ABSTRACT

RHETORICAL LIMITATIONS AND POSSIBILITIES OF TECHNOLOGICAL EMBODIMENT AND THE ‘PLASTIC BODY:’ A CRITICAL ANALYSIS OF COSMETIC BODY ALTERATION AND THE HYMENOPLASTY PROCEDURE

By Scott Daniel Boras

This analysis is intended to show that within the paradigm of technological embodiment scientific progress in medicine and technology have advanced to the point that the human body is no longer thought of as a fixed form void of fluidity and refashioning. Cosmetic surgery body alterations, specifically the hymenoplasty procedure, are a means by which some women (re)instate the appearance of ‘virginity.’ Within a culturally embodied framework of dominant and subservient groups, this phenomenon is constructed as a controversial practice that uses cosmetic surgery in order to deceive oppressive groups. John W. Jordan’s rhetorical phenomena that shape public understanding of the limitations and possibilities of the ‘plastic body’ (2004) will be used as a methodological guide to frame the analysis and map the critical discourse. By understanding the unique interrelationships of doctors, patients, and publics, ensuing findings that emerge from this examination will show that the hymenoplasty procedure is a discursive rhetorical function with far-reaching implications that are both empowering and disempowering to the patients who are having it done, and also effectively comment on the rhetorical foundation of technological embodiment, culture and hegemony, as well as deception.
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Chapter One: Introduction

Overview

Since 1997 at the Laser Vaginal Rejuvenation Institute in Beverly Hills, California, cosmetic surgeons have been using state-of-the-art laser cosmetic surgery to physically graft reconstructed hymen onto the genitals of women who seek to restore the appearance of their virginity. The procedure is called *hymenoplasty*, and consists of folding over and grafting surrounding tissues of a woman’s genitals to recreate the appearance of an intact hymen, subsequently reinstating the appearance of physical ‘virginity’ (Matlock, 2002). Predominantly performed in the United States on women of Arab, Latino, and Korean descent, “chastity reinstatement procedures” (CRP) have quickly become one of the most controversial and rhetorically significant forms of body reconstruction in contemporary societies (Chozick, 2005). The ability to transform the physical body through the use of technological manipulation is not a new phenomenon, but nonetheless a continuously changing one. Because the human body is surgically malleable our external physical bodies, or “plastic bodies,” are always in a state of potential transition (Jordan, 2004). As technologies develop and humans find more uses for technological advancements, the abilities and functions of cosmetic body alteration become broader and more rhetorically intriguing.

The women who undergo hymenoplasty procedures, for whom they are having the procedure done, the surgeons who perform the operations, and our own critical acceptance of hymenoplasty all play important roles in understanding the phenomenon. The purpose of what follows is not to pass judgment on or to challenge the formerly mentioned participants, but to analyze and critique CRPs from a critical perspective as an active participant in its rhetorical disclosure. Through engaging in a critical analysis of CRPs as they exist and operate within a culturally framed context, an emerging understanding of their rhetorical purpose, usefulness, and influence will be used to inform and comment on the profound implications and limitations of physical body alterations, identity, and technological embodiment.

This critical undertaking is significant in consideration of its profound societal and culturally constructed implications, as well as in light of the overwhelming increased
the popularity of cosmetic body alteration. The convergence of public, private, and mediated perceptions of the rhetorical body and body-identity transformations have brought about this area of discourse. Though the current literature on embodiment and cosmetic surgery is significant and insightful, only a modest amount of literature has been written about the specific hymenoplasty procedure and its contemporary implications. The primary rhetorical need for CRPs throughout the world stems from culturally bound perceptions and practices regarding the taboos of marriage and virginity (Choi, 1998; Matlock, 2002; Moussa, 2004; Zamore, 2004). More specifically, religious, cultural, and traditional expectations of women’s sexuality and sexual behavior in certain parts of the world have historically caused harmful repercussions (which can include death) for women who are found to be insubordinate with popular, hegemonic expectations (Choi, 1998; Moussa, 2004). In order to avoid harsh consequences, women often submit (or are forced to submit) to traditional-patriarchal standards and practices.

The necessity to comply in order to avoid disapproval, disownment, and/or death motivates some women to seek CRPs, though these reasons are not exclusive. Their purpose for undergoing hymenoplasty may also include the desire for sexual gratification, a means to portray the appearance of virginity before marriage, as well as to prevent one’s own potential murder at the hands of a family member (Soussi, 2005; Tohid, 2005). Consequently, due to the profound human problems that resonate within the context of CRPs as well as their impact on culture and societies, a critical investigation is called for in order to develop and continue an informed understanding and discussion of the phenomenon.

In the following chapters a critical analysis of the hymenoplasty procedure will be used to illustrate how culture, hegemony, deception, and technology discursively intersect to comment on the rhetorical construction of technological embodiment. The works of Balsamo, Butler, Condit, Douglas, Foucault, Jordan, Negrin and others will be used to provide the foundation of this examination. More specifically, Jordan’s established rhetorical phenomena that shape public understanding of the “plastic body” will be used as a methodological framework for this analysis (2004). In order to introduce the analysis this chapter will focus on three main subject areas. First, a comprehensive description of the hymenoplasty procedure will be established and an overview of who is having it done, and
why, will be offered. Second, critical questions will be posed to directly comment on the rhetorical implications associated with the procedure and technological embodiment. And finally, a brief summary of future chapters will help map the course that will guide further analysis.

Cosmetic Surgery and Plastic Bodies

As a social signifier, with the aid of cosmetic surgery, the human body exists as a ‘sculptor’s putty’ that can be controlled, constructed, disassembled, and reconstructed to reflect individual and societal body perspectives. Increasingly, one of the most socially sanctioned ways to use technology to alter one’s body appearance is through cosmetic surgery (Jordan, 2004). Traditional forms of cosmetic surgery have typically involved reconstruction of facial features, breast augmentation/reduction, and liposuction. However, as technology continues to advance along with human ingenuity, new applications for surgical technologies emerge. Through the discourse of plastic surgeries Jordan (2004) reveals that the human body is a plastic body, “based less on medical technology and skill than on rhetorical power” (p. 327). The rhetorical implications of the plastic body play an important role in understanding the more complex uses for these surgeries which have grown to include the elective amputation of healthy limbs (amputation wanabees), vaginal rejuvenation (designer vaginas), penis enlargements, gender (re)assignment, extravagant facial (re)constructions (for example, facial construction to look like a celebrity, or other species, such as a cat), umbilicoplasty (designer bellybuttons), and hymenoplasty, to name a few.

Jordan establishes three core rhetorical phenomena that shape public understanding of the limitations and possibilities of the plastic body. Each phenomenon comments on the role interrelations of the surgeon, patient, and public, and how they come together in a purposeful framework. First, the contemporary plastic surgery community (specifically, the surgeons) advocate messages that tell people that the human body is malleable and can be re-defined in order to achieve an ‘ideal image.’ Second, patients subsequently must persuade surgeons that there is something ‘wrong’ with their bodies and is in need of cosmetic alteration; a reason to undergo surgery to attain an ideal image. Finally, the medical community must justify performing the procedure through dialogue, contention, and
consensus. In other words, a dialogue within the medical community should either reinforce justification, or disapprove the justification for better bodies as they are perceived by publics (Jordan, 2004, p. 328-29). Jordan specifically looks at the notion of “amputee wanabees,” and consequently finds the third phenomena the most problematic. In particular, he accentuates that the communicated “psychological goal of healing” is not clearly consistent within the medical community in light of amputating healthy limbs (p. 349). Subsequently, it is also in this third phenomenon that the issue of social/cultural taboo emerges, as well as the cultural-hegemonic power structures of plastic surgery (which will defined and discussed in chapter two along with a more thorough depiction of Jordan’s methodology for understanding public understanding of the plastic body).

Jordan focuses on the plastic body as a “symbolic and material site of expression” (p. 329). The various “expressions” communicated by the plastic body, as well as the physical and rhetorical alterations done to it ultimately comment on and influence the rhetorical dimensions of identity. Classic and contemporary notions of identity are rhetorically complex and highly debated concepts in philosophical research. O’Connell (1999) distinguishes several contributing relationships that help assemble identity as an ambiguous construction. For him, identity does not exist independently in an objective world, but rather is a subjective response to our various perceptions of the world.

Our relation to our own past, to our language, to our communities, to the names that we have been given, is deeply ambiguous. We do not choose our identities, but neither is the choice made for us. We respond to what we have been given, thereby testifying to and transforming who we are … It is the mark placed on one through which one constitutes one’s identity as a response. One testifies to this identity, and in so doing, calls others to a possibility for being-in-the-world (O’Connell, 1999, p. 72).

For O’Connell history, language, communication, and our environment give individuals abstract conceptualizations to which they identify and respond via identity formation. Butler (1990) furthers this notion by claiming that “acts, gestures, and desire produce the effect of an internal core or substance, but produce this on the surface of the body” (p. 173). Butler’s distinction between the “internal core” and “surface of the body” is
useful when grappling with identity formation in regards to cosmetic surgery; essentially, one comments on the other and visa-versa. For the purpose of this analysis identity can be generically separated into what O’Connell and Butler have established as ‘physical’ and ‘internal’ dimensions. Physical identity specifically involves the interpretation and expressions of corporeal identifiers that exist on the physical body (Hoy, 1990). These identifiers can be constructed and manipulated by oneself (such as choosing to have a tattoo or piercing), by others (for example, the circumcision of a newborn male infant), via an accident (for example, loosing the ability to walk from being in a car accident), or can exist involuntarily when one is born (such as congenital deformities or distinct facial/body features).

Internal identity includes the awareness and discernment of how one believes others perceive their identity, as well as how one communicates selfhood through unique attitudes, beliefs, values, and behaviors. Conclusively, in regards to sexual and gender identity (which functions from an amalgamation of both physical and internal identifiers) the formation of a subject requires identification with normative conceptualizations of sex (Butler, 1993, p. 3). Therefore, internal identity is more based on one’s identification (what O’Connell calls response) with the various ways in which the body and mind construct and interpret one’s existence, rather than an authoritative and limited definition of one’s objective placement in the world. The regulation of identificatory practices is how social institutions influence and control how the plastic body, identity, and sex are defined, as well as the social limitations imposed on identity emergence (Butler, 1993). Social, cultural, and hegemonic factors all contribute to how identificatory practices are regulated (as shown through Jordan’s three phenomena that shape public understanding of the plastic body, for example), and ultimately effect the behavior of doctors, patients, and publics in regards to cosmetic body modification.

The bulk of what follows most directly refers to physical identity, which is most closely linked to the plastic body. Physical identificatory practices are also the easiest to observe; though it would be incorrect to assume that the dimensions of physical identity and internal identity do not overlap. Both dimensions often comment on the other to help shape and refine how one interprets their existence in the context of understanding selfhood.
Ultimately, it is essential to understand that the plastic body is a means by which physical identity originates, changes over time, and is interpreted and communicated.

_Hymenoplasty Procedure_

Jordan’s three phenomena (2004), as well as the distinction of how the physical body is regulated through corporeal manipulation, are important to understand and keep in mind when looking at the motivations, justifications, and sanctioning of cosmetic procedures more rhetorically complex than a tummy tuck, for example. Such is the case with the current phenomena of CRPs, specifically hymenoplasty, wherein surgeons physically recreate the appearance of ‘virginity’ on women. CRPs are significant to any culture that values the appearance of virginity as a societal or religious benefit and/or necessity (Haliparn, 2004). Within these cultural spheres virginity, or at least the appearance of virginity, has become such an important commodity that those who have lost it can now pay to get it back.

Historically, hymen repair procedures date back to the 19th century. European brothels performed the procedure on prostitutes, sometimes several times a week on the same woman, due to the fact that virgins were in high demand by the brothel’s clientele (Her, 2005). Contemporary hymenoplasty procedures in the United States take only a few hours to complete at a cost of around $3,800 (all-inclusive). Women who undergo the procedure are usually in a clinic for one day and then are released from medical care, ‘virginity’ restored. The hymenoplasty procedure involves relatively low levels of health risk; however, patients must abstain from sexual intercourse for six weeks after surgery so that their new hymen can fully heal (Matlock, 2004).

Though the previously mentioned Vaginal Rejuvenation Institute of Beverly Hills is one of the leading authorities in these types of procedures, they are not the only clinic that provides the service. Clinics in cities such as San Antonio, Miami, and New York, as well as places throughout South Korea, India, China, Egypt, Europe, and throughout most Arab nations and Latin America have emerged to offer the hymenoplasty surgery. Though each clinic’s prices vary (some cost as much as $6,000), the services and outpatient timeframe are relatively consistent. Clinics in the United States provide licensed and board certified OB/GYN physicians to do the procedures and often require pre-surgical consolations with either the operating surgeon or an in-house councilor (Zamore, 2004). Clinics that provide
the hymenoplasty procedure usually specialize in cosmetic surgical procedures that exclusively deal with vaginal alterations. For example, the Laser Vaginal Rejuvenation Institute of San Antonio specializes in four specific procedures; laser reduction labioplasty (reducing the size of the labia minora for the purpose of making the vagina more visually appealing), laser perineoplasty (rejuvenating relaxed or aging perineum for aesthetic appeal), designer laser vaginoplasty (surgical enhancement of the whole genital region for aesthetic appeal and enhanced sexual gratification), and hymenoplasty (Haliparn, 2003). Though not the most frequently performed surgery, the hymenoplasty procedure has nonetheless grown in popularity at the San Antonio clinic since they began to offer it 2002. Consistent with the Beverly Hills clinic, the San Antonio clinic currently perform about four to six hymenoplasty procedures each month (Matlock, 2002; Zamore, 2004).

Equally significant as what the procedure entails is who is having it done. Physician David Matlock (2002; 2004), chief surgeon at the Beverly Hills Institute, provides several examples of why he believes women seek the procedure. He states that in rare instances the hymenoplasty procedure has been sought when rape victims have lost their virginity through sexual assault and wish to regain the conceptualization of their physical and mental state prior to the forced intercourse. Equally as uncommon are predominantly white upper-class North American women who occasionally seek hymenoplasty for purposes of sexual gratification. For example, Matlock (2002) has performed the surgery for women who want to make their “second honeymoon as realistic as possible” by reliving the experience of loosing their physical virginity. In many of these more infrequent instances the surgery is sometimes accompanied by a designer laser vaginoplasty (essentially a ‘face-lift’ for the vagina), and is done for the purpose of aesthetic appeal and sexual gratification (Matlock, 2002; Zamore, 2004). As previously mentioned, physicians at the Beverly Hills and San Antonio clinics consider these examples relatively infrequent reasons why women have the procedure done. More commonly, the procedure is sought for cultural and religious reasons, as explained below.

Cultural Ramifications and Honor Killings

Though situations involving second-honeymoons and the act of rape yield interesting rhetorical questions and implications regarding hymenoplasty, they only represent what
could be considered an anomaly of why CRPs are predominantly sought (Choi, 1998; Ruggi, 1998; Zamore, 2004). Despite being popularized in the public sphere in the United States, most women who seek CRPs descend from non-North American backgrounds. The overwhelming majority of women who undergo the procedure in the United States are usually either of Arab, Latino, or Korean decent between the ages of 18-25 (Stelio, 2001; Zamore, 2004). These women often have the procedure done not to emancipate themselves as women or for sexual gratification, but rather so they can be accepted by their families through maintaining family ‘honor,’ married, and sometimes to avoid the possibility of death (Choi, 1998; Her, 2005; Zamore, 2004). Culturally infused patriarchal expectations reinforced by strict religious laws perpetuate the notion that women must behave in accordance with marital customs and chastity taboos, which usually include requiring women to be virgins when they are wed. Ensuing severe consequences can be imposed and justified by interpretations of social and religious laws if these expectations are violated. In the most extreme cases, “honor killings” - the murder of a woman who is accused of tainting family honor – are often leniently prosecuted despite the illegality and prevalence of the brutal act (Soussi, 2005).

Most honor killings stem from a woman committing adultery, marrying without consent, being perceived as having lost her virginity before marriage - or to someone not approved by her family or because she was raped (Katz, 2003). These acts are viewed as a defilement of the family’s reputation and subsequent blame is placed on the women deemed guilty of the ‘crime.’ The resulting murder of such women is sometimes seen as a means to cleanse the family’s reputation, and because the act is self-fulfilling for the family, the murders often go unpunished. Honor killings tend to be most prevalent in countries with a majority Muslim population, where allegation alone is enough to “defile a man’s or family’s honor and is therefore enough to justify the killing of the woman” (Katz, 2003). According to popular interpretations of the Islamic Sharia Law of *qisas* and *diyat* (retribution and blood money), the family of a murdered woman can either forgive the killer or ask for blood money in return. Since the majority of honor killings are committed by brothers, fathers, or other kin, the murderers often go unpunished once the crime is forgiven by their family members (Tohid, 2005).
In Jordan, a country with typically low crime rates, honor killings account for one-third of all violent deaths (Soussi, 2005). In the summer of 1997, Khaled Al-Qudra, Attorney General in the Palestinian National Authority, suspected that 70 percent of all murders in Gaza and the West Bank were honor killings (Ruggi, 1998). The number of documented honor killings in India has risen since 2003 and now comprise ten percent of all killings in the northern Indian states of Haryana and Punjab (Verma, 2004). Also, in Turkey, forty-three women were murdered in 2004 due to honor killings, though human rights activists argue that the number is much greater because many families report the deaths as suicides or simply file missing persons reports (Arsu, 2005). In June of 2005 CNN reported that as many as 5,000 worldwide deaths each year can be attributed to honor killings, but again, this number only reflects documented occurrences (Burns, 2005).

Though honor killings can be directly attributed to traditional/tribal customs, and/or religious dogma, the crime is not limited to any particular region or country. The United Nations Commission on Human Rights reported in 2002 that honor killings have occurred in Bangladesh, Great Britain, Brazil, Ecuador, Egypt, India, Israel, Italy, Jordan, Pakistan, Morocco, Sweden, Turkey, and Uganda (Mayell, 2002). Nonetheless, the phenomenon of honor killings continues to persist in cultural regions or communities that predominantly follow Islamic Sharia Law, and have strict social restrictions that regulate the actions and behaviors of women. Notwithstanding, the issue has been framed as a problem in both Muslim and Christian nations, where virginity is still perceived to be of “paramount importance” (Moussa, 2004).

In our part of the world [Egypt], women are still expected to bleed on their wedding nights as a proof that they are virgins. When they do not bleed, they often suffer severe consequences, varying from shame and humiliation to instant divorce or death (Moussa, 2004).

Though several nations have recently passed stricter laws that specifically address the issue of honor killings (without necessarily identifying the phenomena by name), legal loopholes still exist in many nations that either free criminals found guilty of the crime or at least provide lenient sentencing. Article 340 of the Penal Code of Jordan allows for men to receive reduced sentencing if the motive behind the killing is intended to preserve honor.
(Her, 2005; Katz, 2003). Additionally, article 548 of Syria’s Penal Code provides exemption for men who injure their wife (or female companion) if she had previously committed adultery (Katz, 2003).

Despite the fact that the loss of virginity (or the appearance of lost virginity) is not the only reason honor killings occur, it nonetheless accounts for a profound number of murders that are justified because of the taboo associated with lost virginity before marriage. Pathologist Ahmad Bani Hani of the National Institute of Forensics Medicine and Jordanian psychiatrist Mohammad Habashneh claim that “[Jordanian] Women are haunted by the idea that they must prove they are virgins from the time they become aware of the issue until their wedding night” (Husseini, 2002). In January of 2005 a Kuwaiti man slit his 14-year-old daughter’s throat because he suspected her of having pre-marital sex (Gulf Daily News, 2005). An anonymous Arab critic who writes under the penname ‘Her’ wrote an article for First Press entitled Myths and Metaphors of Arab Women (2005) in which the author describes Arab practices and experiences in regards to the social importance of the hymen and virginity.

The membrane’s presence or absence, regardless of the causes behind its loss prior to marriage, categorizes women and girls into a number of social roles from the much-respected mother figure, lady of her home (sit al-beyt) to the whore (sharmuta). In this tradition, a fraction of an Arab woman’s identity can be found between her legs … The hymen has caused a social hysteria in some Arab societies whose patriarchies go as far to equate the vagina with nationalism. To be loyal to your state, culture, morals, values and maintain your identity, is to possess an intact hymen prior to marriage. The absence of a hymen denotes an embrace of Western values and of the postcolonial proliferation of the promiscuous other (Her, 2005).

Despite research that indicates only approximately 20 to 30 percent of women bleed during their first intercourse, embedded cultural myths about the hymen thrive (Choi, 1998). According to Egyptian gynecologist and obstetrician, Muhammad el Hennawy (2004), in Arab cultures “… the hymen is referred to colloquially as ‘wish al-bent,’ or ‘face of the girl.’ In other words, without it you have no identity, you are no one.” Molecular cell
biologist Sue Yeon Choi (1998) provides the following depiction of the function of the hymen and the implications associated with it.

The biological function of the human hymen is still uncertain; scientists hypothesize that it protects the vagina from infection in infants. The social function of the hymen, however, has been and still is a mythical symbol of virginity in many cultures. Upon initial intercourse, a woman’s hymen [sometimes] ruptures and bleeds. The image of a bloody sheet is highly celebrated in many cultures because it represents the purity of a woman and the virility of a man (Choi, 1998).

Medical institutions that provide CRPs are sensitive to the unique circumstances many of their clients face. Likewise, they are equally sensitive to the reasoning and explanations that women provide in order to communicate and rationalize why they need the procedure. Ida Zamore (2004), a counselor for the San Antonio clinic, counsels prospective clients and assesses their reasoning as a means to screen applicants for the hymenoplasty procedure. Her assessment of why women seek the hymenoplasty procedure is based on her experiences in one-on-one conversations with women who seek to have the procedure done.

In some cultures you can be shunned or killed [for losing your virginity]. Some women have to provide proof that they are virgins. Some have to show a cloth with blood on it after their wedding night. They have to provide proof to the groom’s family that they’re virgins … Fear motivates them to repair that area. They are not allowed to have anything near [their genitals], not allowed to use tampons, or have pap smears (Zamore, 2004).

Matlock (2002) reinforces these sentiments in claiming that if his patients are discovered to not be virgins they can be seen as “damaged goods” within their culture and branded unfit for marriage. Despite Matlock’s and Zamore’s unique experiences with women attempting to reinstate an intact hymen, their inherent biases as business practitioners cannot be ignored. Both financially profit considerably from women who wish to undergo hymenoplasty rather than finding other means to achieve the appearance of
virginity. Nonetheless, in regards to the taboo of virginity and marriage, strong evidence discerning the perpetual nature of female oppression and subjugation does exist (and is reflected through honor killings), especially in places where a strong sense of patriarchal hegemony is openly accepted and reinforced. In many cultures of the developing world, virginity and marriage carry with it the benefit of a higher dowry for the family of the woman (or girl) being married (Berliner, 2005). When women are either discouraged or not allowed to work, marriage is often seen as a means of survival, a way in which the female does not become a burden on her family (Fisher, 2004). As with any form of traditional and/or patriarchal control that attempts to disfigure the female body, such as female genital mutilation, for example, established traditional approaches, practices, and attitudes toward marriage and virginity are significantly embedded and difficult to break. A 2005 study by the U.S. State Department found that a “freedom gap” exists in the Middle East and North Africa that is caused by the inherent subjugation of women, discrimination, and a lack of legal rights (States News Service, 2005). These findings are consistent with the histories and experiences conveyed by many of Matlock’s and Zamore’s clients. Though many women who seek CRPs express a deep desire to be married and have a family, they are often involuntarily married, and may not know their husband until the day of their wedding (Zamore, 2004).

Zamore (2004) estimates that for every fifty women who undergo the hymenoplasty procedure at the San Antonio clinic at least thirty-five to forty (if not more) have it done because of social, cultural, and/or religious motivations. Therefore, the rhetoric used by clinics to inform and promote the hymenoplasty procedure is inclusive and sensitive to what they feel are the needs of these women. The Beverly Hills institute has had women fly to their clinic from Arab countries to have the procedure done and fly home the next day (Matlock, 2002). Matlock explains that sometimes exchange students who have come to the United States to study abroad become engrained in the culture and ultimately lose their virginity. In these instances it is not uncommon for a boyfriend or family member pay for the procedure before the woman is scheduled to return home (Matlock, 2002). The Laser

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1 As medical practitioners who financially profit from women who undergo hymenoplasty procedures, Matlock and Zamore’s testimony regarding why women seek CRPs is open for speculation. Subsequent biases that may emerge should be taken into consideration. However, their assessment is nonetheless consistent with news reports as well as other related articles by physicians and a pathologist cited in this paper, and is also reinforced by the phenomena of honor killings.
Vaginal Rejuvenation Institute of San Antonio offers the following description of hymenoplasty in its endorsement of CRPs.

Hymenoplasty (reconstruction of the hymen) can repair the hymen as if nothing ever occurred. The Laser Vaginal Rejuvenation Institute of San Antonio is sensitive to the needs of women from all cultures that embrace these particular issues because of cultural, social, or religious reasons (Haliparn, 2003).

Surgeons and Public Perception

Because of the limited need for CRPs in places where the appearance of virginity is less imperative, only hand-full of clinics in the United States offer the hymenoplasty procedure (Zamore, 2004). Though the number of clinics that offer the procedure are growing (Chozick, 2005), in the United States, however, public knowledge of CRPs is relatively small and media coverage often overshadows and embeds information about hymenoplasty within the context of the designer laser vaginoplasty procedure. Each clinic that offers hymenoplasty usually staffs only one or two physicians who perform the procedure. Troy Haliparn (of the San Antonio clinic) and David Matlock (of the Beverly Hills clinic) oversee the majority of the CRPs undergone at their respective institutions. Considered an expert on the procedure by his peers within the cosmetic surgery community, Matlock has not gone without controversy when it comes to the hymenoplasty procedure. After a local news station aired an exposé about the procedure, Matlock received two death threats from unknown individuals. Though he cannot extrapolate on the specifics of the threats due to the fact that the matter is under investigation (2004), he now takes precautions for his own personal safety and that of his family’s by avoiding media interviews and cooperating with authorities. Regardless of the risks, Matlock uses his weekends to train doctors from other countries in how to do the procedure. In a November 21 2004 personal e-mail, Matlock stated the following.

Today I will be teaching two doctors from the Dominican Republic and three doctors from Korea. They all will be taught how to perform laser hymenoplasty procedures. In fact, all my associates are taught how to perform this procedure (Matlock, 2004).
Zamore (2004) also has personal feelings about the hymenoplasty procedure, which are somewhat conflicted in a different manner. In her personal opinion, she views the patriarchal constraints put on women from these cultures as a “form of heresy.” Because it is critical to assure the mental well-being of individuals pursuing any form of cosmetic alteration (and in accord with Jordan’s second rhetorical phenomena that shape public understanding of the plastic body), Zamore carefully screens prospective clients who seek the hymenoplasty procedure as a means for the clinic to sanction each individual surgery. Included in this is understanding why a woman feels a need or desire to have the operation. This is not always easily accomplished, as she notes, “It’s very hard to get them to open up to you. They are ashamed, or their virginity was involuntarily taken from them” (Zamore, 2004).

As recognized through Jordan’s three rhetorical phenomena that shape public understanding of the limitations and possibilities of cosmetic surgery and the plastic body, establishing a need and developing a justified consensus are crucial rhetorical factors that systematically shape the ways in which the hymenoplasty procedure is understood by doctors, patients, and publics. Determining the correlations within these phenomena and defining their parameters can be tricky, at best. Likewise, many questions emerge out of the discourse surrounding CRPs. For example, our entire notion of the virginity taboo and what the term specifically means must be reexamined in light of this phenomenon. At the very least, the procedure may reinforce the notion that virginity is a “potent symbol of purity” for many cultures (Douglas, 1969, p. 164). This examination alone opens the door to many far reaching rhetorical considerations. Ethical, legal, and religious ramifications arise out of its rhetorical evaluation. As stated by Zamore (2004), “Women [who undergo the procedure] don’t understand that they can fool their mate, but they can’t fool God.”

Conventionally, the extensiveness and complexity of the hymenoplasty procedure lends itself to many facets of rhetorical analysis and inquiry. An essential component to a rhetorical investigation is to critically consider the author(s), message, and audience of a particular phenomenon. The interpretation of the doctor, patient, and public seem to be a likely correlation to exemplify this relationship. Nonetheless, as this critical analysis is intended to show, this relationship is as problematic as it is insightful, and lends itself to
much interpretation, as well as management of social and ethical responsibility. By posing critical questions and developing a condensed thesis, the questions and considerations posed by the hymenoplasty procedure can be narrowed and guided, and boundaries for the analysis can be established.

**Critical Questions**

There are several critical questions that must be posited in order to obtain a comprehensive grasp of the hymenoplasty procedure and define the parameters of this analysis. These questions can be generally categorized into two specific groups; those dealing directly with the phenomenon itself, and those that comment on the rhetorical functions of technological embodiment (the ability of technology to shape identity by means of altering the body). By posing questions intended for each classification a more complete reflection of both theory and artifact can be ascertained. As it will soon become apparent through analysis and application, each of the critical questions intersects and interrelates across various avenues of analysis.

First, it is necessary to ascertain specific meanings of the hymenoplasty procedure. In other words, *What are the various interpretations of hymenoplasty that exist?* A variety of critical and cultural perspectives must be recognized and understood in order to generate a well-informed meaning. Are there many ways to understand hymenoplasty, or is one unifying interpretation predominate? If so, which interpretations are the most socially significant? Because of the hegemonic factors intrinsically associated with CRPs, specifically the power dynamics of gender/patriarchal relationships, *Is the procedure enabling, disabling, or empowering for women who have it done?* From this question will emerge variety of critical factors that will comment on the nature of hymenoplasty and its resulting consequences, which include the commodification of the virginity taboo, hegemonic restructuring, and the systematic use of deception.

In critically examining the hymenoplasty procedure, it is impossible to ignore the significant implications the phenomenon has on how the physical body is constructed and manipulated by technological means. Such an examination opens the door, not only to further critical inquiries within the realm of cosmetic surgery, but also asks us to reexamine boundaries and limitations previously associated with technology, the human body, and
various forms of identity. Therefore, in light of the analysis of hymenoplasty, it is also essential to ask, *In what ways does the hymenoplasty procedure influence how we understand technological embodiment?*

The subsequent chapters will answer these questions by providing a rhetorical analysis of the hymenoplasty procedure. John Jordan’s phenomena that shape public understanding of the plastic body will be used as a methodological guide to frame the analysis and map the critical discourse. Ensuing findings that emerge from this examination will be guided by the following theoretical considerations. First, an understanding of technological embodiment will paint a clear picture of how physical identity (as it is constructed through cosmetic body alteration) is emergent, transformed, and manipulated through the hymenoplasty procedure. Equally significant will be a review of relevant hegemonic, cultural, and gender literature that will be used to clarify the distinguishing factors that pervade the hymenoplasty phenomena. Finally, to understand the outcomes and theoretical communication repercussions that materialize because of the procedure, most specifically the use of deception, a review and assessment of various communication implications is essential.

From this body of literature the succeeding analysis is intended to prove that the hymenoplasty procedure is a discursive rhetorical function with far-reaching implications that are both empowering and disempowering to the patients who are having it done. This undertaking will be accomplished by analyzing how the hymenoplasty procedure exists as a rhetorical function of technological embodiment within the boundaries of Jordan’s three phenomena (2004) that shape how the public comes to understand the limitations and possibilities of the plastic body. Each discursive step in understanding public perception will be used to shed light onto the motivations, justifications, and cultural implications of doctors, patients, and publics that both shape and comment on the plastic body. Notwithstanding, a reading of the phenomenon in light of Jordan’s methodology is not enough to fully understand the complicated factors that contribute to technological embodiment. A foundational understanding of cultural, hegemonic, and gender studies is also needed in order to grasp the rhetorical significance of the procedure and divulge how technology and the body rhetorically intersect. To clarify this thesis further, a brief overview of future chapters will help to focus and affirm the analysis.
Future Chapters

The subsequent chapters in this body of work are intended to provide a carefully constructed critical analysis of the hymenoplasty procedure, and offer rhetorical implications that emerge from this analysis in regards to technological embodiment. Chapter two will provide an overview of Jordan’s phenomena (2004) as a methodological approach, review the literature needed to understand the phenomena, and generate the specific theoretical assumptions used to construct the analysis. Through engaging Jordan’s phenomena and devising the pertinent communication approaches that emerge from them, three distinct theoretical foundations will be covered. First, it is necessary to understand the specific components of embodiment as established by Foucault and Butler, conjure up an encompassing definition for the term, and understand how technology comments on embodiment to create what Anne Balsamo (1996) calls technological embodiment. Next, a brief review of hegemonic/feminist literature assembled by Butler and Condit (1990; 1994) will provide a necessary understanding of the power dynamics associated with cosmetic body alteration. And finally, a review of the core theoretical components of Deception Theory (Buller & Burgoon, et. al, 1996) will complete our basic review and afford the methodology to advance our application in Chapter three.

Chapter three will include an application and analysis of the specific hymenoplasty procedure in light of the methodology and literature review. Areas of analysis to be focused on in this chapter include cultural and hegemonic implications of the procedure, the function of deception as an outcome of CRPs and its implications, and an analysis of the role technology plays in constructing, reconstructing, and manipulating physical identity. Additionally, the application will reaffirm, and in some instances reassign the foundational assumptions of the core literature and methodology reviewed. Also in this chapter, art and body theorist Llewellyn Negrin’s perspective on the intersection of cosmetic surgery and identity (2002) will contribute to our knowledge of the plastic body, and significantly advance conclusions and shortcomings drawn from Jordan’s methodology. Lastly, the various rhetorical implications that will emerge out of this analysis will subsequently reflect upon and provide insight into the proposed critical questions.

The final chapter will specifically attempt to answer the posited critical questions, provide a discussion of the various factors and implications that emerge out of the analysis,
and draw specific conclusions espoused by the hymenoplasty procedure as well as pose new questions for future research and inquiry. The final chapter is also intended to expand our foundational understandings of technological embodiment and its rhetorical associations with cosmetic surgery, embodiment, culture, hegemony, technology, and gender. More specifically, within the final chapter will be a discussion on the boundaries, limitations, and advancements of cosmetic technologies that inform rhetorical understandings and interpretations of the physical body as a plastic body, and embodiment.
Chapter Two: Review of Literature

Overview

In light of the multifaceted rhetorical implications exposed by the hymenoplasty procedure, a descriptive ideological approach is called for in its analysis. The foundation of this approach is embedded in interpretation and evaluation, and by critically investigating, analyzing, and processing the core elements of the hymenoplasty procedure, the construction of an encompassing rhetorical critique can be formed. In order to achieve this analysis it is necessary to once again look to Jordan’s three phenomena (2004) that shape public understanding of the “plastic body.” More specifically, Jordan’s phenomena will serve as a methodological framework to guide our understanding of the procedure and its implications.

Jordan’s three phenomena were originally constructed as a framework to understand the occurrence of “amputation wannabes” – people who purposefully seek cosmetic surgeons who will amputate perfectly healthy limbs. Though significant differences abound amputation wannabes and those who seek the hymenoplasty procedure, both share similar controversial postulations about what Jordan calls “the acceptable limits of human intervention in altering [body] appearance” (p. 327). Much like amputation wannabes, the hymenoplasty procedure must also be socially sanctioned in order to achieve fruition in the medical community, as well as be justified by those who seek to have it done. In other words, as with amputation wannabes, each of the three phenomena is functionally consistent with the hymeoplasty procedure, with the exception of different outcomes. Whereas cosmetic surgeons in the medical community reject the practice of amputating healthy limbs, they accept and continually conduct procedures that reinstate the appearance of virginity. Because Jordan’s approach critically examines the relationships between surgeons, patients, and publics (inevitable components of socially sanctioned medical procedures) it is therefore a viable tool to use in understanding all cosmetic surgery procedures, including hymenoplasty.

This chapter will condense and synthesize core theoretical literature that is relevant to the hymenoplasty procedure. In doing so, various research findings and key terms will be explained and defined. Using Jordan’s phenomena as a methodological approach, an interpretation and application of the hymenoplasty procedure will proficiently follow in the
third chapter. Also, relevant theoretical literature which include technological embodiment, culturally constructed hegemonic gender issues, and deception communication will further aid in the critical undertaking and enlighten the analysis.

**Jordan’s Rhetorical Limitations and Possibilities of the “Plastic Body”**

As previously mentioned in Chapter one, Jordan’s phenomena look at three key aspects of how publics comes to understand the plastic body. He ultimately concludes that despite profound advancements and uses of biotechnology, “the constitution of the human body depends on rhetorical invention as much as technological intervention” (2004, p. 329). In other words, the ways in which doctors, patients, and the public prescribe, rationalize, and justify human body modification is just as important in our understanding of the plastic body as the surgical technology. He argues that because of the vast 20th century developments in technologies of the body, it is hard to conceptualize a “natural body,” void of technological manipulation in one form or other (p. 329). Therefore, bodies transformed by technology no longer need to be “ill” in order for doctors, patients, and publics to justify body modification, but rather notions of “correctness,” “beauty,” and whether or not a body is “wrong” all contribute to the body’s surgical alterability.

For communities that function within the public sphere, popular perception and understanding of the plastic body is critical in determining if said publics will accept or condemn a surgical act as rhetorically complex as hymenoplasty. In order to determine the various ways in which publics understand the plastic body, its limitations and possibilities, and the cosmetic surgeries that alter physical identity, Jordan (2004) establishes three phenomena that shape public perception. The first phenomenon involves the concerted and commercial effort for plastic surgery advocates to redefine the human body as ‘plastic,’ thereby asserting that individuals can achieve an ‘ideal image’ through surgical operations. For Jordan, the key to achieving the first phenomenon is associating body augmentation with individual empowerment, making surgery desirable for anyone who views their body as anything less than perfect (p. 329). It is important to recognize that advocates of plastic surgeries most often include doctors who stand to make a profit from positive public perception of the plastic body’s malleability.
The second phenomenon concerns the rhetorical work surgical applicants do to receive their desired augmentation. Because the medical community defines what an ‘ideal body’ should be based on public perceptions of ‘beauty,’ the applicant must persuade surgeons that something is “wrong” with their body and is in need of surgical corrections (p. 329). Doctors are subsequently put in a position of rhetorical power over their patients because they inherently possess the ability to deny surgery if it does not coincide with the medical community’s perceptions of the ideal body. Jordan found that though amputation wannabes were able to communicate a “psychological wrongness” in their healthy limbs, they were unable to correlate their perception of an ideal body with that of the medical (and public) community’s (p. 329-30).

Finally, the third phenomenon involves the challenges that the medical community faces in drawing a parallel in their perceptions of a ‘better body’ with that of their prospective patient’s, all of which must be perceived as sound and ethical medical practices within the public sphere. A multitude of controversial surgeries have historically been justified within the medical community, from stomach stapling operations to performance artists who go under the knife to look like animals.\(^2\) Jordan contends that the biggest obstacle facing those who seek surgical alteration is not price (as conventional wisdom would have us believe), but rather the ability to demonstrate psychological health, not only to doctors, but within the public sphere as well. He asserts that the “validation of one’s body alteration desires depends on the rhetorical performance of an appropriate surgical identity” (p. 337). When a surgeon or medical counselor (such as Zamore in San Antonio) listens to someone’s complaints or desires for a better body, they are more intent in looking for a sound psychological state rather than making a specific medical diagnosis. Therefore, it is up to the applicant to rhetorically show the surgeon (who acts as a form of gatekeeper) that they “deserve” the procedure by “demonstrating a wrong body and healthy mind” (p. 337).

In most all cultures are embedded expectations that surgeons will conduct their practices in accordance with the laws, ethics, expectations, and ‘taboos’ of the popular culture. When surgeons violate these expectations, such as amputating healthy limbs, they

\(^2\) For example, French performance artist Orlan has gone under the knife in order to resemble Zimbabwe’s Ndebele giraffe. For Orlan, cosmetic surgery is a means by which art can “shock to justify itself” (AP, 2004).
inevitably risk putting their livelihood, reputation, and even safety in jeopardy. In this sense, the surgeon has violated the acceptable limits of the plastic body, and thereby must face the consequences imposed by the popular culture.

The rhetoric of individuals communicating ‘wrong bodies’ pits the outer body (which manifests physical identity) against the inner self (perceived internal identity) in order make the physical body more acceptable, rather than accepting the physical body for what it is (Jordan, 2004, p. 339). Ultimately, wrong body rhetoric enables patients to externalize their need for a better body, while also demonstrating mental competence. One of the most prominent features of wrong body rhetoric is the notion that people deserve physical “bodies that reflect rather than inhibit the inner self” (p. 340). When the ‘inner self’ is deemed sufficiently healthy and stable, the physical body is allowed to be altered to reflect internal desires and alleviate internal dissonance.

Conclusively, cultural definitions of the plastic body are rhetorically produced through an amalgamation of “individual desire, cultural knowledge, and institutional disciplining” (p. 348). Through the intersection and consensus of doctors, patients, and the public, body plasticity redefines personal identity and corporeal performance.

This discourse illustrates the ways that bodies are being produced by complex cultural ideologies in addition to technological evolution and conceptions of beauty rampant in popular culture … Only when we understand the ways that plastic bodies are rhetorically produced and negotiated can we claim to understand their cultural functions and effects on individual lives and bodies (Jordan, 2004, p. 348).

In summation, Jordan’s critical approach is intended to reveal the “paradoxes and contradictions” that exist within the cosmetic surgery community when faced with controversial procedures that challenge the public’s popular perceptions of the “better body,” as well as the inconsistencies associated with decision-making about who has access to these procedures (p. 327). By examining the unique relationships between doctors, patients, and publics via his three phenomena that emerge out of the cosmetic surgery...
discourse, Jordan is able to conclude that popular perceptions and cultural expectations of what a better body should be have a profound impact on whether or not a surgery is deemed acceptable by cosmetic surgery communities. The repercussions of these decisions place significant limitations on who has access, as well as the inevitable role that technology plays in cosmetic body alteration. Ultimately, Jordan finds that because body plasticity significantly (re)defines personal identity and its corporeal performances, cosmetic body alterations will continue to be a viable option for those seeking to acquire the bodies they desire (p. 349-50).

Though Jordan’s approach is useful for understand the explicit rhetorical implications of controversial body modifications, it is not adequate in describing the larger theoretical foundations that contribute to this area of discourse specific to the hymenoplasty procedure. Therefore, a further review of pertinent core literature is needed.

*Technological Embodiment*

Technology and its ability to change the human body have had a profound and lasting impact on the development of human behavior and our perceptions of physical and internal identities. In this sense, technological advancements in science, medicine, industry, telecommunications, to name a few, have either a direct or indirect influence on how humans function internally, and the external identifiers of their physical bodies. Within this premise, technological embodiment refers to the capacity and facilitation of technology to physically alter the human body, and subsequently construct, influence and change identity.

For Foucault, as for Nietzsche, the body is constructed out of the critical potential of genealogy. Foucault establishes the genealogical body as being “a body totally imprinted by history and the process of history’s destruction of the body” (Hoy, 1999, p. 5). Essentially, the physical identifiers apparent on the human body are the result of a constant ‘destruction’ within genealogical history, and subsequently initiate a genealogical account of that destruction. For example, a scar or tattoo signifies destruction of the body, but nonetheless also communicates a narrative that signifies how one’s physical body will be interpreted by others. In this sense, Foucault sees the body as a construction in which cultural values emerge as the result of inscription. Physical destruction by means of history (specifically cultural history) entails that the body is a canvas on which inscription, creation, and
domination occur (Butler, 1990). This can very clearly be seen, for example, in the performance of Female Genital Mutilation (FGM), in which surgical amputation and/or scarring of a female’s clitoris is the result of traditional and tribal notions of what is ‘feminine.’

Foucault views the body as being a malleable entity which must be destroyed and transformed in order for culture to emerge (Butler, 1990). One of the most prevalent (and arguably exclusive) ways in which the body is inscribed, created, and dominated is through the use of technology and technological applications. Balsamo (1999) takes a postmodern approach in labeling entities that result from this phenomenon as *techno-bodies*, and defines them as being “amalgamations of the purely human form and materialistic entities” (p. 278). For her, technological embodiment reflects the notion that technology is incorporated onto or within the human body, and therefore *all* bodies “can never be constructed as purely discursive entities” (p. 278). In other words, identity constructed out of our physicality does not exist naturally and fluently, but is rather reliant on how our bodies are ideologically inscribed and commodified by technology.

Balsamo identifies four postmodern feminine “bodies” that are created out of technological embodiment; the *marked body*, *laboring body*, *repressed body*, and the *disappearing body* (p. 279). Each of these techno-bodies comment on the effects patriarchal constructions have on women, particularly the reproductive and sexual limitations resulting from patriarchal design and control of reproductive technologies. Balsamo’s approach is both insightful and limiting in that it exclusively operates from a feminist/gendered paradigm, but nonetheless comments profoundly on physical body alteration by means of technology. More specifically, Balsamo’s identification of the *marked body* is useful in understanding the corporeal employment of technological embodiment, and also reinforces Foucault’s ideology through a technological framework.

Cosmetic surgery, as classified by Balsamo (1999), is identified as a component of the *marked body*. Marked bodies can be defined as being “eminently cultural signs, bearing the traces of ritual and mythic identities” (p. 280). Balsamo argues that by means of cosmetic surgery, physical identity is sold or rented, and therefore is a materialistic commodity. Cosmetic surgeons, through providing and selling the service of changing physical bodies so that they can adhere to a cultural standard, profit off their ability as technicians of the plastic
body. Therefore, by means of cosmetic surgery, the unaltered natural body is “technologically transformed into a sign of culture” (p. 280).

Another more far reaching way to understand technological embodiment is to look at Jean-Francois Lyotard’s conception of the inhuman. Inhumanism uses the same conceptual dimensions of Balsamo’s techno-bodies (1999) to identify technological embodiment, but goes a step further and hypothesizes human dimension as being eclipsed by the technological, or taken to be subsidiary to technology. In other words, he distinguishes when the body and mind become more technological than human, and calls the resulting entity inhuman (Sim, 2001). Again, Lyotard’s approach involves the near and/or total inscription of technology on humanity, and therefore his most profound implications exist in the rhetoric of both the cyborg and artificial intelligence. Nonetheless, he does paint a picture of where technological embodiment could eventually take us, which is a time and place both feared (Lyotard perspective is both pessimistic and cautionary), as well as enthusiastically anticipated. Feminist Donna Haraway (1991) sees the human cyborg as a means by which gender-redefining can occur, and subsequently ‘level the playing field’ of gender disparity and inequality by creating a world void of gender and/or sex. Conclusively, cosmetic surgery can be thought of as a necessary building block in the formation and identification of cyborg and inhuman rhetoric.

Balsamo (1996) claims that by using technology to alter the body cosmetic surgeons exercise high-tech versions of Foucault’s scientific bio-power, resulting in the objectification of the material body and subjection of the body to the normative gaze. Essentially, for Balsamo, because culture and society are inherently patriarchal, having cosmetic surgery done in order to adhere to a cultural standard can be seen as a form of patriarchal subjugation. However, she also concludes that there is the potential for cosmetic surgery technologies to be applied in ways that advance the re-fashioning of the cultural body away from the traditional/patriarchal gaze (Negrin, 2002). Consistent with Foucault’s philosophy, Balsamo sees cosmetic surgery as a means that allows the body to be inscribed (marked) and consequently the result of culture.

Identification and perception of the malleable body through a cosmetic context can be directly related to Jordan’s three rhetorical phenomena of how we understand the limitations and possibilities of cosmetic surgery and the plastic body. In accepting the roles that the
surgeon, patient, and viewing public play in interpreting cosmetic surgery, Jordan (2004) argues that body modification is as much about creating an idealized mental image about oneself (perceived internal identity satisfaction) as it is about physically reconstructing oneself to conform to an ideal cultural image. The promotion and justification of cosmetic surgery involves a conflict and resolution interplay between surgeons and patients, which is ultimately culturally influenced and constructed. Likewise, how the public critically views (and accepts) these surgeries depend largely on the cultural institutions in which they exist as well as the mediated messages that doctrine the promotion/justification of cosmetic surgeries.

Jordan notes that external body modification done to satisfy internal perceptual discord regarding one’s physical body is the significant underlying basis of cosmetic surgery and the plastic body. He argues that “before a single incision is made, the plastic body as an object of discourse has been sculpted rhetorically to reflect the varied interests of patients, surgeons, and, in some instances, communities” (p. 333). In regards to plastic body, our very discernment of the ideal body is a manifestation of human perception which preexists the physical altering of the body. Jordan stresses that even if a patient is denied the physical surgery that will transform their body, a new self-perception of one’s body is nonetheless produced. In the absence of body alteration by means of denial from the surgeon, this “new body” that emerges is seen as a rhetorical entity that is defined by the medical community as “unsuitable” for surgery (p. 333). From this foundation it can be deduced that culture and its various rhetorical factors are important factors in developing an understanding of cosmetic body alteration and technological embodiment. Jordan explains that cosmetic surgery and embodiment are constructions of culture by stating, “As the body is interpreted, framed, and understood, it becomes a text that reflects the attitudes and values of the culture in which it is situated” (p. 333-34).

In summary, the most consistent assumption that underlines a technological approach to embodiment is that the body is malleable and that the construction and deconstruction of the human body provides a history (or text) of the body from which interpretations of the physical body can be derived, which ultimately influence identity formation and perception (Balsamo, 1999; Butler, 1990; Foucault, 1978; Hoy 1990; Jordan, 2004). Discursively developing scientific and industrial innovations that alter the malleable body are inherently
constructions of technology. The synthesis of technology and the body, and how this fusion comments on physical identity is referred to as technological embodiment. It is within this technological embodiment framework that cosmetic surgery and the hymenoplasty procedure exist. However, in order to understand how inscription, creation, and domination are all produced through a cultural framework, it is necessary to review the pertinent literature that explains and synthesizes the hegemonic and gender functions that are produced in such a context.

Cultural Hegemony and Gender Studies

The discursive elements that influence how the physical body is perceived are inherently culturally constructed (Foucault, 1978; Jordan, 2004). Therefore, the alteration of one’s body and the motivations, justifications, and methodologies of body modification can also be seen as culturally influenced and constructed. In regards to cosmetic surgery and the plastic body, these constructions most specifically involve the hegemonic power dimensions that exist within a gender framework. Additionally, exactly how hegemonic and gender ideologies influence and construct our notions of the body is a significant area of inquiry. If the human body is a malleable form that can be inscribed upon, created, and dominated through culture, in what ways do these cultural constructions comment on the surgeon, patient, and public relationship? More specifically, how and why does culture influence cosmetic body modification, and who is the responsible catalyst of such cultural influences? A body of literature that examines the interrelations of these cultural elements will provide an additional framework for understanding the hymenoplasty procedure.

For Linda Alcoff (1988), the concept of a woman as viewed through a cultural perspective is problematic for feminists because it is bound in a systematic structure of limitation, male supremacy, and contrasting of the ‘Other.’ In a cultural context in which hegemonic power dynamics exist, notions of self-hood and identity are shaped in such a fashion that they adhere to ideologies of the dominant culture (Condit, 1994). From a gender perspective, this entails patriarchal cultural domination over women. Naturally, domination and hegemonic power dynamics between genders often change both over time and cross-culturally. Condit (1994) asserts that hegemony arises from discursive practices that are culturally embedded in “technologically induced, evolutionary social change … and from
hegemonic placement in culture” (p. 211). In progressive Western and industrialized cultures women usually employ (or are allowed to employ) more social, economic, domestic, and sexual freedoms and equalities, for example, than women from Arab or Korean cultures (though they are still limited and constrained under patriarchal domination). Condit evokes the notion of consent to understand the hegemonic dimensions that exemplify the relationship between subservient and dominant groups. For her, personal identifiers (such as physical body modification) are emergent and constructed when consent from a dominant group is given to a subservient group. For example, whereas it was once uncustomary for women in Western cultures to smoke in public, once men saw a profit in selling cigarettes to women the taboo was changed and ultimately broken. In this sense, consent can be interpreted as hegemonic coercion in a sophisticated guise, and should therefore be considered illegitimate (Condit, 1994).

Nonetheless, through the proliferation of hegemonic ideological messages (i.e. both interpersonal and mass mediated communication) the need and adherence for consent is propagated and reinforced. The various ways in which the physical body is interpreted can be seen as a construction of the dominant/subservient consent exchange. Within this context of hegemonic boundaries and limitations, Mary Douglas (1969) sees the human body as an entity that serves the purpose of establishing and adopting cultural taboos that reinforce these boundaries and limitations. In this sense, women conform to culturally projected standards and practices consented by the patriarchy, and through this adoption subsequently establish and reinforce the social norms of the dominant group. However, Douglas also maintains that in every culture exist individuals who do not adhere to cultural taboos and essentially engage in breaking the boundaries and limitations established by the dominant group. Douglas refers to these individuals as “polluting persons,” who are always conceived as being “wrong” by the dominant hegemonic institution (p. 4).

Though it is possible for hegemonic power dimensions to culturally shift and in rare instances change completely, the phenomenon is not common and arguably non-existent in a gender context. Morris and Stuckey (1999) look at hegemonic subjugation and commodification to understand the precarious task of altering cultural boundaries and the hegemonic power dimensions engraved within.
Negotiating cultural boundaries is inherently risky business because cultural boarders are so often closely guarded by principals, values, and beliefs that do not submit readily to division, compromise, or even negotiation. The risk increases markedly, however, when revered hegemonic institutions assume the role of gatekeeper and thereby provide members of the hegemony with sanctified public legitimization for actions that grow out of those principals, values, and beliefs (Morris & Stuckey, 1999, p. 54).

The task of individuals and groups attempting to overcome hegemonic and cultural boundaries requires surmounting the “public legitimization” of the dominant hegemonic institutions (p. 54). Technology, its many functions, and who has access to it are primary factors that discriminate cultures and (re)distribute hegemonic control. Likewise, technology is often used to affirm hegemonic authority, and further reinforce cultural supremacy of one dominant group over a subjugated group. Nonetheless, when applied strategically, the use of technology can also allow individuals to better their placement in a hegemonic culture. Such is the case with cosmetic surgery and technological embodiment. Through diversification of social interpretation, these phenomena can be seen as both liberating and binding (George & McGaughey, 2002). Depending on one’s perspective, a woman who undergoes a breast augmentation does so in order to boost personal confidence, assert feminine identity, and empower herself within the socially constructed culture; or otherwise subjugates herself in order to appease the patriarchal ideal of what is feminine and sexually desirable. Though an individual’s personal desire for cosmetic surgery may be motivated by autonomous desires, the cultural construction in which the act exists may nonetheless rhetorically produce commodification and conformity (Negrin, 2002).

The emancipation of oneself from culturally embedded patriarchal hegemony is a transformational act based on evolutionary and revolutionary change (Condit, 1994). Sex signifiers, and the hegemonic dimensions associated with patriarchal control, are exemplified by the differences between the physical male and female body. The feminine body, as a signifier of the female sex, has historically possessed cultural hegemonic inferiority to the masculine body. Technology, specifically cosmetic surgery, allows women the ability to alter and even violate the sex indicators (cultural taboos) that ultimately denote
cultural hegemonic dynamics. Gender reassignment surgery is an example of this form of emancipation. However, more subtle surgical operations such as the hymenoplasty procedure can have equally significant implications in regards to hegemonic placement in a social and cultural context. By restoring the appearance of an intact hymen, women who undergo the hymenoplasty procedure rhetorically shift the various ways in which their bodies are interpreted by others. Several of these new interpretations will be offered in the following chapter along with a discussion of how such transformations can be both rhetorically empowering and disempowering.

By now it should be apparent that the majority of women who undergo the hymenoplasty procedure do so in order to assimilate and conform to the sexual standards established by their hegemonic (masculine dominated) cultures. CRPs physically allow women to better assimilate into what they feel is the culturally desired role of a bride. For those women who have sexual intercourse but desire to appear like a virgin, the hymenoplasty procedure is often seen as a second chance. For those who undergo the procedure despite never having intercourse, it is seen as a safety precaution (Zamore, 2004). However, critics of the procedure, especially those who are tricked into believing these women are something that they are not, rather choose to liken the procedure to an “immaculate deception” (Cox, 2004). Deception, along with the various rationalizations and implications associated with it, is thereby an inevitable component of women seeking CRPs when the intention is to deceive others into believing their hymen is and always has been fully intact. Therefore, it is also necessary to look to the core literature that clarifies the foundational theories of deception.

**Theories of Deception**

The intermittent use of deception in communication is a phenomenon that is commonly experienced and anticipated in Western cultures (Buller & Burgoon, 1996). It is generally understood that even the most stringent value-laden individuals can sometimes fall victim to using deceptive tactics when individuals perceive that situations and circumstances call for it. *Interpersonal Deception Theory* (Buller & Burgoon, 1996) tells us that it is not uncommon for people to justify the use of deception even when it is (culturally) deemed morally wrong to do so. Furthermore, the likelihood that deceptive devices will be accepted
rather than expected is dependent on many situational, interpersonal, and cultural factors (Cole, et al., 2002; Dunbar, et al. 2003; Fitch, 2003). The interrelations of these deception components are nonetheless significant when applied to technology use, and yield important findings concerning technology’s role in constructing rhetorically significant situations (such as body modification) in which deception can be utilized and applied.

Research that has focused on technological embodiment as a form of deceptive communication most frequently center around the internet, specifically, the use of “false identities” (Dibbell, 1993) within chat rooms or other virtual realities wherein individuals adopt alternate personas (Turkle, 1995). Though profoundly insightful, this type of research ignores the consequences of deception through technologies that reach beyond cyber-worlds and manifest in face-to-face interaction or communications of the physical body. Conventionally, much emphasis has been put on the use of technology as a function to allow societies more effective capabilities in deception detection (Frank & Feeley, 2003). Through lie detection testing, video surveillance, and criminal identification databases, to name a few, technology has a considerable impact in deterring, detecting, and preventing deceitful acts. Nonetheless, technology also allows deception to more readily occur, in such instances as the creation of false personas and internet fraud, for example (Frank & Feeley, 2003).

Conceptually, when contrasted with truthful and truth seeking communication, deception is abundantly perceived to be a negative act within most cultures. Public perception of deceptive acts are often seen as being harmful and disingenuous cross-culturally, although there are exceptions when deception can be justified in order to achieve a “greater good” (Seiter, Bruschke, & Bai, 2002). When deception is conceptualized as a last resort for survival, or for the maintenance of social relationships, deceptive acts are sometimes disregarded and even excused. Of course, a multitude of factors (interpersonal and otherwise) contribute to the acceptability of deception, including the perceiver’s culture, deceiver intention, and deceiver-deceived relationship (Seiter, et al, 2002). In the specific instance of CRPs, women who reinstate the appearance of an intact hymen are sometimes doing so in order to deceive others into believing that they have always had an intact hymen, which is a symbolic means by which one can imply that they have never had sexual intercourse (when in actuality it is possible that they have). Nonetheless, it is also very possible for a hymen to break or deteriorate without having sexual intercourse; or a hymen
may even allow for penetration without bleeding because of the elasticity of the membrane’s tissue (Choi, 1998). Therefore, obtaining the appearance of an intact hymen, regardless of one’s sexual history, is the primary objective of women who have the hymenoplasty procedure done. Sue Yeon Choi (1998) argues that hymen repair surgeries save the lives of women who would otherwise be killed because of cultural beliefs and practices; however, she also recognizes that CRPs ultimately lead to deception. In each culturally influenced instance wherein women have the procedure done, commonalities exist in regard to the perceiver’s culture, deceiver intention (creating the appearance of virginity for marriage and/or survival), and the deceiver-deceived relationship (acceptance and marriage within the culture). For Choi, the issue questions the fundamental role of the physician, especially when considering the ethical and legal ramifications of the procedure.

[Those arguing against CRPs] believe it is disrespectful to the person that the woman will be marrying and that marriage should be built on love, respect, and decency. Since the procedure is illegal in many countries where the demand for it is the greatest, choosing to perform the procedure becomes a legal issue [as well as a moral one] (Choi, 1998).

Given that technologies often play a critical role in creating and preventing ways in which one can deceive, it is important to understand how humans detect deception. Cole, Leets, and Bradac (2002) developed six cognitive heuristics that are used to determine whether or not someone is telling a lie. Their six heuristics include, probing, falsifiability, infrequency, global cue utilization, and truth-bias. Because each type of deceptive act is fundamentally unique, certain heuristic tactics are more effective than others in specific contexts, and deploying them in different frequencies and emphasis could yield multiple outcomes when observing similar messages. Additionally, Dunbar, Ramirez, and Burgoon (2003) found that participation of interactivity is a significant variable in determining our abilities to judge deception. They found that when deception occurs, communicators who are active participants in the communication process are less accurate at detecting when deception exists; or in other words, they are too involved in the particular relationship to be able to detect if they are being lied to. This reinforces the importance of the deceiver-deceived relationship and explicates the notion that the receiver of a deceptive message is
often busier engaging in the cognitive behavior of participating in ‘honest’ communication, rather than cognitively seeking out deceptive messages.

Seiter, Bruschke, and Bai (2002) found that lies told for malicious or self-benefiting purposes were perceived as less acceptable than mutually-benefiting lies and lies that benefit others. Their analysis emphasizes the notion that lies can still be deemed forgivable, and sheds light on which kinds of deception this would entail. However, problematic to their findings is that they group ‘malicious purposes’ and ‘self-benefiting purposes’ together. Is it feasible for someone to engage in self-benefiting deception and not be malicious about it? Or is deception inherently a “malicious” act? In the instance of CRPs, the usefulness of knowing the possible intentions and outcomes of the women who have the hemenoplasty procedure done will in due course shed light onto these questions.

In summing up the literature pertinent to deceptive communication, technological embodiment innately affords individuals the ability to construct physical bodies that ultimately perpetuate and more easily accommodate deception. Though deception is most commonly viewed as a negative act within cultural contexts, there are exceptions in which deception is excusable. Deceiver intentionality, the perceiver’s culture, and deceiver-deceived relationship are all critical components in determining the acceptability of a deceptive act or message (Seiter, et al, 2002). By engaging six different cognitive heuristics that aid in detecting deception, perceivers of deceptive acts and messages can better interpret and pass judgment on the dishonest circumstance and the deceiver (Cole, et al, 2002).

In Chapter Three ...

The rhetorical analysis that follows will work from a theoretical hierarchy of abstraction. More specifically, the primary model used to analyze the hemenoplasty procedure will involve the work of Jordan (2004), as he as written core text that directly link doctors, patients, and public perception of the plastic body. From this foundation the analysis ascends to farther reaching theoretical implications involving technological embodiment, gender issues, power structures, and cultural repercussions. Llewellyn Negrin’s work on popular feminist attitudes toward cosmetic surgery and their coupling with identity formation (2002) will also be used to help answer our posed critical questions as well as further extrapolate on Jordan’s methodology. This specific analysis is intended to
provide a focused and multi-faceted theoretical examination of the larger issues that emerge out of our understanding of the hymenoplasty phenomena.
Chapter Three: Application

Overview

Within the paradigm of technological embodiment, scientific progress in medicine and technology has advanced to the point that the human body is no longer thought of as a fixed form void of fluidity and refashioning. The appearance of one’s size, gender, and ethnicity can currently be circumvented and changed via cosmetic body alteration procedures. These advancements prompt new questions about the limits and possibilities of the plastic body, and conclusively generate public messages that define the human body as “always in a state of potential transition” (Jordan, 2004, p. 327). Additionally, new technology brings with it new responsibilities for doctors, patients, and publics that attempt to position and justify these procedures in the public sphere.

The analysis that follows will first directly address Jordan’s three phenomena that shape public understanding of the limitations and possibilities of the plastic body when applied to the hymenoplasty procedure. Additionally, these findings will notably comment on the larger theoretical assumptions of technological embodiment, gender and cultural hegemony, and deception. Taken together, the findings will not only provide answers to the posited critical questions proposed in the first chapter, but also further the discussion of the rhetorical implications associated with cosmetic body alterations, and provide an additional perspective on the plastic body.

Hymenoplasty and Jordan’s Three Phenomena

Jordan (2004) argues that cosmetic surgery procedures are largely accepted by publics when the medical community communicates that the human body not only has the potential for corporal change, but that those who have ‘undesirable’ bodies inherently deserve an opportunity to fulfill their desire for a better body. Once a patient has communicated their body-wrongness, the surgeon, who acts as a form of gatekeeper, either gives access or denies access to the desired surgical procedure. The surgeon’s decision is based largely on the patient’s ability to exhibit a ‘wrong’ body while also communicating that they have a healthy mind. Public discernment of controversial procedures is largely dependent on how well the outcomes of the procedure correlate with popular conceptions of a better body (p.
If a procedure is deemed too far outside the public’s perception of a better body, such as with ‘amputee wannabes,’ public criticism and backlash can often be threatening enough that surgeons abstain from offering the procedure (p. 328-30). In the case of amputee wannabes, one can effectively demonstrate a wrong body and healthy mind but still be denied the access they desire because the surgical procedure is too excessive to be categorized as a better body alteration. Jordan concludes that there are inherent contradictions in this process when these individuals “buy whole-heartedly into the ‘surgical solution’ and look to the medical community to make good on its promises that wrong bodies can be corrected” (p. 342).

Jordan’s first phenomenon states that the communities of cosmetic surgeons advocate the potential for body modification. In doing so, they not only bring the issue of hymenoplasty and virginity into the public sphere, but also make a public distinction between “wrong-bodies” and “better bodies.” When examining Jordan’s first phenomena in light of the hymenoplasty procedure it is important to place the rhetorical perspective of cosmetic surgery into a cultural framework. In her book, *Reshaping the Female Body: The Dilemma of Cosmetic Surgery* (1995), Kathy Davis interviews women who have had cosmetic surgery, and subsequently argues that in Western society women see themselves as undergoing cosmetic surgery not in order to conform with patriarchal ideals of beauty but rather to re-fashion their bodies so that they are more in accord with how they see themselves. Cosmetic surgeons tend to emphasize this perspective when communicating to the public the potential for better body alterations. In Western society, specifically the United States, this includes the promotion of surgical modifications done to ‘enhance’ the aesthetic appearance of the genitals on women. As noted by Matlock (2002), the hymenoplasty procedure, though growing in popularity, is by far not the most sought after procedure offered by the Beverly Hills clinic. Instead, the majority of promotional emphasis is afforded to procedures such as designer laser vaginoplasty, which is intended to aesthetically improve female genitals and can include tightening of the vaginal walls to increase sexual gratification. Because the taboo of virginity in the United States is much less culturally imperative than in Jordan or Pakistan, for example, hymenoplasty is not necessarily the primary promotional focus for surgeons in the United States who specialize in vaginal rejuvenation procedures.
In Europe as well as the Far and Middle East, vaginal rejuvenation clinics are not a new phenomenon; however, equal emphasis is more directly shared with the hymenoplasty procedure. In some Arab nations the practice is illegal and shares the same negative stigma afforded to ‘back-alley abortions’ (Choi, 1998; Her, 2005). Because the desire and reasoning for undergoing hymenoplasty in Muslim culture, for example, is much more culturally sensitive than for vaginal rejuvenation promotion for Westernized women, the communicated potential for change provided by surgeons is “sensitive to the needs of women from all cultures that embrace these particular issues because of cultural, social, or religious reasons” (Haliparn, 2003). Endorsements for CRPs for non-Western women rely less on establishing the potential for a ‘better body’ based on aesthetic notions of beauty; rather the emphasis is on the functional purpose of guaranteeing a women will ‘bleed on her wedding night’ in order to conform to the strict patriarchal and cultural expectations of a dominant culture.

Historically, women seeking to authenticate the appearance of virginity on their wedding night have had to find alternate means to do so. For example, such remedies include dabbing chicken’s blood on the bed sheets once a marriage is consummated, or even inserting a small capsule of blood into one’s vagina that is intended to break upon penetration (Moussa, 2004). With the advent of cosmetic technologies, women with access to the hymenoplasty procedure have a more permanent means to appear like a virgin which does not require the immediate disposal of evidence, perhaps lessening the likelihood of detection. The advent of cosmetic surgery has commodified the practice and secured its placement more firmly in the public sphere. Despite limited access for women in some cultures, modern communication technologies such as the Internet have provided an influx of information to some women who would normally be cut off from messages that communicate the potential for change. The American Society of Plastic Surgeons reported that vaginal surgery, including hymenoplasty, is one of the industry’s fastest-growing segments in the United States, largely in part because of the marketing of the hymenoplasty procedure in newspapers, magazines, television, and on the internet (Chozick, 2005).

Esmeralda Vanegas, owner of a vaginal rejuvenation clinic in New York, equates loosing one’s virginity in Latin culture is “like loosing a member of your family,” and has subsequently given away free hymenoplasty procedures on Spanish-language radio in order
to promote the procedure (Chozick, 2005). At minimum, communication technologies have brought the issue more concretely into the public sphere, where both access to promotional information as well as arguments discerning the cultural taboos of virginity are more readily available.

The insurgence and mass mediated endorsement and promotion of vaginal cosmetic surgeries may have their underpinnings in what some have called the “Penthouse effect.” In the 1970’s men’s entertainment magazines such as *Penthouse* attempted to usurp rival *Playboy* by publishing photographs of exposed female genitals, prompting critic Elizabeth Haiken to argue that “before crotch shots were published, nobody was interested in [the aesthetic appearance of one’s vagina], but now everyone knows what labia are supposed to look like” (Peters, 2005). Once the medical technology became available in the 1990’s, vaginal rejuvenation clinics such as the ones in Beverly Hills and San Antonio began to take off, and subsequently hymenoplasty was legally introduced to the Westernized world. Regardless, in cultures that place a high value on the appearance of virginity, the long-established importance associated with having an intact hymen is evident to women at a very early age (Husseini, 2002).

Though it is uncertain which of the previously mentioned factors most greatly contribute to the advent of CRP endorsement, the amalgamation of them has impacted how and why the issue has found its way out of the bedroom and into the public sphere. Moreover, it is quite clear that in regards to the hymenoplasty procedure, the first criteria set forth by Jordan is accounted for; that surgeons specifically advocate the potential for change (availability of a *better body*) by communicating to the public that the appearance of ‘virginity’ can be obtained via cosmetic surgery.

Jordan’s second phenomenon spotlights the role the patient plays in communicating to the surgeon a desire for body modification. By engaging in what Jordan calls *wrong-body rhetoric* in order to justify their desire for change, the patient must demonstrate a ‘flawed’ body and a healthy mind (2004, p. 328). Subsequently, the surgeon is placed in a position of rhetorical power over the patient, and acts as a form of gatekeeper who can either give access or deny access to the desired procedure. Whether or not a surgeon provides access is dependent on the patient’s unique circumstances and ability to convey mental stability. Traditionally, surgeons look to see if the requested procedure will help align the patient with
their perceived notions of self-identity and scrutinize the ways in which the patient describes their body wrongness, looking for signs of mental instability. In this sense, “validation of one’s body alteration desires depends on the [patient’s] rhetorical performance of an appropriate surgical identity” (Jordan, 2004, p. 337). There are three important components that must be taken into consideration when applying Jordan’s second phenomena to the hymenoplasty procedure; gatekeeping, wrong-body rhetoric, and confessional rhetoric.

As noted by Jordan, gatekeeping is a “common component of medical practices,” in which, for elective surgery, the surgeon’s notions of aesthetic beauty are “as subjective as any artist’s” (p. 337-38). Using this perspective, gatekeeping appears to be a very authoritarian approach to medicine; however, the cosmetic surgery community maintains that gatekeeping allows for a more egalitarian approach to medicine because the patient’s personal reasoning and ‘self-diagnosis’ becomes part of the decisive prognosis made by the surgeon (p. 337). Critical to gatekeeping is the notion that body plasticity is useful “only when directed toward conforming to social norms, or when diversifying social body norms” (p. 335). For women who undergo hymenoplasty in order to restore the appearance of ‘virginity,’ interpretations of the procedure are problematic when taking into consideration social norms. More specifically, though the procedure allows women to conform to their culture’s expectations (the appearance of an intact hymen on the wedding night); its purpose is achieved by means of deceiving the patriarchal culture, regardless of their previous sexual encounters. Although the American Medical Association currently has no policy regarding hymenoplasty, the *British Medical Journal* has declared the procedure “unnecessary” and reported that it is synonymous with “promoting dishonesty between sexual partners” (Cox, 2004). However, the June 1996 issue of *The Lancet*, a British medical periodical, reported that “… in Egypt, the hymen repair surgery has reduced 80 percent of the murders committed when a bride was found not to be a virgin on the wedding night” (Choi, 1998).

These uniquely different perspectives on the effects of the procedure yield an ethical paradox problematic to surgeons who desire their patients to be honest about their surgeries, but feel that by performing hymenoplasty they are making “a long-term difference in the happiness of a woman’s life” (Cox, 2004; Zamore, 2004). Therefore gatekeeping as well as the promotion of the hymenoplasty procedure, becomes a profound dilemma for the cosmetic surgery community that must sanction who is allowed access. However, one only
needs to look at the global prevalence of the procedure to deduce that many physicians ultimately justify performing the procedure.

Physicians who choose to perform hymen reconstruction feel they have a professional responsibility to their patients. Some, like Dr. Paterson-Brown [consultant obstetrician and gynecologist at Queen Charlotte’s Hospital in London], believe that [hymenoplasty] is comparable with plastic surgery in ethical terms and justifiable in circumstances when the women would otherwise suffer disgrace or worse, death (Choi, 1998).

From this presumption comes the problem of determining an evaluative way to measure if a prospective patient will likely “suffer disgrace” or potentially be murdered if they are found not to have an intact hymen. In this sense, using subjective notions of aesthetic beauty as a means to determine accessibility is wrought with less controversy than if the procedure is sought for the functional purpose of convincing a patriarch that a woman is a ‘virgin.’ Those who seek hymenoplasty because they wish to ‘reclaim their womanhood,’ or authenticate a second honeymoon, do so under the pretext that they are not attempting to directly deceive anyone, and subsequently avoid public scrutiny. In regards to the hymenoplasty procedure, engaging in wrong-body rhetoric may not be enough to convince a surgeon that deceiving a future husband is in the best interest of their patient. Lisha Rasheeda Shahid, an Islamic studies teacher at a Florida mosque argues that “The chastity of a woman is very important in Islam. Virginity is something God has ordained to let men know they’re getting something precious. A person can restore their hymen, but they can’t restore their purity” (Cox, 2004).

Consequently, in order to rationalize their desire to the medical community, prospective patients must also engage in confessional rhetoric, which is effective in justifying the need for a procedure because it “evokes sympathetic understandings of ill bodies and appeals to the surgeon’s skill in remodeling the outer body into conformity with the inner being … If a surgeon is convinced by the rhetorical performance that the patient needs rather than just wants surgery, he or she can consent to approve surgery because a patient is being cured, rather than just serviced” (Jordan, 2004, p. 338). Confessional rhetoric is especially useful to women seeking hymenoplasty because it affords personal
narratives to be a factor in determining whether or not they receive the surgery. If a patient is effectively able to communicate that their personal health or safety will be at risk if they are found to have an insufficiently intact hymen, it is likely that they will be allowed access to the surgery.

Women engage in confessional rhetoric on a personal level with their surgeons who typically allow access to a desired procedure once the patient has communicated a need for change. In order for this ‘performance’ to be successful, patients must adhere to the embedded cultural values and practices of the surgical community they are attempting to persuade. Particular cultural values, specifically the taboo of virginity, change cross-culturally and therefore conflicting interpretations of whether or not the procedure should be performed emerge. But can the hymenoplasty procedure be simplified as an ideological disparity in a clash of Easter-Western cultural values? In order to ascertain the vast rhetorical implications associated with how publics come to understand the limitations and possibilities of the hymenoplasty procedure it is necessary to look to Jordan’s third phenomena.

Problematic to the medical community is that there is no universally accepted cultural standard of a better body that exists. According to Jordan’s third phenomena the medical community draws parallels in their perceptions of a better body with that of the prospective patient’s, all of which must be perceived as sound and ethical medical practice within the public sphere. As it has already been show, these parallels do not fluently exist when looking at various cultural interpretations of the hymenoplasty procedure. Additionally, the hymenoplasty procedure is unique because it is not typically sought for the sole purpose of aesthetic enhancement, but rather serves larger functional purposes that are culturally specific, and can even include a means of survival. Nonetheless, the hymenoplasty procedure is still largely considered an elective surgery by many medical practitioners, requiring justification and approval in order for access to be granted. Surfacing from this discourse are the various perspectives that materialize when understanding the nature of cosmetic surgery, culture, and their potential to change the human body.

Performance and body scholar Llewellyn Negrin (2002) carefully deconstructs anti-cosmetic surgery and pro-cosmetic surgery perspectives that emerge from feminist bodies of discourse. She argues that cosmetic surgery does not necessarily need to be viewed as a
binding and controlling practice that subjugates women further into a patriarchal gaze, but rather “As more women gain knowledge of the techniques of cosmetic surgery, so it becomes possible for them to usurp men’s control over these technologies and undermine the power dynamic which makes women dependent on male expertise” (p. 31). Additionally, Kathy Davis (1995) urges a re-evaluation of cosmetic surgery as a means for women to overcome their informed displeasure with their unique bodies. Nonetheless, there are still inherent problems associated with this perspective. Namely, granting legitimacy to cosmetic surgery as a means of “overcoming women’s problems of identity,” which loses sight of the fact that “such a ‘solution’ leaves unaddressed the causes for women’s dissatisfaction in the first place” (Negrin, 2002, p. 24). In other words, when looking at cosmetic surgery as a whole, if we individualize the problems of women’s self-identity, we ignore the broader social problems that address why women should feel estrangement from their bodies, regardless whether or not the surgery can be justified. This is reflected by several women’s rights organizations, including the National Organization for Women, who see the hymenoplasty surgery as being destructive to women who are “so thought-controlled that they can’t love their own bodies and agree that labia cutting, stretching, and stitching [as a means] to gain approval [is wrong]” (Cox, 2004).

Condit’s notion of consent (1994) is useful when grappling with the various ways surgeons, patients, and publics rhetorically intersect and result in our understanding of the limitations and possibilities the procedure affords. Additionally, Jordan’s conceptualizations of authority and acceptance (2002) also contribute to this understanding. First, personal identifiers (physical modifications that emerge on the human body) are constructed on a subservient individual when a dominant group gives consent (Condit, 1994). In looking at hymenoplasty, surgeons give consent to women who desire to have the procedure done, and therefore can be considered an authoritative dominant group. The authority evoked by surgeons can become problematic when they fail to see the larger cultural repercussions of their decision to grant access to the hymenoplasty procedure. Matlock has boasted that he can “fool any man,” and that his “benchmark is not to fool the husband-to-be but to fool another gynecologist [whom the groom’s family sometimes chooses to examine the female]” (Paternostro, 2005). Matlock’s blatant admission, that he is attempting to “fool” a different culture’s dominant group demonstrates how the surgeon is not only a means by which
deception can occur, rather that he/she engages as an active participant in the deceptive act. In thinking back on Seiter, Bruschke, and Bai’s findings on the acceptability of deception (2004), it is unclear whether or not Matlock’s role in the deceptive act is ‘self-benefiting’ or otherwise. Additionally, the authenticity of the “performance” that prospective patients engage in to convince surgeons of their wrong-body must also be called into question (Jordan, 2004, p. 339). Zamore (2004) explains that in screening potential patients for the hymenoplasty procedure, it is “sometimes hard to get them to open up to you.” For an elective surgery, the role of the gatekeeper should involve remaining open to all possibilities that could potentially circumvent problems communicated in the patient’s confessional rhetoric, rather than jumping to cosmetic surgery as the first option to overcome those problems. Paterson-Brown reinforces this notion by emphasizing the importance for education when dealing with the hymenoplasty procedure; “I have been asked [to perform hymenoplasty], but I have never had to do it, since detailed discussion and education have persuaded those concerned [that] it is not needed” (Choi, 1998).

In addition to seeking consent from surgeons, women seeking the hymenoplasty procedure must also subjugate themselves to the standards imposed by their dominant cultural group, who will only ‘accept’ them if they meet the group’s criteria (harmonization with the dominant culture’s virginity taboo). For these women, the abstract notion of ‘acceptance’ can only be achieved if they are successfully perceived as virgins on their wedding night. Precarious to this relationship are the resulting culturally constructed hegemonic clashing of two dominant groups; surgeons who perform hymenoplasty and the patriarchal cultures that are deceived once access to the procedure is granted. Religious Islamic groups, such as Islamic Action Front, advocate for the continuation of embedded virginity taboos, and subsequently view laws and practices that violate these taboos as a threat to the preservation traditional Islamic values (Her, 2005).

When applied to the hymenoplasty procedure, Jordan’s third phenomenon reveals that public conceptualizations of a better body are not culturally consistent. For example, in the United States, training manuals intended to teach surgeons how to perform particular procedures are often culturally specific, reflecting depictions of Westernized Caucasian

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4 The Islamic Action Front (IAF) is a political branch of the ‘Muslim Brotherhood’ who considers efforts to delete Article 340 from Jordanian Criminal Code to be “A Western plot to destroy and corrupt our society” (Her, 2005).
notions of aesthetic beauty (Negrin, 2002). Without full disclosure and knowledge of the specific cultural ramifications associated with one’s desire to obtain a certain surgery, it is difficult to achieve a communally accepted perspective on the limitations and possibilities of a particular procedure. Such is the case with hymenoplasty, in which the vague notions of exactly what a better body should be greatly impact one’s ability to appease, deceive, and overcome a dominant group.

Summary

In summary, when applied to the hymenoplasty procedure Jordan’s methodology yields several rhetorically significant findings. First, and perhaps most noteworthy, is that one culture’s notion of a ‘better body’ is not necessarily consistent with another’s. A result of this is that surgeons must sometimes choose whether or not to enable others with the means to deceive a dominant group. Surgeons who place greater value in fulfilling the desires of their patients than in attempting to adhere a dominant culture’s virginity taboos risk backlash from publics that view the procedure as a direct threat to the preservation of embedded cultural values. Surgeons must also grapple with arguments that maintain the hymenoplasty procedure only perpetuates the subservient/dominant relationship that is responsible for female subjugation in the first place. Notwithstanding are the inherent medical and social responsibilities physicians face in preserving the health and safety of their clients. In this sense, surgeons who perform CRPs are more concerned with the immediate (and sometimes deadly) consequences that could result if they choose not to perform the surgery.

Additionally, emergent rhetorical factors such as consent, wrong-body rhetoric, confessional rhetoric, as well as authority and acceptance shape the unique social and technological aspects associated with the hymenoplasty procedure. Depending on how these factors are used to shape rhetorical understandings of the plastic body determines whether or not the surgery is performed. Nevertheless, the unique rhetorical factors espoused by the hymenoplasty procedure yield significant methodological implications. Although Jordan’s approach provides an efficient means to understand the limitations and possibilities of cosmetic surgery procedures in regards of constructing the ‘plastic body’ into a ‘better body,’ it nonetheless fails to address the functional aspects of cosmetic surgery that extend
beyond popular notions of aesthetic beauty. More specifically, can the hymenoplasty procedure be considered an *elective* surgery when the life of the patient is potentially in jeopardy if the procedure is not performed? Jordan (2004) addresses the notion of elective surgery, but only under the pretext that the patient is largely in control of their own mortality, which is not necessarily the case for women seeking hymenoplasty. Unlike amputee wannabees who seek cosmetic surgery in order to obtain what they feel is a *healthier body*; some women who undergo hymenoplasty do so in order to obtain a *safer body*.

The distinction between healthy bodies and safe bodies is important to keep in mind when looking at the larger implications that can be derived from this analysis. The specific events that shape the rhetorical history of cosmetic surgery help to account for their unique effects on the rhetoric of the plastic body. Though the origins of cosmetic surgery can be traced back to ancient India, until the First World War the practice was largely seen as the province of “quack doctors more interested in self-promotion than healing” (Jordan, 2004, p. 330). With the industrial revolution and advent of new technologies more capable of destroying bodies, cosmetic surgery suddenly had a use in reconstructing disfigurations on wounded soldiers. This restorative work did much to legitimize these types of surgeries as a healing science and emphasized the social value of cosmetic body modification. Over time, elective cosmetic surgery became a way to “combat unfair circumstances, of triumphing over the hand dealt by nature or fate” (p. 332). Since its inception, cosmetic surgery has been employed for a wide variety of uses, including the concealment one’s identity for the sake of protection. In this sense, safety is ensured through the ‘re-writing’ of one’s corporeal history in order to produce a new identity. Women undergoing the hymenoplasty procedure, however, seek to create a safer body by disguising the corporeal identifiers on an already existing identity. Hence CRPs do not necessarily function to ‘re-write’ corporeal history (such as with gender reassignment surgery, for example), but rather functions to ‘erase’ the corporeal history previously inscribed on the body while maintaining the formerly existing identity.

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5 For example, the FBI’s Witness Protection Program sometimes utilizes cosmetic surgery to conceal the identity of witnesses.
Though Jordan’s methodology is helpful in distinguishing the various ways physical identity is (re)constructed on the human body, it does not provide much assistance in discerning the effects the hymenoplasty procedure has on the patient’s perceived internal identity. Jordan (2004) maintains that in order to justify a procedure a patient must engage in wrong-body and confessional rhetoric, which are intended to align the physical body with the “inner self” (p. 339). However, the majority of women who undergo the procedure are not attempting to satisfy their inner identity, but rather do so to deceive and ultimately appease their dominant culture. The ramifications of this action, and suggestions on how the patient’s ‘inner self’ is served through the procedure can be explored when answering our posited critical questions and drawing conclusions.
Chapter Four: Conclusions and Discussion

Conclusions

In critically examining the hymenoplasty procedure and its profound implications several critical questions arise. These questions deal both directly with the phenomena itself as well as the implications the procedure has on technological embodiment. The following examination is intended to answer the posed critical questions from the first chapter, provide a discussion of the various factors and implications that emerge out of the analysis, and draw specific conclusions espoused by the hymenoplasty procedure as well as pose new areas of inquiry for future research and investigation.

First, it is essential to ascertain a specific meaning of the hymenoplasty procedure. In other words, *What are the various interpretations of hymenoplasty that exist?* From the perspective of dominant cultures that places high importance on the virginity of women being wed within their culture, the hymenoplasty procedure is seen as a direct threat to their traditional values. Daniel McBride, spokesman for an Islamic Center in Boca Raton asserts that “[Muslims] promote abstinence before marriage … This surgery is totally uncalled for. If you can’t be honest at the beginning of your relationship, the entire thing is going to be based on a shaky foundation” (Cox, 2004). Others opposed to the procedure “fear it goes against the very reason virginity is sacred in the first place,” and violates the “expectation in Muslim culture for both the male and female to remain virgins until their wedding night” (Cox, 2004). In this light, the hymenoplasty procedure only perpetuates Western influences that erode cultural values set forth by dominant groups who traditionally resist the promotion of such technologies of the Western world. Worse still is the fact that it is seen as a means that allows women to deceive their partners, which can be interpreted as a means by which a subservient group is empowered over a dominant group. As noted by physician Pamela Loftus, to overcome the influx of promotional endorsements of the hymenoplasty procedure, “In some countries women have little or no access to the Internet, and there are blocks on search engines in certain countries so information on hymenoplasty can’t even be viewed” (Cox, 2004). Problematic to the dominant culture, however, is the notion that cosmetic surgery is so permanent in appearance that they will never be able to determine if they are being deceived. Within cultures where these strong taboos exist CRPs can be
performed secretly at home with only a local anesthetic, and therefore regulation of the practice is difficult, and even knowledge of its prevalence is largely unknown. Additionally, in Europe, especially Denmark, “outpatients are provided with the opportunity to eliminate the procedure from their medical records” (Her, 2005). Egyptian gynecologist and obstetrician Muhammad el Hennawy (2004) describes a scenario that conveys the perspective of urgent control and concern communicated by the dominant group, juxtaposed by the perspective of many physicians.

It is not uncommon for a gynecologist to find in his office a blushing young female surrounded by a whole horde of male relatives demanding that she be examined. She did not bleed during sexual intercourse on her wedding night, and the men all want to know why. You always have to favor the girl, because if you don’t, she’ll be killed by her family. Sometimes, if the girl has the opportunity, she’ll beg you to cover for her. They are very frightened, they know they will be killed. So you tell the male relatives the bride had an elastic hymen, which many women do anyway, and in such cases she wouldn’t bleed (Hennawy, 2004).

Others view the hymenoplasty procedure as a positive alternative to the sometimes deadly repercussions facing women when “certain religious guidelines are grossly abused” (Moussa, 2004). This is the perspective taken by many surgeons who perform the procedure in order to lessen the likelihood that a woman will be harmed if she is found to have an insufficiently intact hymen. Regardless of whether or not the procedure is likely going to prevent an honor killing, the rhetorical function of the procedure still coincides with cosmetic surgery community’s perception of better body rhetoric. In other words, even if the procedure were simply going to allow a woman to marry into a wealthier family, from a Western perspective, this could still be a justifiable reason to warrant the procedure.

Regardless, the inclination of any medical practitioner is to save the life of their patient. When a woman effectively communicates that her life could be in jeopardy if she does not receive the hymenoplasty procedure, physicians often discount the perspective of the dominant culture and allow access to the procedure. Zamore (2004) asserts that the San Antonio clinic “caters to women in this situation” because of the precarious repercussions a woman could suffer if she is found not to be a virgin. Critics of the procedure, however,
question the true motivations of physicians who offer the procedure, arguing the primary incentive is financially induced. The Wall Street Journal reports that in 2004, 9.2 million cosmetic procedures were performed in the United States, up twenty-four percent since 2000 (Chozick, 2005). Due to the prevalence of global virginity taboos, and the relative simplicity and affordability of the hymenoplasty procedure, CRPs continue to grow in popularity for both patients and physicians learning new procedures.

Additionally, the perspective of the patient must also be taken into consideration when interpreting the hymenoplasty procedure. To reiterate the point made by Husseini (2002), women in cultures with dominant virginity taboos are very aware of the importance of the appearance of virginity at an early age. In Morocco, the traditional Sabah wedding ceremony includes a parade in the streets with the bride’s blood-stained undergarment being displayed as proof of her chastity before marriage. Some tribes in Australia appoint elder women to perforate the hymen of a bride one week before marriage. If it is found that her hymen has already been separated from the vaginal wall prior to this ritual the woman can potentially be tortured or executed. Others, like a 19-year-old Egyptian girl who flew to South Florida to have the operation after loosing her virginity to her first boyfriend view the surgery as a means to save her family’s reputation; “I was very much in love [with my first boyfriend] and thought we’d be together forever, but we broke up … I made a mistake, and if my family ever found out, something terrible would happen” (Cox, 2004).

The source of virginity taboos in some Muslim cultures is rooted the dominant culture’s interpretations of Islamic Sharia Law. Uzma Mazhar, a St. Louis psychotherapist known for her Islamic perspectives on Western issues claims that though sexual purity is a way of maintaining the sanctity of the family, Islamic law also prohibits lying and frivolous cosmetic surgery (Chozick, 2005). The simple existence of a virginity taboo that requires the appearance of an intact hymen or the production of blood upon initial sexual penetration places women in these cultures in a precarious rhetorical position. A young girl who has ruptured her hymen through natural physical activity and has not had sex potentially must choose between deceiving her culture by undergoing a CRP, or risk loosing her life, all in the name of religious/cultural doctrine. The immediacy of potential harm resulting from a ‘virginity test’ subsequently convinces some women to opt for CRPs. Also, the incentive (or pressure from her family) to marry into a particular family is a possible motivating factor.
Others undergo the hymenoplasty procedure to ‘reclaim their womanhood,’ relive a honeymoon, or for simple novelty. Jeanette Yarborough, a 40-year-old medical assistant from San Antonio, paid $5,000 for a surgeon to reattach her hymen as a 17th wedding anniversary gift for her husband. She asserts, “It’s the ultimate gift for the man who has everything” (Chozick, 2005). A married mother of two told the Wall Street Journal (2005) that she had the procedure done because her husband wanted to know what it felt like to have sex with a virgin, and that “If a woman isn’t a virgin when she gets married, a man can always put her down for that.” Additionally, on rare occasions the hymenoplasty procedure is performed on young women who are the victims of rape or for women who find sexual gratification in reenacting the loss of their virginity. Nonetheless, as previously mentioned, the majority of hymenoplasty procedures performed for non-cultural reasons usually accompany other vaginal rejuvenation procedures.

With these various interpretations of the hymenoplasty procedure in mind, it is necessary to critically evaluate whether or not the procedure can be understood as an empowering phenomena for subjugated women. In other words, Is the procedure enabling, disabling, or empowering for women who have it done? The majority of women who seek CRPs do so in order to deceive their dominant culture. Though hard data discerning the empirical effects the hymenoplasty procedure has had in reducing violent acts against women is hard to measure, several medical journals and periodicals have nonetheless reported findings that CRPs do in fact lessen the likelihood that honor killings will take place (Choi, 1998; Hennawy, 2004; Matlock, 2002). Likewise, there are various documented instances where women who have undergone the procedure express they would have been more culturally subjugated if they had not undergone the procedure. For example, Sandra, a Latin single mother in her twenties, told Marie Claire magazine that she underwent the procedure because her fiancé would never have proposed to her had he known that the one-year old ‘brother’ living with her was actually her son. By fulfilling his desire to marry a “demure and virginal” woman Sandra feels that she has a better opportunity to live the life she wants (Paternostro, 2005). In terms of the immediate effects the procedure may have in reducing the potential of honor killings, or giving women an opportunity to live what they

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6 Not her real name.
feel is a better life, the hymenoplasty procedure can be interpreted as an empowering means to overcome the suppressive nature of patriarchal oppression.

But can the hymenoplasty procedure be considered a way to empower a subjugated group when those who are being subjugated undergo the procedure for the purpose of furthering an oppressive ideology? In other words, by masking their behavior through a deceptive act, does the hymenoplasty procedure do anything to fracture the oppressive ideologies that subjugate women in the first place? The answer to this may lie in the fact that these women do not necessarily see themselves as being subjugated, or else, they feel that the dominant culture is so firmly rooted that nothing can be done to eliminate it. Zamore (2004) claims that many of her patients truly desire to be married into their culture, have children, and please the patriarch. In this sense, the hymenoplasty procedure may be less imperative as a life-saving technique, but rather a means to further embed patriarchal domination and the virginity taboo. Esmeralda Vanegas readily admits that women who undergo the procedure engage in deception, but rather refers to it as “a lie out of love” (Paternostro, 2005). In taking into account this perspective, the deceptive act can be considered a “mutually-benefiting lie,” which are found to be significantly more forgivable than “self-benefiting lies” (Seiter, et al, 2002). But forgivable by whom? No one has come forward to express a scenario in which a husband forgave his bride upon recognition of such deceit. Additionally, the media and physicians must almost always guarantee complete anonymity before women will share their personal narratives in an open forum.

When taking into account the broader interpretations and implications that result from the hymenoplasty phenomenon it can be understood that the procedure enables the rhetorical agency of deception. The effect of this agency is varied, however, in a practical sense it encourages the domination of men over women by signifying personal submission to the demands of ‘proof of virginity.’ Nonetheless, the deception ultimately has corrosive effects upon the structures of oppression as well. The authenticity of ‘virginity’ is fundamentally called into question as the medical procedure enters into public imagination. As the recognition and frequency of CRPs grows, the patriarchy will have an increasingly unstable sense of virginity as expressed by women. In other words, the taboo of virginity holds less merit because it becomes increasingly difficult to accurately measure its legitimacy.
With this resistance understood, critics may not be able to ignore the inherent idealism and potential preferences for public sphere confrontations over the demands of the patriarchy for these signs of virginity. For example, the actions taken by Hirsi Ali offer a compelling alternative to the world of subterfuge that result from cosmetic surgery practices. Ali’s calls in Amsterdam for direct political and cultural confrontation with the oppression of women within Islamic culture are difficult to ignore. The task will remain for critics as how to best asses the potentialities for resistance and the empowerment of women. This study furthers the appreciation of these available means by providing critical insight into the rhetorical functions of hymenoplasty.

Furthermore, broader implications and conclusions can be derived from examining the encompassing effects cosmetic surgery, and specifically the hymenoplasty procedure, can have on the plastic body. In this light it is necessary to ask, In what ways does the hymenoplasty procedure influence how we understand technological embodiment? To answer this it is essential to review the various perspectives of cosmetic surgery that emerge from a technological framework. As noted by Negrin (2002), traditional feminist perspectives on cosmetics surgery largely see it as an oppressive technology “which colonizes women’s bodies … to mold [them] in accordance with the prevalent ideals of feminine beauty” (p. 21). However, more contemporary approaches to body theory such as those of Balsamo, Davis, and Morgan take a more optimistic attitude in understanding the potentials of cosmetic body alterations. For Balsamo (1996), ideal cosmetic surgical practices would openly acknowledge rather than disavow or mask the reconstruction of the body (p. 78). For Morgan, as well as performance artist Orlan, the plastic body can be used to demonstrate the artificial nature of the body, and cosmetic surgery is a means by which the demystification of popular beauty aesthetics can be achieved. However, in regards to embodiment, this empowerment can only take place when “women gain knowledge of the techniques of cosmetic surgery” in order to appropriate men’s control over cosmetic.

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7 Ali criticizes patriarchal subjugation of women in the Muslim world, specifically in regards to the practice of female genital mutilation/circumcision as a “product of specific tribal practice combined with a broader cult of virginity, which is indeed upheld by the Qur'an” (Linklater, 2005). Ali’s advocacy has gained attention because of her blatant disapproval of patriarchal practices despite her cultural heritage. Her direct and assertive confrontation of unmerited cultural/religious gender subjugation evoked by dominant males is a stark contrast to the diminutive role women typically are expected undertake within Muslim cultures.
technologies (Negrin, 2002, p. 31). Essentially, this perspective calls for a re-employment of the patriarchal hegemonic structures that pervade the cosmetic surgery medical community. As reflected by Butler and Morgan, “the distribution of stable bodily contours [is] an important precondition for the undermining of repressive gender constructs” (Negrin, 2002, p. 22).

Nonetheless, can cosmetic surgery as a form of technological embodiment subvert virginity taboos and/or dominant cultural ideology? Negrin (2002) concludes that unless embedded patriarchal control of cosmetic practices shifts, technological manipulation of the human body will continue to be a way to reflect (or violate) social body norms, but not necessarily solve problematic body norms that subjugate women. Additionally, individual cosmetic ‘solutions’ for particular women in certain circumstances may not be reflected on a social level.

The criticism of the practice of cosmetic surgery is not directed at the individual women who undergo it, but rather at the social and cultural system which engenders in women a state of permanent dissatisfaction with their physical appearance … While individuals certainly reinterpret cultural practices in ways which are at odds with their dominant meanings, the fact remains that some meanings continue to have predominance over others because not everyone has equal access to or control over the resources needed to realize their interpretations (Negrin, 2002, p. 26).

Perhaps the most useful implication that emerges from the cosmetic deployment of technological embodiment is the notion that corporeal histories can be ‘re-written’ in order to influence interpretations of the human body in the present. In an ideal world this refashioning of the human body to communicate identity would not need to include the deception of cultural groups. However, in the example of the hymenoplasty procedure, this open and honest form of body communication will not be possible as long as the potential of harm done to violators of virginity taboos exists. Only when these taboos are broken or redefined will hymenoplasty cease to serve deceptive functions.

Discussion
The sustained prevalence of CRPs will continue to intrigue body scholars, cultural theorists, feminists, and ethicists well into the future. Through the advent of modern cosmetic surgery technologies chastity restoration has had a profound impact on how publics come to understand the limitations and possibilities of the plastic body, and subsequently has found a more permanent place in the public sphere. This analysis has intended to show how the intersection of the plastic body, technology, deception, and culture can effectively synthesize and shape the various ways we understand cultural virginity taboos as well as the functions of cosmetic surgery. Resulting from this investigation are findings that illustrate how the hymenoplasty procedure is an empowering means by which women can overcome immediate consequences derived from virginity taboos, but also is a suppressive means by which women ultimately adhere to a dominant culture’s gender subjugation. Conclusively, from a gender, equality, and human right’s perspective, the hymenoplasty procedure alone is not enough to impede the subjugation of women in both culturally specific realms as well as for women universally. If anything, the procedure is a quick-fix to social problems that require larger solutions; much like using a band-aid to mend a gaping wound. Nonetheless, it appears that the procedure does offer some solace in minimizing the profound consequences resulting from dominant virginity taboos, such as honor killings.

John Jordan’s three phenomena that rhetorically shape public understanding of the limitations and possibilities of the plastic body (2004) is a useful means by which cosmetic rhetorical phenomenon can be examined and understood. However, his model and its subsequent application of the hymenoplasty procedure nonetheless leave the door open to new areas of inquiry. The very nature of cosmetic surgery and technological embodiment provides a fertile environment in which deceptive body communication can occur. Additionally, the full spectrum of cultural effects the hymenoplasty procedure may generate has yet to be fully realized, and is as broad and in depth as any variation in one cultural ideology to another. Therefore, a continued body of discourse of how the plastic body constructs rhetorical meanings is a profound and worthwhile area of discourse.

As noted by Negrin (2002), “The limitation of cosmetic surgery is that it offers a technological solution to a social problem” (p. 25). This statement is the crux of why the hymenoplasty procedure is inadequate at fully addressing the social and cultural problems
motivating women to undergo the procedure. Nonetheless, it also provides insight into the profound factors that shape the rhetorical plastic body. Namely, as long as plastic bodies exist, technology will continue to construct and influence the various means by which humans behave and communicate.
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