. Sarah Bartmann was charged with suffering from a bodily dysfunction or distortion, labial hypertrophy. This classification of a normal bodily construction as abnormal or deformed, Nurka and Jones postulate as associated with the addition of labiaplasty to the contemporary clinician’s repertoire. ‘Racial and sexual deviancy’, they acknowledge, ‘are no longer readily apparent in the medical literature – presumably because they are recognised as belonging to a flawed scientific explanatory model …’. However, this ‘does not mean that they do not still resonate in what we might call the “white cultural unconscious” as a central motivating force in the desire for labiaplasty’. The ‘containment’ of the body, Nurka and Jones affirm, ‘as well as cleanliness’, provide a core feature to the way in which labiaplasty is marketed to women. This is a reminder of ‘deeply held anxieties about feminine non-conformity’ which are exploited by the aesthetic, cosmetic and plastic surgery industry. Women themselves inculcate these anxieties, which reach expression, too, in the market for skin-whitening and hair-straightening products which can be dangerous, with life-changing consequences. As for labiaplasty, dangers lie in the increased attention paid by clinics to so-called labial hypertrophy. This is replicated in the minds of today’s women who travel, in increasing numbers, to the operating tables of aesthetic, cosmetic and
plastic surgeons seeking to have this ‘excess’, ‘excessive’ or ‘surplus’ tissue excised.

Whilst accepting Susan Bordo’s thesis that it is the ordinary, everyday routine that focuses women’s attention on the body, that so many women are propelled into the world of aesthetic, cosmetic or plastic surgery with its consequent dangers, together with the potential for dissatisfaction, requires further explanation. It is consistently attributed to motives beyond the daily routine. Sometimes, body dysmorphia or body dysmorphic disorder (BDD) is alluded to. In ‘Body Dysmorphic Disorder in Plastic Surgery’, Kashyap K. Tadisina, Karan Chopra and Devinder P. Singh observe that BDD is defined by three principal characteristics. First comes ‘an obsession or preoccupation with a minor or non-existent flaw in physical appearance’. Secondly, this ‘causes functional impairment or significant distress’ which, thirdly, ‘is not explained by another psychological disorder’. Patients are generally youthful, with the obsession growing from the mean age of approximately 16 years, until the first surgical consultation is generally sought when they are in their thirties. Tadisina, Chopra and Singh identify the ‘distinguishing symptom of BDD’ as ‘significant body image dissatisfaction’ accompanied by ‘obsessive-compulsive behaviors, including mirror gazing, comparing personal features, excessive camouflaging, skin picking, reassurance seeking and even “self-surgery” practices’. Rather than seek psychiatric help, as a consequence of ‘poor insight’, BDD sufferers are likely to consult plastic surgeons. Although referral to a psychiatrist is recommended, a plastic, aesthetic or cosmetic surgeon has a discretion as to whether to operate to satisfy the patient. This can be unwise, for research has it that BDD sufferers are unlikely to be satisfied and can react by engaging in ‘violent or threatening behavior toward their surgeon’.

Eva Fisher’s study undertaken in 2012 of 225 members of a BDD support group found that principal discussion incorporated disclosure of personal experiences and asking about the experiences of others, seeking support, engaging in conversations and telling stories. Concerns about appearance were high on the list, with comments relating to ‘feeling ugly, depressed, guilty, ashamed, angry, and suicidal’ along with disclosure of ‘compulsive behaviours’. These included constant checking of appearance in mirrors or photographs and social comparisons, whilst plastic surgery topped the list in this category of contributions, consistent with the findings of Tadisina, Chopra and Singh.
Nevertheless, perusal of the literature confirms that BDD is attributed to a small number only of those seeking bodily changes. The vast numbers walking into clinics and being wheeled into operating theatres are not relegated to the realms of those suffering psychiatric illness. Women seeking or undergoing procedures are frequently cited as saying they are driven by a wish to appear normal. Some researchers and surgeons say it is nature and the wish to gain a ‘natural’ appearance, or the desire to achieve ‘normality’. Some writers raise a desire for ‘beauty’ or the spectre of a self-centredness, egotism, women’s narcissism or conceit in endeavouring to gain and claim bodily perfection. Others assert that agency is the driving force, the woman taking control over her body, appearance and shape, making decisions wholly attributable to her and her capacity for and exercise of choice. Research from Australia sees the impact of Covid-19 generating an upsurge in facelifts—not able to fly abroad on holidays, women have spare funds, with lockdown meaning they can hide away without suspicions of their ‘having work done’, and facemasks meaning they can conceal bruising when outdoors. The same research identifies Zoom meetings, a consequence of the coronavirus pandemic, revealing to women their ‘turkey’ throats, teeth, nose and eye ‘defects’, requiring beauty treatments, surgical and non-surgical procedures, and a need to adjust the configuration of their smiles.

However, the proposition that there is a sole motivation for any woman is too superficial a way to analyse what is happening here. A multiplicity of factors may spawn the desire, but what is clear is that ultimately the shape, size, dimensions and nature of women’s bodies and how they are transformed is driven not by women, but by how the ‘perfect body’ is seen in the eyes of the surgeon or practitioner implementing the changes a woman says she needs. Just as the fashion industry is dominated by male designers, the aesthetic, cosmetic and plastic surgery industry is peopled in the main by male protagonists. Elizabeth Morgan in *The Complete Book of Cosmetic Surgery: A Candid Guide for Men, Women and Teens*, draws attention to the tradition of the ‘before’ and ‘after’ photographs intrinsic to the industry. These images are employed by practitioners and appear in magazines and advertisements, persuading women that they too should enter into the world of the new body, the improved body, the ‘after’ replacing the ‘before’. Seeing danger in these projections, Morgan observes that the ‘illusion of change of character can be added to the photographs, so that “improvement” becomes a quality of the representation’. Thus, as prospective patients or clients, women see in these
photographs that not only can the body be changed, but with change to the body comes enhancement to the personality or a personality boost. At the hands of the surgeon, the person as a whole is changed. Surgery is represented as wreaking miracle conversions of a woman not only into a beauty but into belle of the ball, conversationalist, and ‘new woman’ all in one, although this is not driven, or necessarily driven, by a desire to increase the number of beaus. Following this theme, in *Making the Body Beautiful—A Cultural History of Aesthetic Surgery*, Sander L. Gilman remarks upon the impact of photography. There is, he says, a ‘constant bleed between the world of medical photography and the general world of visual culture’. These images represent that the surgeon’s prowess lies not only in ‘altering the body, but also … the altered state of mind of the patient’.

3 The Body as Image

Television has taken this into an extended visual territory. As Susie Orbach’s *Bodies* explains, television’s many makeover shows, including *The Swan*, *10 Years Younger*, *Extreme Makeover* ‘show a relentless display of the ordinary body – usually female – in the process of reconstruction’. These entertainment programmes incorporate the ‘before’ and ‘after’ exemplar. Women’s ‘cheekbones, teeth, noses, lips, wrinkles, lines, breasts, pecs, legs, bums’ are acted upon. Together with ‘chins, feet, labia, stomachs, midriffs, hairlines, ears, necks, skin colouration, body hair’ they ‘become putty in the hands of cosmetic surgeons, dentists and dermatologists’. Such transformations are projected as both enormously skilled, though easy, with fairy tales such as Cinderella and the Ugly Duckling coming to mind, although The Mermaid, living her life above the sea as if she were walking perennially on razor blades, may be more apt. Danger and risk are hidden. Yet just as they exist in the operating theatre and the clinic, they lie on the set and in the television studio, albeit unseen or concealed, a veiled or unacknowledged warning that body renovation can be hazardous.

Alongside the surgical dimension of the body-changing explosion lies the parallel world of the beauty industry. At the hands of these professionals, the hairdressers, manicurists, pedicurists, beauticians and the like, transformations are again projected often as the natural outcome. Though in this, as in the surgical dimension, what is ‘natural’ has a particular meaning. Every woman who walks into the salon or spa will
walk out a new woman, hair, hands, feet, nails, lips, eyelashes renewed and changed, so that not only her features are transformed but her self and even her life are transfigured. The beauty industry is populated mainly by women working on women’s bodies. Products they use remain as women invented them or are lines descended from many originally devised by women, including African American inventors Theora Stephens (hair pressing and refined curling iron)68 and Lyda Newman (patented hairbrush featuring health, brushing and efficiency improvements),69 and cosmeticians such as Polish-American Helena Rubenstein (skin and perfume products).70 Consumerism is a driving force, which Laurie Pennie identifies in her work, *Meat Market—Female Flesh Under Capitalism*, as ‘punishing and policing’ women’s bodies through a barrage of thousands of seemingly endless messages ‘informing us that we do not look young enough, slim enough, white enough and willing enough’.71 The messages are both subtle and direct, advancing into every woman’s personal space and psyche through public sources including film, television, advertising and print media, and added to by women’s friends, colleagues and acquaintances. Laurie Pennie concludes that women are ‘corralled into rituals of consumption and self-discipline that sustain a bloated global market in beauty, diet, fashion and grooming products’, to women ‘three quarters of [whom live] in countries where food is plentiful [but they] go hungry every day in an effort to take up as little space as possible’.72 Anorexia nervosa, bulimia, and body dysmorphic disorder (BDD), along with dangerous surgery and dangerous products are part of this consumer culture and an outcome of it.

Yet that danger and risk accompanies the changes to their bodies sought by women in surgeries and beauty parlours, and that women are prepared to submit themselves to the danger and risk, leads inexorably to the question of what is the driving force. Women are not helpless in this, and research shows them variously asserting they ‘want to be normal’, or ‘beautiful’.73 In this, they assert their agency as they define it. Choosing the surgeon or practitioner, selecting the operation or procedure, this is an assertion of ‘I will make my body as I want it’. However, the practitioners operate as artisans, moulding women’s bodies to their own specifications and perspective as to what is a woman, what is aesthetically pleasing to them … This is exemplified starkly in the commentary of Daniel Man, author of *The Art of Man: Faces of Plastic Surgery*.74 Man prides himself on his ability to ‘read’ his patient. This enables him to make her body as she wants it, he says:
I try to envision the inner person, the inner beauty and the potential that are lying so close to the surface. When I look at her, I visualise a finished work of art that truly expresses how she feels inside.\textsuperscript{75}

He, of course, has an advantage. The ‘finished work of art’ that he envisages will, all being well with his technique, proficiency, skill and all other aspects of surgical intervention at optimal level, be his vision. Whether it will be his patient’s is another matter. The contention that he, the plastic surgeon, can ‘truly express how she [the patient] feels inside’ does not follow. The result may satisfy the patient despite not being precisely as she envisaged it. Or it may be welcomed by her as completely to her own visualisation. Yet this is unlikely to be always so, not the least because another person, whether or not an aesthetic, cosmetic or plastic surgeon with a high regard for his own abilities, cannot see inside the head of another, nor experience their ‘inside feelings’. On a lesser scale likely to have resonance with most women, it is surely a rare woman who has not been to a hairdressing salon with a vision of herself renewed, to find the hairdresser remakes her hair in the vision the hairdresser perceives as ‘right’ for the client. How many women have returned home, simply to brush out the new hairstyle, wash it, or even re-dye it or, despite her misgivings, wait out the time it takes for nature to take its course and her own hair, her own look to reassert itself. It is true that sometimes, the visions are identical or the client discovers that the hairdresser’s vision is just as she wanted it, even though departing from her earlier instructions. That this can happen in so relatively innocuous place as a hair salon (ignoring for the moment more ominous and lasting hazards of hairdressing), where hair cut generally regrows, dyes wash out and fade over time, permanent waves eventually straighten, and straightened hair regains its frizz, surely presages the chances of its happening in the dire circumstance of an operating theatre or a clinic engaged in a non-surgical procedure of some relative permanence. That a not insubstantial part of the business of aesthetic, cosmetic and plastic surgeons is ‘fixing up’ their own or other surgeons’ perceived errors or misinterpretations of what women want\textsuperscript{76} confirms that ‘truly expressing what their patient feels inside’ is not certain.

That the surgeon can assert he experiences the ‘inside feelings’ of the woman who lies on his operating table is, however, instructive in itself. How do these ‘inside feelings’ come about? To investigate the origin is not to deny women’s intelligence, intellect, wit or capacity for
decision-making. It is, however, to give proper regard to the world in which every woman lives where, whatever her country and wherever in her country she lives, mainstream media and the advertising industry, gossip and celebrity recitations via magazines or online, in social media and by word of mouth are pervasive. No one surely asserts that men are not influenced by advertising. Nor that advertising is not influential: its continued and all-encompassing sweep is certainly proof enough. It is hardly useful, therefore, to deny its impact on women. Similarly with the media generally. To say it is influential and influences women, like men, is not to categorise women as incapable or mindless or lacking in intellectual capacity.

When in 2013 the UK Department of Health undertook its Review into the Regulation of Cosmetic Interventions, it commissioned a review of the impact upon young women of the search for bodily perfection through aesthetic, cosmetic and plastic surgery. The findings of the independent report, Regulation of Cosmetic Interventions—Research among Teenage Girls, tends to replicate the work of Suzanne Fraser carried out in Australia, with recourse to UK and US sources, published ten years earlier. Fraser’s book, Cosmetic Surgery, Gender and Culture, looked particularly at the magazine industry. She found that nature, agency and vanity were recurring themes in the motivations lying behind women’s entry into the world of bodily alteration through surgery. However not only did they surface in women’s magazines, they were replicated commonly in popular culture as well as feminist, medical and legal writing and discussion about cosmetic surgery. Most articles assumed that women’s pursuit of beauty ‘is a natural and unquestionable practice’, albeit the ‘occasional piece’ projected the view that ‘personality, not appearance, is what matters’. Longer articles ‘primarily informed readers about the possibilities of cosmetic surgery, offering an emphasis on best-case results, and engendering a generally positive attitude towards cosmetic surgery’. The journalist going incognito or under cover to sample the clinics’ approach and discover what was available was not uncommon. Articles reviewing instances of celebrity surgery ranged from the titillating ‘where the reader is invited to wonder at the strange, sometimes sad and often extravagant cosmetic surgery experiences of famous people’. Curiosity, horror, pity and admiration were encapsulated within these tales, says Fraser, sometimes all at once. Magazines in the glossy and more expensive category ran advertisements for surgeons and products as well as the stories, which Fraser surmises ‘presumably helps to
shape the positive tone in which the articles [appearing in Cosmopolitan, Cleo and Elle] are written'. Fraser found that articles appearing in the early 1990s not infrequently touched on the ‘negative effects of silicone breast implants’, this coinciding with debate in the United States and Australia about the availability of these prostheses and their impact. Overall, her review led her to conclude that the notion that a monolithic view of cosmetic surgery projected by women’s magazines was unsustainable. It was ‘not feasible’ to postulate that women’s magazines ‘are universally positive on the subject’. Nevertheless, her findings in relation to the late 1990s seem to confirm that the breast implant scare was not lasting, with the need for any warning or cautioning to readers being far from the minds of magazine writers and editors: ‘articles opposing cosmetic surgery [were] found less frequently in magazines published in 1999, compared with those published at the beginning of the decade’. Additionally, through the 1990s, ‘advertising and editorial functions increasingly merged to produce features promoting cosmetic surgery and providing lists of surgeons and clinics’. Criticism did not disappear entirely, but ‘advertising techniques changed as higher advertising budgets were made available, and a much larger presence in women’s magazines resulted’. Ten years on, the United Kingdom study, the Regulation of Cosmetic Interventions, found that the teenage girls were ‘surrounded by images that either “talk of” cosmetic interventions or allude to them’. Principal sources of a ‘first impression’ that people could alter their bodies by recourse to surgery were ‘programmes on television, magazines … and other digital and social media …’. The conclusion was that these teenagers developed an awareness of surgical alteration and enhancement being available, through their exposure to media that was ‘accessible and appealing to children’, despite is being aimed ostensibly at adults. Sometimes ‘mainstays’ of the girls’ reading, and sometimes ‘guilty pleasure’, celebrity magazines including ‘OK, Heat, Closer, Look, Star, Bella and More were … extremely influential’. These were ‘prime sources of mainly gossip and speculation about the famous and cosmetic procedures’. The study concluded that the media and advertising industries were highly influential in the girls’ lives, just as they would be in the lives of their adult counterparts. Some of the girls had, through accessing sites or reading spam emails, or by the operation of cookies or pop-ups, unintentionally invited providers into their lives:
While this research did not back up [an] earlier suggestion that providers may be ‘grooming’ young girls of 16+ to have procedures when they turn 18, it provides a picture of young girls being confronted by TV programmes, adverts, emails, Tweets, videos and other social media promoting cosmetic interventions and specific providers in different ways.87

The findings were that ‘while many of the girls claimed to ignore’ these influences, ‘some campaigns are clearly making an impact’. Furthermore, some of the girls had engaged in ‘some limited sampling of the offers’.

4 My Body, Your Opinion

Peer pressure was identified by the Regulation of Cosmetic Interventions as a significant factor for both girls and adult women, propelling them into an acceptance of ‘the body beautiful’ to be determined by reference to cosmetic surgery standards, and to be obtained by recourse to cosmetic procedures.88 Such sources and influences communicated expectations which some of the girls recognised as ‘putting unrealistic pressure on young people and feeding the greatest pressure of all for teenagers, the judgement of their peers’.89 This matched earlier research looking at the impact on adults, which found peer pressure operating significantly, too. ‘People within their extended network who had had procedures … exercised a powerful influence on adults in their circle’.90 Despite this, women tend to shy away from acknowledging the pressure to conform to conventional or traditional standards of beauty comes from without. As Anuschka Rees reports in Beyond Beautiful, in 2010 Dove conducted a study which found 72 per cent of women saying they experienced ‘a huge amount of pressure to look attractive’.91 Yet they attributed the pressure to themselves, nullifying the influence of peers, society, cosmetic companies, the fashion industry, the beauty industry or the advertising daily imprinting itself on their brains in the way of celebrity surgeons making celebrity bodies into the surgeons’ conceptions of beauty. For Rees, outside influences do matter. She notes that ‘only a decade ago’ (circa 2010) cosmetic surgery was ‘a hush-hush topic’:

Now, magazines review the newest procedures [just as] they review designer collections, and people openly talk about trying out lip fillers for fun and how their boob job was the best thing they ever did for themselves.
Celebrities [once] came under fire for getting plastic surgery; nowadays, no one bats an eye when teenage celebrities show up with a whole new face and become social media stars with beauty empires.92

This, she says, constitutes ‘the normalization of “getting work done”’, asking whether this is ‘harmful, helpful, or no big deal’.93

Yet the continuing emphasis that aesthetic, cosmetic or plastic surgery renders women’s bodies or parts thereof ‘normal’ or that the procedures create ‘natural’ features is insidious if it leads girls and women into a belief that they must achieve ‘normality’ or a ‘natural appearance’ by resorting to the clinic and operating table. By what sleight of hand, or resort to fallacious argument can it be asserted that ‘the natural’ proceeds from the unnatural … namely the insertion of foreign objects (implants for example) or products (dermal fillers, Botox et al.) into women’s bodies? As Suzanne Fraser says, ‘nature is a culturally produced category, containing elements that shift over time and are themselves shaped, enabled and procured by humans’.94 Thus one finds numerous references to natural products and procedures that will produce a natural look. Dermal fillers are promoted as an ‘increasingly popular treatment choice among patients in the 40-60 age group as they offer age appropriate, and long-lasting results with very low risks of complications’.95 A ‘natural looking enhancement to lips’ is manufactured by multiple injections of dermal filler, the discomfort being minimised by another injection, this time of lidocaine gel.96 These examples are replicated throughout the literature, whether popular media or clinical treatises.

A concern that young women and girls are being led inexorably into this world of the ‘unnatural natural’ is not where the matter should end. Adult women are beguiled into believing that their bodies are wrong and must be righted, with contentions that they act entirely of their own freewill being lauded despite the danger and damage that they ‘welcome’ thereby into their bodies and lives. As Simone de Beauvoir said in the middle of last century, ‘every individual concerned with justifying his [or her] existence experiences his [or her] existence as an indefinite need to transcend himself’. But, she continues:

… what singularly defines the situation of a woman is that being, like all humans, an autonomous freedom, she discovers and chooses herself in a world where men force her to assume herself as Other: an attempt is made
to freezer her as an object and doom her to immanence, since her tran-
scendence will be forever transcended by another essential and sovereign
consciousness.97

‘Women’s drama’, she adds, ‘lies in this conflict between the fundamental
claim of every subject, which always posits itself as essential, and the
demands of a situation that constitutes her as inessential’. Thus, one must
ask:

How, in the feminine condition, can a human being accomplish herself?
What paths are open to her? Which ones lead to dead ends? How can she
find independence within dependence? What circumstances limit women’s
freedom and can she overcome them?98

When woman has been defined as Other, how is feminine reality consti-
tuted?

In The Woman in the Body—A Cultural Analysis of Reproduction,
Emily Martin refers to the way anthropology, through a critical perspec-
tive on ‘underlying cultural assumptions in scientific visions of the body’
can ‘document ways that bodies of women and men are inevitably entan-
gled in the operations of power’. Certainly, anthropological analysis of the
aesthetic, cosmetic and plastic surgery industry would discover a cradle
of masculine power. The industry is, in the main, populated by male
surgeons. Male surgeons, in the main, carry out their work on women
patients. Far from escaping her role as ‘Other’, the woman is confirmed
in it by the very nature of the patient–doctor relationship combined with
the female–male diadem. This not to say that she is a dupe, swindled
into subjecting herself to the scalpel. But the notion that she is fully
autonomous both in that relationship and in the world which constrains
women’s freedoms through culture, socio-economic values and realities,
and the intersectionalities of class, status, race and ethnicity must be
challenged or at least questioned.

Apart from the minor incidents of concern that women are presenting
with body dysmorphia or body dysmorphic disorder (BDD), these
doctors accept that women’s concerns about their bodies are founded
in fact and that their psychological well-being is at risk if the procedures
requested are not carried out. No medical operation is lawful unless there
is a valid consent from the patient, and the operation is for the patient’s
benefit.99 As there is no physical benefit in inflicting grievous bodily harm,
actual bodily harm or unlawful wounding upon a woman’s body, which cutting into her torso or legs, or arms or face or other body part, or extracting or injecting fat or some other product into her body constitutes, then lawful justification must be found. This requires identification of a benefit accruing to her in the nature of well-being. Here the psychological dimension comes into play. As Virginia L. Blum says, cosmetic surgery is arguably distinctly different from that of a general surgeon whose work involves efforts to save lives. This is because in cosmetic surgery ‘harm is done to a healthy body, cuts being made, blood flowing for no known medical reason’. Hence, plastic surgeons are bound to justify the work they do by recourse to the claim of psychological necessity. The purported need to repair psychological damage replaces the general surgeon’s role of restoring physical impairment. Healthy bodies are pathologised, though care must be taken to ensure that this is not to the extent of diagnosing body dysmorphia (BDD).

Why do these surgeons so readily accept women’s medical need to undergo aesthetic, cosmetic or plastic surgery, when the medical world is notorious for its failure to accept conditions classified as ‘women’s ills’ as real? When women on the contraceptive pill presented with ‘side effects’ in the 1960s, their complaints were rejected as psychosomatic. Recognition of their complaints as based in reality came about only when medical practitioners began publishing articles in respected medical journals such as *The Lancet*. Maya Dusenbery writes, in *Doing Harm—The Truth About How Bad Medicine and Lazy Science Leave Women Dismissed, Misdiagnosed, and Sick*, of women’s struggle to have chronic fatigue syndrome or myalgic encephalomyelitis (ME/CFS) accepted as a physical medical condition, not as evidence of women’s purported propensity to developing psychosomatic ‘illnesses’ or engaging in malingering. Maya Dusenbery reports that an Australian study carried out in 1996 and involving fifty patients found that albeit eventually diagnosed with ME/CFS, in their search for an explanation, more women (85%) than men (30%) had received psychiatric diagnoses:

Their expressed emotion or signs of distress appear to have influenced the diagnosis, regardless of other symptoms. In contrast, men’s accounts of their symptoms and their choices about treatment were usually given credence.
Aesthetic, cosmetic and plastic surgery remains gendered. Most patients are women. Yet rather than be dismissed as pathologically challenged, the women are accepted as having real conditions requiring real solutions involving surgery. It seems that the aesthetic challenge of ‘beautifying’ women’s bodies has greater appeal than taking seriously those medical conditions that are misdiagnosed and dismissed as all in women’s minds.

Yet the risks and danger constituted by body beautifying treatment in surgeries, clinics and salons, are real. The possibility of recourse to legal action by women who have been harmed is ever present, raising the potential application of the law. In this regard, what to make of the assertion that women seeking this treatment and subjecting themselves to it do so by way of untrammelled agency and unprescribed autonomy? Is the contention that women who suffer harm and damage are entitled to legal solutions to be dismissed as ‘victim feminism’?

5 The Body as ‘I’

In the 1990s, authors such as Christine Hoff Summers in *Who Stole Feminism* claimed that feminism was being undermined by ‘fainting couch feminism’ or, as Naomi Wolf expressed it in *Fire With Fire*, feminist assertions that women were ‘beleaguered, fragile, intuitive angels’ weakened the feminist project. Women, it was contended, were being pressed into acting as victims when they should be standing up straight, ignoring the slights and, worse, crimes committed against them. Date rape was no offence, simply a college student who changed her mind. Rape was exaggerated in the name of seeking sympathy. Criminal assault at home was the fault of women seeking to get back at beleaguered husbands, sexual harassment resulted from women’s own inappropriate conduct and clothing on the job ... Consistently with this philosophy, women who complain about negative consequences of aesthetic, cosmetic and plastic surgery are, like the woman date raped, seeking compensation for having willingly hired a surgeon and should bear the consequences.

Yet do these contentions stand up to scrutiny? Women are victimised by unlawful acts. Women suffer damage and injury through civil wrongs. Why should women abjure legal remedies for fear of being classed as helpless, hopeless and lost, incapable of standing up for themselves, or denying the agency and autonomy that got them into whatever situation they are
in, in the first place? When the legal system exists to provide compensation for damage to the person no one asserts that men should not avail themselves of it. Men are not denied the right to take legal action, or told it is ‘victimising’ themselves to do so. Why should women be deprived of recourse to law?

The answer requires an exploration of the multiplicity of procedures now available for the manipulation of women’s bodies into bodies conforming to external visions of female beauty and feminine form. It demands a reply through an analysis of laws available to redress procedures gone wrong. As Hannah Abel-Hirsch says of Sara VanDerBeek’s exploration of representations of the female form in ‘Birth & Being’, an exhibition of women’s photography:

> From the earliest iterations of the female form, women have been both empowered and burdened by symbolism. Their body is never just their own …

The question is whether women can regain control over our person and personality, through actively using the law to assert rights to our own bodies. Some would argue that through having acquiesced to external demands of what our bodies should be, like the girl who is raped on a date, women are denied this right. Others would say that having readily adopted measures that recreate our bodies, women’s active agency, ready acquiescence or compromising complicity rules out any rights to legal redress. Ironically, this harbours a contradiction. The assertion that women exercise untrammelled agency in changing our bodies, absent any influence of peer pressure, advertising, custom or fashion, ironically stands in the way of women exerting agency in claiming rights to the law. By this diktat, women must forever be in performance, our bodies recreated by the knife of the surgeon reducing us to plastic iterations of our bodies ourselves. The words of Luce Irigaray sound a warning. In *Through the Looking Glass* she pictures herself, standing silent for a moment, musing. Her voice recovered, she ponders, then speaks out loud to herself. ‘Then it really has happened, after all! And now, who am I? I will remember, if I can!’ She is determined to do so, to regain her memory, to remember herself. Yet determination is little help for, after a lengthy period of puzzlement, the conundrum continues to confront her. Who is she? She answers, the only answer she can find: ‘L, I know it begins with L.’
Do the changes women are making, now, to their bodies, in clinics and surgeries and salons and beauty parlours, challenge both their and our reality, the realities of our bodies, our brains, our intellect, our very selves. In the process of wrapping ourselves in the plastic of procedures undergone for perfection, do we risk, like Luce Irigaray’s alter ego, the danger of forgetting who we are.

Notes

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5. See for example ‘Judy Chicago—Biography and Legacy—American Painter, Sculptor, and Installation Artist’, *The Art Story*, https://www.theartstory.org/artist/chicago-judy/life-and-legacy/ (accessed 20 January 2020).
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