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Heinz Tschachler,
Maureen Devine, Michael Draxlbauer (Eds.)

The EmBodyment of American Culture

AAAS Austrian Association for American Studies
Österreichische Gesellschaft für Amerikastudien

American Studies in Austria

LIT

BTL EX1027

IPR2024-00703

U.S. Patent No. 8,961,511

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Umschlagbild: Anna Schober

Bibliographic information published by Die Deutsche Bibliothek
Die Deutsche Bibliothek lists this publication in the Deutsche
Nationalbibliografie; detailed bibliographic data are available in the
Internet at <http://dnb.ddb.de>.

ISBN 3-8258-6762-5

© LIT VERLAG Münster 2003

Grevener Str./Fresnostr. 2 48159 Münster

Tel. 0251-23 50 91

Fax 0251-23 19 72

e-Mail: lit@lit-verlag.de <http://www.lit-verlag.de>

Distributed in North America by:



Transaction Publishers
New Brunswick (U.S.A.) and London (U.K.)

Transaction Publishers
Rutgers University
35 Berrue Circle
Piscataway, NJ 08854

Tel.: (732) 445 - 2280
Fax: (732) 445 - 3138
for orders (U.S. only):
toll free (888) 999 - 6778

Table of Contents

List of Illustrations	7
-----------------------	---

Acknowledgments	9
-----------------	---

<i>Heinz Tschachler</i> Introduction	11
---	----

Part 1: Cultural Studies

<i>Jessica Johnston</i> Normalizing Disciplines: Overweight Subjectivities and Resistances	25
--	----

<i>Louis J. Kern</i> Venus Envy – Penis Envy: Aesthetic Autoplasty, Genital Reconstruction, and Erotic Embodiment	43
---	----

<i>Sarah Hildebrandt</i> The Last Frontier: Body Norms and Hair Removal Practices in Contemporary American Culture	59
--	----

<i>jan jagodzinski</i> The Pierced and Tattooed Body: The Branded Skin-ego of Post-Oedipalization	73
---	----

<i>Anna Schober</i> Blue Jeans. Alterations of a Thing, a Body, a Nation.	87
--	----

<i>Klaus D. Heissenberger</i> An All-American Body? Bruce Springsteen's Working-Class Masculinity in the 1980s	101
--	-----

Greta Olson

The Monster Within: Demonic Images of Food, Bodies
and the Desire to Eat in Recent American Literature on
Eating Disorders

111

Part 2: Textual Studies

Monika Seidl

"Framing Isabel": About Some *fin-de-siècle* Portraits
of Ladies

129

Astrid M. Fellner

"body for body": The Repulsive and Eroticized Bodies of
Djuna Barnes

141

Piotr Zazula

The Woman and the City: The "Feminine" Body in
Modern American Poetry

155

Martina Antretter

The Surrender of the Body in Mary Oliver and Amy
Clampitt's Ecopoetry

175

Klaus-Dieter Gross

Violence in American Opera from the 1900s through
the 1950s

187

Bernd Herzogenrath

Tod Browning's *Freaks* and the Fraternity
of the Fragmented

203

Contributors

217

List of Illustrations

1. June (Viola Dana) as *every-woman* in *Blue Jeans*
2. Consumed bodies and clothes
3. The re-discovery of the sexy body: Marlon Brando
4. The finding of a "resemblance".
Teddy-boy and -girl in West Germany
5. Visibly different. Embroidered Jeans

Venus Envy – Penis Envy: Aesthetic Autoplasty, Genital Reconstruction, and Erotic Embodiment

Louis J. Kern

Descendant from a modern medical sub-specialization that evolved in response to congenital and acquired physical deformities and the ravages of epidemic venereal disease, postmodern plastic surgery occupies a liminal space in a culture of corporeal commodification that mediates the transition between the body's interior and its surface, between the biological and the culturally constructed, between psychological and physical embodiment. Increasingly understood as aesthetic rather than reconstructive, plastic surgery responds to the body as personal and public object of perception and as the site of transformative identity and incorporated desire. Contemporary psychotherapeutics has recognized a binary discursive disjuncture between body image and body ego, and has postulated a pathological Cartesian corpus that forms an "essential component of the self-concept."¹ Since 1994, its most obsessive form has been identified as "dysmorphobia" or, in clinical terms, "Body Dysmorphic Disorder," a category of "inferiority complex" that is diagnostically characterized by "cultural concerns about physical appearance and the importance of proper self-presentation [that] may influence or amplify preoccupation about an imagined physical deformity."²

But Freud had emphasized as early as the 1920s that the ego is "first and foremost a bodily ego,"³ thereby normativizing some degree of somatic dysmorphia that is not clinically observable as pathologically obsessive/compulsive and manifested in physical and/or social impairment. Contemporary psychiatric theory recognizes moderate bodily disgust and preoccupation with physical defects as essential components of personal identity and self-image under such terms as the "bodily self," the "somatic self," and "body image."⁴ The postmodern body is a fragmented congeries of "body-ego deficits," a "skin ego" vexed by unfulfilled desire; it is therapeutically contested terrain, subject to psychopharmacecuticological intervention and remediation on the one hand and surgical abscission and reconstruction on the other.⁵ But it is arguably cosmetic surgery, particularly as practiced in genital

resculpting procedures, an especially prepotent instantiation of commodified desire, that, since the mid-1980s, has most successfully focused on the sexual body and its discontents. It is with two of these transformative aesthetics surgeries—foreskin restoration and laser vaginal rejuvenation—that we will be concerned here.⁶

Since the two forms of genital plastic reformatting are differently gendered and politicized, it is not surprising that their incidence also supports the general observation that although “Body Dysmorphic Disorder is diagnosed with approximately equal frequency in women and in men,” “nearly ninety percent of the [cosmetic surgery] operations are performed on women.”⁷ Males tend to sense a genital deficit, females a genital surplus; males prefer hands-on, do-it-yourself remedies, females favor the cutting edge of professional reconfiguration. Interestingly, the primary site of genital plastic surgery for both sexes is situated in proximately homologous dermal tissue—the labia minora for the female and the prepuce for the male.

The foreskin restoration movement is a marginal social and medical phenomenon and is rooted in the culture of victimization that constitutes the liberal hangover in a conservative age. It is associated with the identity politics of the 1960s and rehabilitative support groups, yet one strand of its identity is reactionary—it embraces the male solidarity of the men’s movement and at times seems intent on seizing the moral high ground from feminists. It has clear associations with the natural health movement and specifically Christian, though not overtly fundamentalist, connections. Inevitably, though not consciously, it has anti-Semitic overtones. It is also quintessentially the product of contemporary media culture. It is estimated that there are currently some 10,000 + men engaged in do-it-yourself programs of foreskin stretching; perhaps a few thousand are seeking surgical intervention for restorative purposes.⁸

The restoration movement has spawned four major organizations—the National Organization of Circumcision Information Resource Centers (1985), the National Organization of Restoring Men (1989), the Uncircumcising Information and Resources Center (1991), and the National Organization to Halt the Abuse and Routine Mutilation of Males (1992).⁹ The movement has mounted a sophisticated activist campaign that employs exploitative media techniques borrowed from the tabloid papers and talk television—linking the graphic images of the tabs and the intimately personal testimonial style of the victimized of

the talk shows. It has also appropriated the demonstrative political activism of 1960s protest culture, and has produced two films, *Whose Body, Whose Rights?: Examining the Ethics and the Human Rights Issue of Infant Male Circumcision* (1995) and *They Cut Babies, Don't They: One Man's Struggle Against Circumcision* (1999), and plans a series of demonstrations for Genital Integrity Awareness Week (1-7 April 2002).

Initially a movement targeted towards gay men, foreskin restoration activism brought heterosexual males' disgust and dissatisfaction with their penises out of the closet in the late 1980s. The early advertisements for the nascent NORM, for example, appeared in San Francisco's gay press, but by 1992 the organizational membership paralleled the statistical distribution of gay-straight in the general male population. A report on earlier surgical procedures of restoration noted that nine of eleven patients undergoing the surgery in the mid-1970s were homosexuals. One of the first self-help restoration groups, disseminating instructional information on a system of incremental foreskin stretching utilizing surgical tape and a system of applied torque and tension with weights was Brothers United for Future Foreskins (BUFF, est. 1982). UNCIRC from the beginning was associated with the men's movement—organizations like Men's Rights, Inc. and the National Men's Resource Center that urged their members to "listen inside oneself."¹⁰

When the restoration movement went mainstream in the late 1980s, it was in response to talk-show publicity for adult trauma and genital shame associated with routine infant circumcision. Both R. Wayne Griffiths and Jim Bigelow mention the beginning of their active involvement with the movement stemming from a 1987 *Donahue* show featuring guests Marilyn Milos, founder of NOCIRC, Dr. Dean Edell, who hosted a syndicated call-in radio medical show, and Richard Steiner, a man who had undergone surgical reconstruction procedures, all of whom were early "intactivists."¹¹

Intactivists' sexual politics were angry, confrontational, emotionally exploitative, and sensationalist. The standard practice of infant circumcision is described in their literature as "amputation," and is considered "male genital mutilation" (quite consciously analogized to female genital mutilation): "Before a baby is circumcised, his foreskin must be torn from his glans, literally skinning it alive."¹² Foreskin literature stresses that circumcision excises 50-80% of the total penile

shaft skin, thousands of sensory receptors (Meissner's corpuscles), and 10-20,000 erotogenic nerve endings, altogether 240 feet of nerves and three feet of arteries, veins, and capillaries.¹³

If infant males have been the helpless victims of the radical practice of compulsory circumcision in the post-World War II U.S., who has been their primary victimizer? For circumcision activists, the answer is not far to seek: a misguided and greedy medical establishment profits handsomely from routine circumcision, performing an estimated 1.2 million unnecessary operations annually for a gross take of about \$240 million. Even pediatricians had betrayed their sacred trust. The American Academy of Pediatricians concluded in 1971 that there were no legitimate medical grounds to justify the practice of routine circumcision, but had reversed itself in 1985. Infant circumcision peaked in the U.S. in the 1980s, when an estimated 85% of male babies were circumcised. In 1999, the AAP again declared circumcision medically unnecessary, in the wake of a decade that saw the incidence of the operation fall to 59% of newborns.¹⁴

But beyond the medical profession, the broader reaches of the corporate capitalist system and the general scientific community also profit from the male infant's sexual mutilation. Pharmaceutical and cosmetics companies exploit the discarded prepuces as raw material for primary research. One foreskin protectionist tells us that "corporations such as Advanced Tissue Sciences, Organogenesis, and BioSurface Technology use human foreskins as materials for a type of breathable bandage."¹⁵

More radically politicized anti-circumcision activists consider routine infant circumcision genital mutilation and some would even consider it an act of terrorism. Despite the fact that the original foreskin is irreclaimable, the ends of foreskin restoration remain reclamation of a bodily pre-condition and reformation of the sexual body. Restoration seeks a return to the natural condition of the sexual body, as return to wholeness through a process of "aesthetic body imaging." It seeks to regain the power to (re)shape the body's genital status; no less important are aesthetic considerations and enhanced sexual function.

Testimonials of men (and some women) involved in the foreskin restoration movement reenforce their sense of violation, anger, shame, and genital-sexual inadequacy. Circumcised males typically describe an uneasiness with the appearance of their genitals: I felt a "self-consciousness about the appearance of my circumcised penis," "always

knew there was something wrong with my penis.” More profoundly disturbed by their genital status, other men reported feeling “mutilated, less-than-male,” being always conscious that I was “the odd man out, a *freak* if you like.” “I hated the feeling of being a *freak* among my friends who weren’t cut,” said another.¹⁶

Feelings of freakish genitals expressed by these men were grounded in socially constructed notions of the ideal, intact male body that constituted a countervailing genital aesthetic in a culture in which the overwhelming majority of men had been circumcised.

There was something mythic, archaic, primitively masculine in the uncut penis and these men longed to reconnect with their primordial prepuces. The longing for the intact, prelapsarian body, for the grandeur, the perfection of unretouched maleness comes out clearly in these testimonials. One man declared that his circumcised “penis was weird,” while another referred with disgust and self-loathing to “the ugly tags and remnants of my former perfect penis.” Comparing his sex organ to those of uncircumcised men in the shower, another man observed with shame, “their penises were beautiful, rich, and full. Mine looked scrawny and pink.” For these men, genital difference denoted gender failure and led to a sense of inferiority. Many dissatisfied circumcised men felt that the “uncircumcised penis was more masculine.” Some even doubted the collective national manhood, arguing that “the American male’s penis is a ruined penis.” Given inevitable comparison with uncut peers, many of these men felt incomplete, inferior. “By the time I was in high school,” one man testified, “my masculine identity had been established as one of every other male being better than I was.”¹⁷

But not only genital aesthetics and bodily image drive the restorationists. Of equal concern is sexual function, the pleasure dynamic. For many intactivists, permanent, irrevocable deprivation of sexual sensation is profoundly disturbing. Because of circumcision, one man wrote in an open letter to the doctor who circumcised him, his sex organs had been functionally altered, and “I will never be able to know how sex is supposed to feel. You destroyed the erogenous nerves present in my foreskin [and even with successful reconstruction] it will never feel like it was supposed to feel.” Others echo his sentiments: “Masturbation has never seemed to be anything more than a light release of tension. It has never felt ‘so good’ like it’s supposed to.

Something was missing, and I know it. I had no way of knowing what was missing.”¹⁸

And despite two generations of American women who had been culturally conditioned to recognize the circumcised penis as the norm and to prefer the appearance of a trimmed organ, some circumcised men felt sexually inadequate. One man spoke openly of his sexual dysfunction. As a young man, in 30-40 sex acts he reached orgasm only four or five times; in a more permanent relationship his average improved to one in four. While this man's experience may have had physical, neurological, or psychological causes unrelated to his circumcision, it is certainly possible that psychological trauma related to loss of the foreskin was the strongest etiological influence at work here. And the perception of sexual inadequacy acutely felt by some circumcised men is echoed by some women as well. It may not only be that full orgasmic pleasure is denied the circumcised male, but that he is also unable to fully satisfy his sex partner. Consider, for example, the testimony of a registered nurse:

I have found that it is easier to bring a man with a natural, intact penis to full erection and to maintain that erection during the course of an evening, and to do so with less effort, than it is to accomplish the same objective with a man with a circumcised penis. Furthermore, a natural penis provides me with a much more enjoyable rainbow of vaginal sensations, and provides a much more exciting object to fellate.¹⁹

Seeking to overcome the effects of what it perceives as imposed genital deformity and psycho-sexual maiming, the goal of the (re)intact male genital movement is neatly summed up in the name adopted by one of its activist organizations—RECAP (Recover a Penis). Recovery and (re)covering of the penis can be achieved through simple techniques of skin-stretching that require no medical intervention, but for those who have insufficient penile shaft skin remaining after circumcision or who lack the patience for long-term, gradual reconstruction, the surgical option becomes attractive. Commonly referred to as “uncircumcision” or “surgical reconstruction,” it is a form of genital cosmetic surgery. One doctor, in fact, bills his procedures as “male cosmetic surgery,” and in a rare instance of honesty in advertising, admits that “with any method the penis rarely looks the same as it would if it were not circumcised.”²⁰ More typical is the hyperbolic claim that uncircumcision is the embodiment of “penile reform.”²¹

For women, too, contemporary plastic surgery offers salvation from the torment of bodily disgust and distaste. Elective surgery offers a postmodern “genital aesthetics” that promises reformed, rejuvenated, and reformatted “designer vulvas,” resculpted genitals. Essentially the response to the relaxation or damage of vaginal muscles, fascia, ligaments, and supporting tissues resulting from parturition and aging, as well as to cultural standards of genital aesthetics for the female, this surgery addresses a similar level of feminine gender discontent as foreskin reconstruction does to male genital malaise. The goals of female genital reconstruction parallel those of penile reform—genital beautification, restoration of the pristine condition of the sexual organs, and intensification of sexual pleasure. The primary procedures undertaken on the female genitals are designer vaginoplasty (the aesthetic enhancement of the labia majora, labia minora, mons pubis, introitus, and perineum) and laser vaginal rejuvenation designed to tighten the vagina and thus enhance sexual gratification (including reduction and augmentation labioplasty, vulvar labioplasty [on the mons pubis]), and hymenoplasty (reconstruction of the hymen).²²

Testimonials from women who have undergone DV and LVR are homologous to those of men who have undertaken foreskin restoration. Like their male counterparts, lack of self-esteem and sexual dysfunction bring women to subject their genitals to surgical intervention. Peer pressure and cultural norms of genital appearance play a prominent role; if it can be said that discontented circumcised men suffer from a kind of penis envy, the candidate for LVR suffers from labia envy.²³ As one woman described her experience of bodily identity, shaped by comparative genital experiences, “. . . when we were changing [during gym class] I could tell what was normal and what was not. I knew that something wasn’t right.” Her perception of abnormality resided in her conviction that her labia minora were too large. Other women testified that “I felt plagued by the size of my labia ever since I was a little girl,” or “I’d see women in locker rooms and magazines and be jealous . . . [after two childbirths] my vagina had that ‘flippy-floppy’ feeling. I could barely feel anything. Sex was just not the same.” Still others confessed to “having always felt inhibited when I was involved in a relationship and my sexuality was suppressed for as long as I can remember. I wasn’t completely proud of my body and felt different from other women”; and trying to reach climax was all but impossible. I felt very uncomfortable having sex.”²⁴

Enhancement of sexual pleasure is often prioritized in testimonials from LVR patients, but it is difficult to tell whether the perception of improved sexual function is real or is primarily a psychological response to the promise of an ameliorated sex life prominently displayed in typical advertisements for LVR procedures. In any case, candidates for this type of cosmetic surgery, like those for surgical reconstruction of the foreskin, are those who have experienced little success or who have become impatient with non-surgical remedies (Kegel exercises). Whether the benefits are real or imagined, women who have undergone LVR give witness of improved sexual functioning. As one woman claimed, "now [sex] is magnificently great. Everything's so much tighter. I can really feel the difference. It's like I'm starting all over again." A female plastic surgeon, Dr. Jane E. Norton, provides physiological support for reports of enhanced sexual pleasure: While the postpartum vagina may have become stretched and relaxed, "men get smaller as they age due to less testosterone in their systems, which can affect the size of their erections and their stamina as well. By tightening the vagina, this can enhance the pleasure for both the woman and the man."²⁵

But the terrain of the female sexual body is more contested than that of the male and consequently there is more interrogation of the claims for surgical enhancement of sexual pleasure through LVR than there is of those made for surgical foreskin restoration. On one side stand the practitioners of redesigned vaginas—the genital plastic surgeons—and their self-selected, emotionally satisfied patients; on the other stand feminist critics and advocates of genital naturalism.

Julia Scheeres, a free-lance writer, clearly laid out the sexual politics of LVR surgery. "All of these genital procedures," she wrote, "are deeply rooted in misogynist notions of the female genitalia as ugly, dirty and shameful." "Just when it seemed," she continued,

that cosmetic surgeons had run out of body parts to plunder, they discovered a new area: the female genitalia. Suddenly, there's a beauty standard for the vulva and the vagina: smooth, small and hairless. The prepubescent look is in; natural, normal genitalia are out.²⁶

Ultimately, the new model pudenda have not realized the promise of greater sexual fulfillment for women, but have simply imposed "creepy new beauty standards" that have only meant for women that

in our quest to mimic that most American icon of beauty, Barbie, we've stuffed silicone bags into our chests, paralyzed our expressions with bacteria injections, and died vacuuming fat from our hips and thighs. Now we can have Barbie's smooth synthetic crotch as well.²⁷

Scheeres' Barbie connection brings us to the heart of the cultural controversy over female genital cosmetic surgery. Mary F. Rogers has teased out the implications of Barbie Culture for the deconstruction of the feminine from the perspective of contemporary cultural theory. "Barbie," she writes,

is an icon whose "perfect" body is more attainable than ever before. She exists most widely as an icon in those cultures where women cannot escape endless messages about how to improve, enhance, rework, and even perfect their deficient, flawed bodies. She has iconic force in cultures where one is never too young nor too old to make use of the artifices marketed as instruments of feminine success. Barbie is iconic, then, of a somatics as mind boggling in its reach as her accessories are. . . . Overall, Barbie's is a body signaling the emergence of the technobody in commodity cultures.²⁸

The commodification of the female sexual body has been reinforced, too, by paradigmatic popular cultural images ranging from the idealized centerfolds of glossy pictorial publications like *Playboy* to the up-close and personal images of hard-core porno videos. As Elizabeth Haiken observed, "before crotch shots were published nobody was interested in this, but now everyone knows what labia are supposed to look like."²⁹ Lest one think that the Bunny connection is simply a sign of feminist disgruntlement with a male-oriented plastic body, cosmetic genital surgeons themselves have acknowledged its effect. Dr. Gary Alter has described it as the "*Penthouse* effect." Dr. David Matlock claims that "women of the world inspired all of the surgical designs." He cites the airbrushed Bunnies of *Playboy* as the *belle ideale* of female genitalia. "Honestly," he says,

if you look at *Playboy*, those women, on the outer vagina area, the vulva is very aesthetically appealing, the vulva is rounded. It's full, it's not flat. . . . Women were coming in saying, 'I want something different, I want to change things.' Then look at *Playboy*, the ideal woman *per se*, for the body and the shape and so on. You don't see women in there with excessively long labia minora.³⁰

Idealization of female genitalia according to a sanitized standard of perfection may be the immediate result of popular erotic culture, but hymenoplasty implies a genital retrogression to a prepubescent stage when the connection with Barbie was more immediate, a mode of body reshaping that suggests a closer connection with anorexia than it does with sexual desire. Dr. Matlock's hymenoplasty clientele has typically been Islamic and Japanese women preparing for pre-nuptial examinations to establish their maidenhood. Increasingly, however, a growing number of American women are seeking the "virgin experience." Matlock simply "works with what's already there and then stitches up the area to bring it to the state before virginity was lost."³¹ The operation is often undertaken for romantic reasons—to have the "first time experience" with a new sex partner, or to reclaim a lost sense of innocence. A Texas woman described her sense of sexual renewal in ecstatic terms—"I feel the excitement—like I'm a virgin again!" Less enthusiastic critics describe the newly-minted, re-virgined body in less flattering terms as that of a woman with "little doll-like genitals," perhaps hermetically resealed like the smooth pubis of the plastic Barbie body.³²

At the epicenter of the controversy over female cosmetic reconstructive genital surgery is the developer of LVR, the dean of the "Born-Again Virgins," Dr. David Matlock. Matlock claims to have averaged some 500 vaginoplasties annually since he pioneered his laser technique in 1996.³³ Among his patients, he has the reputation of being a "woman's doctor," and he stresses that his LVR procedure "is driven by women, and it's for women. . . . The woman is the artist, and we are the instrument she uses to express herself in her image."³⁴ Matlock casts himself as the paladin of the pudenda, providing the medical intervention to facilitate female sexual liberation and erotic equality. "There are over 25 medications," he points out,

for male impotence. . . . Is there anything remotely similar for women? No. Not at all. There are 200 prosthetic devices for men on the market. Anything similar for women? Not at all. If men had problems like that—if men had babies, and we had certain body parts stretched out as a result—they would have been looked at, researched and solved a long time ago.³⁵

Yet, what Matlock offers women is the reconstructed body as commodity. His ads play on bodily fear and shame and promise an erotic utopia through vaginal rejuvenation.

"Ladies," a come-on ad sets up its pitch, "if you are self-conscious about showing 'The Full Monty' there is a solution. . . . You won't believe how good sex can be!"³⁶ Matlock has also appeared on the talk radio circuit—he was lauded by Howard Stern—is scheduled to publish an article in *Marie Claire* and has a pop self-promotional book in the works entitled "What the Gynecologist Didn't Tell You." He is reported to be "poised to launch an international franchising and licensing network [riding] on the edge of a cresting wave that has already made him a millionaire several times over."³⁷ Though some critics argue that mainline ob/gyn professionals oppose Matlock's procedures, the relevant professional organizations seem to have taken a neutral stance. Neither the American College of Obstetricians and Gynecologists nor the American Medical Women's Association nor the American Association of Sex Educators, Counselors, and Therapists has taken an official position on either cosmetic reconstructive or erotic enhancement surgery.³⁸

Despite the gushing enthusiasm of a well-satisfied customer with a resculpted vulva and rejuvenated vagina attached to her otherwise chronologically aged flesh, who swore that "this man is like the creator of women. They call him the Picasso of woman's vagina. It's true, he does make you totally new,"³⁹ the nagging question remains: new for whom? The tighter, young vagina is an aesthetic product designed for display and use, but who is the end-use consumer? When pushed, women who have undergone Matlock's procedures seem to know. As one woman put it, "my husband says he has the same wife, but a new woman." Another woman was even more direct about the enhanced erotic pleasure of her reconstructed vagina. "You give more pleasure to a man," she says, "which affects your own sense of sexual gratification. It's not necessarily about having better orgasms. It's the way you feel as a woman."⁴⁰ When Matlock lets his guard down, he can be brutally frank on the benefits of LVR. He told a female interviewer that the procedure could prevent husbands from running after younger women. "Why not have the best sex you can at home?," he asked. "You tell me why these 40,50,60-year-old men are running after younger women? They want these women with these nice, hot, tight _____."⁴¹

LVR, then, is not so much a procedure to liberate female eroticism where women can reclaim their desire, but merely a new weapon in the war against aging, an embodied product to cater to male sexual fantasies and pleasure and thus forestall the abandonment of aging wives. The promise of the perfected female sexual body, marketed as a means to the enhancement of female sexual pleasure only serves to reinforce the subordination of female desire to the needs of the male in the traditional patriarchal order. The *Playboy* Bunny body and the Barbie body remain the subordinated signs of an unreconstructed female desire in a cosmetically reconstituted body.

In the scopophilic theology of the sexual body, a secularized, pop evangelism of desire is incorporated in the exploitative culture of the flesh. The final phase of the cycle of bodily redemption is plastic surgery, which provides transcendence of the abjected body through its perfection. The sanctification that comes with grace, mediated by the concentrated light of the surgical laser, offers social redemption and bodily resurrection. The cycle of embodied grace has moved the spectator from deprivation, bodily disgust and discontent to body-ego reconciliation, and finally to the promise of the elimination of bodily imperfection altogether.

Yet, as we have seen, the ideal postmodern body, the body beyond the abjected flesh, remains a contested site for continuing struggles over gender, power, and personal identity. The artificial perfection of the flesh deconstructs the earth-bound, natural body, idealizing a mimetic, immortal, plastic body as the ideal form of embodiment in its place. As Mary F. Rogers has observed,

the modern body is far from "natural" . . . and the post-modern body extends that development along the pathway toward technoselfhood. . . That means . . . that dominant norms about appearance will shape a greater number of bodies, especially as body-altering techniques become more affordable. Rather than customizing their bodies, then, many people will be standardizing them along lines paralleling the imagery promoted by icons like Barbie.⁴²

Now, more than ever, the contemned body of our discontent and alienated desire has been internalized and reabsorbed under the sign of transcendence of the flesh, transformation of desire in an artificially reproduced, retrogressive simulacrum of prelapsarian grace. The postmodern body has been detached from its materiality, surgical body

sculpting has become the vehicle for the technological transformation of the “sin ego,” and the flesh has been transubstantiated into plastic. Plasticity has become the “postmodern paradigm”;⁴³ for both male and female body-image Barbie malleability and genitally smooth perfection has become the ideal, and cosmetic surgery has rendered the erotically and aesthetically undesired and the natural body alike obsolete.

Notes

¹ The phrase is Aaron Beck's, quoted in Jean Goodwin and Reina Attias, *Splintered Reflections: Images of the Body in Trauma* (New York: Basic Books, 1999) 168.

² American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders (DSMM-IV)*, 4th ed. (Washington, DC, 1994) 467.

³ Sigmund Freud. *The Ego and the Id* (1923), rpt. in J. Strachey, ed. *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, vol. 19 (London: Hogarth P, 1961) 17. In Fn.2 on this page Freud further elaborates, “. . . the ego is ultimately derived from bodily sensations, chiefly from those springing from the surface of the body. It may thus be regarded as a mental projection of the surfaces of the body . . .”

⁴ Goodwin and Attias, *Splintered Reflections* 168.

⁵ The quoted phrases are from Didier Anzieu, *The Skin Ego* (New Haven: Yale UP, 1989) 6.

⁶ One of the more recent innovations in male enhancement surgery redoubles its resurrectional qualities. Surgeons have pioneered the use of alloderm (cadaver skin) in place of the traditional homoderm and fat grafts to increase penile circumference, thus accomplishing a double “raising of the dead.”

⁷ *DSMM-IV*, 467; and Kathy Davis, *Reshaping the Female Body: The Dilemma of Cosmetic Surgery* (New York: Routledge, 1995) 21. Roughly 80% of aesthetic operations are performed on white women.

⁸ See Dick Schultheiss, Michael C. Truss et al., “Uncircumcision: A Historical Review of Preputial Restoration,” *Plastic Reconstruction Surgery* 101 (1998), rpt. at <<http://www.infocirc.org,uncirc.html>>. In *Circumcision Exposed: Rethinking a Medical and Cultural Tradition* (Freedom, CA: Crossing P, 1998) 138-39, Billy Ray Boyd cites an estimate from *Sex Life* of 7-10,000 men currently undergoing foreskin reconstruction in the U.S.

⁹ Jim Bigelow, *The Joy of Uncircumcising* (Aptos, CA: Hourglass Book Pub., 1995), 27-29. The first foreskin restoration organization seems to have been Jeffrey R. Wood's INTACT, established in 1976. Currently, NORM has 27 U.S. chapters and five abroad.

¹⁰ Bigelow 112. See also Barry Newman, “Restoration Campaign—Intactivists Seek to Undo a Long-Practiced Ritual,” *Wall Street Journal* 28 Dec. 2000, A1, and Donald M. Grier, Paul C. Mohl, and Kathy A. Shelly, “A Technique for Foreskin Reconstruction and Some Preliminary Results,” *Journal of Sex Research* 18.4 (November 1982): 324-30, p. 330. In this sample, then, 82% of the restorationists were gay.

¹¹ Newman, "Restoration Campaign," and Bigelow 128. In pop culture, an episode of *St. Elsewhere* (16 Dec. 1987) followed Victor Bevine, who entered the hospital for foreskin restoration.

¹² Paul M. Fleiss, "The Foreskin is Necessary," originally published as "The Case Against Circumcision in *Mothering* (Winter 1997): 36-45. On amputation, see Bigelow 37. On male genital mutilation, see the extensive comparison of male to female genital mutilation in the respective policy statements of the American Academy of Pediatricians' Task Force on Circumcision and Committee on bioethics, <<http://www.circumstitions.com/AAP.html>>, and "MGM: Male Circumcision: A Gender Perspective," *Journal of Men's Studies* VI.2 (1998): 198-208 (found on the internet at <<http://www.mensstudies.com>> or <<http://www.noharm.org>>).

¹³ "The Foreskin Advantage," <<http://www.noharm.org/advantage.html>>, 1; "Circumcision in America," <<http://www.salon.com/mwt/feature/1998/10/26/feature.html>>, 4; and Fleiss 2.

¹⁴ For figures on the annual incidence of and profits from circumcision, see Thomas J. Ritter and George C. Dennison, *Say No to Circumcision: 40 Compelling Reasons*, 2nd ed. (Aptos, CA: Hourglass Book P, 1996) 29.1. On the APA's shifting position, see John Sedgwick, "The Foreskin Saga," <<http://www.infocirc.org/GQ0200.htm>>; on comparative figures for the 1980s and 1990s, see Bigelow 19.

¹⁵ Billy Ray Boyd, *Circumcision Exposed: Rethinking a Medical and Cultural Tradition* (Freedom, CA: Crossing P, 1998) 53; and Fleiss 3.

¹⁶ Bigelow 25, 27, 28. My emphasis.

¹⁷ Bigelow 90, 100, 102, 108, and 123.

¹⁸ Bigelow 96-97, and 21.

¹⁹ Bigelow 104 and 10. See Dr. Patrick Hudson's cosmetic plastic surgery homepage, <<http://www.phudson.com/Genital/uncircumcision.html>>.

²⁰ On circumcision in the U.S., see Ritter and Dennison, *Say No to Circumcision* 29.1. The term "penile reform" is the title of an article by J. Penn in the *British Journal of Plastic Surgery* 16 (1963): 287-88. The most popular sources for self-restoration are the materials distributed by BUFF, NORM, UNCIRC, and Jim Bigelow's inspirational and instructional manual, *The Joy of Uncircumcising*, with its intentional refraction of Alex Comfort's *The Joy of Sex*. See Dr. David Matlock's web page for the Laser Vaginal Rejuvenation Institute of Los Angeles that he directs, <<http://www.drmatlock.com/laserVR.htm>>, and "Vaginal Rejuvenation," by Dr. B. Kashanchi, <<http://www.obgyn911.com/vaginal2.html>>.

²¹ See Bigelow 133, and Nicholas Regush, "Genital Redesign," 11 May 2000 <<http://www.abcnews.go.com/sections/living/Second Opinion/html>>.

²² See "The Facts of Life, and Vaginal Tightening," <<http://www.my.webmd.com/content/article/html>> 3, "Testimonials" from the LVR Institute, L.A., <<http://www.drmatlock.com/testimonials.htm>> 2, and Debra Ollivier, "Designer Vaginas," <<http://www.salon.com/sex/feature/2000/11/14/vagina.html>>, 1.

²³ "Facts of Life, and Vaginal Tightening" 1.

²⁴ Scheeres, "Sexpressions: Vaginal Cosmetic Surgery," <http://thriveonline.oxygen_xpressionsvaginal_cosmetic_surgery.html>, 1-2.

²⁵ Scheeres 1-2. See also Carol Queen, "Meanwhile, in L.A. Plastic Surgeon's Offices," <http://www.spectator.net/EDPAGES/1137_cq.html>, Lynda Gorov, "The Latest Fad From LA-LA Land: A 'Designer Vagina', and Jen Loy (of *Fabula* magazine), "Pushing the Perfect Pussy," both at <<http://www.jendajournal.com/jenda/Vol1.1/Dvagina.html>> –this is the on-line version of *Jenda: A Journal of Culture and African Women's Studies* (2001).

²⁶ Mary F. Rogers, *Barbie Culture* (London: Sage Pubs., 1999) 122-23. See pp. 120-21 for her connection of Barbie to cosmetic surgery.

²⁷ Quoted from a *Salon* magazine interview in Loy, "Pushing the Perfect Pussy, 3. See also "Facts of Life, and Vaginal Tightening," 3.

²⁸ For the Alter quote, see Loy, "Pushing the Perfect Pussy," 3. Matlock's quoted remarks appear in Lisa Derrick, "Dr. Tight," 30 April 1998, <<http://www.newtimesla.com/issues/1998-04-30/columns2.html>> 2 (my emphasis). See also Debra Ollivier, "Female Genital surgery Goes Public," *USA Today*, 14 Nov. 2000, rpt. at <<http://www.jendajournal.com/jenda/vol1.1/Dvagina.html>> 17, and Richard Connelly, "Like a Virgin: KPRC Kicks Off Another Mind-Boggling Sweeps Month," 9 Nov. 2000 <<http://www.houstonpress.com>>. See also the advertisement for Virgin Me Inc. (Miami, FL) at <http://www.virginme.com>: "Doctor-Approved Scientific Breakthrough that will transform a Non-Virgin girl into a complete virgin! Experience the pain and bleeding on the first night as if you were a real virgin!"

²⁹ Connelly, "Like a Virgin," 1; See also Michael Learmouth, "Virgin Surgeon," <<http://www.metroactive.com/papers/metro/12.24.98/virgin2-9851.html>>, 2, Mike Falon, "Female Gender Surgery Goes Public," <<http://www.jendajournal.com/jenda/vol1.1/Dvagina.html>>, 12, and "Testimonials," web page of the LVI of L.A., 3.

³⁰ Ollivier, "Designer Vaginas," 17.

³¹ Gorov 1. The phrase "Laser Vaginal Rejuvenation" is trademarked, as is its acronym, "LVR."

³² Ollivier, "Designer Vaginas," 15. See also Derrick, "Dr. Tight," 3.

³³ "Facts of Life, and Vaginal Tightening," 2.

³⁴ Stephanie Ramp, "Plastic Surgery Moves South," *Fairfield County Weekly* 4 Aug. 2000, 7.

³⁵ Ollivier, "Designer Vaginas," 2, 16.

³⁶ Ollivier, "Designer Vaginas," 16.

³⁷ Rogers 124.

³⁸ See Susan Bordo, *Unbearable Weight: Feminism, Western Culture, and the Body* (Berkeley: U of California P, 1993) 245-46.