

Fearfully and wonderfully made: Reflections on cosmetic surgery

by [Stephanie Paulsell](#) in the [October 13, 1999](#) issue

Making the Body Beautiful: A Cultural History of Aesthetic Surgery, by Sander Gilman

The authors of scripture are forever holding up a mirror to our bodies, trying to make us see the imprint of the divine in our restless flesh. "So God created humankind in his image," the author of Genesis writes, "in the image of God he created them." "I praise you," sings the psalmist, "for I am fearfully and wonderfully made." "Do you not know," Paul asks, "that your body is a temple of the Holy Spirit?"

According to Sander Gilman, professor in several fields at the University of Chicago (including biology, psychiatry, the history of science and the history of culture), it's the rare person who is moved to praise by the scrutiny of his or her body. Most of us feel only varying degrees of dissatisfaction. Some of us see ears that stick out too far. Others worry over noses too long, or breasts too large or breasts not large enough. Some see a stereotype enfleshed, a body that situates us firmly in one group or another. For some of us, the mirror reflects back a body that other groups hate because it marks us, in their eyes, as threatening, inferior or malign.

The history of the body is in part the history of its striving to surpass itself. Human beings have long struggled to shuck off the limitations of the body through politics, art, religion, reproduction—and, when possible, surgery. These days, a growing number of men and women, young and old, are turning to surgeons to try to solve their dissatisfactions with their bodies, to transcend the confines of their appearance.

Statistics tell the story of a booming business: in the U.S. in 1981, 296,000 aesthetic surgeries were performed; in 1984 the number rose to 477,700; in 1994, 1.3 million. In 1995, 825,000 procedures were performed on the face alone. In 1996, there was about one aesthetic surgery for every 150 people. In 1994, 65 percent of these uninsured procedures were performed on people with family incomes of less than \$50,000 a year.

Candidates for aesthetic surgery are getting younger and younger. A 15-year-old girl in Japan says of eyelid surgery, "It's like piercing your ears. Everyone is doing it now. I cannot understand why some people make a big fuss of it." Asian-American families often give double-eyelid surgery to their daughters as a 16th-birthday gift, much as American Jewish families in the 1950s and '60s gave their 16-year-olds nose jobs as birthday presents. Wealthy Brazilian families purchase breast reduction surgeries for their girls "so as to distinguish their daughters from the lower classes." In Ireland, ear pin-backs remain the surgery of choice. Parents hope that these gifts will allow their children's bodies to be read in the most positive light and help ensure their economic advancement and happiness. (Indeed, in every century since aesthetic surgery began, surgeons have cited the patient's happiness as the primary motivation for their work.)

Armed with countless examples of the use of aesthetic surgery to change racial, sexual and national characteristics, Gilman develops the thesis that aesthetic surgery is born of the desire to "pass"—to pass as white, or Western, or gentile, or non-Irish, or erotic, or young. The desire to pass, in turn, is born of the dominance of a particular ideal of beauty held in place by systems of economic power and privilege.

By studying surgical textbooks, novels, art, films and the Web pages of contemporary plastic surgeons, Gilman traces the cultural history of aesthetic surgery. The story begins in the 16th century, when surgeons attempted to repair the faces of those whose noses had been eaten away by syphilis. Well before the days of antisepsis and anesthesia, these surgeries posed grave dangers and promised excruciating pain. But because the damaged face of the syphilitic conveyed what society believed to be bad character (even for those who had merely inherited the disease), many sought out surgeries in spite of the great risks involved. These first surgeries raise several issues that Gilman pursues throughout the book: the difficulty of maintaining a distinction between "reconstructive" and "aesthetic" surgery; the cultural significance of the nose; the motivations of aesthetic surgeons; and the perceived relationship between the appearance of the body and the condition of the soul.

The real growth of aesthetic surgery began, however, in the 19th century with the development of antisepsis, techniques of anesthesia and, most significant to Gilman, race-oriented science. Using illustrations from handbooks of physiognomy, Gilman documents, for example, European anatomists' fascination with the bodies of black

women. With the expansion of European colonial exploration, anatomists began to compare black women's bodies to what they considered to be "normal" body shapes.

In her novel *Beloved*, Toni Morrison offers a harrowing image of such "science" when she describes the slaveowner Schoolteacher and his odious nephews studying the slave Sethe, distinguishing her "human" from her "animal" characteristics. Sethe kills her own child in order to protect her from the brutalities of slavery and from becoming an illustration in the white man's lexicon of body meanings: "And no one, nobody on this earth, would list her daughter's characteristics on the animal side of the paper. No. Oh no."

The racialized science of the 19th century assigned cultural meaning to nearly every part of the body— buttocks, ears, breasts—but especially to the nose. Other noses besides the syphilitic began to be stigmatized—the too-small Irish nose, the too-large Jewish nose, the too-flat African nose. All noses that deviated from the European ideal were traced back to Africa; both Jews and the Irish were considered "black." Such racial anthropology persisted into the 20th century: Hitler was evidently obsessed with Stalin's earlobes. Properly analyzed, he believed, they would betray Stalin's Jewish origins.

Given Gilman's heavy emphasis on passing, on blending into the dominant culture, one might expect most contemporary aesthetic surgery patients to be nonwhite or non-Western, which is not the case. Huge numbers of white, middle- and upper-class Americans are responsible for the boom in aesthetic surgery. Gilman convincingly argues, however, that the racialized science of the 19th century has formed contemporary views of the body and what counts as beautiful and erotic. Such racialized notions of beauty, he contends, along with the Enlightenment emphasis on autonomy and independence, undergird the current growth of aesthetic surgery, which has now broadened far beyond "correcting" signs of racial difference. "Once you can change what a society understands as unchangeable, such as racial markers," he notes, "then it is possible to imagine altering other aspects of the body that seem permanent, such as signs of aging."

The modern history of aesthetic surgery includes such oddities as enforced surgery and medical tourism. Both Hitler and Mussolini mandated aesthetic surgery for soldiers in order to ensure their "maximum fitness"—including lifting drooping eyelids which might impair vision. Medical tourism is a huge business: it is possible

to get package deals to travel to Poland for a face-lift, to South Africa for a penis enlargement, to Lebanon for transgender surgery.

Aesthetic surgery continues to hold risks, even in the age of anesthesia and antisepsis. It is often lengthy, requiring patients to spend long hours under anesthesia. And any physician can perform such surgery. *Newsweek* recently reported the death of a patient who was undergoing eyelid surgery performed by an ophthalmologist; Gilman reports on dentists doing hair transplants.

Some of the most interesting reflections on aesthetic surgery are made by visual and performance artists. A self-portrait titled *Beauty Out of Damage* by Matuschka appeared on the cover of the *New York Times Magazine* in 1993. Dressed in a beautiful white dress which fully exposed her mastectomy scar, Matuschka celebrated not a rebuilt breast, but the beauty of a deeply scarred body, damaged, yet surviving.

The French performance artist Orlan has undergone numerous aesthetic surgeries since 1987—filmed and narrated by the artist while the surgeries are performed under local anesthesia—in pursuit of a project she calls "The Reincarnation of Saint Orlan." Taking to its logical extreme the desire to "perfect" the body according to Western ideas of beauty, Orlan has acquired "the chin of Botticelli's *Venus*, the eyes of a Fountainbleu *Diana*, the lips of Gustave Moreau's *Europa*, the nose of Jean-Léon Gérôme's *Psyche* and the brow of Leonardo's *Mona Lisa*." By taking on, as she says, the "history" of these body parts, she intends to "fight against nature and the idea of God."

Is aesthetic surgery somehow a denial of God? John Dryden's dictum that "God did not make his Works for man to mend" is an idea that aesthetic surgeons of every age have had to struggle against. What are the theological challenges raised by aesthetic surgery? How ought Christians to think about it?

Perhaps the most challenging theological issues raised by Gilman's study have less to do with aesthetic surgery itself than with the conditions that give rise to it: the old stories of inclusion and exclusion, of racism and Western hegemony. Aesthetic surgery is such big business because we continue to judge one another by how we look. We continue to believe that the shape, size and color of people's bodies provide a window into their character, their worthiness, their souls. "The aesthetic surgeon," Gilman writes, "operates in a world in which everyone's appearance is

charged with meaning, most profoundly the meaning of who can and cannot be honored with acceptance as an equal." We deny God less by changing the features of our bodies than by being unable to see the image of God reflected in bodies of all sorts.

The turn to aesthetic surgery has certainly not helped to bring into focus the image of God inscribed in human bodies. Even in an age that is developing "ethnically appropriate" aesthetic surgery, patients tend to seek (and surgeons tend to provide) a narrowly defined beauty. Aesthetic surgery seems to offer us freedom: we can change our bodies; we can change our lives. But how free are we when we are constrained by limited conventions of beauty? And what kind of freedom is it when those conventions emerge from a history of contempt for particular kinds of bodies? The freedom offered by aesthetic surgery may actually be a terrible encumbrance that blinds us to the full range of human beauty and keeps us etherized upon a table when we might, instead, be living.

The repeated surgeries Orlan has undergone in the service of her art reflect a cultural reality. Men and women are returning to aesthetic surgeons again and again, searching for perfection. One surgery often leads to another, then another, then another. Because patients are younger and younger, procedures done now very likely will have to be repeated several times in the future. Caught up in a round of expensive surgeries, the body comes to be seen not as a gift, but as a project, not as a mystery, but a task.

If we come to view the body primarily as project and task, will we know how to honor our bodies and the bodies of others? If we lose sight of the body as gift and mystery, will we be able to teach our children to love their bodies, to believe in the goodness and integrity of their flesh? Will we be able to teach them that all bodies reflect God's image and deserve protection and care?

What we need are ways of living that teach us that we are fearfully and wonderfully made. And we need churches that sharpen our awareness of God's imprint in every human body. We need churches that teach us to honor the body both in everyday life and in extraordinary circumstances, that show us how our bodies have everything to do with the convictions, wonderments and hopes that orient Christians to God and the world—that God created our bodies good; that God dwelled fully in a vulnerable human body; that through our bodies we participate in God's activity in the world; that in caring for the needs of the body we are invited into relationship

with God.

Of course, aesthetic surgery can be a way of caring for the needs of the body. As Gilman notes repeatedly, the line dividing "reconstructive" from purely "aesthetic" surgery is increasingly difficult to locate, especially when surgeons describe their work as healing the psyche through adjusting the body. Certainly there are exterior marks and wounds that can impede our experience of happiness, of the goodness of life and of human relationships. In this struggling and broken world, our lives continue to be marked by how our bodies are received by those who gaze on them, and by the self-image that takes shape within that gaze.

In her meditation on life on an island on Puget Sound, *Holy the Firm*, Annie Dillard writes of a seven-year-old girl, whom she calls Julie Norwich, whose face was badly burned in a plane accident. Dillard ponders the girl's future, presenting a disturbing vision of a life without human companionship: "For who will love her now, without a face, when women with faces abound . . . ?"

The last paragraph of the book, however, begins like this: "Julie Norwich; I know. Surgeons will fix your face." There is such relief in those two sentences. Aesthetic surgery can be one of the miraculous gifts of science. What a wonder that a little girl's life, like the life of a man who feels he has been born into a wrongly gendered body, or a child whose body has been sorely damaged by illness, or a woman whose heavy breasts have caused her physical and emotional misery, can be salvaged by the skill of a surgeon. What a wonder that so much can be retrieved and so much repaired.

But Dillard also continues: "Or if you're scarred, you're scarred. People love the good not much less than the beautiful, and the happy as well, even just the living, for the world of it all, and heart's home." Not all scars can be dissolved, not all wounds repaired. Scarred or whole, we are fearfully and wonderfully formed in God's image, every body a temple in which the Holy Spirit expects to dwell. But we must always be learning and relearning, not only to love the good as much as we love the beautiful, but to look at the world and one another through the eyes of a creator who lovingly brought forth more forms of beauty than we have yet been able to cherish.