

# Mapping the Surgical Landscape: Resonances and Divergences Between Theories of Cosmetic and Transsexual Body Modification

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**Beth Pentney**, Simon Fraser University, studies the discourses of makeover culture. Her SSHRC-funded research interests also include: third wave feminism, postfeminism, online audiences, and feminist television studies.

**T. Garner**, Simon Fraser University, focuses research on reconceptualising transgender bodily practices. Other SSHRC-funded research interests include queer theory, whiteness studies, feminist theories of the body, and disability studies.

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## Abstract

This paper explores the limitations of the disciplinary divide between feminist studies of cosmetic surgery and trans studies of sex reassignment surgery, in order to unpack assumptions that may otherwise go unchallenged within each field. We focus on themes of conformity and transgression, and borders and identity.

## Résumé

Cet article explore les limites de la division entre les études des femmes sur la chirurgie cosmétique et les études sur les trans sur les chirurgie de réassignation de sexe, afin de débattre les assumption qui ne serait autrement pas mises au défi chacune dans leur domaine. Nous nous concentrons sur les thèmes de conformité et de transgression, et des frontières et de l'identité.

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In general, theoretical discourses surrounding the bodily transformations of cosmetic surgery and sex reassignment surgery (SRS) have been maintained within separate fields of study; the former being theorized primarily within feminist theories of the body and the latter being contained within transgender theory. Within pockets of second wave feminism, bodily modification such as cosmetic surgery and SRS were analyzed together and condemned for the same reasons: they were both thought to be an embodiment of conformity to hegemonic gender norms and an attack on bodily integrity (Daly 1978; Raymond 1994). As transgender studies began to emerge in the early 1990s, the theoretical consideration of these two forms of bodily transformation generally became separated into two distinct fields in Canada and the United States, with the analysis of cosmetic surgery continuing to be situated within feminist theories of the body and SRS being largely within the purview of trans scholars. This paper seeks to explore the limitations of this disciplinary divide in order to work through some of the assumptions that may otherwise go unchallenged within each field. By bringing these theoretical threads together, and exploring the resonances and divergences between the discourses of SRS and cosmetic surgery, we highlight the extent to which each set of discourses has been limited by surrounding frameworks.

Without negating the important differences that have been identified between the experiences of men and women who undergo elective cosmetic

surgeries and SRS, we argue that by continuing to work to understand the meaning and importance of each set of body modification practices in isolation and often times in opposition, scholars to some extent merely replicate the epistemological parameters and academic discourse available to understand such phenomenon. While there are multiple overlaps between theoretical discourses of SRS and cosmetic surgery, the parameters of the field are influenced by the way in which identity has been conceptualized in each arena. Within transgender theory, much of the discussion has focused on identity in terms of, on the one hand, demarcating, and on the other hand, blurring or undercutting, the boundaries of the transsexual body, both at the level of the individual and the community. In contrast, in feminist discourses of cosmetic surgery, identity is generally discussed in relation to agency, where the potential for access to individual agency and empowerment through body modification is debated from a Foucauldian feminist perspective (Foucault 1994; 1995).

We argue that medical discourse in particular has significantly structured these discussions of identity and agency, in spite of the fact that critical theory asserts its value through its autonomy from this field. As medical practices, many of the procedures of sex-reassignment surgery are the same or similar to those of cosmetic surgery, for instance, breast reduction or augmentation. But the medical context is very different: access to sex reassignment surgery is obtained through a diagnosis of Gender Identity Disorder while access to cosmetic surgery is largely determined by financial capability. In other words, transsexuality is pathologized while cosmetic surgery is not. We argue that this key difference in the medical framing of these two forms of bodily modification has had a significant impact on the ways in which they have been theorized, effectively constraining the ways we have thought about the body and body modification. While both fields address underlying concerns

around the question of whether our bodies are our own (making identity, subjectivity, and power central concepts within each field), we are interested in highlighting the extent to which our theories are not. By unpacking the channels of thought that structure these fields and recognizing the immersion of both fields in a larger cultural context, we can begin to tease out some interesting areas for consideration that may not have emerged without closer comparison.

The goal of this paper is to interrogate the (trans)formation of bodies of thought rather than engaging directly with embodied experience and practice, though the significance of our argument rests on the recognition of the intricate connection between bodies of knowledge and bodies of flesh. Arguing that we create our objects of study by identifying, categorizing, and describing our research subject(s), we intend to examine the shape of the objects created within the literature of feminist and trans theories of elective cosmetic body modification and SRS respectively (which is why we have chosen not to define the parameters of SRS and cosmetic surgery, but rather to look at the ways they have been defined elsewhere). As such, we align ourselves with those scholars who have organized under the theoretical concept of "Somatechnics." The term somatechnics emerged out of work done by theorists at two international conferences on body modification at Macquarie University, Australia in 2003 and 2004, and refers to the "inextricability of soma- the body- and technics, techniques, technologies and technes [which is] at the heart of a set of politicized and critical interrogations of subjectivity and bodily being" (Cadwallader and Murray 2007, 260). In this framework, bodies are constituted in and through "technics," which includes theories and practices at both the macro-political and micro-political level, thus highlighting the importance of considerations of bodies of knowledge in relation to everyday life.

We begin by mapping important

similarities between the discursive fields of trans theory and feminist theory of cosmetic surgery, specifically the ways in which theorists have addressed questions of conformity and transgression in relation to the body modification practices associated with elective cosmetic surgery and SRS. Our purpose in bringing the theoretical discourses of cosmetic surgery and SRS into closer proximity and highlighting the multiple resonances between them is to denaturalize the disciplinary divide. We argue that bringing them together for comparison raises larger questions about the fundamental meaning of the categories "man" and "woman," how these categories come into being, and the possibilities for transforming these meanings. We then turn to the most notable divergence between the two sets of theoretical articulations, that is, the different conceptions of identity, and highlight the extent to which this divide has limited each field. Finally, we briefly explore the productivity of thinking through body modification practices in parallel through a comparative analysis of language practices of people who are either SRS or cosmetic surgery recipients.

Within each discursive field, the accusation of conformity is often used to justify the condemnation of the practices of cosmetic surgery and SRS. In accounts that condemn the phenomenon of transsexuality, theorists assert that it conforms to and perpetuates the gender binary, and the stereotypical features of the two dichotomous categories (Daly 1978; Dworkin 1974; Eichler 1987; Hausman 1995; Raymond 1994; Steinem 1977). Similarly, cosmetic surgery patients are often characterized as women who are coerced into conforming to standards of beauty that are not of their own making by feminist theorists who study cosmetic surgery. From this perspective, cosmetic surgery is seen as a social practice that convinces otherwise physically healthy women their bodies are unwell, and require surgery to cure their perceived deficiency or deformity (Bartky 1991; Blum 2004; Bordo

1993; Covino 2004; Faludi 1991; Morgan 1991; Wolf 1992). These theoretical condemnations all appeal, to some extent, to a notion of bodily integrity, where surgical practices are understood as antithetical to the assumed wholeness of the natural body. Moreover, they tend to flatten out and universalize the transsexual or cosmetic surgery experience. Of the theoretical work that does actually consider SRS and cosmetic surgery together, much of it can be located within this condemnation camp, in particular early and more recent radical feminist texts (Daly 1978; Hausman 1995; Jeffreys 2004 & 2005; Raymond 1994).

The allegation of conformity is often focused on a critique of the interaction between the medical institution and the patient. Both sets of theorists highlight the extent to which the scripts used by cosmetic surgery patients and transsexual patients in navigating the medical institution rely on normative notions of sex and gender (Raymond 1994; Stone 1991). These scripts are crafted in response to medical professionals assuming the role of gatekeepers, denying access to surgery if the patient does not exhibit the proper behaviour. In the case of SRS, this is tied to stereotypical gendered appearance, as well as an expression of heterosexual desire; Stone goes so far as to accuse gender clinics of effectively becoming "grooming clinics" or "charm schools," where the transsexual patients are molded into the medical staff's idea of, not only what a woman should look like anatomically, but also how a woman should behave (1991, 290).

By comparison, the script of cosmetic surgery patients is described as reflecting the distorted shades of second wave feminism, using rhetoric based on choice, personal agency, and rights. Thus, a woman cannot base her justification for surgery on the desire to satisfy or catch a man, nor can she expect unrealistic results (Blum 2004). She can, however, convince a surgeon that she is a good candidate for modification based on a claim to want to get

ahead in a competitive job market where youth reigns supreme, and based on the assertion that she is doing it for herself (Heyes 2007; Pitts 2007; Tait 2007). The heterosexism, ageism and individualism inherent in this script also gives way to implicit ethnocentrism, such that women and men who bear visibly-racialized markers are also required to navigate a script encumbered by a strange mix of language that implies assimilation to white beauty standards, and a goal of personal agency all at once (Haiken 1997; Heyes 2007). Within transgender theory, there is similar concern about the unexamined whiteness of the acceptable standards of gender applied to transgender bodies, as well as the whiteness of the concept of transgender itself, which allows little room for other configurations of sex, gender, and sexuality (Aizura 2006; Namaste 2000; Noble 2006; Roen 2006).

In contrast to the theoretical approaches noted above, which frame cosmetic surgery and SRS as missed opportunities in the transformation of binary understandings of gender, there are similar opposing perspectives in each field that view the many forms of body modification undertaken in the name of SRS or cosmetic surgery as, at least potentially, transgressive in response to structural hierarchies. Within some of the literature that supports this viewpoint, the subversive potential of body modification is located in the recognition of individual agency, which contests accusations of false consciousness, and the inferred positioning of patients as cultural dupes. For other theorists, subversion through body modification is situated in the potential for disrupting the notion of the subject underlying these accounts of agency.

Feminists who propose that cosmetic surgery can be a platform for female agency claim that women who undergo cosmetic surgery procedures do so in the process of self-actualization, from rational subject positions (Davis 1995 & 1997; Friday 1996; Gimlin 2002). These

feminist theorists tend to rely on a theoretical framework of individualism or standpoint epistemologies that privilege "women's ways of knowing" (Andermahr *et al.* 1997, 258). Women's individual voices and feelings are valued as sources of knowledge and this is reflected in the methodologies they choose to employ in their research (Davis 1995, 169; Gimlin 2002, 78; Morgan 1991, 33). Kathy Davis argues that ignoring women's voices and theorizing cosmetic surgery without consulting recipients and understanding how they navigate cosmetic surgery and cultural pressure to conform, simply reduces women to passive dupes of a larger, stronger, male system of oppression. Davis identifies the cosmetic surgery narrative as essential to an understanding of women as agents; they construct their stories in a way that reveals the active moment of choice, when a woman takes "the position of a subject who acts upon the world in and through her body" (1995, 114). Moreover, Davis claims that valuing and believing in women to make competent, informed decisions about their bodies (within a limited scope of choice), is the right step for feminists to take, since reading women as objectified victims of cosmetic surgery ignores their experiences and undermines their voices (1995, 161).

Similarly, some transsexual theorists highlight the specificity of transsexual lives and subjectivity that are necessarily obscured by universalizing assumptions of transsexualism being either inherently progressive or conservative in relation to the gender binary (Namaste 2000; Prosser 1998; Rubin 2003). The methodological choices made within this framework resonate with those of feminist theorists intent on valuing the agency of cosmetic surgery patients - in this context, the ethnographical work is focused on transsexual voices and experiences. For instance, Namaste attempts to restore the subjectivity of the transsexual within the academic text by focusing on the everyday concerns of the transsexual, from health

care to employment, to perhaps the most pervasive, violence. Sociologist Henry Rubin is also concerned with (re)inserting transsexual subjectivity into his work. He ends his ethnographic study of female-to-male transsexuals with a decidedly humanist sentiment, recognizing that the "need to self-actualize, or realize the 'inner letter' that is written inside each one of us, is stronger than almost any impulse we know" (2003, 182). From this perspective, transsexuality is an issue of human rights where the path of transsexuality, whatever that may consist of, is merely one form of self-actualization among many other individual choices we all make in our lives.

While these perspectives are grounded in the idea of a subject that has the potential for active agency, many theorists in both discursive fields question the notion of the founding subject altogether. Anne Balsamo, Kathryn Pauly Morgan, and French performance artist Orlan are critical of cosmetic surgery as it is practised and advertised currently, but they envision (or enact) subversive body alteration as a way to re-appropriate women's bodies from what they see as negative and harmful regulatory practices. Cosmetic surgery is posed as a way to perform radical feminist subversion, where the body is seen as a site of resistance. Morgan suggests a utopian vision of cosmetic surgery where women blur the boundaries of beauty by electing "uglifying" surgeries in order to expose the oppressive beauty ideals at work, such as "bleaching one's hair white or applying wrinkle inducing 'wrinkle creams'" (Morgan 1991, 44-46).

In contrast to the utopian or idealistic vision of a revolutionary re-working of cosmetic surgery practices by some feminist theorists, many of the theories that defend SRS locate its transgressive potential in post-transition visibility and the subsequent increased awareness of transsexualism (Bornstein 1994; Califia 2003; Feinberg 1998; Halberstam 1998; Stone 1991; Stryker 2006; Wilchins 1997). They conceive of transsexualism as being

an exemplary paradigm of the subversion of gender normativity, as it has the potential to reveal the construction of gender and provide the possibility of expanding and disrupting the categories of man and woman. While all of these arguments are political in nature, some are more explicit calls for social transformation, preceding and echoing Feinberg's hope that transgender lives and the transgender movement will "expose some of the harmful myths about what it means to be a woman or a man that have compartmentalized and distorted your life" (1998, 5). Others, offering more theoretical articulation than practical exhortation, situate the transsexual within the poststructural framework underlying queer theory, where essentialism is contested at every turn and identity is always understood as shifting and contingent. Halberstam and Stryker both conceive of transsexualism as providing the material for a revelation about the construction of gendered bodies, though with quite different slants. Stryker, as a transsexual woman, says "you are as constructed as me" (2006, 246), while Halberstam says "we are all transsexuals" (1998, 212), both appealing to an underlying notion that "all bodies mark and are marked" (Sullivan 2006, 561). Rather than assuming bodies are immersed in being only when they do not undergo explicit medical transformations, they urge us to recognize that all bodies are always involved with becoming.

Similarly, many of the feminist theorists who perceive subversive potential through cosmetic surgery ground their arguments in the postmodern challenge to the common understanding of the body as an ontological entity that is pre-discursive, unified, and/or biologically determined. "Instead, the body, along with social laws, nature, and self, is seen as always open to history and culture, and always negotiable and changing" (Pitts 2003, 28). Anne Balsamo encourages readers to recognize the postmodern conception of the body as "a site of inscription" (1996, 78). Since there

is no such thing as a natural body in the current technological reality, we must reconsider the role of cosmetic surgery as representative of something closer to adornment ("fashion surgery"), and view the body as "a vehicle for staging cultural identities" (1996, 78-79). The subversive attempt to appropriate cosmetic surgery for political, feminist, postmodern and/or artistic ends relies on the belief that the body is a tool to be used for change.

While we have identified significant resonances between theories of cosmetic surgery and those of SRS, there is an important difference that permeates these similarities: the divergent employment of the concept of identity. Within feminist theories of cosmetic surgery, discussions of identity primarily revolve around assertions of the potential for individual agency through surgery (which have been outlined above). Feminist theorists tend to be critical of language that would suggest "identity shifts" and "transitioning" despite their proliferation in cosmetic surgery industry advertising and client testimonials, and, as a result, themes of "crossing," "borders," and shared identity fostering a cosmetic surgery community remain sparse. In contrast, within transgender theory, identity - the question of what is transgender - is central, whether it is being affirmed or undermined. In this context, the surgical procedures of SRS are generally analyzed in terms of their relation to identity and conceived of as constituting some form of change, whether this is an identity shift or a bodily transformation grounded in a constant identity. We suggest that the medical paradigm within which both cosmetic surgery and SRS have been defined has helped frame the nature of discussions of identity in each discursive field. In particular, the consumerist model of the cosmetic surgery industry in Canada and the United States supports claims of personal agency through (certain) surgical transformation, whereas SRS is only available to those who have been identified and diagnosed as transsexual.

The consequence of the strategic

employment of the notion of identity has been the enactment of limitations within the theoretical work of both discursive fields. To further articulate this point, we continue to explore the notion of transition, which is directly tied to that of identity within transsexual narratives. In his exploration of transsexual somatic and narrative transition, Prosser asks "[w]hat does transsexuality, the fact that subjects do seek radically to change their sex, convey about sex, identity, and the flesh?" (Prosser 1998, 63). While Prosser focuses on transition in its many forms, Noble finds the concept of transition limiting in relation to understanding the changes he has gone through as a female-to-male transsexual. For him, the term transition implies the succession of an old body by a new one; it implies both an erasure and a replacement (Noble 2006). With these approaches in mind, what could we gain by thinking through cosmetic surgery as transition? Questions related to the transitional potential of cosmetic surgery for its recipients tend to take a back seat to debates around agency versus victimization in theories of cosmetic surgery, and while we are not advocating an uncritical assertion of identity, we ask what is lost when few feminist theorists seem interested in what interview research (including work by Kathy Davis, Debra Gimlin, and Victoria Pitts) has indicated is verbally relayed as a transitional moment in the lives of cosmetic surgery recipients?

While it may be productive to apply the concept of transition to cosmetic surgery, allowing us to see and know the practice in a different way, Noble, operating within a field dominated by the centrality of transition, attempts to explore transgender bodily modification without this term, instead applying the notion of "grafting." In this understanding, there is no crossing, no leaving behind, no new body; there is "one materialization...haunted by the other," where "this is the body not as foundation but as archive" (Noble 2006, 84). The concept of grafting, more often used in relation to non-SRS bodily modification, has the effect

of reconceptualizing the epistemological parameters of transgender bodily modification when applied to SRS, but it also allows us to rethink identity as multiple rather than merely singular, making Noble's assertion that he is a "lesbian man" intelligible (2006, 84). This is an example of the kind of productive cross-pollination that we are recommending in order to change the ways in which we think of/through the body.

There have been a few of these types of connections made between the discourse and practice of cosmetic surgery and SRS. While some feminist theorists lump cosmetic surgery and SRS together in their condemnation of bodily mutilation (Daly 1978; Hausman 1995; Jeffreys 2004, 2005; Raymond 1994), other associations have moved beyond the pejorative. Halberstam is invested in making the connection between SRS and cosmetic surgery as a means of removing the stigma from transsexual surgery. She suggests a conceptual shift in the way we think about transsexual surgery, such that "we consider what we're now calling transsexual surgery as cosmetic" surgery, rather than the "complete, pathological rearrangement of identity" (Sullivan 2006, 553). Orlan, the performance artist, also links SRS with cosmetic surgery through her claim of being a "woman-to-woman transsexual act" (Davis 1997, 57). Rather than attempting to disconnect SRS from issues of identity through the assertion that it is like cosmetic surgery, Orlan locates the association within the notion that cosmetic surgery is as much an identity transition as SRS, despite the patient remaining within the same gender category rather than crossing. Similar to Noble's reconceptualization, Orlan's statement disrupts the boundaries around each theoretical field. An exploration of the discomfort that might be generated within each discipline as a result of framing cosmetic surgery patients as "woman-to-woman" transsexuals is one example of what we suggest is a necessary and productive way of interrogating our

theoretical limits.

Nikki Sullivan is one of a few theorists who engages substantially with comparisons of seemingly disparate forms of body modification. She urges us to recognize that all forms of (re)embodiment constitute and are constituted by "transmogrification": "a process of (un)becoming strange and/or grotesque, of (un)becoming other" (Sullivan 2006, 561). For Sullivan, this concept acknowledges the intercorporeal aspect of all bodily modification, the way in which these transformations are negotiations of the boundary between self and other. Similarly, Cressida Heyes thinks through the connections between cosmetic surgery and SRS, and extends a model of "soma aesthetics" for resisting normalizing institutions and for engendering political coalition building among trans feminists and non-trans feminists (Heyes 2007). We see their work as representative of a new and productive avenue of thinking about "bodily (trans)formation" (Sullivan 2005), and situate our work in political alignment with theirs.

As such, in the remainder of this paper we intend to highlight some of the resonances and discordances between discourses of SRS and cosmetic surgery through a brief selection of examples outside the academic framework we have thus far been concerned with, in order to offer a new perspective on issues of concern to feminist and trans theorists. In particular, we look at themes of borders and identity. Our observations lead us to conclude that the ways in which SRS and cosmetic surgery are situated in relation to each other and to structures of sex and gender continue to be upheld not only by both popular culture and medical institutions in Canada and the United States, but also from within feminist and trans theoretical discourse. We recognize the problems of generalizing from such diverse populations and our analysis in no way attempts to represent all trans people who undergo SRS, or people who choose cosmetic

surgery, nor do we wish to deny that differences exist. Yet, we value the thematic intersections we observe for their ability to cross-cut seemingly disparate experiences and theories and for their potential to generate new "perceptual frames" (Sullivan 2007).

Issues of identity and border control are often negotiated and established through language, where language is understood to be a mechanism of power, which, within a Foucauldian model, is both prohibitive and generative. Threading through the many forms of discourse on SRS and cosmetic surgery, there are particular terms or tropes that continuously reappear, some overlapping both fields and others specific to each. An examination of this language reveals some of the assumptions underlying the discursive construction of SRS and cosmetic surgery patients, as well as the way in which personal narratives employ this language in order to justify surgery, determine the outcome, and situate oneself along a narrative continuum.

Although there are considerable differences between health care models in Canada and the United States, the clearest example of borders that delineate body modification experiences for trans and cosmetic surgery patients is apparent in the structure of exchanges between patients and health care systems. The medical legacy of defining transsexuality in contradistinction to both homosexuality and transvestism influences both how transsexuals explain themselves and how others perceive and describe them (Castle 1992). More interestingly for our purposes, the boundary between SRS and cosmetic surgery is strongly enforced in trans narratives through the language of survival, and in the field of medicine through the differences in health care provision for transsexuals and cosmetic surgery patients. Underlying many transsexual narratives is an urgency that situates access to SRS as the only alternative to debilitating mental and physical distress. Egale Canada Board

member, Susan Gapka, states unequivocally, "[w]e're not talking about cosmetic surgery here. We're talking about surgery that is absolutely required for many of us to be whole human beings" (Egale Canada 2007). This border is very carefully policed because it has direct implications for the provision of health care. As long as SRS is considered distinct from cosmetic surgery, the case can be made for it to be publicly funded, whereas cosmetic surgery is primarily available through private means. This distinction is also evident in the type of SRS funded through provincial health programs. In British Columbia for example, breast/chest surgeries and some genital surgeries are covered, while facial reconstruction and vocal cord surgeries are not, precisely because they are considered to be cosmetic modifications (Transgender Health Program 2007).

By contrast, cosmetic surgery narratives (and industry literature) exhibit a notable absence of association with SRS and transsexuality in describing desire for treatment, highlighting the different political investments operating within each area. For women justifying cosmetic surgery, strict border enforcement underlies the fear of mis-identification with a group or body considered abject within a specific cultural and class-based context, especially the aging body (Hurd Clarke and Griffin 2007), the non-white body (Shin 2000), and the "unfeminine" body (Davis 1995). The personal narratives of cosmetic surgery recipients often reveal the desire to regain control or access to a normative body, such that borders are shored-up and identification is stabilized.

Related to the discourse that defines borders within the medical system, that is, borders demarcating patient groups, is the discourse of borders used to describe the misalignment between self and body. The wrong body trope is highly pervasive in transsexual literature, and is evoked through a variety of expressions, from being a woman trapped in a man's body to wanting to align inside with outside. While some

theorists maintain that the wrong body trope is an over-simplistic encapsulation of the transsexual condition, as well as merely a necessary assertion for a diagnosis of Gender Identity Disorder, Prosser argues that "the proliferation of the wrong-body figure is not solely attributable to its discursive power" but due to the fact that "being trapped in the wrong body is simply what transsexuality feels like" (1998, 69). Somewhat similarly, cosmetic surgery patients employ the wrong body trope regularly, which, like transsexual narratives, work under the assumption that one's inside ought to match one's outside. In manifestations of the wrong body trope captured on the ever-growing genre of reality television known as "makeover reality TV," the pre-cosmetic surgery body is described by patients as detracting from one's potential to express (hetero)sexuality, vitality, and confidence, and authenticity becomes the basis from which people articulate their desire for surgery (Fox's *The Swan*, ABC's *Extreme Makeover*, or TLC's *A Personal Story*). In both SRS and cosmetic surgery narratives, the wrong body trope is grounded in the Cartesian dualism of mind and body and is used both as explanation and justification. Heyes provides a useful extension of this comparison by suggesting that the commonly shared expression of the wrong body among women and trans people should motivate us to "re-examine the possibilities for political alliance between transgendered and non-transgendered feminists" (Heyes 2007, 42).

Our consideration of some of the themes that emerge from comparing SRS and cosmetic surgery discourses reveals the ways in which SRS and cosmetic surgery are situated in relation to each other and to structures of sex and gender, which provides a deeper understanding of these structures than could be gained from exploring one in isolation. Our paper adds to conversations that make these types of productive connections, moving beyond merely condemning or celebrating these

practices, with the belief that these associations are foundational to social transformation. It also begins to address some of the theoretical limitations in considering these two forms of body modification as either entirely distinct or merely the same. Our purpose is not to suggest an elimination of the disciplinary divide or that the practices of SRS and cosmetic surgery should be forever theorized together. Rather, we encourage trans and feminist theorists to consider the epistemological constraints enacted by continuing to delimit our objects of inquiry according to what amount to arbitrary, culturally and historically bound demarcations of bodily modification. Without an awareness of our own culpability in this process of delimitation, we are in danger of (re)producing bodies and bodily practices in the service of disciplinary systems we wish to critique. Through our comparison of theoretical discourses, as well as our brief consideration of themes that emerge within personal narratives, we have begun the work of (re)conceptualizing bodily practices across the boundaries of these designations, and we encourage more scholars to engage with this critical investment.

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