

Chapter 2

Twenty Years in the Twilight Zone

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Plasticity and Normalization (1988)¹

In a culture in which organ transplants, life-extension machinery, microsurgery, and artificial organs have entered everyday medicine, we seem on the verge of practical realization of the seventeenth-century imagination of body as machine. But if we have technically and technologically realized that conception, it can also be argued that metaphysically we have deconstructed it. In the early modern era, machine imagery helped to articulate a totally determined human body whose basic functionings the human being was helpless to alter. The then-dominant metaphors for this body—clocks, watches, collections of springs—imagined a system that is set, wound up, whether by nature or by God the watchmaker, ticking away in predictable, orderly manner, regulated by laws over which the human being has no control. Understanding the system, we can help it to perform efficiently, and we can intervene when it malfunctions. But we cannot radically alter its configuration.

Pursuing this modern, determinist fantasy to its limits, fed by the currents of consumer capitalism, modern ideologies of the self, and their crystallization in the dominance of United States mass culture, Western science and technology have now arrived, paradoxically but predictably (for it was an element, though submerged and illicit, in the mechanist conception all along), at a new, postmodern imagination of human freedom from bodily determination. Gradually and surely, a technology that was first aimed at the replacement of malfunctioning parts has generated an industry and an ideology fueled by fantasies of rearranging, transforming, and correcting, an ideology of limitless improvement and change, defying the historicity, the mortality, and, indeed, the very materiality of the body.

In place of that materiality, we now have what I will call cultural plastic. In place of God the watchmaker, we now have ourselves, the master sculptors of that plastic.

... "Create a masterpiece, sculpt your body into a work of art," urges *Fit* magazine. "You visualize what you want to look like, and then you create the form." (quoted in Rosen 1983: 72, 61). The precision technology of body-sculpting, once the secret of Arnold Schwarzeneggers and Rachel McLishes of the professional body-building world, has now become available to anyone who can afford the price

1 Excerpted from "Material Girl: The Effacements of Postmodern Culture," originally printed in *Michigan Quarterly Review* (Fall 1990) and reprinted in Bordo 1993.

of membership in a gym. "I now look at bodies," says John Travolta, after training for the movie *Staying Alive*, "almost like a piece of clay that can be molded."² On the medical front, plastic surgery, whose repeated and purely cosmetic employment has been legitimized by Michael Jackson, Cher, and others, has become a fabulously expanding industry, extending its domain from nose jobs, face-lifts, tummy tucks, and breast augmentations to collagen-pumped lips and liposuction-shaped ankles, calves, and buttocks. The trendy *Details* magazine describes "surgical stretching, tucking and sucking" as "another fabulous [fashion] accessory" and invites readers to share their cosmetic-surgery experiences in their monthly column "Knife-styles of the Rich and Famous." In that column, the transportation of fat from one part of the body to another is described as breezily as changing hats might be:

Dr. Brown is an artist. He doesn't just pull and tuck and forget about you. ... He did liposuction on my neck, did the nose job and tightened up my forehead to give it a better line. Then he took some fat from the side of my waist and injected it into my hands. It goes in as a lump, and then he smooths it out with his hands to where it looks good. I'll tell you something, the nose and neck made a big change, but nothing in comparison to how fabulous my hands look. The fat just smoothed out all the lines, the veins don't stick up anymore, the skin actually looks soft and great. [But] you have to be careful not to bang your hands. (Lizardi and Frankel 1990: 38)

Popular culture does not apply any brakes to these fantasies of rearrangement and self-transformation. Rather, we are constantly told that we can "choose" our own bodies. "The proper diet, the right amount of exercise and you can have, pretty much, any body you desire," claims an ad for Evian [water]. But the rhetoric of choice and self-determination and the breezy analogies comparing cosmetic surgery to fashion accessorizing are deeply mystifying. They efface, not only the inequalities of privilege, money, and time that prohibit most people from indulging in these practices, but [the reality that] despite the claims of the Evian ad, one cannot have *any* body that one wants—for not every body will *do* ... Does anyone in this culture have his or her nose reshaped to look more 'African' or 'Jewish'? The answer, of course, is no. Given our history of racism—a history in which bodies that look "too black" or obviously Jewish have been refused admittance to public places and even marked for death—how can we regard these choices as merely "individual preferences"? In Japan it has become increasingly common for job-seeking female college graduates to have their eyes surgically altered to appear more occidental. Such a "Western" appearance, it is widely acknowledged, gives a woman the edge in job interviews. But capitulating to this requirement—although it may be highly understandable from the point of view of the individual's economic survival and advancement—is to participate in a process of racial normalization and to make it

2 "Travolta: 'You Really Can Make Yourself Over,'" *Syracuse Herald-American*, Jan. 13, 1985.

harder for others to refuse to participate. The more established the new norm, the higher the costs of resisting. And while some might celebrate being able to "choose" one's features as part of a "melting pot" society, as eradicating racial differences that we don't need and that have only caused pain and suffering, we should face the fact that only certain ingredients in the pot are being encouraged to "melt" here.

Recognizing that normalizing cultural forms exist does not entail, as some writers have argued, the view that women are "cultural dopes," blindly submitting to oppressive regimes of beauty ... People know the routes to success in this culture—they are advertised widely enough—and they are not "dopes" to pursue them. Often, given the racism, sexism, and ageism of the culture, their personal happiness and economic security may depend on it. When I lost 25 pounds through a national weight-loss program, some of my colleagues viewed it as inconsistent and even hypocritical, given my work. But in my view, feminist cultural criticism is not a blueprint for the conduct of personal life (or political action, for that matter) and does not empower or require individuals to "rise above" their culture or to become martyrs to feminist ideals. It does not tell us what to *do*—whether to lose weight or not, wear makeup or not, lift weights or not. Its goal is edification and understanding, enhanced *consciousness* of the power, complexity, and systemic nature of culture, the interconnected webs of its functioning. It's up to the reader to decide how, when, and where (or whether) to put that understanding to further use, in the particular, complicated, and ever-changing context that is his or her life and no one else's.

"Agency," Consumer Culture, and the Proliferation of Defect (1997)³

It's become clear to me, from the protests of audience members at my talks, from popular cultural discourse, and from contemporary "postmodern" theory, that there is a great deal of resistance nowadays to acknowledging the power of social norms. Women who have had or are contemplating cosmetic surgery consistently deny the influence of media images (see Goodman 1994). "I'm doing it for me," they insist. This has become the mantra of the television talk show, and I would gladly accept it if "for me" meant "in order to feel better about myself in this culture that has made me feel inadequate as I am." But people rarely mean this. Most often on these shows, the "for me" answer is produced in defiant refutation of some cultural "argument" (talk-show style, of course) on topics such as "Are Our Beauty Ideals Racist?" or "Are We Obsessed with Youth?" "No, I'm not having my nose (straightened) (narrowed) in order to look less ethnic. I'm doing it *for me*." "No, I haven't had my breasts enlarged to a 38D in order to be more attractive to men. I did it *for me*." In these constructions "me" is imagined as a pure and precious inner space, an "authentic" and personal reference point untouched by external values and demands. A place where we live free and won't be pushed around.

3 Excerpted From "Braveheart, Babe, and the Contemporary Body," in Bordo 1997.

Postmodern feminist theorists of beauty, on their part, keen to distinguish themselves from "old-fashioned" critics of the beauty "system," emphasize the honor, integrity, and creativity of women's choices—a corrective I would applaud, if it didn't so often sound like a scholarly version of the talk-show mantra. It seems to me, for example, that feminist theory has taken a very strange turn indeed when plastic surgery can be described, as it has been by Kathy Davis, as "*first and foremost ... about taking one's life into one's own hands.*" Now, I agree with Davis that as an individual choice that seeks to make life as livable and enjoyable as possible within certain cultural constraints and directives, of course such surgery can be experienced as liberating. But "*first and foremost ... about taking one's life into one's own hands*"?

Unlike Davis, I do not view the choice for cosmetic surgery as being first and foremost "about" self-determination or self-deception. Rather, my focus is on the complexly and densely institutionalized values and practices within which a high level of physical modification is continually presented as a prerequisite for romantic success and very often demanded by employers as well. This does not imply, as Davis has suggested, that I fail to endow individuals with "agency." But unlike many theorists who consider themselves "postmodern," the word "agency" doesn't carry any glamour for me, and certainly doesn't bear the critical weight that those who use it to critique others seem to think. No feminist theorist, as far as I can tell (certainly not myself) has ever denied that human beings are continually making choices. Few would deny, either, that these choices are exercised within both constraints and opportunities, material and cultural. As a cultural critic of a Marxist/Foucauldian bent, I am most interested in understanding the configuration and direction of constraints and opportunities; others are more interested in describing how people exercise creativity, purpose, and choice within them. I don't see these different projects as in competition or mutually negating. Indeed, they ought to be viewed as demanding integration rather than as a contest.

In fact, where the power of cultural images is concerned, Davis and I actually have very little quarrel with each other. We both see cultural images as central elements in women's lives and we see them as contributing to a pedagogy of defect, in which women learn that various parts of their bodies are faulty, unacceptable. Neither of us views women as passive sponges in this process but (as I put it in *Unbearable Weight*) as engaged "in a process of making meaning, of 'labor on the body.'" We both recognize that there is ambiguity and contradiction, multiple meanings and consequences, in human motivations and choices.

Where Davis and I most differ is over that magic word "agency." I don't see the word as adding very much beyond rhetorical cheerleading concerning how we, not the images are "in charge." More important, I believe that the cheers of "agency" create a diversionary din that drowns out the orchestra that is always playing in the background, the consumer culture we live in and need to take responsibility for. For cosmetic surgery is more than an individual choice; it is a burgeoning industry and an increasingly normative cultural practice. As such, it is a significant contributory cause of women's suffering by continually upping the ante on what counts as an acceptable face and body.

To make this point clear, I need to look a bit more closely at what I find wrong with Davis's arguments. Advertisements, fashion photos, cosmetic instructions, she points out (drawing on the work of eminent sociologist Dorothy Smith) all require "specialized knowledge" and "complex and skilled interpretive activities on the part of the female agent" who must "plan a course of action, making a series of on-the-spot calculations about whether the rigorous discipline required by the techniques of body improvement will actually improve her appearance given the specifics of her particular body." By showing her how to correct various defects in her appearance ("Lose those unsightly bags under your eyes," "Turn your flabby rear-end into buns of steel," "Have a firm, sexy bosom for the first time in your life!") the ads and instructions transform the woman into an agent of her own destiny, providing concrete objectives, goals, strategies, a plan of action. Davis quotes Smith here: "The text instructs her that her breasts are too small/too big; she reads of a remedy; her too small breasts become remediable. She enters into the discursive organization of desire; now she has an objective where before she had only a defect." ... In other words, it is precisely our instruction in learning to see ourselves as defective and lacking, needful of improvement and remedy ... that mobilizes us, put us in charge of our lives!

By this logic it would be a sorry day indeed if women were to become content with the way they look. Without all those defects to correct we would lose an important arena for the enactment of our creative agency! There doesn't seem to be much chance of that happening though. Instead, the sites of defect have multiplied. Consider breast augmentation, now increasingly widespread, and its role in establishing new norms against which smaller or less firm breasts are seen as *defective*. Micromastia is the clinical term, among plastic surgeons, for "too small" breasts. Such "disorders" are, of course, entirely aesthetic and completely socially "constructed." Anyone who doubts this should recall the 1920s, when women were binding their breasts to look more boyish. Today, with artificial implants the norm among movie stars and models, an adolescent boy who has grown up learning what a woman's body looks like from movies, cable television, and magazines may wonder what's wrong when his girlfriend lies down and her breasts flop off to the side instead of standing straight up in the air. (Will we soon see a clinical term for "too floppy" breasts?) No wonder breast enhancement is one of the most common surgical procedures for teenagers. These girls are not superficial creatures who won't be satisfied unless they look like goddesses. Rather, as the augmented breast becomes the norm, the decision to have one's breasts surgically enhanced becomes what the psychiatrist Peter Kramer has called "free choice under pressure." We can choose not to have such surgery. No one is holding a gun to our heads. But those who don't—for example, those who cannot afford the surgery—are at an increasingly significant professional and personal disadvantage.

Men, too, have increasingly been given more of their own wonderful opportunities for "agency," as magazines and products devoted to the enhancement and "correction" of their appearance have multiplied ... Men used to be relatively exempt, for example, from the requirement to look young; gray hair and wrinkles

were (and still mostly are) a code for experience, maturity, and wisdom. But in a "Just Do It" culture that now equates youth and fitness with energy and competence—the "right stuff"—fortyish businessmen are feeling increasing pressure to dye their hair, get liposuction on their spare tires, and have face-lifts in order to compete with younger, fitter-looking men and women. In 1980 men accounted for only 10 percent of plastic surgery patients. In 1994 they were 26 percent [but in 2007 only 13 percent] (Spindler 1996). These numbers will undoubtedly rise, as plastic surgeons develop specialized angles to attract men ("penile enhancement" is now advertised in the sports sections of major newspapers) and disinfest surgery of its associations with feminine vanity.

Thanks also to the efforts of surgeons, who now argue that one should start "preventive" procedures while the skin is still elastic, younger and younger people are having surgery. Here is an advertisement I came across recently in the local (Lexington, Kentucky) paper:

Picture this scenario. You're between the ages of thirty-five and fifty. You feel like you are just hitting your stride. But the face in the mirror is sending out a different message. Your morning facial puffiness hangs around all day. You're beginning to resemble your parents at a point when they began looking old to you. If you prefer a more harmonic relationship between your self-perception and outer image, you may prefer to tackle these concerns before they become too obvious. You may benefit from a face-lift performed at an earlier age. There is no carved-in-stone perfect time or age to undergo a face-lift. For those who place a high priority on maintaining a youthful appearance, any visual disharmony between body and soul can be tackled earlier when cosmetic surgical goals tend to be less aggressive and it is easier to obtain more natural-looking results. The reason is: Younger skin and tissues have more elasticity so smoothness can be achieved with surgery.

What this ad obscures is that the "disharmonies" between body and soul that 35- and 40-year-old (!!) women may be experiencing are not "carved-in-stone" either but are in large part the product of our *cultural* horror of wrinkles and lines—a horror, of course, that surgeons are fueling. Why should a few lines around our eyes be experienced as "disharmonious" with the energy and vitality that we feel "inside," *unless* they are coded as a sign of decrepitude (looking like our parents—good heavens, what a fate!).

Most plastic surgeons have no ethical problem with constantly promoting new procedures for ever-growing populations of people. "I'm not here to play philosopher king," says Dr. Randal Haworth in *Vogue* interview; "I don't have a problem with women who already look good who want to look perfect." ... What Haworth isn't saying (besides the fact that "perfection" seems an odd ideal for a human body) is that the bar of what we considered "perfection" is constantly being raised—by cultural imagery and by the surgeon's own recommendations. The slippery slope of "perfection" is also made more treacherous by eyes that have become habituated to interpreting every deviation as "defect." ... "Plastic surgery sharpens your eyesight,"

admits a more honest surgeon, "You get something done, suddenly you're looking in the mirror every five minutes—at imperfections nobody else can see."

Situating "personal" choices in social, cultural, and economic contexts such as these raises certain issues for the thoughtful individual ... Not that many years ago parents who smoked never thought twice about the instructional effect this might be having on their children, in legitimizing smoking, making it seem adult and empowering. A cultural perspective on augmentation, face-lifts, cosmetic "ethnic cleansing" of Jewish and black noses, Asian eyes, and so on similarly might make parents think twice about the messages they are sending their children, might make them less comfortable with viewing their decisions as purely "personal" or "individual" ones. And they *should* think twice. We are all culture makers as well as culture consumers, and if we wish to be considered "agents" in our lives—and have it mean more than just a titular honor—we need to take responsibility for that role.

To act consciously and responsibly means understanding the culture we live in, even if it requires acknowledging that we are not always "in charge." That we are not always in charge does not mean that we are "dopes." In fact, I think the *really* dopey thing is living with the illusion that we are "in control," just because some commercial (or ad for surgery) tells us so. In the culture we live in, individuals are caught between two contradictory injunctions. On the one hand, an ideology of triumphant individualism and mind-over-matter heroism urges us to "Just Do It" and tries to convince us that we *can* "Just do it," whatever our sex, race, or circumstances. This is a mystification. We are not runners on a level field but one that is pocked with historical inequities that make it much harder for some folks to lace up their Nikes and speed to the finish line—until the lane in which they are running has been made less rocky and the hidden mines excavated and removed. A few of us, if we are very, very lucky (circumstances still do count, willpower isn't everything, despite what the commercials tell us), do have our moments of triumph. But it is often after years of struggle in which we have drawn on many resources other than our own talent, resolve, and courage. We have been helped by our friends and our communities, by social movements, legal and political reform, and sheer good fortune. And many, of course, don't make it.

But on the other hand, while consumerism assures us that we can (and should) "just do it," it continually sends the contradictory message that we are defective, lacking, inadequate. This is the ... essence of advertising and the fuel of consumer capitalism, which cannot allow equilibrium or stasis in human desire. Thus, we are not permitted to feel satisfied with ourselves and we are "empowered" only and always through fantasies of what we *could* be. This is not a plot; it's just the way the system works. Capitalism adores proliferation and excess; it abhors moderation. One moment the culture begins talking about greater health consciousness, which is surely a good thing that no one would deny. But the next moment we've got commercials on at every hour for every imaginable exercise and diet product, and people are spending huge quantities of their time trying to achieve a level of "fitness" that goes way beyond health and straight into obsession. Technological possibilities emerge that allow surgeons to make corrective repairs of serious facial conditions;

before long our surgeons have become Pygmalions of total self-transformation, advertising the slightest deviation from the cultural "norm" as a problem needing to be solved, an impediment to happiness. Drugs like Prozac are developed to treat serious clinical depressions; the next moment college clinics are dispensing these pills to help students with test anxiety.

The multiplication of human "defect" is aided by factors other than economic. Drug companies may be focused on profits, but those folks at the university clinic are genuinely concerned about students and want to make their lives easier. Cosmetic surgeons, while fabulously paid, are rarely in it for the money alone. Often, they are carried to excess not by dreams of yachts but by savior fantasies and by pure excitement about the technological possibilities. Nowadays, those can be pretty fantastic, as fat is suctioned from thighs and injected into lips, breast implants inserted through the bellybutton, penises enlarged through "phalloplasty," and nipples repositioned.

Under these cultural conditions the desire to be "normal" or "ordinary," which Kathy Davis, criticizing feminist critics of the female cultural imperative to be beautiful, claims is the motivation for most cosmetic surgeries, is much more slippery than she makes it out to be. Davis makes the point that none of her subjects describe their surgeries as having been done for the sake of "beauty" but insist they only wanted to feel "ordinary." But in a culture that proliferates defect and in which the surgically perfected body ("perfect" according to certain standards, of course) has become the model of the "normal," even the ordinary body becomes the defective body. This continual upping of the ante of physical acceptability is cloaked by ads and features that represent the cosmetic surgeon as a blessed savior, offering miraculous technology to end long-standing pain. This indeed used to be their primary function. Nowadays, however, many women who are basically satisfied with their appearance begin to question their self-image on the basis of images and advice presented in magazine features, or—even more authoritatively—dispensed to them by their doctors. Writing for *New York* magazine, 28-year-old, 5-foot 6-inch, and 118-pound Lily Burana (1996) describes how a series of interviews with plastic surgeons—the majority of whom had recommended rhinoplasty, lip augmentation, implants, liposuction, and eyelid work—changed her perception of herself from "a hardy young sapling that could do with some pruning ... to a gnarled thing that begs to be torn down to the root and rebuilt limb by limb."

Aging in the Empire of Images (2003)

They carded me until I was 35. Even when I was 45, people were shocked to hear my age. Young men flirted with me, even at 50. Having hated my face as a child—bushy red hair, freckles, Jewish nose—I was surprised to find myself fairly pleased with it as an adult. Then, suddenly, it all changed. The women at the makeup counter no longer compliment me on my skin. Men don't catch my eye with playful promise in theirs.

I'm 56. The magazines tell me that at this age, a woman can still be beautiful. But they don't mean me. They mean Cher, Goldie, Faye, Candace. Women whose jowls have disappeared as they've aged, whose eyes have become less droopy, lips grown plumper, foreheads smoother with the passing years. They mean Susan Sarandon, who looked older in 1991's *Thelma and Louise* than she does in her movies today. "Aging beautifully" used to mean wearing one's years with style, confidence, and vitality. Today, it means not appearing to age at all. And—like breasts that defy gravity—it's becoming a new bodily norm.

Greta Van Susterin: former CNN legal analyst, 47 years old. When she had a face-lift, it was a real escalation in the stakes for ordinary women. She had a signature style: no bullshit, down-to-earth lack of pretense. (During the O.J. trial, she was the only white reporter many Blacks trusted.) Always stylishly dressed and coiffed, she wasn't really pretty. No one could argue that her career was built on her looks. Perhaps quite the opposite. She sent out a subversive message: brains and personality still count, even on television.

When Greta had her face lifted, another source of inspiration and hope bit the dust. The story was on the cover of *People*, and folks tuned in to her new show on Fox just to see the change—which was significant. But at least she was open about it. The beauties never admit they've had "work." Or if they do, it's vague, nonspecific, minimizing of the extent. Cher: "If I'd had as much plastic surgery as people say, there'd be another whole person left over!" (reported in Smith 2002) Okay, so how much have you had? The interviewers accept the silences and evasions. They even embellish the lie. How many interviews have you read which began: "She came into the restaurant looking at least twenty years younger than she is, fresh and relaxed without a speck of make-up."

This collusion, this myth, that Cher or Goldie or Faye Dunaway, unaltered, is "what fifty-something looks like today" has altered my face, however—and without benefit of surgery. By comparison with theirs, it has become much older than it is.

My expression now appears more serious, too (just what a feminist needs), thanks to the widespread use of Botox. "It's now rare in certain social circles," a *New York Times* reporter observed, "to see a woman over the age of 35 with the ability to look angry" (Kuczyński 2002: A1). This has frustrated some film directors, like Baz Luhrman (who did *Moulin Rouge*). "Their faces can't really move properly," Luhrman complained (Kuczyński 2002: A26). Last week I saw a sign in the beauty parlor where I get my hair cut. "Botox Party! Sign Up!" So my 56-year-old forehead will now be judged against my neighbor's, not just Goldie's, Cher's, and Faye's. On television, a commercial describes the product (which really is a toxin, a dilution of botulism) as "Botox cosmetic." No different from mascara and blush, it's just stuck in with a needle and makes your forehead numb. To add insult to injury, the rhetoric of feminism has been picked up to help advance and justify the industries in anti-aging and body alteration. Face-lifts, implants, and liposuction are advertised as empowerment, "taking charge" of one's life. "I'm doing it for me"—the mantra of the talk shows. "Defy your age!"—Melanie Griffith, for Revlon. We're making a revolution, girls. Get your injection and pick up a sign!

Am I immune? Of course not. My bathroom shelves are cluttered with the ridiculously expensive age-defying lotions and potions that constantly beckon to me at the Lancôme and Dior counters. I want my lines, bags, and sags to disappear, and so do the women who can only afford to buy their alpha-hydroxies at K-Mart. There's a limit, though, to what fruit acids can do. As surgeons develop ever more extensive and fine-tuned procedures to correct gravity and erase history from the faces of their patients, the difference between the cosmetically altered and the rest of us grows more and more dramatic.

"The rest of us" includes not only those who resist or are afraid of surgery but the many people who cannot afford basic health care, let alone aesthetic tinkering—not even of the K-Mart variety. As celebrity faces become increasingly more surreal in their wide-eyed, ever-bright agelessness, as *Time* and *Newsweek* (and *Discover* and *Psychology Today*) proclaim that we can now all "stay young forever," the poor continue to sag and wrinkle and lose their teeth.⁴ But in the empire of images, where even people in the news for stock scandals or producing septuplets are given instant digital dental work for magazine covers,⁵ this is a well-guarded secret. The celebrity testimonials, the advertisements, the beauty columns all participate in the fiction that the required time, money, and technologies are available to all.⁶

Postscript: Looking Back (2007)

For the first few years, I was a second-wave throwback, a paranoid scold vastly overestimating the power of popular culture. "Why don't you just turn off your television and throw away your glossy magazines?" they challenged me at conferences. Or: "Aren't you just talking about a handful of rich, over-privileged white people?"

The next few years brought the feminist protests. Now I was not only "totalizing" but also unsisterly. "What about women's agency in all this? Do you think we're all just 'cultural dopes'?" Or: "How about all the women whose lives have been

4 Fitness is class-biased, too, of course. Oprah presents each new diet and exercise program she embarks on as an inspiration for her fans. But how many of them have the money for a gym membership, let alone a personal trainer? How many even have the time to go to the gym? Magazines engage in debates about high-protein versus low-fat diets, as though our nation's "epidemic of obesity" can be solved by nutritional science. But high-quality, low-fat protein is expensive. So are fresh fruits and vegetables, and, unless you have the time to shop frequently, they are highly perishable. Millions of Americans exist on fatty, fried, carb-loaded fast food because it's the cheapest way to feed their families.

5 For those who were attentive, an unintentional visual exposé was provided when *Newsweek* decided to "fix" the crooked teeth of Bobbi McCaughey (mother of the McCaughey septuplets) for their cover—while *Time* neglected to.

6 See "Braveheart, Babe, and the Contemporary Body," in Bordo 1997, for extended discussions of cosmetic surgery and other forms of body alteration.

empowered by surgery?" Or: "Women who haven't had surgery shouldn't be so quick to criticize those who have."

From the postmodernists came the celebrations of the mutable, cyborg subject, and charges that I was secretly "nostalgic" for "authenticity" and the myth of a "natural" body that was not "discursively produced."

It was exhausting to be constantly arguing, explaining, clarifying. After I adopted a baby, I became particular impatient with positions that seemed to me to be oblivious to what I saw as the biological and material realities that my little daughter continually reminded me of. I stopped giving interviews. I snapped at my PoMo colleagues. I had to rev myself up before my talks, to convince myself that any of what I had to say mattered.

Never before had I felt such a personal stake in it all, with a young daughter to worry about, while still trying to "gracefully" accept my own transformation from an older babe with whom very young men still flirted to a lady they passed on the street. And never before had cultural criticism seemed so useless to me. Everything was coming true—indisputably, horrifically, round-the-bend true, with statistics to blow the mind, and televised makeover madness to seriously upset the digestion. In barely twenty years, we'd gone from cosmetic surgery as a "lifestyle of the rich and famous" to breast implants as middle-class graduation gifts. But no one seemed to care. Not really. Sure, there would be the occasional tabloid eruption about botched surgeries, the occasional *People* magazine cover story on *Extreme Makeover* or *The Swan*: "Have We Gone Too Far?" The answer always was: Do what makes you happy, but be sure to go to a board-certified surgeon.

When a tenth anniversary edition of *Unbearable Weight* was in the planning stages, I was asked to write a new preface, an update. I agreed, feeling very much that it was the last gasp of the cultural critic in me. *The Chronicle of Higher Education* reprinted a large chunk of it, and I got many appreciative emails. I was thankful for every one of them, but the issue, for me, was no longer about being "right" as an individual writer. It was about the failure—or perhaps, more accurately, impotence—of the enterprise in which I'd invested most of my life. Cultural critique. Pissing in the wind.

I've become convinced that nothing I or anyone else writes or says will stop this creeping science fiction-turned-normalcy. It's too lucrative, too technologically fascinating, and too personally gratifying for those who dispense it. And too perceptually and emotionally powerful for those who "elect" to have it. So when Cressida and Meredith asked me to contribute to this collection, my first reaction was a shudder. But they were charmingly and sympathetically persistent, and I finally agreed to a chronologically arranged compilation of excerpts from my writings on cosmetic surgery and how it has crept, slyly, multipliciously, and seemingly inexorably, into the stuff of the everyday.

I thought a compilation was the most I could muster, but as I was considering what I would include, I received the following email, after a phone message:

I am calling on behalf of a major international healthcare company regarding a project on *Aesthetic Anthropology: Beauty across Cultures*, and because of your

research and publications, as well as your prestigious position, credentials and expertise, was hoping to connect with you.

The study represents one of the largest international surveys ever conducted into the beauty and grooming habits of 10,000 women and men across the U.S., U.K., Italy, France, Spain, and Germany. The research was conducted online by a well regarded company—International Research—and was designed to assess how women and men across cultures perceive beauty, how beauty affects their self-esteem, what motivates them to practice beauty regimens, what kind of beauty regimes do they do, what their partners think about their beauty, how much they spend on beauty regimes, and more.

We are currently looking for an expert to help us take the data and add a cultural perspective to the findings. Because of your expertise, we thought you might be an ideal professional with whom to connect. It will be an exciting and rewarding opportunity and one that will attract international media attention.

The woman who called me was energetic and infectiously enthusiastic. The cultural differences were fascinating, she told me. And truth be told, I was less interested in appearing on *The Today Show* than in seeing the results of the survey. I knew from experience how these interviews get nipped and tucked—and besides, I'd have to lose at least 30 pounds before I put myself in front of a camera again. But being the first to see—and interpret!!!—such magnificent data wasn't something I could easily refuse. We spoke for about a half-hour and I got more and more interested.

"It sounds great, but before we go on, could you tell me exactly what organization you represent?" I asked.

Her gulp was audible. The "major healthcare company," she finally admitted, was a manufacturer of Botox.

My mouth and eyes gaped wide for the benefit of my husband, who was standing at the sink, listening in on the conversation. But I was determined not to say anything predictably p.c. "Will I have complete autonomy in my interpretation and reporting of the data?"

A pause. "Well, of course, we don't want someone who is going to *trash* Botox ..."

I told her my concerns (which, had she really been familiar with my "expertise," would already have been known to her) and that I probably wasn't the person for the job. The remainder of the conversation consisted largely in her trying to convince me that I should withhold my judgment until I had tried Botox myself. "Millions of women's lives have been changed because of it!" She'd had several injections herself, and was a devoted convert. I asked her if she'd seen "The Real Housewives of Orange County," a *Bravo* reality show that might more accurately have been called "The Stepford Breasts." The only housewife whose face ever changed expression in that show was 23 years old. (She'd had implants—they all had—but she alone was pre-Botox.)

She hadn't seen the show, but apparently my reaction was not entirely unexpected. Or unprecedented. "This is the problem with finding an academic to do this," she

said wearily, and I wondered how many of us she'd gone through. Not wanting to seem rude or utterly dogmatic—and still salivating over the data—I said I would think about it. A week later, however, I got a second email.

At the moment, we have a social scientist who seems quite interested, and we are talking to him this week. If things do not work out, I would welcome a chance to reconnect with you again and revisit this project. I hear your concerns, so I think this approach may be best and hope it works for you as well.

I guess that "things" with the social scientist (wonder if she urged him to try Botox, too?) *did* "work out," because I didn't hear from her again. But she did provide me with a fitting, concluding anecdote to this piece—and the opportunity for a tiny, sweet dollop of revenge. Despite everything, I still believe that knowledge is power. And someday, when you hear Matt Lauer's voice on television, introducing a social science "expert" to talk about the results of the largest international beauty survey ever to be conducted, you'll *know* ...

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