

All Cosmetic Surgery is “Ethnic”: Asian Eyelids, Feminist Indignation, and the Politics of Whiteness

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In the short-lived but much-dissected TV series *Extreme Makeover*, the monotonous parade of white women (and a few token white men) undertaking total surgical transformation is upset in series two by the introduction of “ethnic cosmetic surgery” (ECS). The mainly white cast is interrupted by the introduction of an African American woman seeking surgery to narrow her wide nose and reduce her prominent lips. The surgeon selected to undertake her procedures is African American cosmetic surgeon Anthony C. Griffin, who assumes a new prominence in this episode. Suddenly, a show striking for its stubborn refusal to engage the political and ethical questions raised by cosmetic surgery turns self-questioning. Speaking earnestly to the camera, Griffin explains that of course all his patients of color want to retain their distinctively ethnic identity, as well (somewhat contradictorily) as their individuality. The task for the “ethnic” cosmetic surgeon, then (where “ethnic” simultaneously describes the surgeon, his patients, and the surgical practices), is to retain ethnic distinctiveness and enhance individual beauty without appearing to capitulate to the demands of normative whiteness. As long as procedures are fairly conservative (in kind if not in number), justified by the surgeon’s measured and authoritative voice, and legitimized by his own presumed racial loyalty, it seems, the rationale of enhancement within a zone of ethnically marked normalcy can hold up.¹

This rationale will likely not be very convincing to most feminist viewers. The balancing act is evidently fraught, and Griffin doesn’t attempt to explain why none of his black or Latina patients are seeking to have their ethnic noses widened, or their lips made more pronounced. Indeed, the possibility of capitulation to racist norms is raised only to be evaded. In a previous analysis of *Extreme Makeover*, I puzzled over this inclusion in a show that so blatantly glamorizes the power of cosmetic surgery for positive transformation (Heyes 2007: 23). Why bother even implying that “ethnic cosmetic surgery” generates any distinctive ethical

1 Due to lack of space for a fuller exploration of the issue, throughout this essay (as in the texts it cites), the terms “racial” and “ethnic” and their cognates are used without explicit theoretical attention to the distinctions between the two.



Figure 11.1 “Eyelid Tape” 2006, photo taken in Hong Kong
Source: © Andra Lam

dilemmas? The surgical propulsion of the white women makeover candidates towards normative femininity, by contrast, is celebrated, and certainly not problematized by the introduction of a female cosmetic surgeon who might assure us that they are not losing their individuality or capitulating to a misogynist norm of female appearance.

I am not the only cultural critic to identify a context where this double standard prevails. Kathy Davis recounts the reactions of her feminist colleagues to a comparison of cosmetic surgery's role in perpetuating ideals of femininity and of whiteness. Thinking about (implicitly, white) women's choices with regard to femininity-enhancing surgeries, "they did not believe in a blanket rejection of cosmetic surgery, but rather in taking a nuanced, critical stance: cosmetic surgery is acceptable in individual cases but should be treated in general with caution." In the case of cosmetic surgery "to eradicate signs of *ethnicity*," by contrast, they were "incensed" and thought Asian eyelid surgery (Davis's proffered example) "completely reprehensible" (2003: 87). Thus the double standard, with its greater moral anxiety about ECS, appears to prevail in some feminist responses as well as in popular representations of cosmetic surgery.

Davis points out that

cosmetic surgery when undertaken by people of color or the ethnically marginalized is framed in a political discourse of race rather than beauty. Whether they are positioned in a narrative of racial passing or cultural assimilation, ethnic or "racial" minorities generally have less discursive space than their white counterparts for justifying their decisions to have cosmetic surgery. (2003: 94)

She reaches this claim via a brief discussion of the history of cosmetic surgery that draws heavily on Sander Gilman's work. Gilman is the best-known proponent of the view that the modern history of cosmetic surgery needs to be understood primarily as an intervention into racial psychology and ethnic belonging, rather than only as a form of gender normalization or beautification. His work has been very important in humanistic and historical understandings because it presents the larger institutional picture of cosmetic surgery's implication in emergent racial taxonomies and projects of diasporic ethnic integration and assimilation (see especially Gilman 1998; also 1999a, 1999b, 2000). In part because he focuses on historical periods when most recipients of cosmetic surgery were men (1999a: 32), however, his treatment of how gender structures the phenomena he identifies tends to be superficial and descriptive, and he pays little attention to the available feminist literature.² Elizabeth Haiken's history of cosmetic surgery includes an

2 See, for example, his bizarre and confusing description of "a generally accepted feminist reading of aesthetic surgery in the 1990s," which uses a student dissertation as its exemplary text and appears to conclude that the stark increase in women having cosmetic surgery cannot be attributed to greater unhappiness with physical appearance or low self-esteem because this would pathologize those women (Gilman 1999a: 33).

excellent chapter on race, ethnicity, and cosmetic surgery, but it too by definition examines the *longue durée* and larger institutional picture, rather than the ethical and political complexities of the contemporary world (Haiken 1997: 175–227). Although it might seem, on the other hand, as though there is a substantial feminist debate on contemporary cosmetic surgery, nationality and diaspora, racial norms, and ethnicity, in fact there is surprisingly little published work that directly takes up these issues—although there is plenty of discussion of Western white women's relation to cosmetic surgery.³ Thus in some ways, the best-known humanistic writing on cosmetic surgery encourages a theoretical disjunction between race/ethnicity and gender in ways that structure both the "discursive spaces" available to individuals, and the larger ethical and political framing.

In this chapter I want to show how some of the most widely cited literature on ethnic cosmetic surgery starts from an example—Asian blepharoplasty—that supports a particularly blunt-edged reading of women recipients as dupes of internalized racism. I suggest that the dominant reading of this case study leads to an inability to take seriously the very ethnographic results that purport to motivate it, by repeatedly countermanning the self-interpretations of the women interviewed. It also hives off "ethnic" procedures from other kinds of cosmetic surgery, making these projects of self-transformation into the sole province of women whose bodies are already racialized. Rather than arguing that such procedures are *not* prima facie evidence of cosmetic surgery's implication in racist norms, I recognize the history of ethnocentrism and assimilation against which these choices are made, but suggest that a more fine-grained analysis of women's complicity, resistance, passivity, and agency is overdue. What feminist readings of ethnic cosmetic surgery need most, I conclude, is a critical approach that reads all bodies as ethnically marked—not just as differential sets of ethnic and non-ethnic parts—and understands white, Western people as also engaged in racial and ethnic projects of bodily conformity or appropriation.

3 The widely held impression that the feminist scholarly literature on "ethnic cosmetic surgery" is terribly large and diverse may come from the plethora of popular commentaries on the topic, including articles in women's magazines, or from the fact that many feminist analyses of body politics make tangential reference to surgery and ethnicity or race without actually discussing it in any great detail. For such allusions see e.g. Dull and West 1991: 58–9, Balsamo 1996: 62–3, Little 2000: esp. 166–7. For an original and insightful analysis of national differences in the justifications used for having cosmetic surgery in the US and the UK, see Gimlin 2007.

Asian Eyelid Surgery: Beyond the Archetype

Kaw and Her Inheritors

The most discussed politically controversial contemporary ECS procedure is Asian blepharoplasty (eyelid surgery), which is performed on patients with east or southeast Asian heritage who have a single upper eyelid—i.e. one without a visible crease in it. Any attempt to describe the physiognomy of different racial group members risks reifying factitious categories, but the common story about this distinctive anatomical feature is that most non-Asians start off with a double eyelid (one with a crease), although as the skin around the eye droops with age, for example, the crease is quite commonly obscured. Many Asian people (including many Japanese, Koreans, and Chinese) do have a naturally occurring eyelid crease, but it is often less arched and closer to the lash line than in young non-Asians. The surgery involves making an incision in the upper eyelid, removing some fat and skin, and suturing the wound closed in such a way that when the eye is pulled open by the tendons attaching to the lid, a crease forms. Blepharoplasty is also routinely performed on non-Asians, of course, to create similar effects, but the anatomical structures involved and hence the surgical techniques used are subtly different, and the procedure is associated more closely with aging than with ethnicity. The aesthetic effect of the surgery (for all groups) is to create the impression of a more wide-open, rounder eye.

I raise this example because for many commentators (including Davis), Asian eyelid surgery is the archetype of ECS: it is the first example raised, the object of the most aggressive critique, and the stand-in for the whole (contested) array of “ethnic” procedures. The most widely cited feminist text on ECS is probably Eugenia Kaw’s 1993 article, “Medicalization of Racial Features: Asian American Women and Cosmetic Surgery,” which won an annual prize for best essay in *Medical Anthropology Quarterly*.⁴ It is very widely reprinted in textbooks on body politics and still—15 years after it was first published, which is eons in cosmetic surgery scholarship—features on numerous reading lists as exemplary of how to interpret race and body modification from a critical, feminist perspective. Kaw interviewed 11 Asian American women in California for her study, of whom nine had had either eyelid or nose surgery, while two were considering double-eyelid surgery; she also interviewed five plastic surgeons in the Bay Area, and conducted reviews of clinical, promotional, and popular literatures. Kaw argues to the conclusion that

Asian American women’s decision to undergo cosmetic surgery is an attempt to escape persisting racial prejudice that correlates their stereotyped genetic physical features (“small, slanty” eyes, and a “flat” nose) with negative

⁴ A different version of the article was also published as Kaw 1994, and in turn reprinted in at least three other collections.

behavioral characteristics, such as passivity, dullness, and a lack of sociability. ... Through the subtle and often unconscious manipulation of racial and gender ideologies, medicine, as a producer of norms, and the larger consumer society of which it is a part encourage Asian American women to mutilate their bodies to conform to an ethnocentric norm. (1993: 75)

Two features of Kaw’s work are particularly noteworthy in light of subsequent debates in the wider feminist literature on cosmetic surgery. First, she quotes her interviewees only to reject the descriptions and justifications they offer, countermanding their interpretations with her own:

Although the women in my study do not view their cosmetic surgeries as acts of mutilation, an examination of the cultural and institutional forces that influence them to modify their bodies so radically reveals a rejection of their “given” bodies and feelings of marginality. On the one hand, they feel they are exercising their Americanness in their use of the freedom of individual choice. Some deny that they are conforming to any standard—feminist, Western, or otherwise—and others express the idea that they are, in fact, molding their own standards of beauty. Most agreed however, that their decision to alter their features was primarily a result of their awareness that as women they are expected to look their best, and that this meant, in a certain sense, less stereotypically Asian. (1993: 77–8)

Later Kaw stresses that “all of the women said that they are ‘proud to be Asian American’ and that they ‘do not want to look white,’” (1993: 79) while almost all the women “stated that their unhappiness with their eyes and nose was individually motivated and that they really did not desire Caucasian features” (1994: 248). Some went further. For example, “Nina” “stated she was not satisfied with the results of her surgery from three years ago because her doctor made her eyes ‘too round’ like that [*sic*] of Caucasians” (1994: 248). Kaw doesn’t explore this particular response, returning instead to her generic feminist interpretation: after quoting the women’s desire to avoid appearing sleepy, dull, or passive, she concludes that “Clearly, the Asian American women in my study seek cosmetic surgery for double eyelids and nose bridges because they associate the features considered characteristic of their race with negative traits” (1993: 79). Kaw sums up her position with a remarkably broad statement akin to the radical feminist work of scholars such as Sheila Jeffreys or Janice Raymond: “Rather than celebrations of the body, [such practices as cosmetic surgery] are mutilations of the body, resulting from a devaluation of the self and induced by historically determined relationships among social groups and between the individual and society” (78).

Kaw anticipates the objection that she may be “undermining the thoughts and decisions of women who opt for [cosmetic surgery],” citing Davis’s first published article on cosmetic surgery and women’s agency (Davis 1991). Her engagement

with this ethnographic quandary is to state, in a paragraph that fits poorly with the rest of the argument, that:

the decision of the women in my study to undergo cosmetic surgery is often carefully thought out. Such a decision is usually made only after a long period of weighing the psychological pain of feeling inadequate prior to surgery against the possible social advantages a new set of features may bring. Several of the women were aware of complex power structures that construct their bodies as inferior and in need of change, even while they simultaneously reproduced these structures by deciding to undergo surgery. (1994: 245)

This uncomfortable awareness of the politics of aesthetic norms and ambivalence about capitulating to them—what Davis would later call “the dilemma of cosmetic surgery”—can always be reduced, however, if the woman eventually chooses ECS, to the expression of an overdetermined ideology of racial inferiority caused by internalized racist stereotypes (1993: 80) and the concomitant alienated desire to mutilate oneself.

Second, Kaw several times emphasizes that Asian American women who seek a double eyelid or a more prominent nose (she says much less about the latter) are choosing the procedures for racially motivated reasons in a way that white people modifying their bodies never are. As she puts it, the desire of Asian American women “to look more spirited and energetic through the surgical creation of folds above each eye is of a different quality from the motivation of many Anglo Americans seeking facelifts and liposuction for a fresher, more youthful appearance” (1994: 250). Most strikingly, Kaw argues that:

the constraints many Asian Americans feel with regard to the shape of their eyes and nose are clearly of a different quality from almost every American’s discontent with weight or signs of aging; it is also different from the dissatisfaction many women, white and nonwhite alike, feel about the smallness or largeness of their breasts. Because the features (eyes and nose) Asian Americans are most concerned about are conventional markers of their racial identity, a rejection of these markers entails, in some sense, a devaluation of not only oneself but also other Asian Americans. It requires having to imitate, if not admire, the characteristics of another group more culturally dominant than one’s own (i.e. Anglo Americans) in order that one can at least try to distinguish oneself from one’s own group. (1994: 254)

Subsequent authors writing about the ethics and politics of ethnic cosmetic surgery have largely taken on board Kaw’s model without further comment, and she is frequently cited in ways that make her work seem something of an orthodoxy. For example, in her powerful reading of the racialized history of cosmetic surgery in America, Haiken cites Kaw and states that “despite surgeons’ and patients’ protestations to the contrary, cosmetic surgery among Asian Americans is about

more than objective aesthetic standards ... [D]ecoding the terminology used to discuss eyelid surgery among Asians suggests that here race (and the meanings attributed to it) is ... the central issue” (1997: 208). In “Significant Flesh: Cosmetic Surgery, Physiognomy, and the Erasure of Visual Difference(s),” Catherine Padmore’s “key question” is “how the examples of facial transformation that appear in these discourses might affect lived, embodied subject(ive)ities” (1998, following note 5). Padmore focuses on Asian blepharoplasty, and cites Kaw liberally. Finally, Sara Goering (in “Conformity through Cosmetic Surgery: The Medical Erasure of Race and Disability”) likewise rehearses Kaw’s position in aid of her conclusion that cosmetic surgery is “a pernicious practice that threatens diversity” (2003: 172). It is not clear, however, why the quite generic arguments that frame her case studies of “racial” cosmetic surgeries and those designed to erase the markers of disability (for which facial surgery on children with Down syndrome is her archetypal example) do not apply to *all* cosmetic surgery, or why peculiar moral outrage should apply to this rather than any other body modification practice implicated in aesthetic norms.

Challenging the Orthodoxy

One easy lesson we can derive from these readings is that the limited feminist literature on ECS is strongly committed to the structural overdetermination of individual action—at least where “ethnic” women are involved. Kaw provides ethnographic data and an insider’s voice that provides accessible and straightforward analytical tools to those who follow her that are politically intuitive from any feminist perspective—but perhaps thereby less interesting. These analyses are responding, in part, to the banality of magazine articles, TV shows, and surgeons’ promotional materials that often simply state—rather than show—that for ethnic minority women, changing their ethnically marked features never indicates complicity with white ideals. A rhetoric of individual freedom, in which we are each urged to do whatever we “choose” in the aid of our own individuality without any second order evaluation of why we make the choices we do, is so self-evidently facile from any feminist perspective that the question of why our choices are so relentlessly patterned takes on a particular urgency (Bordo 1997).⁵ In this context, Kaw’s work has a politically useful role to play.

However, Kaw and her inheritors tend to generalize from what was at best a large, theoretically driven political conclusion drawn from a very small set of

⁵ Frustration with this position also motivates some popular “feminist” representations of ECS. It is quite common to see soul-searching features on whether having eyelid surgery means young Asian women want to look white that castigate those women for their race treachery. For an extreme example, see a recent episode of *The Tyra Banks Show* where Banks lambasts Liz—a 25-year-old Korean American woman guest—with extraordinary vigor for being deceitful about her own participation in racist norms. The segment can be viewed at: <http://www.youtube.com/watch?v=L8C5ZnQA08c&feature=related>.

interview data. The feminist literature on ECS has thus become somewhat stymied by a narrow analysis of internalized racism and the desire on the part of ethnic minority women in developed, multicultural countries to “look white.” When this is the *a priori* conclusion there is little call to investigate further or draw more nuanced conclusions—just as, in the early days of white women writing about cosmetic surgery, cosmetic surgery was perceived to be so blatantly and univocally oppressive as to be barely worth theorizing. Is there any feminist perspective other than the assumption that those procedures taken to be readily identifiable as “ethnic” are evidence of false consciousness in a white supremacist world?

In “Reflections on a Yellow Eye: Asian I(\\Eye)Cons and Cosmetic Surgery,” Kathleen Zane begins to articulate an internal feminist critique of the dominant orthodoxy on Asian blepharoplasty (see also Davis 2003: esp. 92–100). This article is tucked away in an obscure collection, and rarely cited; Zane herself implies that her research met with opposition from academic feminism (1998: 163–4). Articulating the discomfort that my own reading of Kaw points towards, Zane argues that

The totalizing and dismissive assumption that Asian women who elect [to have double eyelid] surgery obviously desire to look/be Western has seemed too readily to essentialize Asians as degraded imitations and mimics. Labeling Asian surgical clients as mere victims of internalized racism resulting from their enthrallment with the patriarchal gaze of Western cultural imperialism seems to further a divide between enlightened or true feminists and these “other” less privileged “natives.” (164)

Zane suggests that the insistence on attributing Asian blepharoplasty to internalized racial self-hatred rests on a prior assumption that the single eyelid is “normal, ‘natural’, and proper in an Asian’s face”—although when it appears on the face of a non-Asian it properly denotes the undesirable signs of tiredness, age, and passivity. Thus the Asian’s transgression of racial boundaries becomes a “moral issue—as denying her ‘natural’ body, origins, and authenticity—in the manner of anti-miscegenation rhetoric” (166). Zane argues that even Asian cultural products designed to challenge eyelid surgery can be drawn back into the same discourse: “Within the process of acknowledging institutional racism, the viewer [of the films analyzed] is encouraged to see these others only as unwitting victims or as unenlightened collaborators who reproduce the system” (171).

Zane does not deny that ethnocentrism is a significant driving force in the history and contemporary practice of Asian eyelid surgery. However, she points out various nuances in the way different Asian communities understand the surgery, as well as the surgical options they choose or reject. She also points out that the surgeries are not only a means of escape from racial identity “but also from the traditionally limited options within a specific culture’s gender-coded relationships” (174). Arguing against the view that Asian women who have eyelid surgery are necessarily engaged in projects of capitulation to the exclusion of resistance, Zane

hopes for social criticism that attaches greater epistemic significance to the position of the critic in relation to those whose actions she judges. She concludes:

Understanding how, for non-privileged classes of women, forms of personal power or ways to manipulate disadvantageous social circumstances can be creatively engaged, we may confront the power and privilege that accrues from our espousal of our particular oppositional strategies. As multicultural feminists, in sum, we have to interrogate received notions of racialized and gendered subjects without conflating uses of power with issues of agency. From a less defensive posture, we may better see the power of an ethnic communality without regarding it as essentialist or essentially anti-feminist. (180)

Zane’s writing is full of equivocation, and she must balance the desire not to appear politically naive with her evident frustration that dominant explanations of Asian eyelid surgery are so dismissive of the complexity of recipients’ narratives. My goal in juxtaposing these texts is not to suggest that Zane has offered a better feminist interpretation and Kaw a weaker one; Kaw writes with clarity and conviction, as well as being, in my opinion, right on a number of key points. Rather I’ve stressed the self-proving nature of Kaw’s position, as well as the reception of her work, to contrast with the difficulties that beset Zane in making a compelling representation of her view. What are the convincing aspects of Zane’s argument, and how might they be developed?

“Ethnic Cosmetic Surgery”

Asian blepharoplasty, I’ve pointed out, is very often the example of choice for critics of ECS. Whatever critical arguments can be made about the complicity of cosmetic surgery with normative whiteness and ethnic conformity seem to start most compellingly from this case study, and then slide into theoretical claims about a much broader range of practices. Asian blepharoplasty provokes particular moral attention, I suggest, because it has three features that are not so straightforwardly present with any other procedure:

- a. In the popular imagination it actually creates an ethnic feature that is not otherwise present rather than modifying one that is already there. This assumption is, of course, simplistic. Many Asian people already have a double eyelid, and indeed a common version of the surgery is the refinement of an existing crease. Some non-Asian people do not have an eyelid crease, or have lost it. Therefore on one level the exercise of sorting kinds of eyes into “Asian” and “non-Asian” types begs the question. Furthermore, Asian blepharoplasty is commonly represented using an ontology of “creating” the eyelid crease, while anti-aging blepharoplasty on non-Asians is presented as “restoring” it. As Zane points out, Asian

blepharoplasty is actually done by *removing* tissue (167), so the ontology is, in a descriptive sense, inaccurate. More importantly, however, it makes it seem as though candidates for Asian blepharoplasty are appropriating a proprietary bodily feature that somehow rightly belongs to European people, and are thereby complicitous with racist norms. If the example we started from were rhinoplasty (and Kaw makes little of this, although some of her interviewees have had nose jobs), then discussion would center not on the generation of a novel feature, but rather on the shades of gray involved in reshaping a bodily feature—or even the constituent parts of one (bridge, nostrils, etc.)—that virtually everyone has.

b. Asian blepharoplasty is undertaken by a group of ethnic Others who are already closely associated with controversial and conflicting stereotypes surrounding assimilation. East and southeast Asian immigrant groups in Western countries are notoriously labeled “model minorities”—high-achieving and upwardly mobile new citizens, who succeed by dint of a strong work ethic and willingness to conform to the standards required for success under capitalism. An existing tacit (racist) discourse thus encourages a view of such immigrant groups as, on the one hand, hyperbolically competitive strivers for upward mobility and professional achievement. On the other hand, popular stereotypes of Asian women represent them as passive, prone to conventionality, and subservient to patriarchal values in their cultures of origin. The intersection between these two sets of potent stereotypes creates a double bind for Asian women, especially a younger second (or more) generation: gestures of assimilation are easily read through a quasi-feminist lens of disdain for those who “want to be white,” while the refusal to participate in Westernization can throw Asian women back onto the charge that they are the passive victims of a male-dominant minority culture. I have a suspicion that Kaw’s work has been well received by feminist scholars and teachers in part because it feeds on this contradictory set of racist stereotypes in ways that have not been adequately explored. Of course, this is in a way Kaw’s original point—that recipients of Asian blepharoplasty have internalized stereotypes that originate outside themselves in white-dominant societies. She walks a fine line, however (which the reception of her work is likely to cross), between describing this dynamic and reinforcing the very stereotypes that the surgery is, on her own account, an effort to undermine.

c. Asian eyelid surgery has been effectively marketed by cosmetic surgeons as a distinctively ethnic procedure with its own anatomical, technical, and cultural challenges, rendering it peculiarly visible and available for political critique. Because surgeons want to open up new niche markets and distinguish their services from those of less qualified or skilled competitors, the idea that “the Asian eyelid” has a distinctive anatomy and requires the development of special skills and techniques has a currency beyond its medical truth. The large clinical literature on Asian blepharoplasty is

written by specialist surgeons who are at pains to represent themselves as skilled in understanding both the technical and cultural needs of their patients. Surgeries to breasts or noses, by contrast, while they have racial meanings, are much less often specialized in the same way, and tend to be grouped together under the blanket heading of “cosmetic surgery for people of color.” Thus Asian blepharoplasty is peculiarly isolable as an “ethnic” procedure not only because of the motives of the individuals who have it, but because of its institutional location.

These three observations help to explain why Asian blepharoplasty functions so neatly as the case study for an analysis of racism in cosmetic surgery, while at the same time showing that any critique must tread carefully in explaining this surgery’s rhetorical appeal. Beyond her choice of primary example, however, there are some more general problems with Kaw’s analysis. As I showed, she is committed to the view that ethnic cosmetic surgeries can be separated from those that have no particular ethnic meaning, in two ways. First, in addition to the quotes above, she opines that “the features that white women primarily seek to alter through cosmetic surgery (i.e., the breasts, fatty areas of the body, and facial wrinkles) do not correspond to conventional markers of racial identity” (1993: 75). It is not clear to me that all these body parts are not racially indexed: large breasts and fleshy hips have long been associated with African heritage, for example. Gilman claims that “beginning with the expansion of European colonial exploration, describing the form and size of the buttocks became a means of describing and classifying the races. The more prominent, the more primitive.” Citing notorious historical representations of the southern African *Koikhoi* people (of whom the most famous was Saartjie Baartman—a Dutch given name commonly replaced with the offensive term the “Hottentot Venus”), Gilman argues that “the fascination with the body of the black woman was evidenced by white scientists from the nineteenth-century French anatomist Cuvier to Weimar Germany’s Magnus Hirschfeld, who analyzed the black woman’s body in relation to the range of ‘normal’ body shapes” (1999a: 212–13). Gilman offers a parallel history of the shape of the female breast, invoking various sources to suggest that the overall size and shape, and the size, color, and form of the areola and nipple, were widely represented through racial taxonomies (220–225). These “racial” projects have contemporary currency; breast reduction continues to be disproportionately popular among African American women, as is liposuction, while breast augmentation is disproportionately popular among Asian American women.⁶ This reflects, among other things, the current ideal “Western” breast, which is large but not sagging or drooping, high on the chest, prominent,

6 For African American patients in 2007 in North America the three most popular surgical procedures were nose reshaping, liposuction, and breast reduction, while for Asian Americans they were nose-reshaping, breast augmentation, and eyelid surgery. Source: <http://www.plasticsurgery.org/media/statistics/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=29435>.

and more spherical than in previous fashions, and has a "proportionate" areola diameter and nipple projection.⁷

Of course, Kaw could simply accept that she underestimated the number of body parts that can be considered "markers of racial identity." When black women use various means to reduce the size of their breasts and hips, perhaps they are simply engaging in another kind of internalized racism perfectly analogous to the Asian woman who has double eyelid surgery. However, once we see that bodies can be racially marked in unanticipated and pervasive ways, the project of hiving off "ethnic" cosmetic surgeries for a certain kind of ethical disapprobation is thrown into question. Thus a second and more important difficulty with Kaw's ontology is that it assumes that the only people undertaking cosmetic surgery with a racial ideology in play are those with ethnically marked bodies—that is, that white people who have cosmetic surgery are *not* having "ethnic" cosmetic surgery. Despite her extensive approving citation of Kaw, Padmore approaches this point when she says that "the blepharoplasty procedures discussed in this essay do not erase signifiers of race; they erase the ideological underpinnings of an aesthetic apparatus through which one type of ethnicity becomes invisible and 'other' ethnicities become hyper-visible. It is a system in which certain flesh is perceived to be 'ethnic' while other flesh is not" (1998, prior to note 18). Of course cosmetic surgery is implicated in numerous projects of ethnic marking, but privileged people also participate in these projects when they have cosmetic surgery. For example, Gilman comments that "in Brazil today breast reduction has become commonplace among upper-middle-class families, so as to distinguish their daughters from the lower classes, who are imagined as black" (1999a: 225; see also Yalom 1997: 236). Kaw alludes to "facial wrinkles" being devoid of ethnic meaning, but face-lifts (and related techniques) may be a particularly pointed example of the obscured racial currency of surgeries favored by white people. Cosmetic surgery promotional materials as well as the popular wisdom of the mediascape stress that members of different ethnic groups age differently—a claim that is also supported by a clinical literature (e.g. Odunze, Rosenberg, and Few 2008). In a curious racial inversion, Northern Europeans purportedly age "worst" due to thinner facial skin that is also more vulnerable to sun damage, and hence to wrinkling and "falling," while Asian women in particular (and to some extent African women) are often lauded for their youthful faces. Thus when pale-skinned women lift their faces to erase lines and folds, they may be working against their ethnic heritage in a way that goes unremarked and untheorized.

7 For historical discussion of ideal breasts see Gilman 1999a: esp. 218–31. Gilman also contrasts the large-breast fashion with older Asian norms that understood a flat-chested woman as desirably modest and discreet (Gilman 1999b: 54). Marilyn Yalom's history of the breast includes a discussion of the political role of breasts in promoting European nationalisms (see Yalom 1997: 105–45), although next to no discussion of the racial politics of breasts (but see 123–5, 236), and none at all of their racialized aesthetics.

Given that cosmetic surgery invokes norms that almost no white, Western people can actually live up to, its projects might furthermore be understood as fantasy constructions as much as attempts to literalize "the" white, Western body. Perhaps this is why Michael Jackson provokes so much controversy: his popularly perceived objective of becoming white has been enacted in a way so grotesque, parodic, and extreme that he has revealed the absurdity of whitened norms to a predominantly white general public consoled by the more conventional language of moderation and moral "clean hands" in cosmetic surgery (see Davis 2003: 95–7, and Sullivan 2004). He thereby complicates the disingenuity of conventional explanations. This is the same anxiety that is assuaged by *Extreme Makeover's* surprise problematization of "ethnic cosmetic surgery": it speaks to a white audience by assuring them of the racial loyalty (and hence racial "place") of their sisters of color. Stressing that cosmetic surgery in fact preserves and enhances ethnic difference reassures white people that they are not being deceived by "passing" post-surgical tricksters (as well as mitigating any lingering white guilt about the very existence of ECS) (Heyes 2007: 23). When feminists take the opposite tack and argue that ethnic differences are being erased by ECS they do not really undermine this dynamic: although in this critique surgical candidates may successfully become less ethnic in order to gain social advantage, this move is interpreted as a gesture of racial disloyalty or internalized racism, in a way that upholds the authenticity of originary ethnic identities, as well as obscuring the ethnic projects in which "white" people may be engaged. The whole debate is permeated with the assumption that whiteness really is desirable and that all people of color would look more white if they possibly could. To point this out is not to deny the power of white norms for bodily appearance; rather it is to suggest that the more complex psychologies of hugely diverse ethnic minorities in Western countries, as well as the visual cultures they have produced, may actually have had some effect in changing norms and expectations. To deny this possibility seems to be to deny the possibility of actively combating racism.

The basic premise underlying all of my arguments is that feminist analysis of ethnic cosmetic surgery badly needs to learn the lessons of critical whiteness studies that are already widely integrated into feminist work on other topics (e.g. Frankenburg 1993; Cuomo and Hall 1999). These lessons might direct us to investigate how cosmetic surgery enables white women to appropriate pieces of "ethnic" physicality for their exoticism and eroticism, without risking the oppression that more marked bodies are vulnerable to (Haiken 1997: 225). When post-surgical white people emerge with pouty, bee-stung lips, or "Latin" buttocks modeled after Jennifer Lopez, they presumably do not intend to pass as racially transformed. But their choices have a racial inflection that Kaw's model simply denies. Even when surgeries arguably aim to make already white people whiter (refining a nose that carries the implication of Mediterranean or Middle Eastern ancestry, for example), there is something to be said about their ethical implications. In the absence of such an analysis, Kaw's model perpetuates the dynamic that Davis initially identified: it makes already ethnically marked people

peculiarly guilty for their complicity in racist norms, and enables critics to project moral culpability for cosmetic surgery unequally onto people of color. Although the authors I've discussed include analysis of a larger industry and mediascape that is held loosely to blame for perpetuating racist norms, it is those individuals who choose ethnic procedures whose race treachery is most available for scrutiny. This move evades examination of the putative roles of other systems and actors in perpetuating racism—including white people who have cosmetic surgery.

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