

RESIDENT ALIENS

If you're white, you're all right
 If you're brown, stick around
 But if you're black, whoa brother:
 Get back, get back, get back

—Big Bill Broonzy

“**N**egro Announces Remarkable Discovery: Can Change Black to White in Three Days” reads a newspaper headline at the start of the African American writer George Schuyler’s 1931 novel, *Black No More*. The “Negro” of the headline is Dr. Junius Crookman, a physician-businessman who has invented a revolutionary medical technique for changing black people into white. Crookman’s technique can lighten skin color, straighten hair, even change facial features. All this in only three days, as long as the proper fee is paid. For Dr. Crookman is more than a brilliant, German-trained black physician. He is also a canny entrepreneur and a “race man,” whose dedication to the advancement of the Negro people is exceeded only by his dedication to the advancement of his bank account. When Crookman announces that he has developed a method to turn black people white, his Black No More clinic is besieged by thousands of black people willing to pay heavily for the privilege. As he explains to the press, there are only three ways for the Negro to solve the race problem in America: “To either get out, get white, or get along.”¹

Getting white, as it turns out, is not the unqualified success Crookman imagines. As black Americans rush to Black No More Incorporated, they abandon black social structures and businesses. Black banks collapse. So does the segregated housing market. Black civil rights organizations panic and black-owned businesses go belly-up. Meanwhile, white people become obsessed with finding out which whites were born white and which ones have undergone the Black No More procedure. This distinction is important. Changes brought about by Black No More are not hereditary: converted whites will still have black children. (Though, as Crookman notes, Black No More Inc. can change a black child to white in only twenty-four hours.) Max Disher, the book's converted black-to-white hero, must hide his racial origins when he marries a young woman whose father is the Imperial Grand Wizard of the Knights of Nordica. Schuyler dedicated *Black No More* to "all Caucasians in the great republic who can trace their ancestry back ten generations and confidently assert that there are no Black leaves, twigs, limbs or branches on their family tree."

Schuyler's book is more than science fiction or even social satire. It is a political novel that takes on controversial issues of beauty and racial identity. For ethnic minorities in a consumption culture, apparently simple matters of hairstyle or skin cosmetics have a much larger political significance. If you are a black person in a culture whose standards of beauty are determined by the white majority and reinforced by media images and advertising, then even a simple decision to have your hair straightened risks the charge of self-hatred or ethnic betrayal. And if you are a woman, the problem is even more complex, since the very identity of American women has often been bound up with their physical beauty. Both women and ethnic minorities are often made to feel ashamed and inadequate if their appearance deviates from accepted cultural standards.

From an ethical standpoint, the issue is complicated by the fact that Americans tend to think of every moral issue as a matter of personal choice and individual rights. American bioethicists generally frame dilemmas in terms of the autonomy of patients. Thus the bioethics literature is filled with patients who want life-sustaining treatment pitted against doctors who don't want to give it to them,

doctors who want to get expensive treatments for their patients versus managed care organizations that keep turning them down, women who want abortions versus religious zealots who want to stop them. Even in the debate over health care reform in the early '90s, Americans turned the debate into a choice between systems that allow patients to *choose* their doctors versus mythical Canadian-style systems that do not. American bioethicists generally presume that unless strong reasons to the contrary are produced, patients should get what they want.

But with cosmetic surgery the problem is different. The problem here is not whether people should get what they want, but why they want what they want, and what happens when they get it. Americans have a hard time resisting anything that can be phrased in terms of self-determination. Autonomy, liberty, freedom: these are among our most powerful words. When they run up against terms like community and solidarity, there is little question which ones will win out. What Schuyler realized, however, was how tightly solidarity and community are bound up with identity. He portrays the black American's dilemma brilliantly by putting autonomy and self-determination at the service of self-betrayal. You can get exactly what you want, says *Black No More*, but the cost will be all the things that have made you what you are. When you lose your appearance, you will also lose your family, your friends, your neighborhoods, and your culture.

Framing moral dilemmas as a matter of resisting oppression is easy when you can identify an individual oppressor: P. W. Botha grinning like a crocodile, Lester Maddox standing in the doorway of his chicken restaurant, stroking his axe handle. But when the oppression is more diffuse, enforced by no laws or regulations, it is harder for resistance to get any purchase. How do you resist aesthetic values that exist nowhere but in people's minds? It is one thing to resist oppressive ideals of beauty when they are championed by the enemy. It is quite another when you are convinced that they are *your* ideals, a part of *your* authentic self; that remaking yourself by the light of these ideals marks the pathway from shame to happiness. How do you resist the oppressor when he has taken up residence in your own head?

IF YOU WERE to look solely at the numbers, you might well conclude that Americans are wildly enthusiastic about cosmetic surgery. Cosmetic surgery is more popular now than at any point in American history. According to the American Society for Aesthetic Plastic Surgery, Americans underwent 4.6 million cosmetic procedures in 1999, a 66 percent increase over the previous year. Part of this steep increase is due to the growing popularity of cosmetic dermatological procedures, such as chemical peels, Botox injections, and laser hair removal. But major surgical procedures are on the rise as well. A study by the American Academy of Cosmetic Surgery found that breast augmentation procedures increased over fourfold during the 1990s, with 255,254 women undergoing breast augmentation in America during 1999. The most popular procedure in 2000 was liposuction, with over 670,000 procedures performed, a tenfold increase from 1990. Another professional society, the American Society of Plastic Surgeons, found that breast augmentations were up 413 percent since 1992, liposuction procedures rose 389 percent, and eyelid surgeries increased 139 percent. These newly modified Americans are apparently very pleased with their new bodies. According to one survey, 82 percent of women and 72 percent of men say they would not be embarrassed if people outside their family knew that they had undergone cosmetic surgery. Another recent headline reads: "Ninety-Seven Percent of Breast Augmentation Patients Happy with Results."²

Beneath all this apparent happiness, however, runs an undercurrent of apprehension. Why are so many Americans unhappy with the way they look? Many of these procedures are invasive and painful. Some are quite expensive. Face-lifts, nose jobs, and full-body liposuctions can each cost upward of \$8,000. If Americans are willing to risk this much money and discomfort for a better body or face, there must be some powerful reasons behind the choice, and this is precisely what worries many critics of cosmetic surgery. People may not be getting cosmetic surgery for its advantages, but because they desperately dread the alternative: a body or a face of which they are deeply ashamed. For women and ethnic minorities, this shame may come from failing to meet the sexist and racist standards of beauty as

defined by the dominant culture. Cosmetic surgery may remedy their shame, but it also reinforces the very racist or sexist standards that fueled the desire for surgery in the first place.

Philosopher Margaret Olivia Little nicely captures the problem of enhancement technologies like cosmetic surgery with the phrase “cultural complicity.” The handicaps that enhancement technologies are meant to fix—social inadequacy, stigmatization, shame, problems finding a partner or a job—are the result of social values and attitudes that ought to be changed. Yet not only do enhancement technologies do nothing to improve those attitudes, they may also make them worse. The more breast augmentations that are performed, the more entrenched the preference for large breasts. The more nasal surgeries that are done, the more entrenched the preference for Gentile noses. The more skin lightener and hair straightener that are sold, the more entrenched the preference for white skin and hair. This is why Little uses the word “complicity.” These procedures may relieve individual suffering, but in so doing they make the social problem even worse.

The first Americans to seek out cosmetic surgery in significant numbers were Jews who were unhappy with their noses.³ American surgeons had begun to experiment with nasal cosmetic surgery late in the nineteenth century, and the surgery became popular during the early part of the twentieth century, when America underwent its first wave of immigration from eastern and southern European countries such as Italy, Poland, and Russia. These immigrants wanted to fit in, and fitting in meant effacing the features that were most often caricatured. For Jews, this meant hiding the so-called Jewish nose, a term that had found its way into popular currency by the 1920s. The wish not to look Jewish was not limited to Jews, however. Italians, Greeks, Armenians, Iranians, and Lebanese all feared that a nose of a certain shape would lead to their being mistaken for Jews or another undesirable ethnic minority.⁴ The popularity of nasal surgery grew most rapidly during the 1940s, when the dangers of being seen as Jewish were at their peak. Even through the 1960s, over half of all clients seeking nasal surgery were first- or second-generation American Jews.⁵

Not that clients of surgery themselves always saw their choices this

way. Most people undergoing nasal surgery simply said they wanted a nose that looked more attractive. Unattractive noses were not always described as “Jewish.” Often they were said to be “over-large” or “humped.” Plastic surgeons, aware of the racist implications of this kind of surgery, insisted that they were simply doing as their patients asked. They claimed to want nothing more than to help their patients become happier and more attractive.⁶ Yet most Americans were aware of the social handicaps that came with looking like an ethnic minority. When actress Fanny Brice had her nose altered in 1923, she claimed that looking Jewish had nothing to do with her decision. But Dorothy Parker said out loud what many Americans secretly thought when she said that Brice “cut off her nose to spite her race.”⁷ By 1936, Vilbray Blair, a Washington University surgeon and a founder of the American Board of Plastic Surgery, could endorse cosmetic surgery to minimize markers of ethnicity: “Change in the shape of the pronounced Jewish nose may be sought for either social or business reasons.”⁸

Asian Americans have undergone similar experiences with surgery for their eyes. Beginning in the mid-twentieth century, Asians began to seek out “blepharoplasty” (cosmetic eye surgery) in order to make their eyes look more like those of Europeans. One of the most popular remedies has been the “double eyelid” procedure, which creates the superior palpebral fold that is naturally present over the eyes of Caucasians, but which is absent from the eyes of many Asians. The double eyelid procedure became popular in Japan after World War II, when the Allied occupation exposed Japanese citizens to Western images of beauty. The military conflicts in Korea and Vietnam had similar effects in those countries. Today, even the People’s Republic of China supports a lively cosmetic surgery industry. In America, the double eyelid procedure is the most popular form of cosmetic surgery for Asian Americans, yet surgeons (and many patients) often deny that it is a way of westernizing Asian eyes. Typically, they will say that it is a way of making the eyes look less tired, or the face more open and friendly.⁹

African Americans, on the other hand, have traditionally been less likely than members of other ethnic minorities to seek cosmetic surgery. This may be partly because dark skin is more likely to develop

keloid scars after surgery. It may also be because no amount of surgery will hide dark skin. Historically, the real debate for African Americans has not been about cosmetic surgery, but about cosmetics. When George Schuyler wrote *Black No More* in 1931, the cosmetics industry was a focus of intense political debate within the black community. "Black No More" was, in fact, the name of a skin bleach of the period.¹⁰ In the preface to his book, Schuyler refers to a popular hair straightener called "Kink No More," a preparation for the "immediate and unfailing straightening of the most stubborn Negro hair."¹¹ (The name was not entirely accurate, Schuyler points out, since users of Kink-No-More had to renew the treatment every two weeks.) Schuyler's criticism was echoed thirty years later in a famous passage in *The Autobiography of Malcolm X*, where Malcolm recounts his first and last "conk," a painful procedure that used lye to straighten black people's hair. "This was my first really big step toward self-degradation," writes Malcolm, "when I endured all of that pain, literally burning my flesh to have it look like a white man's hair."¹²

For many black intellectuals of Schuyler's day, the sale of skin whiteners, face powders, and hair straighteners represented the worst form of exploitation. Not only did these products reinforce white ideals of beauty, they did it by taking money from the black person's pocketbook. One of the less admirable characters in Schuyler's book is Madame Sisseretta Blandish, the operator of an ornate hair-straightening shop. Blandish has been elected vice-president of the American Race Pride League for the fourth consecutive time, "because of her prominence as the proprietor of a successful enterprise engaged in making Negroes appear as much like white folks as possible."¹³ Readers in the 1930s would have recognized Blandish as a thinly disguised caricature of Madam C. J. Walker, the wealthy founder of a cosmetics empire that sold hair care products to black Americans. "Look your best," said Madame Walker's ads. "You owe it to your race."¹⁴ Yet Walker was far from the worst exploiter of white ideals of beauty. She refused to sell skin bleach, and she emphasized hair care rather than hair straightening.¹⁵ Other firms, many of them owned by whites, were far less discreet. The white-owned Plough Chemical Company used explicit, up-from-slavery imagery in

selling its skin bleach. "Bleach Your Dark Skin; Race Men and Women Protect Your Future," said its advertisements. "Be attractive! Throw off the chains that have held you back from the prosperity and happiness that belong to you."¹⁶

There were good reasons behind the success of these cosmetics, of course: American society gave concrete rewards for light skin and features that looked more "white." Yet it was also true that black society enforced color hierarchies of its own, favoring light skin over dark. Schuyler pokes fun at these hierarchies repeatedly in *Black No More*, especially the black man's preference for light-skinned women. At one point Schuyler's narrator says of two characters: "Both swore there were three things necessary for the happiness of a colored gentleman: yellow money, yellow women and yellow taxis."¹⁷ His caustic remark captures the issue that faced many black Americans of the time, and with which many still struggle today. That issue was not simply staying loyal and resisting white standards of beauty, but also the fact that they had internalized white standards. The oppressor was not just walking the corridors of power in political and corporate America. He had also set up shop in their homes. A person can try to create new ideals of beauty, of course, yet she can only go so far in changing her own preferences, much less those of others. Even progressive blacks of the time who called for new ideals of beauty to counter those of the white majority often seemed unable to imagine what those new ideals might be. When the 1904 issue of the magazine *Voice of the Negro* published a drawing of the "New Negro Woman," notes the historian Kathy Peiss, the woman looked exactly like a white Victorian woman, only with slightly darker skin.¹⁸

EVERY SOCIETY HAS its own somewhat arbitrary fashions, tastes, and preferences. It is hard to imagine life without them. How do we tell the difference between these ordinary tastes and those that are (as Little puts it) "morally suspect?" Of course, it is not hard to see the difference between social attitudes that say skin looks better without warts and pimples and attitudes that say white skin looks better than dark. But after the obvious examples, matters become more complicated. Is the American preference for women with thin waists and large breasts a suspect standard, or is that just an ordinary

standard of beauty? What about the preference for blonde hair or straight teeth? If the culture tells men they look better with big biceps, a washboard stomach, and a hairless back, is this too a sign of cultural oppression?

We can't expect a society to regard everyone as equally attractive, or even equally likely to succeed economically. As Little points out, men who are seven feet tall have opportunities for fame and wealth in America that are unavailable to men who are five feet tall, simply because they live in a country that is crazy about basketball and not about horse racing. Too bad for the short guys, but that is the way the cards fall. The same goes for beauty. Some people, in the eyes of their fellow Americans, look better than others. The less attractive people may be less fortunate, but society can't be blamed for their misfortune. No one would argue that society should be held culpable.

Yet racist standards seem different. One important difference between racist standards and ordinary standards of beauty is the *content* of the standards. A society can make any standard feel oppressive if its members humiliate those poor souls who fail to meet it. But racist standards seem disgraceful and unfair quite apart from the severity with which they are enforced. Racist standards seem more objectionable than the others not because they cause more suffering (the actual suffering they cause may even be less) but because of what they say. For Little, a standard that says dark skin is less attractive than light is worse *in itself* than a standard that says, say, ears look better if they lie flat against your head, or buck teeth are funny-looking, or a pot belly is better kept hidden. Racist standards are offensive because their very content is offensive.

Like many feminist theorists, however, Little goes one step further: when it comes to women, *all* standards of beauty are oppressive. These standards are oppressive not because they are enforced with special brutality, not because women who fail to meet them are singled out for special humiliation, but because these standards are part of a broader sexist ideology. Women, unlike men, have traditionally been defined in terms of their physical appearance. Women's bodies have traditionally counted for more than their minds, and the beauty of that body has been a significant part of female identity. For this reason, Little believes that extensive surgery to bring a woman's body

in line with prevailing standards of female beauty—liposuction, cheekbone surgery, rib extraction, breast augmentation—is on a moral par with surgery to make a black person resemble a white one. She writes that for women, “Norms of appearance turn out to be, then, not norms of a *good-looking woman*, but norms of a *good woman*, full stop.” This makes them different from norms of attractiveness for men. According to Little, “a man who fails in this category has failed in something that is only incidental to his nature; a woman has sinned against one of her deepest charges.”¹⁹

I am not so sure. Women may have been traditionally defined by their physical appearance, but that does not make standards of women’s beauty similar to racist standards. It is not the *content* of these standards that is suspect (the content of the standards of women’s beauty have, in fact, changed over the years), but the place held by *any* standard regarding women in the larger social system. Is it the fact that American society has a standard that prefers large breasts to small ones that is the problem, or is it the fact that *any* standard is made so important?

Critical to Little’s argument is a distinction between misfortune and injustice, or what is unfortunate and what is unfair. As she puts it in the case of racist standards, “It is no *accident* that the standard of beauty prevalent in the West favors white European features over black African ones. It reflects a long-standing tradition in which being black is devalued and being white is valorised.”²⁰ The key word here is *accident*. The distinction between misfortune and injustice draws on a perceived distinction between accident and conscious human intention. It is unfortunate if you lose your house in a hurricane; it is unjust if I take it from you. It is unfortunate if you lose your shirt in the stock market; it is unjust if I cheat you out of it in a poker game. Bad events can be unjust only if they are the product of conscious intentions. God can be unjust, but the results of nature are merely unfortunate.

But this distinction between unfairness and misfortune becomes much more complicated once we start blaming an entire society rather than a single person. Clearly we are blaming *something*, in the sense of holding it culpable. To say that society should be blamed and held culpable for propping up a suspect standard is to say that the

standard is unfair rather than unfortunate. It is to say that being a victim of the standard is more like losing your house to a con man than like losing it to a hurricane. Blame implies agency rather than accident. It suggests that *someone* has acted unjustly.

But who or what, exactly, are we blaming when we blame the society? We are not blaming any single person. We are not even blaming a group of people for acting in a conscious, intentional way. To say that a society's standards of beauty are racist is not like saying that George Wallace and Ross Barnett were racists. It is to say that these racist standards are so entrenched that even the *victims* of oppressive standards have internalized them, often without even realizing it. It is to say that these racist standards are buried deep within other social attitudes and permeate the structure of a society. Of course, many people in a racist society will have acted in an intentionally racist way, but often they are long dead; it is their thought, their ideology, and their institutions that have endured. This account, surely, has some truth to it, but it also blurs the line Little wants to sharpen between misfortune and injustice. If society is to blame, then no one (or everyone) is culpable for the injustice. To blame society is a little like blaming God. You have the satisfaction of pinning the crime on somebody, but you know He is not really going to take the rap.

In practical terms, the problem with blaming society is that idiosyncratic aesthetic preference can almost always be easily redescribed as oppressive ideology. Little named ideologies involving African Americans and women. But she could have also named the poor, the elderly, Jews, American Indians, Asian Americans, Latinos, Arab Americans, gays and lesbians, the transgendered, the intersexed, the disabled, and the Deaf. The class of Americans described as oppressed by an unjust system is constantly expanding. For many, it is very hard to dispute this redescription. The poor *are* victims of an American free market capitalist system in a way that they are not in many other industrialized countries. American Jews *have been* victims of systematic racist violence. In the 1990s Americans such as James L. Byrd, Matthew Shepherd, and Teena Brandon were murdered for their ethnic or sexual identities. Yet it is also true that even privileged Americans can easily call up some aspect of social discrimination with which they can identify—stigmatization of people who

are fat, short, shy, or clumsy, who speak with the wrong sort of accent, have the wrong sort of name, or come from the wrong side of the tracks. I never fail to be taken aback by the number of Americans who remember being picked last for sports teams when they were children.

Let me emphasize that I find quite a number of these redescriptions persuasive. I don't want to ally myself with conservative critics who see the victimization mentality as a sign of American moral decay; I just want to point out how many people find these descriptions compelling. For many contemporary Americans, this story of unjust suffering strikes a rich and resonant chord. Stories of oppression or marginalization, of the suffering a people have undergone, of being humiliated or made to feel small—these narratives capture something deeply significant about the way contemporary Americans experience their lives. If there is any single group of Americans that the rest of the country sees as *not* oppressed, as the very opposite of oppressed, it is the group of which I myself am a member—white southern men. Yet if you ever find yourself in South Carolina, just mention the name William Tecumseh Sherman to a white man of a certain age and you may well hear a sermon about the evil visited upon the South when Sherman's army marched through the state over 140 years ago. Stories of injustice and oppression are among the most authoritative narratives of our times.

To see this, try to come up with a case of social suffering in America that *cannot* be redescribed as ideological oppression. It is not easy to do. Little's own case was an imaginary one in the form of a joke: a single-chinned man in a society that admires double chins. An imaginary joke case has the advantage of defusing, in advance, the potential objections that could be raised to a real case by people who see their own suffering mirrored there. The other example that Little mentions in passing is our society's preference for tall men over short men, pointing out that opportunities for fame and wealth are available to very tall men in a way that they are not available for short men. This preference might seem a likely candidate for the kind of idiosyncratic aesthetic preference that a society can legitimately have. Yet when growth hormone for short children was being debated in the mid-1980s, partisans were quick to point out that greater height

for men is identified with greater social status, increased physical attractiveness, sexual desirability, business success, and political electability. Short boys face brutal teasing by their peers; short men have more trouble finding wives and partners. Business school graduates over 6 feet tall, it was pointed out, get starting salaries 12.4 percent higher than shorter graduates; college-educated men taller than 6 feet 2 inches have incomes 10 percent higher than those under 6 feet; and when salary differences between men and women are adjusted for height, they disappear. Some commentators noted that the taller candidate had won 80 percent of U.S. presidential elections this century. Of all U.S. presidents, only five have been below average height. Even our language, it was argued, reflects a bias towards height. (When we admire people, we look up to them; when we want to humble them we make them feel small; Heaven is above us, Hell is below; and so on.)²¹

If stigma is a form of oppression, then in America no group has a monopoly on oppression. Some groups are more stigmatized than others, but very few Americans escape it entirely. Sociologist Erving Goffman, for example, thought that almost everyone experienced stigma in some form or another, if only because of the fact that so many people experience the stigma of growing old. Stigma is not a tightly circumscribed condition unique to small groups of marginalized people. "[I]n an important sense," Goffman wrote, "there is only one complete unblushing male in America: a young, married, white, urban, northern, heterosexual Protestant father of college education, fully employed, of good complexion, weight and height, and a recent record in sports."²²

Being part of an oppressed group has undeniable advantages, of course—you get the sympathy of others and you get the moral high ground.²³ This may be why some people who have not personally experienced oppression are nonetheless tempted to describe themselves as oppressed, attaching themselves to an oppressed group by virtue of shared ethnicity, history, or ancestry. Yet once oppression is connected to markers of identity rather than to direct personal experience of oppression, the number of oppressed people is certain to grow. I am oppressed because my people have been oppressed. I am a victim because other people like me have been victimized. I have a

grievance against the North because I am a South Carolinian, a descendant of South Carolinians whose farms were burned and looted by Sherman's troops in 1865. In these narratives of oppression, any connection to a group that can be identified as the oppressor, rather than the oppressed, is conveniently forgotten. Thus southerners like me are apt to describe themselves as victims of northern aggression, not as descendants of white slaveholders.

It is sometimes said that Americans are obsessed with the question of identity, but this is only partly true: Americans worry very little about their national identity *as* Americans (nothing approaching the degree of worry or division apparent in, say, Scotland or Quebec). Yet at the same time, we see individual Americans attaching tremendous importance to their identities *within* various American subgroups, such as ethnic minorities (African Americans, Native Americans, Latinos, Jews), communities centered around sexual identity and orientation (gays, lesbians, the transgendered, the intersexed), groups organized around biology and illness (the Deaf community, disabled rights groups, AIDS and breast cancer activist organizations), and membership in various subcultures (Goths, punks, hackers, skateboarders, surfers, Deadheads, bikers, bodybuilders, etc.). What is notable about these identities is that, unlike an identity *as* an American, most are closely linked to marginalization or oppression. As citizens of one of the wealthiest and most powerful countries in the world, Americans struggle to tell a plausible narrative of oppression *as* Americans. But within a particular American subgroup, that narrative often rings very true.

Some social critics suggest that identity has become so closely bound up with oppression because of the absence of more solid, genuine markers of identity, especially in immigrant countries. As a society assimilates immigrants and minorities it becomes more homogeneous, and the identity of those minorities begins to feel shallower and more superficial. The more assimilated a particular cultural group becomes, and the more social equality that its members attain, the more that group looks like the mainstream. But the more a group looks like the mainstream, the more tenaciously it clings to what makes it different. The pairing of identity and suffering, it is suggested, is part of a larger attempt to climb back out of the melt-

ing pot. To reclaim suffering is to connect oneself to a time when identity looked more substantial, to what Kwame Anthony Appiah calls the “rich, old kitchen comforts of ethnicity.”²⁴

This explanation may fit some ethnic minorities, but it does not explain why other groups embrace narratives of suffering and oppression. It is not only national and ethnic groups who link identity to oppression; it is also a part of gay, lesbian, and transgender identity, of disability rights activism, of the women’s movement, of survivor groups, of activist movements of all stripes. The aim of these movements is often not to remember a forgotten identity but to create a new one. If a marker of identity has been regarded as humiliating, limiting, or shameful—being gay, being a woman, being intersexed—then the task is to create an identity in which the marker is seen in a more positive way. These groups may make oppression essential to their identities, but the reason behind the effort seems less a way of connecting with history than a way of connecting with others. It is a way of creating solidarity with those with whom you might otherwise have little in common.

In contrast to the Jim Crow South or apartheid South Africa, much of what is called oppression today is not the threat of actual physical harm or legal injustice, but social stigma. Stigma is largely a matter of shame and embarrassment, of feeling humiliated for some aspect of one’s identity. Yet we all have things that we are ashamed of, and a lot of these things are not our fault. Some shameful things we are simply born with, and others we acquire through no effort of our own. We can describe the fact of our shame as a matter of oppressive ideology, and in the sense that society holds certain characteristics (for which we are not responsible) to be shameful, that description will be correct. But when so many shameful characteristics can be redescribed as oppression—when so much misfortune can be transformed into injustice—it is time to start looking into the deeper social structures and attitudes that make these redescriptions plausible.

AT A MEETING a few years ago in Minneapolis, a research group discussing enhancement technologies found itself split over the hypothetical case of an aging woman who is considering a face-lift. As Hilde Lindemann Nelson presented the case, a woman with many

years of service to a company is worried that she will be forced out of her job because of her age. The company wants to present a young, energetic face to the world, and this woman is worried that her own aging face will be a handicap. Her job may be at stake. Nelson argued that if this woman were to get a face-lift, she would not necessarily be selling out. A plausible case could be made for the face-lift as an empowering act. By getting the face-lift, she is acting positively rather than allowing others to act upon her. She has taken charge of her situation and used the prevailing norms of beauty for her own ends. The story of caving in to oppression is not the only story that can be told here, argued Nelson; the woman may tell a counterstory of her own.²⁵

Of course, many people around the table resisted this spin on the case, especially the women. For them, getting a face-lift was to submit to patriarchal, media-driven ideas of female beauty. It was to give in to an unjust ideology. There followed a spirited back-and-forth about whether a face-lift was an act of moral surrender or a canny manipulation of cultural norms. In the middle of this discussion, all but one of whose participants were white North Americans, came a question from the single non-North American at the table, Jing-Bao Nie, a scholar from China. Nie's question was: What if your new appearance would bother other people? We expect people to take the feelings of others into account when they decide what clothes to wear to work, for example. Doesn't this woman have a duty to consider the feelings of her coworkers?

An embarrassing silence ensued. The group was speechless. The notion that you might be obligated to consult other people before getting a face-lift, particularly your coworkers, was so bizarre to Americans and Canadians that no one knew how to respond. Finally, someone said that the idea of a social system where one had to take into account the feelings of others in such a way struck them as deeply oppressive and morally objectionable.

Many Americans would probably agree. What struck me about Nie's remark, however, was just how dependent on American cultural norms our discussion until that point had been. For the people on one side of the debate, the issue was power and status. If women are going to make any kinds of social gains, this side argued, they must

take advantage of existing cultural norms. Go for the surgery, they urged. Get what you can, while you can. If this means taking advantage of unjust standards, then so be it: these standards will never be changed until women get more power. For the people on the other side of the table, the issue was about rebellion and nonconformity. Women need to undermine existing cultural standards if they are going to have any chance of succeeding in North American society. To conform to existing cultural standards is to cave in. It is to collude with an unjust system. What we all agreed upon, however—at least until Nie's remark—was our particular way of conceptualizing the debate: losing status versus selling out.

Yet the values on which this conceptualization rests are themselves open to question. If we sympathize with a woman who needs cosmetic surgery to get ahead in life, at least part of the reason we sympathize is because we can imagine feeling the same desire ourselves. And not just the desire to get ahead, but also to get ahead in a particular way; it is revealing that Nelson puts the case in terms of a woman who needed a face-lift for her *job*. I can hardly see the professional women around the table nodding in agreement if the case had been a woman who wanted a face-lift to please her husband. For sheer rhetorical power, even the particular job Nelson describes is well-chosen. The case would probably not have been as persuasive to many feminists if, instead of a face-lift to get ahead at the office, the woman had wanted breast augmentation to boost her career as a stripper.

On the other hand, when we criticize "caving in" to oppressive mainstream ideals of beauty, we are situating that criticism within standards that say social conformity is a form of weakness. According to these standards, to act in conformity with the mainstream is to give up. It is to subordinate yourself to the desires of others. Self-fulfillment comes not by simply accepting the values of the majority, but also by discovering and creating your own. The notion that standards of beauty are oppressive, then, is itself parasitic on other standards of self-reliance and independence. These standards are in turn part of a larger worldview in which rebellion wins out over conformity, independence over self-sacrifice, self-fulfillment over social solidarity.

Take a step back, though, and it is hard to avoid the suspicion that the values on which this critique of oppressive standards rests—independence, self-sufficiency, self-fulfillment—are part of a larger Western ethos that is alien (though perhaps growing more familiar) to a large proportion of the world's population. In Japan, writes Ruth Benedict, conformity is seen as a sign of strength. The weak person gives in to his own wishes and desires, while the strong person is able to resist them in order to fulfill his obligations. "Strength of character," she writes, "is shown in conforming, not rebelling."²⁶ Calls to resist the mainstream may well be persuasive to me, but like other people born and raised in the United States, I have been primed from an early age to celebrate resistance.

The larger point here is that the problem with cosmetic surgery is not just racism or sexism, not just a matter of unjust ideology; it is also an ethos in which the opinions of other people—especially their opinions about an individual's bodily appearance—have taken on such enormous significance. The irony of our group's reaction to Nie's remark is the form it took: that a social system that required a person to pay attention to the feelings of his or her coworkers would be deeply oppressive. It is ironic because in some important ways this is the system we have in America. We may resent being told that we *ought* to consult with coworkers or friends or even family before getting cosmetic surgery, but in fact, it is our obsessive attention to the opinions of others that pushes us into cosmetic surgery in the first place. We don't feel the need to consult the opinions of others as a moral requirement; rather, we feel their opinions are a barrier to our own personal happiness.

In America the solution to oppressive opinion is to rebel against it, and American protest movements inevitably develop public emblems of rebellion against the strictures enforced by the mainstream. For the women's movement it was foregoing bras and shaved legs; for punks, it was spiked Mohawks and safety pins through the nose; for African Americans, it was the Afro. In his memoir, *Colored People*, Henry Louis Gates Jr. writes, "This people who had spent a couple of hundred years ironing, frying, greasing and burning their hair, doing everything but pulling it out by its roots in an attempt to make it unkinky, had all of a sudden become converts to a new religion, the

Holy Order of the Natural Kink.” For them, writes Gates, “An Afro looked like a crown of cultural glory on the right head.”²⁷ Natural hair and dark skin became symbols of racial pride, as well as rebellion against the white mainstream.

Sometimes, of course, the protest works. By the mid-eighties, cosmetic surgeons were reporting that an “ethnic” look was becoming fashionable.²⁸ So perhaps it should not be all that surprising to hear feminist philosophers such as Kathryn Morgan argue that women should fight against oppressive standards of beauty by enlisting the help of cosmetic surgery itself. In a call for women to “revalorize” ugliness, Morgan suggests that women should have their breasts pulled down, bleach their hair gray, and ask surgeons to induce wrinkles into their faces, all as a way of protesting oppressive standards of beauty. Morgan writes that women can “constitute themselves as culturally liberated subjects through public participation in Ms. Ugly Canada/America/Universe/Cosmos *and use the technology of cosmetic surgery to do so.*”²⁹

As a protest strategy, of course, Morgan’s suggestion is a little problematic. (Wouldn’t cosmetic surgery to promote ugliness be just another way to funnel women’s money into the pockets of cosmetic surgeons? Would “revalorized” ugliness still be ugliness, or just another kind of beauty?) This strategy depends not just on the idea of rebellion as liberation (women who bleach their hair gray rather than blonde are “culturally liberated”), but also on the idea that social protest is crucially bound up with self-expression. This idea has become familiar: you express something about yourself, in accordance with the aims and standards of the protest movement, with the expectation that you will be affirmed, if not by the world, then at least by the movement. The difficulty is that this kind of self-expression often becomes subject to the same kind of problems that produced the need for it in the first place. You are still expected to express yourself in accordance with given social standards—not those of the world the movement is rebelling against, but the standards of the movement itself. And of course, these standards can be just as conformist as the ones that they are intended to undermine. Gay men who moved to the Castro in San Francisco in the ’70s were, by the end of the decade, complaining of the rigid dress code: Levis, leather

vests, boots, short hair, and clipped mustaches, with absolutely no room for deviation. One Castro resident says, "During the 1970s the gay movement here created an almost totalitarian society in the name of sexual freedom."³⁰

Goffman noted the psychic costs of this kind of protest, especially the way a new self-presentation may eventually come to feel just as false and stifling as the one it has replaced. As he points out, the stigmatized person who acts and behaves in accordance with the standards of the stigmatized group "will have accepted a self for himself; but this self is, as it necessarily must be, a resident alien, a voice of the group that speaks for and through him."³¹ The resident alien manages the oppression of mainstream society by submitting to the rules of the protest movement, yet even as he does so, he surrenders something of his own individual identity.

ASKED TO COMMENT on the social forces that were leading so many women to use tranquilizers in the early 1960s, writer Marya Mannes wrote, "Every woman is deluged daily with urges to attain this impossible state, to buy this, to do that, in order to keep a man and be forever happy. The girl with small breasts is tortured by the fear that men will not love her because of them. Women quail at the first wrinkle, the first grey hair, the thickening of the waist, because they are daily told that these signal the end of attraction."³² Such anxieties have not gone away in the forty years since Mannes wrote these words, and they will be familiar, in one form or another, to anyone whose appearance fails to measure up to the aesthetic standards current in American culture. The mistake is to assume that this is simply a problem of sexism or racism. The problem is not just that certain people's looks don't meet the standards of the culture, but also that the underlying set of social structures demand so much of self-presentation. In America, your social status is tied to your self-presentation, and if your self-presentation fails, then your status drops. If your status drops, then so does your self-respect. Without self-respect, you cannot be truly fulfilled. If you are not fulfilled, you are not living a truly meaningful life. This is the cruel logic of our particular moral system.

In *The Triumph of the Therapeutic*, Philip Rieff famously argued

that the typical American has come to think of himself less as a citizen than as a kind of patient, whose life purpose is to develop, sustain, and fine-tune his psychological well-being. For Rieff, this therapeutic turn is a logical consequence of civic and spiritual decline. Somehow our sense of the purpose of living has slipped out of joint from the social conditions that once sustained it. We are no longer at home with ourselves, never quite comfortable with our place in the world. Instead, we are like castaways on a strange island, unfamiliar with local conditions, unable to rely on the old ways of going on. Perhaps something about the way we live now produces this distance from one another, or perhaps we distance ourselves from one another and live the way we do as a result. Either way, we have become more narcissistic, but narcissistic in a way that is peculiarly dependent on things outside ourselves: that is to say, what other people are saying and thinking about us. Rieff puts it this way, "When so little can be taken for granted, when the meaningfulness of social existence no longer grants an inner life at peace with itself, every man must become something of a genius about himself."³³

If there is something a little sad about Rieff's diagnosis, there is also something sad about thousands of Americans so unhappy with the way they look that they seek out cosmetic surgery to fix it—aging women going to suburban Botox parties, sixteen-year-old girls getting surgical birthday presents, Michael Jackson's slow morph into a white man. It is the sadness of the stumbling actor, wearing the wrong costume or struggling to play a role for which he is not suited. When we become geniuses about ourselves, the world is important, but it is important mainly in the way that an audience is important: for the way that it reacts to the performer. The audience must applaud at the right times, with an extraordinary degree of enthusiasm; it must laugh at our jokes and feel our pain. It must approve of our performance. When it does not, we are crushed with disappointment.

As long as we live in a society in which a person's own happiness is so dependent on the opinions of others, we will always have the problem of people feeling oppressed by cultural standards. We may be able to detach the problem from racism, so that beauty snobbery is racially egalitarian. We may be able to detach it from sexism, so

that men are just as obsessed and fretful about their bodies as women are. We may be able to detach it from social biases against the short, the able-bodied, the gray-haired, and the wrinkled. But the problem will not go away. Like a particularly enthusiastic leech, it will find some other place to attach itself, and the deeper problem will remain untouched. That deeper problem is not simply the problem of racism or sexism (although those are problems too), but the fragility of selves that depend so intimately on the good opinions of others for their survival.

AMPUTEES BY CHOICE

I get glimpses of the horror of normalcy.

—Arturo Binewski in *Geek Love*

In January 2000 British newspapers began running articles about Robert Smith, a surgeon at Falkirk and District Royal Infirmary, in Scotland. Smith had amputated the legs of two patients at their request, and he was planning to carry out a third amputation when the trust that runs his hospital stopped him. These patients were not physically sick. Their legs did not need to be amputated for any medical reason. Nor were they incompetent, according to the psychiatrists who examined them. They simply wanted to have their legs cut off. In fact, both the men whose limbs Smith amputated have declared in public interviews how much happier they are, now that they have finally had their legs removed.¹

Healthy people seeking amputations are not nearly as rare as one might think. In May 1998 a seventy-nine-year-old man from New York traveled to Mexico and paid \$10,000 for a black-market leg amputation; he died of gangrene in a motel. In October 1999 a mentally competent man in Milwaukee severed his arm with a homemade guillotine, and then threatened to sever it again if surgeons reattached it. That same month a legal investigator for the California state bar,