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Surgical passing

*Or why Michael Jackson's nose makes 'us' uneasy*¹



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Abstract Since the emergence of cosmetic surgery at the turn of the 20th century, individuals in the US and Europe have looked to cosmetic surgery not only as a way to enhance their appearance, but also as a way to minimize or eradicate physical signs that – they believe – mark them as ‘different’, that is, other than the dominant, or another, more desirable, ‘racial’ or ‘ethnic’ group. In my article, I raise the question of how such ethnic cosmetic surgery might differ from other types of cosmetic surgery (such as breast augmentations for ‘enhancing’ femininity or face-lifts to eliminate signs of aging) and, more generally, whether ethnic cosmetic surgery raises different normative or ethical issues. 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 best known recipient of this kind of cosmetic surgery – in order to analyze how cosmetic surgery for people of color or for the ‘ethnically marginalized’ is framed in a discourse of ‘race’ and the consequences this framing has for feminist thinking about embodiment and embodied identity. Finally, I return to the relative ease or unease that cosmetic surgery evokes among its critics.

keywords *beauty, body/politics, cosmetic surgery, ‘ethnic surgery’, ethnicity, intersectional theory, racial science, racism*

Several years ago, I wrote *Reshaping the Female Body* (1995) in which I explored women’s involvement in cosmetic surgery and the dilemmas that this involvement raises for feminists. The book was written against the backdrop of the long-standing feminist critique of the beauty system as one of the primary ways the feminine body is rendered deficient or inferior in western culture (Bartky, 1990; Young, 1990; Morgan, 1991; Wolf, 1991; Bordo, 1993). Within this critique, cosmetic surgery tends to be regarded as a particularly pernicious beauty practice, not only costly and often dangerous, but also oppressive and demeaning of women. However, after listening to women’s stories about their suffering with their appearance as well as their struggles to overcome this suffering, I began to feel

dissatisfied with the assumption that women have cosmetic surgery in the interests of conforming to the current ideals of feminine appearance. Framing cosmetic surgery as a beauty practice seems to make it relatively easy, even for feminists who are sympathetic to women's struggles with their bodies, to cast its recipients as frivolous, star-struck or ideologically manipulated.²

While treating cosmetic surgery as a matter of beauty makes it possible to criticize the ideological constraints on feminine appearance, it does not do justice to the – often heart-rending – stories told by women who actually have cosmetic surgery (Davis, 1995). They describe years of suffering because of bodies (or body parts) that are experienced as too 'different' or too 'abnormal' to be endured. For them, the decision to have cosmetic surgery is described as a way to become 'ordinary', 'normal' – 'just like everyone else'. Based on these stories, I concluded that it makes more sense to frame cosmetic surgery as an intervention in identity – that is, a person's sense of her embodied self – than as a beauty practice. Linking cosmetic surgery to identity allowed me to acknowledge the gravity of women's suffering and to treat their desire for cosmetic surgery as more than a matter of having had the ideological wool pulled over their eyes.³ Cosmetic surgery – despite its drawbacks – may seem like the best course of action for an individual woman given the circumstances of her life. Cosmetic surgery allows her to alleviate suffering that has passed beyond the limit of what any individual should have to endure.⁴

In this article I am going to re-examine these assumptions in the light of another – if not equally ubiquitous, then certainly at least as pernicious – manifestation of cosmetic surgery: the elimination of physical markers of 'ethnicity' or 'race,' referred to by the medical profession as 'ethnic cosmetic surgery'.⁵ The occasion for this reconsideration of my earlier position on cosmetic surgery was a discussion with some of my feminist colleagues. After reading my book, they agreed with my argument that cosmetic surgery should be regarded as an intervention in identity rather than 'just' a beauty practice. They also shared my view that cosmetic surgery and the notion of feminine inferiority that it sustains are dangerous and demeaning for women in general. However, they also agreed that cosmetic surgery could be morally defensible in specific cases where the individual's suffering had exceeded a certain level. In short, they did not accept the blanket rejection of cosmetic surgery, which has been the hallmark of much of contemporary feminist scholarship on beauty and the surgical alteration of women's bodies. Instead they took a nuanced, but critical stance, arguing that cosmetic surgery can be acceptable in individual cases, but should be treated in general with caution. Adopting the stance of devil's advocate, I asked them what they thought about cosmetic surgery for eradicating signs of ethnicity, citing the increase in double eyelid surgery on Asian women to make their eyes look wider and, presumably, more 'western' (Kaw, 1993, 1994). My colleagues were incensed and insisted that this was another kettle of fish altogether. In their view, cosmetic surgery for altering 'racial' or ethnic features was entirely reprehensible and could not be defended under any circumstances.

This discussion left me with several questions. I was struck by the immediacy and intensity of my colleagues' response that cosmetic surgery on 'racial' or ethnic features was not only different, but also decidedly worse (politically and ethically) than a breast augmentation or a face-lift. My initial inclination was to view this reaction as an expression of the anger, uneasiness, or – for the white women among us – guilt that the racism inherent in such surgery is likely to evoke. At the same time, however, I was somewhat uneasy about their relative lack of concern when it came to cosmetic surgery for enhancing femininity. Aren't all recipients of cosmetic surgery, regardless of gender, ethnicity or nationality, sexual orientation or age, engaged in negotiating their identity in contexts where differences in embodiment can evoke unbearable suffering?

It is, of course, possible that the shocked response of my colleagues 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. Given the universal practice of viewing cosmetic surgery through the lens of gender, surgical interventions for enhancing femininity may seem so ordinary that they have become – more or less – acceptable, while surgery for eradicating ethnic features can still be counted on to elicit surprise and disapproval.

But perhaps the explanation lay elsewhere. I began to wonder whether our discussion might not be another rendition of the old and familiar debate about hierarchies of oppression. It reminded me of countless discussions I have had in the past 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), Naomi Zack (1997), Valerie Smith (1998), Jacquelyn Zita (1998) and many others, who 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. This view – and it is one that I share – suggests that the task facing feminists today is not to decide whether gender or race is more relevant, but rather to determine how these and other categories of difference intersect to produce specific constellations of hierarchy, exclusion or exploitation.

In this article I attempt to make sense of the unease evoked by 'ethnic cosmetic surgery' and the issues that it raises for feminist scholars. Taking a brief look at its history and its current manifestations, I situate the practice in the legacy of 'racial science' and contemporary debates about the politics of beauty. The case of Michael Jackson – arguably the best known recipient of this kind of cosmetic surgery – will provide the case in point for discussing two separate, but related, questions. The first is how cosmetic surgery for eradicating signs of 'ethnicity' might be different from cosmetic surgery for enhancing femininity and the second is 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 looked to cosmetic surgery not only 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: 175–6).

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 (*Judenkrätze*), 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 that allowed Jewish patients to become 'ethnically invisible'.⁶

In the US cosmetic surgery became popular in the wake of large-scale immigration at the turn of the 20th century. John Roe performed the first nose correction for the 'pug nose' – a feature that was associated with Irish immigrants⁷ 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 the Second World War, cosmetic surgery to create folded eyelids ('western eyes') became popular among Koreans, Chinese, Japanese and Asian Americans. More recently, African Americans have begun to alter their noses and lips through cosmetic surgery.⁸ By 1998 it was estimated that, of the 2.8 million cosmetic surgery procedures performed in the US, 19.6 percent were performed on patients who were not Caucasian – that is, of Asian, Hispanic, Native American or African American descent (Matory, 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 that has its roots in the institution of black slavery that was not abolished in Brazil until 1888 (Gilman, 1999: 225).

The emergence of ethnic cosmetic surgery cannot be separated from scientific ideas about race that 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.⁹ 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, 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.¹⁰ 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 speciality, cosmetic surgery, seemed to provide the solution. It offered a way to achieve upward mobility and assimilation in a culture that 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 to 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 post-war Germany, where Jewish individuals wanted to pass as non-Jews and German patients wanted to be 'cured' of possessing 'too Jewish' a 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.¹¹

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*. The 29 contributors – all reputable cosmetic surgeons – address 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 percent of the US population today is not Caucasian. Procedures are, therefore, required that 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 (Matory, 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' (Gorney, 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 that 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 that brings the 'accepted standard of beauty' to an appearance that 'retains its ethnic character' (Rohrich and Kenkel, 1998: 96).

The politics of beauty

Definitions of appearance that mark 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 ideals of beauty and the involvement of women in beauty practices in a political context (Davis, 1991; 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. While the culprit was originally sought in the oppressive 'beauty system' (the media, cosmetic industries, norms), feminists increasingly have drawn upon Foucault to situate beauty practices in the disciplinary and normalizing discursive regimes of western culture. The involvement of women in practices of body improvement and transformation are part and parcel of the production of 'docile bodies' (Bartky, 1990; Morgan, 1991; Bordo, 1993). Although the theoretical frameworks differ in their emphasis on beauty as oppression or as normalizing discourse, feminists have been fairly unanimous in their rejection of cosmetic surgery as a particularly insidious way to discipline the female body – literally to 'cut women down to size'. Despite their reluctance to blame individual women who look to cosmetic surgery as a solution to their hated bodies, feminists have tended to view such women as the duped and manipulated victims of the feminine beauty culture. Since cosmetic surgery is – almost

by definition – ‘bad news’ for women, it is difficult to attribute agency or ‘choice’ to women’s desire for surgical ‘enhancement’.

Racialized standards of beauty have provoked similar responses. The Black Power movement of the 1960s made appearance a political issue with the well-known motto, ‘Black is beautiful’. Racist (and class-based) norms of appearance that equate feminine beauty with long flowing hair, light skin and aquiline features were criticized as part of a ‘color caste system’ that historically defines black women with kinky hair and African features as ‘ugly’ or undesirable (Russell et al., 1992; hooks, 1994; Mama, 1995). 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 particular, the popularity of controversial practices like skin bleaching and hair-straightening have been the subject of critical attention among critical (feminist) scholars (Banks, 2000; hooks, 1990, 1992, 1994; Mercer, 1994; Rooks, 1996).¹²

While some critics, like bell hooks situate the desire for light skin and long straight hair unambiguously in the context of a ‘racist imagination’ and a ‘colonized black mind set’ (hooks, 1994: 179), others take a more nuanced stance. Noliwe Rooks (1996), for example, traces the history of hair-straightening, showing how it draws upon discourses of ‘racial uplift’ as well as ‘self-hate’ within the Black community and has generated women’s communities and possibilities for upward mobility as well as discourses of racial inferiority.

In her study of cosmetic surgery, Eugenia Kaw (1993, 1994) shows how corrective eyelid surgery among Asian American women goes hand in hand with racialized standards of appearance. In her view, such surgery is ‘of a different quality’ from face-lifts or liposuctions for Anglo Americans. The desire to create more ‘open’ eyes or ‘sharpen’ noses is a product of racial ideologies that associate Asian features with negative behavioral or intellectual characteristics like dullness, passivity, or lack of emotion (the proverbial Oriental bookworm). Although all Kaw’s respondents explained that they were ‘proud to be Asian American’ and that they did not want to ‘look white’, she could not help but notice that the beauty standard they admired included 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 were 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 business world’ 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 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 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 that 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 that ethnic cosmetic surgery evokes. More importantly, however, Michael Jackson's surgeries transgress the boundaries of both masculinity and heterosexuality, thereby opening up possibilities for a feminist analysis of multiple intersecting identities and the surgical reconstruction of the body.

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 1980s and 1990s. 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 that receives the most attention in the media. This includes his wearing of 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, that 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 1970s 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 from countless other well-known celebrity cosmetic surgery junkies like Cher, Dolly Parton or Pamela Anderson. Jackson clearly uses his identity transformations as a celebrity stunt and integrates them into his music, videos and private life (see Yuan, 1996). As he puts it, the bottom line is that his 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 using white make-up only 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'.¹³

Whatever Jackson's 'true' sentiments about race – and I doubt that we will ever know – his new image lends itself to interpretations other than a race change. For example, his surgeries seem to be at least as much about creating a feminine, asexual 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 Jagger 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.¹⁴

Given the myriad possibilities for understanding Jackson's surgical exploits, it is, therefore, remarkable that the alteration of his racially marked features has received by far 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 that 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 that was the object of critique by Black Power advocates (Awkward, 1995: 177). On a more strident note, 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 'deracializing sell-out'.

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 re-articulates and transforms his image. His surgical feats are not about betrayal of his race but about transgressing racial boundaries altogether. Despite the historical associations that Jackson's surgeries evoke with racism and passing, they also have a liberating 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 does not matter.

According to Awkward (1995), Jackson's critics cannot 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 essentialist category, while the second group pays too little attention to the historical and ideological context that 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 his audiences – regardless of their 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.

Returning to the position I took in *Reshaping the Female Body*, I see no reason to adopt another theoretical perspective on ethnic cosmetic surgery from that on cosmetic surgery for enhancing femininity or eliminating signs of aging. Cosmetic surgery is an intervention in a person's identity – that is, as a response to suffering evoked by having a body that is experienced as too 'different' or 'abnormal' to be endured. Treating it exclusively in terms of beauty does justice neither to the gravity of the person's suffering nor to the moral implications of cosmetic surgery as an imperfect but, in some cases, defensible remedy for this suffering. It seems to me that this perspective should – in principle – be applied to any person who undergoes cosmetic surgery. In other words, *all* recipients of cosmetic surgery should be regarded as negotiating their identities in a context where differences in embodiment can evoke unbearable suffering. While the context that produces such suffering deserves critical attention (and I will be turning to this in a moment), I see no fundamental reason to regard African American candidates for nose surgery as less victimized by cultural ideals of beauty or as more of a traitor to their community 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 entail 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 individuals perceive their bodies as well as the kinds of bodily practices that are considered desirable, acceptable or appropriate for altering the body. Surgical interventions performed on different groups have their own histories of exclusion and of rendering people inferior. The history of the 'Jewish nose job', for example, is different from the history of eyelid corrections for Asians, or lip surgery for African Americans. The alterations that Jacques Josef performed on 'assimilated' Jews in the context of European anti-Semitism in the early 20th century had a different meaning from the ubiquitous nose jobs performed on Jewish teenagers in the early

1960s in the US under the slogan: 'You had your bat mitzvah and you got your nose done'. In a similar vein, large numbers 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 that young women of a certain social background are entitled to do. However, when private clinics in the US 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'). A contextual understanding of cosmetic surgery would obviously require unraveling the complicated and contradictory interconnections between different categories of difference (race, ethnicity, class, gender, sexuality, age, able-bodiedness 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 the fact that most operations on 'Jewish noses' or 'Oriental eyelids' are performed on women. Moreover, white women, with their ostensibly unmarked identities, engage in specifically ethicized and racialized practices when they participate in the privileges and oppressive mentality of Northern European ideals of feminine beauty through cosmetic surgery.

The study of embodiment involves examining the intersection 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 that provide the starting point for a contextualized analysis of cosmetic surgery as a cultural phenomenon. In this sense, an analysis of embodiment as well as of cosmetic surgery as an intervention in a person's embodied identity belongs squarely within the intersectional frameworks that I mentioned at the outset of this article.

Nowhere is this more apparent than in the case of Michael Jackson. His surgical exploits are shaped by, but also transgress, the boundaries of race, gender, age and sexuality. 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 that emerges is a new category, made more captivating and volatile by virtue of its multiple transgressions of masculinity and heterosexuality. At the same time, Jackson's face evokes discomfort. It is a painful reminder of the legacy of slavery and the ubiquitous racism in the US that has made and will always make cross-racial 'passing' a less-than-playful practice.

A recent image on the Internet speaks louder than words of the inability to disconnect Jackson from this heritage.¹⁵ Appearing in white satin tuxedo, heavy make-up and flowing hair, Jackson is shown accepting his trophy from the Rock 'n' Roll Hall of Fame. Juxtaposed with his photograph is a still from the film *Planet of the Apes* (2001), showing one of the leading apes (played by Helena Bonham-Carter) in heavy ape-make-up and ape costume, dressed in a shimmering disco suit. The resemblance between the

images is unmistakable: their faces and poses are alike, their hair is similar, they are wearing the same kind of clothing. Taken alone, the photograph of Jackson is just a record of his moment of fame; the 'King of Pop' has 'arrived'. Together with the photograph of Bonham-Carter, however, the image takes on a different meaning.¹⁶ No matter how far he comes or how great his accomplishments are, Jackson can never escape his (primitive) origins. The great chain of being that placed primates and Africans at the bottom of the hierarchy did not vanish with the 'science of race', but apparently continues to shape the popular imagination today.

Conclusion

A final word is in order concerning the relative unease that 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 *salon-fähig*. 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 – except possibly for the feminist critic.¹⁷ In contrast, ethnic cosmetic surgery – at least in some of its forms and in some places – still evokes uneasiness. It is an uncomfortable reminder of the long and disturbing history of slavery, colonialism and genocide. Jackson's face demonstrates in no uncertain terms 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 that no white person in the US will willingly accept given the disenfranchisement 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.

Ethnic cosmetic surgery evokes ambivalence. As a kind of 'surgical passing' it can be viewed as a symptom of internalized racism, or as a traitorous complicity with oppressive norms of physical appearance. But it cannot be reduced to the straightforward rejection of black or ethnic identity. The sense of unfairness at realizing what is denied to a person 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 feel like an oppositional act – a way to defy the system and get the benefits a person knows s/he deserves. Adrian Piper gets it right when she argues that

'passing' may not be so much about rejecting blackness (or any other marked identity) as about rejecting an identification with blackness that brings too much pain to be tolerated (1996: 244–5).¹⁸ Ethnic cosmetic surgery is a controversial practice because it touches upon the way the construction of race through the body is linked to racist practices of exclusion and making people feel inferior. It brings up 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 'otherness' – that is, to become invisible – in order to improve their life chances. At a time when large-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.

Notes

1. This article appears in a somewhat different version in my forthcoming book, *Dubious Equalities and Embodied Differences. Cultural Studies on Cosmetic Surgery* (Lanham, MD, Rowman & Littlefield, 2003). For their constructive and helpful comments on various versions of this article, I would like to thank Cynthia Cockburn, Halleh Gorashi, Barbara Henkes, Lena Inowlocki, Helma Lutz, Sawitri Saharso, Gloria Wekker, Henri Wijsbek and Dubravka Zarkov, as well as several anonymous reviewers. I am deeply grateful to Anna Aalten and Willem de Haan, who have helped me untangle more knots than bear thinking about and who are always willing to take just one more look.
2. For example, Iris Young (1990: 202) notes that, while it is important not to criticize women who elect to have cosmetic surgery, it is 'questionable' whether their actions can be construed as a 'choice' and, indeed, she can't help but suspect that much of the cosmetic surgery that women undergo must be 'frivolous and unnecessary, like diamonds or furs'.
3. It is not my aim to deny the pervasive ideological effects of the feminine beauty system, but rather to question the usefulness of a 'cultural dupe' approach to women's involvement in a host of ambivalent and controversial practices of femininity that are simultaneously oppressive and fervently desired by many women. Cosmetic surgery is not unique but belongs to a long list that might include anything from new reproductive technologies to genital excision to heterosexuality. See Davis (1991, 1995) for a critique of this position as well as Bordo (1993, 1997) for an interesting rejoinder.
4. Obviously, this is a very short rendition of a much more complicated argument that deals with the relationship between suffering, embodiment and conceptions of the 'normal'. The interested reader is referred to *Reshaping the Female Body*, particularly Chapters 3 and 4.

5. 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 a concept as race, is frequently racialized in practice – that is, treated as an embodied characteristic of cultural groups (see, for example, Stepan, 1982; Goldberg, 1990; Appiah, 1996). Since cosmetic surgery, which – as I will show in this paper – applies the science of race to features that are subsequently classified as 'ethnic', I have opted for 'ethnic cosmetic surgery'.
6. 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 dueling 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).
7. 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.
8. 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 that 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).
9. 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 that excluded women from public life and relegated them to a life of domesticity.
10. See, Schiebinger (1993) for a good discussion of how sex and race were linked in scientific discourse.
11. As I have argued elsewhere (Davis, 2003), 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.
12. See Carroll, 2000; Taylor, 2000 for a discussion of anti-racist aesthetics.

13. Michael Jackson, 'Black or White', *Dangerous* (Epic Records EK 45400).
14. 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).
15. I would like to thank Laurie Shrage for bringing this image to my attention.
16. The meaning of Helena Bonham-Carter's character changes as well. In the film she is cast as a human-sympathizing ape in a world where apes have the power and humans, doomed to slave labor, are facing extinction. The film emphasizes the similarity between humans and apes, endowing apes with all the attributes, good and bad, normally reserved for humans. While Bonham-Carter is praised for how her human thoughts and emotions 'show' through her make-up, she becomes 'just an ape' when pictured with Jackson. If her image 'racializes' him, his image 'de-humanizes' her, returning her unambiguously to the animal world.
17. Some feminists have even argued that men are presently the primary targets of the beauty system and may, therefore, be the ones in particular need of compassion and critical analysis. See Gullette (1994) and, for a critical rejoinder, Davis (2002).
18. 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).

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