SURGICAL PASSING: OR WHY MICHAEL JACKSON’S NOSE MAKES US UNEASY¹

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Several months ago, I had a conversation with some of my feminist colleagues about women’s involvement in cosmetic surgery. Everyone agreed that cosmetic surgery to meet the ideals of feminine beauty is oppressive. Nevertheless, they conceded, an individual woman might benefit from having her body altered surgically and should, therefore, be allowed that choice. 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.

I then brought up the use of cosmetic surgery to eradicate signs of ethnicity. As example, I mentioned the increasing numbers of Asian women undergoing double eyelid surgery to make their eyes look wider and, presumably, more ‘western’ (Kaw, 1993). My colleagues were incensed. They insisted that this was completely reprehensible. When I tried to pin them down about what it was that made surgery for altering ‘racial’ or ethnic features different than a breast augmentation for enhancing femininity, they looked uncomfortable. They hesitated and finally admitted that they didn’t know. ‘It just feels different, somehow worse.’

This discussion left me with mixed feelings.
On the one hand, I was somewhat irritated by what seemed to me just another rendition of the old (and tired) debate about hierarchies of oppression. It evoked memories of countless discussions with feminists who argue that gender (not class or race) is the primary category of difference and with anti-racists who maintain, just as decisively, that racism, not sexism, is the enemy most deserving of our critical attention. This kind of dualistic thinking has been convincingly debunked by Floya Anthias and Nira Yuval Davis (1992), Avtar Brah (1996), Valerie Smith (1998) and many others. They have argued that gender and race are not separate systems of domination, but rather intersecting and mutually constitutive features of any social practice or historical context. In this view, our task is not to decide which is relevant - gender or race – but rather to how these and other categories of difference intersect to produce specific constellations of hierarchy, exclusion or exploitation.

On the other hand, I was intrigued by the immediacy and intensity of my colleagues’ response and their certainty that cosmetic surgery to alter racial or ethnic features was not only different, but decidedly worse (politically and ethically) than a breast augmentation or a face lift. As experts in the field of gender and ethnic studies, they were all well versed in the ‘intersectional perspective’ described above and – without exception – employed it in their own research. I began to wonder whether their shocked response to the surgical ‘westernization’ of Asian women’s eyelids was a reflection of the relative lack of attention given to the practice in public discourse about cosmetic surgery. Women have always been the primary recipients of all kinds of cosmetic surgery (including surgery for ethnic features). Feminists have tended to link the cultivation of the body in
the name of beauty to femininity (Morgan, 1991; Wolf, 1991; Bordo, 1993; Davis, 1995; Jacobson, 2000). Given the ubiquity of viewing cosmetic surgery through the lens of gender, cosmetic surgery for enhancing femininity may seem so ordinary that it has become – more or less - acceptable, while surgery for eradicating ethnic features can still be counted on to elicit surprise and disapproval.

In this article, I take a closer look at the phenomenon of ethnic cosmetic surgery and the kinds of responses it evokes. After a brief foray into the history of cosmetic surgery and its connections with racial science, I turn to the current practice of ethnic cosmetic surgery, situating it in contemporary political controversies about race and beauty. I draw upon the case of Michael Jackson – arguably the most well known recipient of this kind of cosmetic surgery – in order to discuss two separate, but related issues. The first concerns how racially- or ethnically based cosmetic surgery is different than cosmetic surgery for enhancing femininity and the second concerns whether ethnic cosmetic surgery has more serious normative or political implications than other forms of cosmetic surgery.

**Ethnic cosmetic surgery: A historical sketch**

As practice, ethnic cosmetic surgery is not new. Since the emergence of cosmetic surgery at the turn of the 20th century, individuals in the US and Europe have not only looked to cosmetic surgery as a way to enhance their appearance. It has also enabled them to
minimize or eradicate physical signs that they believe mark them as ‘other’ – other invariably meaning other than the dominant or more desirable racial or ethnic group (Haiken, 1997:175-176).

In Central Europe throughout the 19th century, the ‘Other’ was the Jew. Stereotypical images proliferated, marking the Jewish body as different, deformed and pathological. Jews were thought to have flat feet (making them unfit for military duty), disgusting skin diseases (‘Judenkratze’), elongated ears with fleshy earlobes (‘Moritz ears’), characteristic noses (‘nostrility’), and, of course, genitalia ‘damaged’ by circumcision (Gilman, 1991). These racial markers were associated with social stigmas of weakness, illness, and degeneracy, thereby making appearance an obstacle for the assimilation of Jews into Aryan society. Early cosmetic surgeons like Jacques Josef, the founder of modern rhinoplasty and himself an ‘acculturated German Jew’, developed surgical procedures which allowed Jewish patients to become ‘ethnically invisible’.  

In the US, cosmetic surgery became popular in the wake of large scale immigration at the turn of the 20th century. The first nose correction was performed by John Roe for the ‘pug nose’ – a feature which was associated with Irish immigrants and negative qualities of character like slovenliness and dog-like servility (hence the term ‘pug’). Nose surgery was later performed on European immigrants (Jews, Italians, and others of Mediterranean or eastern European descent) as well as on white Americans who were anxious that they ‘looked Jewish’ (Haiken, 1997). Following World War II, cosmetic surgery became popular among Koreans, Chinese, Japanese, and Asian-Americans to create folded
eyelids (‘western eyes’). More recently, African Americans have begun to alter their noses and lips through cosmetic surgery.\(^5\) By 1998, it was estimated that of the 2.8 million cosmetic surgery procedures performed in the US, 19.6% of the procedures were performed on patients who were not Caucasian— that is, of Asian, Hispanic, Native American or African American descent (Mattory, 1998:xix).

Ethnic cosmetic surgery is typically oriented to the most identifiable and caricatured facial features— for Jews, noses; for Asians, eyes and noses; and for African Americans, noses and lips. However, no body part is safe from being racially marked. For example, in Rio de Janeiro, ‘pendulous breasts’ are linked to the lower classes, who are imagined as black—an image which has its roots in the institution of black slavery which was not abolished in Brazil until 1888 (Gilman, 1999:225).

The emergence of ethnic cosmetic surgery cannot be separated from scientific ideas about race which permeated the popular imagination throughout the 19th century. Western science has historically played a dubious role in legitimating social inequalities based on both sex and race.\(^6\) However, scientific discourse on race intensified and was institutionalized as ‘racial science’ during the second half of the 19th century, providing a ‘series of lenses through which human variation was constructed, understood, and experienced’ (Stepan and Gilman, 1993). The doctrine of the Great Chain of Being constructed racial groups as discrete and immutable entities arranged hierarchically along a continuum with God and the white European on the top and the African and orangutan at the bottom. In this way, social inequalities stemming from rampant slave trade and
colonial expansion could be justified as the inevitable consequences of ‘natural hierarchies’ (Gould, 1981; Stepan, 1982; Harding, ed., 1993). Biologists and physical anthropologists developed complex racial taxonomies based on phenotypical attributes like the shape and size of the skull (for men) or pelvis (for women), the form of the nose or mouth, skin color, and hair texture. These anatomical features were typically mixed with descriptions of character. For example, the Irish – at that time considered a race – were thought to be directly descended from big-eared Cro-magnon man and the face of ‘Bridget McBruiser’ with her low forehead, shifty eyes, and slovenly demeanor was frequently contrasted in physiognomy books with Florence Nightingale’s ‘English’ beauty and obvious moral worth. (Gilman, 1999:94; see, also, Stepan, 1982).

If white Northern European features constituted the standard against which all other ‘races’ were measured, it was hardly surprising that individuals with features which marked them as ‘other’ than white or Northern European would want to hide visible clues which they saw as having unfavorable or stigmatic connotations (Haiken, 1997:186). For immigrants and members of marginalized groups, the newly emerging medical specialism cosmetic surgery seemed to provide the solution. It offered a way to become to achieve upward mobility and assimilation in a culture which defined them as different and, more importantly, inferior, by virtue of their appearance. According to Haiken, cosmetic surgery allows individuals to become ‘ethnically anonymous’.

Gilman takes this argument one step further, referring to cosmetic surgery as a form of ‘passing’. Passing refers to an individual assuming a new identity in order to escape the
subordination and oppression accompanying one identity and access the privileges and status of another (Ginsberg, 1996:3). While it can refer to homosexuals passing as heterosexuals or women passing as men, passing is most commonly associated with discourses of racial difference and the legacy of slavery. In the US where the color line was rigidly enforced through the ‘one-drop-rule’ and miscegenation laws, many light skinned blacks left their families and communities and took on a white identity.

Although Gilman situates his discussion in postwar Germany where Jewish individuals wanted to pass as non-Jews and German patients wanting to be ‘cured’ of possessing a ‘too Jewish’ physiognomy, he regards surgical passing as a much broader phenomenon. In his view, the desire to eliminate difference and belong to a more desirable group is not limited to those with ethnically marked features. Passing is the basic motivation for any form of cosmetic surgery, whether ethnically marked features are involved or not. Thus, face-lifts make it possible for the middle-aged to ‘pass’ as youthful, and breast augmentations help flat-chested women to ‘pass’ as sexy. In short, cosmetic surgery is a form of ‘surgical passing’.

Surgical discourse: from ‘race’ to ‘individual enhancement’

While medical historians like Gilman and Haiken have explicitly linked the emergence of cosmetic surgery to ‘race’ and the practice of passing, contemporary medical texts seem reluctant to tackle the ‘race issue.’ Most surgeons treat cosmetic surgery as a beauty
issue. They explain their patients desire to have their bodies altered as a consequence of the universal human desire for a pleasing and attractive appearance. In a culture where self-improvement is almost a moral imperative, it is apparently only ‘natural’ and ‘normal’ for anyone – particularly if she is a woman - to want to look her best.

In 1998, a coffee-table sized, 412-page textbook with glossy pages and numerous color photographs appeared with the title *Ethnic Considerations in Facial Aesthetic Surgery*. Twenty-nine contributors – all reputable cosmetic surgeons – addressed psychological, anatomical, and cultural considerations in cosmetic facial surgery for African American, Asian, Hispanic, Middle-Eastern, Filipino-Polynesian, and – to a considerably lesser degree - Northern European patients.

Such a textbook was necessary for various reasons. According to the editor, W. Earle Matory, Jr., himself a pioneer in the field, the development of cosmetic surgery has up until now been influenced by Northern European beauty ideals. This has become increasingly problematic, given the fact that 35% of the US population today is not Caucasian. Procedures are, therefore, required which take their special needs into account. In his view, ethnic cosmetic surgery is simply a matter of going with the flow – of adapting the available technology to encompass a growing group of potential patients.

Other authors situate cosmetic surgery for the ‘ethnic patient’ in the changing political climate. According to this line of reasoning, cosmetic surgery is a newly-won ‘right’ for previously excluded groups. Just as people of color should have access to higher
education, well-paid jobs and homes in suburbia, they should be able to take advantage of cosmetic surgery.

All authors emphasize, however, that cosmetic surgery on ‘ethnic features’ is not about eradicating ethnicity. The goal is rather to create the ideal characteristics of beauty *within* each ethnic category (Mattory, 1998:xix). Patients who ‘reject’ their ethnic background make poor candidates for cosmetic surgery. The suitable patient for ethnic cosmetic surgery is, in contrast, the individual with a ‘pragmatic desire to improve appearance’ (Gornick, 1998:5).

Despite this insistence that each ethnicity has its own beauty, the authors are very concerned about finding a ‘universal standard of beauty’ by which their interventions on the ‘ethnic patient’ can be justified. To this end, they draw upon anthropometric measures like the Frankfurter horizontal, the neoclassical canons of facial proportion, and the golden aesthetic of facial relationships as neutral, *non-ethnic* standards of beauty. Of course, this standard is none other than the classical Greek model. The faces of men and women from different ethnic groups are analyzed against this model and features which do not match are established as objects for surgical intervention.

Although this ideal standard of beauty is clearly necessary for developing and justifying procedures for changing ‘ethnic’ features, surgeons rigorously – and repeatedly – deny that the ideal has any connection with whiteness or western ethnicities. The result is the
best of both worlds: a model which brings the ‘accepted standard of beauty’ to an appearance which ‘retains its ethnic character’ (Rohrich and Kenkel, 1998: 96).

**The Politics of Beauty**

Norms of appearance that define certain groups as less attractive invariably raise normative questions. They cannot be viewed as simply a matter of ‘whimsical aesthetic preference’ or the individual’s ‘right’ to look better, but rather draw upon a broader system of attitudes and actions in which particular categories of individuals – women or people of color – are devalued, while men and whites are privileged (Little, 1998). In societies plagued by social inequalities, cosmetic surgery in the cases of disadvantaged groups involves injustice and is, therefore, a matter of politics rather than aesthetics.

Feminists have a long tradition of situating beauty ideals and women’s involvement in beauty practices in a political context (Wolf, 1991; Bordo, 1993; Davis, 1995). They argue that beauty is integral to the construction of femininity in a gendered social order. The female sex is idealized as the incarnation of beauty, while the bodies of most ordinary women tend to be treated as inferior and in constant need of improvement. Cosmetic surgery is a particularly dramatic and dangerous way to discipline and normalize the female body – to literally, ‘cut women down to size’. Feminists have been fairly unanimous in their rejection of cosmetic surgery as dangerous and demeaning for women. While they are reluctant to blame individual women who look to cosmetic
surgery as a solution to their suffering, they tend to view such women as the duped and manipulated victims of the beauty culture.

Racialized standards of beauty have also provoked controversy. Particularly since the Black Power movement of the ‘60s, appearance became a political issue under the well-known motto ‘Black is beautiful’. Black Power advocates argued that racist norms of appearance create a ‘color caste system’, which defines dark-skinned people with kinky hair and African features as ugly or undesirable (hooks, 1994; Russell et al, 1992). The detrimental effects of this devaluation have been considerable, ranging from overt discrimination in the workplace and educational system to pervasive self-hate among people of color.

In her study of corrective eyelid surgery among Asian American women, Eugenia Kaw (1993; 1994) provides a good example of how ethnic cosmetic surgery goes hand in hand with racialized standards of appearance. In her view, such surgery is ‘of a different quality’ than facelifts or liposuctions for AngloAmericans. The desire to create more ‘open’ eyes or ‘sharpen’ noses is a product of racial ideologies which associate Asian features with negative behavioral or intellectual characteristics like dullness, passivity, or lack of emotion (the proverbial Oriental bookworm). Although all of Kaw’s respondents explained that they were ‘proud to be Asian American’ and that they did not want to ‘look white’, she cannot help but notice that the beauty standard they admire includes large eyes with a double eyelid and a more prominent nose – in short, a Caucasian face.
If the types of cosmetic surgery Asian Americans opt for are truly individual choices, one would expect to see a number of Asians who admire and desire eyes without a crease or a nose without a bridge (Kaw, 1993:86).

When an Asian American woman explains that she is having double-eyelid surgery because ‘big eyes look more alert or because she wants to ‘optimize her position in the businessworld’ or, simply because she wants to use eye-make up (‘just like other women’), Kaw does not take her words at face value. For Asian Americans, the desire for cosmetic surgery is automatically assumed to be ‘racially’ motivated; that is, they are trying to disguise their ethnicity and look more ‘western’.

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 American. 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 group (Kaw, 1994:254).

Thus, 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. Even when the recipients of such surgery claim – as they often do - that they just want to look better or are simply exercising their right to self-improvement or that they are responding to limitations, which identifiably ethnic features impose on their lives and careers, they tend to be seen as the victims of racist norms (Haiken, 1997:213). By altering their racially marked features, they also run the risk of being accused of denying their racial or ethnic heritage and, in so doing, of undermining or devaluing their ‘own’ ethnic or racial group in its attempts to develop an empowering, non-Caucasian aesthetic. In short, they become ‘race traitors’ (Haiken, 1997:189).

Nowhere is the tendency to ‘racialize’ cosmetic surgery more evident than in the case of its most celebrated recipient, Michael Jackson. His surgical exploits force both whites and people of color to deal with the ‘race issue’ head on and, more generally, to confront one of the most painful and pervasive problems in contemporary US society (Haiken, 1997:177). For this reason, he provides a useful starting point for exploring the unease which ethnic cosmetic surgery evokes.

**Michael Jackson and the ‘race issue’**

Michael Jackson, the self-designated ‘King of Pop’, is one of the most popular entertainers in the history of American music. From his auspicious beginnings as child singer and dancer in the Jackson 5, he went on to become one of the most prolific and
talented performers and songwriters in the eighties and nineties. His album *Thriller* (1982) was the best-selling record of all time. Jackson’s importance for the music world is undisputed, but it is his bizarre behavior which receives the most attention in the media. This includes his wearing tight flashy clothing and more mascara and eyeliner than most leading ladies, adopting strange disguises like dark glasses and surgical masks, sleeping in a sealed glass, coffin-like shell originally developed for burn victims in order to stay young, and - last but not least - undergoing multiple cosmetic surgeries.

Jackson has had at least four rhinoplasties as well as numerous ‘fine-tuning’ operations. The result is a fragile, pointed nose, whittled away to almost nothing, which gives his face a skeletal look. His nose is a running joke among plastic surgeons on both sides of the Atlantic (‘Thank God, I’m not that guy’s surgeon’). Jackson has also had a cleft put in his chin, cheek implants, his lower lip ‘thinned’ and probably some face-lifting. Judging by the ghost-like pallor of his face, he has made ample use of skin bleaching agents and heavy white pancake make-up. The Michael Jackson of today bears no resemblance to the cute, dark-skinned child of the seventies, with African features dressed in flower-power pants and sporting a huge Afro.

What does Michael Jackson himself have to say about his dramatic metamorphosis? In his biography, he has claimed that his ‘only’ interest is to ‘look better’. It’s a matter of choice: ‘I can afford it, I want it, so I’m going to have it’, he says (Taraborrelli, 1991:420). In this sense, he is no different than countless other well-known celebrity cosmetic surgery junkies likes Cher, Dolly Parton, or Pamela Anderson. Jackson clearly
uses his identity transformations as a celebrity stunt and integrates them in his music, videos, and private life (see Yuan, 1996). As he puts it, the bottom line is that is audience doesn’t know who he is and will keep searching until they find out. ‘And the longer it takes to discover this, the more famous I will be’ (Taraborrelli, 1991:388). Thus, Jackson’s surgeries could be treated as a matter of show business utility - of using his body as a vehicle for selling his music.

Critics have not been convinced that Jackson is simply engaging in a celebrity stunt when he has his face altered surgically. However, when asked whether he is trying to become white, Jackson’s responses have been typically mercurial. He claims that he is proud to be black and in a televised conversation with Oprah Winfrey in 1993, he even referred to himself as a ‘slave to rhythm’. Moreover, he insists that he has a skin disorder (vitiligo) and is only using white makeup to cover up his skin depigmentation. Critics have been skeptical, arguing that he could have darkened his white blotches as most patients do. But Jackson can hardly be charged with trying to ‘pass’ as white. He does not seem to be abandoning his origins as the history of his facial transformations is available to anyone with access to internet. Perhaps the most accurate reading of how Jackson feels about race is expressed in his song ‘Black or White’: ‘I am tired of this stuff… I’m not going to spend my life being a color’. 10

Whatever Jackson’s ‘true’ sentiments about race are – and I doubt that we will ever know - his new image lends itself to other interpretations than a race change. For example, his surgeries seem to be at least as much about creating a feminine, a-sexual, or
youthful appearance as they are about becoming white. In fact, Jackson has often announced that he would most like to look like Diana Ross. To this end, he has adopted a high, breathy whisper, and rumors have it that he is contemplating a sex change operation. Seen from this angle, Jackson’s experiments with androgyny and sexual ambiguity are reminiscent of the playful sexual border crossings of white male icons in popular culture like David Bowie, Mick Jaggar, and Boy George (Mercer, 1994:50). His ethereal, almost death-like demeanor makes one wonder whether he isn’t attempting to transcend the material body altogether and, in this respect, his surgical antics might best be compared to the surgical performances of the body artist, Orlan.11

Given the myriad possibilities for understanding Jackson’s surgical exploits, it is, therefore, remarkable that the alteration of his racially marked features have, by far, received the most attention in public and scholarly discourse. Michael Awkward (1995) provides a useful map of the debate, which can help clarify if not explain this preoccupation. On the one hand, critics have been concerned about Jackson’s motivations and the potential consequences of his cosmetic surgeries. They regard his blanched skin and disfigured African features as a violation of nature, an unnatural act which entails negating his essential identity. Others view Jackson’s surgeries as a reflection of racist ideals of appearance, expressing his enslavement to Eurocentric definitions of beauty. His surgeries are a ‘morbid symptom of a psychologically mutilated black consciousness’, representing the pervasive self hate among blacks which was the object of critique by Black power advocates (Awkward, 1995:177). On a more strident, still other critics have argued that Jackson’s face is the product of a self-serving desire to achieve fame by
becoming white - a ‘singular infamy in the annals of tomming’ (Tate, 1992) - nothing less than a ‘dereacializing sell-out’ (Mercer, 1997).

On the other hand, critics of a more post-structuralist bent have argued that Jackson is better seen as the ‘exemplary postmodernist actor’, who uses the surface of his own body as a text upon which he constantly rearticulates and transforms his image. His surgical feats are not about betrayal of his race, but about transgressing racial boundaries altogether. Despite the historical associations which Jackson’s surgeries evoke with racism and passing, they also have a liberatory effect. His face provides a visible assault on any assertion of absolute bodily difference; ‘crack(ing) open any monolithic notion one might have about the coherent racial self’ (Gubar, 1997:249). By transcending the categories of race, Jackson demonstrates in the most embodied way possible, that ‘race’ really doesn’t matter.

According to Awkward (1997), Jackson’s critics can’t avoid getting caught up in the debate between race as essence and race as construct. The first group can be criticized for treating ‘race’ as a natural or essentialistic category, while the second group pays too little attention to the historical and ideological context which conditions even the most disruptive or utopian racial transgression. While I agree with his conclusion, it does not resolve the issue of why Jackson’s bodily transformations remain connected to ‘race’. Whether Jackson is regarded as a ‘race traitor’ or a ‘race bender’, his cosmetic surgeries cannot apparently be seen as anything but racially motivated - as an attempt to deny, efface or transcend his racial identity. This conviction overrides Jackson’s own
explanation of his motives. It also predominates over other perfectly plausible interpretations of his actions as, for example, being a ‘typical’ celebrity stunt or an attempt to develop his feminine side or even a valiant attempt to escape the body’s materiality altogether.

Michael Jackson confronts us – regardless of our color or political persuasion - with the ‘race issue’ (Haiken, 1997). While a white person may be free to experiment with her or his appearance – and this includes indulging in the ‘surgical fix’ - the same experiment takes on a different meaning when undertaken by people of color or the ethnically marginalized.

**Cosmetic surgery and the ethics of difference**

At the outset of this paper, I raised the question of how ethnic cosmetic surgery is different from other forms of cosmetic surgery and, more specifically, why cosmetic surgery for eliminating signs of ‘race’ or ethnicity seems so much ‘worse’ than cosmetic surgery for a feminine or youthful appearance. A brief foray into cultural and medical perspectives on ethnic cosmetic surgery, both in the past and present, as well as debates about the political implications of such surgery shows that while similar arguments can be made about the surgeries, the discourses in which they are framed are different. Cosmetic surgery for people of color or the ethnically marginalized is about ‘race’, while cosmetic surgery for white Anglos is about beauty.
In my book *Reshaping the Female Body* (1995), I took issue with the notion that cosmetic surgery is motivated by individuals’ desire to be more beautiful. On the contrary, they experience their bodies as different or abnormal and have cosmetic surgery to become ordinary and normal – ‘just like everyone else’. I argued that in a much more profound sense, cosmetic surgery is an intervention in identity rather than an intervention in appearance.

The primary problem with defining cosmetic surgery exclusively in terms of beauty is that recipients are easily cast as frivolous, star-struck, or ideologically manipulated. In contrast, by treating cosmetic surgery as an intervention in identity, it becomes easier to take their experiences with their bodies seriously, acknowledge the gravity of their suffering, and understand why – in the face of all its drawbacks - cosmetic surgery might seem like their best course of action under the circumstances.

It seems to me that, in principle, this perspective should be applied to any person who undergoes cosmetic surgery. In other words, all recipients, regardless of their gender or ethnicity, should be regarded as negotiating their identities in a context where differences in embodiment can evoke unbearable suffering. While the context which produces such suffering deserves critical attention, I see no fundamental reason to regard an African American candidate for nose surgery as more ‘victimized’, let alone ‘traitorous’ to his or her race, than a white Anglo woman who has her breasts augmented or her face lifted
While I would argue that cosmetic surgery is best seen as an intervention in identity for everyone regardless of gender or ethnicity, this does not mean that all cosmetic surgeries have the same meaning. Identities are negotiated in specific historical and social contexts in which cultural constructions of race, ethnicity, gender, sexuality, age and nationality shape how an individual perceives her or his body as well as the kinds of bodily practices which are considered desirable, acceptable or appropriate for altering the body. Surgical interventions performed on different groups have their own histories of exclusion and inferiorization. The history of the ‘Jewish nose job’, for example, is a different one than the history of eyelid corrections for Asians, or lip surgery for African Americans. The alterations which Jacques Josef performed on ‘assimilated’ Jews in the context of European anti-semitism in the early 20th century had a different meaning than the ubiquitous nose jobs performed on Jewish teenagers in the early sixties in the US under the motto: ‘You had your bat mitzvah and you got your nose done’. In a similar vein, large number of affluent young women have their noses ‘fixed’ in Iran every year, declaring that they ‘just want to look better.’ Such surgery may well be a class issue, something which young women of a certain social background are entitled to do. However, in the US, when private clinics catering to the growing community of Iranian exiles, perform the same nose surgery, it falls under the rubric of *ethnic* cosmetic surgery (‘the Middle Eastern nose’). Obviously a contextual understanding of cosmetic surgery would of necessity require unravelling the complicated and contradictory interconnections between different categories of difference (race, ethnicity, class, gender, sexuality, age, ablebodiedness, and more) and their meanings at particular historical periods and specific social locations.
A critique of cosmetic surgery and, more generally, a politics of the body, cannot be reduced to either gender or race. An exclusive focus on gender would be inadequate for understanding why the practice of cosmetic surgery has been a primarily white, western enterprise. By the same token, an exclusive focus on race or ethnicity could not account for why most operations on ‘Jewish noses’ or ‘Oriental eyelids’ are performed on women. Embodiment cannot be reduced to ‘just gender’ or ‘just race’. It involves intersections at the level of the person’s experiences with her/his body as well as the cultural meanings attached to the body and body practices. It is precisely these intersections which would provide the starting point for a contextualized analysis of cosmetic surgery as cultural phenomenon. In this sense, an analysis of embodiment belongs squarely within the intersectional frameworks, which were mentioned at the outset of this paper.

Nowhere is this more apparent than the case of Michael Jackson. His surgical exploits are shaped by, but also transgress the boundaries of race, gender, age and sexuality. His face reminds us of the legacy of slavery, and yet he cannot be accused of abandoning his origins or trying to pass as white. Jackson’s operations demonstrate the spuriousness of categories of race and force his public to see him as an individual in complete control of his bodily image. The image, which emerges is a volatile new category, made even more captivating and volatile by virtue of its multiple transgressions of masculinity and heterosexuality. More concretely, when Jackson was recently accused of molesting a young boy, the LA police brought him in and subjected him to a physical examination.
He had to undress before a group of white policemen who examined his genitals and buttocks – an event which was described by Jackson as the most ‘horrifying’ and ‘dehumanizing’ ordeal in his life. This incident not only carries homophobic overtones, but, as David Yuan (1996) notes, it evokes both recent and historical racist encounters between blacks and white authorities – from 19th century side shows which displayed ‘primitive’ Africans before white audiences to the countless humiliations suffered by blacks arrested during the civil rights movement.

**Conclusion**

A final word is in order concerning the relative unease which ethnic cosmetic surgery evokes. Cosmetic surgery not only has different meanings depending on the cultural and historical context. It also evokes, as we have seen, different emotional and moral responses. The long history of medicalizing (white) women’s bodies as well as the normalization of the female body through the cultural dictates of the feminine beauty system have made cosmetic surgery for white, western women ordinary, routine and *salonfähig*. The fact that every year millions of women have their breasts augmented or their wrinkles smoothed out is hardly news, let alone a source of discomfort.

In contrast, ethnic cosmetic surgery – at least in some of its forms and in some places - still evokes uneasiness. It reminds white Anglo-Americans and Europeans of what they would prefer to forget: the long and disturbing history of slavery, colonialism, and genocide. Jackson’s face is a ‘none-too-gentle reminder that the tar baby, like the
proverbial elephant in the living room, does not vanish just because it is ignored’ (Haiken, 1997:227). The ‘one drop’ rule and the underlying fear of racial mixing is not a relic of the 19th century, but lives on in the anxieties of white Americans in the US today. Any white-skinned person who acknowledges African ancestry, however distant, implicitly acknowledges that s/he is black – an identity which no white person in the US will willingly accept given the disentitlement and disempowerment such an admission would entail. And yet, most Americans who are presently defined as white in the US have, according to the ‘one drop’ rule, a significant percentage of African ancestry. The fear of exposure and of having to ‘reinternalize the external scapegoat …by which they have sought to escape their own sense of inferiority’ (Piper, 1996:256), is perhaps white America’s most ‘shameful’ secret.

For people of color and the ethnically marginalized, ethnic cosmetic surgery is ambivalent. It can be seen as a kind of surgical passing, a symptom of ‘internalized racism, or a traitorous complicity with oppressive norms of physical appearance. However, it is not just a rejection of black or ethnic identity. The sense of unfairness at realizing what is denied to you because of physical markers like skin color or hair or the shape of a nose may be so overwhelming that a nose job or eyelid correction may be the only way to defy the system and get the benefits a person knows s/he deserves. As Adrian Piper (1996) puts it, ‘passing’ is not so much rejecting blackness (or any other marked identity); it’s about rejecting an identification with blackness which brings too much pain to be tolerated (pp. 244-45). 13
Ethnic cosmetic surgery is a controversial practice because it touches upon how the construction of race through the body is linked to racist practices of inferiorization and exclusion. It alerts us to the uncomfortable fact that in ostensibly democratic societies individuals continue to be defined as ‘Other’ and are, therefore, forced to find ways to disguise their ‘other-ness’ – that is, to become invisible - in order to improve their life chances. At a time when wide scale migrations are, literally, changing the ‘face’ of many European countries and when ‘race’ and racism are the most urgent problems in US society today, ‘ethnic cosmetic surgery’ should make anyone who is even superficially interested in redressing injustice, uneasy.

And this is – I believe – as it should be. However, in the face of the enormous expansion of technologies for eradicating differences of all kinds, it is not only our ability to feel compassion, concern or shock, which is at stake. Our inability to sympathize, our lack of concern, or our numbness toward any individual or group embarking on the ‘surgical fix’ may be equally worthy of our critical attention.

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I have struggled with the terminology and have not come up with a satisfactory designation. In many medical texts, references to race and ethnicity are oblique (‘certain groups are blessed more bountifully in the area of their olfactory organs’). Surgeons avoid the term ‘race’, referring instead to the ‘ethnic patient’ or ‘ethnic-specific surgery’. Historically, ‘race’ has been linked to bodily markers of difference, however spurious, while ‘ethnicity’ tends to be linked to culture. Ethnicity, which is just as constructed as race, is frequently racialized in practice – that is, treated as an embodied characteristic of cultural groups (see, for example, Stepan, 1982; Goldberg, ed., 1990; Appiah, 1996). Since this has also been the case with cosmetic surgery, which – as I will show in this paper – applies the science of race to features which are subsequently classified as ‘ethnic’, I have opted for ‘ethnic cosmetic surgery.’

Josef exemplifies the ambiguities of ‘ethnic cosmetic surgery’. His own career was established through his efforts to reshape ‘Jewish’ noses and help individuals ‘conceal their origins.’ His own efforts to belong included joining a ‘Burschenschaft’ where he received the obligatory duelling scars as a marker of Aryan manhood. However, Josef could not escape his origins and, despite his important contributions to the field, would have been forced to resign along with other Jewish physicians when Hitler came into power. It is unclear whether he died of a heart attack or took his own life in 1934 just before he would have been forbidden to practice medicine (Gilman, 1991).

The Irish were regarded as a ‘race’ in the 19th century, while at present they can, at most, lay claim to an ‘ethnicity’ – an interesting fact in the history of the construction of race.

The relative under-representation of African Americans among cosmetic surgery recipients may be linked to the primacy of skin color as racial marker – a feature which cannot be easily altered through cosmetic surgery. While cosmetic surgery may not be widespread among African Americans, the use of skin-bleaching products is (see Russell et al, 1992).

In the wake of the French Revolution and the ideological call for equality among all men (sic.), science has been instrumental in generating evidence for ‘natural’ differences between the sexes. Prior to the 18th century, thinking about the body was dominated by the ‘one sex model’; the woman was understood as man inverted, with the vagina regarded as penis, the vulva as foreskin, the uterus as scrotum and the ovaries as testicles (Laqueur, 1990). While women were considered inferior to men (they had less heat), it wasn’t
until the late 18th century that women were regarded as having radically different bodies. This shift in thinking - the two sex model - provided a natural basis for the doctrine of separate social spheres, which excluded women from public life and relegated them to a life of domesticity.

7 See, Schiebinger (1993) for a good discussion of how sex and race were linked in scientific discourse.

8 As I have argued elsewhere (Davis, forthcoming), this trend also applies to men who have cosmetic surgery, although a closer look reveals that surgeons do not find men’s desire to alter their bodies surgically entirely normal and are, in fact, reluctant to have them as patients.

9 See, also, Rooks (1996) for an interesting discussion about debates within the Black community concerning hair-straightening as either ‘racial uplift’ or ‘self-hate’.

10 See, Michael Jackson, ‘Black or White’, Dangerous (Epic Records EK 45400).

11 Orlan is a French performance artist who has had her face surgically altered in a series of televised performances. Her performances are meant to deconstruct the notion of a natural body and fixed identities. In her view, the body – thanks to the wonders of modern technology - is little more than a vehicle through which a person can express her ever-fluctuating desires. See, Davis (1997).

12 Even feminists are prone to do this. For example, Little (1998) describes the ‘typical’ female cosmetic surgery recipient as a woman who already has a size 8 body, but is so distressed by the pictures of super models which she sees in the media that she requests not just one, but a whole series of surgeries: ‘extensive liposuction, recontouring the cheekbones, perhaps a rib extraction or two, all finished off with breast augmentation’ (p. 164). In a similar vein, Young (1990) notes that, while it is important not to criticize women who elect to have cosmetic surgery, it is ‘questionable’ whether their action can be construed as a ‘choice’ and, indeed, she can’t help but suspect that much of the cosmetic surgery which women undergo must be ‘frivolous and unnecessary, like diamonds or furs’ (p. 202).

13 In this sense, the desire to become ‘ethnically invisible’ resonates with the wish to become ‘normal’, ‘just like everyone else’, expressed by the women I interviewed in Reshaping the Female Body (1995).
References


