Conclusion: Beyond the Body …

Glamour
She was magic, enchantment, exciting beyond mortals
   a study in charm
As she
   magicked her life away
Embodied in
Plastic
Plastic
Embodied
Synthetic she was,
   made from thermoplastic polymers
Soft into shape
   Polyethylene shape
   Moulded
She was malleable material
   workably supple and pliant
Irreversibly deformed
   without breaking
Later,
She hardened
1 Recovering the Body …

Women’s bodies as sites of dispute about beauty are central to a discourse that takes place as a side event to political, economic, social and cultural power, domination, authority and control. While women subject themselves to surgical or clinical intrusion, men get on with running—and some may say ruining—the world. Women may feature more often in positions of political power and authority than ever before, yet simultaneously women acquiesce in their own subjection to a mandate that they conform to an ascendant ideal. This acquiescence itself stems from the reality of women’s subjugation to forces that they do not direct.

The aesthetic, cosmetic and plastic surgery industries are not controlled by women. Some women work in them, just as they work in the beauty industry with its population of hairdressers, eyebrow threaders and microbladers, pedicurists and manicurists. Yet the economic power of these industries and the direction they take are not determined by women. Women seek body-changing operations and procedures enabling them to conform to a modish shape and style determined by clinicians who, together with those working in associated industries of fashion, photography, film and television, set the tone.

Anna Wintour is the most powerful woman in the fashion industry, an industry that moulds women’s bodies, requiring that they conform to the au courant style and shape set on the runway stage. In this, she heads a substantially significant contributor to world wealth. In 2017 the United Kingdom fashion industry was valued at £29bn. Oxford Economics set it at £32bn. The difference lay in the inclusion of the men’s fashion industry. In 2017, womens wear value sales increased to £28.1bn, anticipated as reaching £28.7bn by 2021. Menswear accounts made up 26 per cent of the market, in 2017 growing by 3.5 per cent, yet constituting £2.4bn of the industry overall. Anna Wintour is powerful, undoubtedly, yet hers is a reflective power, not a truly initiating or determinative one. She might give imprimatur to a particular designer, or to a particular collection, or feature this designer or that fashion artist in Vogue. Her rejection of a fashion trend or embrace of it may make or break a fashion show or boost a designer to fame or despondency. Yet despite this, it is men overwhelmingly who in the main design fashion and choose the bodies upon which fashion is displayed. It is they who decide that women should look like waifs, with slender bambi-like limbs, displaying a thigh gap and a bikini bridge, this being the gap appearing when bikini bottoms
‘are suspended between the two hip bones’, revealing a space between lower abdomen and the bikini’s top edge. The occasional appearance in a fashion show of a ‘plus’ model or a sole ‘size 24’ does not herald any substantive difference. In any event, the couturiers and designers are the final arbiters of whom they tolerate on their catwalks. What’s more, the ‘plus’ model appears to be an illusion, too. Olivia Campbell, a size 22, says it’s ‘very common’ for size 12 models to be used to showcase ranges ‘that don’t even start until a size 18, and then the clothes are pinned to their bodies’.

Realistically, women in the industry who do not conform to the slender persona or waif image are few. Liverpool fashion students reportedly devised a better appellation for the larger size model, ‘life sized’, yet the larger model is far from what is seen as life sized in fashion and on the runways. The thinner the woman, and the more she matches a vision of undeveloped innocence combined with a knowing sophistication, the more likely she will appear. One model who ‘was asked to lose weight at size 8’, observed that ‘plus size’ models do not experience the same demand ‘on a day-to-day basis’ as ‘skinny models’ encounter: ‘The harsh reality of the industry is that the thinner you are, the more work you will get’. And once edging over size 6 to 8, the message comes down from the agencies that provide the women who play the catwalk role, ‘fix your measurements’. This echoes experiences recounted to the head of a UK all party parliamentary inquiry on body image, that models ‘are being put under enormous pressure’ to conform to an ‘unrealistic and unsustainable’ shape and size: ‘The figure of a girl at 14 or 15 will be different by the time she is 22’. Yet many enter the industry as adolescents then strive to maintain their younger selves by dramatic dieting and abusing their bodies. Pressure and bullying are reported as playing a part.

Nor do women run the prostitution or pornography industry. Yet as Susie Orbach, Sheila Jeffreys, Susan Bordo and others point out, the shaping and reshaping of women’s bodies into performances in plastic is influenced markedly by pornography. Andrea Dworkin, Catherine Mackinnon, Gail Dines and others analyse this as an industry based in exploiting and degrading women, an industry said to ‘bring in more money than Amazon, Microsoft, Google, Apple and Yahoo, combined’. In ‘The Economics of Pornography Stripped Down’, Thao-Mi Bui records that globally, ‘porn is one of the top 10 consumers of bandwidth’, observing that sites such as Pornhub ‘attract 64 million daily visitors, accumulating 5246 centuries worth of watched content in 2016 alone’.
Thao-Mi Bui notes that in the mid-2000s, a boom in video pornography propelled by the speeding up of the internet saw worldwide industry revenue ‘skyrocket to an estimated $US 40–50bn’.\textsuperscript{14} Prostitution revenue is estimated at $US 186bn worldwide. China tops the inventory at $US 73bn. Down the list the United States sits at $US 14.6bn, whilst further down the United Kingdom comes in at $US 1bn.\textsuperscript{15} Figures from the Office of National Statistics (ONS) set number of female prostitutes in the United Kingdom at 60,879 for 2014, with the contribution made to the domestic economy calculated at £5.314bn.\textsuperscript{16} This is likely to be an under-estimate due to the illegal nature of much of the industry, including brothel keeping, trafficking, kerb crawling or soliciting and living on the proceeds of prostitution. At such huge revenue figures, audience participation in pornography is massive and customer and management involvement in prostitution is high. This impacts on social understanding, judgement and expectation of ‘what a woman is’. As Sheila Jeffreys writes, cultural requirements of beauty have changed through the influence of both these industries. ‘Sexual objectification for sale’ and its humiliations ‘have become de rigueur in the beauty industry’.\textsuperscript{17} She lists breast implants, genital waxing, surgical alteration of the labia and ‘display of increasing amounts of flesh including naked breasts and buttocks’ as driven by pornography and prostitution, which thereby create fashion norms. Yet in this, manipulation of women’s bodies through surgical and so-called non-invasive or less invasive intervention is designed to imitate images that are themselves manipulated.

Photoshopping—a male invention—is employed extensively in the fashion industry and celebrity magazines as well as in pornography.\textsuperscript{18} Images of the bodies of reality television identities, stars of stage and screen, style icons, supermodels, mannequins are contrived to appear slim, their waists narrow, their hips boyish, their thighs hollow, their breasts ‘just so’. The adolescent look is favoured and achieved through photoshopping magic. Even if, in pornography, fleshier torsos are de rigueur, they are taut, toned and flab free. Though a fashion for fat fetishism (along with fat feed(er)ism) is recognised as fulfilling a specialist male desire,\textsuperscript{19} outside the realm of Sonia Renne Taylor’s \textit{The Body Is Not An Apology—The Power of Radical Self-Love} celebrating larger-bodied women as desirable in a non-fetishised sense\textsuperscript{20} fat-as-fashion is just that: specialist. Bodies are large and made larger by feeder fetishists and at least in extreme cases this can be controlling, not liberating for the women subject to the fat-feeding worship of their partners, sometimes gaolers.\textsuperscript{21} Susan Bordo
reflects that even in 2003, ‘virtually every celebrity image’ had been digitally modified, whether in magazines, videos or ‘sometimes even in the movies’.22 ‘Selfies’ are notorious for their manipulation, and accusations of photoshopping by those in the public eye are frequent. Media stories charging vanity, self-importance and narcissism are rife. In this fashion, on a visit to India, Ivanka Trump sought to emulate the famous image of Princess Diana at the Taj Mahal. Though wearing a grin as opposed to Diana’s winsome mien, Ivanka Trump seated herself with the expanse of water in the rear, the mausoleum towering behind her. Charges of photoshopping her waistline to represent it as far narrower than the reality accompanied reproduction of this photograph in world media.23 Paradoxically, for women now dissatisfied with their images projected through Zoom meetings necessitated by the impact of Covid-19, so driven into the hands of dentists, aesthetic, cosmetic and plastic surgeons or searching for beauty products to enhance their looks or permanently change them,24 they see their real selves. This, they contrast to the photoshopped images confronting them at every turn.

For Bordo, photoshopping is ‘not just a matter of deception … it is perceptual pedagogy’ or ‘How to Interpret Your Body 101’.25 These images, ‘filtered, smoothed, polished, softened, sharpened, re-arranged’ are, she says, ‘teaching us how to see’.26 The message, simultaneously blatant and subliminal, is that this is how real bodies look—or at least how they should look. Get one, is the surface and sublime message.

‘Normal’ is a word often used in the plastic surgeon’s rooms. People seeking modifications to their noses, eyes, chins, brows, necks … declaring that they want the change, simply so that they can appear and be ‘normal’. In Reshaping the Female Body—The Dilemma of Plastic Surgery, Kathy Davis argues forcefully for a recognition that women choose to undergo these body-changing operations and that this choice should be respected.27 Virginia L. Blum calls on ‘normality’ and the striving for it as propelling women into clinics and surgeries for procedures to be carried out on their bodies under the urge to fit in, to be happy, to have life contentment.28 Yet however true this might be for the person asserting she wants normality, the images projected relentlessly through social media, mainstream media and in reality shows and other performance mediums are not ‘normal’ and nor are they real. The flesh and blood women are different from the images that pretend to reflect their true dimensions and appearance. On the one hand, part of the viewer recognises this. On the other, we are convinced that if we do not
‘look like that’ somehow, we are not ‘normal’. At the same time, the onslaught of images that are projected as ‘perfect’—perfect body, lips, hair, eyelashes—persuades us that we should look perfect, too.

One of the problems pinpointed in reviews of aesthetic, cosmetic and plastic surgery is that this expectation of perfection can interfere with the capacity of the prospective patient or client to assess the risks and dangers of the treatments and operations required to achieve this aim. This is equally or even more so for the accompanying panoply of procedures available through salons, spas and beauty parlours, ‘pop up’ shops and hotels. The Final Report of the Review of the Regulation of Cosmetic Interventions carried out under Department of Health auspices in the United Kingdom in 2013 made this point. Noting that people desirous of undergoing cosmetic ‘interventions’ are ‘both patients and consumers’, the Review recommended that management of individuals’ expectations must be a part of the consent process. Making ‘purchasing decisions on procedures and products that may have a significant impact on their health and wellbeing’ anticipates that people will make informed choices. However, media projections of the ease of gaining bodily modification and perfection is so pervasive that even if full information of risks is provided, it may be doubtful that it will be heard or, if heard, be digested. This impacts on legal determinations as to whether a woman has consented to an operation or procedure or not. This in turn impacts on whether, when the operation or procedure ‘goes wrong’, an action for negligence will be successful. Most likely, it will not. If the woman has consented, visions of a beautiful body part fixed firmly in her mind and interfering with her capacity to take into account the risks clearly explained to her, her negligence claim is likely to founder on the altar of her own consent. If the woman is simply unhappy about the outcome because the result does not turn her into the plastic representation she desires as ‘normal’ or ‘beautiful’ or bodily mandatory, she will have no recourse to compensation: the law will not recognise the outcome as negligent or actionable.

Consumer protection laws governing door-to-door sales provide for a cooling off period, recognising that people approached in their own homes by smooth-talking salespersons may regret signing up for a product, so need a period away from the coaxing and inducement to decide in a more objective and informed way whether they should go ahead with the purchase. Yet not only do prospective patients or clients seeking body reconstruction face a persuasive provider—persuasive
because the product sought is so enticing and the provider is a potential magician. They do so in the context of a media and social setting infused with encouragement, even forceful eloquence. Practitioners may also offer inducements, such as ‘pay up front for this procedure at a special price, and another will be added in at no charge, or low charge’. The *Review of the Regulation of Cosmetic Interventions* recommended that such practices be banned and patients or clients be provided an opportunity to consider, or reconsider, their decisions before consent could be taken as given.33

Susan Bordo recognises the power of persuasion as endemic, for ‘images of slenderness are never “just pictures” as the fashion magazines continually maintain (disingenuously) in their own defence’.34 Bodies are ‘artfully arranged’ in advertisements, videos and fashion spreads, providing ‘powerful lessons in how to see (and evaluate) bodies’. They also ‘offer fantasies of safety, self-contentment, acceptance, immunity from pain and hurt’ and send powerful messages to young people, in particular. These messages ‘… speak to young people not just about how to become beautiful’. They effectively advise on ‘… how to become what the dominant culture admires, how to be cool, how to “get it together”’.35:

To girls who have been abused they may speak of transcendence or armouring of too-vulnerable female flesh. For racial and ethnic groups whose bodies have been marked as foreign, earthy, and primitive, or considered unattractive by Anglo-Saxon norms, they may cast the lure of assimilation, of becoming (metaphorically speaking) ‘white’.36

That young people growing up in a society revering body modification on the one hand and on the other seeing it as ‘ordinary’ or ‘normal’ are particularly at risk was recognised by the *Review of the Regulation of Cosmetic Interventions*, too. Greater protection for vulnerable people is necessary, as ‘much greater emphasis on physical perfection’ has come about with cultural changes. An increasing concern about appearance is making young people, and ‘girls in particular’ vulnerable.

Attitudinal research carried out for the *Review* ‘suggested young people see cosmetic procedures as a commodity – something they might “get done”’. This renders them particularly susceptible to persuasion, special offers and pressure to pay up front.37 *Regulation of Cosmetic Interventions—Research Among Teenage Girls*, the study prepared for
the Department of Health in conjunction with the Review, focused amongst other matters on the impact on girls of ‘celebrities, media and other influences’. ‘Celebrity magazines’ including OK, Heat, Closer, Look, Star, Bella and More were seen by girls interviewed for the study as ‘prime sources of mainly gossip and speculation about the famous and cosmetic procedures …’ Researchers concluded that, for the girls, these were ‘extremely influential’, whilst for many of them television programmes such as The Only Way Is Essex (TOWIE) were ‘addictive viewing’. Fashion-focused publications were also prominent in persuasive publicity given to cosmetic interventions, including Cosmopolitan, Glamour, Company and Marie Claire, as well as Elle and Vogue. Some ran stories where the journalist reported on procedures she had tried out for herself. Even where procedures were not referred to, seeing ‘pictures of such perfection’ the interviewees assumed surgical intervention, or lesser incursions but nonetheless body-changing procedures. Even where girls participate in activities providing them with opportunities for finding everyday role models engaged in character-building pursuits and outdoor activities, the persuasiveness of modern media is powerful. A Girl Guides study from 2012 found that 41 per cent of girls aged seven to ten and 62 per cent of those aged eleven to sixteen reviewed ‘felt some pressure to look the way celebrities do’. There is little reason to believe that these percentages will have fallen. In view of exponentially increased use of social media, selfies, texting and sexting, contending they may well have risen is hardly speculative.

The position of girls now growing up in a media saturated world is grim. That of boys is equally problematic or even disturbing. Stories appear of boys and young men believing that women’s breasts are really as they are, having been modified, plumped, primped and primed at the hands of aesthetic, cosmetic or plastic surgeons. A scene between Sarah Jessica Parker and Steve Martin in the film LA Story resonates. As his hands alight on Parker’s breasts, Martin utters an expression of surprise. Parker puts his mind at ease—perhaps—by telling him that they are real. This distortion does not only affect the young, however. Mothers taking their daughters to plastic, cosmetic or aesthetic surgeons for body modification or parents giving their daughters procedures to augment, ‘liposuct’, chop, enhance, surface with troubling intensity. As far back as 2011, the American Society of Plastic Surgeons (ASPS) reported that more than 76,000 cosmetic procedures were carried out on teenagers in the age range thirteen to nineteen years. This ‘accounted for five percent
of all cosmetic surgical procedures performed in the United States that year.\textsuperscript{44}

In the United Kingdom, the Advertising Standards Body (ASA), concerned particularly about the impact of cosmetic surgery advertisements on youth, has banned advertisements promoting surgical intervention in such a way as to trivialise its potential dangers. Advertisements aired on the commercial television station ITV during the reality TV show \textit{Love Island} were banned as ‘irresponsible’ and ‘harmful’, and a subsequent complaint about a radio advertisement by Cosmedicare, a provider of cosmetic surgery and free consultations also resulted in a ban. The complaint stated concerns that the advertisement, which showed a woman cavorting in a bar to ‘show off her new body’ by performing a belly dance, ‘exploited young people’s insecurities about their bodies’. The complaint went on to add that the tone was trivialising and ‘linked social confidence and attractiveness to cosmetic surgery’. Responding to contentions that irresponsibility and harm were embedded in the advertisement as a whole, not only the images but the voice over, Cosmedicare justified the advertisement as providing ‘an anecdotal example of the kind of transformational benefits’ such surgery could provide. Far from supporting the advertisement, this reading of it might be seen as compounding the problem. Indeed, contrary to this rationalisation, the complaint was upheld as ‘trivialising’ the personal dangers and health outcomes of ‘what should be considered a serious and potentially risky medical intervention’.\textsuperscript{45}

In the end, however, the greatest source of clientele whether for professionals or the side trade that operates in the filler, Botox and other ‘less invasive’ dimension of the industry is the adult female population. Although women have ever been at the behest of our bodies, never satisfied and always finding some flaw, the magnitude of the problem, driven by the industries that profit from women’s bodies, has become more dire.

Women of non-Anglo-Saxon or Western background bear a high-level of risk due to the Caucasian imperative: ‘white’, thin, slender ankles … Skin whitening and hair straightening have plagued, and their product promoters exploited, insecurities of women of African origin,\textsuperscript{46} just as eyelid procedures and their advocates and agents have exploited the insecurities of women from east Asia.\textsuperscript{47} That the December 2017 cover of \textit{Vogue} created such uproar in its being hailed as the first time a model of non-Caucasian appearance had taken the honoured spot is evidence of this bias.\textsuperscript{48} ‘Mixed race model’ Adwoa Aboah’s image graced the cover.
She, with ‘twinkly blue eyeshadow and glossy red lips ... courtesy of make-up artist Pat McGrath who ... allowed Adwoa’s signature freckles to show through’, was clothed in a dress and turban by designer Marc Jacobs, whilst wearing Bhagat diamond earrings from India. Writing in the Telegraph, Bethan Holt observed that in ‘an industry plagued with a diversity problem’, the cover ‘looks to the future through a retro lens, paying homage to the glamorous exoticism of the late 1970s’. Here, she alludes to Jerry Hall and Bianca Jagger ‘partying at Studio 54’, whilst referencing Adwoa Aboah’s shared Ghanaian heritage with the first male Vogue editor, Edward Enninful. Adwoa Aboah’s father is from Ghana. Edward Enninful was born there.

The Guardian reports that today, Adwoa Aboah is ‘one of the most photographed women in the world’. Now, she has appeared on Vogue’s German, United States, Italian, Mexican and Spanish covers, as well as W, i-D and Time Magazine. Buses and shop fronts carry her image, whilst she ‘regularly adorns 100ft canvases in airports’. On the catwalk and in fashion spreads she has done Fendi, Gap and Versace campaigns. With a Barbie representing her, bearing her brown complexion and shaved head, as well as ‘her own line of jewellery’, she has ‘made it’. Interviewed by the Guardian, Adwoa Aboah says that at school as a teenager she felt ‘pressured, unhappy and insecure’, missing classes on numerous occasions. Following her successes, she took time out to recover from depression, addiction and bipolar disorder. Assuredly, these afflictions can hit anyone, particularly in modelling and fashion circles. Anorexia nervosa and bulimia are notorious for girls and women in these industries. Yet a significant fact to take away from Aboah’s story is that the Caucasian ideal continues to rule. Yes, other models of minority ethnic and race background come and stay, in the way of Naomi Campbell, or come and go, in the way of those who like Gitanjali Nagpal might shoot into sight, feature a time, then disappear. The number of those featuring prominently who fit into the minority background category are far fewer than their Caucasian counterparts as they sashay down the catwalk, fill endless pages of advertisements and television campaigns, or walk the Bafta red carpet, and its crimson or scarlet equivalents at the Oscars or Cannes.

Along with the media, the modelling industry must bear a responsibility for the continuing and burgeoning impact of the Caucasian-led demand for body modification. In Japan, for example, models are said to have double eyelid surgery, then seek to conceal it, whilst they tread the fashion runways effectively forced to copy their ‘white’ competitors.
Yet the Caucasian ideal is so clearly unreal. Otherwise, surgeries and their lesser competitors, the hotel rooms, spas and ‘pop up’ sites providing procedures demanded by women persuaded that their own bodies are simply not good enough would not make the profits they do, nor have the ready clientele. Responsibility is also required for the impact of a ‘body diktat’ on young and younger women and girls, and the encouragement of grown women in the industry to imitate an adolescent image. That the modelling industry at various intervals protests that it is setting standards to discourage anorexia nervosa, bulimia and other eating disorders or unhealthy practices confirms their existence. Models themselves have joined in an effort to change the culture. New industry practices are required to discourage the pressure, sometimes intimidation, maltreatment and coercion, resulting in reduced health and well-being for models, and the projection of false body images for audiences. ‘Eat rice balls and walk around the block to lose two inches from your hips’ or ‘tone up’ and ‘shed inches off your face’, as well as recommendations for other exotically weird diets are recounted as agency demands. That the industry declares it is setting an ‘age’ rule, so that young women and girls below a certain age will not appear on the catwalks or in fashion shoots, may be honoured in the breach. If mannequins are kitted out or primped and powdered so that they appear younger than they are, the setting of an ‘age’ rule is undermined. The notion of what is a natural body for an adult woman is distorted.

Against this million- and billion-dollar background, the question is whether it is possible to evade these body-changing industries, to establish an acceptance by women (and men) that women’s bodies as they are, are not only real but acceptable, even desirable. Is there a role for the law, and what of other elements in the economy, culture and society?

2 My Body, My Self—

Despite increased visibility of women in positions of some power in institutions formerly populated almost solely, if not solely by men, the cravings generated in women for the bodily perfection of ‘not my body, that one’ have become more intense in the relatively recent past. Whilst stars and celebrities such as Jane Fonda and Victoria Beckham declare with much fanfare that they are renouncing the knife, or removing breast implants, and determining to return to some semblance of their original selves, the beauty industry continues on its ubiquitous way, accompanying its
more intrusive counterpart, the cosmetic, aesthetic and plastic surgery complex.

Writing in 2005, Sheila Jeffreys comments that the ‘brutality of beauty practices women carry out on their bodies has become much more severe in the last two decades’. This includes ‘breaking of skin, spilling of blood and rearrangement or amputation of body parts’. Jeffreys refers to the importation into women’s bodies of ‘foreign bodies’ in the form of breast implants, ‘placed under the flesh and next to the heart’. Cheeks, chins and labia are all of a muchness when it comes to what can be changed, what altered, what ‘remedied’. Similarly, the all-pervasiveness of beauty practices centred in the promotion of a single ‘look’ is central to Susan Bordo’s thesis. This affects women from all cultures and backgrounds. As an example, she employs Essence magazine with its increasing supply of myriad ‘diet and exercise features’ directed at young African American women in particular. The equation of success with slenderness, pervading as it does dominant Western culture, relentlessly undermines ‘the preservation of alternative ideals of beauty’. The ‘possibility of greater upward mobility’, says Bordo, is now generating within this youthful cohort an imposed desire for the Caucasian ‘ideal’:

To imagine that African American women are immune to the standards of slenderness that reign today is …. to come very close to the racist notion that the art and glamour—the culture—of femininity belong to the white woman alone. The black woman, by contrast, is woman in her earthy, ‘natural’ state, uncorseted by civilization …

Susan Bordo is mindful of the way the body-(re)shaping industries have parasitically incorporated feminist rhetoric to justify and boost their product. Face lifts, implants and liposuction are, she notes, ‘advertised as empowerment, “taking charge” of one’s life. “I’m doing it for me”—the mantra of the talk shows’. For Revlon, when Melanie Griffith was of an age to be acceptable to head-up a cosmetic promotion campaign, the actress intoned: ‘Defy your age’. Bordo comments sardonically upon the subtext: ‘We’re making a revolution, girls. Get our injection and pick up a sign!’

The continual destabilisation of women’s sense of ourselves as ‘properly constructed’ rather than ‘The Other’ sets women in a never-ending pursuit of acceptability as legitimate actors in a patriarchal world. One aspect of the current state of this chase is the attack on women’s sexuality and sexual pleasure occurring in the impositions placed upon women by the body industry. Women’s breasts and now women’s genitals are a
significant focus. Breast augmentation is at the top of the list of procedures, despite the implant scares occurring at regular intervals over the decades of the availability of this surgery. Now nipples, the most sensitive part of the breast and highly engaging in terms of sexual pleasure, are being remade. That it can be suggested that the surgeon’s knife, however delicately manipulated, will have no impact on sensitivity of this part of a woman’s anatomy and upon her sexual pleasure belies belief. Perhaps the surgeons’ protestations are correct. But every woman surely must question this. Just as men reportedly draw their legs together when discussion of penile and testicular surgery takes place, so women are likely to experience a tug of concern for their upper bodies when nipple ‘correction’ is touched upon. The intrusion now well-advanced by roving into the genital area is more than problematic, too. Women are likely to draw their legs together emulating men’s reaction to the possibility of a scalpel’s intrusion into their groin area. Little wonder that questions are being raised as to the possible application of female genital mutilation laws to surgical cutting of adult women’s labia and other intimate parts of the genitals. Can it truly be believed that surgical enlargement of the ‘G’ spot would make it more susceptible to sexual pleasure or pleasuring? What of the dangers of scalpel slippage when labia minora are shortened or made smaller or narrower so as to fit within the labia majora? Is clitoral tweaking or clitoral hood rearrangement truly suggested as not only failing to interfere with women’s sexual pleasure but enhancing it? That women are participating in operations that may leave their breasts and vulva looking ‘better’, yet running the risk of damage and denying their sexuality is an indicator of how powerful messages are of women’s bodies simply being ‘wrong’. In any event, the notion that women having come through these procedures will consider the outcome does look better is questionable.

A perusal of the internet finds ready examples of women unhappy with the result of surgical invention on all parts of their bodies, the vulva and breasts not least. The internet also records women returning for more, seeking correction of what has been done, as the holy grail of flawless beauty remains out of reach. What’s more, even without these failures, women return for more. The impression gained from the ‘success’ stories is that the operations or procedures are ‘one off’. A woman goes into an operating theatre, a clinic or salon—even an hotel room—undergoes the magicking process, then comes out perfection personified. And that’s it! But that is not it. Even if the woman is perfectly satisfied, a single visit
does not end the matter. Repeated treatments, processes, procedures or operations are required to keep up the plastic pretence. This is because the results, however ‘good’, do not last forever, whatever the clinics and surgeries, advertisements and websites might say. Not only human bodies age. The products put into them, or onto them, do, too. Botox—and you are back within six months. Colour and you are back within six weeks. Breast implants—give it ten years’ maximum for the ‘best’ shape retention. Then, ironically, the body that has been ‘done’ may age less well than the body not done too. Furthermore, the ageing associated with the product itself may lead to the body into which it has been injected becoming unsightly with age.

At the same time, the advertising industry continues to propound the notion of perfection. Sometimes, displays of female dress models tied up in department store windows appear, as if women roped and tied in a fashion spectacle of their bodily beauty are the perfect depiction of the ‘real’ woman. Or beautifully dressed and embodied women are seen playing ‘dead’ in fashion shoots, as in Marc Jacobs’ 2014 campaign. 66 Featuring Miley Cyrus on a moonlit beach with two companions, one alive, one dead, Cyrus ‘stares moodily into the middle distance’. One of the women is stood beside her, the other is ‘flat on her back, hair partially covering her face, with the stiff, sightless demeanour of a body in the morgue’. 67 A Jimmy Choo campaign featuring Jimmy Choo shoes in 2006 predated Jacobs with a similar theme. This time no beach, but a car boot, a spade brandished by her (alive) companion, a man in dark glasses, a smart suit and burial on his mind. 68

It can be no coincidence that the body part running counter to the dominant demand of ‘thin equals desirable and desired’ is that rising rapidly in the competition for which part of a woman’s body will be selected for manipulation next: a woman’s derriere. This may appear as a revolt by women against the thinness diktat in its mimicking of the buttocks of women of African origin and descent naturally possess. Yet the Brazilian butt lift is the most dangerous operation of all. Designed to bring about the now Vogue-endorsed curvaceous bottom, women pursue the Vogue seal of approval. Simultaneously in pursuit of rebellion or exercising agency, women run the risk of dying under or after the anaesthetic. 69

What of the law? An indication that globally women are impacted equally by the rapid rise of the industries seeking to remake woman in plastic and that throughout the world ‘cosmetic interventions have been
normalised’, the United Kingdom 2013 *Review of the Regulation of Cosmetic Interventions* was preceded by an Expert Group on the Regulation of Cosmetic Surgery in 2005. Between those dates came a report *On the Face of It*, published in 2010 by the National Confidential Enquiry into Patient Outcome and Death (NCEPOD), and in the same year the Australian Health Ministers’ Advisory Council published findings proposing a ‘National Framework’ to regulate the area. Australian states have begun taking regulatory action independently. In Victoria, the *Health Services Act* 1988 was amended in 2017, coming into effect in 2018 to regulate all surgery, including cosmetic surgery. Since the amending Act’s proclamation, it is illegal to:

- Perform any surgery (including cosmetic surgery) in facilities not registered with the Victorian Department of Health and Human Services;
- Perform liposuction in any unregistered facility—this to include all procedures involving more than 200 ml of ‘lipoaspirate’ (fat) being removed in total from the patient/client;
- Administer anaesthetic (other than low doses of local anaesthetic) in an unregistered facility.

This accords with the Act’s requirement that:

- All surgery must be conducted in a registered private hospital or day procedure centre;
- Liposuction and anaesthesia, including intravenous sedation and anything over and above a low dose of local anaesthetic, must be carried out in a registered private hospital or day procedure centre.

More recently, in January 2020 the UK All-Party Parliamentary Group on beauty, aesthetics and wellbeing announced an inquiry into the lack of regulation of those working in the filler industry. In advance, the All-Party Group had under consideration:

- A legal ban on fillers for those under eighteen years of age;
- Restrictions on advertising of fillers on social media sites;
- A central register of approved practitioners to be government maintained or endorsed.
Predating this, all-encompassing reviews have been undertaken in Denmark, Sweden, Hong Kong and the European Union. In Denmark regulations introduced in 2007 provide for:

- All persons conducting cosmetic interventions to be registered with the Danish Health Board and open to unannounced inspections of premises and practices by the Board;
- Cosmetic surgery to be performed by plastic surgeons only, if they are qualified in the field or, being qualified in another field, the plastic surgery relates to the anatomical area of their expertise—the example given is of ear, nose and throat specialists carrying out cosmetic surgery on ears and nose;
- Non-surgical cosmetic procedures including botulinum toxin injections, dermal filler injections, laser or IPL for smaller vein and fine wrinkle removal or hair removal, chemical peels and sclerotherapy to be carried out by consultant dermatologists or plastic surgeons and, with botulinum toxin injections ophthalmologists and neurologists, with a requirement that laser and IPL treatments to be conducted only by those having specific qualifications;
- Nurses and junior doctors may conduct botulinum toxin injections, dermal filler injections, laser or IPL treatments for smaller vein and fine wrinkle removal or hair removal, weaker chemical peels (with a pH value of 3 or over) and sclerotherapy in small blood vessels, under delegation of a consultant who maintains overall responsibility for the patient;
- Non-health care professionals to perform dermal filler injections, weaker chemical peels and laser or IPL treatments to remove hair, smaller veins and fine wrinkles so long as they hold a recognised beauty therapy qualification recognised by the Danish Health board and can demonstrate that this qualification meets the relevant competencies, and deemed competent by the doctor who employs them;
- Patients can seek help of the National Patient Complaints board when complications and complaints arise, and patients of state and private healthcare can seek compensation through the National Patient Insurance Scheme.77
More recently in Scotland the Consultation on the Regulation of Non-Surgical Cosmetic Procedures led to the government proposing new regulatory requirements, a further confirmation of the growing concern about the extent and scope of practices affecting women’s health in particular.  

There is no doubt that the body modification industry requires firm intervention and regulation. All providers must be insured, for what use a successful negligence claim, with compensation or damages awarded, if the provider is not insured, or has no capital, income or other resources from which to pay. Legal action needs to be available as a control over poor practices and exploitative and potentially damaging procedures carried out by professionals with extensive training and qualifications, and those operating in the field with little training and few or fewer credentials. Measures need to be taken to ensure that if a clinic, surgery or company is sued successfully, they cannot leave the company behind, an empty shell, so that again there is no recompense for the person harmed. Additionally, the criminal law must be more acutely focused on what are legitimate and what are not legitimate practices. The problems arising in Regina v. BM must be reviewed either by a higher court (the Supreme Court) or by legislation. Similarly for other jurisdictions such as Australia, Canada and the United States, where the scope of consent to bodily harm, body modification and the vast and growing range of aesthetic, cosmetic and plastic surgery and procedures carried out in various guises by trained and untrained, registered or unregistered practitioners must be addressed. There is a need, too, for better regulation of products used in cosmetic interventions. The European Union does regulate product development and the need for product approval, as does the United States Food & Drug Administration (FDA). Nevertheless, as the Final Report of the Review of the Regulation of Cosmetic Interventions points out, products used in cosmetic interventions ‘include implants, medicines such as botulinum toxin and injectable dermal fillers’, with the market expanding exponentially. Various forms of equipment are employed, with new apparatus and paraphernalia appearing on the market in what appears to be an escalating onslaught. The issues around the PIP breast implants scandal, the vaginal mesh scandal, scandals relating to silicone breast implants and other intrusive products injected or incorporated variously into women’s bodies illustrate too well the vulnerability of women and the potential impact on girls. This is exposed as an area of serious concern. Too little is done to ensure that women of all ages are not left
open to misrepresentation, misapplication of merchandise and commercial wares, and application of faulty or damaging equipment, products or medications.

Ultimately, however, whatever steps are taken in the law, this does not address the nub of the problem. At its heart lies the question of women and women’s identity: who are we, as women and what should we be? Who says how we should be, who dictates the ‘look’ to which we must all aspire and how is it that every one of us can be susceptible to falling into this trap? How can we escape it, if at all? Are our lives, health, well-being and very existence in the world to be constructed out of a dominant ideological demand, driven by cultural and racial or ethnicity biases, as to size (thin versus fat, slim versus curvaceous, hourglass versus scarecrow, slender versus beach ball), acceptable versus unacceptable features (bottom, bosoms, hair, vulva and vaginas, toes, ankles, feet ...) and the changes over time dictating which part/s of women’s bodies we profess to ‘hate’, which we seek to change, and the entire question of whether it is ‘beauty’ we seek or simply to ‘look normal’, ‘ordinary’, not ‘out of place’.

In *The Invention of Women—Making an African Sense of Western Gender Discourse*, Oyeronke Oyewumi observes that for the West, the notion of society is that it is constituted ‘by bodies and as bodies—male bodies, female bodies, Jewish bodies, Aryan bodies, black bodies, white bodies, rich bodies, poor bodies’. In this, she refers to ‘the corporeal body as well as to metaphors of the body’, drawing attention to ‘the sheer physicality that seems to attend being in Western culture’. Yet whatever the truth of the past, where cultures may have been organised with less or no concentration on the visual image of the body (as Oyewumi explains for Yoruba culture), now this emphasis on body is not isolated to the West. The statistics relating to aesthetic, cosmetic and plastic surgery generally and particularly with regard to eyes, noses and buttocks indicate that body is a central focus, with a defined meaning, and that the imperative of the perfect (sic) body is becoming or has become almost all-pervasive. The plastic invasion of women’s bodies and minds—the notion that ‘fixing’ is necessary to make our bodies into what they ‘should’ be—threatens to become a global avalanche. Indeed, statistics may support a contention that, no longer simply a threat, perhaps it is.

Dorothy Smith, in *The Everyday World as Problematic: A Feminist Sociology*, contends that a man’s body ‘gives credibility to his utterance, whereas a woman’s body takes it away from hers’. Despite this or
because of it, many women of varying cultural backgrounds enter surgeries and salons to change their bodies or, rather, to have their bodies changed in an effort to gain credibility. Naomi Wolf related this in relation to women of the 1980s seeking higher level positions in business, and believing that to do so they should adopt measures to cover-up their age.\(^{85}\) This meant going down the surgical route and into operating theatres and clinics, or taking other less intrusive but nonetheless risky and often dispiriting modifications to make their bodies what they believed they had to be. All this, to succeed in a man’s world of commercial and corporate professionalism, which did not work in any event. And now, it seems, working from home is no antidote to the need to be seen to fit into the world of commerce, or even to communicate with colleagues, friends and family. Researchers at Swinburne and Monash Universities in Australia are presently looking at the impact on body image and interest in aesthetic, cosmetic and plastic surgery of Covid 19 and time spent on video-calls such as Zoom.\(^{86}\) The impact, it appears, is not inconsequential.

Zona Black reports that with the Covid-19 lockdown, Australians’ ‘desire for cosmetic surgery tripled … and remains higher than normal’. This is attributed, at least in part, to video-conferencing, with Zoom the major culprit.\(^{87}\) Apparently ‘seeing ourselves differently … from front-facing cameras’ is triggering the surge. One patient is quoted as saying that until she saw herself on Zoom, she had not realised that her mother’s ‘turkey neck’ was replicating itself upon her own (previously unremarked). Thus, the more we Zoom, the more ‘wrinkles, unflattering angles and perceived flaws we’re spotting’, sending us researching avidly—and fortunately for some (particularly those working in the aesthetic, cosmetic and plastic surgery industry) ‘the more time we have’ to discover just what can be done to our bodies. This includes going off to the dentist for teeth whitening, straightening, crowning, veneering and capping. A dentist alludes to a 30 per cent rise in enquiries for cosmetic dentistry. Beyond the gums, one plastic surgery clinic ‘saw a 300 percent increase in inquiries for facelifts and rhinoplasty during the first lockdown period’. Meanwhile, ‘sales of beauty products – like skin masks – rocketed in March and April’.\(^{88}\)

Working women ‘have always wanted to get a facelift’, says the surgeon confidently, ‘but never had time to research it properly because they were too busy working’.\(^{89}\) Now, spending more time without make-up means noticing consequences such as ‘jowls and hooded eyelids’ which are ‘normally covered in eye shadow’. Reportedly, Zoom’s in-built mechanism for
airbrushing features does not always ‘stand the test of time and ageing’. And just as Covid-19 is global, so, too, the impact of video-conferencing on the world and women. This 200 per cent increase in inquiries about neck lifts and eyelid surgeries, tripling of interest in facelifts, is replicated in the United States. Responses from a national survey of over 1000 consumers conducted by the American Society of Plastic Surgeons found 29 per cent of all respondents ‘indicating specific treatments—such as rhinoplasty, face lifts and breast augmentation’ as being ‘top of mind’ for them. Some 49 per cent of respondents not previously open to plastic surgery advise that they’ve changed their minds, adopting a readiness to ‘go under the knife’. ‘Puffing up of pouts’ is on the rise, too, with face masks able to conceal until lips and mouths are ready for the reveal, and more and more young people, scrutinising themselves not only via selfies but now through online classes and conversations, are realising that time is catching up with them, driving them to beautification.

At the same time, standard plastic surgery procedures remain popular, without Covid-19 heralding any downturn. New inventions come onto the market without pause. A ‘low-level green laser designed for body fat reduction’ is advertised as having gone through ‘three separate clinical trials, with no known side effects’. With the capacity to ‘emulsify the adipose tissue and release excess fatty materials’, the machine is ‘a natural alternative for fat loss’. Perhaps its ‘green’ design may comfort users concerned about climate change and the environment. The combination of adipose removal with a sense of environmental awareness (not claimed, but subliminal?) may add a comforting level of enticement. Meanwhile, the American Society of Plastic Surgeons reports that the ‘most asked for treatments’ were ‘injectables’, followed by ‘more invasive procedures’ including 65 per cent wanting Botulinum Toxin Type A (Botox), 44 per cent craving for breast augmentation, 37 per cent desirous of soft tissue fillers, liposuction being the method of choice for 30 per cent, with abdominoplasty coming in at 24 per cent. Indeed, coronavirus may have influenced the latter, reports of people ‘putting on weight’ during lockdowns being commonly reported upon. So much effort, so much readiness to undergo operations, procedures and pushing, pressing, pulling, poking of the body, but to what end? In the very changing of their bodies, women’s position in the world is not made more powerful, at least not in ways that are self-sustaining and world enhancing. The turning of women’s bodies into plastic temples will not transform the world. Nor will it make women free.
Still, the conquest or subjugation of women’s bodies by the surgeon’s scalpel and the beautician’s procedure, the eyebrow threader’s dexterity and the ministrations of the fish pedicurist, is not absolute. Some women have turned their backs on the prospect of performances in plastic, taking as their touchstone the 1970s vision of our bodies as ourselves … *Our Bodies, Our Selves.* Some, once having welcomed plastic intrusions into their lives, now changing their minds have readily returned into the hands of their surgeons to have breast implants removed. The writer George Elliot, otherwise Mary Ann Evans, once said: ‘It’s never too late to become the person you might have been.’ Would she have been impressed by the proposition that now, in the twenty-first century, the becoming of a woman as the person she _can_ be is one shaped by cosmetic or aesthetic surgery, moulded into a plastic persona? Is this what George Elliot intended, or meant? Perhaps women now returning to their ‘ordinary’ selves, the selves that are not endowed with artificial intrusions have, albeit at the pain of surgical removal, escaped the potential long-term damage of a life directed into a plastic performance. Would that all women could renounce the plastic first, marking any return to the surgeon unnecessary, with every woman resisting the lure of the plastic through beginning, living and celebrating our lives as our own, as our very own selves.

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99. ‘Quotations by the Author: George Elliot’, The Quotations Page, http://www.quotationspage.com/quotes/George_Eliot/ (accessed 2 May 2017).