

Aesthetic surgery and the expressive body

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Abstract:

In this paper we explore the relation between bodies and selves evident in the narratives surrounding aesthetic surgery. In much feminist work on aesthetic surgery such narratives have been discussed in terms of the normalising consequences of the objectifying, homogenising, cosmetic gaze. These discussions stress the ways in which we model our bodies, under the gaze of others, in order to conform to social norms. Such an objectified body is contrasted with the subjective body; the body –for –the self. In this paper, however, we wish to make sense of the narratives surrounding such surgery by invoking the *expressive body*, which fits on neither side of this binary. We wish to explore how the modification of the body's anatomical features (physiology) are taken to be a modification of its *expressive* possibilities, and therefore as modifications of possibilities for inter-subjective relations with others. It is such expressive possibilities, which, we suggest, underlie decisions to undergo surgical procedures. The possibility of modification of the expressive possibilities of the body, by the modification of its anatomical features, rests on the social imaginaries attached to anatomical features. In the context of such imaginaries individual decisions to undergo or promote surgery can be both intelligible and potentially empowering. However, the social consequences of such acts are an increasing normalisation of the 'body under the knife' and an intolerance of bodily

difference. This, we suggest, can only be changed by a re-visioning of bodily imaginaries so that expressive possibilities can be experienced across bodies with a range of physiological features.

Key words:

Aesthetic (cosmetic) surgery, objectification, expressive body, bodily imaginaries, Beauvoir, Sartre

In this paper we wish to explore the relation between bodies and selves evident in the narratives surrounding aesthetic surgery.¹ In much feminist work on aesthetic surgery such narratives have been discussed in terms of the normalising consequences of the objectifying, homogenising, cosmetic gaze (for example, Morgan, 1991; Bordo, 1993). These discussions stress the way in which we model ourselves, under the gaze of others, in order to conform to social norms. Luna Dozelal (2010: 357) argues:

the experience of embodiment for most women, ... is one of constant body visibility, where the body's appearance and comportment is self-consciously regarded as an object for a present or imagined third-person spectator. John Berger makes this point in his book *Ways of Seeing*, writing, "A woman must continually watch herself. She is almost continuously accompanied by her own image of herself" (Berger, 1972: 46) [...] Indeed, acceptance seems to be a basic [...] drive in inter-subjective interaction. As a result of this drive for

acceptance, the individual feels the imperative to conform to prevailing social codes that dictate behaviour and appearance.

Such an objectifying mode of relating to the body is often contrasted to what Gilles Deleuze (1987: 257), for example, characterises as a relation in which the question is what can bodies do rather than what do bodies look like.

In this paper, however, we wish to make sense of the narratives surrounding such surgery not by recourse to a binary between the objectified body and the active body, (a binary we trace back to the work of Jean-Paul Sartre and Simone de Beauvoir) but by invoking the *expressive body*, which fits on neither side of this binary. We wish to explore how the modification of the body's anatomical features (physiology) are taken to be a modification of its expressive possibilities, and therefore as modifications of possibilities for inter-subjective relations with others. In this way we are in agreement with Ruth Holliday and Jacqueline Sanchez Taylor that the body is experienced as 'a marker of who is valued and who is denigrated, who is included and excluded [...], and the particular racialised, gendered, classed and age traits of each body [are] assumed to express the social position, intellectual ability, or sexual characteristics of the person in question' (2006: 174). One way of putting this is to say that bodily anatomy is experienced in terms of an *imaginary*, which gives it an affective salience constituted out of its possibilities for social interaction (Gatens, 1996; Lennon, 2004, 2015). It is engagement with such imaginaries of the body that, we argue, informs the narratives of those undergoing such procedures.

While the primary purpose of this paper is to make sense of the practices of cosmetic surgery and explain why they can feel empowering to those who undertake them, we also acknowledge its problematic aspects. Such surgery is invasive and sometimes life threatening. Although now consisting of a wide array of different practices, (Holliday and Sanchez-Taylor, 2006), it nonetheless offers a restricted range of desirable bodily shapes and features. Crucially, it is reductive. The expressive characteristics of the body are frozen onto certain sets of physiological characteristics. The indeterminate numbers of ways in which bodies can capture possibilities for inter-subjective variation are thereby lost.

Aesthetic Surgery: the makeover

In the UK, despite recent scandals about the safety of silicone in breast implants and the country teetering on recession, the number of aesthetic surgery operations has continued to rise, in line with trends elsewhere in the developed world. In 2015 over 51,000 people in the UK had cosmetic surgery procedures in clinics registered with the British Association of Aesthetic and Plastic Surgeons alone; an increase of 13 per cent on the previous year (BAAPS, 2016). Inclusion within the statistics of non-registered clinics, surgeries abroad, and excluded procedures (hair transplants, ‘designer vagina’ surgery, and cosmetic dentistry, for example) would significantly increase numbers further (Holliday and Cairnie, 2007). If we add into the mix the number of non-surgical procedures performed (such as fillers), it is estimated that over 1.3 million people now undergo cosmetic work in the UK annually, creating a market worth over £2 billion.ⁱⁱ In 2015, within the surgical field, demand for

liposuctions was growing fastest in the UK (up over 20 per cent for both men and women on the previous year). However, for women the most prevalent procedures remained breast augmentations, and, for men, eyelid surgery and rhinoplasties, with anti-ageing procedures (such as facelifts) continuing to increase in popularity amongst both men and women (BAAPS, 2016).

Early debates on aesthetic surgery focused on its use to reinforce oppressive power relations. Much early surgery was concerned with eradicating the body of certain ‘ethnic’ features. It was used to change the shape of noses, or eyes, or to modify ‘African’ features to produce bodies more closely approximating those of white colonisers. Such procedures were seen as a manifestation of power relations in a racist culture (Haiken, 1997; Gilman, 1999). Early feminist scholarship focused primarily on *women* in relation to aesthetic surgery, concerned with how the increasing pervasiveness of such surgery was entwined with the wider cultural objectification of women’s bodies (Morgan, 1991; Bordo, 1993). Writers were interested in the matrix of material and cultural practices underpinning a beauty system that induced women to discipline their bodies in ever more invasive and risky ways. That women might undergo surgeries to modify their flesh for aesthetic purposes was seen as symptomatic of a patriarchal culture in which the control and subordination of women are, in part, exercised through such bodily regimes.

Current discussions complicate this picture. Firstly came work stressing women’s agency in making decisions to undertake surgery. Kathy Davis’ 1995 work, although widely critiqued (Bordo, 2003; Fraser, 2003; Jones, 2008; Bordo, 2009; Holliday and Elfving-Hwang, 2012), was importantly one of the first (and still relatively few) in-

depth studies to provide empirical data on how women felt about having cosmetic surgery. Davis, interviewing women before and after their surgery, concluded that, whilst women's choices to undergo surgery and their post-surgery responses were complex, for many the surgery was a positive intervention. For many of the women, she concluded: 'cosmetic surgery can be an understandable step in the context of an individual woman's experience of embodiment and of her possibilities of taking action to alter her circumstances' (1995: 163). Davis, and those discussing her work, did recognise that these decisions were being taken within a disciplinary culture in which certain bodily shapes are normalised, but the emphasis on the agency of those seeking the procedures marked a new direction within aesthetic surgery scholarship.

Since the mid-1990s when Davis' research was first published the world of aesthetic surgery has undergone rapid change. Medical and information technologies have developed at an astonishing pace, the range and availability of procedures have expanded, and aesthetic surgery has become ever more visible, mainstream, and normalised: 'repositioned as something "normal" people could have, something you didn't have to be psychologically compromised to desire' (Jones, 2008: 25). Aesthetic surgery is no longer the preserve of the rich and famous but instead, as Cressida Heyes and Meredith Jones remark, is 'increasingly marketed as an everyday option for ordinary women (and men), and its recipients cross lines of class, age, occupation, gender, and national context' (2009: 8-9). Likewise scholarly research on aesthetic surgery has expanded beyond a focus overwhelmingly on women and the intersections between cosmetic surgery and patriarchal culture, or on race and the interrelations between surgery and racist culture, to analyses of the complex and multiple modes and locations in which aesthetic surgery is consumed. One key

development is the marketing and take-up of aesthetic surgery for men. In the UK industry statistics show that the number of men undertaking aesthetic surgery is increasing apace with women. Whilst BAAPS statistics indicate that men currently make up nine per cent of all aesthetic surgery clients within their registered clinics (BAAPS, 2016), it is estimated by others that if one includes within the figures excluded surgeries (hair transplants, for example), as well as overseas and ‘unofficial’ surgeries, men constitute a higher overall proportion of aesthetic surgery clients (Holliday and Cairnie, 2007; Holliday and Elfving-Hwang, 2012). The marketing of aesthetic surgery to men and women emphasises physically distinct male and female bodies, with many popular procedures (breast enlargements for women, breast tissue reductions for men, buttock implants, chin reshaping) accentuating and normalising a particular corporeal inscription of sexed difference, and pathologising bodies that deviate from the prescribed norm.

In this context, and more widely, those who undertake these practices are now regarded as consumers rather than patients; the body that ensues is a product to be purchased. And within this broader milieu the *meanings* of certain practices of transformation have become unstable and changeable. In most recent scholarship on cosmetic surgery the emerging attention to issues of intersectionality (Heyes and Jones, 2009; Holliday and Elfving-Hwang, 2012) challenges recourse to easy equations of cosmetic surgery with sexism, or indeed racism. Ruth Holliday and Joanna Elfving-Hwang in their analysis of aesthetic surgery in Korea illustrate how ‘foregrounding cosmetic surgery as only a *feminine* or *culturally imperialist* practice is a key weakness of the existing literature and produces only partial accounts of national cosmetic practices’ (2012: 60, italics in original). Aesthetic surgery in Korea,

they argue, cannot be reduced simply to an adherence to feminine beauty practices as this ignores the significant number of men undergoing cosmetic surgery in that country. Nor can it be reduced to attempts to westernise the Korean body, as this neglects not only the impact of Korean national identity and its specific geo-political and cultural history on ideas of the desirable body; it also reduces the analysis to just a selection of procedures (double eyelid surgery or breast augmentation for example), ignores other surgeries (cheekbone trimming for instance) and presents selective readings of those surgeries. Why should breast augmentation or eyelid surgery in Korea be read as ethnic cosmetic surgery when the same procedures are read as related to femininity and youthfulness in the west? Shirley Tate's work on black beauty (2009) also complicates narratives by illustrating the indeterminacy, dynamism and fluidity of meaning, which can be attached to beauty practices. The young women she interviewed were creating specifically *black* identities, while using techniques (hair dye, hair straightening etc.), which had previously been taken to reflect the dominance of white beauty ideals. In her analysis these practices resist both the white ideals and those black ideals which insist on certain norms of appearance to express black political solidarity. It is not that these contemporary practices operate without norms. Indeed, within certain communities (see especially Tate's discussion of 'browning') the norms are very precise. Nonetheless, the practices have changed what kinds of bodies can manifest black identityⁱⁱⁱ.

Despite such destabilisation there is, nonetheless, a notable convergence within and across cultural groupings concerning what constitutes a desirable body shape and arrangement of facial features. Alexander Edmonds (2010) notes, for example, how augmented breasts have become increasingly desirable within Brazil thereby

challenging the Brazilian “‘biotype” [...] a particular ideal of the female body that emphasized the buttocks, hips and thighs, and not the breasts’ (42). Aesthetic surgery is primarily about the *erasure* of bodily differences, and where differences from the norm occur these are increasingly pathologised. Small breasts are constructed as the medical condition ‘micromastia’. Male fatty breast tissue is pathologised as ‘gynocamastia’. In terms of reconstructing faces, many US surgeons work with the guidelines for facial symmetry laid out in the book *Proportions of the Aesthetic Face* ensuring that surgically enhanced faces conform to a standardised formation of features (Powell and Humphreys, 1984). Websites advertising cosmetic surgery talk of ‘correcting’ various physical features, for example: ‘Correcting weak and unbalanced features’.^{iv} As ‘correcting’ means making right, by implication the body that needs correcting is defined as a wrong body. Most of us then have the wrong bodies. At the very least as we grow older the body displays physical signs of aging, and we now have surgical procedures that aim to ‘correct’ the signs of aging. Aesthetic surgery therefore both reiterates and itself produces norms of what acceptable and desirable female and male bodies should look like. The noticeably augmented breast, for example, becomes a coveted body part in its own right (Economic and Social Research Council, 2015). Desirable and desired bodies conform increasingly to a very narrow range of body types (for women small straight noses, large firm breasts, flat stomachs, wrinkle free, lifted faces, for men angular chins, straight noses, flat stomachs, defined ‘pecs’ and so on). We look at ourselves and others with a cosmetic gaze, informed by the techniques, expectations and strategies of bodily modification; viewing bodies as awaiting improvement (Wegenstein and Ruck, 2011).

In accommodating the rapid changes in cosmetic surgery in the last decade much contemporary research emphasises its location within an overarching ‘makeover culture’ in which the self is a project continually to be worked on (Jones, 2008). Makeover shows such as *10 Years Younger* and *Extreme Make-Over* (Jones, 2008; Weiss and Kukla, 2009) view aesthetic surgery as a central (and acceptable) mode of body transformation. No longer is the process of surgery something that is universally hidden, but instead, for many, it is something to be seen and celebrated. People post their cosmetic surgery journeys on *youtube* and write blogs recording their transformations (Heyes and Jones, 2009). In a culture which places value on ‘working on yourself’ and ‘not letting yourself go’, undertaking aesthetic surgery, and also making visible this engagement, signals an individual’s social status via conspicuous consumption. Surgery becomes akin to re-vamping your wardrobe, re-designing your house or garden; it has become another means to display social worth in a culture where ‘success is judged on the display of the never-ending renovation of self’ (Jones, 2008: 12).

Changing Selves

Motivations to surgically change the body stem not simply from a desire for a different body, but from a desire for a reconfigured sense of self, to create, as Mike Featherstone suggests, ‘a renewed body and self, better able to move through interpersonal spaces and more able to enjoy the full range of lifestyle opportunities and pleasures on offer’ (2010: 196). As Davis remarks ‘cosmetic surgery is an intervention in identity [...] by providing a woman with a different starting position, cosmetic surgery can open up the possibility to renegotiate her relationship to her

body and construct a different sense of self' (Davis, 1995: 113). The marketing of procedures often celebrates surgery as a means to gain not just the body that you always wanted, but also, in so doing, the body that reflects the true 'you'. In short, 'Repair the body or face and the self will be repaired' (Featherstone, 2010: 205).

A common narrative in adverts for surgery and in people's stories of their reasons for undergoing cosmetic procedures is the notion of a disjuncture between an inner and outer self (Holliday and Cairnie, 2007). Websites advertising surgery proclaim, for example: 'Sometimes the way we feel on the inside doesn't reflect the way we look on the outside'.^v Making the body look younger or thinner, larger or smaller breasted, is supposed to reflect either who we truly are or who we desire to be. As one woman noted after a tummy tuck and cosmetic dentistry: 'I don't mean to sound cheesy but [the clinic] has given me back the confidence which was hidden beneath a horrible (in my mind) exterior'^{vi}. Here the pursuit of the hidden inner self is linked to the renewal of self worth. Edmond's (2010) ethnography of Brazilian cosmetic surgery underscores the significance of narratives of self-esteem in justifications of surgery by both recipients and surgeons. His account of the Brazilian context illustrates how aesthetic surgery is presented as a type of 'psychological healing' (46); 'a psychotherapeutic intervention worthy of being offered in a public health system to needy patients' (49).

What constitutes these new selves is, however, not just a more aesthetically pleasing body, but a modification of our relations with others. Sander Gilman in his early work on aesthetic surgery (1999) pointed out that the goal of such transformations was happiness (whether or not it was achieved). Bodily changes are interpreted as a route

to happiness because they were seen as ways in which the self became transformed by means of a transformation of its relations with others. Features dubbed abnormal were ‘corrected’ or features which led to exclusion from a desired group were rendered less visible. So by looking younger, more western, healthier or more sexually attractive our inter-subjective relations were improved. Many writers have pointed out that physical appearance is treated as a measure of social worth (Gill et al., 2005; Elliott, 2008; Atkinson, 2008). Holliday and Elfving-Hwang in their research on aesthetic surgery in South Korea note that decisions to undergo surgery are ‘perceived as a worthwhile and understandable investment in the body’ (2012: 61) – to secure a better job or more favourable marriage. Adverts for surgery in the UK often link women’s surgery to improved romantic and sexual success. For example, one clinic exclaims on their website that a client post-surgery ‘has a new figure, new man and a renewed love for life!’^{vii}

To summarise: There is a widespread use of and normalisation of aesthetic surgery procedures, despite the surgery being invasive, painful, carrying risks and potentially having negative consequences and side effects. These procedures are no longer confined to women or women and men racialised as non-western. Moreover, although aesthetic procedures are located within a wider cultural sphere which is sexist, racist and ableist, and, in our view, continues to feed such prejudices; those undergoing surgery can no longer be seen simply as victims and dupes of patriarchal, racist and ableist norms. As noted above, aesthetic surgery is currently located within a makeover culture, marketed and consumed as an exercise in agency, in self-making. It is often sought and experienced as empowering and transformative. Moreover the *meaning* carried by bodily transformations, like all meaning, is indeterminate and

subject to change. These bodily makeovers are presented, sought, and, sometimes, experienced, as transformations of *self*, which by consequence offer possibilities for enhanced social relations; either personal relations or relations in a wider sphere of work and public life. This situation is what we aim to make sense of, by moving beyond discourses of objectification to explore how the pursuit of aesthetic surgery is linked to the expressive body.

Bodily Objectification

As noted in the introduction, one way of making sense of these practices is via a distinction between the objective and the active body. The distinction between the body as object and the active/intentional body, as self, has its origin in the work of Sartre and Beauvoir, who contrast an alienated relation to the body as object with a more authentic relation to the body, as that by which we engage with and respond to the world. Sartre (1969: 303-359) draws a distinction between the *body as being -for-itself* and the *body as being-for others*. The body as *being-for itself* is not encountered as an object, but as that by which the subject senses, perceives and acts. There is, also, however, our body as *being-for-others*. When we encounter the body of an other it is an object for us. To get a sense of our own bodies as objects, as having objective characteristics, we have to imagine ourselves as a body-for-the-Other: ‘the body-for-the-Other *is* the body-for-us, but ... alienated’ (353). For Sartre between this objective view and the (non- objective) body-for-self there is an irreconcilable gap. In adopting the objective view we are necessarily standing in an alienated relation to our body, as something that is both our self and stands outside our self, ‘*a thing outside my subjectivity...*’ The experience of my alienation is made manifest in,

for example, *shyness* ...the shy person ...is vividly and consciously aware of his body not as it is for him, but as it is for the Other. This constant uneasiness, which is the apprehension of my body's alienation is irremediable' (353, italics in original).

The most famous discussion of this as applied to gender relations is by Beauvoir in *The Second Sex* ([1949], 2010) when she argues girls are brought up to experience their bodies as objects to be disciplined into compliance with a predominantly visual norm. Girls' relationship to their bodies is then, via internalising the gaze of others, a relationship of alienation of the kind Sartre describes: 'the little girl pampers her doll and dresses her as she dreams of being dressed [...] she thinks of herself as a marvelous doll [...] for the woman [...] she is taught that to please...she must make herself object [...] she is treated like a living doll' (304-5). This alienated relation to the body is contrasted by both Sartre and Beauvoir with a more authentic relation to it, in which our focus is the body for ourselves, the body that senses, perceives and acts; the body as that by which we engage in the world. This authentic relation with the body-for-self is a sense of self as an embodied consciousness. Maurice Merleau-Ponty (2012) gives a detailed account of such bodily intentionality, in which the body as an '*I can*' is the primordial mode of experiencing our body's existence (Part I, III). For Beauvoir this more authentic relation to the body was one which was made available to boys, but which girls had to struggle to achieve: 'the great advantage for the boy [is his] free movement towards the world ... climbing trees, fighting with his companions ... he grasps his body as a way of dominating nature and as a fighting tool' (2010: 305).^{viii}

Sartre's and Beauvoir's accounts of the ways we live our relation to our bodies as objectified and thus as alienated, is therefore one of the ways in which we experience our body, our body under the gaze of others, and under our own self-critical gaze when internalising the gaze of the other. And it certainly seems to be in play when considering aesthetic surgery. For one way of seeing our relation to our bodies in relation to such surgery is an attempt to produce the body as a particular kind of object, one that conforms to some desired prototype. We are producing a body in terms of how it appears in a mirror or under the gaze of another (the trend of posting 'selfies' on social media sites is one way in which young people especially are manifesting the gaze contemporarily). For Beauvoir, to prioritise this relationship to our body is an inauthentic mode of relating to it, treating it like an object, reorganising its features in the same way in which we might arrange a room, and treating its relation to the self as no different from the way the room or table is related to the self. The body here is an object outside the self, which we arrange in certain ways, the makeover of the body echoing the makeovers of our houses and gardens. This framework seems to both explain some of what is going on with aesthetic surgery and to some extent what is wrong with it. People think of perfecting their bodies as a way of improving *themselves*, and making *themselves* happier. But while transformation of the self is sought, it is the body *as object*, which is modified; and, on this account, this body is alienated from the self. To treat the objectified body as the self is therefore to be fundamentally mistaken. Consequently changes in the objectified body are not necessarily matched by the desired transformation of the self. As Davis' (1995) research indicates, some women find greater happiness and self-fulfilment through their surgery but others do not.

The Expressive Body

We accept that the concept of bodily objectification can be helpful in highlighting and making sense of some aspects of our relations to our body. We, nonetheless, argue that it fails to capture something that is central to practices of bodily modification, namely, the body as *expressive*. Attention to the expressive nature of the body crosses over the binary between the body for the self, and the body-for-others and problematises the contrast between authentic and inauthentic relations to the body. For the expressive body has a shared salience for both the self and others whom that embodied self encounters.

To make sense of narratives of bodily modification we need to recognise that the bodies of ourselves, and those of others, are experienced, not just as objects to be aesthetically improved in accordance with some cultural norm, but also as expressive of subjectivity. Expressive bodies tell us how things are with a person, whether they are anxious or exuberant, relaxed or watchful, whether they want company or want to be left alone. But they also tell us about the positions of those bodies in a wider social sphere, whether they are masculine or feminine, young or old, sexually attractive or not. Expressive bodies prompt particular kinds of responses from others. We respond to others in terms of what we take their bodies to be expressing. Surgically re-shaped bodies may be desirable because they express a different kind of positionality, and this involves a responsive recognition from others that facilitates a different set of inter-subjective relations. What is wanted is a body able to produce particular affective responses in others, and therefore a body in social space; a modification of the embodied self's lived relations with others. As Holliday and Sanchez suggest:

‘Bodies [are] carefully managed in order to be read as appropriate for social contact. Dress is one mechanism for achieving this aim [...] but increasingly aesthetic surgery is being used to enhance people’s chances of participation in the public sphere’ (2006: 183).

The expressive body, whether our own or that of others, is grasped by means of a corporeal image. To experience a body as expressive is to see it as having a certain form or organisation, it is to have an image of it, an image which prompts a response of our own (Lennon, 2006, 2015). Expressive bodies are material bodies whose experienced shape or form carries expressive content. These are bodies viewed in a certain kind of way, as positioned in inter-subjective interaction. The corporeal image here is not an inner representation of the body, something like a mental picture. It is rather the way in which the body is experienced, as having a certain shape or form. Both Merleau- Ponty ([1945] 2012) and Ludwig Wittgenstein (1967) stressed the way in which our subjectivity is manifest on our bodies, emphasising the direct availability of expressive content. Thus Wittgenstein states: ‘consciousness in the face of another. Look into someone else’s face and see the consciousness in it, and also a particular shade of consciousness. You see on it, in it, joy, indifference, interest, excitement, dullness etc.; the light in the face of another’ (1967: 225). Similarly, Merleau-Ponty remarks: ‘Faced with an angry or threatening gesture...I read anger in it. The gesture does not make me think of anger, it is anger itself’ (2012: 190). This direct awareness of the expressive character of bodies requires inter-subjectivity. It requires a responsiveness from/to others. But what we do not have is a gap between the body-for-self and body-for-others. These are interdependent. The sense of myself-for-others is interwoven into my subjective sense of my bodily corporeality, and my sense

of other bodies for myself. I am aware of the bodies of others as expressive and suggesting/requiring responses from me, and I am, interdependently, aware of my own body as expressive and suggesting and requiring responses from them.

The bodies of ourselves and others are, then, experienced as having a certain form which positions those bodies in interpersonal and social space. Such positionality is experienced as immediately evident and enables, without reflection, our own responses to them. What this amounts to is that we are aware of certain physiological features in terms of their interpersonal and social significance. We perceive/experience certain bodily shapes directly as requiring/suggesting responses of our own or others. The phenomenology here is crucial. There is no two-stage process by which we detect a materiality and infer social significance, or go through a process of interpretation to assign such significance. Rather the significance is part of our immediate experience of the bodies of others and ourselves. In this way social relations shape our experience of corporeality. The bodies we encounter are ‘cultural –biological, [...] always already physical and social’ (Zeiler, 2013: 58).

It is crucial to note here that the awareness of the body in terms of its expressive features is not simply an awareness of anatomy. So Wittgenstein says: ‘descriptions of facial expressions’ do not consist ‘in giving the measurements of the face’ (Kenny, 2005: 221). Think of our recognition of a face as ‘lighting up’ and the impossibility of capturing this expressive feature by detailing the physiological changes it involves. “‘Similar expression’ takes faces together in a quite different way from “similar anatomy”” (Kenny, 2005: 221). One may note an alteration in a face and describe it

by saying that the face assumed a harder expression –and yet not be able to describe the alteration in spatial terms.

Nonetheless expressive features do not float free of physiology either. This is because we experience certain *physiological* features *as expressive*. They are experienced by members of the relevant social grouping immediately and directly as carrying significance, social possibilities, in the way that a smile carries joy. Our relations with others are mediated by imaginaries, which inform the ways in which we immediately experience particular bodily shapes (Gatens, 1996; Lennon 2004, 2006, 2015).

Certain physiologies carry an imaginary of desirability. Other bits of anatomy are invested with an imaginary of youthful energy and charm. And some (the drooping of the corners of the mouth, for example) carry sadness and decline. It is because we experience bodies as expressive, because physiology carries with it an immediate salience, positioning us within certain patterns of social encounter, that people wish to modify such physiology when they want to engage in different social practices in relation to others. This can be seen if we look at the reasons people give for undertaking surgery, at the way certain procedures are marketed, and at the descriptions that people give of their bodily features, whether or not they resort to surgery.

The ways in which physiological features are expressive can be manifested variously. For example, in South Korea traditional beliefs that a person's character can be deduced from physical, including facial, appearance still has resonance today. Holliday and Elfving-Hwang suggest: 'Around half of all Koreans believe that one can 'read' a person's character by looking at their faces [...]' (2012: 70). Certain

physiologies are seen as expressive of power and authority. Linda Alcoff highlights Richard Rodriguez's self-reflection in his book *Days of Obligation*:

I used to stare at the Indian in the mirror. The wide nostrils ... the thick lips ...
Such a long face - such a long nose - sculpted by indifferent, blunt thumbs,
and of such common clay. No one in my family had a face as dark or as Indian
as mine. *My face could not portray the ambition I brought to it* (2006: 191,
italics original).

Certain anatomies are seen as more sexually desirable than others. Beauvoir (1965) contemplating her aging appearance comments: 'I loathe my appearance now; the eyebrow slipping down towards the eyes ... that air of sadness around the mouth that wrinkles always bring ... never again. Never again shall I collapse, drunk with fatigue into the smell of hay ... Never again a man ... never feeling any new desires ... not my body alone but my imagination ... has accepted that' (1965: 671-675). Body fat is consistently viewed as manifesting laziness, greed, and lack of willpower. The slender body, in contrast, depicts control and self-containment, and of course, sexual desirability (Bordo, 1993; Orbach, 2009).

The expressive character of the body is, to be sure, not simply a matter of a static physiological form. It is a character that emerges over time, incorporating changing patterns of movement. And there is some recognition of this in the makeover programmes; not only is surgery required, but also training in movement, response and so on, if the desired effect is to be achieved. But this does not alter the most important point. It is because our relations with others are mediated by the social

imaginaries relating to the particular bodily shapes that are immediately experienced, that individual decisions to change these shapes can seem not only comprehensible but also rational in the context of an inter-corporeality in which our bodily features are experienced *also by ourselves* as laying out certain possibilities for us - for our projects and interactions commonly require a body which expresses to oneself and others the positionality which is aspired to (See Lennon, 2006 for a discussion of this point in relation to transsexual surgery).^{ix}

Changing Expressive Possibilities

However intelligible they are, if we step back and look at the consequences of these individual decisions, we see a widespread pathologisation of bodily difference. Our experience of the expressive possibilities of our own bodies and those of others is increasingly molded by an imaginary, which is now informed in a central way by cosmetically (as well as digitally) modified bodies. In this climate it becomes *less possible* to see expressive possibilities across a range of anatomies. It is a climate in which it can seem appropriate for parents of Down's syndrome children to resort to surgery to have their distinctive features changed, so that the social responses of others to them open up a different range of possibilities for social interaction than those currently in play. What has happened here is, increasingly, *a reduction* of the expressive possibilities of the body to a narrow range of physiological manifestations. Cosmetic surgery is not the whole but a significant part of such a reduction. Let us return to the example of a face 'lighting up'. It would be as if, increasingly, a face could only be recognised as lighting up if a particular range of movements were manifest. The other possibilities are lost. While this has not yet happened for this

expressive character, it is what is increasingly happening for expressions of desirability, intelligence, ambition, potency, and indeed femininity and masculinity. Jones (2013) in her discussion of the photo-shopping of nude images of Simone de Beauvoir, makes an interestingly parallel point. Maybe the tidying up of the image was needed for us *now*, with our norms informed by digital enhancement, to recognise the image as that of an attractive and desirable woman. In the 1950s the unenhanced body would have immediately had that resonance.^x Digital modifications as well as surgical ones have structured the imaginaries which mediate our perceptual encounters with bodies. 'The message may not be that de Beauvoir's body is not 'good enough' but that she is here being actively visually incorporated into the aesthetic value system of the contemporary world' (Jones, 2013: 25).

To counter this situation requires a change of social imaginaries,^{xi} so that a range of expressive possibilities, possibilities of inter-subjective encounters, can be experienced across bodies, which are anatomically much more diverse. We need a more indeterminate relation between anatomy and expressive force, so that sexual attractiveness, charm, authority, effectiveness, warmth and energy (and indeed femininity and masculinity) can be experienced across many different kinds of bodies. But, as Alcoff (2006) and Moira Gatens (1996) have pointed out, patterns of perception commonly operate below the level of reflective scrutiny and are difficult to dislodge by explicit reflection. Any such re-imagining must involve altering the perceptual sensitivity which we have to our own bodies and the bodies of others, a modification which goes hand in hand with change in the sets of inter-subjective interactions which it is possible for us to imagine engaging in. We have to learn to perceive different patterns of significance in the bodies we encounter.

As noted above, Wittgenstein was anxious to distinguish classifications based on expressive content from classifications in terms of physiology. He stressed how the detection of joy, for example, was not to do with the measurements of the face. What Wittgenstein is at pains to stress is that expressive features have a certain autonomy from anatomical ones.^{xii} We can develop this thought if we consider living with someone whose facial muscles have suffered paralysis. We may, at first, be unable to detect emotion in this face; or we may respond to it as though it is expressing some untold terror. Living closely alongside such a face, however, we come to grasp what range of movement there is as expressive of pain or joy. We perceive the corporeal features in a way which is continuous with our perception of joy in physically very diverse faces. The way the face is experienced by us comes to take a different shape, one in which the flicker of the eyelashes or the movement of one side of the mouth become the salient features.

Such changed perceptual sensitivity is what is needed for bodies whose social positionality is now experienced in problematic ways. We need to change our perception of the expressive possibilities of such bodies, change the imaginaries we associate with them.^{xiii} The changing of imaginaries is a creative act. And for this, of course, we need specific interventions in the publically visible realm. Changing social imaginaries is complex but not impossible. We need, for example, to see the way an aging body can be shaped for possibilities of interaction with the world and others, and not simply as expressive of decline and dependence. The videos of Matisse, in his wheelchair, revolutionising art with his cut outs, are helpful here (Tate Modern, 2014; MOMA, 2015). The insistence on the need for visibility of manifestly old (and

female) faces as television presenters is also part of such a change. Paralympic sport, particularly the high profile of the 2012 Paralympic Games, significantly changed the imaginaries surrounding bodies previously imagined as simply *not able*. The changing of imaginaries is part of a destabilisation of currently circulating meanings. To change imaginaries is to change the expressive possibilities certain kinds of anatomy carry for us. It is to alter their expressive impact. And the consequences are often unpredictable. We might have hoped that having Obama as US President would change the way a black male face was experienced. However, in the light of many recent shootings of black men in the US, such a face, particularly if borne by a young man, still expresses criminality to certain white sections (to name just two instances, the shooting of Trayvon Martin in Miami, Florida in 2012; and the shooting of Michael Brown, Ferguson, St. Louis in 2014). If we had a Native American US President would this change things for Rodriguez and his desire that his face could capture his ambition (as detailed above; Alcoff, 2006: 191)? What would be required is that we can view such a face and see it as potentially authoritative. Changing the expressive impact of bodily forms can happen as a result of high profile role models, but also as a result of changes in everyday practices. Encountering women in the boardroom, black professors in philosophy seminars, differently-abled bodies in sexual relations, and every kind of body in social relationships, shifts our perceptual responses, and the potential such bodies express for us. Alcoff remarks that 'perceptual practices are dynamic even when congealed into habit' (2006:191), and to re-imagine our bodies is to re-imagine possibilities for our inter-subjective practices in relation to a shared social world. It is what is needed if the expressive possibilities of multiple bodies are not to be frozen by the dominance of ever more restricted norms.

Conclusions

In this paper we have suggested that we make sense of certain practices of bodily modification, including aesthetic surgery, not in terms of a binary between an objectified body from which the self is alienated, and an active body to which the self has a more authentic relation; but instead in terms of the category of the expressive body; which is the body for self and for others. The expressive body is a body in which the bodily anatomy is experienced in terms of an imaginary, which locates that body within inter-subjective practices. Where that position is deemed unsatisfactory bodily modification is desired. Those buying into aesthetic surgery are not necessarily mistaken about the inter-subjective changes it may facilitate. Nonetheless the widespread normalisation of such interventions *narrows* the range of anatomies, which enable desirable expressive social interactions, and freezes expressive possibilities to a limited range of anatomical features. Aesthetic surgery, as currently practiced, restricts our perception of the expressive possibilities of bodies, and, thereby, the possibilities of social interaction. Our perceptions are increasingly conditioned by a cosmetic gaze, in which, despite Wittgenstein's protestations, expressivity *is* reduced to the measurements of the face or body. To counter such reductions, and to expand our expressive inter-subjective encounters across a wider range of physiologies, takes innovations of a different kind from that of the surgeon's knife.

Notes

ⁱ Following Holliday and Sanchez Taylor (2006), we will, in the main, use the term ‘aesthetic’ surgery rather than cosmetic surgery to refer to surgery which is performed to aesthetically enhance the body (in contrast to rehabilitative or reconstructive surgery which is surgery performed to reconstruct bodies in response to trauma or congenital defect).

ⁱⁱ See: <http://www.mintel.com/press-centre/beauty-and-personal-care/non-surgical-cosmetic-procedures-top-the-million-mark-for-first-time>

ⁱⁱⁱ See also the *Feminist Theory* (August 2013 14(2)) Special Issue ‘Beauty, race and feminist theory in Latin America and the Caribbean’ for discussions of the intersections of race and beauty in Latin America and the Caribbean, introduced by Monica G. Moreno Figueroa and Megan Rivers-Moore (2013).

^{iv} Retrieved from: <https://www.harleymedical.co.uk/cosmetic-surgery-for-men/the-face/chin-implants>

^v Retrieved from: <http://www.transforminglives.co.uk/surgical/face-procedures/facelift-surgery/>

^{vi} Retrieved from: www.revitaizeinturkey.com/testimonials-cosmetic-surgery-dentistry/

^{vii} Retrieved from <http://www.harleymedicalgroup.co.uk>

^{viii} Now, of course, the objectifying gaze is one which boys/men can also experience. And there is much more emphasis on girls and women going to the gym or engaging in sporting activities (though often as a route to a more attractive body).

^{ix} Sometimes procedures are only explicitly noticeable to those who have them but for them their sense of their bodies’ possibilities have been changed.

^x Of course the main problem with these images, published on the front of *Le Nouvel Observateur* to celebrate what would have been De Beauvoir’s 100th birthday, is that the celebration of a female philosopher and novelist is done by means of a nude image.

^{xi} It is not a question here of freeing our perceptual encounters from imaginaries. They provide us with the texture of perception (Lennon, 2015). Rather, as Meredith Jones points out, ‘every image is both physically and metaphorically “framed”—constructing its narrative through processes of inclusion and omission. Thus, image-making becomes a profoundly political act’ (2013: 20)

^{xii} Here Wittgenstein seems to be in direct conversation with those pedlars of Aryan physiology for whom such measurements were crucial; the social possibilities of the face determined by a system of

codified equivalences. But, of course, such measurements and codified equivalences also inform practices of cosmetic surgery.

^{xiii} It is what Luce Irigaray (1985) was attempting with her re-imaginings of the female body. See discussion in Alsop, Fitzsimons and Lennon (2002), Chapter 7.

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