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Abstract

How does the beauty industry 'narrate the skin' (Ahmed and Stacey, 2001, p. 11)? What does it teach women from different cultural groups about the female body? How does skin function as a site where female subjection and abjection are produced and reproduced? In this paper we examine the skin industry pointing to its extreme commodification of the female body and to the inexcusable pressure this places on females of most age and cultural groups. We focus on two examples. Firstly we show what the skin industry teaches girls and women about their skin colour 'problems' and desirable practices of whitening and, secondarily, tanning. Secondly we consider what the cosmetic surgery industry teaches us about female bodily 'imperfections' linked to certain ethnic and racial groups and the necessary 'remedies'. Overall we show how the socio-cultural normalization of perfect skin is a product of a range of contemporary social and cultural forces overlain by complex pedagogies of power, expertise and affect.

Introduction

Much recent research on how the global beauty industry narrates the bodies of women from different racial and ethnic backgrounds contextualizes itself in relation to race and whiteness. Feminist scholars are concerned at the boom in beauty products and services used to erase the bodily signifiers of racial and ethnic identity, including skin lightening products and cosmetic surgeries. They also identify the legacy of colonialism, and deploy postcolonial and whiteness theories as one avenue for understanding the 'asymmetrical and uneven relations between geographies, gender and embodiment' (Shome 2006, p. 257). However, as we shall argue by way of two case studies, the ways in which the global skin industry positions girls and women to understand their skin identities exceed such oppositions as colonizer and colonized, Anglo-Saxon and ethnic, black and white. Our case studies show how multiple and highly gendered vectors, including age, class, geography, history, politics, culture and nationality shape the ways in which women and girls are taught to understand their embodied 'self'.
A transnational feminist perspective informs our approach. According to Shome (2006, p. 256), ‘attending to how global connections and disconnections continually shape gender, a transnational feminist perspective refuses the … model of a benign internationalism’. At the same time as it acknowledges the unevenness and inequalities that accompany economic globalization, transnational feminism recognizes conjunctions between women of heterogeneous experiences and from different nation states (Waller & Marcos 2005); it thus ‘foregrounds a comparative feminist praxis’ (Mohanty 2005, p. vi). In regard to the beauty industry, such an approach suggests that even when global skincare companies and cosmetic surgery providers attend to the local with niche products and services and glocalized marketing strategies, its advertising imagery reproduces a transnational ideoscape of female perfection and imperfection. Global and glocal cosmetic and skincare advertising is overlaid by complex pedagogies of affect (desire and disgust) that cross time and space, whereby women and girls across the globe are made subject to, and abject by, a consumerist quest for perfect skin (see Kenway & Bullen 20091).

According to Julia Kristeva (1982), the abject partakes of the corporeal, psychological and social; indeed, it is often through the body that social and psychological anxieties are both signified and made manifest. The abject transgresses boundaries – between inside and outside, subject and object, self and other, pure and impure, clean and dirty, life and death – and disturbs ‘identity, system, order’ (Kristeva 1982, p. 4). It thus provokes the desire to expel what is contradictory (or ‘not me’) in order to restore the boundaries upon which the self or subject depend. At the same time as individual responses to the abject are highly affective, those responses are learned. They are informed by cultural understandings of social taboo, of which the body continues to function as a key site where identity is produced and policed against the abject. It is after all, the container that preserves (and polices) the integrity of the body, keeping what needs be kept inside in and outside out. As Chris Shilling points out, ‘We now have the means to exert an unprecedented degree of control over our bodies, yet we are also living in an age which

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1 In this paper we have undertaken two case studies; the first on the links between hair and perfect skin and the second on the links between cosmetic surgery tourism and perfect skin. We have linked these to the mobilization and entanglement of post feminist and neo liberal discourses of personal choice and self-improvement through both consumption and the flexible enterprising self, showing that such interventions have become a means of self-reinvention and of securing one’s prospects.
has thrown into doubt our certainty of what our bodies are and how we should control them’ (1994, p. 183). Enter the market, which offers consumers a solution to this dilemma – a lotion, a cream or gel, a procedure, a service – that will defend against the encroachments of the abject on the surface of that ultimate boundary zone, the skin.

The commercial skin industry has created imperfect skin as abject and a social taboo, and casts itself as the agent of remedy. It has constructed an ever-expanding ‘visual semiotics’ (Benthien, 2002, p. 12) that links any skin imperfection with the abject; the multiple signifiers of imperfect skin articulate a semantics of abjection. Of course, as Grosz (1989, p. 71) points out, the abject ‘can never be fully obliterated but hovers at the borders of our existence, threatening the apparently settled unity of the subject with disruption and possible dissolution’. Such disruption is figured on the skin by way of its surface texture, its folds and colour; there is no place for inscriptions of the subject’s ‘being-in-the-world’ (Ahmed 199), which is to say the incursions of time and space, class and culture. The idea that the ‘skin remembers’, that it bears the marks of our personal biographies, our labours (Ahmed and Stacey 2001, p. 2), is an anathema to the skin industry which either claims it can defeat time or conceal its consequences. The perfect skin has amnesia – it has no memory. Skin and self can be transformed, and no one need be stuck in their skin.

The semiotics of skin whitening
Raka Shome argues that ‘the in-between slash (between the national and the international)’ is a ‘volatile and anxious site’, and one in which 'the gendered body is being rescripted and silenced … and reconstituted in globalization’ (2006, p. 257; 258). We suggest that a key silence in the discussions about skin pedagogies – feminist or otherwise – concerns the intersecting and contradictory ideoscapes that inform the promotion and consumption of products aimed at altering skin colour. Discourses promoting skin darkening and lightening practices exoticize, orientalize and occidentalize; they also draw on cosmopolitan and national imaginaries, tapping into historically durable, but deeply perspectival, cultural ideals of skin colour with new technological solutions. In this section, we focus predominantly on cosmetic products promising skin perfection through lightening, tangentially addressing the opposing market in artificial tanning products. Our aim is to point to some of the disjunctures in
transnational understandings of skin colour that inform preferences for lighter skin, first in terms of race and class, then gender.

Skin lightening products are currently among the fastest growing sectors of the skincare industry. Global Industry Analysts (GIA) predicts the lightening market to reach $10 billion by 2015 worldwide, far exceeding its projections for the world market for sunless tanners – $758 million by the year 2015 (PRWeb 2010; PRInside 2010). Current scholarship suggests that the contradictory skin pedagogies that these market trends indicate polarize across the lines of race and latitude (see, for instance, Leong 2006; Parameswaran 2009). As such, sales of skin lightening products can be explained in terms of the ongoing effects of colonization, racism and the global cultural hegemony of whiteness. Skin codes of social distinction were and continue to be complicated by waves of invasion, slavery, imperialism and, now, cultural globalization. However, the cultural cachet of lighter skin, though profoundly influenced by the effects of racism and white domination, does not precisely reduce to this single binary opposition. Rather, as this section will show, their manifestation as colourism – predominantly understood as the privileging of people lighter skin among people of the same race or ethnicity, but also vice versa – is more complex.

Colourism, regarded as a form of internalized racism, has been particularly prevalent in the Americas, Africa and Australia, and can be directly linked to colonization and slavery, and is a by-product of the privilege accorded children born of interracial relationships, typically between white men and indigenous or enslaved young women. Glenn (2008, p. 287) explains that in the United States, so called ‘mulattos’ were given preferential treatment by their white owners and subsequently came ‘to form the nucleus of many nineteenth-century free Black communities’ and, in so doing, ‘to distance themselves from their darker-skinned brothers and sisters’. She cites similar examples of colorism in South America and also in Apartheid South Africa where racially-mixed and immigrant (‘coloured’) peoples were allowed somewhat greater freedoms than ‘native’ Africans. Others writing on the cultural signification of skin, both historical and contemporary, have pointed to the semantics of abjection that informs descriptions of black skin (ugly, impure, dirty, polluted) and the way in which it operates as a signifier of inferiority (see Parameswaran 2009; Baumann 2008). In this context, the use of skin whitening agents among people of colour has come to be viewed as an active attempt to erase or mask
racial identity. The twentieth century fashion for tanned skin among white populations is not regarded as comparable.

The difference, according to Ahmed (1998), lies in understandings of coloured skin as preceding and essentializing the subject and therefore operating as an indicator of ‘being’. White skin, on the other hand, reflects the subject’s agency over their ‘being-in-the-world’. In relation to tanning, she argues that

The play with colours on the surface of the white female body is distinguishable from real colour which is a question of a skin that is not transformable; skin that is already Black and constitutes the “depth” of Blackness as racial difference. The bronzed body (the white body which is beautified) becomes possible because the skin is pliable; it is open to be remade and transformed through the ritual of the sun tan. The Black skin is not pliable. It is a surface which simply contains or reflects a Black depth. (1998, pp. 61–62, italics in original)

Richard Dyer makes a similar point when he states that ‘A tanned white person is just that – a white person who has acquired a darker skin. There is no loss of prestige in this. On the contrary, not only does he or she retain the signs of whiteness, [a tanned body] also displays white people’s right to be various, literally to incorporate into themselves features of other peoples’ (1997, p. 49). The converse is that the ‘black’ person who acquires lighter skin never becomes white and that there is no gain in privilege in trying. Dark skinned people who seek to lighten their skin are also subject to ridicule, and to accusations of what Peiss (1998) describes as a ‘corporeal hypocrisy’, a charge previously leveled at white women, Jezebels who painted their faces. She suggests that whereas white beauty practices have been assimilated into discourses of improvement of the self, comparable practices by women of colour continue to be regarded as a disavowal of self and identity. Both Dyer (1997) and Mire (2010) also draw attention to the emphasis placed on the harmful side-effects of whitening which they say functions as ‘terrible warning to black people who try to be various’ (1997, p. 50). The use of identical and even more potent cosmetics, not to mention the as yet unknown iatrogenic effects of chemical tanning products among white populations attracts little attention. In what

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2 This is not to underestimate the major health damage and disfigurement caused by toxic whitening products in Third World communities, often locally made but also exported from the First World where they are banned.
follows we problematize some of these perspectives through the lenses of class and gender.

While colorism can never be understood in isolation from the effects of the movement of human populations and the relations of domination and oppression they have produced, the privileging of light skin historically preceded the colonial encounter. Glenn (2008) gives an overview of the way in which lighter skin was favoured in pre-colonial India and Africa. It may be the case, as Glenn suggests, that colonialism appropriated and ‘cemented’ preexisting cultural preferences for light skin in support of the ideology of white supremacy. However, this does not explain the historical privileging of white skin among Japanese, Chinese, Korean, European or white American women or the fact that contemporary Filipina girls consider Japanese or Korean women as having the ideal skin colour. The influence of neither colonialism nor a global mediascape explain the prestige of whiteness in Japan, where Shiseido launched its first whitening product, Hydrogen Peroxide Cucumber, in 1917. Nor does it explain the long cosmetic tradition of homemade and commercial skin lightening products (some highly hazardous) indicated by such notable users as Cleopatra and Queen Elizabeth I. As the status of these women suggests, a pale complexion was considered not only a mark of beauty, but of refinement and gentility. It is therefore worth inquiring further into the cultural significance of a light complexion as a transnational and transhistorical marker of female attractiveness, and thus the ways in which regimes of gender and class intersect with regimes of race. In other words, we wish to complicate the notion of skin colour and to raise the possibility that attempts to alter skin colour are in fact attempts to erase the skin’s unruly and unwelcome responses to time and environment to women’s being-in-the-world. In this respect, we argue that regardless of its colour, no skin is inert or variable.

Brown skin, white skin, olive skin, black skin: all will betray the ravages of hormones, infection, weather, accident and ageing through changes to the pigmentation of the skin. The pigmentation level of the skin of a newborn is not the same as it is in teenage skin or middle-aged or elderly skin. The pigmentation of all skin types increases over time due to the cumulative effects of sun exposure. In this regard, the transcultural status of lighter skin has a very simple explanation. Historically, and in some countries today, the rural poor worked outdoors. Given that melanin production is stimulated by exposure to ultra
violet light, they necessarily had sun-darkened or -damaged skin. The privileged spent more time indoors and were inevitably paler than those who did not, making lightness – although not necessarily whiteness per se – a measure of higher caste or class. As such, lighter skin became a mark of social distinction. However, in terms of global femininities, we speculate that cultural preferences for light skin (and tanned skin, for that matter) are not only a matter of the hue of the skin, but evenness of skin tone. Both lightened skin and tanned skin is more uniform in colour, and disguises an array of imperfections.

Discoloured, blotchy, sun-damaged, blemished, freckled, aged-spotted, scarred and coarse skin is the abject sign of being-in-the-world to which all women are subject, regardless of race or ethnicity. Even skin that has received little sun exposure will darken over time as the pigment producing cells enlarge, but it is largely the cumulative effect of sun damage and logically more pronounced in older skin. Discolored and uneven skin tone, referred to as hyperpigmentation, may be mild or severe, and is often more obvious in darker complexions since the skin produce more melanin. Hyper-pigmentation is very common; what is more, it predominantly affects women. The fact that only 10 per cent of those affected are men may reflect the fact that they are less likely to seek treatment. It is also the case that it is more prevalent in women because it is often triggered by pregnancy. It is also caused by the contraceptive pill, cosmetics, hormone therapy, medication and acne. This means that hyper-pigmentation is becoming increasingly common among younger and younger women of any skin colour, adding new complexities to the correlation between race and skin whitening. Transnational companies like L’Oreal, Estee Lauder, Unilever Ponds and Boots have found a new consumer need and constructed a new curriculum of skin pedagogies in the process, targeting women of all races and ethnicities.

Images of the abject female skin are a means through which the contemporary capitalist consumer ideoscape is mobilised. Reality television programmes like *Extreme Makeover* (US) and Channel 4’s *Embarrassing Bodies* (United Kingdom) not only situate uneven skin tone as a disfigurement, but as a pathology. Parameswaran (2009) and Glenn (2008) describe television commercials for skin whitening products in India and Malaysia, respectively, which situate hyperpigmented skin as an impediment to romance and marriage. Products ranging from the nineteenth century Laird’s Bloom of Youth, to Unilever’s Fair & Lovely, to Shiseido’s current White Lucent range, have variously
promised to produce luminous, radiant, unblemished and youthful skin; in so doing they teach women and girls to read the abject signs of their being-in-the-world, as the following product descriptions demonstrate.

White Lucent is called White Lucency in the UK, where it is marketed as an anti-aging treatment, but both ranges claim to produce ‘Intensive brightening, superb clarity’. Marketed in Australia and Asia, Shiseido’s Intensive Spot Targeting Serum undertakes to diminish ‘age spots, darkening pores and acne marks’. The difference between the Australian and Asian versions of the product description is that the former does not mention skin pigmentation. Clarins UK is not as churlish. Its Brightening range – ‘Skin tone corrected. Radiance revealed’ – includes the New Bright Plus HP Intensive Brightening Mask, which ‘provides bright, clear, even-toned, luminous skin, helps block hyperpigmentation and protects against the formation of sun, age and dark spots’. The Instant Soother ‘Diminishes existing dark spots and helps slow the source of production of melanin’ while the Vital Light Day Illuminating Anti-Ageing Comfort Cream is

A rich cream that promotes beautifully radiant skin that appears lit up from within. Line-control skin care that helps firm and smooth skin. Helps diminish the visible appearance of hyperpigmentation to even skin tone and ensure deep luminosity.

The large Asian population in the United Kingdom may go some way in explaining the more overt mention of hyperpigmentation. However, we speculate that as the impact of increasing UV levels and the damage done by youthful sun tanning become more apparent, skin whitening products will be increasingly used at large. The medicalisation of abject skin may also make skin whitening more acceptable, including more invasive solutions to skin discoloration problems via chemical peels, microdermabrasion, or laser treatments. Meanwhile, new innovations in laser treatments are currently being promoted as specifically for ‘ethnic’ skin, ensuring the expansion of the market.

How are we to interpret the global boom in whitening products and the corporate drive to expand this market across lines of race and latitude? How do the discourses of skin perfection and abjection reinforce and reconfigure our understandings of whiteness as racial; indeed, do they produce a new transnational semantic of skin colour? As a term,
whiteness may have become overdetermined. For as we have shown, the growth in the consumption of skin whitening products taps into enduring transcultural constructions of the perfect female skin and, as such, is a highly-gendered pedagogy of the body. Moreover, as the advertising for the products indicates, skin whitening appears to be aimed at lightening or erasing discolorations and hyperpigmentation of the skin surface, to control the abject traces of being-in-the-world. We admit that skin whitening products may continue to be used to erase race. However, we also argue that ‘the in-between slash’ of the racial binary is becoming increasingly volatile and contradictory, and we conclude this section by way of several examples that disrupt the privilege of white women and girls to change their skin colour. We note the ridicule of celebrity users of artificial tans (Wiseman 2010), and that while many tanning ranges continue to evoke the semantics of the holiday (Johnson’s Holiday Skin, Dove’s Summer Glow, St Tropez), they are being used to disguise abject skin. If whitening products promise radiance, artificial tanning products a glowing even skin tone. What better way to disguise ruddy, blotchy, pasty, dull and equally abject white skin? What better way, indeed, to cover darks spots, broken capillaries, prominent veins, moles, scars and cellulite for women of any colour? It is the transnational abjectification of the female body that perhaps best explains the following extract from an article in Cosmopolitan.

After hearing that some African-American celebs, like Janet Jackson and Mariah Carey, get spray tans, I wanted to give it a shot before a trip to South Beach. Not only did I want to make my caramel-colored skin a bit more golden before I rocked my bikini, but I was also curious to see if the tanning solution would cover some of the dark spots and cellulite that make me self-conscious on the beach. ... I felt like a bronze goddess when I hit South Beach the next day (my friend Linda couldn’t believe my golden glow). More important, I was impressed by how well the solution covered my dark marks and made me look more toned. (Lavinthal 2009, online)

The semantics of ethnic cosmetic surgery

Practices of cosmetic surgery have grown exponentially in recent years in both over-developed and developing worlds. What comprises cosmetic surgery has also changed, with a plethora of new procedures
and an extraordinary rise of non-surgical operations. (Heyes and Jones, 2009. Cover)

The skin’s considerable semantic scope lends itself to the multiple significations and commodifications of the cosmetic surgery industry. Bordo (2009 xivv) talks of the ‘empire of images’ that saturates everyday life almost everywhere with displays of female embodied perfection. She argues that its ‘constantly raised bar of perfection’ with regard to women’s appearance, and its digitally enhanced bodies and faces have led to females becoming “habituated to interpreting every deviation as “defect”’. Indeed, the cosmetic surgery curriculum is involved, she says, in the creation and correction of defects.

On a vast scale we see the burgeoning creation of defects via a commodified global skin aesthetic which involves ‘scapes of abjection’ (Kenway et al 2006). By this we mean the global flow, even contagion, of the processes of abjection that the beauty industry has created to sustain and extend itself. Accompanying this we see the availability of multiple practices of ‘correction’ via what plastic (or aesthetic) surgeons call ‘cosmetic surgical’, ‘cosmetic minimally-invasive’ and ‘reconstructive’ procedures. Figures from the International Society of Aesthetic Plastic Surgery (IAPS) (2010) show that the three invasive surgical procedures in greatest demand globally are liposuction, breast and blepharoplasty. The top three nonsurgical cosmetic procedures are Botulinum (Botox Dysport) injection, Hyaluronic Acid injection and laser hair removal3.

Cosmetic surgery has become a transnational fashion in itself (Morgon 2009) and this can partly be attributed to the global force of both the cult of celebrity and of consumerism (Elliot 2008). It is increasingly represented, regarded and utilized as an opportunity for everyone, irrespective of gender, age, class, ethnicity and nationality, to reshape and thus escape their skin and what it encases and reveals. It has also diversified globally and created ethnic and national niche markets and specialisations. Along with their ethnic ‘majority’ and Western nation sisters, considerable numbers of girls and women from various nations around the world are using cosmetics surgery. Figures from the IAPS (2010) point to a thriving multi country industry4.

3 Invasive surgical procedures: liposuction (1,607,979: 18.8%), breast augmentation (1,454,317: 17.0%) and blepharoplasty (1,153,756: 13.5%). Nonsurgical cosmetic procedures are Botulinum (Botox Dysport) injection (2,860,238: 32.7%), Hyaluronic Acid injection (1,762,700: 20.1%) and laser hair removal (1,149,759: 13.1%)

4 The total number of cosmetic surgery procedures in the USA is 3,031,146 (17.5%), in Brazil 2,475,237 (14.3%), China 2,193,935 (12.7%), India 894,700 (5.2%), Mexico, 835,280 (4.8%), Japan 742,324 (4.3%), S.
One of our purposes in this section is to illustrate how ‘ethnic cosmetic surgery’ is currently manifest and the ideologies helping to drive it. We also ask how it addresses feminist concerns that cosmetic surgery, by and large, denigrates the bodily signifiers of women’s ‘minority’ racial and ethnic identity and encourages their erasure.

The USA is a major provider and user of all sorts of cosmetic surgery. The contours of such use are documented statistically by the American Society of Plastic Surgeons (ASPS). But what is ethnic cosmetic surgery? The web-based information from the USA implies that such surgery is simply that performed on/for individuals from minority ethnic and racial groups. These are identified as Hispanic, Asian Americans and African Americans. The ASPS provides annual information about each group’s use of such surgery, the yearly trends in their use and the main types of cosmetic procedures each group is undergoing. It shows that the Caucasian group constitutes 70% of users, Hispanics 12%, African-Americans 8%, Asian-American 6% and Others 5%.

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5 The American Society of Plastic Surgeons (ASPS) reports annually on age, gender, region, the broadly different categories of medical intervention used, the costs of surgeons and the amount of money spent. Its 2010 report shows that in the USA 12.5 million cosmetic procedures were conducted in 2009. Of these, 1.5 million were cosmetic surgical procedures, 11 million were cosmetic minimally-invasive procedures and 5.2 million were reconstructive procedures. (http://www.plasticsurgery.org/Media/Statistics.html 2010)

6 Ethnicity Breakdown of Cosmetic Procedures 2009: Caucasian, 8,738,944 (70%), Hispanic, 1,455,094 (12%), African-American, 985,807 (8%), Asian-American, 742,784 (6%), Other, 571,372 (5%). http://www.plasticsurgery.org/Media/Statistics.html 2010

7 For example, the 2010 report shows that with regard to cosmetic procedures only, from 2008 -2009 the use by Hispanics was up 12%, by African-Americans up 5% and by Asian-Americans down 17%.

8 Ethnicity Breakdown of Cosmetic Procedures Most Commonly Requested

<table>
<thead>
<tr>
<th>Surgical</th>
<th>Minimally invasive</th>
</tr>
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<tbody>
<tr>
<td>African-American</td>
<td></td>
</tr>
<tr>
<td>Liposuction</td>
<td>Botulinum Toxin Type A (Botox, Dysport)</td>
</tr>
<tr>
<td>Nose-reshaping</td>
<td>Injectable fillers</td>
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<tr>
<td>Breast reduction</td>
<td>Chemical peel</td>
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<tr>
<td>Hispanic</td>
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<tr>
<td>Breast augmentation</td>
<td>Botulinum Toxin Type A (Botox, Dysport)</td>
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<tr>
<td>Liposuction</td>
<td>Injectable fillers</td>
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<tr>
<td>Nose-reshaping</td>
<td>Chemical peel</td>
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<tr>
<td>Asian-American</td>
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<tr>
<td>Nose-reshaping</td>
<td>Injectable fillers</td>
</tr>
<tr>
<td>Eyelid surgery</td>
<td>Botulinum Toxin Type A (Botox®, Dysport®)</td>
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<tr>
<td>Breast augmentation</td>
<td>Microdermabrasion</td>
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</tbody>
</table>

http://www.plasticsurgery.org/Media/Statistics.html 2010

9 Such information has several limitations. Although we can see what percentage of the overall number of users each group represents, we are not shown what percentage of each ethic group uses cosmetic surgery.
Noses, breasts, eyelids and skin are the abject zones common to all groups. All ethnic minority groups include in their top three cosmetic requirements, nose reshaping, their breasts altered, Botox and Dysport, fillers and some sort of other work done on their skin. Only Asian-Americans’ interest in eyelid surgery, ‘Asian blepharoplasty’, is distinctive. However, despite these commonalities, the exact requests within these common categories differ. And it is these differences that underpin the pedagogies of ‘ethnic cosmetic surgery’. We suggest that these are best understood not just as a set of procedures performed on/for ethnic minorities but as a curriculum about ethnic embodied recognition and agency.

Common to the websites that promote ethnic cosmetic surgery is the skin narrative that these groups have specific requirements due to their embodied differences and that these require specialist treatment and skills. One such difference is the ‘skintype’ of people from different ‘Heritages’ explains the website *ethnic surgery* which specializes in ‘placing much-needed emphasis on plastic surgery from a multiethnic perspective’. For instance of these different skins, it says

- **Hispanic Heritage**: Hispanic skin ages very late due to its relative thickness. Hispanic skin tends to sag as it ages. Prone to scarring and uneven skin tones. Oily skin and hyper pigmentation can be a problem.

After explaining the ‘skintype’ of each Heritage group, the website outlines the ‘Challenges’ each poses, the ‘Benefits’ to be gained from surgical intervention and the ‘Common procedures’ for each group ([http://www.ethnicsurgery.com/index.php](http://www.ethnicsurgery.com/index.php)).

Despite such deliberately off-putting skin narratives, promotional websites, the press and various commentators routinely promote ethnic cosmetic surgery as a move beyond ethnic/self-subjugation, as a form of ethnic/self improvement and self-determination. They point to the fact that increased numbers of people from minority ethnic groups are having cosmetic surgery and that cosmetic surgery is thus not any more ‘an industry
somewhat exclusive to people of white, European descent’ (Baddaladucci 2009) or of the wealthy.

Plastic surgery is no longer a privilege for just a small group of elites. With lower prices and higher safety, a lot more people are going under the knife.

http://www.beautynova.com/blog/?p=33

This ‘privilege’ of ‘going under the knife’ has been extended, ethnic minorities can also now contest their skin, and expel the abject. This is implicitly presented as the democratisation of the industry, as a move arising from the wider range of services available and from the increased economic security of certain members of ethnic minority groups. In short there is more choice for more people and this choice includes an enhanced projection of ethnic identity.

Such texts also proclaim that the stigma that some groups once attached to cosmetic surgery is diminishing. This is seen to be because there are now more ‘aesthetic surgeons’ from ethnic minority groups, there is greater aesthetic and cultural sensitivity in the profession and increased skill in treating different skins and bodies. In short, the surgery profession has moved beyond its former practices of ethnocentricism and assimilation and minority groups are now being specifically addressed and catered for. Consider the following quote from the website beautynova.

Julius Few, assistant professor at the Northwestern University Feinberg School of Medicine. “New procedures and specific training in treating ethnic populations have opened new avenues for patients who previously were afraid to try many procedures. For example, scarring is an area of concern among darker-skinned patients; we now have new techniques to help minimize unwanted outcomes,” he says (http://www.beautynova.com/blog/?p=33)

Further, this stigma is also seen to be undermined by the increased visibility, unashamed acknowledgement and popularity of cosmetic surgery amongst celebrities from minority groups. There are also claims that any tendency for ethnic minority groups to imitate white, Caucasian forms of embodiment is now diminishing; due to a proclaimed need to avoid looking ‘too white’. This is summarized as ‘enhancing without erasing’. Witness a typical example of this argument.
To some people, "ethnic plastic surgery" can bring to mind controversial concepts of aesthetic homogenization, focused on altering the traditional facial features of an ethnic group to better fit into an "Anglo" mold of perceived attractiveness. In actuality, ethnic cosmetic surgery procedures, which include ethnic eyelid surgery and ethnic rhinoplasty, can be a way of enhancing certain features for minority patients, while preserving their unique physical heritage and natural beauty.

http://www.plasticsurgeryportal.com/articles/ethnic-plastic-surgery/62

These practices of ‘enhancing without erasing’ are portrayed as expressions of pride in ethnic and racial distinctiveness (Baddaladucci 2009) and as manifestations of individual freedom. The banner across the top of the ethnicsurgery website, a remark from Mohammed Ali, expresses this sentiment exactly: ‘I know where I’m going and I know the truth, and I don’t have to be what you want me to be. I’m free to be what I want’.

In terms of the global geo-politics of cosmetic surgery Asia has also become a major power. If we compare the number of cosmetic procedures by continent we see that Asia has the highest percentage of 33% (5704277) followed by the USA with 24% (4155955). Many cosmetic surgery tourists travel from around the world to various part of Asia, so these numbers do not represent Asians only, but what they clearly show is a flourishing industry.

The website Asian Plastic Surgery Guide comprehensively illustrates how Asia is seeking to explain and differentiate itself in this global beauty market. This site promotes itself as ‘Fully devoted to the Asian face & body’. It provides reports ‘updates' and commentaries about cosmetic surgery in South Korea, Japan, China, Vietnam, the Philippines, Singapore, Cambodia, Thailand, Indonesia, Malaysia, Taiwan and Hong Kong commenting on such things as licensing, qualifications, regulations and law enforcement and pointing to possible problems for the unwary. This portrayal hints at the many fascinating ways in which this global industry intersects with and is inflected by national circumstances. The website also comments on the traditional and contemporary views of cosmetic surgery in these different countries. For example, with regard to South Korea, it says
Plastic surgery has become so common in South Korea that more than thirty percent of Korean women between the ages of twenty and fifty are said to have had a cosmetic procedure. That percentage soars when looking at only those under age thirty, with some estimates exceeding fifty percent ....... The most popular Korean plastic surgery operations, double eyelid surgery to create an upper eyelid crease and rhinoplasty to enhance the structure of the nose, are very different from their equivalents in the West. Other popular Korean cosmetic procedures are all but unavailable outside of the Orient. Cheek, jaw, and calf reduction surgery have attracted the most attention.


The site acknowledges certain similarities between Asian and European faces, bodies and understandings of beauty and thus certain similarities between the types of cosmetic procedures required. However, its main purpose is to attest to the distinctiveness of Asian anatomies, needs, desires and surgical requirements.

It describes what characterizes ‘Asian bone structure, skin quality, and adipose tissue distribution’ and demarcates likely problem areas, explaining why cheek, jaw, and calf reduction surgery may be necessary clarifying the abject zones of Asian females’ bodies. For example,

Attractive calves are desirable to people of all cultures. Unfortunately, thick, short, and overly muscular calves, a condition known as "radish calves" or "radish legs," are more common in Asian women.

Having potentially constructed dissatisfactions and distress with its images of displeasing appearances, it invokes alternative possibilities with images of the desirable. It then comprehensively explains a range of remedies including square face surgery, chin surgery, wide face surgery, cheek reduction surgery, jaw reduction surgery, Asian rhinoplasty, Asian eyelid surgery, forehead surgery, Asian calf reduction and Asian skin resurfacing.

Typically the advertising naturalises the surgical procedures involved.

How are we to interpret ethnic cosmetic surgery for women and girls? The numbers provided by such bodies as the ASPS are able to document certain patterns but cannot explain them. The advocacy sites do not, of course, reflect critically on the politics or
psychic processes of their pedagogy. Perhaps ethnic cosmetic surgery for women can be interpreted as a minoritarian challenge to the ways in which cosmetic surgery has historically privileged the majoritarian Caucasian, Western female body; in short it might be seen as contesting defective embodiment. Perhaps it has gone beyond dominant processes of cosmetic colonization and its erasure of race, its practices of whitening and its incitement of internalized racism as Hayes (2009) suggests. Perhaps the global proliferation of multiple narratives about women’s corporeality is a form of democratisation, an assertion of equal embodiment and of ethnic, as well as individual, corporeal agency. Global skin narratives do now include stories of ethnic distinction and, as such, those universalist narratives that claim to transcend nation, race and ethnicity have, in some ways, been challenged. Even so, the ‘medicalisation of racial features’ (Kaw 1993) remains while presumably ethnic specialist surgeons’ and other skin, body and beauty experts’ incomes escalate. Racial and ethnic features are certainly being commodified and exploited by the niche marketing of this branch of the beauty industry.

**Concluding thoughts**

All this illustrates Connor’s (2004, p. 50) claim that ‘The skin is more than ever visible as the visible object of many different forms of imaginary and assault.’ With flawed skin, bones and shape an escalating taboo for women, cosmetic intervention becomes a proclaimed natural and reasonable individual defense against suffering, a point poignantly made by Davis (1995) who while empathizing with ‘the experience of suffering’ is critical of the culture that causes it (Davis 2003 98). Such suffering and developing a sense of agency with regard to it are key pedagogical strategies; well taught and learned, it seems, if the numbers from the ASPS and the IAPS are anything to go by.

In discussing the ‘empire of images’ Bodo says

> This is perceptual pedagogy, How to Interpret Your Body 101. These images are teaching us how to see. Filtered, smoothed, polished, softened, rearranged. And passing. Digital creations, visual cyborgs, teaching us what to expect from flesh and blood. Training our perception in what’s a defect and what’s normal. (Bordo, 2003 xviii)
This empire is global and the skin is central to its perpetual perceptual pedagogies. We have made that clear. Yet, while we, of course, acknowledge that this empire is pedagogical, we also stress that its images arrive from somewhere. Multiple forms of aesthetic, technical, technological, scientific and medical expertise are involved in developing the curriculum that mediates between female bodies and the markets in skin coloring and cosmetic surgery that we have discussed. The experts involved are educated and yet their education has attracted insufficient critical research. We wonder about the curriculum of the various knowledge systems involved and the extent to which the ethics and politics of the body are, or might be, included.

We have demonstrated that the multiple historical and contemporary signifiers of imperfect skin have multiplied yet further as the beauty industry has adjusted its gaze, expanded its reach and included ethnicity and race as markers and markets of distinction with their own particular pedagogies of abjection and desire. While some may see this as an egalitarian step forward in the feminine and feminist politics of recognition we are inclined, perhaps controversially, to agree with Davis (2003) who sees this situation as involving as a ‘dubious equality’. This is because the same old narrative is retold anew about the abject female body and the necessity to correct it.

Women’s bodies remain abjectified, they continue to be widely navigated for profit but now with increasing intricacy and intimacy. As we have implied, ethnic and racial difference is only celebrated to the extent that it can be exploited within the overall beauty system. Certain dominant norms are hard to transcend and notions of premium skin and optimum bodies remain standardized and normalized but with ethnic and racial inflections. Racial and ethnic features are certainly being commodified and exploited by the niche marketing of those branches of the beauty industry we have discussed. All of these intensify the highly traditional imperatives for women and girls to project themselves through their skin and, as Benthian (2002, p. ix) points out, this is an age-old form of ‘skin semantics’.

We agree that critiques of beauty industry’s ethnocentricism are well warranted. However, we also suggest that a meta-critique must be directed at the relentless strategic stigma that the beauty industry attaches to any less-than-perfect skin — on any body.
This involves aesthetic, ethical, moral and political issues that are related but not exclusive to racial and ethnic politics.

References


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