The role of cosmetic surgery in the embodied experience of female beauty: a narrative study in Bloemfontein, South Africa

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by

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Declaration

"I, Alessandra Kim Heggenstaller, declare that the PhD Thesis that I submit for the Doctorate of Philosophy (PhD) Degree qualification titled: '*The role of cosmetic surgery in the embodied experience of female beauty: a narrative study in Bloemfontein, South Africa*' at the University of the Free State is my independent work, and that I have not previously submitted it for a qualification at another institution of higher education".

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Abstract

Nowadays, the concept of human 'beauty' is intricately linked to that of identity: beauty is seen as bringing success in occupation, love, and marriage. Accordingly, beauty is often treated like a commodity—social status is attributed to it, and negotiated with it. The way in which female beauty is constructed and manipulated by popular culture and via the mass media, leads many women to reshape their physical appearance in order to conform to what is widely regarded as beautiful, ideal, and in line with current trends. And this appears to occur irrespective of women's economic position or cultural heritage. The media holds particular sway in constructing beauty ideals by encouraging the everyday woman to constantly evaluate her physical appearance. And out of the resulting sense of needing self-improvement many women refer to, and then conform to, a (mostly Westernised) notion of generic sameness.

Cosmetic surgery is a growing phenomenon influencing women's lives all around the world and is growing in popularity in South Africa, where this research is located. The study aims to understand how beauty is perceived, and what impact a rejected or unwanted physical feature may have on an individual's sense of self and on her life-world. I argue that when a woman experiences cosmetic surgery as empowering in terms of her appearance and her identity, this changes how she perceives and experiences herself; and that this re-negotiation of self-concept will influence how she engages her life-world and social reality.

This study is firmly situated in sociological theory. It applies theoretical insights from Alfred Schütz's phenomenological approach, Peter Berger and Thomas Luckmann's social construction of reality, and John Creswell's interpretivist methodology. Because it is vital to understand the gender dynamics at play when women undertake cosmetic surgery, particular attention is paid to feminist thought via the works of Kathy Davis and Iris Marion Young.

The research is positioned in a qualitative research design. After obtaining ethical clearance for the study, I negotiated access to a cosmetic surgery practice, and with the help and support of the registered cosmetic surgeon, participants were recruited. The ten participants are from a white middle-to-upper socio-economic class in Bloemfontein, South Africa. Criteria for participation included women undergoing only the cosmetic procedures of blepharoplasty, liposuction, abdominoplasty, breast augmentation and breast lift. Data was collected in semi-structured, one-on-one, in-depth interviews, guided by interview schedules. Interview processes allowed participants to expand on their lived experiences, subjective thoughts, inter-subjective encounters, and their feelings and emotions. Interviews were audio recorded and transcribed verbatim. The narratives were

thematically analysed and mined to unearth the hidden depth and richness of the cosmetic experience. Key themes that unfolded and which are discussed in the analysis chapters are 'beauty and its (re)negotiation', 'identity and femininity', 'cosmetic surgery and (dis)empowerment', 'finding the courage', 'the risks', and 'cosmetic surgery changing lives'.

This study expands on existing knowledge and common perceptions of 'beauty' by revealing the subjective-voice of ten women and their cosmetic experience. Insights are gained on self-empowerment and embodiment and how these interface with each participant's perceptions of herself, her femininity, and her sense of self-worth. Emphasis is also given to how the thoughts, feelings, and emotions before and after their cosmetic interventions impact on participants' everyday life-world and (re)construction of their proximate social reality. The focus on South Africa is unique as most studies on cosmetic surgery are from the USA and Europe. Research findings also contribute to understanding cosmetic surgery in this day and age, by showing that simplistic and stereotypical judgements of the phenomenon and the many ordinary women who opt for it are limited and limiting.

Key terms

Cosmetic surgery

Beauty

Femininity

Identity

Gendered embodiment

(Dis)empowerment

Life-world

Phenomenology

Social constructivist

Interpretivist

Feminist thinking

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Introducing the research

From the late 20th century, notions related to female beauty and body perfection have played a significant role in how a woman perceives herself. As the world has become smaller and more accessible via the advancement of technology, we have become increasingly aware of and influenced by global messages and trends. It is mainly through growing open access to the mass media that women have become bombarded with various beauty ideals and the latest beauty norms. Although beauty remains in the eye of the beholder, as the old saying goes, nowadays that eye is clouded by technology and media-driven platforms that have established and instilled a socially defined set of images and trends to determine what is beautiful, feminine, desirable, and sexy. This process has led many feminists to critically debate the patriarchal position and influence of the media in so far as portraying beauty as a generic sameness and as complying with a set of objective criteria.

When beauty is experienced as a commodity in an individual's life-world, focus inevitably moves to optimising its appeal and the act of cosmetic surgery has become a popular option. Cosmetic surgery is an elective medical procedure that permanently reshapes/beautifies a body part that is perceived as flawed. Social beliefs and understandings associated with this definition often position women who obtain a cosmetic procedure as vain, superficial, and unnatural. For this reason, I explore two perspectives in this research, namely surgically reshaping the body for social status and approval or an alternative view, relying on a cosmetic intervention to experience a more embodied sense of self. As a cosmetic procedure is predominately linked to a generalised notion that women want to experience feelings of body perfection, little acknowledgement is given to the individual's experience: her motivation, sense of self, femininity, and embodiment.

From this alternative perspective, some women experience an existential crisis in relation to their sense of self when their physical appearance does not fit particular social ideals or a trendy look. From this understanding, I ask:

- How does an individual perceive herself amidst socially constructed ideals of beauty?
- What influence does cosmetic surgery have on an individual's life-world?
- How does cosmetic surgery influence an individual's embodied sense of self?
- How does an individual re-negotiate inter-subjective ideas/beliefs related to cosmetic surgery (vanity, narcissism, unnaturalness)?
- How does cosmetic surgery empower or disempower an individual's sense of self?

- Do the analytical premises of “identity”, “agency”, and “morality” as proposed by Kathy Davis (1995) contribute to our understanding of cosmetic interventions and female beauty?
- Do the analytical premises of “inhibited intentionality”, “ambiguous transcendence”, and “discontinuous unity” as proposed by Iris Marion Young (2005) contribute to our understanding of feminine motility and gendered embodiment?

As women interpret their sense of self in relation to their emotional encounters and experiences, most rely on temporary techniques and methods to enhance their sense of embodiment, femininity, and self-worth. But when temporary changes and enhancement to the body don’t work or no longer satisfy a woman, then many turn to the use of cosmetic surgery to permanently reshape, refine, or enhance the perceived physical flaw or shortcoming, thereby re-establishing a sense of balance in how she perceives herself and how she experiences her emotions and her life-world.

As the research participants share a similar socio-economic background, gender and in most cases a successful medical encounter, I expect to find commonalities, or at least common themes, in how they experience their cosmetic journey and sense of self. Due to this study focusing on the research participants’ decision to employ a cosmetic procedure to reshape and change a perceived body flaw, I assume that the participants will reveal similarities in how they identify and experience their physical dissatisfaction. For this reason, focus is given to the subjective and inter-subjective nature of the lived experience from before the cosmetic procedure to the re-negotiated and healed self. The study is grounded in the theoretical constructs of phenomenology, social constructivist, and interpretivist thinking as well as feminist literature. These frameworks allow me to consider an individual’s subjective perception within the broader cultural context of her social reality whereby giving me the opportunity to explore the uniqueness of the cosmetic experience.

To conduct this research project, ethical clearance was obtained (Faculty of the Humanities at the University of the Free State—UFS-HUM-2014-70) to interview ten women who underwent a cosmetic procedure for beauty purposes. The research participants come from a middle-to-upper socio-economic demographic in South Africa. Accordingly, emphasis is given to the access and experience of the *private* healthcare system and how the medical encounter influences their surgical experiences. The research participants all obtained their cosmetic intervention from a board certified and registered plastic surgeon in Bloemfontein, South Africa.

This research study is based in a qualitative research design. It is also framed in the theoretical insights of Alfred Schütz’s (1967; 1970; and Luckmann 1973) phenomenological approach, Peter Berger and Thomas Luckmann’s (1991[1966]) social construction of reality, and John Creswell’s (2013; 2014)

interpretivist methodology. Much consideration is given to feminist thinking as this study aims to understand the gender dynamics at play when women undertake cosmetic surgery. Particular attention is given to the theoretical insights of Kathy Davis (1991; 1995; 1997; 2003; 2007) and Iris Marion Young (2005). In particular, feminist views are used to explore the concept of identity, as this is an important dimension of how an individual perceives and experiences herself before and after her cosmetic intervention.

This thesis consists of eight chapters. The first chapter presents the philosophical context of the study. Focus is given to relevant theoretical frameworks and paradigms as proposed by Schütz (1967; 1970; and Luckmann 1973), Berger and Luckmann (1991[1966]), Creswell (2013; 2014), Davis (1991; 1995; 1997; 2003; 2007), and Young (2005). The second and third chapters critically review available literature. In order to accommodate the vast body of knowledge on the theme of beauty and cosmetic surgery, I begin chapter two by exploring ideas that link social theory and the body. In chapter three I probe the theme of medicalisation. Chapter four presents an overview of the concepts of identity, femininity, and femaleness, with a particular emphasis on an individual's experience of change within the cosmetic encounter. In chapter five, the value/validity/trustworthiness of the research is discussed extensively with regards to the narrative approach, the interview as a method and the interview schedule, as well as the researcher's role and bias in the data collection and analysis processes. I also discuss how I gained entry to the cosmetic practice and how I negotiated patient participation.

Chapters six and seven contain an analysis of the findings and give voice to the research participants' cosmetic experiences. Chapter six focuses on social theory and the body and engages the notion of beauty and cosmetic surgery; chapter seven draws on the theme of medicalisation and how the medical encounter is experienced. Both analytical chapters incorporate the theoretical insights proposed by Davis (1995) and Young (2005). Chapter eight focuses on my conclusions, the academic contributions of the research, and the thesis's limitations.

In summary, this study explores the lived experiences of ten ordinary women who obtained a cosmetic intervention to transform an aspect of their body. For each of the research participants, a surgical procedure is employed to correct a perceived physical flaw or shortcoming. As this study is positioned in a qualitative design and a narrative approach, emphasis is given to an individual's subjective experiences, opinions, perceptions, thoughts, feelings, and emotions of the phenomenon of beauty and cosmetic surgery. Hedén (2003:15) expands:

> It is said that real beauty comes from within. And it is certainly true that a person can be thought of as very attractive without being in any way strikingly beautiful, due to inner qualities and the strength of their personality. But nevertheless personality is

developed out of a combination of outer features and inner qualities. Even if some say that looks don’t count, there’s substantial evidence pointing to the contrary.

Chapter 1: Positioning the study in research philosophy

1.1. Introduction

This study aims to explore narratives of the embodied experience of cosmetic surgery and the medicalisation of female beauty in order to present/reveal new understandings of these phenomena. The objective is to understand what motivates an individual to decide to undergo an aesthetic medical procedure to correct a perceived bodily flaw. For this thesis, I rely on a qualitative research design to collect narrative data through semi-structured in-depth interviews. The data is analysed within the thematic structures proposed by Kathy Davis (1995) and Iris Marion Young (2005). These two analytical frameworks are applied on ideas about an individual's sense of self, such as "identity", "agency", and "morality", whilst taking into consideration her sense of bodily movement in "inhibited intentionality", "ambiguous transcendence", and "discontinuous unity" (Davis 1995:11; Young 2005:35).

It is important to note that this study did not focus on plastic or reconstructive surgery. Plastic surgery is used to reconstruct a medically debilitating physical defect, such as a cleft pallet or skin grafting for a burn victim. This study is about cosmetic surgery, which focuses on reshaping or beautifying a body part that the *patient* perceives as flawed. Women engaging in a cosmetic intervention do so to transform an aspect of their bodies that they are dissatisfied with. In doing so, they aim to bring their experiences of themselves in line with their perceptions of who they are or who they want to be—in other words, to experience a congruent sense of self. This research focuses on the medical cosmetic procedures of breast augmentations, breast lifts, blepharoplasty, abdominoplasty and liposuction. The discussion and analysis of the experiences regarding these procedures are positioned within interpretivist themes, such as embodiment, gender, identity, femininity, (dis)empowerment, subjectivity, and inter-subjectivity. The purpose of this study is to understand why women cosmetically alter their bodies and to explore the social influences underlying these alterations.

1.2. Philosophical assumptions of qualitative research

Qualitative research is a scientific method that investigates phenomena that are subjectively experienced by individuals or groups of people (Marvasti 2004). From a qualitative perspective, emphasis is placed on the exploratory and descriptive nature of a research inquiry as well as the subjective meanings and interpretations the individual assigns to her lived experience. Crotty (1998:10) states that "ontological issues and epistemological issues tend to merge together … to talk

of the construction of meaning is to talk of the construction of meaningful reality". As this study aims to comprehend the complex nature of beauty ideals and the medicalisation of female beauty, preference is given to the interpretive framework of social constructivist thinking (Creswell 2013:24).

The social constructivist worldview is a frame of reference that is intertwined with interpretivist thinking (Creswell 2013:24). This is due to an overlapping of theoretical design, structure, and inquiry. According to the social constructivist/interpretivist paradigm[1], "individuals seek understanding of the world in which they live and work" (ibid.). As individuals are conscious and aware of their surroundings, they "develop subjective meanings of their experiences – meanings directed toward certain objects or things" (ibid.). This is where the essence of an experience lies: subjective interpretations lead to various perspectives, thoughts, and meanings.

I continue this discussion by exploring the ontological and epistemological context of this study. According to Creswell (2013:20-22) emphasis must be placed on the theoretical basis of any proposed research undertaking. A theoretical unfolding, therefore, allows me to put forth the various procedural steps I use in conducting this study (methodology), to situate how the research participants perceive the nature of their reality (ontology) and the values and beliefs they attribute to their life-world experience (axiology). Emphasis is also given to the research participants' stock of knowledge: how they produce, perceive, re-negotiate, and participate in so far as their everyday social reality is concerned (epistemology). By engaging each of these perspectives separately and in relation to one another, a more integrated understanding of the research process is established.

The following section aims to position the research process and puts forth my understanding of the theoretical constructs of this thesis. Focus is given to the research participants' sense of reality from a subjective and inter-subjective stance, the concept of the life-world or "Lebenswelt" as proposed by Alfred Schütz (1967; 1970; and Luckmann 1973), how knowledge is produced and understood in reference to the social constructivist/interpretivist worldview (Berger and Luckmann 1991[1966]), the influence particular values and biases hold within the sharing and interpretation of the unfolding narratives, and the various interpretive sociological methods employed. The ontological, epistemological, axiological, and methodological frameworks are, therefore, purposefully

[1] "A paradigm is a fundamental image of the subject matter within a science. It serves to define what should be studied, what questions should be asked, how they should be asked, and what rules should be followed in interpreting the answers obtained. The paradigm is the broadest unit of consensus within a science and serves to differentiate one scientific community (or sub-community) from another. It subsumes, defines, and interrelates the exemplars, theories and methods and instruments that exist within it" (Ritzer 1981:3).

incorporated into this study to guide the unfolding of knowledge and to give structure and coherence to the research undertaking.

1.2.1. Ontology

Ontology explores the nature of reality (Creswell 2013:20). When engaging the nature of reality, Lincoln and Guba (2013:88) oppose the notion that "there is one reality, external to the mind and capable of being studied in parts". From an interpretivist perspective, an individual's social world is constructed through multiple realities (ibid.). This emphasises the subjective nature of experiences and the interpretation of reality. In other words, "reality is multiple as seen through many views" whereby the uniqueness of an experience within the "world of everyday life" is emphasised (Creswell 2013:21; Schütz 1970:72). According to Alfred Schütz and Thomas Luckmann (1973:35-36) whose work I refer to often in this thesis, an individual's everyday life-world is interpreted and perceived from a conscious and wide-awake stance. It is participated in a natural attitude of existence, embarked upon with meaningful actions in bodily movements, engages a position of inter-subjectivity and sociality, is positioned within social roles and actions, and is experienced in a temporal perspective (internal duration) and structure (inter-subjective world) of time. From this unfolding perspective of the life-world, I aim to unwrap variously perceived notions related to how an individual who chose to undergo a medical/surgical procedure to correct a physical shortcoming in her appearance, interprets beauty ideals and the medicalisation of female beauty in her everyday life-world and social reality.

According to Schütz (1970:72), the life-world or "Lebenswelt" represents "the world of daily life [and is experienced] with the natural attitude as a reality". When reviewing the foundational structure of the life-world, a notion of common sense is attributed to the natural attitude that an individual assigns to her everyday reality (Schütz and Luckmann 1973:3). Reality is perceived and embarked upon in a "taken-for-granted and self-evident" manner in so far as that an individual is born into a world that is real and that existed before that individual (ibid.:4). It is within this everyday reality that meanings and understandings are experienced. This is an existential engagement in which an individual experiences a sense of consciousness and establishes an appreciation of norms, values, and beliefs within her given social structure. Furthermore, within this form of self-awareness an individual socially constructs her sense of reality from a subjective and inter-subjective point of view (Berger and Luckmann 1991[1966]).

As the life-world is perceived as subjective and inter-subjective, emphasis is placed on the construction of meaning and interpretation. From a subjective perspective Berger and Luckmann (1991[1966]:149) claim that three fundamental moments occur, namely "externalization", "objectivation", and

"internalization". Each moment is interconnected with the other and reveals a simultaneous unfolding of a social interaction. *Externalization* engages the idea that an individual is not born a complete and finished product into society, but rather internalises her social world "as an objective reality" (ibid.). In other words, "to be in society is to participate in its dialectic" (ibid.).

Objectivation relates to "objects that 'proclaim' the subjective intentions of my fellow [wo]men" (Berger and Luckmann 1991[1966]:50). Simply put, "objectivation" represents socially defined and accepted norms, values, and beliefs. These norms, values, and beliefs are clustered in a number of systems and serve as an index for creating subjective interpretations and meanings (ibid.:51). They provide the basis of what is regarded as *desirable* in society. Subjectivity is, therefore, a process that relates to an individual's conscious interpretation of meaningful events through re-negotiating social norms, values, and beliefs. Furthermore, this unfolding perspective positions an individual's social reality as a shared and socially constructed reality that is experienced within social interactions.

As Berger and Luckmann (ibid.) emphasise, *internalization* is the "immediate apprehension or interpretation of an objective event as expressing meaning". In addition, "internalization" focuses on two processes, firstly to comprehend others and secondly to understand or appreciate "the world as a meaningful and social reality" (ibid.:150). It is within this moment that meaning becomes evident in so far as another person's subjective perception and experience becomes subjectively *meaningful* to the individual herself (ibid.).

The notion of inter-subjectivity is incorporated into my ontological framework as "a world that I share with others" (Berger and Luckmann 1991[1966]:37) and is further dealt with in section 1.3.3. Inter-subjectivity is positioned within the understanding that an individual is perceived as a subjective agent in so far as her sense of self, dreams, and consciousness are concerned. However, this individual is also aware that her everyday reality is "as real to others as it is to [herself]" (ibid.). This realisation is inter-subjective, it arises out of interactions and communication with others. Via inter-subjective engagements, an individual becomes conscious of her interpretations and the interpretations of others, and this reveals a shared common sense knowledge of reality. This shared perception of consciousness and knowledge incorporates the understanding that "the knowledge I share with others in the normal, self-evident routines of everyday life" allows an individual to experience her social world as an embodied being (ibid.:39).

As this study aims to understand the embodied experience of female beauty, this investigation examines the complex nature of the lived experience and the meanings associated therewith. As this research project is qualitative in nature and undertaken by myself, the researcher, consideration is given to my presence and influence in the research process, particularly to the notion of power within

the research undertaking: my personal bias, interpretative lens, and how I present the analysis of the collected data (cf. section 1.2.3.). For this reason, the insight of Katz-Rothman (in Letherby et al. 2013:93) is relevant:

> Whether the stories we use are our own, or those of our informants, or those we cull from tables of statistically organized data, we remain story-tellers, narrators, making sense of the world as best we can … we owe something … to our readers and to the larger community to which we offer our work. Among many things we owe them is an honesty about ourselves: who we are as characters in our own stories and as actors in our own research.

Within this exploration, I aim to unearth perspectives related to the research participants' subjective and inter-subjective perceptions. Emphasis is placed on the interpretive nature of the cosmetic encounter, and on the subjective experience and perception of it from pre-intervention to post-intervention. In other words, this research undertaking is ontologically situated in a multi-dimensional reality which allows that each lived experience—subjective and/or inter-subjective—has implications for an individual in terms of how she perceives, feels about, and accepts her sense of self.

1.2.2. Epistemology

The epistemological assumption concerns "what counts as knowledge and how knowledge claims are justified" (Creswell 2013:20). As this study is positioned in a social constructivist and interpretivist approach, consideration is given to the shared meaning, perception, and interpretation of reality as outlined in the previous section. To obtain an individual's subjective perception and interpretation of her life-world and cosmetic encounter, I engage the participants in one-on-one interview sessions. This approach allows the individuals to express their life-world experiences of cosmetic surgery, beautification, and female beauty.

As this study aims to understand notions related to beauty ideals, emphasis is given to an individual's subjective perceptions, interpretations, and her construction of meaning. Consideration is also given to an individual's subjective thoughts and stock of knowledge in so far as how she experiences and recalls an event. This way of understanding is expanded on by Schütz and Luckmann (1973:100):

> In every moment of conscious life, I find myself in a situation. In its concrete contents this situation is indeed endlessly variable: on the one hand, because it is biologically articulated, so to speak, as the 'product' of all prior situations; on the other hand, because it is relatively 'open', that is, it can be defined and mastered on the basis of an actual stock of knowledge. It is unalterably 'delineated' by the embedding of inner

> duration in a transcending world time and as a consequence of the insertability of the body into a structure of the life-world which is imposed on the experiencing subject.

Within this research process, meaning is jointly constructed between the research participants and myself, as researcher. This interaction allows me, as the researcher, and the participants to co-construct the meaning of narrated experiences from a subjective and an inter-subjective perspective. According to Gubrium and Holstein (2008:296), "narratives are performative, contextually framed, socially situated, emergent, and jointly constructed and take place within the flow of interaction". Correctly conducted, one-on-one contact sessions establish an environment of mutual respect and openness. It is within this context that additional clarity and understanding can be reached about the participants' life-worlds, their lived experiences of the cosmetic encounter, and the constructions of meaning in the inter-subjective context of the interviews (Creswell 2013:25).

As this study is situated in an interpretive approach, findings cannot be easily generalised to a particular group or population. Rather, interpretive sociological findings should be regarded as significant in so far as the perceptions, understandings, and meanings within an experience or phenomenon should be viewed as unique. Letherby et al. (2013:80) claim that "theorised subjectivity acknowledges that research is a subjective, power-laden, emotional, embodied experience … [and] requires the constant, critical interrogation of our personhood—both intellectual and personal—within the knowledge production process". For this purpose, I consider the concept of transferability (Lincoln and Guba 1985:114-115; Maxwell and Chmiel in Flick 2014:540). According to Ford (2015:212), "transferability is based on resonances between research context and some other context(s) in which the findings may provide useful insights. The extent to which resonance may be established by someone wanting to apply findings depends on the richness and detail with which the researcher describes the context and circumstances of the research – often referred to as 'thick description'". In other words, transferability "involves a transfer of knowledge from a study to a specific new situation" whereby resonating with and emphasising the relevance of the research findings (Maxwell and Chmiel in Flick 2014:541). This can be realised by presenting the reader with "sufficient details" of the research process in so far as the trustworthiness, credibility, dependability, and confirmability thereof (ibid.; Lincoln and Guba 1985:43). These issues are elaborated on in chapters 6; 7 and 8 of this thesis.

1.2.3. Axiology

Axiology refers to the "role of values in research" (Creswell 2013:20). When embarking on a qualitative research study, Creswell (2013:20) believes that researchers must be aware of their biases. In context,

these biases represent their own understandings, interpretations and beliefs. A subjective perspective is an important concept to discuss, as a frame of reference and perceptions can influence how researchers perceive and engage the "the value-laden nature of information gathered from the field" (Creswell 2013:20). In other words, as the researcher, my presence in the study does influence how the participants' narrated testimonies are interpreted, analysed, and presented (ibid.).

As this thesis focuses on middle-to-upper class white women, I am aware that a shared demographic, racial, and gender status can influence contact sessions and the interview process. I am also aware that bias can influence my motives for conducting this research project. These motives originate in and are reflective of my personal experiences to meet particular socialised beauty ideals. This study is approached from my personal perspective echoed in the literature, that each woman has the right to decide to obtain or reject a cosmetic procedure. A key aim of this study is to unwrap and make known the choices that originate in desirable and undesirable perspectives of female beauty and the phenomenon of cosmetic surgery.

This research study is positioned in a social constructivist/interpretivist design and personal interactions with the research participants is a vital aspect to the data collection process. The participants' subjective views, values, perceptions, and beliefs are presented in their narrated testimonies during the one-on-one contact sessions. As I explore the lived experiences of women, I need to guard against preconceived judgements and interpretations (Christians in Denzin and Lincoln 2011:64). According to Alvesson and Sköldberg (2009:314), reflexivity is employed "to improve 'empirical' research and theorizing – producing fieldwork, texts or theoretical results that are 'better' in some distinctive way than they would be without reflexivity. The meaning of better is not self-evident – it may be more creative, offering a broader set of ideas/interpretations, more ethically informed or sensitive, or it may not become ensnared by social conventions or fashions".

Departing from Alvesson and Sköldberg's (2009) reflexive understanding, consideration is given to my role as researcher, namely my "personal subjectivity" and "research relationships" (Maxwell 2012:96). As the researcher, my frame of reference and subjectivity can be perceived as a "bias", "something to be eliminated, or at least controlled, in the interest of 'objectivity'" (Maxwell 2012:97). To contextualise and guide the research, I made use of the theoretical constructs of social constructivist and interpretivist approaches, phenomenology, feminist literature, and reflexive sociology. A theoretical contextualisation enhanced my understanding of "the individual's point of view", "examining the constraint of everyday life", and "securing rich descriptions" from the collected data (Denzin and Lincoln 2011:9). In this study, I re-negotiate the notion that "personal subjectivity" should

be eliminated. Instead, I engage my biases in an open and reflexive manner. This position is expanded on by Peshkin (in Maxwell 2012:97):

> The subjectivity that originally I had taken as an affliction, something to bear because it could not be foregone, could, to the contrary, be taken as 'virtuous'. My subjectivity is the basis for the story that I am able to tell. It is a strength on which I build. It makes me who I am as a person and as a researcher, equipping me with the perspectives and insights that shape all that I do as a researcher, from the selection of topic clear through to the emphases I make in my writing. Seen as virtuous, subjectivity is something to capitalize on rather than to exorcise.

"Research relationships" represents the personal interaction I had with the research participants. Each relationship was negotiated and founded on a voluntary basis and contact sessions were used to establish a "connection" and "rapport" with the participants (Maxwell 2012:100). The research participants were treated with respect and equality whereby recognising the relation of power between the researcher and the researched. By engaging the participants as equals and as experts on their own lives, the contact sessions focused on the 'participatory' nature of the relationship. According to Tolman and Brydon-Miller (in Maxwell 2012:101), "qualitative research should be 'participatory' in the sense of working collaboratively with research participants to generate knowledge that is useful to the participants as well as the researcher, contributing to personal and social transformation". The collected narratives are representative of a joint effort between myself and the research participants, but the findings reflect my own interpretations.

1.2.4. Methodology

Methodology relates to the "process of research" (Creswell 2013:20). This study relied on the methodological assumptions underlying narrative research, which implies the collection of life stories of women who have experienced a cosmetic intervention. A key assumption was that the narratives could enhance the understanding of the unique and subjective nature of the participants' experience of cosmetic surgery and how they make meaning of their experiences. The research participants are all bilingual (Afrikaans and English) and were comfortable with having the interviews conducted in English. When Afrikaans phrases or expressions were stated, I immediately translated these statements so that the participants could clarify their meaning.

As this study was methodologically positioned in a constructivist worldview and relied on narrative research for data collection, emphasis was given to the subjective and inter-subjective dimensions found in the narrative unfolding. As the collected narratives were co-constructed between the

research participants and myself, consideration was given to the fallible nature of subjective memory and recall, the inter-subjective constitution of meaning in the interviews, the content and the interpretation of life-stories, and individual bias (Coetzee and Rau 2009; Popova 2015:175; Maynes et al. 2008:41). When exploring life-stories, various positions and complexities were unearthed, as personal narratives "… can never be taken as a transparent description of 'experience' or a straightforward expression of identity" (Maynes et al. 2008:41). The constructivist context and the narrative data on which this thesis is built, both imply a strong emphasis on individual constitution of meaning. This does not mean that the individual is constituting meaning in isolation from the social context in which she finds herself. An individual is a social actor in so far as norms, values, and beliefs are socially "constructed through social relations, embodied in an individual with a real history and psychology, and living and changing through time" (ibid.).

The narrative approach allowed the researcher to probe the influences of transformation or change in an individual's sense of self (Denzin and Lincoln 2011:688) as a result of cosmetic surgery. To track transformation, I reconstructed a chronological unfolding of their narratives in terms of a beginning, a middle, and an end (Andrews et al. 2013). This chronological exploration granted me further insight to changes that an individual experienced in her perceived sense of self, social reality, and life-world. Additional emphasis was given to notions related to meanings, emotions, and feelings (ibid.). Departing from the philosophical assumptions of qualitative research, the positioning of this study now moves to a discussion of the theoretical context of the research. In the following sections (cf. section 1.3.; 1.4.; 1.5.) the theoretical frameworks of three prominent phenomenologists/feminists are dealt with. Firstly, the phenomenological framework proposed by Alfred Schütz (1967; 1970; and Luckmann 1973) is presented, focusing on concepts, such as "the life-world", "embodiment", and "consciousness", "stock of knowledge", "subjectivity and inter-subjectivity". Schütz's (ibid.) work also informs the social constructivist and interpretivist positioning of this thesis. Social constructivists are concerned with the social and cultural context of research and explores norms, beliefs, and understandings, whereby the interpretivist stance aims at making sense of and interpreting embodied experiences within a cultural context.

As this study focused on the lived experience of women, the theoretical context also covers, secondly, some key ideas from feminist theory, such as 'self and identity', 'patriarchy' and '(dis)empowerment'. The researcher drew heavily on the theoretical framework of Kathy Davis (1995), with particular reference to "identity", "agency", and "morality" (ibid.:11). Thirdly, feminist phenomenological premises proposed by Iris Marion Young (2005) are presented, particularly her idea of "feminine motility" as reflected in "inhibited intentionality", "ambiguous transcendence", and "discontinuous unity" (Young 2005:35).

Each of the above-mentioned approaches and key ideas are employed as part of the theoretical context to provide a fuller and more meaningful understanding of why an individual would seek a cosmetic intervention to re-negotiate her sense of self.

1.3. Alfred Schütz's phenomenology

The term "phenomenology" refers to "a descriptive philosophy of experience" (Rée and Urmson 2005:280). According to Wagner (1983:8), a phenomenological inquiry is an approach that aims to unearth the essence of an experience. Alfred Schütz (1970:13&55) states that phenomenology explores:

> The cognitive reality which is embodied in the processes of subjective human experience … social sciences take the intersubjectivity of thought and action for granted. That fellow [wo]men exist, that [wo]men act upon [wo]men, that communication by symbols and signs is possible, that social groups and institutions, legal and economic systems and the like are integral elements of our life-world, that this life-world has its own history and its special relationship to time and space.

The emphasis of this study on the embodied experience of cosmetic interventions and beauty ideals is grounded within a phenomenological exploration. Aspects of structuralist, poststructuralist, and symbolist thinking also manifest in other dimensions of the epistemological framework of this study, such as social constructivist, interpretivist, and feminist theory. Each of these theoretical approaches is used in order to reach a meaningful understanding of why the research participants re-negotiate their bodies via a medical intervention. Within this inquiry, I explore the participants' subjective point of view, while taking into account how socialisation can influence thought, meaning, and interpretation of the life-world.

Because each lived experience is unique to an individual, her interpretation and understanding reveals how she constructs her social reality. As a sense of consciousness is associated to the subjective self (cf. section 1.2.2), an understanding of inter-subjectivity is constituted. How an individual interprets and understands her life-world is, therefore, intertwined with her subjective and inter-subjective experiences of social reality. This is elaborated on by Hartman (1967:132):

> I apprehend the world [of others] and the world [of mine] 'objectively' as one and the same world, which differs in the case only through affecting consciousness differently.

According to Turner (2008:56), the body is socially constructed. This understanding is positioned in: how "I" view my body compared to how "you" view my body is perceived and constructed differently

in so far as an individual's unique frame of reference. Phenomenological inquiry relies on how life-world events are experienced. It is by exploring a particular experience within the life-world and probing the emotions and feelings associated with it, that an individual's subjective reality together with the influence of her social relationships are revealed.

1.3.1. Life-world

The life-world represents the everyday world that "you" and "I" live in. It reflects how an individual perceives her everyday encounters and influences and how she constructs her own frames of reference. The construction of reality is usually taken for granted and is related to the issue of common sense. For Schütz and Luckmann (1973:3) the everyday life-world or "Lebenswelt" is defined as:

> [The] … reality in which [wo]man can engage [her]self and which [s]he can change while [s]he operates in it … the everyday life-world is to be understood [as the] province of reality which the wide-awake and normal adult simply takes for granted in the attitude of common sense.

The life-world is not viewed as a singular experience, but rather a "pre-eminent reality … which we modify through our acts" (ibid.:6). There are various elements to our life-world and according to Schütz and Luckmann (1973:5), these elements allow an individual to incorporate her subjective thoughts and perceptions into an inter-subjective cultural experience:

> The everyday reality of the life-world includes, therefore, not only the 'nature' experienced by me, but also the social [and therefore cultural] world in which I find myself; the life-world is not created out of the merely material objects and events which I encounter in my environment … [it] also belongs to this meaning-strata which transforms natural things into cultural objects, human bodies into fellow-[wo]men, and the movements of fellow-[wo]men into acts, gestures, and communications.

Schütz's notion of "common sense" suggests that an individual's life-world is not a private or isolated world, instead it reflects a "commonness" that is "experienced, mastered, and named" (Schütz and Luckmann 1973:5). As an individual learns and establishes a sense of social identity through her social encounters, various subjective and inter-subjective perspectives can influence how she perceives particular experiences. In other words, "common sense" is situated in social dialectics and represents socially agreed upon norms, values, and beliefs. These norms, values, and beliefs can influence how an individual accepts/rejects her sense of self, her actions and choices as well as her lived experience. In the case of this study, "common sense" can shape how an individual perceives herself and how she understands cosmetic surgery.

A phenomenological inquiry into the everyday is a window onto how an individual experiences her life-world and how she perceives the social constructs of her reality. Kornblum (2012:191) notes that "through socialization, we learn the goals and acceptable means of our society". As individuals may share similar values, morals, and beliefs, it is important to acknowledge that varying cultures and ethnic groups reflect unique understandings and perceptions. It should be noted that for women to seek a cosmetic procedure, a perceived physical flaw or dissatisfaction with her body must be present. According to Zimmermann (1998:56), cosmetic surgery "becomes a reconstructive undertaking through a process whereby patients and surgeons alike redefine normal, female bodily features as 'flaws, defects, deformities, and correctable problems' of appearance". Goodman (in Carter et al. 2014:352) suggests that irrespective of race or ethnicity, aesthetic surgery "has grown drastically around the world". In 2010, an estimated "18.5 million" cosmetic interventions were undertaken to reshape, minimise, or enlarge a perceived body flaw/shortcoming (ibid.). This reveals that the globalisation of beauty ideals does influence how women perceive their sense of self.

From a South African perspective, "cosmetic surgery procedures are becoming a trend … [which] has seen a 780% increase" over the past ten years in both "invasive and non-invasive procedures" (Mahomed 2014:1). South African women are aware of current beauty movements, generally promoted through the mass media, to beautify their physical appearance (Olubunmi 2013:1). One current beauty ideal is reflected in the following quote by Fey (2011:23):

> Every girl is expected to have Caucasian blue eyes, full Spanish lips, a classic button nose, hairless Asian skin with a California tan, a Jamaican dance hall ass, long Swedish legs, small Japanese feet, the abs of a lesbian gym owner, the hips of a nine-year-old boy, the arms of Michelle Obama and doll tits.

This quote illuminates the pressures on women to be regarded and accepted as beautiful. This study aims to understand if and how a cosmetic intervention enables an individual to re-negotiate her direct experience of herself—as 'normal' or 'more beautiful'. According to Olubunmi (2013:1), the "escalating growth of the fashion, cosmetics and cosmetic surgery industries is a testament to [people's] obsession with being beautiful". In short, perceptions related to physical beauty influences how an individual understands herself and experiences her social reality and life-world.

Exposure to beauty and current trends is unavoidable. Being part of an integrated society within the global village, we are bombarded with images, videos, and testimonies of what is accepted as aesthetically pleasing and what is not. I suspect that conforming to particular beauty ideals and practices interfaces with how the individual perceives and accepts herself. I am interested in exploring what beauty pressures and expectations are projected onto South African women to meet a particular

'look' and how these outside pressures/expectations influence her internal decisions and actions. This research study focuses on the testimonies of white women; their understanding of beauty ideals, their cosmetic journey, and how they look, and even feel, afterwards. As the researcher, I intend to explore the narrated testimonies and to highlight how the medicalisation of beauty influences, and perhaps even alters, an individual's everyday reality and sense of self.

1.3.2. Stock of knowledge and consciousness

For Ritzer and Ryan (2011:605) the "mind becomes conscious of itself through a complex, dialectical subject/object interaction process [which] develops an increasingly comprehensive intellectual grasp of reality". We do not actively will ourselves to be conscious, instead consciousness is taken for granted and regarded as a normal state within human life.

The conscious state is an important theme in this research as it has to do with an individual's ability to understand and perceive her life-world and her stock of knowledge. Schütz (1970:74) notes that an individual's sense of consciousness and stock of knowledge cannot be separated, but rather, they work in tandem:

> [Wo]man in daily life … finds at any given moment a stock of knowledge at hand that serves as a scheme of interpretation of past and present experiences, and also determines anticipation of things to come. This stock of knowledge has its particular history. It has been constituted in and by previous experiencing activities of our consciousness, the outcome of which has now become our habitual possession.

In this study, I expect the participants to show a conscious understanding of their dissatisfaction with their bodies. I probe if and how they research and come to understand the possibilities of cosmetic surgery and how they see surgery as an opportunity for them to re-negotiate their body and with it their sense of self. An individual's stock of knowledge has both a subjective and inter-subjective component. The subjective component involves a personal reflection and opinions and addresses the question: 'Will I undergo an aesthetic procedure?' The inter-subjective dimension focuses on shared opinions and attitudes. In this case, the question explores: 'How a group within a given context accept/dismiss cosmetic interventions for beauty purposes'.

Consciousness and stock of knowledge are important concepts within this project, as they reflect how an individual interprets and perceives herself and what her overall understanding of her cosmetic procedure entails. The social construction of norms, values, and beliefs can be viewed as important contributing factors toward dissatisfaction with the body and they also play a role when an individual decides to transform or reshape the physical body to reflect her personal identity. As Jackson ll and

Hogg (2010:742) point out "the way people define themselves (personal identity) occurs through a dialectical and reflexive relationship between [an] individual and society".

1.3.3. Subjectivity and inter-subjectivity

The themes of subjectivity and inter-subjectivity are vital in this study, as they reflect the different positions an individual may occupy within her testimony of her cosmetic experience. Subjectivity is the "main conduit for autonomy and self-assertion" (Sales 2012:179). From a phenomenological point of departure, Schütz (1967:98) "look[s] at the world from within the natural attitude … [and] the difficult problems which surround the constitution of the Thou [the other person] within the subjectivity of [a] private experience". Schütz also focuses on inter-subjectivity and how people influence one another's everyday existence. Schütz proposes the notions of subjectivity and inter-subjectivity to emphasise the fluid or harmonious engagement of an individual's consciousness. This fluidness influences how an individual experiences and perceives her social reality and life-world. Subjectivity and inter-subjectivity are not isolated concepts, but rather work together in varying degrees:

> Born into a social world, [s]he comes upon [her] fellow [wo]men and takes for granted the existence of the natural objects [s]he encounters. The essence of [her] assumption about [her] fellow [wo]men … The Thou … is conscious, and this stream of consciousness is temporal in character, exhibiting the same basic form as mine … it means that the Thou knows its experiences only through reflective Acts of attention. And it means that the Acts of attention themselves will vary in character from one moment to the next and will undergo change as time goes on (Schütz 1967:98).

The concept of inter-subjectivity is an important component in everyday life (cf. section 1.2.1). It plays a role in how an individual views herself, interacts with and understands others, and how she acts to be socially correct. According to Schütz and Luckmann (1973:5) an individual's inter-subjective understanding is often taken for granted and encompasses the following elements:

> The corporeal existence of other [wo]men; that these bodies are endowed with consciousness essentially similar to my own; that the things in the outer world included in my environs and that of my fellow [wo]men are the same for us and have fundamentally the same meaning; that I can enter into interrelations and reciprocal actions with my fellow [wo]men; that I can make myself understood to them (which follows from the preceding assumptions); that a stratified social and cultural world is historically pregiven as a frame of reference for me and my fellow [wo]men, indeed

> in a manner as taken for granted as the 'natural world'; [and] that therefore the situation in which I find myself at any moment is only to a small extent purely created by me.

The existence of others will influence how an individual understands and perceives her embodied experience of cosmetic surgery. Inter-subjectivity influences how an individual perceives her body, and what actions are sanctioned as normal and a sense of social acceptance is, therefore, promoted. However, due to each individual having her own subjective ideas around her body and the surgical intervention, valuable insight can be gained from the narrative investigation of individual experiences and consciousness. The narratives enable me to position the study by firstly reflecting on current cultural norms and values within a white, affluent South African context (inter-subjectivity) and secondly the individual's unique frame of reference (subjectivity) in relation to her physical appearance and perceived bodily flaw/s.

1.3.4. Embodiment

According to Gabe et al. (2005:73), embodiment is defined as "the lived body, our body being-in-the-world, as the site of meaning, experience and expression". Each individual embodies a subjective and inter-subjective understanding within her social reality. These are reflected through her stock of knowledge and her reactions, including physical reactions to everyday experiences within her life-world. Synnott (2002:4) elaborates:

> The body social is many things: the prime symbol of the self, but also of the society; it is something we have, yet also what we are; it is both subject and object at the same time; it is individual and personal, as unique as a fingerprint or odourplume, yet it is also common to all humanity … the body is both an individual creation, physically and phenomenologically, and a cultural product; it is personal, and also state property.

Because this study focuses on the gendered embodied perspectives of women who have obtained a cosmetic procedure for beautification, I rely on the notion of alterity proposed by Grosz (1994:209). Alterity is defined as "a form of otherness irreducible to and unable to be modelled on any form of projection of or identification with the subject". In other words, alterity is a concept that considers "the other outside the binary opposition between self and other, an independent and autonomous other with its own qualities and attributes" (Grosz 1989:xiv). By engaging the concept of alterity, additional emphasis is given to malleability of the human body:

> Alterity is the very possibility and process of embodiment: it conditions, but is also a product of the pliability or plasticity of bodies which makes them other than

> themselves, other than their "nature", their functions and identities … Bodies themselves, in their materialities, are never self-present, given things, immediate, certain self-evidences because embodiment, corporeality, insist on alterity, both that alterity they carry within themselves (the heart of the psyche lies in the body; the body's principles of functioning are psychological and cultural) and that alterity that gives them their own concreteness and specificity (the alterities constituting race, sex, sexualities, ethnic and cultural specificities) (Grosz 1994:209).

Embodiment is a vital theme in this study as it is used to probe subjective thoughts and generalised cultural notions of what is deemed as aesthetically pleasing. This exploration brings to light the extent to which women go to be perceived as beautiful. The aim of this research project is to gain insight into the unique perceptions and understandings of the individual by means of analysing her narrated cosmetic journey. Focus is directed to her personal understandings, and themes related to her feelings surrounding her self-perception, the cosmetic intervention and a re-negotiated sense of self by choosing to transform the flawed self. Furthermore, while exploring the participants' embodied experience of cosmetic surgery, inter-subjective notions are also revealed. Here embodied self-perceptions point to the body as "an individual creation, physically and phenomenologically, and a cultural product; it is personal, and also state property" (Synnott 2002:4). This culturally produced body can be endorsed by the mass media and particular social environments to portray the 'perfect' or trendy look—for instance, popular Western media favours a slim, but toned look with soft feminine features (ibid.).

It is the subjective embodiment of culturally desirable forms and norms that I explore. I believe that this exploration uncovers the motivations of the participants' for undertaking a cosmetic procedure and how the cosmetic act influences a re-negotiation of self-perception, femininity, and embodiment.

1.3.5. The social construction of reality

The constructivist approach aims at understanding the concepts of "reality" and "knowledge" (Berger and Luckmann 1991[1966]:13). "Reality" is concerned with how we attribute a phenomenon as being "independent of our own volition" (ibid.). Whereas, "knowledge" is concerned with how an individual perceives the phenomenon as "real and possessing specific characteristics" (ibid.). Constructivist thinking is concerned with how we perceive and interpret our reality within social and cultural norms. For the purpose of this study, I rely on the definition of Holstein and Gubrium (in Denzin and Lincoln 2011:341) who state that a social constructivist approach is centred on:

> Lived realities … the interactional constitution of meaning in everyday life … the world we live in and our place in it are not simply and evidently 'there' but rather variably brought into being. Everyday realities are actively constructed in and through forms of social action.

Social constructivists and interpretivists aim at situating an individual's understanding of social norms, values, and beliefs within her lived experience of cosmetic surgery. When exploring the various viewpoints of the body within social theory and social constructivists, Radley (in Blaikie 2004:195) states that three positions must be taken into consideration.

The first position departs from viewing "the body as the object of controls that emanate from society" (Radley in Blaikie 2004:195). It is thought that the body is a "docile" object that is manipulated and "fitted" into social interactions and relationships (ibid.). This notion can be seen working in the slavish following of current trends and fads, which can be attributed to the massive advertising of beauty products and fashionable items, such as clothing. I do not agree with this position as in this research study, individuals are not viewed as mindless subjects, rather as subjectively opinionated individuals with views, beliefs, and understandings of themselves and their social associations.

The second position situates "the body in relation to the social world, with which it is coordinated" (Radley in Blaikie 2004:196). This position takes into consideration the subjectivity of an individual and that her body is controlled and present through her own self-awareness. This control includes aspects of reproduction and her association with particular social groups and norms. This position may feature in aspects of this study, but is not a key focus.

The third position embraces social interaction within "the body from the perspective of semiotics" (Radley in Blaikie 2004:196). Semiotics has to do with meaning-making: the integration of inter-subjective understandings and meanings between the "body-subject" and "the social system" enables an individual to understand, reflect, and internalise signs or social norms and values (ibid.). I will rely on this stance as the grounding of this study whereby I aim to link the phenomenon of cosmetic surgery to the embodied experience of beauty.

The basis of the paradigms of social constructivist and interpretivist thinking allows for different perspectives of realities to emerge (Berger and Luckmann 1991[1966]). For this reason, I enquire how the experience of cosmetic surgery influences an individual's perception of herself, her private interactions with family and friends, and her social encounters, in so far as how societal values and opinions impact the individual's everyday life from before to after her procedure. My aim is to

understand if the act of a cosmetic intervention allows for a transformation, change, or re-negotiation of the self to occur and how this influences the individual in her everyday life-world.

Within this study the view of transformation, change, or re-negotiation is connected to aspects of identity and the self. It is important to note that the term 'identity' refers to personal identity, social identity, and gender identity, among others (see Chapter 4, page 75).

For Stets and Burke (in Leary and Tangney 2003:128) "identity" is assumed through the "reciprocal relationship between the self and society". The individual interacts and assumes an existence within society which in turn creates groups and networks. Society is responsible for shared languages and meanings. So one cannot assume an identity if one is not socialised in everyday social interactions. According to Andersen and Taylor (2008:59), "learning the language of a culture is essential to becoming part of a society". Both an individual's identity and social norms mutually construct and reflect each other via visual and verbal cues that give each person a social yard-stick to re-negotiate the body and the self. In this way, the reflective nature of an individual's self-understanding, perception, and action influences society, and in turn, society sanctions and (re)constructs what characteristics, actions, appearances, norms, values, and beliefs are socially correct.

The study also incorporates aspects of feminist thinking on the 'self and identity' and 'patriarchy and (dis)empowerment'. I begin the next part of this chapter by providing a brief background to feminist thinking. It should be noted that this study is situated within third wave or liberal feminism. It is, therefore, aimed at establishing whether women in the 21st century are free from a male dominated world to alter their bodies in light of how they perceive themselves.

1.4. A theoretical outline of feminism

It is important to provide a brief historical background to the evolution of feminist thought and action. Feminism has been around for almost two centuries and is understood to have evolved through roughly three phases. According to Delamont (2003:2), the first wave of feminism started in 1848-1918 and focused on "women's rights in public spheres … [particularly to] vote [and] education". This grew into the second wave that lasted until the early 1980s, focusing on "social reform … [such as] health care … right to contraception [and] the end of the sexual double standard" (ibid.). It is within this period of activism that the feminist movement became misunderstood due to the passionate stances that were taken. This saw occurrences involving the conservative woman shaving her head and burning her brassiere in front of court houses and parliaments. But it was these demonstrations that brought us to the third wave. The third wave represents current feminist thinkers who emphasise notions related to "equal pay … an end to sex discrimination … and making formerly private issues

(such as rape and domestic violence) matters of public concern and reform" (ibid.). The underlying goal of the third wave movement is to educate women of their rights and to hold equality to the male counterpart.

One perception of feminists it that they are angry "man-haters" (hooks 2000:68; 2004:109; Reger 2012:43; Hobbs 2013:12). Even as some radical feminists (Rich 1995; Jeffreys 2014; Morgan 2014) position men as the enemy, Gloria Steinem, for instance, believes that in our current social reality "women have two choices: either she's a feminist or a masochist" (Albert 2006:147). This radical position offers little space for liberal feminists, such as Kathy Davis (1991; 1995; 1997; 2003; 2007), Victoria Pitts-Taylor (2003; 2007; 2008; 2009; 2016) Debra Gimlin (2002; 2012), Megan Northrop (2013) and bell hooks (2000; 2004). This is demonstrated below by a radical feminist grassroots women's organisation entitled "Redstockings". According to Redstockings (in Ness 2015:439):

> Women are an oppressed class. Our oppression is total, affecting every facet of our lives. We are exploited as objects, breeders, domestic servants and cheap labor. We are considered inferior beings whose only purpose is to enhance men's lives.
>
> We identify the agents of our oppression as men. Male supremacy is the oldest, most basic form of domination. All other forms of exploitation and oppression (racism, capitalism, imperialism, etc.) are extensions of male supremacy: men dominate women, a few men dominate the rest. All power structures throughout history have been male-dominated and male-oriented. Men have controlled all political, economic and cultural institutions and backed up this control with physical force. They have used their power to keep women in an inferior position. All men receive economic, sexual, and psychological benefits from male supremacy. All men have oppressed women … Women's submission is not the result of brainwashing, stupidity, or mental illness, but of continual, daily pressure from men.

Liberal feminists challenge this stigmatised and misrepresented view whereby focus is directed toward an understanding of change to the everyday lives of women. This change engages notions related to gender equality and liberation over class elitism (hooks 2000:44&47). The underlying aim of feminism is to empower women who are sexually exploited, oppressed, and deserving of equal rights. The simple philosophy within the liberal feminist movement is focused on equality, emancipation, and co-operation from male oppression. The following quotes illustrate that Kathy Davis is not alone in her liberal views. Other feminist thinkers have also re-negotiated the radical perspective by stating that:

> We know all the women in the world could become feminists, but if men remain sexist our lives would still be diminished … those feminist activists who refuse to accept men as comrades in struggle—who harbour irrational fears that if men benefit in any way from feminist politics women lose—have misguidedly helped the public view feminism with suspicion and disdain … it is urgent that men take up the banner of feminism and challenge patriarchy. The safety and continuation of life on the planet requires feminist conversion of men (hooks 2000:115-116).

> … we do not want you to mimic us, to become the same as us; we don't want your pathos or your guilt; and we don't even want your admiration … what we want, I would even say what we need, is your work. We need you to get down to serious work. And like all serious work, that involves struggle and pain … you see, you have all of your work before you, not behind you. We as feminists need your work … we need you as traveling companions into the twenty-first century (Jardine and Smith 2013:60).

When an individual considers or embarks upon a cosmetic intervention, she is perceived as abiding to patriarchal ideals and opposing the feminist struggle for liberation and emancipation (Davis 2003:36). This perception echoes a common position among many radical feminists. However, over the last few years an alternative, more liberal, view has merged. It is within this liberal view that I situate this study in line with Davis (2003:110) who proposes that "cosmetic surgery [is] a way for [women] to take control over their circumstances over which they previously had no control". In this research, I assume that each participant is a free thinking being who has decided by herself to alter her body to achieve a sense of self-worth and self-acceptance. This theoretical exploration was previously investigated by Davis (2003:83) who found that:

> Women's initial narratives present their bodies as ugly, abhorrent, or deviant and their sense of self as irrevocably disordered. Their experience of embodiment is organized as a trajectory—a vicious circle or downward spiral. Cosmetic surgery emerges as an imminently plausible and, indeed, necessary course of action … to renegotiate their relationship to their bodies, and through their bodies, to themselves.

Liberal feminists such as bell hooks, Kathy Davis, Debra Gimlin and Victoria Pitts-Taylor, have opened our eyes to an alternative and perhaps renewed understanding of women's rights. They have focused on issues of body dissatisfaction, cosmetic surgery, identity re-negotiation, media icons, images, and the embodied experience (Snyder 2008). Kathy Davis seeks to understand why women undergo a

medical intervention for a purely cosmetic purpose. In her findings—not accepted by all feminists—she reveals that women who rely on cosmetic surgery do so to mirror their 'true' sense of self or identity. The body becomes a conduit and means of reflecting positive aspects of how an individual sees and feels about herself.

> Cosmetic surgery is not the expression of the cultural constraints of femininity, nor is it a straightforward expression of women's oppression or of the normalization of the female body through the beauty system … cosmetic surgery does, however, allow the individual woman to renegotiate her relationship to her body and, in so doing, construct a different sense of self (Davis 2003:84-85).

As this research study is positioned in a liberal feminist perspective, emphasis is given to the theoretical contributions as proposed by Davis (1995; 1997; 2003; 2007). Particular reference is made to her views of "action and choice" in cosmetic surgery, identity re-negotiation, empowerment, and embodiment. In addition, the themes of "identity", "agency", and "morality" are incorporated and discussed to situate and shape the analysis of this study (Davis 1995:11).

As radical feminist thought proposes that beauty and the maintenance thereof is a form of oppression, I argue from a liberal perspective that a cosmetic intervention engages an individual's sense of self-empowerment. According to Wendy Chapkis (1986 in Davis 1995:11), women can only liberate themselves when they cast aside the oppressive yoke of femininity and self-defeating obsession with normative ideals of beauty. Once this is achieved, self-acceptance and self-worth can be projected onto the natural body (Davis 1995:11). For this re-negotiated sense of self to work, feminists recommend that women should break their silence about beauty norms and forgo secrecy in relation to their beauty practices. These ideas interface with "identity", "agency", and "morality"—the major themes in the work of Davis (1995:11).

Davis's theme of *identity* deals with how an individual engages her subjective sense of self, including how she perceives herself in relation to her appearance and the perceived flawed body part. Several traditions in radical feminist thought argue that beauty practices and cosmetic surgical interventions are oppressive to gender equality. In addition, the radical feminist perspective situates the concept of "identity" as reflective of a social "collection of prescriptions" (Davis 1995:168). This perspective views women as adapting their "identity" to mirror socially encouraged norms, values, and traits. Beauty-conscious women are, therefore, positioned as being predominantly socially created and lacking in character and embodied individuality (ibid.). However, Davis (1995:163) believes that a woman is an embodied being who undergoes cosmetic surgery with the intent of realigning her body to her self-perception. Through the cosmetic act, self-empowerment is emphasised. Therefore, when a woman

reshapes a body part that is perceived as flawed, she is conscious of her "action and choice" and is understood to give meaning and a sense of congruency to her "identity", social reality, and life-world (Davis 1995:11). In this thesis, I rely on the theme of "identity" to explore notions related to subjectivity, meaningfulness, and individuality.

The theme of *agency* is concerned with how an individual understands her sense of self in relation to her social reality—how she gives shape to her life-world within everyday social constraints and interactions. Davis (1995:61) notes that aesthetically conscious women "actively do femininity". Other feminist scholars, such as Dorothy Smith (1990; 1990a; 1990b; 2005; 2012[1987]), Susan Bordo (1989; 1990; 1993) and Wendy Chapkis (1986), believe that when women employ techniques to beautify or feminise the body, their sense of "identity" and "agency" is compromised. This is due to women unconsciously accepting the patriarchal system by adapting or transforming themselves to socially prescribed norms, values, and beliefs. Morgan (1991:156) expands on this:

> … [patriarchal] power is explicit. It is exercised by brothers, fathers, male lovers, male engineering students who taunt and harass their female counterparts … The colonizing power is transmitted [onto] women whose own bodies and disciplinary practices [must] demonstrate the efficacy of 'taking care of herself' in culturally defined feminine ways.

From the perspective of patriarchal power, a woman can be motivated to employ temporary techniques like make-up, clothing, and accessories as well as permanent cosmetic interventions to enhance or minimise the perceived flawed body part. From this point of view, a beauty-conscious woman embodies norms to the extent of becoming a "cultural dope" (Davis 1995:62). This idea is adapted from the work of Harold Garfinkel (1967:68):

> By 'cultural dope' I refer to the [wo]man-in-the-sociologist's-society who produces the stable features of the society by acting in compliance with pre-established and legitimate alternatives of action that the common culture provides … The common feature in the use of [this] 'model of [wo]man' is the fact that courses of common sense rationalities of judgement which involve the person's use of common sense knowledge of social structures over the temporal 'succession' of here and now situations are treated as epiphenomenal.

Thus, the "cultural dope" symbolises conformity and weakness in an individual's sense of "agency" (Bryant and Charmaz 2007:39). Davis (1995:63) re-negotiates this perspective by exploring the external (social reality) and internal (emotional) complexities that are revealed in the notions of the

misrepresented body, beautification, embodiment, societal constraints, and the cosmetic intervention.

The theme of *morality* has to do with right or wrong. Morgan's (1991) article *Women and the knife: cosmetic surgery and the colonization of women's bodies*, provides a strong argument in relation to "power": women are perceived as victims of their male counterparts, of social practices of femininity, and of advancement in technology. This follows the idea of women as "cultural dopes" who are tricked by social and cultural norms, values, and beliefs into reshaping their bodies. From this perspective, a woman's "choice" is nothing more than a male strategy to continued oppression. This frames an individual's cosmetic desire as being morally wrong. However, for Davis (1995:11) "morality" focuses on an individual's "action and choice" in so far as a cosmetic intervention can be motivated as a legitimate solution to overcome or re-negotiate emotional suffering and pain.

Davis's (1995:11) theme of "morality" is used in this thesis to gain additional insight into an individual's emotions. In doing so, I position the research participants not as "cultural dopes", but as embodied beings who consciously choose to alleviate emotional suffering associated with an aspect of their bodily selves.

1.4.1. Self and identity

In the concept of 'the self' and 'identity', focus is given to how a woman perceives, understands, and portrays herself in her everyday encounters against the backdrop of patriarchy. This thesis accepts that the majority of middle-to-upper class—and therefore affluent—South African women feel relatively equal to men and have the power to transform their body on their own terms and for their own reasons. When exploring the feminist interpretation of identity, Hekman (2013:5) states that "identity" represents both "sameness and difference":

> To have an identity, that is, to be unique, is to be the same in two senses: to be identical to others in your class and to be identical to yourself over time.

Identity is, therefore, constructed through a fluid negotiation of embodied experiences and daily roles (Nagoshi et al. 2014:12; Brubaker and Cooper 2000:1; Martin Alcoff 2006:149). The radical feminist understanding of "the self" is aimed at re-negotiating the idea that women are predictable and inferior to men. This understanding is emphasised by Linda Martin Alcoff (2006:134) when she states that a "woman can be defined, delineated, captured – understood, explained, and diagnosed – to a level of determination never accorded to man himself". Feminist thinkers have countered such patriarchal understandings by claiming "exclusive right to describe and evaluate woman … [due to men having] distorted and devalued the feminine characteristics" (ibid.). Furthermore, liberal feminists redefine

the current understanding and meaning of gender, "the politics of gender … must be replaced with a plurality of difference where gender loses its position of significance" (ibid.). This allows a woman to celebrate diversity and "to choose what [she] makes of [her] position and how [she] alters [her] context" (ibid.:149).

When analysing the themes of 'the self' and 'identity' within the phenomenon of cosmetic surgery, feminist theory situates women who go under the knife as doing so to gain male approval. This is reflected on by Morgan (1991:119):

> Rather than aspiring to self-determined and woman-centered ideals of health or integrity, women's attractiveness is defined as attractive-to-men; women's eroticism is defined as either non-existent, pathological, or peripheral when it is not directed to phallic goals.

The position advocated in the above quote is a radical feminist's perception of 'the self' and 'identity'. As noted before, I explore 'the self' and 'identity' from a liberal feminist perspective, which favours the notion that a cosmetic procedure can be a self-empowering act. According to Davis (2003:82), "cosmetic surgery entails more than the alteration of a woman's appearance. It also involves the ongoing transformation of her sense of self. Cosmetic surgery is, therefore, an intervention in identity". Northrop (2013:78) is in agreement with Davis (2003) and notes that "for the woman who looks in the mirror and abhors the image of her body reflected back, cosmetic surgery offers a tangible solution … [to] a more unified self".

Davis (2003:82-83) does not distinguish between the concepts 'the self' and 'identity', but rather integrates these into the notion of a continual sense of self. She states that "identity … [is] a process by which an individual discursively constructs a sense of self. Identity entails the ongoing integration of possible perspectives and versions of who an individual is into a coherent and meaningful life history" (ibid.). How an individual perceives and understands herself is reflected in how she represents her physical self in her everyday interactions. This includes the way she dresses and how clothing signals her unique style and socio-economic status. The body thus mirrors an individual's identity, social position, and "worldview" (Davis 1997:160). In short, how the body is fashioned—be it in terms of clothing, accessories, or aesthetic alterations—allows an individual to communicate and to share how she perceives herself in society and her unique understanding within her life-world.

1.4.2. Patriarchy and notions of female (dis)empowerment

The topic of patriarchy is one of the main concerns within the feminist movement. The need to abolish the male hold over women has led to much debate and protests. The main point of departure is that

women are to be obedient and submissive in their daily roles whereby "men are seen as having and defending power over women" (Ramazanoglu 2003:35). This includes power in the family structure (man is the head of the household), in the corporate world (secretary vs executive), and many other roles. There are women who have broken out of this traditional mould and obtained varying degrees of success in male dominated environments. These women are sometimes branded as "cold, neurotic, psychologically imbalanced, or dangerous" (Rudman and Glick 2008:296). All these ideas are based on the belief that men are superior and that they should control the relationship with women; the ideas are, therefore, based on patriarchy. Within feminist thought, patriarchy is often understood as follows:

> Patriarchy … establishes the contingency of the history of women's oppression. The very notion of patriarchy has threatened to become a universalizing concept that overrides or reduces distinct articulations of gender asymmetry in different cultural contexts. As feminism has sought to become integrally related to struggles against racial and colonialist oppression, it has become increasingly important to resist the colonizing epistemological strategy that would sub-ordinate different configurations of domination under the rubric of a transcultural notion of patriarchy (Butler 2010[1990]:47-48).

Within a South African context, many middle-to-upper class women still find themselves in a patriarchal system of inequality although they have, from a legal perspective, women's rights in various areas of their lives. These rights encompass, amongst others, the right to work, vote, and seek medical attention—including having a cosmetic intervention. Though the middle-to-upper class South Africa population is more accepting of equality, aspects of patriarchy are still embedded in everyday encounters.

Women in the 21st century fall on the cusp—irrespective of their socio-economic status—of both submission to traditional roles and independence from outdated patriarchal demands. It can be said that the current social structure of patriarchy continues to favour inequality. According to Turner (2008:133), "inequality is traditional patriarchy, [which] involves the systematic closure of women from the public sphere … [through] subordinat[ion]".

> [As] women gain more civil status, particularly in the workforce, cultural forces acting in the interest of masculinity, will seek to cut them down to size again. Both an obsession with slenderness and cosmetic surgery (itself, often used to change body size) are, arguably, determined in one way or another by ideas of what men desire (Brooks 2014:66).

Depending on the stance an individual takes with regard to the phenomenon of cosmetic surgery and the medicalisation of female beauty, varying perceptions and understandings can be attributed to the concept of 'empowerment' and 'disempowerment'. For this study, I advance the ideas of Sen and Grown (1985:72) who state that "empowerment" within the feminist context:

> Is not an effort to play 'catch-up' with the competitive, aggressive 'dog-eat-dog' spirit of the dominant system. It is rather, an attempt to convert men and the system to the sense of responsibility, nurturance, [and] openness.

From a radical feminist standpoint, cosmetic surgery is viewed as a demeaning and disempowering act aimed at achieving patriarchal approval and submission. It is thought that beauty—naturally enhanced or cosmetically altered—only enriches the patriarchal grasp of male superiority. Cosmetic interventions and enhancements apply to men as well. From a (dominant) male perspective of cosmetic surgery, Jones and Heyes (2009:212) note that focus is given to aesthetic procedures of phalloplasty (artificial modification of the penis), steroids, and implants. These interventions are employed to enhance a sense of masculinity in appearance, character, and demeanour (ibid.). So, cosmetic interventions allow men and women to beautify themselves and/or conform with dominant—traditionally patriarchal—notions of masculinity or femininity. But as Turner (2012:338) observes, "being beautiful might feel powerful … [but it] does little to dismantle power structures". This discussion reveals that beauty ideals do influence the male population. With regard to this phenomenon, Rondilla and Spickard (2007:108) state that women are targeted because of their emotional fear of aging whereas men perceive and engage cosmetic surgery under the premise of functionality. In short, women are vain and men are functional in their motives in cosmetic body transformations (ibid.).

This point of view is illustrated in the narrated experience of feminist, Victoria Pitts-Taylor (2007:7), who underwent rhinoplasty to correct a broken nose from a skiing accident:

> My personal experience with cosmetic surgery underscored these tensions: I saw firsthand how in cosmetic surgery, the body and self became a zone of social conflict, coded on the one hand as a sign of interior wellness [empowerment] and self-enhancement and on the other hand as a sign of moral, political, or mental weakness.

Both the radical and the liberal feminist ethos, therefore, represents a double bind. On the one hand, women can empower themselves by changing their bodies to achieve a realignment in their self-concept and identity. On the other hand, by undergoing an aesthetic intervention women are still perceived as abiding to patriarchal ideals. Countering the notion of patriarchy can be the main, and

unconscious, underlying impetus for women to undertake cosmetic surgery. Pitts-Taylor (2007:32&53) argues:

> Cosmetic surgery is paying positive self-attention and recognizing that one is worth the trouble, and even pain, of self-care … cosmetic surgery [is] a resource for personal empowerment for any woman, not just the tragically flawed … [T]oday [the] patient starts out as an empowered woman 'doing it for herself' by making herself feel and look even better after surgery than before … where the body's role is to articulate the self's real, authentic identity.

1.5. Introducing feminist phenomenology and Iris Marion Young

Influential thinkers, such as Simone de Beauvoir (2012[1956]); Luce Irigaray (1985; 2016[1996]; 2004); Dorothy Smith (1990; 1990a; 1990b; 2005; 2012[1987]); Edith Stein (2013[1964]; 2000[1929]; 2009) Julia Kristeva (2001) and Iris Marion Young (2005), have been integral in merging phenomenology and feminism. The feminist phenomenological approach often focuses on exploring the 'lived body' with particular reference to the concepts of 'gender' and the 'embodied experience'. Olkowski (in Glendinning 1999:330) views feminist phenomenology as a "re-thinking [of] existential phenomenological accounts of human situatedness" that aims:

> … to transform the culture in the direction of greater openness towards the diversity of life and body, such that the embodied subject is recognised as gendered and historically conditioned, open to all the tensions and contradictions of the culture in which she lives, thus also open to personal and political transformation.

Factors that influence how "I" and "you" perceive and interpret our own gender against the societal construction of gender norms will produce multiple understandings. This is due to the fact that an individual is socially conditioned whereby biological dualities of male and female are linked with physiology and power relations. This is the arena of debate for all feminists who are trying to reshape the common notion of the timid female into that of an emancipated woman:

> Men and women are 'different' in physique and reproductive function … Gender rules and expectations are socially constituted and [therefore] socially changeable (Young 2005:13).

According to a feminist phenomenological understanding, gender is a socially engaged performance that over time becomes accepted within the parameters of norms, values, and beliefs. For minority groups, such as lesbian, bisexual, gay, transgender, queer, intersex, and Asexual (LBGTQIA) individuals,

marginalisation is likely due to their sense of self (physical appearance, social demeanour, and personality) being incongruent with mainstream, dominant, heterosexual social norms and values. This study involves research participants who present themselves as heterosexual. From a heterosexual perspective, an individual undergoing a cosmetic procedure to enhance or reshape her feminine attributes, for instance, enlargement of her breasts or reshaping her stomach and waist-line, is generally perceived as beautifying the body and even enhancing her sense of femininity in accordance with patriarchal ideals of the male gaze. None of the research participants underwent a cosmetic procedure to re-negotiate their gender identity as in the case of gender reassignment surgery[2]. Young (2005:15) proposes:

> Gender is nothing other than a social performative. The discursive rules of normative heterosexuality produce gendered performance that subjects reiterate and cite; the sexing of bodies themselves derives from such performatives (Young 2005:15).

Iris Marion Young has contributed to several fields of study, such as "political theory, feminist theory, theories of race and ethnicity, and theories of human rights" (Weldon 2008:312). In particular, Young's insights on "gender", "the lived body", "embodied experiences", and "social structure" are reflected on in this research. I also apply her theoretical concepts of "female motility" and its three modalities—"ambiguous transcendence", "inhibited intentionality", and "discontinuous unity" (Young 2005:32) to deepen the analyses of participants' narratives. These modalities are critically discussed in section 1.6.

Young focuses on the sexing of bodies, which represents a woman's embodiment, experience, and social interaction as being uniquely different to her male counterpart. Young's (2005) contribution has reshaped traditional feminist perspectives and given voice to how women experience their bodies in their everyday life-world. Her ideas aid in shaping this study and enhance a better understanding of why a woman engages in cosmetic surgery.

The concept of embodiment is aimed at enhancing an individual's sense of self. This is achieved by exploring her unique understanding of her gendered experience within her life-world. As Schütz's phenomenological views predominantly explore the male consciousness in an anachronistic way—employing concepts, such as men, fellowman and his—that does not recognise the unique gendered experience of women adequately. One gets the impression that a sense of sameness is attributed to the gendered experience. For this reason, I rely on Young's (2005) theoretical contribution. The reason for using Young perceptions to broaden Schütz's ideas on the gendered experience, is that she re-

[2] The transsexual begins having the genitalia removed and replaced with "reconstructed genitalia; breasts are removed or implants are given, and vocal chords, along with teeth, nose, lips and so forth may be altered to align them with appearance of desired sex" (Benatar 2006:97).

negotiates the concept of embodiment from the male perspective and puts forth the notions of uniqueness in female perceptions and experiences. By focusing on gendered experiences, further insight is given to the uniqueness of female embodiment (Ferguson and Nagel 2009:42). By analysing narratives reflecting the female life-world, this research aims to bring new understandings to the phenomenon of cosmetic surgery and begins to answer the question of why a cosmetic action was sought. Shilling (2012:244) proposes that the body plays a role in how an individual experiences her sense of self and daily encounters. A woman can experience her sense of embodiment as both an "opportunity and constraint of action" within a given social environment (ibid.:224). Young (2005 in Evans et al. 2014:85) builds on this by stating that an individual's perceived sense of embodiment is reflected in how she experiences her body in action, choice, and appearance. Young (ibid.), therefore, directs our attention to the notion, that the ways in which an individual engages her physical body as "being-in-the-world" influences how she experiences her life-world and how she is perceived within her social environment.

Even though Young's (2005) main focus of embodiment is situated within the experience of pregnancy and the sense of alienation of a woman from her own body, the notion of being alienated from one's 'true' conception of the body fits with the idea of addressing this alienation by undergoing cosmetic surgery. Campbell et al. (2009:172) are in agreement and claim that "the person [a woman] objectified may fail to recognize her body, action, or experience as fully her own".

By incorporating Iris Marion Young's (2005) feminist phenomenological views of "feminine motility" into this study, further insight is gained when the themes of the gendered body and embodiment are engaged. Young's theoretical context allows me, as the researcher, to unwrap key moments within an individual's life-world. Key moments represent the concept of change. A cosmetic procedure is perceived as an action and choice that encourages and or enables an individual to change, transform, or re-negotiate aspects of her physical body in aim of experiencing a more congruent and embodied sense of self. The three modalities of "ambiguous transcendence", "inhibited intentionality", and "discontinuous unity" are used to structure and guide the analysis of the female body (Young 2005:36) and are elaborated on in the next section, below.

1.6. Young's feminine motility

According to Simms and Stawarska (2013:6), feminist phenomenological research "includes questions related to gendered experience and sexual difference". The overall aim of feminist phenomenology is to "describe and conceptualize gendered existence and to allow for a clearing where women's voices can be heard" (ibid.:11). This research fits with this idea about feminist phenomenological research

design as it gives voice to the narratives of participants who subjectively interpret, perceive, and engage their cosmetically altered body and re-negotiate their embodied sense of self.

The basis of Young's (2005:36) notion of "feminine motility" derives from Erwin Straus's book *The Upright Posture* (1966:157-160), where she presents an evocative description of how physiological differences between males and females shape their different ways of being-in-the-world, namely the gender difference in physical motion when throwing a ball:

> The girl of five does not make any use of lateral space. She does not stretch her arm sideward; she does not twist her trunk; she does not move her legs, which remain side by side. All she does in preparation for throwing is to lift her right arm forward to the horizontal and to bend the forearm backward in a pronate position … the ball is released without force, speed, or accurate aim … a boy of the same age, when preparing to throw, stretches his right arm sideward and backward; supinates the forearm; twists, turns and bends his trunk; and moves his right foot backward. From this stance, he can support his throwing almost with the full strength of his total motorium … the ball leaves the hand with considerable acceleration; it moves toward its goal in a long flat curve.

Young (2005) adopts Straus's (1966) insight on gender difference and physical motion to elaborate on notions of female embodiment and gendered experience. She does so via the concepts "inhibited intentionality", "ambiguous transcendence", and "discontinuous unity". Brooks (2014:125) believes that by engaging these themes additional insight is obtained into the limitations accorded to the female body in action and the female's "disassociation of the self from action".

The concept of *feminine motility* is concerned with a female's sense of bodily movement, gesture, and posture (Young 2005:35). When this concept was explored, I considered Berger and Luckmann's (1991[1966]) social constructivist perspective (cf. section 1.3.5) on gender roles, namely femininity or masculinity, which are learnt through social engagements. It is within this social engagement that McCann and Kim (2013:451) emphasise that feminine motility "must exhibit not only constriction, but grace and a certain eroticism restrained by modesty". This emphasises the social decorum expected of the socialised female body as, "an object … a fragile thing … [whose] social existence [is] the object of the gaze of another" (Young 2005:39-40).

The first of Young's (2005:36) modalities, *inhibited intentionality*, has to do with a woman's emotional insecurity with her own body (Young 2005:36). Jansen and Roodt (2015:103) believe that gender-based insecurities are socially constructed by the "media, educational institutions and role models".

From this perspective, an individual's social reality influences how she perceives and experiences her body in relation to her sex and gender.

According to Young (2005:36), a woman begins a task or action with an "I can" attitude, but due to her socialised body being positioned as fragile, she re-negotiates her sense of self and "withholds [her] full bodily commitment to a self-imposed 'I cannot'" (ibid.). This reveals that women do not experience their bodies in an open, free, and unselfconscious manner (Dolezal 2015:114). Rather, they inhibit their intentions and enactments to meet socially constructed norms, values, and beliefs (Young 2005:36). This is the result of the female body being objectified and gazed upon and leads to a sense of incongruency between a woman or girl's sense of self, body, and social reality.

The second modality is *ambiguous transcendence* and is concerned with how an individual perceives her embodied sense of self while engaging with her social world (Young 2005:36). Westernised ideals of womanhood are situated within patriarchal ideology that views women as fragile. Young proposes that this leads to women perceiving their bodies as ambiguous and "burdensome"; a woman "often lives her body as a burden, which must be dragged and prodded along and at the same time protected" (Young 2005:36). In other words, the female body lacks a sense of "fluid action" in relation to its aims and enactments when engaging the life-world (Holmes 2007:105) whereby positioning the feminine bodily existence in a form of immanence (Blaikie 2004:215). The term 'immanence' refers to a state of hesitation and insecurity in bodily movements and actions. In this study, "ambiguous transcendence" is considered a form of "biographical disruption" (Bury 1982, cf. section 3.2). Disruption refers to experiences from before the cosmetic intervention and emphasises a fracture between an individual's self-perception, lived experiences, and life-world.

The last modality, *discontinuous unity*, points to how the female body expresses a sense of disunity between aims and actions and that this disunity results in women continuously trying to realign their self-perceptions with their everyday life-world (Young 2005:38). Holmes (2007:105) is in agreement: "women do not have this sense of continuity between body-subject and environment". Instead, "discontinuous unity" positions the female body as a "thing that exists as looked at and acted upon" (Young 2005:39). In this study, "discontinuous unity" is used to unpack the participants' sense of self in relation to her physical body in society—the social gaze, beauty ideals, and social perceptions. In doing so, I draw on Young's (2005:39) observation:

> For feminine bodily existence … the body is often lived as a thing that is other than it, a thing like other things in the world. To the extent that a woman lives her body as a thing, she remains rooted in immanence, is inhibited, and retains a distance from her body as transcending movement and from engagement in the world's possibilities.

By incorporating Young's (2005) three modalities in the research analysis, additional insight is obtained with regard to the female body in motion, namely how an individual engages her carriage in comportment, motility, and spatiality. Emphasis is placed to the timid nature of the female form and body participation/enactment. In other words, the three modalities of "inhibited intentionality", "ambiguous transcendence", and "discontinuous unity" are integrated into this study to position the findings in a coherent and structured manner and to reveal the complexities related to feminine motility and perspectives.

In conclusion, I aim to investigate the personal narratives of the ten participants in terms of their motivations for and embodied experience of cosmetic surgery—the good and the bad, their confidence and their doubts, the pain of their emotions and their physical surgical alteration, and lastly, how they re-negotiate their self-perceptions to fit their reshaped bodies. Prominence is given to the dimension of change and transformation that allows me to explore an individual's life-world experiences—from before to after a cosmetic intervention. This addresses a gap in the in-depth analyses of these phenomena in the contest of cosmetic surgery within South Africa and simultaneously giving the research participants a voice to motivate their action and choice.

Chapter 2: Literature review part 1—social theory and the body

2.1. Introduction

Having established the epistemological framework (cf. sections 1.2.; 1.2.1.; 1.2.2.; 1.2.3.; 1.2.4.) the literature review now links recent works, understandings and research to engage a fuller appreciation of the phenomenon of beauty and cosmetic surgery. The literature review provides a foundation to argue accepted and/or disregarded viewpoints, issues, and gaps (Hart 2001) in relation to beauty and cosmetic surgery and to situate these phenomena in a South African context.

The literature review is divided into two parts. Part 1 focuses on the themes of social theory, the body, the male gaze, and psychological disorders that are associated with beauty and the body. Part 2 looks at beauty from a medical perspective. In this first part, I explore the contributions of authors such as Laura Mulvey (1975), Bryan S. Turner (1995; 2008; 2012), Chris Shilling (2005; 2008; 2012), and Anthony Elliott (2010), whose views are relevant to my topic, and will inform my analyses.

2.2. Social theory and the body

The body and the representation thereof have prompted much academic interest over the past 30 years. Some of the important contributions in these debates are from Chris Shilling (2005; 2008; 2012), Bryan S. Turner (1995; 2008; 2012), Anthony Elliott (2010), and Michael Halewood (2013). What became evident in reading these authors' work is that the ways in which an individual represents herself physically echoes how she perceives and accepts herself socially. As a result of accelerating coverage in the media and social networks, the body has become a form of commodity that must be shaped and cared for through dermatological products, laser therapy and physical alterations. The body is also subject to and shaped by fashion trends, make-up techniques and dietary regimens, which are incorporated into an individual's everyday life-world. In current Westernised notions of beauty, social groups and cultures are led to compare and evaluate an individual's physical appearance according to approved ideals of beauty which are mediatised (promoted in media messaging and imaging). This has prompted a rise in cosmetic procedures undertaken to meet these normative aesthetic standards and cultural norms (cf. section 1.3.5).

Shilling (2012:3) notes that the industrialised world brought on modernity. In the evolutionary growth of the modern era a strong emphasis is placed on individuality, self-identity and status. These foci have stressed the importance of subjective experiences and how an individual's gendered embodiment influences her self-understanding. Associated with obtaining a more congruent sense of self-in-the-

world, an individual becomes more conscious of her physical self and bodily appearance. The body is perceived as a malleable and mouldable object (cf. section 1.3.4.) that signals to others how an individual sees herself and how she experiences herself in her social environment. Cosmetic interventions follow trends in which the individual actively pursues a particular "appearance, size and shape" in aim of social- and self-acceptance (Shilling 2012:6). Thus, the body is seen as "a project" that enables an individual to employ various means of self-expression to state who she is within her social context (ibid.).

It is generally accepted that people are social beings who rely on inter-subjective relationships to obtain acceptance in their everyday social encounters (cf. section 1.3.1.; 1.3.3.; 1.3.5.). From a social constructivist understanding (cf. section 1.3.5.) the body is "shaped, constrained, and even invented by society" (Shilling 2012:72). Social constructivists see the body as central to an individual's life, and the value that the individual places on her physical self as predominantly determined by "social or cultural structures" (ibid.). Authors such as Shilling (2005; 2008; 2012), Turner (1995; 2008; 2012), Howson (2013) and Frank (1990; 1991; 1995; 2010) have dedicated their academic careers to exploring the complex interface between an individual's self-perception, identity and inter-subjective interactions. As Mary Douglas (1970 in Shilling 2012:76) observes, the body is a receptor in "social meaning and a symbol of society".

When looking at the body as a "symbol of society", particular physical attributes of an individual lead others to evaluate her as either attractive or unattractive. How an individual represents herself to others can also reflect a myriad of social indicators such as her socio-economic class and her cultural associations. From these indicators the observer can evaluate if an individual may fit into their social class. Fiske et al. (2010:876) term this the "sociometer[3]". Social actors rely on forms of classification and stereotypes to see if an individual fits parameters of a particular social group. This is the case with the British singer Susan Boyle, who according to Belluck (2009:1) is classified as a "frumpy 47-year-old unemployed church volunteer who lived alone with her cat". However, perceptions changed when the world saw what Boyle had to offer to the music industry. The initial preconceived judgement of Boyle is a common everyday occurrence for women of all classes, ages and races. Preconceived judgement also occurs at the opposite side of the spectrum: Professor Susan Fiske (ibid.) notes that attractive people are often perceived as non-threatening and sought-out over people who are labelled unattractive. Thus, women are encouraged by society to become more attractive via surgical

[3] Sociometer—"people possess a social monitoring system that responds specifically in instances in which people become particularly concerned with their acceptance or belonging" (Fiske et al. 2010:879).

procedures undertaken in service of norms and in the hope of attaining societal acceptance. As Shilling (2012:135) puts it, they mobilise their bodies as "physical capital".

The concept of "physical capital" was originally coined by Bourdieu (in Ritzer 2005:168). Shilling (2012:136) takes this concept forward by viewing the body as a form of social equity that shapes and determines how an individual understands, interacts and experiences her everyday life-world. By "social equity" Shilling is referring to the unequal "social class-based opportunities people have for producing symbolically valued bodily forms and converting them into other resources … Power, status and distinctive symbolic forms that … are recognized in social fields" (ibid.:135). Turner (2008:173) is in agreement with Shilling (2012) in that the societal pressures placed on women to reshape and remodel their bodies for social benefit are aimed at "transform[ing] the natural body into a social entity with rights and status".

To achieve a sense of social acceptance and status, an individual relies on civilising the body through a more "mannered, structured pattern of bodily conduct" (Howson 2013:87). The civilised body reflects a sense of etiquette in meeting socially constructed norms. Douglas (1970 in Howson 2013:95) describes the dynamic relationship between the body and society by stating that:

> The social body constrains the way in which the physical body is perceived. The physical experience of the body, always modified by the social categories through which it is known, sustains a particular view of society. There is a continual exchange of meanings between the two forms of bodily experience so that each reinforces the categories of the other. As a result of this interaction the body itself is a highly restricted medium of expression. The forms it adopts in movement and repose express social pressures in manifold ways … all the cultural categories in which it is perceived must correlate closely with the categories in which society is seen in so far as these also draw upon the same culturally processed idea of the body.

The intricate relationship between the body and society poses many questions and avenues of inquiry, but for this study, I, as the researcher, view people in keeping with socially agreed upon norms, values, and standards whilst engaging their everyday life-world. Howson (2013:2) claims that "people experience and engage with the social world and with other people from an embodied perspective". In other words, how an individual is brought up influences how she sees the world and how she sees the world influences her interactions. In turn, social interactions reflect back to the individual how she sees herself and how she fits in. Thus, a key underlining factor to any social collaboration is 'embodiment'.

As in all cultures, Westernised cultures social interactions are defined through socially constructed manners and actions commonly seen in different forms of 'bodily conduct'. From this point of view, women are urged to control their natural rhythms in social settings such as "breaking wind, belching or expressing emotion inappropriately" (Howson 2013:2). These social customs and norms thus promote the body as something that can and should be controlled. This promotion of mind over matter positions women as having the power and flexibility to present their bodies in accordance to their conscious desires. Emphasis becomes directed to the concept of "body work" in so far as an individual engages in particular "activities and practices associated with grooming and hygiene, as well as … exercise and dietary management" (ibid.:2). Body work unearths an aesthetic component within a social environment and according to Howson (2013:2), "body work helps us to create an identity for ourselves". This study aims to understand the social pressures that are placed on women to create an identity that meets particular conceptualisations of beauty. In doing so it addresses a gap identified by Gimlin (2002:4):

> Few [studies] have empirically studied women's own interpretations of their participation in body work.

2.2.1. The self through cosmetic surgery

How an individual experiences her everyday life influences how she views and understands herself. Women are continuously exposed to various media images, which generally portray a Westernised perception of beauty. Women who are particularly self-conscious about their appearance are more inclined to find physical flaws whereby reflecting a negative attitude towards their bodies and, by association, their identity. Lewis (1971) and Skeggs (1997) propose that a poor understanding of the physical self produces feelings of "shame" associated with not meeting socially acceptable appearance standards (Northrop 2012:211). The feeling of not fitting into the socially accepted parameters of beauty, may result in an individual fracturing her sense of self (identity) from her self-perception (appearance). According to James (2013:1) "beauty can be interpreted in many different ways across time and cultures, but this subjective concept has been adjusted so women feel like beauty is objective". This results in women re-negotiating themselves through accessorising their bodies with designer clothing, jewellery and make-up, but if these adornments do not produce a desired level of acknowledgement or social approval, the individual may turn to more extreme measures. The Nuffield Council on Bioethics (2017:6) expand this thought by stating:

> People have modified their bodies and shaped the image they present to others through their clothing, make-up, and hairstyles, as well as through more permanent

> techniques such as tattoos, piercings, and surgery. This modification of the body and presentation of the physical self is an intrinsic element of life as a social being: it makes identities visible, marks boundaries between different groups and classes of people, and expresses personal senses of dignity and pride.

Cosmetic surgery can be seen as either tearing down the social morale and cultural values of the 21st century or, alternatively, as a miraculous intervention that enables an individual to remodel her body to reflect her inner self-perception and identity (Frentzen 2008). It is acknowledged by Davis (2003) that cosmetic surgery and beauty ideals are commonly attributed to vanity and superficiality. But by casting aside such generalised views and more deeply enquiring into why a cosmetic intervention was sought, Davis (2003:98) believes that we can reach a more empathic and enlightened view of an individual's life-world:

> The problem with defining cosmetic surgery exclusively in terms of beauty is that recipients are easily cast as frivolous, star struck, or ideologically manipulated. In contrast, by treating cosmetic surgery as an intervention in identity, it becomes easier to take their experiences with their bodies seriously, acknowledge the gravity of their suffering, and understand why—in the face of all its drawbacks—cosmetic surgery might seem like their best course of action under the circumstances.

Cosmetic surgery is seen as an empowering act in remodelling the body and as potentially enhancing an individual's level of confidence and poise (Dolezal 2015:136). Additionally, Dowling et al. (2013:7) claim that by employing a cosmetic procedure to correct a perceived body flaw/shortcoming, an individual may improve her self-understanding and psychological well-being. This is supported by Honigman et al. (2004); Castle et al. (2002); Sadick (2008); and Fisher (2014), who agree that women who have obtained a cosmetic procedure for beauty purposes often reveal an improved state of mind and self-perception towards their bodies and social environments. Thus, to "maintain a positive identity" a cosmetic procedure can be justified, because it can contribute positively to an individual's sense of self and her position in her everyday life-world (Gimlin 2002:50).

2.2.2. How do we interpret what is beautiful?

According to Mandoki (2016:3) "aesthetics" or beauty in a female signifies one who is socially agreed upon as "the pretty, the cute, the agreeable, the elegant, and the nice". However, all people have a subjective stance and perception of what is considered beautiful, and there is no singular definition that can claim to fully depict 'beauty'. Mandoki (ibid.:6) agrees and notes that "aesthetics is definitely an elusive phenomenon difficult to define by the traditional philosophical procedure of necessary and

sufficient reasons". As Margaret Wolfe Hungerford so aptly stated, long ago in 1878, "beauty is in the eye of the beholder" (Kendall-Tackett and Klest 2013:63). In this thesis, I proceed from a succinct, if somewhat simplistic, definition of beauty: "a combination of qualities, such as shape, colour, or form that pleases the aesthetic senses, especially the sight" (Oxford Dictionary 2014:1).

The interpretation of beauty can be based on a variety of factors and according to Burns (2007:6) the "mythical standard" of beauty is manifested though "conditioning". Furthermore, Burns (ibid.) suggests that "beauty is placed before women at a very early age, long before they have had an opportunity to define it for themselves". This conditioning process is multifaceted, beginning at an early age within the immediate family structure, especially when young girls begin to role-model their mothers (cf. section 1.3.5.). This can have positive or negative effects on how a woman interprets self-beauty. If the mother accepts her body and is self-assured, she will project these notions onto her daughter. However, if the mother is insecure about her physique and aesthetic values, she may project these negative thoughts and feelings onto her daughter. Female children are generally encouraged to role model their mothers. However, fathers and other immediate male relations (brothers, cousins and uncles) do play a role in how a girl accepts herself physically, emotionally and psychologically. Burns (2007:6-7) notes that "parents may pass down to female children their perceptions of female beauty as they decipher it from society" and this can contribute to the "conceptualization of female beauty" and the acceptance of societal beauty ideals.

It is important to note that beauty is seen as a "temporary state" that fades with age (Burns 2007:3). According to Sontag (1979 in Leon-Guerrero 2011:147) society has a double standard in relation to aging. When men age, they are judged "according to what they can do (their competence, power, and control) … [and] society considers men distinguished". Women, on the other hand, are "judged according to their appearance and beauty … [and must] defend themselves against aging at all costs" (ibid.).

Within the complexity and diversity of interpreting beauty, I explore how South African women perceive beauty. Their understandings would be influenced not only by South African cultural norms, but also by international standards—mostly from American and European contexts. According to Rossini (in Zeilinger 2015:1) globalisation and the access to international media platforms have "… had a profound effect in the way people all over the world perceive beauty ideals". The Westernised media bombard women with "global brands" of beauty and shape the norms that societies construct and adopt. In this study, I aim to understand these implications for South African women.

2.2.3. The male gaze

The objectification of women has long been of concern to feminists (cf. section 1.4.; 1.4.1.; 1.4.2.) one of which was Laura Mulvey (1975:4) who termed the phrase "the male gaze"—a "sexual imbalance" in how men view women. It also denotes the patriarchal dominance that pressurises women to conform to physical appearances that please the male understanding of beauty (cf. section 1.4.). Mulvey (ibid.) elaborates:

> In their traditional exhibitionist role women are simultaneously looked at and displayed, with their appearance coded for strong visual and erotic impact so that they can be said to connote to-be-looked-at-ness. Woman displayed as sexual object is the leit-motif of erotic spectacle: from pin-ups to striptease, from Ziegfeld to Busby Berkeley, she holds the look, plays to and signifies male desire.

From this perspective, the male gaze implies that the natural female body is inferior and in need of modification—an idea which is firmly established in "propagating patriarchic values" (Wegenstein 2012:152). Furthermore, by remodelling the body, cosmetic surgery and bodily interventions are seen predominantly as "facilitators" to the male fantasy (ibid.:160).

The male gaze does not take into consideration a woman's "identity" or self-desire to re-negotiate her self-perception to her body. But rather, it typifies a simplistic physical sensibility which is aimed at pleasing the male senses (Mulvey 1975; Levine 2005; Kosut 2012). Wegenstein (2012:152) suggests that through the idolisation of celebrities and the insatiable need for fame, "the cosmetic gaze" is an offshoot of "the male gaze" and that this further exemplifies "disarticulated bodies" that are "sutured" together and "experienced as beautiful". Davis and Katzman (1999:58) comment:

> In Western cultures, girls are influenced by unrealistic 'Barbie-doll' body shape and constantly told that this is beautiful, whereas boys are influenced by muscular images and told that they should be big and strong. Television, movies, and magazines provide constant messages about the ideal standard of beauty and how one should look and behave.

From Wegenstein's (2012) perspective, women become regarded as sexual objects that are expected to meet particular aesthetic values. A woman's identity is to be linked to, and defined by, that of her male counterpart who is the main protagonist of his as well as her life-world (Kosut 2012:195). This very one sided perspective is challenged by Zeisler (2008:7) who states that it is crucial to reform a woman's understanding of popular culture by integrating a strong feminist position into all media messages. Virginia Blum (2003:61) expands this point:

> It is the image itself with which we are infatuated … the beauty of images symbolizes what is now experienced as their essential lure, and plastic surgery is the cultural allegory of transforming the body into an image, an allegory that is deeply linked to the effects of celebrity culture … Heavier, less pretty, less perfect-looking people, [which] would or could improve our body images [whereby] reengag[ing] the fantasy, from another direction.

As the researcher, I agree that with a more noticeable feminist presence in the media, women who do not meet dominant norms of beauty can be motivated to view themselves more positively. This can build greater solidarity amongst women, promoting stronger satisfaction as well as acceptance of the natural form. Furthermore, a stronger feminist point of departure may also emphasise that beauty is in the "eye of the beholder" and not a replica of a consumer image where women aim to reshape themselves to reflect a generic sameness (Kendall-Tackett and Klest 2013:63). Each individual is unique onto herself, in looks and character. What is deemed beautiful should not be dictated by a celebrity culture and the mediatisation of thin, tanned models that enhance their sexual appeal in accordance to the male gaze. An individual should rather strive to accept beauty as an icon of health and happiness.

Unfortunately for many women this remains a utopian ideal. When an individual feels that her body does not accurately represent her sense of self, she may experience emotions of shame, anxiety, and disembodiment. Appearance plays a big role in how women are perceived, judged, and accepted. This is captured in a George Eliot's injunction: "don't judge a book by its cover", which points to the power, yet superficiality, of appearance in shaping everyday encounters (Goodreads 2015). How the body is perceived impacts throughout an individual's lifeworld—this includes her social encounters to marital success. This is illustrated in the testimonial of an Argentinian model who married her cosmetic surgeon after employing his services for a breast augmentation. His insistent need to create the perfect woman left his wife feeling insecure:

> I worry what will happen when he runs out of parts of me to change … that he'll just get finished and lose interest (Pitts-Taylor 2007:78).

A different dynamic can occur when an individual strives to obtain a cosmetic procedure under her own volition. According to Featherstone (in Gimlin 2002:60) "the body does indicate selfhood, but the link between self and body can be renegotiated through work on the body". When an individual decides to have a particular body part reshaped via cosmetic surgery, the intervention is used to "approximate an 'ideal' in a reflexive identity project" (Southerton 2011:367). For such an undertaking to have a positive outcome on an individual's life-world, it must be done purely for herself and her

own self-esteem (Peacock 2013:1). Interestingly, for some women the overall goal of cosmetic surgery may not be to become a beauty, but to become "like everybody else" (Davis 2003:77). This is reflected in the testimonial of a woman who obtained extensive facial surgery to transform her life-world which, as she states, was lived in "misery" (ibid.:78-79).

> I've got a nice face now. I'm ordinary … [I am] unnoticeable, invisible.

What becomes evident in various studies conducted by Davis (2003); Gimlin (2002); and Pitts-Taylor (2007), is that when an individual obtains an aesthetic procedure for herself, she views the medical intervention as helping her to reflect a more congruent self-concept.

2.3. Beauty within the South African context

South Africa is a country of much diversity with many different ideals of beauty reflecting the norms of different cultural groups and associations. Nonetheless, Western perspectives still strongly influence how South African women perceive their natural beauty and body image. This means that South African women draw on indigenous as well as Western beauty ideals to shape their everyday appearance (Traditional Fashion in South Africa 2015:1).

A sense of cultural heritage and pride accompanies traditional forms of beautification. As Oduro (2013:7) notes, traditional African beauty is often associated with a "rounded, curvy and plump" figure. To enhance this body shape, colourful attires and beads are worn. The male gaze remains influential in constructing the ideal authentic, traditional, beauty. Take for example President Jacob Zuma's six wives. Each of these Zulu women are very full of figure, in keeping with the traditional male gaze that Oduro (ibid.) refers to. While they favour Western-style tailored suits and feathered hats for each public engagement, they incorporate an element of African heritage—such as a vibrantly coloured head scarf, traditionally patterned dresses, and beaded accessories.

This is the case for many traditionally non-Western South Africans who integrate their cultural heritage with the Western based beauty ideals that have become so widely accepted and followed. This is epitomised by visionary fashion designers, singers, models, and actresses, like Thulare Monareng, Simphiwe Dana, Lerato Moloi and Terry Pheto, who are working towards bringing back a uniqueness in African beauty and embracing a woman's natural physical form, adorned in traditional designs, colours, and patterns (Mnthali 2011). So a growing trend in South Africa is for beauty to be seen as a diversity in which people emphasise pride in their cultural heritage and associations.

Though South Africa is not seen as a fashion capital, nor does it hold much sway in international beauty trends, it does play a strong role—for locals and internationals alike—in the performance of surgical

cosmetic procedures. The most prominent cosmetic procedures performed in South Africa are breast augmentations, lifts and breast reductions, liposuction, abdominoplasty, blepharoplasty and face-lifts. The medical expertise in South Africa attracts many foreign women from first world countries who spend 2 to 6 weeks in the country on what is termed a "cosmetic holiday" (Parker 2014). South Africa's favourable rate of exchange makes aesthetic interventions cheaper and the high quality of these specialised medical interventions is a further attraction. Agencies like Surgical Bliss (2008) are dedicated to "medical tourism" in which they arrange for the cosmetic procedures, for accommodation, recuperation, and even for a bit of a holiday experience to be added.

To allow a sharp and in-depth focus, this study investigates experiences of *white* South African women, one of the groups whose beauty practices are predominantly situated in Westernised ideals.

2.4. A brief history of popular 'beauty' (American ideals and trends)

Ideals about beauty in the Western world have seen much change over the last century. The first global trend emerging from the United States of America in the early 1900s saw the female body epitomised by the "Gibson Girls". A creation of Charles Dana Gibson who wanted to label—and even modify—the women he encountered in his everyday lifeworld. This look classified as beautiful, women who were "tall with a large bust and wide hips, but a narrow waist" (Bahadur 2014). To meet this demand, women remodelled/reshaped their bodies by wearing designer corsets and dressing their hair in the style of the day.

In addition to Gibson's depiction and stereotyping of women and their womanhood, the social classes of the 1920s were further influenced by liberal culture, transatlantic exchange, the American jazz culture, and the ending of World War I. Women became increasingly bold in how they presented themselves through fashion and social etiquette, notably within a trend termed the "flappers". These women were seen as "social butterflies" with their slender bodies, bobbed hair, shortened dresses and scandalous behaviour (Bahadur 2014). The social conduct that the "flappers" exhibited prompted a social re-evaluation of beauty in American society. According to R. Murray-Leslie (1920:9 in Muncie 2015:76) they were seen as "the frivolous, scantily-clad, jazzing flapper, irresponsible and undisciplined, to whom a dance, a new hat, or a man with a car, were of more importance than the fate of nations". This look changed when the male gaze of the 1930s reverted back to the curvier form, exemplified by the popular Mae West, who broke with the flapper look by emphasising her "waist and hips" and "flaunting her figure through close-fitting dresses" (Bahadur 2014).

The 1940s saw American women going on diet to recalibrate their curvier bodies into a sleeker and more refined appearance. A new celebrity Rita Hayworth—championed this look with her slender

physique and porcelain-like skin (Bahadur 2014). The next decade saw the rise of the buoyant pin-up sex symbol, Marilyn Monroe. To date, she is still one of the most well-known and celebrated women of the 1950s. She visited American soldiers, sang "happy birthday" to President John F. Kennedy (ibid.) and was a big hit with her "busty hour-glass" figure. Her physical beauty and audacious antics made her a house-hold name and also led to curvier women becoming more fashionable again.

In the 1960s women became more outspoken against the roles to which they were relegated in a patriarchal society. Though not all women were part of the Women's Liberation Movement, a sexual revolution was born (Paoletti 2015:57). This collective re-negotiation of equality saw women voice their opinions and transform their everyday life-world (cf. section 1.4.). A sense of empowerment was established that gave women an added sense of equality and the option of occupational growth and performance in the labour market (cf. section 1.4.2.). The new beauty ideal, strongly embedded in the modelling industry (ibid.), was Twiggy Lawson, a well-known high-fashion model who portrayed the perfect fashion and body type: all slenderness and long-legs. Her thin appearance encouraged women to diet, and in some cases starve themselves, to obtain that current "look". This look led to the eating disorder "anorexia nervosa[4]" (Barlow and Durand 2009; cf. section 2.5.).

The anorexic look became a prominent feature on fashion runways and in the media. Partly in response to the health risks accompanying this trend, the 1970s promoted a re-envisioned healthy body, this time in the form of actress Farrah Fawcett. Her "toned athletic" body emphasised "natural" beauty and this dubbed her "one of the decade's most beautiful women" (Bahadur 2014). Following Farrah Fawcett came the 1980s "hardbody"—Jane Fonda who personified the fitness craze which prompted women to have a thinner body structure with a toned physique (ibid.).

In the 1990s beauty trends moved into dangerous realms of thinness known as the "heroin chic" look (ibid.). This saw Kate Moss among other models portraying beauty as "pale skin, angular bone structure and extremely thin limbs" (Bahadur 2014). To obtain these ideals, supermodels relied on strategies ranging from liposuction to various dieting schemes such as the "cotton ball diet[5]". These drastic techniques resorted to by models and celebrities are often not revealed to the general public. Nevertheless, there is still high pressure on ordinary women to portray these images. There have been various documented cases of models and everyday women starving themselves—sometimes to death—to meet these socially constructed trends in beauty (Murano 2011, 2012; Richard 2013; Garcia

[4] Anorexia Nervosa—"Refusal to maintain body weight at or above a minimally normal weight for age and height … disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation" (Barlow and Durand 2009:267).
[5] Cotton Ball Diet—An individual dips cotton balls in orange juice and ingests them to avoid feeling hunger and to maintain a sleek figure (Neporent 2013).

2014). From this short overview of female beauty, one can see the influence that society has had on women to change in order to meet desirable norms of beauty and perfection.

Present day women are encouraged to project themselves as fully manicured—gelled nails, latest shapes and colours in hair designs, being body conscious and wearing the latest fashion and accessories. Bahadur (2014) claims that through Western ideals, women of the 21st century are called on to represent themselves as being "tall, thin and leggy" with "big breasts and toned bodies". As Dr Stephan J. Greenberg an American based Plastic Surgeon (in Tunell 2015:1) observes: "women are asking for larger, but more natural-looking breasts as well as enhanced buttocks, rounder hips and slimmer thighs". Thus, according to Tunell (2015:1) the current beauty trend "topping our [media] feeds, covering glossy fashion magazines and changing the way we look at our own bodies in the mirror" sees women portraying an hour-glass image similar to "Jessica Rabbit"—large breasts, slim waist, voluptuous buttocks and an inner thigh gap. This is the beauty trend exemplified in the body type of Kim and Khloe Kardashian and which sees women like 25 year old Penny Brown from Australia undergo extensive cosmetic procedures to reflect "Jessica Rabbit's" physical appearance (Winter 2014:1).

2.4.1. A 21st century understanding of beauty

In trying to comprehend how an individual understands and perceives beauty, Levinson (2005:336) comments that "beauty [is] entirely an artefact of social conditioning". In the 21st century, the media's influence and portrayal of what is deemed beautiful influences an individual to re-evaluate who she is to how she perceives herself, notably with a view to finding ways of better conforming to accepted norms. One example is the "Kylie Jenner Challenge" on Facebook. Here adolescent girls and young women were encouraged to plump up their lips with Botulinum toxin (Botox[6]) or implants in order to duplicate Jenner's appearance (Nuffield Council on Bioethics 2017:15). Some individuals went to the extreme with Botox treatments that resulted in tearing lips and scarred, disfigured mouths. Participation in the Challenge reveals how a select few can influence the public and how social conditioning and social popularity prompt some women to conform to current trends in beauty and the body to the extent that they overlook any harmful implications. As Jones and Jones (2007) argue, the concept of beauty is often exacerbated by Hollywood and reproduced by socialites who give testimonies of their cosmetic journeys. Take for example Dolly Parton, who said that if you have "got the nerve, desire and the money to have surgery, (you) should find a good doctor and just do it … you

[6] Botox "is one trademarked form of botulinum toxin, but the term has become generally used to refer to any form of botulinum toxin used in cosmetic procedures, and is used generically in this [study]" (Nuffield Council on Bioethics 2017:16).

owe it to people not to look like a dog if you can help it" (In Touch Weekly 2012:1). Though many may downplay this statement as Parton's personal understanding of beauty and body maintenance, some may take this philosophy to heart, evaluating themselves and coming to a conclusion that they are "ugly" or "look like a dog" (ibid.).

People are bombarded with images on television, in magazines, and on billboards of the 'perfect woman'. These prototypes are mostly represented by celebrities and models who go to extreme lengths to maintain a particular body shape and image. Such is the case with supermodel Kira Dikhtyar who brought to light some of the drastic steps that models take to maintain their svelte figures:

> Packs of cigarettes, daily colonics, laxatives, Phentermine diet pills, Adderal, prescription drugs that suppress the appetite … I've heard stories that some modelling agents encourage girls to do speed and cocaine in order to speed up metabolism and eat less (Leslie 2012:1).

These measures are confirmed by model Bria Murphy: "lots of girls get addicted to drugs and anorexia" (Kalinauskas 2013:1). But this is only a glimpse into what is done to obtain the "perfect body". What is not revealed in the media is that most of the featured images of models/celebrities are Photoshopped. The Photoshop programme digitally removes imperfections and flaws thereby promoting only perfection within the current norms of beauty. In addition, Jones and Jones (2007:201-2) claim that "the American standard of beauty teaches us not to love one another, but to shame each other into conforming to beauty standards". By emphasising perfection and beauty, an individual may re-evaluate herself against social ideals and find an incongruency that can lead to an 'identity crisis' (cf. Chapter 4, page 75; section 4.2.). This "happens when a person questions and struggles with one's self (concept) and loses one's peace of mind and even sense of purpose" (Yoon 2015:8). McLuhan (in Leslie 2011:32) states that the media:

> … determines how people think, feel, and act … the messages we receive through media are so influential in our lives that we are no longer aware that our feelings, ideas, and opinions are being shaped by technology and the messages it carries.

This is particularly pertinent to the impressionable younger population, who often uncritically accept that media icons such as Paris Hilton and Kim Kardashian are what they should strive for, in appearance and character. These particular celebrities did not rise to fame through actions of merit like academic dedication, humanitarian endeavours, or the talent that propelled the icons from previous eras to fame. Focus is not given to how these socialites obtained their fame. Rather emphasis is given to their social status and mediatised popularity, their remodelled bodies and questionable

morals. Fiander (2013:1) states that we are "living in a world where celebrities become famous by being physically beautiful and popular print and digital media platforms tell us exactly what haircuts to get and makeup to wear to resemble your beauty idols". But what happens to an individual when she is considered—via self-perception or group association—to be aesthetically unpleasing?

2.4.2. Beauty and consumption

The phenomenon of beauty has created an industry of consumption epitomised in the drastic rise in trade in beauty products since the 1950s. This is due to the constant reminders by media platforms that beauty and status are linked and that they are important commodities. Through particular marketing strategies, trends are established. These trends promote a desired look, which encourage particular social groups to re-negotiate their understanding of beauty—in fashion, make-up, hair styling and designs. A sense of social conformity is established which further empowers the fashion industries to label and refine beauty and desirability as a unified sameness or as McKee (2013:1) phrases: "seduce the consumer and control the supply chain".

The natural body becomes a project demanding constant self-work and improvement. Fashion and its accessories become symbolic items signalling an individual's value and social status. Women are encouraged to emphasise their physical attributes through choice of dress and adornments. When these material items do not transform their natural appearance to their satisfaction, they may turn to more extreme interventions such as cosmetic surgery. According to Klaver (2009:181) "trends in body projects come and go, the boundaries of the abject zones are always changing, leaving the woman's body [always] potentially flawed and in need of [change]".

This insecurity in self-perception fuels the need to reshape the body to conform to current ideals. Trends in fashion, such as hair-styling and make-up techniques are all consumer projects associated with notions of self-worth and all offer a woman a temporary realignment to the body image she desires. As Kathryn Pauly Morgan (1991 in Davis 1995:166) says: "women are being coerced into conformity, lured into normalization, and misled into believing that an operation is an acceptable response" to meeting the social standards of beauty. From this radical feminist perspective, any form of feminine beautification, be it fashion to body-maintenance, positions women as abiding to inequitable patriarchal ideals.

From a liberal feminist perspective, beauty expectations and trends motivate women to be modern while still emphasising their gracefulness and femininity (Nicholas 2015:63). This sees the ideal modern women as being well-groomed with all the necessary extensions of beauty such as hair-care, gelled nails and lash extensions. These are meant to emphasise her self-worth and desirability while

still expressing a sense of sex-appeal to the male observer. According to Martin (2014:1) some women are prey to the impression that they are only beautiful if they obtain "hair extensions, large chests, big bottoms and stilettos … (with) bronzed skin, bikini waxes and fake eyelashes". This is further expanded on by the stereotyped notion that the male population is "programmed to believe that any woman with a sculpted body and perky breasts is attractive" (ibid.). This is neither fair to men or women.

The trend is, beauty is a commodity that can be acquired through cosmetic surgery, fashion, and beautifying merchandise. This understanding is further popularised in fashion magazines like American Vogue and Cosmopolitan. The agency, Media Smarts (2015:1), agrees that:

> Advertising, particularly for fashion and cosmetics, has a powerful effect on how we see ourselves and how we think we should look. Women's magazines in particular have a tremendous influence on body image.

Furthermore, media outlets promote the notion that the individual is not only capable of improving her appearance, she can improve her life-satisfaction. Therefore, beauty products—fashion clothing, dermatological creams, and make-up—target self-improvement that goes beyond the physical. And consumption of these products is promoted by advertising agencies via images that evoke a need to react to beauty inferiority and to be proactive in terms of self-improvement.

2.4.3. Media and the visual implications of 'what is beautiful'

Over the last decade, technological advancements have made social media and mass communication boundless. Cellular phones, laptops and tablets open endless numbers of apps and links that allow immediate notifications, updates and responses. These gadgets have made communication convenient, effortless, and complete. But the rapid media updates—from breaking news to beauty trends—often leaves an individual overwhelmed. With the advancement of technology and the ease of media coverage, people often become dependent on socially sanctioned norms, which can result in social as well as personal insecurity. According to Roberts (2013:1):

> Media can contribute to low self-esteem, even when we are not conscious of it … when we see perfected, altered images, it leads to anxiety and low self-esteem. It can even play a role in many mental health disorders, as it sets up an unrealistic ideal and creates feelings of 'I'm not good enough'.

When an individual accesses a fashion branded magazine—print or digital—she never sees an overweight or aesthetically unpleasing individual gracing the cover page. This is due to the immediate response of 'ugly' or 'undesirable'. Within a consumer culture, people want to see beautiful people

who present us with the potential of being happier, thinner, more successful, and ultimately richer. This is further expanded on by Jacobson (2008:1):

> Advertisers show stunning models living the perfect life to try and entice us into buying their product. They give the illusion that if we buy their product, we will become beautiful and have the desired life.

As noted before, media images do not always lead to positive and reassuring outcomes in self-perception and identity. The media often portray an unrealistic and even dangerous standard of feminine beauty: thinness is one example. Women are expected to adapt to these socially constructed ideals and norms to be considered "attractive" and beautiful (Serdar 2014). However, what media enterprises conceal from the public, is that all the images that are placed into an issue of a magazine, on a billboard or televised advertisement are aimed at projecting an image of perfection in order to create a reaction of desire—for the toned body, the latest fashion, or perfectly manicured hair and nails.

The motive behind the reworking of images (cf. section 2.4.1.), is intended at eliminating any perceived flaws and shortcomings such as—wrinkles, skin tone, body shape, excess weight, and undesirable contours of the mouth, nose and eyes. Fashion blogs also promote particular ideals and beauty based agendas and as health blog, Ideal Bites (2012), confirms, every "image you see has been retouched. There are [few] that feature the real skin, curves or hair of a woman that hasn't been significantly altered". Thus, most of the images that we see in the fashion media are created to please the viewer, but in actual reality images are mainly illusions to deceive us into believing that such beauty and perfection exist.

Women should be conscious of the potential stigmatisation and categorisation inherent in socially constructed norms, as most women will not fit these glamorised ideals of flawless beauty. Women should rather be motivated to eat healthily, exercise regularly and be reassured by the media that their body and self-image is unique, and that perceived flaws/shortcomings (wrinkles, etc.) are part of what makes them beautiful. Furthermore, a stronger emphasis should be placed on beauty as being a subjective understanding and that women should not strive to portray a universal sameness.

2.4.4. The role of celebrities and other idols

Popularising famous individuals such as movie stars, singers and socialites, has shifted how women view themselves within their everyday life-world. How a woman evaluates herself against her adored idol can prompt a need for her to transform her physical self and re-negotiate her identity, to reflect and even mimic her favoured celebrity. This is important with regards to the phenomenon of 'body

dysphoric disorder': "an illness in which people—both men and women—are preoccupied with minor or imagined flaws in physical appearance" (Ferri 2015:342; cf. section 2.5.1.).

People have looked to "celebrities and fashion icons and the brands that surround them in a hope of emulating some of their cool status and exciting lifestyle" (Willett 2010:123). A woman's desire to mimic her idols can be viewed as either an innocent curiosity or the more disturbing aspect of recreating herself, in body and character, to mirror her chosen star. The latter inter-subjective construction of reality is seen to produce what Nelson (2012:227) termed "celebrity worship syndrome": the need to "live vicariously through movie stars as a way of alleviating boredom … search for identity … [and] conjure fantasy relationships".

Such obsessions can have detrimental consequences on an individual's life. Take Claire Louise Leeson, who recreated her body and character to emulate her idol, Kim Kardashian. Claire started her transformation at the age of 17, enduring several procedures including breast enlargements, teeth whitening, and extensive make-up sessions. She still plans to get a buttock augmentation. Her motivation is to overcome childhood bullying—she states that when she gets her "Kimmy on … I feel strong … and I feel that I have built enough confidence to love myself a little bit more" (Bushak 2014:1). Claire Leeson is not the first 24 year old to suffer an identity crisis and re-negotiate herself to resemble her desired idol. Other examples are Xiaoqing's transformation to Jessica Alba, Nadya Suleman to Angelina Jolie, and Deborah Davenport to Kate Winslet (Judson 2015:13-15).

As discussed earlier, the media strongly influences what is considered beautiful (cf. section 2.4.3.). Even stars and celebrities remodel themselves to reflect mediatised ideals. There are however Hollywood elites who are highly against re-working and reshaping their bodies. This more critical view on cosmetic surgery is expressed by actresses such as Jamie Lee Curtis, Brook Shields, Viola Davis, Cate Blanchett, Julia Roberts and Rachel Weiss, who have all made a prominent point of allowing their bodies to age naturally. I am of the opinion that these are the women who should be idolised, as they do not see the need for cosmetic procedures to obtain a younger appearance and firmer body. They rather believe that a healthy life-style will allow them to age naturally and gracefully. This is confirmed by Kate Beckinsale (in The Sydney Morning Herald 2012:1):

> I much prefer how my mother looks to the people I see here (in Los Angeles) with wind-tunnel face. I feel like beauty is a gift that you have for a while, and you enjoy the hell out of it while you have it.

Selma Hayek is in agreement with Beckinsale, when she states that undergoing a cosmetic procedure endorses beauty as a sameness. Hayek (in Nudd 2011:1) feels that all women are beautiful in their natural form and aging only requires a re-negotiation in self-perception:

> [Cosmetic surgery] is like the uniform of a generation … and it's not necessarily beautiful. It's not wrinkled-looking, but it's not beautiful … within you there is beauty, and you have to learn how to find it and enhance it in a natural way. One thing that is exciting about being a woman is that you can rediscover your beauty over and over and over.

Hollywood elites clearly have an effect on the mass population. Impressionable young adults are easily persuaded into viewing their bodies as defective or not up to the social standards. This is elaborated on by a concerned individual (in Radnor 2015:1) who expresses the view that "pop culture idols need to think twice before making a poor decision or practicing awful moral because of their influence on their young fans and other people who may look up to them".

When a woman feels that she does not meet a certain criterion of beauty and feminine charm she may rely on drastic measures to counter this misconception. This is especially evident when an individual is not financially able to employ the services of a qualified cosmetic surgeon. It has been documented that some women have endured dangerous methods performed by black-market cosmetic surgeons[7] that include "rogue" practices of cooking oil to plump up the face and neck, a mixture of concrete and tyre sealant in place of Botox, and industrial silicone for buttock augmentations (Heyes and Jones 2009:6; Murano 2012:7; Rucke 2013:1; Williams 2014:8). Though these dangerous techniques are of concern, this research study is conducted with participants who have their procedures done in the licensed practice of a medically certified cosmetic surgeon.

2.5. The body and psychological disorders

This study is sociological, but due to the nature of cosmetic surgery and beautification, it is necessary to present information on particular psychological disorders that attend these processes. According to Greene and Goodrich-Dunn (2014:4) there are two psychological perspectives attributed to the body and conscious understanding. The first sees the body and the mind as "separate entities" and attention is placed on the conscious aspect of the individual (ibid.). From this perspective, an identity crisis can arise if an individual sees her body as not being a true reflection of her sense of self. This

[7] Black-market cosmetic surgeons represent "unlicensed or unqualified practitioners offering cheap and quick "salon" services, sometimes using knock-off or non-medical injectables, while some are willing to undertake more invasive surgeries such as liposuction" (Heyes and Jones 2009:6).

divide between perception and physical representation can result in an individual experiencing a fracture or biographical disruption (Bury 1982) in her life-world (c.f. section 3.2.).

The second perspective considers the physical body and the conscious mind as "unified". This concept illuminates how an individual consciously identifies and engages her physical self. Preference is given to the mindfulness that determines how an individual perceives herself, which in turn influences how she accepts and portrays her physical appearance (Greene and Goodrich-Dunn 2014:4). This "unified" psychological perspective was founded by German neurologist and psychologist, Kurt Goldstein in 1935. Goldstein saw the relevance of engaging the fields of psychology *and* sociology while studying war veterans with physical disabilities (ibid.). From this integrated and holistic sociological—psychological framework, a renewed understanding is considered particularly in relation to conditions like drug addiction and eating disorders. The latter is particularly pertinent to the concept of beauty, as it is related to body image, shape and weight.

Psychological disorders like anorexia nervosa, bulimia nervosa, binge-eating disorder, obesity and night eating syndrome are not focused themes for this research undertaking. However, they are relevant to how an individual sees, understands, and accepts her body. These disorders can be reflected on in the collected narratives and for this purpose, I give a brief overview of each disorder.

Individuals with anorexia nervosa "eat nothing beyond minimal amounts of food" in order to achieve an overwhelming need to be thin (Barlow and Durand 2009:261). On the other hand, bulimia nervosa emphasises "out-of-control" eating episodes that are followed by purging to maintain or even lose weight (ibid.). Both anorexia and bulimia have been on the rise since the 1960s when body weight and the slender look became more entrenched as an epitome of beauty (cf. section 2.4.). According to Susan Ice, M.D. (in Daw 2001:1) "the incidence of eating disorder has doubled since the 1960s and is increasing in younger age groups, in children as young as seven". This issue is further illustrated in statistics released by Eating Disorder Hope (2016) which show that 0.9% of women worldwide struggle with anorexia, 1.5% of all women will experience bulimia, and 3.5% of the female population suffer from binge eating.

On the opposite spectrum to thinness is overweight and obesity. According to the body mass index (BMI), an individual is classified overweight if her BMI is between 25 and 29.9 and obese between 30 and above (American Cancer Society 2015:1). For a diagnosis of being overweight or obese, an individual must obsessively eat past the required calories needed to sustain normal bodily functions. Furthermore, being overweight or obese falls into two categories: binge-eating disorder and night eating syndrome. Binge-eating disorder shares similar characteristics to bulimia nervosa, but differs in that the individual eats to excess in secret and does not rely on any acts of vomiting or purging to

maintain a weight ratio. On the other hand, night eating syndrome sees an individual consuming "a third or more of their daily intake after their evening meal" which is usually accompanied by waking during the night to eat "a high-calorie snack" (Barlow and Durand 2009:284).

These disorders can trigger emotions of shame, embarrassment, and self-loathing. These negative emotions may encourage an individual to seek medical attention to regain her health by realigning her self-understanding, her identity, and her bodily structure. To accomplish this she may rely on diets, bariatric surgery, fat transfer, liposuction, or abdominoplasty. Even as these interventions can motivate an individual to re-negotiate her sense of self, it can also cause her to find further shame in perceived bodily flaws/shortcomings, resulting in body dysmorphic disorder (Gilbert and Miles 2002:90).

2.5.1. Body dysmorphic disorder

Women suffering from the chronic mental illness "body dysmorphic disorder" are obsessed with their appearance and continuously find flaws/shortcomings that need correction. When an individual continuously views her body as flawed, her life-world can shift substantially. This shift can motivate her to alter her body and/or to avoid particular social situations.

When a psychologically healthy individual engages with her social environment, she is able to experience a full range of emotional positions such as confidence, assertiveness, shyness, and nervousness. But when an individual suffers from body dysmorphic disorder, she will show signs of distress in all encounters, as she feels that everyone she comes into contact with sees her physical flaws and shortcomings. This individual is likely to experience emotions like insecurity, avoidance, shame, and anxiety. As Neziroglu et al. (2012:1-2) explains body dysmorphic disorder is characterised by:

> A preoccupation with a perceived or minor flaw in appearance. If a minor flaw does exist, the amount of distress it causes is above and beyond what might normally be expected. The preoccupation leads to a significant degree of distress and interference in daily life … you avoid certain situations that make you anxious, such as being seen in a bathing suit … [but] when you're not avoiding, you may try to hide the part of your body that you feel uncomfortable with.

When obtaining cosmetic surgery to remodel a body part, individuals who suffer from body dysmorphic disorder often reassess their post-operative form and find *further* flaws that produce feelings of shame and anxiety. These negative feelings often persuade an individual to seek more aesthetic procedures in a self-perpetuating cycle of trying to match her body to her identity, or desired

identity. One of the most famous examples of body dysmorphic disorder is the late Michael Jackson who felt that he was, or at least should have been, born in a Caucasian body. He spent his life trying to integrate his vision of himself with the reality of his physical self. Another example is Heidi Montag, a television host, who transformed her physical appearance after her cosmetic surgeon listed all her imperfections. According to Montag (in Ryland 2014:1) "he told me everything that was wrong with me, I felt really insecure". She ended up going for ten surgeries which included a brow lift, rhinoplasty, ear pinning, chin shaved, two breast enlargements, back scooped out, fat transfer to her cheekbones, and liposuction on both her inner and outer thighs (ibid.). This example emphasises the fragile state that some women experience when negative remarks are made, particularly by people who they regard as significant in their lives.

Some women take up potentially dangerous lifestyle trends, from diets to cosmetic interventions, in order to conform to socially constructed ideals and norms of beauty. However, some fads don't stop with redesigning/reshaping the body to reflect the perfect woman. In recent years, there are examples of both men and women who have pushed body transformations to the extreme. These individuals have transformed themselves physically, as well as re-negotiated their emotions and persona, to resemble/imitate childhood figurines and comic-based characters such as Barbie and Ken, Anime dolls, and Red Skull.

2.5.2. The Barbie doll syndrome

In the 20th and 21st centuries, the Barbie doll has been one of the most iconic and popular children's toys. The popularisation of this figurine has underpinned some of the many weight trends and obsessions. However, the past few years has seen the Ukrainian born Valeriya Lukyanova exemplify her obsession by transforming herself via cosmetic surgery into the first "human Barbie doll" (Soldak 2012:1; 2012a:1). Lukyanova's true life depiction of her idol in weight, size and appearance has sparked what is known as the "Barbie flu"—infecting other Ukrainian women with the urge to physically and characteristically transform themselves into their desired fairy tale characters (ibid.). These extreme physical transformations mimic exact doll-like characteristics, including actual sizes. In the case of Lukyanova, she sports the breasts, hip and waist measurements—"86/47/86"—of her idolised figurine (ibid.). To maintain these sizes, Lukyanova began by confining herself to only eating "honey-dew", cutting out all other nutritional sustenance (ibid). She has since recalibrated her diet to the "breatharianism" life-style, which relies solely on "cosmic micro-food" (Black 2014:1). Cosmic micro-food is the consumption of only light and air (ibid.). These life-style modifications can drastically affect bodily health leading to problems with hormones and the reproductive system, and in later

years physical and skeletal functioning, leading to osteoporosis, heart disease, stroke and even death (SA Health 2015:1).

This "Barbie doll" trend was picked up by the media who have "blown it completely out of proportion and created sensation where none existed" (ibid.). This spread of propaganda now sees individuals transforming themselves into characters like Ken (Barbie's partner), Anime dolls, Marvel Heroes and Villains. These extreme bodily redesigns are linked to psychological insecurities and body dysmorphic disorder. As a critical sociologist, I am of the opinion that more media attention should be focused on the graphic artist and researcher Nickolay Lamm, who redesigned the iconic Barbie doll to promote a more natural and "flawed" figurine in the "Lammily doll". According to Lamm (Lammily 2016) the extreme pressures put on girls and young women have elevated beauty ideals to an unachievable level:

> Real is beautiful. Lammily's goal is to empower children of all shapes and sizes to develop self-esteem, have positive body image and to be accepting of others. Lammily is the first doll to use realistic body shape and proportions in its design … Lammily will show the world that what they may think are imperfections, are truly their most beautiful characteristics. In a world where children are bombarded with advertisements and images of unrealistic expectations, children begin doubting their beauty as early as age 9. Lammily is determined to change the lives of future generations by changing the standards, images and perceptions of how children judge themselves by showing that realism is truly beautiful (Lammily 2016:1).

2.6. Conclusion

What can be taken from this chapter is that beauty is approached and engaged with as an evolving and changing phenomenon. Nowadays, women feel an ever present pressure to maintain their physical appearance. This involves an individual's sense of self-care interfacing with her need to meet socially sanctioned ideals of beauty and attractiveness. When aspects of the body are perceived as undesirable, various temporary interventions such as make-up and clothing can be used to shift perceptions off the body being undesirable, but when these temporary methods are not experienced as satisfactory, more permanent solutions, such as cosmetic surgery are sought.

From a radical feminist perspective, cosmetic interventions are commonly perceived as acts of gender conformity in so far as appealing to patriarchal norms, including the male gaze by reshaping the body to express an unnatural sense of perfection and sameness (cf. section

1.4.). However, from a liberal feminist perspective, cosmetic surgery offers the potential of being a liberating journey. Women who obtain an aesthetic intervention are seen as empowering themselves by re-negotiating their sense of self-worth, confidence and gendered embodiment.

This study does not focus on such extreme transformations, as in the case of "body dysmorphic disorder" and the "Barbie flu" (cf. section 2.5.1; 2.5.2). Rather, the study focuses on more common everyday cases where a woman perceives a cosmetic procedure as aiding her to re-negotiate her body so that it aligns more closely to her identity. This is in keeping with Davis (1995:163) who states that "cosmetic surgery is not about beauty, but about identity. For a woman who feels trapped in a body which does not fit her sense of who she is, cosmetic surgery becomes a way to renegotiate identity through her body".

Chapter 3: Literature review part 2—medicalisation

3.1. Introduction

The second part of the literature review looks at beauty from a medical perspective. My focus is to understand how beauty trends, and societal norms associated with these trends, are medicalised. I explore how the medical encounter influences an individual in her self-understanding of her body and how undergoing an aesthetic procedure (dis)empowers the individual in re-negotiating her identity and femininity (Davis 1995, 2003; Hedén 2003; Maturo and Conrad 2009; Maturo 2012).

3.2. Biographical disruption (sense of self and life-world)

Most people experience illnesses throughout their life-span, from common colds to more serious ailments. These life-world experiences prompted sociologists to explore and study social groups and their engagement with particular sicknesses. What becomes evident in their search is that illnesses interrupt an individual's everyday life-world. This led Mike Bury (1982) to term the illness experience a "biographical disruption". Prominent features of the "biographical disruption" is how an individual perceives and accepts her diagnosis, and how she experiences illness within the life-world.

The concept of a "biographical disruption" is usually applied to the experience of a chronic illness. However, Nettleton (2006:93) notes that "Bury's concept of biographical disruption has been revised in the light of empirical studies which places … the context of other events which take place in people's lives". This understanding is expanded on by Williams (2006 in Price and Walker 2015:24) who states that "life, in late modernity, is a series of never-ending 'biographical appraisals, revisions and improvements' … which have a tendency to generate their own, very particular, self-reflexive ailments and maladies". This reveals that perceptions related to the "biographical disruption" are not exclusive to the theme of chronic illness. For this research, the theoretical context of Bury's (1982) "biographical disruption" is applied to the phenomena of beauty and cosmetic surgery. When the body is regarded as flawed, a fracture occurs between an individual's sense of self and her life-world. It is from this perspective that I argue, when an individual does not accept her body as projecting her perceived self-identity, a sense of emotional pain is experienced. This results in a self-perpetuating cycle of anxiety, feelings of unworthiness (personally and in a social context), embarrassment, and shame. When these emotions are experienced, an identity fracture occurs, which affects how the individual perceives, understands and engages her everyday life-world.

Bury (1982:170-175) identified three prominent aspects of "biographical disruption": "onset and the problem of recognition", "emerging disability and the problem of uncertainty", and "the mobilisation of resources". For this research, I apply these to cosmetic interventions and explore them in terms of the relationship between the body and identity.

When looking at *onset and the problem of recognition* in relation to cosmetic surgery, it is important to note that an official medical diagnosis (Bury 1982:170) cannot be made. Rather, onset and the problem off recognition presents as a misalignment between the body and self-concept accompanied by thoughts and feelings of shame and embarrassment. When an individual is unable to change her way of thinking, she may realise that her negative emotions towards her body can be altered by changing her body via surgical intervention. A cosmetic procedure and a proactive engagement with medical personnel, can encourage the individual to reassess her self-perception and even re-evaluate who she is within her modified body. In addition to this realignment of the body with identity, the individual may re-evaluate her psychological, emotional and even spiritual self. Thus, a "biographical disruption" may not only be interpreted as being related to a medical diagnosis and treatment of an illness, but rather it can also be experienced as a cosmetic intervention which potentially alleviates an individual's emotional turmoil and encourages a positive "biographical reinforcement" (Gabe and Monaghan 2013:74). Of course, the possibility exists that the intervention—particularly if unsuccessful or experienced as such by the individual—can add to her emotional turmoil and lead to a negative "biographical reinforcement" (Gabe and Monaghan 2013:74). A "biographical reinforcement" (cf. section 6.5.3.) is related to how others acknowledge the individual's problem/dissatisfaction in so far as how they support and engage the individual's action and choice in accepting/changing this perceived problem/dissatisfaction. Cockerham (2013:19) suggests that when an individual experiences a "biographical reinforcement … important connections are made between meanings of subjective experience and structural conditions".

When an individual has accepted that she is experiencing distress because of her physical appearance Bury's (1982:172) next aspect: *emerging disability and the problem of uncertainty* comes into play. The woman seeks medical advice on how to rectify it or asks for a particular procedure. If the surgeon is comfortable with the cosmetic request, the individual is told about the pros and cons of the surgery, possible outcomes of the intervention, what the limitations are after the surgery, and if the procedure needs monthly/yearly upgrades (as in the case of breast augmentation, Botox and fat fillers). The medical practitioner could also encourage the individual to seek further information surrounding her aesthetic procedure. By motivating an individual to research her surgical request, it appears that the cosmetic surgeon wants to instil the patient with a sense of empowerment.

Once the individual has gained, understood and integrated knowledge about a desired procedure, Bury's (1982:175) last theme *the mobilisation of resources* is explored. According to Bury (1982:175) this is aimed at providing the individual the "best quality of life". This applies predominately to the health services practice/ethos and its influence on the ways in which the individual "recovers a sense of self-worth" (ibid.). Different medical institutions treat patients differently. It is vital that the medical practitioner and his/her staff treat the patient as an independent and empowered individual.

When cosmetic surgery is obtained for the self and not for others, an individual experiences a renewed sense of embodiment. According to Howson (2013:17) embodiment is a vital aspect to "bodily integrity". By exploring the concept of "bodily integrity", a fuller and more comprehensive understanding is related to an individual's self-identity, life-world, and social encounters. This unfolding perspective emphasises that the body is a medium that enables an individual to learn, understand, and interact within her everyday social reality (ibid.; cf. section 1.3.4. and 1.3.5.).

3.3. The private medical encounter

South Africa functions within a dual health care system: state-owned and -operated public health facilities or privately-owned and -run institutions. There are vast differences between these two health care systems in terms of resources. The public health care system is under-resourced: while reconstructive surgery would be available (e.g. for people involved in accidents or with a birth defect), cosmetic surgery would not. This study is positioned in the private medical context and focuses on the middle-to-upper class population who are able to afford private medical care.

Financial stability is an important factor in South Africa in relation to medical care. It is common practice for South Africans to subscribe to a medical aid scheme, which assists them to access private medical care. The insured individual thus has access to accurate diagnosis, immediate treatment regimens, and easy admission when in-patient treatment is needed. Private medical aids enable the insured access to expensive institutions where, unlike in the public health care sector, doctors and their staff are not overworked, medical equipment is upgraded and in pristine working order, and patients are treated with an ethic-of-care[8] that enables a more positive environment for healing and recuperation (van Rensburg 2011:77; Erasmus 2012). When an individual seeks a cosmetic procedure for aesthetic reasons, medical aids generally do not fund them because "cosmetic surgery is a patient's choice and is done for aesthetic purposes" making it "non-essential surgery" (Vitacare 2015; cf. section 7.2.1.). There are however cases where medical schemes do cover a portion of the cosmetic cost, for

[8] Ethics-of-care "focuses on attentiveness, trust, responsiveness to need, narrative nuance, and cultivating caring relations" (Herring 2014:33).

instance where surgery is reconstructive (e.g. breast reconstruction) or addresses a chronic condition (e.g. blepharoplasty and rhinoplasty). To qualify for insurance, procedures must usually be motivated for by the surgeon (Vitacare 2015; cf. section 7.2.).

South African cosmetic surgeons have the capacity to approve or deny a procedure, particularly if the physician feels that it is too high-risk, if the patient suffers from hypochondria[9] and body dysmorphic disorder (cf. section 2.5.1.), or has unrealistic expectations of the surgical outcomes. Assessment of these factors differs from surgeon to surgeon and ultimately a cosmetic procedure is undertaken at the discretion of a particular physician.

When a woman decides to reshape her body for beauty purposes, she will have to consider the financial implications (cf. section 6.3.; 7.2.; 7.2.1.). According to a private medical practice that is situated in Bloemfontein, South Africa: a breast augmentation costs R38 500.00; a breast lift is R39 500.00; an abdominoplasty is R45 000.00; liposuction is R28 400.00; and blepharoplasty is R29 000.00. These are 2017's price estimations and include the procedure, renting of the operating room and the physician's fee. However, these costs do not take into consideration the anaesthesiologist and—if needed—the hospital stay. Though these prices are favourable for international patients (cf. section 2.3.), they are quite expensive for South African women who mostly rely on savings and/or assistance from a partner.

Once the surgical approval and financial implications have been dealt with, the individual who undergoes the cosmetic procedure is treated as a VIP. The private medical encounter is renowned for its hospitable care and person-centred engagement. Women who are hospitalised are generally placed in shared rooms (2 beds) with their own private bathroom, nursing staff that are trained within their working ward, hourly meals and snacks, hair dressers (volunteers and nurses), and daily changing and turnouts of bedding. The private medical encounter thus aims to make the cosmetic experience as positive and as easy as possible—from the paperwork, to meal choices, to follow-up treatments. From a private medical perspective, women who undergo aesthetic alterations are not seen as vain or frivolous, but rather as concerned with self-care and self-improvement.

3.4. Medicalisation of beauty

In the face of rising media coverage and the stereotypes of beauty that results, many women feel the need to reshape their physical selves to project a particular standard of beautification (cf. section 2.2.1.). As descried in section 1.3.1., aesthetic procedures have increased exponentially over the past

[9] Hypochondria "is a constant preoccupation with one's own health, with self observation of organs (and appearance) that are thought to be diseased" (Rosenfeld 2014:9).

10 years (Mahomed 2014:1). Before trying to understand the concept of medicalisation of beauty, it is important to define the classical sociological understanding. According to Maturo (2012:1) medicalisation is "the process by which some aspects of human life come to be considered as medical problems, whereas before they were not considered pathological". Maturo's (2012:1) interpretation of medicalisation focuses on social transformation and how an individual's everyday experiences influence how she accepts/rejects her body and self-image (Conrad 2007).

From a radical feminist perspective (discussed in chapter 1, section 1.4.), the medicalisation of beauty presents two points of view: firstly that "cosmetic surgery reveals something deep about the individual self" and secondly that "what it reveals is pathological" (Chen and Moglen 2006:35). Moreover, a women renders herself "pathological by patriarchy" (ibid.). When she surrenders to the notion that she is not equal to her male partner and that her natural beauty is in need of modification to satisfy the male gaze (cf. section 2.2.3.). In doing so, she experiences a sense of crisis in relation to her gendered body and appearance. According to Morgan (in Chen and Moglen 2006:36), the "double-pathologizing of women's bodies" emphasises that women are encouraged (by others and/or the mass media) to remodel/reshape their bodies—via cosmetic surgeries—to obtain a socially constructed standard of "beauty and perfection". By viewing women through this lens, any form of medical intervention is seen as a disempowering act that cultivates femininity and beauty as a universal sameness. Davis (1995:41) is partly in agreement with this:

> Despite the changes in cultural beauty ideals, one feature remained constant; namely, that beauty was worth spending time, money, pain and perhaps life itself. Beauty hurts, and it appeared that modern women were willing to go to extreme lengths to improve and transform their bodies to meet the cultural requirements of femininity.

Davis (2007:164) re-negotiates this uncompromising and radical feminist thinking by arguing that medicine and the medicalisation of beauty should not be seen as "inherently bad and disempowering", but rather as an empowering aid to identity re-negotiation and self-improvement of the natural body. From this view, an individual empowers herself by employing the medical services of a cosmetic surgeon to remodel and reshape her body so that her appearance can more accurately represent her true self-perception. Davis (1995:163) elaborates:

> Cosmetic surgery is not [solely] about beauty, but about identity. For a woman who feels trapped in a body which does not fit her sense of who she is, cosmetic surgery becomes a way to renegotiate identity through her body. Cosmetic surgery is about exercising power under conditions which are not of one's own making. In a context of limited possibilities for action, cosmetic surgery can be a way for an individual woman

> to give shape to her life by reshaping her body. Cosmetic surgery is about morality. For a woman whose suffering has gone beyond a certain point, cosmetic surgery can become a matter of justice—the only fair thing to do.

This research adopts the view that when a cosmetic procedure is undertaken for the self and not to meet socially constructed ideals, the individual is more accepting of her surgical encounter, her transformed body, and her transformed sense of self.

3.4.1. Perceptions and expectations of cosmetic surgery

Due to the cavalier stance the mass media takes on cosmetic surgery, through the popularising of television shows like "Make me perfect" and "The swan and extreme makeover", women are conveyed a simple, but dangerous message: cosmetic surgery is the route to beauty and life-satisfaction (Margraf et al. 2013; Lazar and Deneuve 2013). However, the mass media is selective in revealing the potential risks and complications aesthetic interventions can have. Furthermore, it is accepted as entertainment when television shows broadcast unsuccessful surgical outcomes. I am of the opinion that the mass media should re-evaluate its position on cosmetic surgery, as their current optimistic message motivates unrealistic perceptions and expectations of cosmetic surgery.

When an individual is serious about realigning/reshaping her body to her identity, she is seen as empowering herself by changing her displeasing bodily aspects/shortcomings and re-negotiating her life-world. According to Davis (2003:122) an individual *purposefully* changes her "fantasy to reality". Furthermore, a cosmetic intervention is not obtained impulsively and in a nonchalant manner, rather it is suggested by Davis (2003:132) that women consciously reflect over such decisions, by weighing up all the eventual outcomes:

> The decision to have cosmetic surgery is not taken suddenly or without deliberation. It is not only proceeded by years of terrible suffering and by unsuccessful attempts to accept the problem, but, once the decision is made, it still may be followed by many more years of procrastination.

This view reveals that an individual's motivations and desires are re-negotiated against her everyday life-world as well as emphasising the emotional significance associated with these lived experiences. While considering the surgical intervention, some women engage additional knowledge by researching their cosmetic procedure, while others consciously weigh up the pros and cons over time (cf. section 6.5.2. and 7.2.). This suggests that a cosmetic intervention is not perceived as a quick fix solution, but rather a reflexive process. This unfolding debate also emphasises that women who rely on cosmetic surgery are aware of the potential risks and overall outcome. When evaluating the risks

of surgery against accepting the body dissatisfaction, it is thought that women are willing to risk their physical appearance in hope of re-negotiating their daily suffering. Davis (2003:135) states that:

> The risks are acknowledged—either as statistical probability or mysterious fortune—they are situated against the conviction that each has little to lose. 'It can't be worse than it already is' or 'anything is better than what I have now' provided the refrain which explained how their subjective perception of their suffering ultimately tips the scales and makes the risks worth taking. The dangers of the surgery are measured against a newly found sense of agency. The choice is passively accepting the status quo and continuing to suffer or taking action under the motto 'at least, I will have tried to do something about it'.

After obtaining a cosmetic procedure, an individual can perceive her intervention as either a positive encounter that empowers her or as a negative experience that has morphed her physical appearance into something that is undesirable. It is generally accepted that when an individual strives to obtain a cosmetic procedure, she is of conscious thought and reasoning (Gordijn and Cutter 2014:63; Baker-Pitts 2008:222; Loue and Sajatovic 2004:200), and purposefully undertakes steps towards an "elective" procedure that is not aimed at overcoming a deformity or curing an ailment. If a woman's cosmetic procedure is done to meet particular social ideals or for a partner's request, it can have negative effects on how she perceives herself and the overall acceptance of her reshaped appearance. Therefore, cosmetic surgery should be an action and choice that is undertaken by an individual out of her-own desire.

So risks, personal motivations, and surgical mishaps are taken into consideration, but they do not always outweigh the everyday dissatisfaction, and perhaps even the emotional pain an individual experiences (cf. section 1.4.). Therefore cosmetic surgery can be positioned as a justifiable method to aiding an individual in re-engage her sense of self to her life-world.

3.4.2. Surgical protocols and procedures

As noted earlier in chapter 2, the Hollywood perspective of beauty is focused on encouraging women to redesign/reshape their bodies in accordance to the latest trends (cf. section 2.4.1.). In the South African cosmetic community, surgical practices are more traditional with the majority of cosmetic surgeons aiming to satisfy the growing demand of cosmetic interventions in so far as they tend to focus mainly on procedures such as abdominoplasty, lipoplasty, blepharoplasty, breast lifts and augmentations. In February 2015, I consulted a cosmetic surgeon who commented that all women are naturally beautiful. But if they desire to enlarge their breasts or revitalise their facial features, he

cannot fault them on their cosmetic desire. However, if an individual aims to re-create herself to mimic a celebrity, he is of the opinion that there are underlying psychological issues which will inevitably result in disappointment in the surgical outcomes.

In South Africa, a cosmetic surgeon is regarded as a specialist and required to abide by specific protocols of The Association of Plastic and Reconstructive Surgeons of South Africa (APRSSA). One key protocol is informed consent; a consent form must be discussed, all questions answered, and the form signed in full knowledge of the (dis)advantages of the chosen surgical intervention. This document aims to disclose to the individual her rights and the surgical protocol. The consent form is twofold, firstly ensuring the patient's right to "autonomy, self-determination, and freedom of choice" (Feinberg and Feinberg 2010:192). And secondly, it facilitates a rational decision-making process that allows the patient to take into account all the advantages and disadvantages of the desired procedure and to make an informed decision. The overall purpose of this document is to empower an individual through transparency of information. Thus, this form prompts/encourages an individual to play a more active role in the decision-making process and to engage a more open relationship within the medical encounter.

It is important that the individual fully understands the risks and complications associated with her chosen elective procedure and that the chosen surgeon operates in a manner that is consistent to the uniqueness of her body. For example, every individual heals and scars differently and if the individual knows that she scars from scratches and other minor skin lesions, she must be aware that a breast augmentation can result in visible scar tissue. This point of view is expanded on by Carlson et al. (2004:180) who suggest that for an operation to have the best possible outcome, the individual must disclose all concerns to her surgeon and be integrated into the planning phase of the cosmetic procedure. This allows the surgeon to request more information and to find strategies to pre-empt problems.

Participants in this research obtained the surgical procedures of abdominoplasty, lipoplasty, blepharoplasty, breast lifts, and breast augmentations. Accordingly, I now give a brief explanation of these procedures in terms of patient suitability, risks, projected recovery, follow-up surgeries, follow-up care and overall expectations.

Abdominoplasty is more commonly referred to as a "tummy tuck". This procedure aims to remove excess skin which is the result of natural aging and pregnancies. For an individual to be eligible for this cosmetic procedure, she must be of a consistent weight or a BMI between 18.5-25 (cf. section 2.5.), "have good general health, have realistic expectations, accept the scars and recovery period, ideally have no plans for further pregnancies and be a non-smoker" (Waterhouse 2008:51). In addition to

these criteria, if the individual proceeds with the surgery, she must accept that there will be "scarring, a minimum of 2 weeks recovery, numbness of the lower abdominal skin, the need for exercise and weight control after surgery, and the possibility for minor secondary surgery after 6 months" (ibid.). This surgical intervention holds the risks of seroma (collection of fluids), hematoma (blood clots outside the vessel), pseudo-bursa (scar tissue surrounding a fluid pocket) and umbilical complications (hernia) (Hunstad and Repta 2009:229-237). The underlying motivation for this surgery is to obtain a flatter and more toned abdominal appearance.

Lipoplasty is commonly referred to as "liposuction or lipo". This procedure sees the excess of fat deposits being removed via the method of cannula[10] suction (Rubin et al. 2013:514). Targeted areas are usually the arms, the legs, the stomach and the chin and neck. In these body parts accumulation of fat becomes difficult and sometimes impossible to remove through conventional diets and exercise. For a patient to be eligible for this procedure, she must have good health, be approximately 11.5 kilograms over her ideal weight and have fat deposits that do not respond to traditional interventions (Hurwitz 2015). The risks of such a procedure include "infection, extended healing time, fat or blood clots, fluid accumulation, scarring and changes in skin pigmentation" (ibid.). If the procedure is successful, weight-loss is immediate and the individual has a thinner and more toned appearance. Furthermore, to maintain the reshaped body, the individual must be conscious of her diet and follow a consistent exercise plan. Both lipoplasty and abdominoplasty can be done conjointly, however, due to a higher risk of complications, cosmetic surgeons prefer to schedule two operations. Thus, the desired outcome of the combination of liposuction and tummy tuck is firstly to obtain weight-loss and secondly tighten aging skin to obtain a body that is leaner and more contoured.

Blepharoplasty or "eyelid surgery" is the restructuring of the shape and skin around the upper and/or lower eye. Excess skin, fatty protrusions and even a sliver of muscle are removed to give a younger and firmer appearance of the eye. Patients who are suited for this procedure are individuals who are showing signs of aging, "droopy eyelids/ptosis" or "midface descent" (Ryle 2012:279; Nahai 2015:915). Recovery time is about a week to ten days, during which swelling and bruising begins to diminish. The risks associated with this cosmetic procedure can include "swelling, ecchymosis (discolouration of the skin resulting from bleeding), chemosis (eye irritation/exterior blisters), lagophthalmos (inability to close the eyelids)" and even blindness (Nahai 2015:915). The aim of undergoing eyelid surgery is to present the face as revitalised with a more "natural and youthful appearance" (ibid.:936).

[10] Cannula—"a hollow tube that is about the size and shape of a skinny pen" (Rubin et al. 2013:514).

A *breast augmentation* entails a silicone implant being placed under the breast skin to improve shape, appearance and even cup size. In addition to breast augmentation surgery, the cosmetic surgeon may include a breast lift. This procedure sees excess skin being removed from the breast to lift, fit and form the implant to the patient's request. The breast lift may also include redesigning/reshaping the areola and nipple. A breast augmentation and lift are recorded as the most popular cosmetic interventions to date—globally and in South Africa (Rumsey and Harcourt 2012:334). For a patient to be eligible for either of these procedures, she must be a non-smoker, be in good general health and have realistic expectations. The risks include "capsular contracture[11], scarring, calcification, asymmetry and bleeding" (Bucky and Mottura 2009:11). The desired effect of these procedures is to obtain firmer, larger and symmetrically positioned breasts.

3.4.3. Consultation

A patient's expectations and motivations are an important factor to consider. As discussed earlier, if the individual undergoes a surgical intervention for the wrong reasons, she can experience emotions related to shame, anxiety, and embarrassment (cf. section 3.4.1.). It is thus vital that an individual seeks cosmetic surgery for her own benefit. In order to establish the motives behind the elective procedure, the cosmetic surgeon must assess the individual's perceptions and expectations of the desired body change/s. It is in the consultation that a relationship is built between the physician and client. However, due to the delicate nature of cosmetic surgery, it is imperative that the cosmetic surgeon evaluates his potential patient to establish if there are any underlying pathological disorder—such as body dysmorphic disorder (cf. section 2.5.1.). This is usually done through specifically formulated questions or by integrating a "preoperative psychological assessment" questionnaire into the initial meeting (Roenigk and Roenigk 1996:67).

The initial consultation aims to establish and evaluate the patient's state of mind, her expectations (realistic or unrealistic), inform the client of the cosmetic surgeon's abilities, the techniques of the procedure, and the advantages and disadvantages of the surgical intervention. The underlying goal of the consultation is to gain further insight for both the physician and potential client and to allow for an open discussion without any obligations or commitments being made (Nuffield Council on Bioethics 2017:164-165). The consultation is also seen as a mutual process towards building a relationship of integrity, trust, and understanding (cf. section 7.2.1.).

[11] Capsular contracture "is a breast augmentation complication that develops when internal scar tissue forms a tight or constricting capsule around a breast implant, contracting it until it becomes misshapen and hard. As a result, the breast may feel painful and stiff, and the capsule may affect the appearance or shape of the breast" (Erhardt 2017:1).

During consultations the individual must speak about aspects of her body that she finds dissatisfying. This may be a daunting prospect especially if she has difficulties negotiating gendered position in relation to a male cosmetic surgeon. The projection of power onto the surgeon, and/or negative effects of the male gaze (cf. section 2.2.3.), must be re-evaluated and negotiated by allowing the individual the opportunity to explain her situation, self-understanding and expected outcome of her chosen cosmetic procedure. In turn, the cosmetic surgeon must approach her in an honest, open, and unbiased manner. The concept of the male/surgeons gaze is further discussed in the analysis chapter, section 7.2.1.

If the consultation goes well and meets the initial criteria for undergoing surgery (unproblematic self-perception, desired needs, and state of mind), the cosmetic surgeon enquires if the individual is comfortable with a physical examination of the naked body (if the procedures are on the body rather than the face). Depending on the physician, s/he may further request that s/he takes photographic evidence of the body part/s. These photos are used to explain a surgical procedure with more accuracy or to archive the patient's appearance for a 'before and after' evaluation.

In conclusion, the consultation is the starting point to a trusting relationship, where the individual takes action to reshape her body and the cosmetic surgeon is the expert. Before any progress can be made in this relationship, it is vital that both the "surgeon and the patient [mutually] agree about the problem" and begin their journey—in an open and respectable manner (Skanderowicz and Latimer-Sayer 2007:42-43).

3.4.4. Operation

The rise in aesthetic alterations coupled with their monetary cost and the criterion that a patient should not present with psychologically unsound motivations, have prompted many women to undergo various medical procedures in less—than—satisfactory establishments and by uncertified medical practitioners. It is imperative that any medical procedure and or operation is performed in an accredited hospital setting by a qualified surgeon who meets all the criteria within medical regulations. According to Whittaker et al. (2011:65) all medical institutes must be licenced and certified under the *National Core Standards* (NCS) of South Africa whereby gaining it accreditation under the *Council for Health Service Accreditation of Southern Africa* (COHSASA). Furthermore, each cosmetic practitioner must be qualified under the constitution of *The Association of Plastic and Reconstructive Surgeons of Southern Africa* to be considered a qualified representative in the field of cosmetic surgery (APRSSA 2016:1).

Depending on the procedure, the physician can encourage the individual to undergo the intervention as either an in-patient or as an out-patient. An in-patient procedure sees the patient recovering in a hospital ward whereas an out-patient is operated on in a hospital or sedation clinic, but once the anaesthesia has worn off and vitals are stable, the individual is sent home to recuperate. Both in- and out-patients should be carefully monitored through check-ups and post-operative consultations.

When an aesthetic operation is undertaken, the physician relies on "intricate biological, physiology and immunological systems to interact in a controlled and synchronised manner" (Skanderowicz and Latimer-Sayer 2007:36). However, due to each patient being unique in her bodily reactions, unforeseen complications can arise whereby the surgeon will do his/her best—within ethical guidelines and the controlled hospital setting—to either complete the surgery or to stabilise the patient and continue at a later stage. According to Skanderowicz and Latimer-Sayer (2007:37) "cosmetic surgery is safer and more predictable than conventional surgery, mainly because the patients are healthy—or should be—before the operation". As with any medical procedure, cosmetic surgery patients must be aware of the risks, especially in the case of scarring, as all surgical interventions have incision points.

3.4.5. Post-operative care

After a patient has undergone surgery, she enters into the last phase of her medical encounter. The recovery phase is when her body begins to heal. According to Mohabir and Gurney (2015:1) "postoperative care begins at the end of the operation and continues in the recovery room and throughout the hospitalization and out-patient period". This is also the stage in which most complications arise.

Due to each person's unique biological structure, complications can arise that are no fault of the surgeon, his/her equipment and staff, or the surgical environment. The body can just reject the surgical intervention and/or the FDA[12] approved implants. However, Chiu (2011:15) points out that post-operative complications can be reduced by "25% [through the] optimizing of rehabilitative care". This includes "skin care, no pressure on the reconstructed area for at least 2 weeks, use of drains and antibiotics … and patient education" (ibid.).

The standard recovery practices include garments/binders, pain pumps and drains, with specific consideration for medication regimens, rest, hygiene habits, and physiological changes to the surgical wound and body (Park Meadows Cosmetic Surgery 2015:1). By implementing a strategic and reliable

[12] FDA – "Food and Drug Administration".

post-operative strategy, the cosmetic surgeon aims to guide the recovery process towards patient stability through careful monitoring and regular assessments of blood pressure, heart rate, and temperature. This critical assessment allows for immediate responses if the patient begins to displays any abnormalities. Thus, the overall goal is to rehabilitate the body towards optimum health.

Dull and West (in Conrad and Leiter 2003:207) note that the primary concern for the surgeon is to combat any post-operative complications. However, from a cosmetic perspective, the surgeon and his/her medical team must also attempt to aid the individual in her re-negotiation of her self-understanding and her self-concept. This idea is confirmed by Bailey and Johnson (2006:2484) who state that "the patient's perception of a successful outcome is influenced by many factors, including the surgeon's reaction". Kaminer et al. (2009:7) state that:

> While a vast majority of patients report satisfaction with their postoperative outcomes, on occasion cosmetic surgeons will encounter dissatisfied patients for who additional surgical treatment is not appropriate. Some patients may be dissatisfied with what the surgeon considers to be a successful procedure. In other instances, patients may experience an exacerbation of psychopathology that was not detected preoperatively.

To define a *successful* surgical outcome is challenging. However, for this research study I assume that if the individual undergoes a cosmetic intervention for the self, is actively engaged in finding a qualified cosmetic surgeon, has realistic expectations, is aware that complications can arise and is informed of the risks and consequences, she is more likely to be satisfied with her surgical outcome. Nonetheless, there is no reliable measurement that can accurately reveal the surgeon or patient's satisfaction. According to Grimes (2008:37) one can only evaluate the success or failure of a cosmetic procedure through "a patient's experience, perspective, and values". The underlying acceptance of a successful cosmetic alteration implies that the body portrays a "naturalness" to its appearance (Strauss 1989 in Hamanaka and Juno 1989:130).

3.5. From the medical encounter to the social observer

After completing the medical journey, an individual has to re-negotiate her self-understanding and realign her sense of self with her reshaped physical features. This transformation is essential, as an individual can either accept and align her self-concept to her reshaped body/face or decline the altered form. In the latter case an incongruency arises that can fracture the bond between body and identity resulting in trauma, or worse, an identity crisis. The latter could be the outcome of

psychological disorders such as body dysmorphic disorder and eating disorders (cf. section 2.5. and 2.5.1.).

As discussed, the medical encounter plays an important role in how the individual understands, perceives, and accepts her cosmetic alteration. The cosmetic surgeon and the medical personnel are the first social contact she has after her cosmetic procedure. As Harris-Moore (2014:36) points out: "the doctors recommendation can be extremely powerful" towards self-understanding and accepting the surgical outcome.

Once the individual has accepted that the surgery was a success and that the cosmetic surgeon is pleased with the aesthetic results, the next influential opinion that can sway an individual's perspective, is her partner or significant other. Though many women claim to have a cosmetic intervention done for herself (Davis 1995, 2003; Gimlin 2002; Pitts-Taylor 2007), a negative remark can influence how she sees and accepts her reshaped body/face. According to Lam (in Carniol and Monheit 2010:68) "certain negative remarks by family members or social peers" can persuade the individual to reject her modification and "… the acceptable nature of plastic surgery". This emphasises the delicate balancing between an individual's subjective and inter-subjective self-understandings (cf. section 1.3.3. and 1.3.5.) in so far as "the meanings and experiences of cosmetic surgery are constructed through the interpretations attached … by others—by doctors, feminists, the media, and so on" (Pitts-Taylor 2007:93-94).

After experiencing a positive medical encounter and approval from her partner and significant others, she begins her journey of transforming her self-perception to reflect a more congruent sense of embodiment, physically and emotionally (cf. section 1.3.4.). Previous feelings of shame and embarrassment, or simply dissatisfaction, are re-negotiated and replaced by improved self-confidence, and feelings of fitting in and becoming ordinary. According to Dolezal (2015:129) "the pre-surgical body [is seen] as an obstacle to participating in mundane activities … [but] cosmetic surgery is not about becoming beautiful or exceptional [but to] help women become … 'unnoticeable', 'invisible', and 'ordinary'". This is affirmed by Princess Diana, who underwent cosmetic dental surgery:

> What I noticed right away was that no one noticed me. Now, that was a great feeling, let me tell you. I realize that more and more. Finally, nobody is there looking at me. Not a single kid who yells something at me. That was the first thing I noticed after the surgery and I was really glad (Dolezal 2015:129).

To conclude, it can be seen that there are many debates and issues attached to the phenomenon of cosmetic surgery and the motivations behind different procedures. For this research study, I position

my perceptions of cosmetic surgery and the women who undergo such interventions in the third wave feminist frameworks proposed by Kathy Davis (1995; 2003; 2007), Debra Gimlin (2002; 2012), Vitoria Pitts-Taylor (2007; 2008), and Jane Megan Northrop (2012). In closing, I echo a sentiment proposed by Davis (1995:113):

> Cosmetic surgery is an intervention in identity. It does not definitely resolve the problems of feminine embodiment, enabling a woman to transcend the constraints of her body; nor is it an unproblematic act of liberation. However, by providing a woman with a different starting position, cosmetic surgery can open up the possibility to renegotiate her relationship to her body and sense of self.

Chapter 4: Identity

4.1. Introduction

The concept of identity encompasses many complex aspects. This has attracted much attention and debate in academia and the social sciences, especially regarding how identity influences an individual's sense of self in her everyday life-world. Wetherell and Mohanty (2010:390) suggest that identity is understood either as illuminating an individual's uniqueness of self, character, and personality, or as an elusive term that has "no analytic value".

For this research, I view the concept of *identity* as being "multiple and fluid" rather than being a stagnant or "crystalized" state (Brubaker and Cooper 2000:1). I also delineate this concept into sub-themes of personal identity, social identity, gender identity, and sexual identity. By doing so a broader and more multifaceted investigation is made possible.

The purpose of this chapter is to explore how identity interfaces with an individual's self-understanding, self-perception, gender, and femininity. By exploring an individual's identity or self-concept—from before until after her cosmetic intervention—a strong focus is placed on her narrated experience and her life-world. Themes such as emotional growth, self-acceptance, and identity re-negotiation are explored.

4.2. Situating identity and finding a definition

The answer to the question 'Who am I?' almost always reflect characteristics associated with identity. The complex and dynamic nature of "identity" has evoked many discussions, definitions, and questions about the role it plays in understanding an individual's personality, characteristics, and life-world (Lawler 2014:1-2). George Herbert Mead (1934 in ibid.:6) suggests that the ways in which an individual understands and views her self-perception or "identity" is interrelated with how she perceives, experiences, and accepts her life-world. When acceptance of the self is problematic, identity becomes associated with "absence … or instability" (ibid.). This is represented in sociological and psychological literature, in terms of factors such as "identity crisis" and personality disorders (ibid.) as described in the previous chapter (cf. section 2.5.; 2.5.1.; 2.5.2.).

From Mead's (1934 in Lawler 2014:6) approach, an individual establishes a sense of being within her life-world—the "I" (subjective) and the "me" (inter-subjective). The link between the "I" and "me" represents an integration of "self-consciousness—and identity—produced through the interpretation of experiences" (ibid.). This fits with Lawler's (2014:5) idea that "identity is a process, something

achieved rather than something innate, as done rather than 'owned'". By viewing the concept of "identity" as a fluid state, I can bring forth richer insights into *identity* transformations that may occur from before to after the surgical intervention. In doing so, attention is given to the value-laden nature of the collected narratives—meaning, context, and emotional expressions—as discussed in chapters 6 and 7.

In keeping with ideas presented thus far, Berger and Luckmann (1991[1966]:194-195) view "identity as a phenomenon that emerges from the dialectic between individual and society … it is maintained, modified, or even reshaped by social relations" and experiences. The idea that identity is formed in relationships to others, and thus the emphasis on the role of inter-subjectivity in the social construction of identity (cf. section 1.3.3.; 1.3.5.), is also held by Kidd and Teagle (2012:7) who are of the opinion that "identity" involves:

> How we think about ourselves as people, how we think about other people around us, and what we imagine others think of us. 'Identity' means being able to 'fix' or 'figure out' who we are as people.

Pfadenhauer and Berger (2013:120-121) build on these notions, and go further to draw links between identity and the body:

> One identifies oneself as one is identified by others, by being located in a common world … Identity takes place as part of an overarching definition of reality. The internalization of the world, as it occurs in socialization, imposes upon consciousness a psychological as well as cognitive structure, and (to a degree which has as yet not been adequately clarified scientifically) even extends into the area of physiological processes.

My research relies on aspects of Erik Erikson's (1994[1956]) work on re-evaluating traditional and marginalised understandings of "identity". He states that "identity" represents "sameness … or idem et idem[13]" (ibid.), but also that the "self" expresses and embodies the ability for "adjustment and development" in the face of an individual's social experiences and influences in the environment (ibid.).

> An individual always struggles to attain consistency between the self s/he would like to be and the self s/he believes is attributed to her or him by others. Identity in this

[13] Idem et idem—originates from the Latin word "identitas" meaning "sameness, oneness". "Idem" is a Latin translation of "identidem or over and over". Thus "idem et idem implies that such sameness must be unfolded in time through repetition" (Capone and Mey 2016:682).

> view referred primarily to a coherent sense of self or the feeling on the part of the individual of being the same as how s/he is viewed and identified by other[s] (van Meijl in Wetherell and Mohanty 2010:65).

Erikson's psychological and sociological perspectives of "identity" thus also emphasise its fluid and relational nature. This reflects my interest in how an individual re-negotiates her self-understanding and self-perception from before undergoing a cosmetic procedure to after her body is reshaped and healed.

4.2.1. Personal identity

As discussed earlier in the Epistemology chapter, personal and social "identity" are not easily distinguishable: because of inter-subjectivity, and the inter-subjective co-construction of reality (cf. section 1.3.3.; 1.3.5.) they are intricately interconnected and mutually constitutive. Nonetheless, in the sections that follow, personal and social identity are explored separately, to enable a more in-depth analysis of each dimension in the experience of participants who have undergone cosmetic surgery.

Ward Goodenough (1963:178-179) suggests that personal identity "represents the unique way an individual identifies him/herself". Personal identity thus allows an individual to "experience life in a way that is distinct from others" prompting an exclusive "'take on the world" (Layder 2004:1). On the other hand, social identity is co-constructed by the day-to-day influence the social world has on an individual (ibid.:155; cf. section 4.2.2.).

According to Layder (2004:7-8) personal identity or the "self" comprises of five principle dimensions: "self in society and society in self, the emotional self, the controlling self, the flexible self, and the higher self". Each dimension is unwrapped to give a more refined understanding to the complexities associated with an individual's sense of personal identity. These dimensions are not perceived as separate or isolated characteristics, rather they work—to varying degrees—in unison with each other. This unison enables an individual to experience her sense of self and her life-world in ways that allow for both diversity and uniqueness in her conscious understanding, her awareness, emotions, and her ability to control—to strategise and plan.

The first dimension, *the self in society and society in self*, suggests that an individual cannot reflect her personal identity without portraying social ideals. This is due to social influences such as "family, friends, education, ethnicity, work, class, gender, politics and history" (Layder 2004:8). Irrespective of how hard an individual tries to separate herself from society, society and its influences will always impact on her daily life. However, each individual has a degree of choice in how social influences

prompt her to think, feel, and act. As Layder (2004:8) claims, "we have a unique 'inner' self which chooses what to do and how to do it". Therefore, there is some independence from social norms, laws, and values which means that each individual is responsible for the actions she decides to adopt.

The emotional self, emphasises that people have feelings that "influence our thoughts and behaviour" (Layder 2004:10). An individual's emotions direct aspects of her "personal commitments, feelings and values" by allowing her to reflect on her past, engage in her present, and plan for her future (ibid.:11). A person's emotional state may vary and fluctuate according to her conscious understandings and social encounters. In addition, Layder (2004:13) observes, "emotions [are] everywhere and ever-present in our lives". Thus, I argue that an individual's emotional self is essential in understanding, transforming, and negotiating her everyday life-world.

The controlling self is the third dimension in Layder's (2004) notion of personal identity. Dickson (2015:100) claims that through the integration of our conscious understandings and emotions we are able to control ourselves. Depending on how an individual feels, and how she thinks about her feelings and actions, she is able to (re)negotiate a balance between "being-out-of-control" and "being-too-controlling" (ibid.). The social component of personal identity links to continuously being judged by others. Therefore, how an individual controls herself can impact on how she inherently feels about 'herself' which in turn influences her self-esteem and confidence (Layder, 2004:15).

The flexible self fits in with the idea that identity is fluid (cf. section 4.1.) According to Layder (2004:15) an individual's personal identity is "not stuck", but rather evolves as an individual develops physically and mentally. As the 'self' matures and gets refined, non-vital characteristics stagnate or are left behind (ibid.). This flexibility in personal identity allows an individual the opportunity to become unique in all aspects—from appearance and character to how she experiences and engages with her social environment. As Layder (2004:16) states:

> To say that the self is flexible and that it is evolving, changing and 'becoming' (Rogers, 1961) in the light of your experiences doesn't mean that you wake up each day with a new self. Although some changes may be fairly abrupt and deliberately designed to make a particular impression, like a fashion make-over, or the adoption of a new lifestyle, most changes in the self are fairly slow paced. They tend to follow the experience of a turning point in life that marks some significant transition.

I am in agreement that the 'self' can be re-negotiated when particular experiences prompt an individual to re-examine 'who she is'. Such experiences can be likened to an epiphanic moment in which an individual realises that she is not living true to her sense of self: it can be a traumatic or

enlightening experience, or less dramatic, just a feeling of being out of sorts. Whatever form it takes, it can signal the "turning point" that Layder (ibid.) speaks of, the moment when an individual begins to purposefully engage in acts of transformation—physical, mental, spiritual or emotional—and that urges her to re-negotiate and reshape her personal identity to emulate a more accurate and embodied sense of self.

Layder's last dimension is the *spiritual or the higher self,* probably the most unpredictable characteristic of the "self" and one that "some individuals may not develop" (ibid.:18). A "sensitivity and awareness" is needed "to make a connection with the spiritual side of the self" (ibid.). It can be said that the higher self is connected to an individual's emotional self. To understand the spiritual self, an individual must cease her need for "control … exploitation, selfishness and manipulation" and embrace the essential emotions of "altruism, care and compassion" (ibid.:19).

From this brief examination of personal identity it can be claimed that each person has an 'identity' and this 'identity' represents the 'self'. Being unique in thought, comprehension, emotion, and experience enables each individual to partake in and contribute to all spheres of life—personal, social, academic, historical—while still maintaining distinctive personal characteristics, understandings, and actions.

4.2.2. Social identity

Via everyday experiences, through achievements and losses, individuals evolve in all areas of their life-world, from physical development, through academic or other career trajectories, and personal milestones like marriage and child birth. Each of these areas of personal experience enables an individual to adopt and refine her social identity. Take for example a young girl and her school education, she begins her academic journey by attending primary school in which she is exposed to other students and topics that aim at guiding her in social etiquette, norms, values, morals, and mental growth. After this, the girl will complete her primary levels and enter her high school phase to which she begins her subject choice with future life plans and social groups in mind. When this girl begins her tertiary education she will have evolved physically, mentally, and emotionally from when she began her schooling career. Tischler (2013:80) is of the opinion that this development is attributed to "social transition" and is expressive of an individual's social identity. Furthermore, this social identity signifies "the total of all the statuses that define an individual" (ibid.).

For this study, I rely on the following explanation of social identity:

> … based on a person's identification with a social group (Hogg and Abrams 1988). A social group is a set of individuals who share the view that they are members of the

> same social category … Having a particular social identity means being like others in the group and seeing things from the group's perspective. It is assumed that individuals as group members think alike and act alike. Thus, there is uniformity in thought and action in being a group member. Individuals do not have to interact with other group members in order to think and act like the group. Simply identifying with the group is enough to activate similarity in perceptions and behavior among group members (Burke and Stets 2009:118).

From this basis I go on to explore three interconnected concepts of social theory: "social identification", "social categorisation" and "social comparison" (Bennett and Sani 2004:9). These give a more integrated understanding of what social identity is and how it influences the everyday life-world.

Social identification portrays the notion that people are inherently social and that each individual is not detached from her life-world, but rather integrated into her social environment through her "perceptions of, and responses to, the social situation" (Haslam et al. 2003:6). This points to how an individual's conscious understanding is connected to how she engages with her world. These engagements indicate particular memberships and signify shared values and emotions. It is here that the individual conveys her social status through dialogue, physical appearance, and the demonstration of particular characteristics. Depending on an individual's social membership, she may participate in activities and ways of being that are not congruent with her self-concept and perceptions (Bennett and Sani 2004:9). The underlying premise of social identification is that an individual is an "active observer" of her social environment, which influences her participation in particular group memberships (Haslam et al. 2003:6).

Social categorisation has to do with how an individual accepts and integrates or disapproves and avoids particular social groups. According to Bennett and Sani (2004:9) "social categorisation refers to the cognitive segmentation of the social environment into different social categories". An individual's "cognitive segmentation" allows her to systemise her social world and her place in that world: belonging as well as *wanting* to belong to a particular social category, is key (ibid.).

Social comparison is the last of Bennett and Sani's (2004) three elements and focuses on how an individual evaluates social groups and membership associations. Tajfel (1981:258), Bennet and Sani (2004:9), and Layder (2004:4) note that processes of "social comparison" hold much sway in how an individual views and gauges herself in contrast to others in her social world. The main point of departure is that the associated group must emphasise its uniqueness in comparison to others. Tajfel (1981:258) elaborates:

> The characteristics of [the/a] group as a whole (such as its status, its richness or poverty, its skin colour or its ability to reach its aims) achieve most of their significance in relation to perceived differences from other groups and the value connotations of these differences.

This reveals that when a positive social comparison is experienced, an individual strives to belong to a particular group. Association with this sought after group influences how an individual perceives her social identity by maintaining or enhancing her persona and self-esteem (Tajfel 1981:258). In contrast, a negative social comparison is likely to result in an individual avoiding association with a group. This avoidance can be related to a sense of incompatibility between how an individual perceives her social/personal self and what the group's social ideals/morals/values represent (ibid.).

Each of the three elements described above plays a significant role in how an individual is an "active observer" in her social environment and strives to attain a sense of belonging (Tajfel 1981:258; Haslam et al. 2003:6; Bennet and Sani 2004:9; and Layder 2004:4). When an association with a group has been established, the individual can begin to display a collective identity in which she evaluates or assesses the group's worth against other memberships, and emphasises the uniqueness and exclusivity of her chosen group in comparison to others. When viewing the concept of cosmetic surgery in conjunction with social identity, it can be said that the ways in which different groups and memberships view and condone cosmetic surgery can influence—and even sway—how an individual perceives and accepts herself and her decision to forgo, or undergo, aesthetic surgery.

4.2.3. Gender, performance, and gender identity

Canary et al. (1997:5) suggest that by presenting the reading with a distinct and refined representation of gender and gender identity, one can "establish the boundaries of [the] phenomenon". So, I begin by defining what gender is, before delving into what constitutes a gender identity.

The debates around different conceptualisations of gender are difficult to arbitrate. This is partly due to the historical categorisation of gender roles along biological lines denoted by terms such as "masculine" and "feminine" (Nagoshi et al. 2014:31). According to Bolich (2007:9) the term "gender" enters into our everyday discourse as a mode of distinguishing "sexual bodies". The gendered body is classified into so-called appropriate behavioural patterns which denote gender roles and accompanying social rankings. This is affirmed by Wharton (2012:225-226) who states that gender is "a multilevel system of social practices that produces distinctions between women and men, and organizes inequality on the basis of those distinctions". Lindsey (2015:4) takes this a step further by pointing out that gender is acquired or learned:

> Gender refers to those social, cultural, and psychological traits linked to males and females through particular social contexts. Sex makes us male or female; gender makes us masculine or feminine. Sex is an ascribed status because a person is born with it, but gender is an achieved status because it must be learned.

Wharton (2012:7) proposes a deeper appreciation of gender by emphasising three ideas: "gender is as much a process as a fixed state", "gender is not simply a characteristic of individuals, but occurs at all levels of the social structure" and "gender refers to its importance in organizing relations of inequality" (ibid.). These elements reveal how the embodiment of gender can encourage an individual to engage in particular social performances. These performances reveal how an individual decides to participate in an encounter; they expose varying levels of self-understanding and compliance to societal norms, values, and morals.

Judith Butler (1993 in Lawler 2014:127-128) uses the term *performativity*[14], to illustrate how an individual represents her body in accordance to social status, as well as normative practices and etiquettes:

> Bodies themselves are saturated with sociality as we give meaning to some characteristics and not others ... the very meanings we give to the body—for example, the fact that we understand it in terms of 'nature' at all—are themselves social meanings, and gender is performatively produced, at least in part through the body.

Butler (2010[1990]:189) also argues that the categorisation of identity—into man and woman—is "destabilised" by the adherence to and adoption of socialised gender performances. These performances encourage women to meet cultural and social norms that serve to maintain a sense of social decorum and gender inequality. Thus, gender is displayed, like an external characteristic, in which "the body is not a 'being', but a variable boundary, a surface whose permeability is politically regulated, a signifying practice within a cultural field of gender hierarchy" (ibid.). This idea is significant for my research study as the concepts of gender and social performativity are relevant to the phenomenon of beautification in so far as beauty ideals are socially constructed.

It can thus be concluded that gender involves social performances and processes in which an individual negotiates her self-perception to her self-portrayal in the acts and positions she takes up within a predominantly patriarchal social system. Burke and Stets (2009:63) add that an individual's gendered

[14] Performativity "is to make something happen. The officiant is not simply making a comment, but is making something happen." This understanding by J.L. Austin (in Lawler 2014:128) is adopted by the well-known feminist writer, Judith Butler as well, and she too is of the opinion that we perform our gender rather than our gender being purely a biological given.

self-concept is consciously established through her everyday experiences of femininity and masculinity, which influence how she understands and embodies her sense of self. It is not only about a sense of self, it is also about expectations of the self, as Andersen and Taylor (2008:305) point out, "gender identity is basic to our self-concept and shapes our expectation for ourselves". Chodorow (1995:517) expands:

> Each person's sense of gender—her gender identity or gendered subjectivity—is an inextricable fusion or melding of personally created (emotionally and through unconscious fantasy) and cultural meaning.

For this research, I draw on the ideas above to view gender and gender identity as shaped by an individual's unique self-concept and life-world experience. Some women experience a genuine sense of congruency between gender-in-society and their own gendered self-concept. But others may experience a fracture between their self-perception and feminine ideals. These inconsistencies may reveal a deeper understanding of why cosmetic surgery is sought, and if the aesthetic procedure/s prompt any form of self-renegotiation. In terms of how an individual feels about herself, how she re-negotiates or reconciles herself to her everyday life-world, and how her social world responds to her transformed body and sense of embodiment.

4.2.4. Sexual identity

According to Rahman and Jackson (2014:5) "gender and sexuality are intimately intertwined: the social construction and significance of one can rarely be understood without considering the other". An individual's sexual orientation is an innate reference point that mobilises her sexual awareness and sense of being attractive to others, but is also socially constructed in response with cultural norms. For Savin-Williams (1995:166) sexual identity is:

> An individual's enduring sense of self as a sexual being that fits a culturally created category and accounts for one's sexual fantasies, attractions and behaviors.

There are many common culturally-created options for categorising sexuality, such as heterosexual, homosexual, bisexual, and polyamorous[15] and so forth. Because all my research participants present as heterosexual, in this thesis I explore sexual identity only from this sexual orientation. Solarz (1999:98), Laumann et al. (2000:298), McCabe et al. (2005:1), as well as Temple-Smith (2014:234) view sexual identity as comprising of three components: "identity", "behavior", and "attraction".

[15] Polyamorous "means to have open sexual or romantic relationships with more than one person at a time" (Hartney 2016:1).

The first component *identity* focuses on how the individual defines herself through her cognitive "self-identification". This form of self-renegotiation emphasises both the personal sexual orientation—heterosexual—and social structure (Johnson 2015:586).

The second component *behavior* emphasises how an individual engages socially and romantically with her sexual partner (ibid.). It is here that cultural and social norms as well as roles of femininity and masculinity become established. As Elliott and Umberson (2008:391) state:

> Despite sex being increasingly framed as desirable, if not mandatory, to ensure marital (or romantic) harmony, cultural discourses about gender and heterosexuality frame men and women as sexually different, with men stereotyped as sexually assertive and women stereotyped as sexually passive: This framing is typically labelled as the sexual double standard. These stereotypes shape how individuals understand and experience themselves as gendered and sexual beings (Crawford and Popp in ibid.; Schwartz and Rutter 1998 in ibid.).

This complex set of processes sees gender roles being established through socially constructed behavioural patterns that result in typified identity standards on which an individual bases her sexual identity. This identity standard influences her to further entrench herself in normative gender roles through her verbal, emotional, and bodily representations. This behavioural component features strongly in this research undertaking in so far as how an individual sees, understands and accepts aspects of herself, can be reflected in how she displays herself physically, creating an opening for cosmetic surgery if this is an option that can increase her appeal to the male gaze.

This brings us to the third component *attraction*, which has to do with the psychological and emotional features that arouse an individual's appreciation of beauty and desirability. As researcher, I explore how the participants, who present as heterosexual, experience their attractiveness to men and what their cosmetic interventions achieved in this regard (cf. section 7.2.; 7.3.2.; 7.3.3.; 7.4.1.).

A cosmetic intervention can inspire a woman to re-negotiate her sexual identity by transforming her physical body and thereby her self-perception of her beauty and desirability. This is expanded by Moynahan (1988 in Spitzack 1990:39):

> A woman's sexual identity is tied to her appearance, a marked defect or the inevitable lessening of youthful beauty caused by aging has special significance for the female psyche … cosmetic surgery has enabled women to face the world more confidently by correcting defects that have made them self-conscious and by softening the harsh

> effects of aging. It allows you to be the best you can be for as long as you possibly can, to come as close as you can to your own beauty ideal.

As Jackson II and Hogg (2010:722) note: "the cosmetic surgery industry has grown rich from people's concerns about sexual identity". I aim to contribute to extant academic knowledge by exploring the idea that a cosmetic procedure can influence how a woman sees and experiences her sexual desirability.

4.3. Femininity and femaleness

Socially constructed gender roles, particularly normative roles, and embodied traits that are learnt and conditioned over time position men as masculine and women as feminine (Chafetz 2006:254; Giddens 2006:458). In Simone de Beauvoir's (2012[1956]) book, *The second sex*, there is much discussion about what constitutes being a woman and the various attitudes attached to "femaleness", "femininity", and "womanhood". Through her intensive investigation of a woman's role in society, she came to the understanding that "not every female human being is necessarily a woman; in order to be a woman, one must participate in the mysterious and threatened reality which is femininity" (de Beauvoir 2012[1956]:13).

de Beauvoir's (2012[1956]) insight sets the agenda for many feminist scholars who followed her. Kathryn Pauly Morgan (1991) builds on with the idea of "body work" to explain the phenomenon of being a woman and the feminine roles this encompasses. Proceeding from a radical feminist stance, she states that women only perceive themselves as feminine by socially conforming to a "cultural straightjacket [that] forces women to alter their bodies in order to meet the constraints of conventional femininity" (Morgan 1991 in Davis 1995:168). From a Western patriarchal point of view, femininity is attached "mysteriously to the passive female body" that is cosmetically altered to meet social ideals for the male perspective (Hopkins 1998:293; Morgan 1991:160). As Millett (1977:26 in Hollows 2000:10) declares, "the production of ideological consent to patriarchy, through socialisation into masculine and feminine roles, was 'based on the needs and values of the dominant group [men] and dictated by what its members cherish in themselves and find convenient in subordinates'".

This discussion positions the female body as a project, and feminine perceptions as influenced—and in part situated—by the male gaze as critically discussed in chapter 2 (cf. section 2.2.3.). However, Budgeon (2003:45 in Coffey 2016:52) argues that "a more nuanced approach [is needed] to understand the relationship between women's bodies and the social, because 'bodies are never just objects, but part of a process of negotiating and renegotiating self-identity'". Although the male gaze remains a factor that infiltrates various aspects of a woman's life, this research is embedded in a more

liberal feminist standpoint, one that accords women a much higher degree of control over their sexual and other forms of identity.

As Anderson et al. (2000:131), Grogan (2008:80), and Fovargue and Mullock (2016:118) confirm, by viewing women as active agents in their pursuit of reshaping/realigning their bodies to their perceived selves, a more liberating and empowering perspective of aesthetic surgery can be reached. A more liberating and empowered view of women who undergo cosmetic surgery can also be reached: one can appreciate them as conscious and self-aware agents whose desire to transform their body evolves from a sense of self-awareness. This awareness allows an individual to reposition herself *as she wishes* in relation to socially constructed ideals of beauty and femininity. As Jones and Raisborough (2016:28) observe, a woman can actively liberate her body "by shaping its contours in such ways that fully express the life, energy and desires of an identifiable, coherent and authentic inner [self]". It becomes possible for her to reflect a more genuine understanding of what femininity is to encompass—both subjectively and inter-subjectively. This contradicts Garfinkel's (1967) premise that women who rely on beautifying their bodies are nothing more than "cultural dopes" (cf. section 1.4. page 26.).

This is illustrated in the testimony of Gina, a participant who partook in a study conducted by Northrop (2012:139-140). She narrates:

> I had always been a shadow of somebody; I'd never really known who I was. And they say, 'Oh, you know, plastic surgery won't change how you feel'. Well frankly, bullshit! It changed everything about how I felt. I just felt completely different, a confident, out-going person. That process also involved meeting a new set of friends, going back to school and going out and discovering who I was for the first time in my life … having the surgery certainly pushed me up the scale in confidence.

When an individual's sense of self is incongruent with societal ideals of beauty and femininity she may experience emotional pain, which in turn influences how she perceives and experiences her sense of female embodiment. Or as Davis (1995:63) proclaims:

> The contradictory lures and oppressions of femininity can be experienced as 'ontological shocks'—that is, disjunctures between a woman's values and beliefs and her practical or lived consciousness of being-in-the-world, between how she thinks she should feel and how she, in fact, does feel.

4.4. Identity change and the reshaping of the self

As noted earlier, this study positions identity as fluid and dynamic, thus the idea of identity change is important to explore. Burke and Stets (2009:175) reason that our identity and the meanings we attach to it are continually changing, or as Brubaker and Cooper (2000:11) term it, "in flux". This is connected to self-preservation in as far as an individual is encouraged to integrate and adapt herself to her ever changing social-, cultural- and personal-environments. Change also allows an individual to make-sense of and establish a sense of self-meaning in relation to her everyday life-world (Burke and Stets 2009:176). However, this manifestation of identity change is a gradual process extending over months and years (ibid.).

Identity change merges out of four sources, according to Burke and Stets (2009:180-185): "changes in the situation", "identity conflicts", "identity standard and behavioral conflicts" and "negotiation and the presence of others". An individual does not have to experience all four negotiations for a need of change to be evoked. Rather, if an experience feels uncomfortable or incongruent, an individual can engage her sense of self by re-negotiating her emotions, behaviour, and social environment with the aim of re-establishing a more harmonious state between her situation, herself, and others.

Changes in the situation relates to how a disruption in situational meanings occurs and is understood in accordance with an individual's identity standard (Burke and Stets 2009:180). If a situational meaning is seen as contradicting an individual's self-understanding, emotions of uncertainty and doubt arise. These negative emotions prompt an individual to reflexively engage her sense of self in so far as exploring what significance/influence the disruptive experience had on her everyday life-world. In overcoming any uncertainty or emotional distress an individual can either accept or reject the disruptive experience. When the individual accepts the experience, she re-negotiates her personal identity to regain a sense of congruency/normalcy to her life-world. Take for example motherhood, a woman re-negotiates her personal identity and life-world to incorporate the birth of her first child—from wife to mother. If an individual rejects an experience, she empowers her personal identity by reinforcing notions related to her individuality. This position can be unfolded in relation to a religious membership. An individual can experience/participate in a practice/s that challenges how she perceives and feels about her sense of self. When she experiences a sense of incongruency, she may reject the practice or even leave the association in aim of staying "true" to herself. However, in relating this theme against the phenomenon of cosmetic surgery, I explore if and how cosmetic surgery can function as a deliberate act of disruption by participants in order to change their situation and its meaning.

For Burke and Stets (2009:183) an *identity conflict* represents "multiple identities that are related to one another in the sense that the standards of each contain the same dimension of meaning, but they are set to different levels". This is explored by analysing how each of the research participants display varying levels of gendered embodiment, femininity, and sexual identity as well as how they negotiate conflicts between these factors.

The third source of identity change, *identity standard and behavioral conflicts,* has to do with "a conflict between the meanings of one's behavior and the meanings in the identity standard" (Burke and Stets 2009:184). For an individual to exhibit equilibrium between her self-understanding and her behaviour, she must be aware of her surroundings and the situational meanings that are attached to her chosen social reality. Life is complex and we cannot always control our everyday environment. When a conflict arises, an individual can rely on or "choose a behavior that is somewhat at odds with [her] identity" (ibid.:185). By analysing this dilemma in relation to the themes of body work and identity re-negotiation, focus is placed on external influences, such as the 'other'—for instance, the partner or husband. When the 'other' projects his ideas about, and desire for, beauty or sexuality onto a woman, it makes her reconsider her own emotional standpoint—positively or negatively. If an individual values the opinions of the 'other/s' above her own she may adopt a behaviour or outlook that changes how she perceives her 'true' sense of self (cf. section 6.3.). An example is when a husband insists that his wife should enlarge her breasts to look sexier—like a centrefold—without really considering what she thinks or wants.

The fourth and last source of identity change, *negotiation and the presence of others*, occurs when an individual compares herself to "others" in her social environment. Each individual has the power to alter her conceptions and perceptions of herself by adopting and implementing shared meanings that verify her sense of identity within social standards and guidelines. According to Burke and Stets (2009:186) the act of comparing the self to others establishes a baseline for appropriate and inappropriate behaviours and constructs an individual's social status from both a subjective and inter-subjective stance. The outcome of such comparisons can position an individual as either a member of the chosen group or as an outcast to the social establishment (cf. section 6.4.2.). So this involves peer pressure and the adoption of a group/collective identity. Take for example a group of middle-to-upper class women who have undergone cosmetic procedures to enhance/reshape their youthfulness. A new comer to this membership can be encouraged to emulate this so that she fits in to the socially established norms of the group.

By incorporating these four sources of identity change into this study, I aim to establish if any of the research participants were coerced—emotionally or verbally—into altering their bodies to meet a

particular standard of beauty. According to Northrop (2012:46) "the concept of choice is masked when cosmetic surgery becomes progressively normalized as an accessible, obligatory technology of the body, and those who decline surgery are stigmatized as deviant". So I consider whether and how outside influences—for instance, negative comments or emotional cues—may evoke a sense of shame and embarrassment in how an individual perceives herself through her body (cf. section 6.3). As Northrop (2012:112) points out:

> Shame is a boundary concept which eclipses, interfaces and mediates the personal experiences of public life … shame both shapes individual psychology and plays a major role in socialization processes, social interaction and wider sociological phenomena (Morrison 1989:187) … Central to the notion of shame is the experience of the self as defective, flawed or failing in some way. Through reflexive processes of self-evaluation the self concludes that it has fallen short of others, and now its own, expectations.

When an individual re-negotiates her sense of self via a cosmetic intervention, she indirectly reshapes how she views herself. Pitts-Taylor (2007:89) observed that cosmetic interventions "fix broken relationships between the body and self, where the 'real' self came through by correcting the body … Cosmetic surgery, is thus seen as a form of empowerment". This study departs from this assumption, but of course, analysis will allow for instances where cosmetic surgery is less than empowering.

Chapter 5: Methodology

5.1. Brief introduction

This chapter describes the techniques and methods used to collect, analyse, and present data for the thesis, which aims to broaden understandings of cosmetic surgery in the life-world of ten South African women. I argue that beauty perceptions and practices are influenced by particular Westernised ideals, mainly originating in America and Europe. Attention is given to how these women renegotiate and adapt these ideals to fit their everyday experiences and reality.

This investigation engages the life-world experiences of women via narrative inquiry. A narrative approach allows for flexibility and fluidity in probing/exploring/questioning particular experiences or understandings. Emphasis is given to why an individual desires cosmetic surgery, how she understands and accepts her cosmetic changes, what her observations and appreciation of beautification norms may be, and how her beauty practices influence her sense of self and life-world.

After presenting the research aim and questions, the chapter proceeds with a brief recap of the philosophical foundations of the study—its ontological assumptions and epistemological grounding in social theory. This is followed by a description of the research processes and methods: the selection of participants, data collection, narrative analysis and interpretation, quality of the research, and research ethics.

5.2. Research aim and questions

The study aims to explore the role of cosmetic surgery in relation to the embodied experience of female beauty—focus is placed on the individual (subjective), social (life-world), and cultural (inter-subjective) perceptions and experiences of ten South African women. Within the realities of this context, beauty perceptions and practices are influenced by particular Westernised ideals, mainly originating in America and Europe. Attention is given to how South African women re-negotiate and adapt these ideals to fit their everyday experiences and reality.

To guide this investigation, the following specifically designed research questions were produced and engaged with:

- How does an individual perceive herself amidst socially constructed ideals of beauty?
- What influence does cosmetic surgery have on an individual's life-world?

- How does cosmetic surgery influence an individual's embodied sense of self?
- How does an individual re-negotiate inter-subjective ideas/beliefs related to cosmetic surgery (vanity, narcissism, unnaturalness)?
- How does cosmetic surgery empower or disempower an individual's sense of self?
- Do the analytical premises of "identity", "agency", and "morality" as proposed by Kathy Davis (1995) contribute to our understanding of cosmetic interventions and female beauty?
- Do the analytical premises of "inhibited intentionality", "ambiguous transcendence", and "discontinuous unity" as proposed by Iris Marion Young (2005) contribute to our understanding of feminine motility and gendered embodiment?

5.3. Philosophical underpinnings of research design

A methodological inquiry is an active and philosophical exploration of knowledge. According to Bhaskar (2008[1975]:52), social science researchers:

> … try to discover the reasons for things and events, patterns and processes, sequences and structures. To understand how they do so one needs both a concept of the transitive process of knowledge-production and a concept of the intransitive objects of the knowledge they produce: the real mechanisms that generate the actual phenomena of the world, including as a special case our perceptions of them.

Via its methodology, a research study is given direction and structure to meet its purpose and aims. According to Markauskaite et al. (2011:71), the research "methodology should be seen as an inter-related set of philosophical assumptions, rather than a technical process that must fit one set of particular conventions".

5.3.1. Brief recap of ontological and epistemological underpinnings

The epistemological and ontological bases of the study are comprehensively explored in chapter 1, section 1.2.1.; 1.2.2.; 1.2.3.; 1.2.4. These philosophical assumptions formed the building blocks of the research processes and methods. For the purpose of this chapter, I only briefly restate key ideas from the theoretical structure that grounds the study.

In terms of the study's epistemological position, focus was given to the theoretical frameworks of Alfred Schütz (1967; 1970; and Luckmann 1973), Peter Berger and Thomas Luckmann (1991[1966]),

and John Creswell (2013; 2014). Integrating these authors' ideas allowed me to generate additional phenomenological, social constructivist and interpretivist insights on the phenomena of female beauty, embodiment, gendered empowerment, and self-acceptance. Furthermore, against the backdrop of their social theories I was able to critically explore additional theories, namely the *third-wave* feminist perspectives of Kathy Davis (1995; 2003; cf. section 1.4.) and Iris Marion Young (2005 [1956]; cf. section 1.6.). Such theoretical integration is encouraged by Flick (2009:17) who states that "qualitative research is not based on a unified theoretical and methodological concept. Various theoretical approaches and their methods characterize the discussions and the research practice". These theoretical frameworks were, therefore, brought together to guide and structure how the experiences of participants, and the way they make meaning of these experiences, were gathered, analysed, and interpreted.

The philosophical assumptions of epistemology enabled me to unpack what knowledge is, how an individual's stock of knowledge is influenced by social interactions, and how selected methodological approaches may influence findings. Ontologically the study sought to unwrap the realities in the life-worlds of participants by exploring the social construction of knowledge (inter-subjectivity), subjective memories and recall, and the cultural restraints of voicing particular experiences and standpoints against socially sanctioned master or dominant narratives. As an individual's life-world is comprised of experiences, particular events can impact a woman's self-perception and self-understanding—in turn these serve to re-construct how she perceives and interacts with her social reality. It is in this ever-perpetuating cycle in the re-construction of knowledge, memories, and perceptions that experiences come to be reframed and new narratives emerge.

5.3.2. Qualitative research within a narrative approach

Simply put, "*a narrative* is the representation of an event or a series of events" (Abbott 2008:13). Holstein and Gubrium (2008:296) suggest that a narrative encompasses additional complexities in so far as:

> … a narrative is a form of social action; … narratives *do* things; … story-telling is a meaning activity and important in making sense of our lives; … "experience" is constituted and made meaningful through narratives; … narration is a way of making people intelligible to each other; … narratives endow the human condition with plasticity and are vehicles for questioning all that is pregiven; … narratives can be effective in social and individual transformation; … memories and emotions are, at

> least in part, narratively created and often embedded with expressive bodily actions;
> … and stories are embodied.

Narratives are, therefore, not just a form of verbal communication, but rather a means to explore how an individual perceives, accepts, and engages herself, her life-world, and her social reality.

As this thesis was positioned within a qualitative design, emphasis was given to the human-centred/interpretive nature of the inquiry. Narratives are collected empirically in the real world where interactions—subjective and inter-subjective—situate, and at times may bias, the data and its collection. According to Flick (2009:16), qualitative research takes into consideration the:

> … researcher's communication with the field and its members as an explicit part of knowledge … [T]he subjectivity of the researcher and of those being studied becomes part of the research process … forming part of the interpretation.

A narrative approach was employed to collect the data via semi-structured in-depth interviews. According to McAdams (1995:54), a narrative interview is used "to interpret and expand upon the meaning that participants have assigned to their experiences and identities". It "allows the researcher to approach the experiential yet structured world in a comprehensive way" (Flick 2009:177). This process thus allows structure and fluidity in probing the thoughts and memories of participants. This is expanded on by Harry Hermanns (1995 in Flick 2009:177) who observes that:

> … in the narrative interview, the informant is asked to present the history of an area of interest, in which the interviewee participated, in an *ex tempore* narrative … the interviewer's task is to make the informant tell the story of the area of interest in question as a consistent story of all relevant events from its beginning to its end.

Narratives yield a biographical description of an individual's experiences and everyday life-world: participants were encouraged to reflexively explore their life-world and gave testimony to a specific period or experience. This exploration revealed various subjective and/or inter-subjective positions that the participants embrace in relation to personal and/or shared emotional meanings within the researched phenomenon.

By giving the participants a voice, I aim to obtain rich, in-depth, meaningful, and unique understandings and perspectives. This position is described by Maynes et al. (2008:1) who state that "personal narratives have served to introduce marginalised voices (e.g., those of women or globally subaltern people) and they also have provided counternarratives that dispute misleading generalizations or refute universal claims". Via narratives, a direct focus is, therefore, placed on the

individual as a unique and conscious being as an author in terms of language, sentence, interpretation, and experience (Knudsen and Vogd 2015:12).

Let's begin with a broad view of narratives from Roland Barthes:

> The narratives of the world are without number. In the first place the word "narrative" covers an enormous variety of genres which are themselves divided up between different subjects, as if any material was suitable for the composition of the narrative: the narrative may incorporate articulate language, spoken or written; pictures, still or moving; gestures and the ordered arrangement of all the ingredients; it is present in myth, legend, fable, short story, epic, history, tragedy, comedy, pantomime, painting, … stained glass window, cinema, comic strips, journalism, conversation. In addition, under this almost infinite number of forms, the narrative is present at all times, in all places, in all societies; the history of narrative begins with the history of (humankind); there does not exist, and never has existed, a people without narratives (Barthes in Polkinghorne 1988:14).

From this poetic description it was necessary to distil a narrow focus for this study; accordingly I used the terms 'narrative' and 'story' to refer to a lived experience (subjective or inter-subjective) that is told sequentially over time in the 'natural' form of verbal communication (Marvasti 2004:94).

Small story research or narrative-in-interaction unwraps the story-telling process and the characteristics that give meaning and structure to a narrative inquiry (Bamberg 2004; 2006; 2008; Bamberg and Georgakopoulou 2008). For this research, I relied on Bamberg's (2012 in Holstein and Gubrium 2012:101) "narrative practice perspective" to situate the data collection and analytical process. This approach comprises six premises:

I. In terms of how narratives are structured, specific focus was given to a segmented aspect of activities that constitute the life-world (Bamberg 2012 in Holstein and Gubrium 2012:101). From a social constructionist perspective, knowledge is acquired through social interaction, which "mediates the internalization within an individual consciousness of the objectivated structures of the social world" (Berger and Luckmann 1991[1966]:83). This relates to the narrative as a subjective experience that holds a specific meaning and sense of functional value for an individual's life-world (ibid.). To operationalise this, I examined the purpose and context in which a narrative is framed. As an individual is "born with a predisposition towards sociality" and later becomes a member of society, social experiences reflect the temporal sequence of an individual's participation in societal dialectics (Berger and Luckmann 1991[1966]:149). Societal

dialectics begin with the process of "internalization" or social conditioning: "this general sense is the basis for an understanding of one's fellow [wo]men and for the appreciation of the world as a meaningful and social reality" (ibid.:150). Each participant's narrative expression was, therefore, explored in context with regards to meaning, feeling, and perception.

II. The second premise concerns narratives as written texts (Bamberg 2012 in Holstein and Gubrium 2012:101). This study investigated the phenomenon of beauty ideals and the practices employed in re-negotiating an individual's sense of self via interviews, so the act of spoken communication was used. Subsequently, these spoken texts were transcribed and converted into written texts. Creswell (2013:71-76) expands on the oral narrative approach by stating that narrative expressions reflect an individual's experience of the life-world. By reflexively exploring the life-world, significant understandings can be attained on the subjective nature of interpretations, meaning associations, stock of knowledge, conscious understanding, memory and recall, physical gestures, sense of embodiment, and identity re-negotiation. (These factors were discussed earlier, cf. section 1.2.2.; 1.2.4.; 1.3.1.; 1.3.2.; 1.3.3.; 1.3.4.; 1.3.5. and 4.4.).

III. The third premise has to do with life-world experiences, memory, and recall. As Berger and Luckmann (1991[1966]) propose (cf. chapter 1, section 1.3.5.), an individual's essence exists in part because of and via social interactions. Social interactions enable an individual to perceive, understand and adjust to her environment, which consists of various actors, places, and events (Bamberg 2012 in Holstein and Gubrium 2012:101). It is within this interactive engagement that significant encounters are experienced and processed into memories. Fragmented remembrances are then chronologically ordered in "reference to something that happened—typically as having taken place in the past and consisting of more than one event … [thus revealing] what the story is about" (ibid.).

IV. The fourth premise is concerned with the narrator or storyteller. The world in which narratives are constructed "can be about the speakers themselves or about others" (Bamberg 2012 in Holstein and Gubrium 2012:101). By exploring a lived experience—subjectively or inter-subjectively—the narrator aims to inform her audience of an event that impacted her in a positive or undesirable way. Each narrated expression follows a culturally preferred structure usually composed of an "abstract, setting, problem, solution, and coda" (ibid.). It is through these stages in the development of a story that the audience or a recipient participates in hearing and processing what is said, which allows her or them to scrutinise the information or plot.

This thesis focused on specific themes, such as beauty ideals, self-perception, femininity, and cosmetic surgery. It was within these broad constructs that the narrative topic was formed. Each of the participants was encouraged to 'tell her story' from the past (beginning with her body dissatisfaction) to the present (how she sees herself now). In the process of telling their story, the participants sometimes referred back to a topic or theme that was already discussed. This brought clarity, built a better context, or even triggered an associated memory that added more depth to the narrative.

V. The fifth premise acknowledges the plot or storyline in the narrative unfolding. As the narratives that were explored in this study concentrated on a particular event or events, the experiences were narrated with a sense of purpose—the "there and then of actors"—which contributed to the context in which these narratives were told (Bamberg 2012 in Holstein and Gubrium 2012:102). The study focused on a specific event—cosmetic surgery—in a participant's life-world, so the narrated context involved physical transformation and also symbolic transformation—from "biographical disruption" to "biographical reinforcement" (Bury 1982:170-175; Gabe and Monaghan 2013:74; cf. section 3.2.). The reflexive re-examination of the cosmetic event and its symbolic meanings can encourage an individual to reveal sensitive information about her self-perceptions (body dissatisfaction, beautification, and trends), her actual body (before to after surgery), and her morals and values (subjective and inter-subjective notions of social and cultural norms, and the stigma of cosmetic surgery).

VI. In the sixth and last premise, attention is directed to identity. Bamberg, De Fina and Schiffrin (2007:2) point out that a narrated testimony reveals elements of an individual's personal and social identity (cf. section 4.2.1. and 4.2.2.). In the storytelling practice the narrator, therefore, gives her recipient/audience a glimpse into who she is or who she wants to be seen as, thereby revealing self-understandings and self-perceptions. In pursuing the narratives, I probed the presence of 'others' in their stories, because others play a big role in how the participants' view themselves in relation to their bodies. In addition, the way that 'others' are depicted prompted further insight into the participant's character and sense of self whilst illuminating unique perspectives on her identity—with reference to personal, gender, social, and cultural identity (cf. Chapter 4, page 75).

By working with Bamberg's (2012 in Holstein and Gubrium 2012:99) six premises, I aimed to establish and frame a dialogue between myself and each research participant. This dialogue allowed for

narratives to be told from the participant's point of view. Furthermore, richness and depth were reached by clarifying certain words, probing certain themes as they arise, and rephrasing or expanding on questions or answers that can be misinterpreted. By employing the narrative approach as the main method of data collection, I aimed to encourage "the participant to collaborate in producing accounts or versions of her past, present or future actions, experiences, aspirations, thoughts and feelings" (Coetzee, Elliker and Rau 2013:[15]). These accounts revealed how the participant interprets and perceives her life-world as well as how she accepts her personal identity and her social reality. This understanding is supported by Clandinin (2007:186&294) who claims that:

> Individuals construct their identities through their own and other's stories … Not only do others influence the stories we tell, the stories we tell also powerfully shape others' impressions of us. If we care how others perceive us, we are likely to be motivated to control what our stories convey. One way in which people can control the meanings that others hear in their stories is through 'positioning' themselves in socially acceptable ways vis-à-vis their narratives.

Narratives—solicited via in-depth interviews—are perceived, interpreted, and understood inter-subjectively, so attention was also given to my presence in the study. My presence as the interviewer, the researcher, and the audience could have influence how the narrative is consciously negotiated and verbally told. This leads me to question what effect I had on the narrative structure—the construction (word choice, chronological sequencing, dates, times, and places), the expression (what was revealed or kept private and her emotionality), and the interpretation (what the narrator meant and how I interpreted what was said). This revealed that the interview process and the interpretation of narratives are subjective and complex. However, by actively engaging this complexity via reflexivity (Alvesson and Sköldberg 2009), I aimed to limit any overt or covert assumptions and biases.

5.4. Procedure/methods

Narratives were collected using semi-structured in-depth interviews, guided by an interview schedule (discussed in section 5.4.2.) and audio recorded. In-depth interviews focus on building a trusting relationship and rapport with an informant in one-on-one/face-to-face interactions. Self-disclosure is key during in-depth discussions when sensitive topics are explored. Johnson (in Gubrium and Holstein 2001:104) claims that:

> In-depth interviews develop and build on intimacy; in this respect, they resemble the forms of talking one finds among close friends. They resemble friendship … but in-

> depth interviews are also very different from the kind of talking one finds between friends, mainly because … a researcher … seeks 'deep' information and knowledge.

Although these interviews were guided by a schedule, the researcher was careful to allow for the fact that a verbal dialogue is fluid and flexible and that narrated experiences reflected in an individual's word choice, verbal explanations, and her emotional expressions. One way of ensuring ease of communication was to make sure that narrative data were gathered in a natural and comfortable setting—a location of the participant's choosing.

5.4.1. Selection of participants

The aim of the study was to interview ten women in the Bloemfontein area, South Africa, who had undergone an elective cosmetic procedure for beauty purposes. Purposive sampling was used in selecting the research participants due to the unique research focus. Bryman (2012:418) expands on the key concepts of this approach:

> Purposive sampling is a non-probability form of sampling … the goal … is to sample cases/participants in a strategic way … sites, like organizations, and people within sites are selected because of their relevance to the research questions. The researcher needs to be clear in his or her mind what the criteria are that will be relevant to the inclusion or exclusion of units of analysis (whether the 'units' are sites, people or something else).

Criteria for inclusion in the study were that participants should be middle-to-upper class white women between the ages of 25 and 67 who had undergone an elective cosmetic procedure in either blepharoplasty, liposuction, abdominoplasty, breast augmentation and/or breast lift.

I began by contacting a private cosmetic surgery practice situated in Bloemfontein, in the Free State Province, South Africa. I met and negotiated with Doctor Ben Anderson (pseudonym)—a licenced cosmetic surgeon—to assist me in identifying potential participants. The sample number of ten participants was considered enough as in-depth interviews would allow for sufficient qualitative data. The sampling age—25 to 67—relates to the participants' cosmetic desire. Take for example blepharoplasty, a woman of 25 years is unlikely to experience the physical side-effects of ptosis[16] whereas a woman of 67 years is unlikely to undergo breast augmentation surgery. Age variabilities, therefore, reflect purposive sampling. Specific cosmetic procedures were selected to broaden current knowledge and perhaps re-negotiate common stigmas associated with these popular and sought-after

[16] Ptosis refers to the "drooping of the eyelid" (Maharana et al. 2017:15)

interventions. The formal ethical clearance of the study was to conduct the research under the guidance of Dr Anderson in his medical practice and with his patients. For this purpose, a consent form was signed between Dr Anderson and myself (cf. Appendix C).

Patients were selected by Dr Anderson with the assistance of his medical staff. As participant selection is sensitive in nature, initial patient contact was made via the medical practice. A representative (professional member of the medical practice, administrator, or surgeon) phoned the patient to introduce the research project, myself, and what the overall aim of the study entailed. The purpose was firstly, to see if the patient was willing to participate in the study and secondly, if she would be comfortable having her personal information given to me, the researcher, in order that I contact her to set up an interview/s. Only once the patient gave her verbal consent, did the medical practice relay her information to me. These personal details are kept in a secure location.

A total of 15 patients were contacted over a period of 5 months with contact details being released in clusters: seven names in October 2015, four names in November 2015, and three names in February 2016. The last participant, Kim (pseudonym), was included in the project via snowball sampling. Snowball sampling refers to "the process of accumulation as each located subject suggests other subjects" (Rubin and Babbie 2010:149). This methodological technique "is an important and commonly used technique in qualitative research" (ibid.). She was the only research participant to have received her cosmetic procedure in Bloemfontein by a different plastic surgeon. This participant was included in the study due the differences between her experience of the surgical procedure and the mainly positive experiences of the other participants. She was also included because she was keen to share this aspect of her life-world. Her journey revealed the hardships and negative side-effects that can accompany an elective procedure.

When receiving the patients' names and contacting them—firstly, to introduce myself and secondly, to confirm that they were comfortable with participating in the research—five of them said they felt insecure or inconvenienced by the interview request and withdrew. No further contact was made with these individuals. Nine participants were, therefore, recruited between November 2015 and March 2016.

When beginning this study, I initially assumed that the majority of the participants resided in and around the Bloemfontein area. This was, however, not the case and some of these women travelled from outlying areas of the Free State to obtain their cosmetic alterations.

5.4.2. Data collection

Interviews in general entail a researcher's specifically designing questions to elicit information on a specific topic or theme from an individual. An interview process is usually conducted verbally between two people—the interviewer and the interviewee—with the aim of gathering thick and detailed information. When an interviewer and interviewee participate in a directed form of conversation, understandings are re-negotiated. It is in this dialectic process that different perspectives—what Luff (1999:701) refers to as "fractured subjectivities"—are engaged and shared. Luff (1999:701) elaborates: "both the researcher and respondents speak to each other not from stable and coherent stand points, but from varied perspectives".

More specifically, this study made use of semi-structured interviews. The underlying purpose of semi-structured interviews is to ask open-ended questions to obtain in-depth knowledge of or insight into a phenomenon. In this case, cosmetic surgery. My aim was to understand how an individual perceives, experiences and perhaps re-negotiates beautification ideals, her identity and femininity, her gendered embodiment and her feelings related to self-empowerment or disempowerment in accordance with her life-world and social reality. To obtain these detailed life-world experiences, I relied on narrative interviews designed to elicit information in the form of thick descriptions taking into account "… not only the immediate behaviors in which people are engaged, but also the contextual and experiential understandings of those behaviors that render the event or action meaningful" (Mills et al. 2010:942).

The interview schedule and its content were specifically designed to guide one-on-one contact sessions (cf. section 5.3.2.; Appendix E and Appendix F). By structuring the interview schedule thematically, I aimed to obtain a holistic perspective of the participants' body satisfactions/ dissatisfactions, what temporary techniques were employed to transform the body and self-perception, what or who prompted the idea of electing to go for cosmetic surgery, and how the surgical intervention influenced each woman's sense of self. This unfolding inquiry enabled me to delve deep into factors of identity and femininity, what role family and friends play in supporting the cosmetic decision and the resulting surgical consequences (side-effects, healing, physical limitations) and lastly, how the medical encounter was perceived and experienced.

In the case of Kim, additional questions were integrated into the theme: 'The cosmetic procedure' in the semi-structured interview schedule (cf. Appendix F). These additional questions were shaped by my prior and privileged knowledge to her cosmetic journey and were designed to probe various negative outcomes and challenges of her experience.

The interview process saw each of the participants verbally agreeing to participate in the study. Firstly, I contacted individuals by phone and negotiated a date, time, and place—to their convenience—to conduct the interview/s. Some of the participants arranged to meet me, but later failed to arrive at the negotiated meeting place and it transpired that they got cold feet and preferred to withdraw.

Focus now moves to the ten participants who participated in this research study and how the interview sessions were negotiated—in date, time, and place. All of the interviews were conducted in private and situated in a secure space thereby ensuring no interruptions from environmental influences or third party individuals. As stated earlier, this topic is sensitive and three of the participants negotiated their place of interview to be their homes, their businesses or a neutral venue; some even chose to be interviewed in my own home. The participants who came to my home were offered a beverage (coffee, tea, or a cold refreshment) and finger foods (biscuits, mini sandwiches, and sliced fruit) during our time together. The overall aim was to establish a welcoming and hospitable environment allowing the participant to feel prioritised and comfortable when reflecting on her lived experience. In the case of my travelling to a participant's preferred location, care was taken in how the meetings were negotiated. I entered each residence at the agreed upon time with an attitude of respect and gratitude. My intention was to convey a sense of appreciation for the time each participant took to share her narrative with me.

On arrival and when meeting each participant, I began by formally introducing myself, the study, my level of academic success, and direct acknowledgement of my gratitude for the individual's willingness to talk to me about her experiences. I then proceeded to explain the consent form (cf. Appendix D) in a structured, simple, and open manner whereby each participant was encouraged to ask for more information or clarity on any aspects where needed. It was also stated verbally and in the consent forms that the research obtained formal ethical approval from the Ethics Committee of the Faculty of Humanities at the University of the Free State (cf. section 5.6. Ethical considerations, below).

Once the individual had a more comprehensive understanding of who I am and what this study was about, I continued to expand on the strict ethical guidelines and methods undertaken to ensure confidentiality. In addition, the topic of 'audio recording' was broached and explained. I purposefully asked for permission to record our conversation. This request was further expanded on by relaying its use: firstly, it was to allow me verbatim access to and comprehensive insight into our discussion. An audio recording provided me with a more in-depth and holistic understanding when engaging with the analysis phase. And secondly, to incorporate direct quotes from narratives in the analysis chapters.

After signing the consent form, the actual interview began with a 'general introduction' that focused on social/cultural beauty concepts and the perceived ease-of-access to cosmetic surgery. I

purposefully formulated these questions to create an environment of openness aimed at building a trusting relationship. These are important factors to consider, as sensitive issues within personal/subjective understandings were reflexively explored. When rapport was established, I commenced with questions directed to the participant's cosmetic experience incorporated into topics such as 'personal understanding of the body', 'the cosmetic procedure', 'identity and femininity', 'support', and 'the medical encounter'. We concluded by probing the participant's broad, but subjective understandings of 'current trends' in the world of beauty.

When concluding the interview session, each of the participants was given a token of appreciation in the form of a bouquet of flowers or a box of chocolates. These were not meant as a form of payment, but to thank the individual for taking the time to be part of this research study and for sharing her experiences with me. I also encouraged each participant to contact me if she wanted to expand on further experiences, to clarify any research inquiries, or to withdraw her data from the study.

5.4.3. Data processing, analysis, and presentation

The data processing and analysis phase of the study unfolded in accordance to Creswell's (2014:197) six step model: "organizing and preparing data for analysis", "reading through all data", "coding the data", "themes/description", "interrelating themes/description", and "interpreting the meaning of themes/descriptions". Furthermore, these steps work hand-in-hand with Bamberg's (2012 in Holstein and Gubrium 2012:101) "narrative practice perspective" (cf. section 5.3.2.; page 94).

I. The raw data (audio recorded interviews) were transcribed verbatim into a written text—an MS Word document saved in a digital format. The transcription phase began in December 2015 and concluded in May 2016. Transcription was done by myself, the researcher. In support of anonymity and confidentiality, each participant's data were anonymised by using pseudonyms.

II. Data immersion—the first phase of the analysis—began with a reading and re-reading of the narratives. This prompted a deeper understanding of each testimony and the discovery of broad similarities or differences between research participants' perceptions, interpretations, and experiences.

III. The in-depth analysis began with coding the data. Words, phrases, and sentences were systematically examined for meaning. The collected narratives were also analysed and interpreted against existing literature. This existing knowledge allowed me to critically apply

intellectual thinking to the analytic process. In addition, this investigative process enabled me to situate the research findings in theory, subjectivity, and theme. A series of a priori codes, as reflected in the interview schedule, came from the theoretical context for the research and from the available literature on the topic. Some new codes captured new, emergent themes; these most often arose during reflexive engagement with rival interpretations.

IV. A priori and emergent codes were then grouped into larger categories. According to Creswell (2014:197-198), narrative coding explores what meanings are expressed by the research participants and "is the process of organizing the data by bracketing chunks (of text or image segments) and writing a word representing a category in the margins". I discovered that many of these categories overlapped—producing clustered descriptions.

V. These clustered descriptions were further refined into main and sub-themes (cf. section 4.4.) Main themes reflected *a priori* issues from the theoretical context and from available literature that guided my analysis in relation to the research aims whereas sub-themes engaged various distinctive perspectives, adding further complexity and depth to the topic and/or experience. Once the narratives were organised into themes, I began the thematic analysis. Braun and Clarke (2006:79&86) describe a thematic analysis as "a method for identifying, analysing and reporting patterns (themes) within the data … searching across a data set—be that a number of interviews or focus groups, or a range of texts—to find repeated patterns of meaning". Research themes were organised into seven clusters. These clusters are reflected as headings in chapter six (cf. page 109): 'Beauty and its (re)negotiation, 'Identity and femininity', and 'Cosmetic surgery and (dis)empowerment' as well as in chapter seven (cf. page 154): 'Finding the courage', 'The risks', and 'Cosmetic surgery changing lives'.

The analysis yielded findings and are presented in chapters six and seven. Direct quotes are used to ground and illustrate the analysis. As Roulston (2012:150-151) points out, in this way the reader is offered a window onto what participants said and can, therefore, obtain a more complex understanding of the participants' experiences:

> … through the sorting and classification of the data into thematic groupings or clusters … themes are supported by evidence from the data set in the form of excerpts from interviews that link the researcher's assertions to what was said by speakers in interview contexts.

The analytical findings are a reflection of my interpretation of the data. Reflexivity was practised while unwrapping the context and meaning of each narrative. I incorporated direct quotes to ensure that my interpretation and discussion is grounded in testimonial segments that reflect what the research participants experienced. However, my interpretation and analysis of the data might be subjective and can, therefore, reflect biased assumptions—engaging quotes that suit my discussions or meanings that are taken out of context. To counter this practice, I relied on Maxwell's (2012) five validity types to structure my subjectivity—perceptions and interpretations—in the analytical process. Maxwell's (2012:134-141) validity types are discussed next (cf. page 104).

5.5. Enhancing quality

This section serves to discuss the value, validity, and trustworthiness of the study. Emphasis is also given to the limitations of my interpretivist approach in so far as the data collection methods and the presentation of findings are concerned.

As the key instrument in the inquiry, I am required as a researcher to display proficiency in my field of knowledge, professionalism in my approach, mindfulness in how I structure the research, how I ask questions, and how I conduct the interview process (Kvale 2007:81). Whilst conducting each interview, I consciously engaged a sense of empathy. I knew that my inquiry could prompt emotional and, at times, embarrassing moments that could distress the participant. To overcome these negative feelings or understandings, I negotiated an empathetic stance towards each of the participants. This was achieved to some extent through our shared gender in so far as social and cultural pressures to meet certain beauty ideals. As I am a female myself, notions related to appearance, meeting social trends, and re-negotiating beauty norms have been experienced within my everyday life-world. Moreover, I conducted a study on breast cancer for my Master's dissertation (Heggenstaller 2013) and I could, therefore, approach the data collection process more confidently. Harold et al. (2000:213) state that when there are common similarities of "[gender], age, education, race and class" between the participant and the researcher, they are able to "relate to each other on many levels, build rapport, and create a more open dialogue". In short, an open and trusting dialogue was established allowing for a more intimate disclosures and deeper understandings of participants' cosmetic experiences.

When trying to negotiate the trustworthiness of any research study, Sullivan (2009:428) is of the opinion that researchers must reflexively evaluate their work against a set of structured criteria. For this research study, I employed the five validity types proposed by Joseph A. Maxwell (2012):

I. *Descriptive validity* concerns the "factual accuracy of [an] account" (ibid.:134). This was achieved by me through accurately recording the interview sessions via audio recordings and

by making field notes—of what had been seen, heard and felt—while interacting with the participants. The collected narratives were then transcribed verbatim into written format for the analysis. Apart from ensuring that data were accurately captured, I could not fully assure that the interview schedule and posed questions resulted in accurate or truthful responses. To lessen this limitation, I relied on a more conversational style. Open-ended questions featured strongly in the interviews and these questions encouraged research participants to provide fuller and more detailed narratives. By being respectful and open during interviews, I had the opportunity to gather "spontaneous, rich, specific and relevant answers" that could be expanded on (Kvale 2007:80). Also from this open-ended engagement, I had the opportunity to probe, clarify, and follow-up on particular responses by, for instance, rephrasing questions and asking for further explanations. Probing allowed for better authentication and confirmation of the participants' specific words, sentences, and meanings.

II. The second aspect of quality in qualitative work focuses on *interpretative validity*. Focus is, therefore, directed to how the researcher interprets and represents the given narrative—in context and meaning. In this regard, I concentrated on the individual and what meanings she assigned to a particular experience. For me to understand what an individual had experienced, emphasis was placed on how questions were posed and asked whilst still capturing how the individual responded in "language and thought … words and concepts" (Maxwell 2012:138).

Probing what the participants said allowed for the emergence of structure and congruency to their narratives in a beginning, a middle, and an end (Kvale 2007:80). It is within the construction of this timeline that I formed a clearer understanding of, and interpret, what had been said, experienced, lived (physically or emotionally) and how each experience impacted an individual's sense of self and life-world. Trustworthiness was maintained via a structured timeline—emphasis was placed on meaningful dates or periods of time, emotional cues (verbal and/or physical) and the willingness to share subjective understandings with regard to an issue. As Maxwell (2012:140) argues, it is only when these elements are present that a researcher can attribute a greater sense of trustworthiness to the stated account.

III. *Theoretical validity* is the third category and has to do with the "theoretical constructs" employed in developing a study (Maxwell 2012:140). This category holds relevance in any research undertaking as the theoretical frameworks not only provide structure to a study, but also reveal a sound and valid platform to contextualise the study's interview schedule and

findings. This research undertaking was situated epistemologically in the theoretical frameworks of Alfred Schütz's phenomenology, Peter Berger and Thomas Luckmann's social construction of reality, Kathy Davis's feminist perspective and Iris Marion Young's feminist phenomenology (refer to Chapter 1). Key insights from these theories underpinned the research questions and are reflected in the interview guides.

IV. In Maxwell's (2012:140) fourth premise, *internal validity* or credibility, focus is placed on the value and legitimacy of descriptions and interpretations of an experience. Credibility depends, at least to some extent, on the relationship built between a researcher and the researched, and commonalities between them, such as gender, social pressures of norms of beauty, etc.—as discussed in the beginning of this sub-section.

Another, more pragmatic, aspect of internal validity is that each participant was given access to her transcript—a technique referred to as member checking. According to Creswell (2014:201), member checking is used to "determine the accuracy of the qualitative findings through taking the final report or specific descriptions or themes back to participants and determining whether these participants feel that they are accurate". Four participants requested a copy of the transcribed document and an additional two indicated that they would like to read the concluded analysis chapters. I honoured this request and also encouraged the participants via electronic mail to add additional thoughts or perceptions to their transcripts, should they wish to do so. In each of the interview sessions, the participants were encouraged to contact me in the event of forwarding additional information regarding their experience, to further clarify any research questions, or to withdraw from the study.

V. The final factor, *external validity*, positions an individual's subjective experience against the broader inter-subjective context, the facts relating to people, places, and times (Maxwell 2012:141). Qualitative research focuses on subjective experiences, perceptions, understandings as well as multiple truths, meanings, and interpretations (Flick 2007:15; Letherby et al. 2013:29). Therefore, the findings of the study are not generalisable to other contexts or to the broader population. According to Maxwell (ibid.), a qualitative study should rather aim for "transferability" where readers can "draw inferences from the actual persons, events, or activities observed" and, where appropriate, apply these to their own research and settings.

A very important cause, as well as effect, of quality in qualitative research is research ethics, and for this reason it is presented in its own section, next.

5.6. Ethical considerations

Formal ethical clearance was obtained from the Ethics Committee of the Faculty of Humanities, University of the Free State—UFS-HUM-2014-70 (cf. Appendix A and Appendix B). I, therefore, situated this study within the ethical principles and guidelines stipulated by the University.

According to Guillemin and Gillam (2004:263), a research study must incorporate two ethical dimensions—"procedural ethics" and "ethics in practice"—into its overall structure in order to bring trustworthiness and value to research.

Procedural ethics relates to my level of competency in relation to the research topic (Guillemin and Gillam 2004:263). From this perspective, the primary investigator presents a written account to the ethics committee of how the research is situated epistemologically, ontologically, and methodologically whereby describing: the purpose of the study, what the primary investigator intends to accomplish with the study, the foreseen risks and potential issues that may arise, and how any vulnerabilities will be addressed.

An important part of procedural ethics is the selection of participants. Key to selection is that participation was entirely voluntary. The participants were selected either by Dr Anderson or one of his medical personnel. Information obtained from his medical practice concerning the research participants was held under strict confidence and all contact was done with respect and gratitude. The single participant who did not come from his practice was treated with the same respect and rights accorded to Dr Anderson's patients.

The ethics committee evaluated this proposed study's theoretical outline, sampling/selection criteria, the medical surgeon's consent form, participant consent form, and the interview guide/schedule. Both the medical and participant consent form began with an information sheet designed to inform them about the study, and what was required from them in simple and straightforward language.

The full consent form is presented in Appendix C and Appendix D, but in summary, key information included: the study purpose; the research questions; the overall aims; the fact that participation was entirely voluntary with the participants having the right to withdraw at any time; a pledge to protect their confidentiality and anonymity throughout the research; the audio recording of interviews and subsequent ways in which information contained in audio recordings and transcriptions were protected; and the practicalities of what participation entailed (e.g., place of interview, time required

of them). The ethical clearance number and contact details of the investigator and supervisors were also provided should participants want or need to follow up on the research or researcher.

The second dimension, *ethics in practice,* focuses on the "day-to-day ethical issues that arise" (Guillemin and Gillam 2004:264). Here, investigators must be ever mindful of actions that can compromise their study so that ethics is ongoing throughout the research process. For this purpose, I practised openness with all of the participants during and after the interview sessions and remained hospitable to multiple viewpoints that may or may not concur with mine. I also put emphasis on abiding to the terms and conditions negotiated with each of the participants and remained accessible to them by giving them my private cell phone number and email address. This allowed a participant to clarify an aspect of the research process with me, ask further questions at any time, or notify me if she wanted to withdraw from the study.

In addition, I continued to implement ethical protocols in my day-to-day dealings with the participants' private details, audio recordings, and transcripts. This information is kept in a secure location, in a locked cabinet at my private residence. When I worked with any documents or participant-related information, I kept within the ethical boundaries of confidentiality, personal bias, and trustworthiness. Collected data, narratives, or experiences were not discussed with any persons other than my supervisors, but because I made use of pseudonyms throughout the transcripts and analysis, even they did not know the identity of the participants. I am also aware that my personal frame of reference may have influenced how the collected narratives were understood and portrayed within the analysis chapter and I, therefore, employed conscious reflexivity whilst working with the data.

In conclusion, central to everything I planned and did was the injunction to *do no harm*.

Chapter 6: Beauty and cosmetic surgery

6.1. Introduction

This thesis follows a qualitative research design and relies on the narrative approach as its main means of data collection. I begin this analysis chapter by recapping the analytical frameworks of Iris Marion Young's "motility" (2005:35) and Kathy Davis's (1995:11) theoretical premise of "identity", "agency", and "morality" (cf. section 1.4. and 1.6.). These outlines situate my analysis and findings in a clear and coherent manner. These analytical frameworks are relied upon to throw light on participants' subjective notions, perceptions, and interpretations of their cosmetic experiences. Findings are illustrated with, and augmented by, direct quotes.

Findings are grouped together under the themes 'beauty and its (re)negotiation', 'identity and femininity', and 'cosmetic surgery and (dis)empowerment'. Each theme is expanded on to illuminate perspectives related to beauty and the importance of beautification, the mass media's influence on an individual's self-perception and her body image, what the effects of cosmetic surgery are on the individual, and how these effects influence how participants re-negotiate their self-image post-surgery.

In the following chapter 7 entitled: 'The medical encounter', focus is on the relationship between an individual and the health-care system. Themes explored are 'finding the courage', 'the risks', and 'cosmetic surgery changing lives'. Emphasis is placed on social notions associated with a cosmetic procedure, the stigmas attached to cosmetic surgery, gaining additional knowledge via personal research, finding a cosmetic surgeon, support networks, and a renewed sense of self after the surgical experience.

6.2. Analytical themes from feminist literature

I incorporate the theoretical concepts of Kathy Davis's (1995) "identity", "agency", and "morality" as well as Iris Marion Young's (2005) "feminine motility" in analyses of participants' narratives. These frameworks provide structure, coherence, and salience to the interpretations and findings. In the analyses, notions related to participants' meaning-making and emotions are emphasised. These personal perceptions and experiences enable me to unwrap the course of action undertaken by them, revealing how the cosmetic act influences an individual's self-perception and social reality. I continue this chapter by giving a brief overview of the analytical structure as discussed in section 1.4. and 1.6.

6.2.1. Identity, agency, and morality

Kathy Davis's contribution to the field of Sociology and Feminism is extensive. She has re-negotiated and transformed the commonly accepted *second-wave* feminist thoughts associated with cosmetic surgery and body work. She begins her theoretical outline of cosmetic alterations by addressing issues of subjectivity and the individual's self-motivations. Her main focus is on "listening to women's voices" and "interpreting women's choices" (Davis 1995:166-168). What becomes evident in Davis's work, is that the women she interviewed were not "Robo Woman[17]" rushing to fit into feminine ideals of beauty, but rather individuals who were suffering in terms of self-image and identity (Morgan 1991:151). In this study, some research participants display similar suffering and relied on cosmetic surgery as a last resort. In many of the narratives there are echoes of struggle, disembodiment, biographical disruptions (cf. section 3.2.), and shame, even though none of the women in this research project want to be 'perfect' or what Ira Levin (1972) termed a "Stepford Wife[18]". Rather, they envision themselves as being 'ordinary' and 'normal'. Davis's (1995; 2003) view diverge from the radical feminist perspective of women as subservient to patriarchal obedience and desire. She challenges radical feminist beliefs of "white-supremacist, patriarchal hegemony" and focuses on empowering women to re-negotiate notions related to gender equality and sexist oppression within family, educational, employment, and political contexts (hooks 2015:66&70).

The theme of **identity** unlocks a notion of transformation: an individual experiences, by means of cosmetic surgery, a change in her self-concept in relation to her body and her image (Davis 1995:11). When analysing the narratives, I purposefully explore each participant's life-world in relation to how she perceives, understands, and accepts her body, her identity, as well as her femininity. The theme of identity is intended to reveal the *uniqueness* of each participant's life-experience and how a cosmetic engagement influenced her self-perception. The reconstruction/re-negotiation (cf. section 4.4.) of identity is analysed from before the cosmetic procedure, through the recovery phase, and up to the accepting/rejecting of the final transformation.

In the second theme **agency**, emphasis is placed on how the individual responds to social and cultural norms, beliefs, and understandings (Davis 1995:11). Here I look at how an individual empowers herself in "action and choice", which are represented in how an individual reveals 'the problem/body

[17] Robo Woman—refers to an individual who is a "'consumer of youth and beauty' and seeks out experts—cosmetic surgeons, nail technicians, dietitians, hairstylists, cosmetologists, and trainers, among others—that 'administer and transform the human body into an increasingly artificial and ever more perfect object'" (Morgan 1991:151).

[18] Stepford Wife—refers to "a married woman who submits to her husband's will and is preoccupied by domestic concerns and her own personal appearance" (Dictionary [online] 2016:1).

dissatisfaction' and what steps she implements to 'rectify/solve' the issue at hand. This can include non-invasive techniques like padded/push-up brassieres, diets, make-up shading, technology based programmes and apps—Photoshop and cell phone filters—in order to meet perceived social norms of beauty. Social and cultural constraints also influence how an individual perceives herself and her body. These constraints include external judgements, comparisons, and mocking. In exploring the theme of agency, insight is sought on the motive of *why* cosmetic surgery was employed.

Morality is the last of the three themes (identity, agency, and morality) used to contextualise my analysis. Morality is commonly associated with right or wrong. However, Davis (1995:11) reinterprets this understanding to take into account the emotional stance of the individual prior to her cosmetic intervention. For this study, the concept of morality is examined in terms of how a particular embodied experience can lead to emotional instability or even "emotional pain" (ibid.). Therefore, the theme of morality relies on an individual's *emotional* self-understanding (ibid.). As in the previous theme, agency, issues of the self and empowerment are important: women employ various methods and techniques (temporary or permanent) to re-negotiate aspects of themselves and their life-worlds—within social and cultural norms—for self-acceptance. Reference will be made to the common stigmas attached to aesthetic alterations—among others: vanity, complying with criteria of beauty related to the male gaze, and seeking social acceptance.

By connecting the theme of **morality** to **agency**, additional depth and meaning can be revealed about an individual's sense of embodiment. By exploring an individual's emotional stance, this research aims to see if a connection can be made between cosmetic surgery, embodiment, and notions of self-empowerment.

6.2.2. Motility

Another prominent author in the field of feminism is Iris Marion Young, who focuses on political issues and social injustices. I do not draw on her works on political movements and inequalities. Rather, emphasis is placed on her book *On female body experience: throwing like a girl and other essays* (2005). In this book, Young re-negotiates notions related to gender, the body and feminine movement, embodiment, and gendered experience. In her phenomenological modality of "feminine motility", Young (2005:35) argues that the female body is given meaning through its movement and social interactions. It is within social experiences that the female body is re-negotiated and understood.

Motility represents the ease or fluidity of bodily movements and engagements. It is about how the gendered body is used when engaging a given task. Young (2005:36) claims that the female body is given sense and meaning through intention. She argues that women do not use their bodies in an all-

inclusive manner. Rather they participate in particular tasks or physical activities with minimal bodily comportment, physicality, and spatiality (cf. Erwin Straus's). This is due to women, in certain contexts, experiencing their "bodies as a fragile encumbrance, rather than the medium for the enactment of aims" (Young 2005:34). Motility comprises three modalities: "ambiguous transcendence", "inhibited intentionality", and "discontinuous unity" (ibid.).

Ambiguous transcendence is positioned in the understanding that the body is not a passive object. Rather the body reflects uniqueness in its continuous adaptation to the life-world—in movements that emphasise subjectivity and fluidity in relation to daily actions. But Young (2005:36) sees the gendered body as a burden that must be existentially encouraged and also protected.

Intentionality relates to people as mindful agents who continuously engage in conscious self-negotiations (Young 2005:36). As previously discussed in "motility", the gendered female body does not fully commit itself to some physical actions or motions (cf. section 1.6.). **Inhibited intentionality** explains how the gendered body "… reaches toward a projected end with an 'I can' and withholds its fully bodily commitment to that end in a self-imposed 'I cannot'" (ibid.).

Transcendence refers to 'unity' between the body and its surroundings. But when a woman displays a sense of uncertainty towards the body, a form of **discontinuous unity** is established (Young 2005:38). According to Young (ibid.) "women tend to locate their motion in part of the body only, leaving the rest of the body relatively immobile" (cf. section 1.6.). Hence, a woman under-uses her body in certain engendered situations and, in turn, the male perspective and gaze sees the female body as an "object … a thing that exists [to be] looked at" (ibid.:39).

6.2.3. Linking the analytical themes

Separately, each theme looks at a singular perspective of the gendered individual—sense of self, action, choice, emotionality, or motility. In addition, connections are made between Davis's (1995) and Young's (2005) analytical constructs, in terms of conceptual similarities or overlapping themes.

The first connection is made between **inhibited intentionality** and **identity** (Young 2005:36; Davis 1995:11). **Inhibited intentionality** is positioned in the "I can/I cannot" principle—emphasising the idea of indecision and hesitancy between "aim and enactment" (Young 2005:37; cf. section 1.6.). From self-hesitancy, a connection is made to the theme of **identity** (Davis 1995:11; cf. section 1.4.). Identity unwraps an individual's unique perception of her life-experience (ibid.). Thus, **inhibited intentionality** and **identity** work hand-in-hand in the data analysis to explore how an individual re-negotiates her self-perception and feminine ideals against her cosmetic experience—in service of her "aim to enactment" (Young 2005:37).

The second connection is made between **ambiguous transcendence** and **agency** (Young 2005:36; Davis 1995:11). **Ambiguous transcendence** offers insight into an individual's inter-subjective sense of self—engaging the uncertainties of her social world (Young 2005:36; cf. section 1.6.). The construct of **agency** looks at how an individual relates to her social reality in "action and choice" (Davis 1995:11; cf. section 1.4.). Thus, **ambiguous transcendence** and **agency** are used to probe an individual's self-concept in relation to social and cultural norms (trends and beauty ideals). Focus is on the body as a unique and subjective object that can be transformed, even transcended, via aesthetic improvements in "action and choice" (Davis 1995:11).

The third connection is made between **discontinuous unity** and **morality** (Young 2005:38; Davis 1995:11). **Discontinuous unity** looks at the female body in relation to her environment—the social gaze—the body being experienced as uncomfortable in the world (Young 2005:38; cf. section 1.6.). The theme of **morality** unwraps an individual's emotional understanding (Davis 1995:11; cf. section 1.4.). Therefore, **discontinuous unity** and **morality** enable for deeper insight into the emotional turmoil an individual experiences when trying to negotiate a sense of meaning and feeling towards the flawed/rejected body.

6.3. Who revealed their stories?

As this study relies on the personal experiences of ten women, in this section I briefly introduce each participant. These descriptions are not intended to breach confidentiality by revealing who the participants are, but rather to enable a more comprehensive understanding of their narratives. I only refer to the participants by their pseudonyms and illuminate aspects of their life-world that emphasise or contribute to the analyses of their experience within the context of the cosmetic journey.

Of the ten participants, five are either employed or retired from employment. Each of these five women paid for their own elective procedure. Financial assistance was not obtained from a partner or third party.

I begin with Eleanor, a single 25 year old occupational therapist. She longed and purposefully saved money to obtain a breast augmentation. Issue was taken with her breasts that resulted in an over sensitisation of her physical appearance and her confidence.

> *I was always told that I have koei tieties* [cow breasts] *… the comments that were thrown weren't meant negatively, but the way you automatically perceive it* [is negative]. *Because you already have that feeling about your body … And that played a massive role in knocking my confidence down even more than it was.*

In order to overcome any distressing emotions, she began to proactively engage the problem. This saw her re-negotiating her self-image and projecting the cosmetic desire onto her everyday life-world:

> *So this motivated me to say: Alright, evaluate! Do I really not like my boobs? Am I really going to do this? Do you want this? Is this going to fit into my regime? Is it going to fit into my lifestyle? And at the end it was a YES!*

By going for a breast augmentation, Eleanor was able to re-negotiate and realign her self-concept to her physical appearance and this was achieved in June 2015.

Beauty therapist Cate, is a 47 year old married mother of two. Her procedure was to replace her initial prosthetic breast implants and to obtain a breast lift to combat the negative signs of aging. This was realised in July 2015.

> *I want nice breasts. Because it is nice for me.*

Her initial alteration, a breast augmentation, was done 18 years ago in Johannesburg. Her motivations for the augmentation was to have her small breasts changed to match their enhanced appearance during breast feeding:

> *When I breast fed my children, then they* [her breasts] *became big like this* [around a C cup]. *So I just thought: Ooo, I want this … I can put a proper bra on. So when I was finished with my children … um 2 years after that, I went for my first one* [breast augmentation]. *And I said to the doctor, because he said: How big must your breasts be? And I said: Do you see this skin? Fill it up!*

Consideration is given to her initial experience of her first breast augmentation 18 years ago as it establishes a platform for her reflecting on her second surgical intervention.

Bridget is a career woman in a corporate setting. This 48 year old married mother of three underwent a procedure of liposuction in June 2015. She motivated her elective procedure as combating one aspect of the aging process—the accumulation of fat built up around the mid-section—and not having the personal perseverance to diet for extended periods of time.

> *I'm too lazy to do a diet.*

This surgical intervention was her second cosmetic alteration, as rhinoplasty was obtained 8 years prior, to rectify a childhood injury:

> *My nose was problematic … When I was small, I fell,* [but] *I fix it because it wasn't supposed to look like that.*

Experiences of her first encounter will be included in analysing her life story.

Hailey, a 67 year old educator underwent a procedure of blepharoplasty in September 2015. She emphasised that her need for this surgical intervention was due to aging—the skin above her eye lids began to sag which results in decreased vision:

> *I was always too shy to take my glasses off. I didn't want to take them off because … I said to my daughter: It looks as if I was always drunk. Really! Because it was hanging like this* [impairing about 75% of her vision].

Both her husband and her two adult children supported her decision to employ a cosmetic intervention to regain unobstructed sight.

> *My son said to me: Nee ma, jy moet nou gaan* [No mom, you need to go now].

With this encouragement Hailey found the courage to seek out an elective cosmetic procedure.

Kim a 52 year old mother of three was the only research participant who was not a patient of Dr Anderson and the only one to reveal serious negative aspects of her cosmetic surgery. Her involvement with this research undertaking is approached with the utmost respect, as such a negative experience leads to highly sensitive issues.

Kim was initially introduced to cosmetic surgery at the age of 35, when a beauty technician incorrectly tattooed eyebrow lines above her original eyebrows:

> *This lady took out half of my eyebrow, she cut it out and she made this artificial line. So I was devastated when the hair grew back. There was this line of flesh between the tattoo and my real brow.*

She underwent a mini blepharoplasty to remove the intermediary flesh and restore her face to its original condition. Then about 6 years ago, Kim embarked on a journey of self-rejuvenation that included a breast lift, a breast augmentation and a mini face lift. These cosmetic interventions were employed to counter the aging process and for her to age gracefully.

She stated that after breast feeding her three daughters and being active in outdoor sports/activities, sun-damage and aging started to become evident and this affected her self-confidence, self-perception, and understanding of her femininity:

> *I just want to look good for my age. I didn't need it in my face, at that time, it was just to lift the neck a little … My husband said: I must breast feed.* [So] *after the three children there was nearly nothing here* [indicates her breast tissue].

However, this seemingly standard aesthetic encounter went wrong and resulted in side-effects and high levels of pain:

> *The nurse that came to take out the drain, she had a cold*. *And she didn't wear any gloves … she pulled out the right one* [right breast drain]. *That was fine and I heard her sneeze and then she came this side* [left] *… And the plaster was quite* [tightly stuck] *... And she tried to remove the plaster and stitch and she couldn't get it loose. And she took her nail* [and scratched it loose] *and I think it was there that a big problem came in. So she took the drainage out and she put a plaster over the hole and I went back home. And soon after that, I could feel that it* [the left breast] *just wasn't feeling that good …* [Later] *the doctor said: It was a staph infection. It is the bacteria of the nose.*

From Kim's narrative it is clear that the trauma that she experienced as a result of her cosmetic surgery going wrong filtered throughout her life-world and prompted her to question her health and ability to survive.

> *You know the infection is near to your heart and everything … You know there is a thin layer between that* [the breast] *and your heart and your lungs.*

This traumatic period also put strain on her marriage. Kim said that her husband did not support her decision to undergo a cosmetic intervention and when complications arouse, he withdrew himself even more:

> *I think he was just afraid. That's why he didn't want to get involved. And to maybe hear: Hoe gevaarlik dit is* [How dangerous the operation is] *and maybe I can die*.

Her battle to heal and regain her health took just over a year.

The following three participants are stay-at-home moms who practised a form of employment in hobby-based enterprises. In each of these cases financial assistance was given by their husbands towards their cosmetic alterations.

Abby is a 41 year old married mother of two. She regards herself as a 'mom' which implies that her priorities revolve around her family. In 2015 she experienced the painful procedure of abdominoplasty. Abby motivated her engagement in this surgical intervention, as wanting to restore her body back to before childbirth. From Abby's perspective, her second and final pregnancy transformed her body with stretch marks, excess skin, and fat in her lower stomach:

> *I have been thin my whole life and I had my two children and the last one was 4.3kg. I had like this big floppy tummy which just irritates me all the time.*

This cosmetic alteration is Abby's second cosmetic encounter, as she obtained a breast augmentation 10 years ago. This cosmetic intervention was also attributed to the side-effects of pregnancy and the resulting breakdown in her self-perception:

> *I have always had bigger boobs and after the children they were long and not big anymore. So … it was horrible. And after the children I began to feel like …* [my breasts] *were more of a problem than my tummy. I think um … that's why I went to fix it.*

Down to earth Isabel, is another participant who underwent an abdominoplasty. However, this 33 year old married mother of two incorporated the medical procedure of liposuction into her initial surgery. For Isabel, concern was directed to her bodily transformation after her second pregnancy:

> *I had a problem with my tummy and I didn't feel sexy about it.*

She further revealed, that as a farmer's wife and although she was physically active, no amount of exercise helped her lose the fat in her lower stomach. Other less extreme attempts (eating healthy, exercising, and micro-needling) were used, but with little to no effect, and so she opted for an elective cosmetic procedure.

> *I went for the micro-needling with the extended needles for the stretch marks on my stomach. It was very painful*. *It was quite bad and it* [micro-needling] *didn't change it* [her stomach] *that much.*

The active and outdoorsy farmer's wife, Georgia, is a 45 year old mother of two who underwent a blepharoplasty in March 2015. In our contact sessions, she emphasised her everyday life-world and her ordinary demeanor of living on a farm.

> *When I'm on the farm, I work with animals, I don't do make-up, I put my hair in a ponytail.*

Her motivations for this elective procedure was to overcome the genetic disposition of sagging eyelids. According to Georgia's narrative, her grandmother, mother, and sister all suffered from ptosis (pathologic eyelid drooping). She therefore decided to be proactive in rectifying this problem before aging and the medical consequences of anesthesia became a concern:

> *I have a grandmother and when she was at the age of … I think … 85 – 90, she couldn't see through her eyes because the skin went over* [it] *…* [she had no] *visibility in her eyes. So … and I have seen this with my mother and my sister. I would rather do it now than at a later stage, when I am much older and um … I won't have the strength … to go through and do the operation.*

The last two participants relate to themselves as 'housewives' as they are not engaged in any form of employment. This is due to their roles of raising their children, running a household and supporting their husbands. Additionally, their husbands assumed all financial responsibility of their aesthetic interventions.

The charismatic 31 year old doctor's wife, Joanne, obtained a breast augmentation in November 2015. In our conversations, she did emphasise that being married to a doctor could prompt certain social expectations, but the common association of beauty maintenance with perfection was not prominent in their relationship. Her husband accepted her request for an elective procedure, but was concerned with how prosthetics will feel:

> *His worst … um … concern was that it's not going to feel like real boobs.*

On numerous occasions, Joanne stated that her desire for a breast augmentation was for herself, to re-engage her confidence as a woman:

> *When I did my boobs it was like something that I wanted to do. And I wanted to feel better after the kids*.

After her pregnancy, her breast transformation was dramatic (I was shown photographic evidence—before and after) which impacted her self-confidence and her intimate relationship with her husband.

> *It's like tea bags* [laughs]. *So there is like nothing and you feel like … you don't feel like a woman … It's still early … but I think for my confidence and how I feel and how I present myself and like even … um* [my] *confidence to be intimate* [has changed].

She revealed that after her surgery, her feminine perception and sexual desire had re-emerged and she is considering trying for a third child.

> *It's very important for a marriage and for yourself … like in the bedroom to have sex. But it wasn't always fun or I don't always want to do that … especially after the children. But after I did my breasts, suddenly I feel pretty again and I feel I want to* [be intimate]. *Suddenly I want a third child and I didn't want one.*

Lastly, Diane is a 32 year old farmer's wife. After having her two children she went for a prosthetic breast renewal and breast lift in November 2015. These surgical procedures are her second experience of cosmetic surgery. Her initial intervention was a breast augmentation and was prompted after a man made a negative comment about her breasts that resulted in her re-evaluating her body:

> *There was this one guy. Me and my friend went out one night and he looked at me and he said: O you have such ugly boobs.*

She revealed that before this encounter, she was content with her physical appearance, her femininity and her self-perception. However, after attention was directed to this 'flaw', her confidence and feminine understanding was shattered (cf. section 4.3.). She states:

> *I didn't think there was actually anything wrong with them* [her breasts], *but after that, I was so conscious of how I looked*.

It was only after telling her boyfriend how she felt that he broached the topic of a breast augmentation. As she had not considered such an act, his concern for her emotional welfare gave her the courage to seek out cosmetic surgery:

> *I met my husband and he never had a problem with my breasts. So he told me one day, that if I wanted to go for implants, then I can go. And we weren't even married and he paid for my first breast augmentation.*

Having briefly introduced you to my participants, I now proceed to the analyses and interpretation of their experiences.

6.4. Beauty and its (re)negotiation

> Beauty is a term that has been tampered with for centuries. It has constantly been redefined to try to keep up with the current trends, but unfortunately, the kind of redefining we have been trying to do for years is not the redefining that is meant to be paired with the term beauty … Beauty is not objective; there are many definitions. It is the way that one expresses how they are [within] their passions, or the way that someone can smile or laugh and light up an entire room … This is what true beauty looks like, and this is how we are supposed to redefine beauty, by bringing it back to the true form, which is open for every single person's individual beauty (Rocco 2015:1).

This quote by Anna Rocco, is elegant in its summary of beauty, but also opens an avenue for further discussion. Beauty is difficult to define and it is for this purpose that I begin this analytical chapter by exploring how each of the participants perceives 'beauty'—in relation to herself and the broader social context. Their responses enable me to construct a unique platform to situate further subjective and inter-subjective opinions, thoughts, and perceptions.

I began by asking the participants to expand on their thoughts of 'what makes a woman beautiful?' This question was purposefully designed to encourage the participant to verbally express her point of view. Also the participant could engage this question from a general point of view whereby enabling

trust to be established in the interview session. However, the purpose of this question was to see if beauty is mainly a socially defined construct adapted from mediatised beauty trends, or if the notion of beauty is more aligned with subjective desires and beliefs. Eleanor began by pointing out that South African men play a role in how women perceive themselves:

> *With males being very visually stimulated, they go for what is beautiful, the trend at the moment. Take for example, in our day and age fitness is beautiful. Most of my friends have the mind-set that: You are not going to get a man if you are not in the trend. There is a massive pool that you have to compete with and if you are not outside orientated then you are not even in the competition. And girls need to adapt and become that trend*.

Eleanor's opinion is an interesting thought to explore, as some women are pressured into reshaping their physical body to please or in some cases keep their significant others romantically interested (Jones and Heyes 2009:35; Bissoon 2005:84; Klein 2011:1). The male gaze and the role/influence of the significant others is critically engaged and explored in the proceeding discussions of chapter 6 and 7, particularly when unwrapping Diane's life-world experiences. However, when exploring this sexist understanding on the World Wide Web, I found it a much debated and discussed topic in online newspapers, magazines, forums, and blogs. This suggests that this phenomenon—beauty ideals and the male gaze—is commonplace to the middle-to-upper class woman:

> *I think it's a big thing to do it for yourself and not your husband or your boyfriend or your friends or whatever. Because then you will never stop, you will do your face and your nose and your lips and your whatever.* (Abby)

According to Kirkova (2013:1) a British study revealed that of 1248 male respondents, "a quarter … (24 per cent) would like their partner to have cosmetic surgery in order to improve their looks". It therefore, seems that for a normal single woman beauty ideals and female desirability are, at least in part, influenced by the male gaze in so far as how she interprets her physical appearance, sense of self-worth, confidence, life-world, and romantic future. When enquiring about personal perceptions and opinion of beauty ideals and perfection, some participants began by defining beauty in terms of physical characteristics:

> *Ok, appearance, it must be somebody who is elegant. Um … the perfect beautiful woman is tall: about 1.7, weight more or less 65kg.* (Kim)

> *Small waist, small middle, outwards where the bum is, no cellulite of course, no stretch marks.* (Bridget)

I think she will have long thick hair … I think blonde and then big eyes and a nice mouth. A lean toned kind of look … and then a flat tummy. (Joanne)

These views comment on the physical aspects of beauty and perfection. However, this study found that beauty is not reflective of generic sameness, but rather beauty is *lived* through the uniqueness of the feminine self.

God made us all different … Thank goodness that all of us are unique. (Hailey)

When viewing beauty and perfection holistically, the research participants balanced the importance of the body as beautiful against other forms of how an individual dresses as well as her physical movement.

Well I think people should carry themselves in the best way that they can. I don't think there is a stereotype where you have to wear a [size] *12 and you have to have blonde hair and you have to have this.* (Cate)

I think for other South African women, they like the American look, but I like my friend. You know you can talk to [her]. *I think that makes people nice and a woman good looking. It doesn't matter to me if she is coming here with her plakkies* [open plastic sandals] *on, because it has to be the inner sympathy, a kind character*. (Georgia)

I perceive a beautiful woman as … how you portray and wear yourself in public. Are you slouching? Are you upright? You don't have to walk nose in the air, but own your ground. If you walk on the side walk, walk with confidence and hold your own. (Eleanor)

When probing deeper into the participant's subjective perceptions of feminine beauty, various opinions were stated, but the ideas of 'confidence' and a genuine sense of 'agency' came out strongly. According to the research participants, beauty is not a one-dimensional representation of one's bodily appearance, but also the incorporation and reflections of internal qualities:

The inside and the outside must be the same for me. You can look beautiful, but you're a horrible person or you're a nice person, but you don't look that nice. So it is a complete picture for me. (Cate)

Each of the participants were in agreement with Cate's outlook that beauty is more than what we see on the surface. However, as this study aims to find an agreed upon understanding in relation to a renewed perception of 21st century 'beauty', Eleanor's point of view is emphasised:

> *Anybody can say: A woman is beautiful because she is blonde and has blue eyes and big boobs and so on. But that only lasts for a little while. You have to get to know the person and that's where the beauty, that lasts, comes from. So inner characteristics definitely* [play a role] … *because that is where most of your beauty comes from.* [Also qualities of] *kindness, honesty, modesty and empathy …* [The problem] *I think is, that in today's day there is a trend that is set. In our generation now, fitness has taken all the space up. You cannot always improve your insides so that other people can notice it and I think that's why many women go for the outer appearance. And our opposite sex, sorry to say, are visually stimulated so that's what attracts them first* [laughs] … T*hat's* [why] *you adapt the outside: bigger lips, fuller face, bigger eyes, lift the eye brows, bigger boobs, butt lifts. That is what the world has made us see first … um for me, if you want to augment something, you want to make something smaller or bigger, it's for yourself. It's confidence for yourself. And I would say: The reason I did it, was to gain confidence for myself and that's where natural beauty comes from, through confidence. So generally to put a short answer to that:* [beauty] *needs to be modified to the person specifically and not generally.*

From these narratives, I find that beauty is not a concept that can be categorised or labelled. The research participants are aware of social constraints in beauty or the defining thereof. However, the research participants all agree that beauty is perceived, understood, and experienced subjectively—in short, "beauty is in the eye of the beholder" (Margaret Wolfe Hungerford 1878 in Kendall-Tackett and Klest 2013:63). Beauty is not something an individual can buy, barter or claim—even with cosmetic surgery. It is an inner quality and essence of an individual and this understanding is emphasised in Eleanor's overview of beauty, to accentuate the self as unique. However, what is interesting is her need to incorporate the notions of social trends and norms. Thus, in proceeding with the analyses I explore what influence social trends as well as the role of the mass media has on an individual's life-world and how they interface.

6.4.1. Beauty, status and the media

When contemplating the question 'why is beauty so important?' I turned to the mass media's promotion of social trends and cultural movements. This probing led me to media outlets that included televised programmes and advertising, magazines and their composed stories, internet sites like Facebook, Twitter and Pinterest, and cellular phone activity. Each of these media platforms is a well-known outlet for popular culture and is easily accessed. This open access to content/messages within these various media outlets has sparked many debates and raised many questions (Achtenberg

2006; Grose 2009; Chapman 2011; Sarkar 2014). But this study focuses on one particular inquiry: "how do the images we see in the media impact the way we perceive ourselves—especially when it comes to beauty and fitness ideals and expectations?" (Lo 2015:1). To understand this question, I draw on a study conducted by Etcoff, Orbach, Scott and D' Agostino (2004) commissioned by Dove, a Unilever beauty brand and product.

In the article *The real truth about beauty: a global report* (Etcoff et al. 2004) focus was placed on the growing concern that: "portrayals of female beauty in popular culture were helping to perpetuate an idea of beauty that was neither authentic nor attainable" (ibid.:2). As their analysis focused on 3200 respondents located in the United States, Canada, Great Britain, Italy, France, Portugal, The Netherlands, Brazil, Argentina and Japan, a direct comparison with their findings cannot be made to this study. However, due to the global status of networking—broadcasting, publishing, social media, twitter, and televised programmes—a deductive analysis can be made to how women perceive, understand, and accept beauty ideals.

Etcoff et al. (2004:9) began their inquiry by asking women to describe their appearance by choosing an adjective: "natural, average, beautiful, sexy or gorgeous". Findings revealed that only "2% of women in the above mentioned countries chose 'beautiful' to describe their looks" (ibid.). So out of 3200 women, only 64 referred to themselves as "beautiful". Etcoff et al. (2004:11) conclude that:

> 'Beauty' is not only a word that women are very unlikely to choose to describe their looks; it is also one which many actually feel 'uncomfortable' using to describe themselves. This level of 'discomfort' illustrates the degree to which women have become distanced from today's idea of female beauty.

This particular study further finds that, when investigating "perceptions of how beauty is portrayed in popular culture", strong emphasis is directed to the understanding that women incorporate and adapt their everyday life-world in relation to the "messages they get from popular culture and the [mass] media" (ibid.:25). The Nuffield Council on Bioethics (2017:6) are in agreement with Etcoff et al. and state:

> Advertising and marketing widely reinforce the belief that beauty is correlated with happiness and success. Women in particular are surrounded by the message that they have a duty to "make the best" of themselves.

According to Etcoff et al. (2004:25) "women see beauty and physical attractiveness as increasingly socially mandated and rewarded … [and 59%] of women strongly agreed that physically attractive women are more valued by men … impacting [on] life satisfaction and well-being". As mentioned at

the beginning of this chapter, this view suggests that the female population are like “Robo Woman” (Morgan 1991:151) in search of re-inventing themselves to portray a “Stepford Wife” (cf. section 6.2.1.). However, 57% of the research participants in the Etcoff et al.’s (2004:27) study revealed that “female beauty has become very narrowly defined in today’s world … [and a further] 68% believe that the media and advertising [portray] an unrealistic standard of beauty that most women can't ever achieve”. These statistical measures dispute the idea that women are like “cultural dopes” (cf. section 1.4.; cultural dope) in relation to beauty, it rather reveals that women are well aware of the media’s influence and the challenges posed to meet these social expectations (Davis 1995:57). Cate, a research participant, reflects this view:

> *It is a sick world out there … I always say: I'm very prone to things like this* [beauty trends and media outlets]. *I'm really encouraging people to better themselves. But to make YOU a better person and not to make you look like the next person.* (Cate)

Cate’s statement emphasises that women do indeed adapt themselves to beauty norms especially if these norms are perceived as fashionable. Women are not only aware of the media’s manipulation of beauty ideals and standards, but also that they cannot achieve all these socially sanctioned trends. In response, women are re-negotiating mediatised beauty norms to emphasise their unique female beauty by accentuating features and aspects of themselves and not incorporating the entirety of the latest trend or movement. This is reflected in what Eleanor says about how she understands current cultural expectations and encouragements within social media. She also describes some of the image enhancing techniques she uses to fit certain beauty ideals:

> *The media is quite an empty dark hole. I don’t have television, for 2 years now. Generally what is projected on television with the adverts and that stuff, it puts you in a mind-set and you have to reach that mind-set. Whether it's that body or that level of success, that level of sexuality … or whatever you call it … If you want to be that girl that needs motivation from other women, I say: Yes. I love a beautiful woman, I love a beautiful body, but I am not going to measure myself against that and say: I want to be that. Social media in today's day and age kind of say: You have to take photos and you need to have photos! But you have to edit your laughing lines out and if there is cellulite on the bum, you have to airbrush that.* [That] *is what social media projects. You must be very much perfect on social media … It's sad, but that’s social media in today's projects. You can choose to go along with it and sometimes I do and I airbrush my pictures and I think: Ya, I'm beautiful in this one. And other days you put on a*

> [unedited] *picture and you think: Ooo … what did you do? So, I think generally that's … social media. Emphasises perfect.*

As the narratives show, beauty is not just situated in the physical, but also in how a woman engages her inner qualities (cf. section 4.2.1.; 4.2.2.; 4.2.3.; 4.2.4.). Etcoff et al.'s (2004:36&40) study found "a majority of women believe that 'beauty includes much more of who a person is' … qualities such as happiness, kindness, confidence, dignity and humor [are] powerful components of female beauty". From the data analyses, none of the research participants in this thesis referred to herself as "beautiful". They rather link the terms "beauty" or "beautiful" to other attributes such as feelings, characteristics, and in some cases to unrealistic projections of societal expectations.

> *I think it is their inner … um her personality. I think it comes from inside. You know um … ok, women like to be pretty outside* [with] *their bodies and things, but I think it comes from the inside. Your personality, being a lady, being soft towards other people, ja, that is what I think.* [But] *physical appearance has an influence … yes of course. We are all women, but I think it is both. I think you can say: Both physical and … what do you call it? … your character! It comes from your inside.* (Hailey)

> *I don't think it's necessarily a look, you know. But I think it's important to look good for yourself. To feel good. You don't necessarily need to be pretty, but you have to feel good. It's an inner beauty I think … It is not necessary blue eyes and blondes and whatever. It's not to be a model or such a thing, but to feel good about yourself. It's like if you are a bit bigger and you're fine with it, then that's fine and you are as pretty as somebody else, if you feel pretty* [within] *yourself.* (Abby)

> *Obviously you are physically based, it makes you beautiful or not … but I think it's how you present it. Because you can be beautiful, but if you don't feel beautiful … you won't* [be], *ja. I think you must feel beautiful and be beautiful from the inside and be happy with yourself. Ja, and that makes you beautiful.* (Joanne)

> *I think first when you haven't talked to her yet, it is her appearance and how she carries herself. And then when she speaks um … she could improve her beauty …* [but] *I think if she is rude, but beautiful* [the] *rudeness takes away from the beauty.* (Kim)

Etcoff et al's. (2004) findings indicate that physical attractiveness is not as important as the feelings accompanying notions of beauty, particularly emotions and perceptions associated with the idea of success: in relationships, marriage, procreation, friendships, happiness, well-being, and at times work opportunities (Nisen 2013). Bridget echoes a similar understanding:

> *Say for example you go for an interview and you look very nice and the person who interviews you can see that you took care: with your hair, your nails, your clothing and your make-up. I think they will think that you will take the same care with the job that they give you. I am not taking away from* [people who don't take their appearance into consideration], *but I just see that most employers want the package.*

The perspective of physical beauty leading to success (Etcoff et al. 2004) holds value, but from the research participants' point of view peer pressure, media bombardment, and monetary as well as cultural status are all seen to further influence how beauty is negotiated and accepted. Georgia is of the opinion that:

> *If I look at children now, my daughter is grade 10, there is a lot of pressure … I think it's how people grow up their children, by always mentioning money or how much this costs and you must have the Tinkerbelle perfume to be in the in-group and you must have this kind of tekkies* [shoes] *or um … fox shirt or brands … I think the media show them all this: you must wear this and you must* [do that] *to be 'in*'. *Because I think generally* [the media] *has um … the big influence on children … they are always in competition with each other and that's why children and people are doing all this extreme kind of things to be more beautiful and more …*

Joanne reveals that the pressures of meeting beauty ideals within her friendship circle and family associations were too extreme for her. She is of the opinion that their expectations and emphasis on the importance of beauty were unrealistic and lead to her experiencing a sense of failure:

> *I would feel like a failure. That's why I left Facebook, like a month ago. Ja, I was just finished with it, because it's always these people and they have these perfect lives, no one puts an ugly photo on. And you feel like you're not that pretty or your life isn't that good … and it's just fake* [laughs] *… It shows that we are living on a very superficial level, because I thought Facebook was just to keep in touch with your family and friends.*

A similar view is echoed by Diane:

> *I have this one friend that's always on Facebook. She will post a comment on how hard she has worked out or how physical she is now and … Ag … I'm so tired … It irritates me so. I was at a point that I wanted to unfriend her on Facebook because it's just too much. You don't have to blab it out to the whole world. I don't think it is appropriate.*

However, Eleanor also thinks that engaging with the mass media's ideals of beauty can hold value to an individual's self-perception and level of confidence. Women can use their friendships and social platforms as a form of self-motivation. But she does emphasise that women should view the concept of female beauty in a realistic and healthy manner.

> *Like I say: You are perfect on Instagram and Facebook. So it projects women or portrays a woman to be beautiful. Whether it is high cheek bones and coloured lips or … you are beautiful on Instagram. Generally, I think it is a good canvas for women to project themselves on. But it also sets the beauty standard very high and* [that's] *not always realistic.*

Throughout the research, participants spoke of beauty standards being unattainable or too high. Some of the participants stated that the only public platforms with a healthy understanding of beauty are Christian magazines or health based publications. Varying references were made to the magazines 'Lief' and 'Shape'.

> *Seldom they give a normal issue on the body, seldom. Do you know where you get it? In the Christian type of magazines. There you will get it, but in the normal media, never ever. Cosmopolitan, all that, you will never get it. It's only the Christian media that will portray a normal outlook where you don't have to be thin, you don't have to do this*. (Cate)

From these statements, it can be concluded that the mass media strongly contribute to an idea of desirable beauty. For the research participants, beauty ideals are an important aspect to their self-perception and sense of self. However, none of these women demonstrates complete compliance with the mass media's notion of female beauty standards. Rather, each participant adapts and employs her own subjective understanding of these feminine ideals to complement and enhance her unique form of beauty and enrich her perception of femininity.

6.4.2. The body as an indicator of economic status

According to Adams (2007:7-9), Nash et al. (2006:495), Hua (2013:110), and Laine Talley (2014:3) the natural middle-to-upper class body is presented as showing signs of beautification, maintenance, and modification—temporary or permanent—to establish a sense of value. This points to a relationship between social class and body appearance. For Adams (2007:8) "class can be encoded on the body", for instance when the body displays specific markers of economic status such as markers of cosmetic surgery, which is expensive and not covered by medical aid schemes (cf. section 3.3.). Therefore,

beauty enhancement can be a "stratifying practice" by which an individual recreates her body to emphasise her status (ibid.:8-9). This fits with what participants say:

> *I think* [the body] *will carry an economical status.* (Kim)

Economic status is emphasised by the adornments of jewellery and designer clothing, using expensive dermatological products and make-up, and being able to permanently change undesirable physical aspects. For the average middle-to-upper class woman, bodily maintenance is regarded as normal practice. Abby projects this understanding onto the mothers at the school her children attend (cf. section 4.4.). She states:

> *You can sit in your car at school and you can look at the parents, at the mothers and you can see … um: Ok, they have money. Because …* [they] *dress to show that off and I think that is economical because she wants to show that she has got money … I don't think that type of person is vain, but … just trying to attract attention to themselves. They have got the money and they gonna do it*. *They show it off to everybody so they become a form of capital and that is why they dress like that for everybody and act accordingly.*

Isabel revealed that after her operation, she shared a hospital room with another woman. According to Isabel, this patient was new to the middle-to-upper class life-style. Part of fitting into her new social status, requires her to enhance her body image through a cosmetic procedure:

> [The] *upcoming middle class people are a lot more aware of how they look and what they wear … I have experienced that in hospital with* [this] *fellow patient … They make their breasts* [bigger] *because they can afford it. I think they want to do these kinds of things because it makes them more … I don't know, appear richer. I think they would want everyone to know they did it too*.

Jeffreys (2014:174) is of the opinion that the middle-to-upper class woman accepts cosmetic alterations (such as laser and Botox) as being common beauty regimens. Cosmetic surgery is not seen as a stigmatised act, but rather a symbol of wealth.

> *Cosmetic surgery is not something that is very expensive. In today's day and age you go for Botox or whatever … it is like a monthly thing, like going for a wax or going for your gel nails*. [It] *just becomes part of the regimen. And it is definitely an economic status. You cannot afford it if you are not in that economic status block. So I think it has become a symbol.* (Eleanor)

The negative effects of pregnancy and child bearing on their bodies were a prominent issue in several participants' motivations for going for surgery. Thus, the importance of beauty was not necessarily to remodel/reshape the body to resemble something different, but to restore female beauty to its natural form. Isabel was conscious about her stomach. Her elective procedure was to return her abdominal region back to her pre-pregnancy appearance. This was also the case for Diane, Abby, Joanne and Cate.

> *Like with the tummy tuck; it's after the children. It's a change in appearance you couldn't have stopped. I think if it* [cosmetic surgery] *betters your life, I agree you must go ahead and do it.* (Isabel)

6.4.3. Analysing beauty, body value, and the media

Findings reveal that beauty is not seen as a singular concept that is only emphasised in the physical body. Rather, beauty is a combination of qualities—from physical shape to personality traits—that are considered to please the senses. Many research participants felt these traits include self-maintenance, feminine characteristics, and a caring personality. Beauty is therefore seen as a fluid concept that goes hand-in-hand with an individual's physical appearance and 'personal' traits (cf. section 4.2.).

> *You can't be beautiful and you are a nasty person on the inside … I know women that have had plastic surgery done and they really are nasty people. You can't change how you look on the outside and think you are beautiful.* (Diane)

When examining beauty against the analytical criterion of "identity" and "inhibited intentionality", it appears that beauty is a concept that should be lived through self-awareness (Davis 1995:11; Young 2005:36). When this is achieved, a furthered understanding of value and status is attributed to the body. If an individual perceives her self-concept as incongruent to her physical appearance, a sense of "inhibited intentionality" can be projected onto the body—in shame and embarrassment. When an individual's body is perceived as flawed or a misrepresentation of her sense of self, she can reveal or experience a fracture in her self-perception, feminine identity, gendered experiences, and her life-world. None of the participants intended to modify their bodies to project social ideals of beauty. Rather, it appears that these women re-negotiated their identities to reflect a more congruent sense of self (cf. section 4.3. and 4.4).

Findings suggest that the research participants unanimously perceive beauty as linked to an individual's inner sense of self. These inner qualities position the feminine woman as 'soft'—kindness, honesty, modesty, and empathy. This reveals that the research participants re-negotiate their understanding of beauty in relation to socially constructed and socially sanctioned ideals. This position

is interesting, but additional focus is given to the research participants' sense of "agency" in so far as did their "action and choice" of reshaping their rejected body change how they perceive and experience beauty—from the good 'soft' woman to the good 'assertive' woman (Davis 1995:11).

It is acknowledged by Foo (2010), Balitaan (2011), Sepúlveda and Calado (2012), and Veldhuis (2014) that the mass media does play a role in how beauty is perceived and negotiated. Social platforms exercise influence in how an individual understands beauty norms and status. For the research participants cosmetic surgery is not seen as an instrument to increase their physical value or popularity, but rather to aid them in encompassing a more positive and confident persona. From this perspective, the physical value that is commonly associated with the reworked/reshaped body, is not seen as representing vanity or narcissism (discussed in section 6.6.1.; 6.6.2.), but alternatively prompting a re-engagement with the life-world, as a self-assured and graceful individual.

As beauty is an ever changing concept that is socially constructed, particular social norms and trends can influence how an individual perceives her body and herself. As discussed in section 6.2.2, the female body is often seen as portraying an "ambiguous transcendence" or burden when beauty expectations cannot be met (Young 2005:36). However, the research participants underwent a cosmetic alteration for the self and not to encompass a beauty trend or social ideals, and thus, a sense of empowerment and "agency" is attributed to their "action and choice" (Davis 1995:11). From this point of view, cosmetic surgery is not used as an instrument that reduces women to objects, but rather gives them the opportunity to re-negotiate their self-understanding and femininity. Cosmetic surgery is seen to minimise notions of "ambiguous transcendence" by promoting body acceptance and self-empowerment (Young 2005:36).

Findings reveal that the research participants experienced a form of emotional instability (cf. section 6.2.1.—Morality) in how they perceived themselves against their physical body. This emotional suffering and pain encouraged the participants to seek out cosmetic surgery—to reduce, augment or reshape a perceived flaw/shortcoming. Notions of "discontinuous unity" prompted these women to reflexively examine their self-understanding and social encounters. As none of the participants was coerced into obtaining a cosmetic intervention, I accept that an individual's sense of morality (a term coined by Kathy Davis referring to emotional suffering/pain) as a result of perceived physical inadequacies was a prominent feature in her everyday life-world. In this study, each participant felt that her body does not represent her accurately and satisfactorily. Negative references were made to: sagging eyelids and the appearance of being intoxicated, breast resembling tea bags or cow udders, old women with fat bellies and thin legs, and the stomach being considered floppy or bulgy. By transforming these problematic areas, the participants are able to re-calibrate their emotions and re-

assess themselves more positively, bringing about a more harmonious balance between their feminine identity and sense of embodiment (cf. section 4.3.).

When reflecting on the significance of the media, the research participants state they all enjoy using, reading, or interacting with various media outlets. Particular references are made to the domains of magazines, television, Facebook, Twitter and Pinterest which can be seen to represent a broad spectrum of the mass media. But due to the continuous reminder of perfection and the specific conditions attached to beauty, most of the participants have cut down on accessing media platforms. This can be associated with Young's (2005:38) notion of "discontinuous unity" in so far as the body is a burden that cannot adapt to the mass media's ideals of beautification. Though the participants are mindful of the media's unrealistic expectations, findings reveal that their emotional understandings are re-evaluated when beauty standards were employed by family members and friendship associations. This finding is expanded on by the Nuffield Council on Bioethics (2017:12-13):

> An exponential growth in the use of social media, which has been associated with greater unhappiness about appearance … [C]auses include the interactive nature of social media use, with the active posting and sharing of photographs, and the corresponding growth in emotive and quantifiable judgements ('likes') and the rating of appearance by 'friends'. These judgments contribute to a sense of a competitive environment, based on the evaluation of one's appearance by others; and because they are communicated through mobile phones, they are ever-present, encouraging constant self-checking. Moreover, the scope for digitally altering and enhancing photographs exacerbates the perceived need always to 'look one's best' and makes it harder to accept realistic images.

This is particularly evident on the social media platform Facebook. This site is popular for its ease in connecting family and friends, keeping them up-to-date with pictures and personal posts.

> *I am on Facebook very little. Normally just for my family. I like the reminder for the birthdays.* [But Facebook is] *showing you what you have to look like! You know, we have got breasts and we have got bums and everything. We are not cat walk ladies*. *I don't have use for that in my life. Because it's not the normal. It actually upsets me.* (Cate)

Many of the participants state their dislike for Facebook. This is due to family members and friends using this medium to emphasise notions of perfection—in body appearance, family dynamics and economic lifestyle. Some participants noted that the site had become, for many of the people with

whom they have regular contact, a means of expressing perfection through beauty and body comparison. This led some of the participants to expressing a sense of failure and unworthiness in relation to their self-perception, their family structure, and their everyday life-world. To overcome these incongruent or painful emotions, many of the women state that they now relax with Christian literature and fitness based publications. This shift in focus is accredited to the literature promoting a healthier body appearance and encouraging women to view her body as unique—in beauty, size, and age—whereby inspiring them to experience a better sense of self-acceptance.

6.5. Identity and femininity

When exploring the topic of women and cosmetic surgery, the themes of gender, identity, and femininity are important (cf. Chapter 4, page 75). By critically analysing these themes via the data, I aim to put forth a more meaningful and holistic understanding to an individual and her body. To understand the complex association between gender, identity, and femininity, I assess these concepts by probing particular experiences and everyday perceptions. I begin by exploring each individual's self-perception from before her cosmetic intervention. As all the participants presented are heterosexual, the following issues reveal notions related to heterosexually-orientated femininity and female embodiment (cf. section 4.3.).

6.5.1. Disruptions to the life-world

As discussed earlier (cf. section 3.2.), Michael Bury's (1982:170) framework of the "biographical disruption" came from his work on an unforeseen illness unsettling an individual's life-world. However, the idea can also be applied to how a body dissatisfaction is accepted and re-negotiated. I approach this theme by probing how an individual perceives herself and by asking if her body represents her self-understanding accurately. Some participants begin by recalling their adolescent body. When the participants review their perceived adolescent self, I obtain additional insight into the participant, her self-perception and her life-world. Other participants only emphasise their self-perception just prior to the cosmetic intervention, this points to the understanding that these women perceived their bodies as beautiful or perfect and having only experienced a "biographical disruption" after pregnancy and breast feeding (ibid.).

Beginning with the participants who reviewed their adolescent body: two of them reference their broad shoulders and equate this to the male body type. Bridget saw her adolescent shoulders as taking away from her feminine identity:

Because of these big shoulders, I had very small boobs. I had a struggle filling up an A cup. I always covered up because I had these broad shoulder and I was much skinnier then. But these broad shoulders, I didn't like it … I never wore um … strap tops.

But with age and pregnancy, Bridget's body changed and influenced the way she accepts her body.

I grew into my shoulders and when I had my children my boobs got bigger.

A similar opinion is shared by Eleanor, but she further emphasises that her shoulders aided her surgical transition and bodily proportions:

I am a square boy shape … [but the] *broader shoulders, I actually saw as a positive thing. It made the hips and other lady parts look smaller* … [Dr Anderson] *went quite personally into my case and what I look like; my chest size and my shoulder width. So now they* [her breasts] *don't appear as a D cup when you measure them to my body because of my broad shoulders, but functionally they are a D cup*.

Other participants also state that their adolescent bodies were topics of concern: from the appearance of legs and muscular composition to adolescent weight and height. However, none of them spoke of these as an identity crisis or unrealistic body distortion commonly associated with body dysmorphic disorder (cf. section 2.5.1.). These women's purposeful actions were directed to seeking specific clothes and accessories that hid undesirable body parts and enhanced their natural beauty. This point is emphasised by Cate:

I don't have nice legs. I don't have calves, I have no muscle tone at all. So I wear a long skirt. You learn to dress appropriately for your body, to look your best.

Hailey, did something similar by relying on her glasses to conceal the true appearance of her eyes:

I used to put on my dark glasses because I didn't like myself and wouldn't look at myself. I always thought: I didn't want people to see me like this. My eyes looked so bad.

When participants reviewed their bodies prior to their cosmetic intervention, focus was often on pregnancy and the consequences of stretch marks, sagging breasts, and changes to the stomach. This is the case with Joanne, after she finished breast feeding her two children, the changes to her breasts impacted her self-esteem and her appreciation of feminine ideals:

I had all these nice dresses in my closet, but I stopped wearing them because I didn't even have tieties or boobies anymore. It's like tea bags. There is like nothing and you feel like … you don't feel like a woman.

Although Joanne did express concern regarding her post pregnancy body, she did not concentrate on every undesirable feature:

> *I think after my kids, it's my tummy. My tummy is never going to be that flat flat flat, but then I never had a tummy that was flat flat flat* [laughs] *… I think you are built in a certain way* [and] *I'm fine the way I am.*

This tolerant position is not taken by all the participants. This was particularly evident from what Abby says:

> *Now I am exactly the same, there is no difference to before when I had the children*.

In her narrative, Abby at various occasions refers to her pre-pregnancy body. She keeps talking about the notion of pride and perfection. However, after having had her two children, she experienced changes in how she perceives herself, her social encounters, and her everyday life-world. It appears that Abby experienced a "biographical disruption" (Bury 1982; cf. section 3.2.).

> *I am one of the lucky ones. Like we* [her sister and herself] *are both slim and never had to gym or diet or whatever. So, from when we were at school, we were like that. There was nothing that really bothered me. And then after the children,* [came] *the sagging breasts and the floppy tummy*. *You know, I had two really big babies. So they really stretched me like, till my limit* [laughs] *… So I think it was like more after the children that I had any issues with my body … I always had quite big boobs and it was just sagging now. There was nothing left after the babies … and I think that later the tummy started to bother me, because of our place at the sea. Ag, you know, everybody is there. All the family and all the friends, all the time. And everybody is in their bikinis and … I don't feel confident enough to wear a bikini in front of them*. (Abby)

Abby's testimony sheds further light on how beauty ideals can prompt a "biographical disruption" (Bury 1982)—in self-perception and bodily acceptance. This is particularly the case when interacting with her family and friends. It was only after embarking on a cosmetic procedure that she established a sense of "biographical reinforcement" (Gabe and Monaghan 2013:74; cf. biographical reinforcement, page 61.). This is further emphasised through her social interactions after her surgical intervention:

> *I would ask them* [her friends]: *What do they think? And they will be like: Get a size smaller or this one or a better one or whatever. It's always nice when they go: No, get a size smaller, you can wear that now!*

Abby projected the strongest sense of having undergone a "biographical disruption" (Bury 1982). Other research participants did display elements associated with Bury's (1982) idea of "biographical disruption", but these women adapted to their negative self-perception of their sagging breasts, floppy stomach, and ptosis with the aid of temporary techniques. By incorporating various temporary wardrobe changes to aid or hide the rejected body part, the participants restored a sense of normalcy to their life-world. This is evident in Diane's testimony in which she consciously reacts to and confronts her shocking experience with the man who judged her breasts (cf. negative comment page 118):

> *I thought to myself, you aren't perfect and it was dark and I can't even remember how he looked. But he is saying how I have ugly breasts. And like: You are not god's gift to women … I just bought other bras and I never wore um … like a spaghetti top or a top that shows my breasts. I always had something that covered up.*

Kim experienced a similar reaction to Diane. This reaction was partially influenced by her social encounters, but more specifically directed to her husband's gaze:

> *I had a friend who did her breasts and she did it very big. We knew about it. And some days she was with us at the dam and we were sun bathing and I could see him* [her husband] *looking at her. And she is like a more explicit type of person. She likes to flirt and everything. I think she did it just to impress men. And I know that I have three children and mine* [breasts] *are sagging and it doesn't look nice … You know, every time I get undressed, I look at myself and think: That's not how I want to look. When you look in the mirror and you see yourself, you think: That is not what I want to look like, um … not in society. I did feel self-conscious and yes, I don't want to change in front of him* [her husband]. *We like to bath together, we like it a lot, and afterwards you don't know how to sit. Because you don't feel confident with yourself lying in the bath and so on. So yes … it was rather me that … that was covering up and trying to hide myself.*

Both Diane and Kim emphasise inter-subjectively constructed perceptions (cf. section 1.3.3.) of desirability. When these inter-subjective perceptions were incongruent with their body images, negative value judgements were projected onto their self-worth. They did, however, not let this impact every encounter or experience. They rather kept their emotions private. Isabel, on the other hand, was not influenced by socially constructed perceptions of feminine ideals or perfection. She felt uncomfortable with her stomach when conducting certain daily chores, particularly when she bent over to interact with her children:

It would bother me when I would spray the water into the tub and then I would bend over to wash the children. Looking down, I had this moment …

Isabel reveals that her two pregnancies left her with stretch marks that engulfed her mid-section:

I had stretch marks from … well from as low as you can start, till about up here, till my rib section.

Even after having lost the weight gained by pregnancy, her post-pregnancy body kept a fat composition in her lower stomach:

When I lie on my side, I had this budge moving around with me and when I bent over, it feels like your tummy is just falling out.

Even as she did not perceive her body as ideal, she exercised and ate healthily:

I was exercising very hard. I was very confident in myself. Because I had everything that bothered me fixed by myself. So, I was healthy and fit.

This confidence continued into her social encounters where she received many comments from her friends on how "good" she looked. These complements gave her the confidence to reveal her flaws and show what a post-pregnancy body looks like whereby re-engaging an embodied sense within her life-world.

I achieved everything that I set my mind to. So for the first time, it didn't bother me to show the bad as well. That's the only way they saw it. They would be like: Everything is like so perfect. And I was like: No, look here!

Even though Isabel was proud of her body, her stomach still bothered her. This dissatisfaction prompted her to seek out a cosmetic intervention.

From these narratives, it can be seen that a particular body part can prompt a sense of dissatisfaction whereby influencing how an individual re-negotiates her perception of herself. The research participants did say that social ideals and opinions—at times—influence their self-perceptions and conceptions of beauty, but none revealed an inconsistent or questionable understanding towards their gender or identity. From this perspective, an association can be drawn with the theoretical concept of the "biographical disruption" (Bury 1982; cf. section 3.2.). The first two themes of "onset and the problem of recognition" and "emerging disability and the problem of uncertainty" are illuminated in how the individual experiences her life-world as well as how her self-perception influences her social and personal "motility" (Bury 1982:170-174; Young 2005:34). Against the backdrop of this discussion of "biographical disruption", I will now explore what temporary techniques

were employed to prompt a temporary sense of "biographical reinforcement" (Bury 1982; Gabe and Monaghan 2013:74). This shows an individual projecting positivity onto the self through the employment of temporary techniques (clothing, make-up or hairstyle).

6.5.2. Temporary methods for re-negotiating the body

Many of the participants state that they employed various temporary techniques to redirect attention away from their rejected body part. This include padded brassieres, gel inserts, breast enhancing tablets and creams in an attempt to alter the appearance of the chest; elastic pants, loose fitting clothing, and micro-needling to hide the excess fat or reduce the appearance of stretch marks on the stomach; and shaded spectacles and hair styles to conceal sagging skin around the eyes as well as aging facial skin. These techniques appear to give the participants a temporary sense of being—satisfied/emotionally aligned with one's body. When an individual engages her appearance by applying an enhancing/defining technique, she aims to temporarily re-negotiate her physical appearance in terms of her self-concept. But when such a temporary technique is not employed, an individual may experience an emotional fracture between her perceived physical appearance and self-concept. This emotional disruption can result in an individual experiencing feelings of shame and embarrassment whereby influencing her sense of her embodied self.

The phenomenon of breast shaping and appearance enhancement is no new/recent/foreign concept to the modern woman (Pearson 2008). A review of current literature revealed a great number of journals and books dedicated to the subject. The search term "temporary enhancements to breast appearance", when entered into the World Wide Web, returned 11 million results (Google 2016). These include sites featuring specialised boutiques for lingerie, self-help journals, blogs, magazine articles, electroacupuncture, Eastern massaging techniques, and herbal remedies in the form of pills and creams.

When exploring the notion of temporary breast enhancements, varying techniques are discussed with participants. Diane was well informed of the latest trends; and she begins by mentioning external ointments that she had come across in health stores and pharmacies:

> *There is like a cream that you can put on and it plumps it* [the breasts] *up. I know there're also pills that you can drink*. Y*ou can buy it at Clicks or Dis-chem.*

Although Diane was aware of over the counter treatments, she had certain reservations about how long the effect of these ointments would last and if there were any adverse side-effects:

> *I don't know how long it has been on the market. I don't think it lasts. I think you need to keep on drinking the pills to have that effect that your boobs are fuller … but I never used it*.

Diane's hesitation regarding the success of these creams and pills is understandable. However, for Joanne and some of her friends, trying the tablets gave them a sense of temporary empowerment:

> *There was a certain pill on the market that you can drink and it will enlarge you. We went and we drank it, but it was not for long. We were desperately wanting a cleavage … But the only thing that can help you with that* [is] *push up bras.*

Kim also tried an over the counter cream to enhance her breasts and restore an element of vitality to her chest and neck. But with no visible change, she discontinued using it. This prompted her to revert to traditional brassieres until she acquired additional knowledge about a more permanent solution:

> *I used to wear the lift bra* [traditional padded and contouring brassieres] *and the Wonder Bra, but I only used the bras to overcome the problem.*

After she researched online literature, she went for her first cosmetic consultation to discuss her dissatisfaction with a cosmetic surgeon:

> *I told him* [Dr Benson]: *I just don't want droopy boobs. I'm finished with droopy boobs* [laughs]. *I want the round boobs. I don't want to go to big because we* [her family and herself] *are very active and I am just doing it for the lift.*

Cate and Eleanor never tried creams or tablets. They relied on other methods to get the desired effect. Brassieres were used as the main means of getting bigger, fuller, or firmer looking breasts. For Cate the Wonder Bra was her way to enhance her appearance:

> *I like the Wonder Bras, they have a lot of thickness underneath*.

She also relied on the Wonder Bras' customised design for gel inserts. This allowed her to mould her breasts and enhance the appearance of a cleavage:

> *Most of these bras have that little insert. I would take all my other bras' inserts* [gel pads] *out and put it in the one bra. So, it could push it* [the breasts] *up better. So the breasts you have is sitting here* [indicating high, firm and in position]. (Cate)

And if this technique was not possible, she would only wear clothing that would allow her to put two brassieres on:

> *I would put two bras on together because it is making me bigger. I couldn't even reach cleavage. There wasn't enough there to reach a cleavage.*

For this reason, after having had her two children, she felt that an elective cosmetic procedure was her only answer.

Eleanor's forthcoming demeanor allowed me to probe her experiences easily, and at depth. Speaking about a time before her cosmetic intervention, a particular memory recurs, namely how certain family members jokingly focused on her small sagging breasts, calling her:

> *The one with koei tieties*. (Eleanor)

While this experience impacted on her negatively, she recalls her memories in a positive and open manner. This led her to express her varied attempts to rectify her perceived flaw:

> [I would put] *socks in my bra* [laughs]. *I also bought those chicken fillets* [stick on gel pads]*. I had those on and two bras at a time. I even considered getting that one* [brassiere] *from Verimark. That one you pump up with air. But I didn't get it, because I was scared it would burst in a conversation or something like that … Tissues! Bandages! Duct tape! You name it, I did it. But socks were the ones that I used most. Nice secret socks, you roll that into a ball and you put it this side* [corner under the breast] *and this side* [corner under the breast]. (Eleanor)

Even with Eleanor's methods mostly resulting in success, she does recall an embarrassing encounter when changing at school:

> *I remembered I was in the changing room and I have the socks on. I was in there and one of my friends was with me and I was putting on a bikini and I took off the bra and the balls of socks rolled out. And she was like: What the hell! Are you planning on wearing tekkies* [sports shoes] *today? And I was like: No*. (Eleanor)

What is revealed, is that each of the research participants' exhibit emotions related to shame, embarrassment, and emotional pain. These emotions influence how an individual understands and experiences gendered embodiment, as breasts are seen to characterise femininity (Rome 2000; Dubriwny 2012; MacKenna 2013). Therefore, if a woman perceives her body as not being represented accurately or beautifully, her feminine ideals feel compromised:

> *You don't feel pretty … you don't feel like a woman.* (Joanne)

When continuing my inquiry about techniques adapted to reduce the appearance of the stomach, Isabel expressed her need to incorporate a healthy diet and exercise into her daily routines. This

dedication showed results in weight loss, but her overall goal to reduce her tummy to its original form was unsuccessful. This prompted her to engage in other techniques. One procedure was micro-needling[19]. Micro-needling is a technique used to reduce the appearance of stretch marks and stomach fat. This procedure is undertaken by a dermatologist, who inserts/derma-rolls needles into the skin, much like the practice of acupuncture. In Isabel's experience this procedure was painful and resulted in bleeding:

> *I went for the micro-needling with the extended needles … but the blood was so bad that I actually smelt the yster* [iron in the blood]. *You know that smell? And I'm not very fussy about anything, but I actually got this sick feeling. It was quite bad.*

Even as she continued the procedure in hope of reducing her stomach fat and reducing her stretch marks, there were no visible improvements:

> *It didn't change it* [the stomach appearance] *that much. It* [the stretch marks] *appeared less, so it was a bit lighter. But not hardly enough to be satisfied with the results*. (Isabel)

Her decision to employ a cosmetic procedure, is positioned as a last resort. Isabel went for her first consultation and considered the information gained there for a full year before deciding this step would be her only option to obtain what she wanted. In this time of self-reflection, she continued her exercise regime and healthy eating and relied on body-contouring tights or loose fitting t-shirts to hide her tummy.

Other participants also saw cosmetic surgery as the only permanent solution to the body part that was unfixable or regarded to be problematic. Bridget did not change her life-style to try to lose weight around her stomach. As stated previously:

> *I'm too lazy to do a diet*.

She did try specifically designed body shorts/tights to reduce the appearance of her tummy:

> *I wore those panties that stretch up to here* [to under her breasts] *… but it's just too uncomfortable*. (Bridget)

[19] Micro-needling—also known as collagen induction therapy—"stimulates the body's own production of collagen, which is a connective tissue that gives skin its firmness and resilience. The procedure involves puncturing the skin multiple times with tiny needles to create a 'wound site' in the dermis layer which triggers the body's natural healing process. When the body perceives damage in the dermis, it generates new collagen which is then used to heal the original tear in the dermis that caused a stretch mark to appear" (Thérapie Clinic 2016).

But for Bridget, life is too short to wear uncomfortable clothes or to diet. Bridget believes that her cosmetic intervention would give her the immediate results she sought without having to re-negotiate her life-world:

> *I think my comfort is* [more important] *… I will rather go for an operation and feel comfortable for years afterwards than for years wearing uncomfortable garments. I want a quick fix. And I want a permanent fix for something like this*.

Bridget's outlook is shared by others. Abby is also of the opinion that sagging breasts and excess stomach fat/skin should be dealt with via the radical intervention of cosmetic surgery:

> *I would rather go for the surgery than to go to the gym, and that's me. I would rather do the surgery and get over with it*.

Even though Hailey and Georgia shared this view, and their interventions are termed cosmetic, in reality they were also to correct unavoidable loss of sight due to the skin above their eyes losing its elasticity and impairing their eyesight. Hailey sought medical advice from her son (a general medical practitioner) who urged his mother to see a cosmetic surgeon. This course of action was also the one taken by Georgia, who was familiar with the signs and consequences of ptosis. She knew that her eyesight would inevitably be compromised, just like with her mother and grandmother. Her main desire was to prevent this condition from progressing:

> *My only thoughts were: How are we going to prevent this condition and becoming blind*. (Georgia)

From these narratives, I can conclude that the participants take two contrasting courses of action when re-negotiating their self-perception. The first course of action sees women embarking on other methods or techniques to temporarily transform their body to project a congruent sense of self. The second course of action is to have fixed, via cosmetic surgery, what is undesired. Both Georgia and Hailey take the second course of action.

6.5.3. Analysis of identity and femininity, biographical disruption, and temporary enhancements

I begin analysing the concepts of identity and femininity proposed by Davis (1995) and Young (2005) by examining the theme of "identity" and "inhibited intentionality" within the context of femaleness (cf. section 4.3.). According to Wharton (2012:153) femaleness and maleness are attributed to physical gender. A child is categorised according to her/his sexual anatomy and raised within feminine or masculine norms that construct a sense of gender identity and self-awareness (de Beauvoir

2012[1956]:54). As each participant was born female and brought up to display the common characteristics accorded to dominant norms of femininity, a sense of feminine "identity" is ascribed to her self-concept (Davis 1995:11). A woman's feminine identity is thus experienced in relation to her sense of "agency" via her "action and choice" (ibid.). Feminine "identity" and "agency" positions female consciousness as infused with emotionality and "morality" (ibid.; Lupton 1998:108). This reveals that the feelings that women experience can influence how they experience and accept feminine ideals. Thus, if a positive self-concept is not projected, a sense of disassociation or "discontinuous unity" can be experienced in an individual's self-perception (Young 2005:38) of herself as a female. This idea comes forward in Eleanor's narrative:

> *I am the eldest of two sisters. For me it is quite important to project a positive and confident … um, picture. Girls follow, they do! And if you have a trend setter, even in the household like an older sister or a mother* [standards are set]. *So, with my physical appearance and representation, I like to take care of myself, to look decent and look like you love yourself. I love my body, I love my hair, I love my boobs now* [laughs]. *And if you project that, then automatically the little ones follow. We* [her family] *are fitness junkies. We love the endorphins and the sweat and she* [her youngest sister] *has automatically followed in that. So this is a good image to set and in that she can form her own identity and become her own person. I think especially with us girls, appearance and physical representation is very important. So, if you set a positive image and a positive path to walk on, other people follow.*

In the participants' narratives, I did not find indications that a body dissatisfaction compromises an individual's 'gender identity' (cf. section 4.2.3.). Rather, when an aspect of the body is not seen as beautiful or pleasingly represented, participants feel their feminine ideals are compromised. This was the case with Joanne, Diane, Abby, Kim, Cate and Eleanor who experienced a "biographical disruption" in their life-world in so far as perceiving and engaging with their social reality as an embodied woman (Bury 1982; cf. section 1.3.4. and 3.2.).

By analysing Bury's (1982:170-172) first two themes of the "biographical disruption" ("onset and the problem of recognition" and "emerging disability and the problem of uncertainty"), I found that when a participant re-negotiates her self-perception against socially accepted beauty norms, a sense of "inhibited intentionality" is experienced (Young 2005:36). This sees an individual intent on engaging her life-world as an embodied being, but due to her physical appearance not accurately representing her perceived self-concept or "identity", she purposefully withholds her bodily comportment in mobility and pose (Davis 1995:11) thus experiencing a sense of "inhibited intentionality" (Young

2005:36). One effect is when a woman is uncomfortable in her body and she unconsciously tries to hide or distort her perceived flaw. Some actions in order to address perceived problems related to the stomach is to conceal it under oversized clothes; or when an individual is seated, she may position her arms over her stomach to divert attention away from a protruding fat roll on the lower mid-section of the tummy. This suggests that if an individual is uncomfortable with a certain body part, she can display signs of "inhibited intentionality" whereby not truly committing her body to her everyday life-world (ibid.).

This was illuminated in Abby's testimony of going on holiday to her beach house. Abby's narrative suggests she experienced a "biographical disruption" in her life-world. Other participants also displayed aspects related to a life-world disruption. In order to overcome this disruption, participants re-negotiated their physical appearance by covering up their bodies with additional or oversized clothes (such as wearing a jacket over a spaghetti top). Some participants also avoided certain every day activities, namely covering the stomach at the beach house and not wearing a costume on the beach. When the research participants re-negotiated their life-world to hide or cover their perceived body flaw, this points to "inhibited intentionality" (Young 2005:36).

Ambiguous transcendence relates to the female body as a burden (Young 2005:36). From the narratives, I am lead to the understanding that before their cosmetic intervention, the participants perceived their bodies as incongruent to their self-perception and thus as being burdensome. When a research participant experiences her body as a burden, a sense of "discontinuous unity" occurs (ibid.). Within the theme of "discontinuous unity" the participant experiences negative feelings and emotional pain towards the body which affects her sense of embodiment (ibid.). From within this emotional turmoil, most participants sought alternative means to mask the flaw/shortcoming and enhance their self-perception.

The aim of incorporating temporary techniques and practices is to aid the individual to experience a stronger sense of self-acceptance thereby boosting, albeit partially or provisionally, a feeling of "biographical reinforcement" (Gabe and Monaghan 2013:74; cf. biographical reinforcement; page 61.). When the temporary techniques aid an individual in re-negotiating her sense of embodiment, there is a sense of unity between the daily activities of her body and her life-world—what Young (2005:36) refers to as "transcendence". This physical ease between the self and world further prompts the participants to engage their social reality with "intentionality" and confidence (ibid.). When the participants employ these temporary techniques, they also reduce the immediate feelings of emotional pain (ibid.).

What becomes evident from the analysis is that when an aspect of the body is seen as flawed and a misrepresentation of how an individual sees herself, alternative techniques are sought to try to claim a sense of equilibrium in terms of identity and femininity. So these techniques can provide a way to restore a sense of feminine embodiment. And when these techniques fail to provide this, permanent interventions become an option to consider. The position I adopt in this thesis is in keeping with several authors (Davis 1995:161, -1997:176, -2003:66; Blum 2003:109; Wen 2013:68; Berry 2016:13) who do not see cosmetic surgery as an oppressive and demeaning act, but rather a rational choice in alleviating emotional suffering. For the research participants, cosmetic surgery is used to re-engage their sense of emotional stability and gendered embodiment in the life-world. In addition, as the cosmetic intervention is done from an individual's own agency and volition, a sense of self-empowerment results in relation to her identity—including here gender identity.

6.6. Cosmetic surgery and (dis)empowerment

'Choice', 'subjectivity', and 'motive' are key to exploring participants' experiences of cosmetic surgery. There are two feminist perspectives each with their own stance. The first position regards women as feeble and inferior beings within their social environment and reality. One prominent theme in this perspective is that a woman's 'choice' is not of her own making. The presence of male-consciousness influences a woman's self-understanding and subjectivity which in turn influences her modus operandi of 'choice' (Wolf 2002[1991]:272; cf. Redstockings, page 23.). For a woman to undergo a cosmetic procedure is to submit to patriarchal coercion and male dominance over beauty ideals (Pitts-Taylor 2007:73-74). Naomi Wolf (2002[1991]:271&94) expands on this by stating: "Educated Western women have been controlled by various ideals about female perfection; this old and successful tactic has worked by taking the best of female culture and attaching to it the most repressive demands of male-dominated societies … [T]he female body is always in need of completion, of man-made ways to perfect it".

The other side of this debate directs attention to women being conscious and active agents in their life-world. Here emphasis is placed on the emotional turmoil an individual experiences from her negative perceptions of herself and her body, which validate her 'choice' and desire for cosmetic surgery (cf. Women's page 24.; Cosmetic surgery page 25.). This theme of "choice" is further situated in the notion that women are conscious agents, willing to endure painful and dangerous procedures to re-negotiate, and hopefully realign, their body with their perceived identity. From this perspective, women undergo cosmetic interventions to re-construct a balanced sense of self. This idea is expanded on by Davis (1995:113-114): "Cosmetic surgery can provide the impetus for an individual woman to move from a passive acceptance of herself as nothing but a body to the position of a subject who acts

upon the world in and through her body. It is in this sense that cosmetic surgery can, paradoxically, provide an avenue toward becoming an embodied subject rather than an objectified body".

From these two debates, it is clear that radical feminist perspectives view cosmetic surgery as a disempowering act to the self and female consciousness. On the other hand, the liberal feminist understanding illuminates 'action and choice' through agency thereby promoting the notion of self-empowerment. As this study aims to understand why cosmetic surgery is obtained, the emphasis is on exploring notions related to empowerment—particularly the themes related to self-perception, identity, gendered embodiment, and the life-world.

Analyses showed that some participants display a sense of equality in their gender-perception, marriage, and life-world. This position is reflected by Cate:

> *I never feel powerless*.

Empowerment was further illuminated when exploring their motives for obtaining a cosmetic intervention. That none of the participants were coerced into their surgical choice suggests their sense of agency and feelings of self-worth. It is found that the research participants see a cosmetic intervention as an act of courage and action of self-empowerment.

> *I made the decision* [to go for cosmetic surgery]. *I paid for it! So yes, I feel I am empowered. I did it for me. I made the decision.* (Bridget)

Cate and Bridget's expressions are reflected in varying degrees by the other participants. Although their decisions follow from a sense of self-empowerment, it was not done without elements of fear and self-doubt. According to Abby, obtaining her cosmetic procedures (breast augmentation and abdominoplasty), renewed her sense of courage to embark on future goals:

> *I realised that it was a big operation before, but I know that that's what I wanted to do. And now afterwards I feel … how can I say it? … Proud of myself for that. I actually went through with it. I'm a bit of a quitter. I start scuba diving and then I quit, I start whatever and I quit and I thought that I would quit … the operation. So I felt proud of myself for doing it. For following through*. *For actually doing something that I wanted.*

Abby emphasises that her determination to cosmetically alter her body gave her a renewed sense of confidence in terms of her femininity and bodily comportment. After undergoing her procedures, she re-negotiates notions associated to insecurity:

> *I don't know how to explain it! I don't know if I can say: I feel younger, but I feel more confident*. (Abby)

What becomes evident in Abby's testimony is that her cosmetic procedures elevate her sense of courage in how she perceives herself whilst engaging with her life-world:

> *It makes you feel different. I feel much more self-assured. I feel more feminine*.

This perspective of courage and inner strength is shared by other participants. Both Georgia and Hailey believe that by having made the decision to go for cosmetic surgery, they overcome their fear of aging and losing their eyesight.

> *Cosmetic surgery took away my fear. I think it gives you inner strength. It is the control you have. You have got control of your own life. And no one else can control your life and when you have this done, it gives you that extra strength.* (Georgia)

> [Having gone for cosmetic surgery] *made me feel stronger. It did! You can't think what influence something like this* [ptosis] *has on a person. Um … looking like that. I always hid my eyes, it was terrible. Going for cosmetic surgery empowered me.* (Hailey)

Eleanor feels that her cosmetic procedure helped her overcome a negative outlook on her body and encouraged her to experience her life-world with an additional sense of purpose and self-worth.

> *I now have a positive body image. With the help of the cosmetic surgeon and the physical appearance change, it helped my emotional* [condition] *and my psyche with regards to becoming positive. And that projects in everything in my life, from my work to my friendships, in my Master's* [studies] *to the amount of work I can consume. It's overcoming fear* [and] *coming across as more confident … I think that is self-empowerment.*

When engaging Diane's perception of self-empowerment, she began by telling me how she felt before her cosmetic intervention. She reveals the feelings and emotions that influenced how she perceived herself:

> *When you have kids your breasts grow and afterwards—the birth and all the breast feeding, everything is sagging. Ag, you are just one big blob. You really feel like this worn out person and you feel old. You're a mom now, you're a wife, and you really feel washed out.*

So suffering and emotional pain were attributed to her pre-altered body. Furthermore, she conveys how her negative emotional perspective permeates into her life-world whereby affecting her sense of embodiment (as a woman, mother, and wife), her marriage (sexual confidence and intimacy) and her life-world (lack of social confidence and engagement). She did not want to redesign her body to fit

social beauty ideals, she rather wanted to regain a sense of normalcy to her self-perception and femininity. This sentiment is demonstrated in how Diane engaged her aesthetic procedure. Cosmetic surgery was not seen a quick fix solution to her body dissatisfaction, but rather a means of re-discovering herself:

> *It feels like I am finding myself piece by piece. Everything is coming back together again*. (Diane)

After Diane's cosmetic intervention, she playfully exclaims that with renewed confidence she transforms how she interacts with her husband and how she perceives married life:

> *I told him the other day: You have to play your cards right! Because you aren't getting anything* [sexual in nature] *if you aren't playing your cards right … It was just a joke. But you have a sense of empowerment over your husband because you have the cards in your hands now.* (Diane)

What can be taken from these narratives, is that negative notions related to body dissatisfaction prompts a biographical disruption in an individual's sense of self and life-world. However, in each of the expressions above a unified experience—overwhelmingly positive—is related to cosmetic surgery. They reference aesthetic interventions as signs of courage and self-empowerment.

> *It* [cosmetic surgery] *empowered my mind and feelings. My procedure empowered me to be a woman again.* (Joanne)

These narratives illustrate that cosmetic surgery and self-empowerment are not one-dimensional, but rather multi-faceted experiences that encourage a renewed sense of positive female embodiment, self-worth, and confidence. This challenges feminist frameworks proclaiming the disempowering notions of aesthetic improvements, and brings evidence to look at cosmetic surgery as an important modus operandi to discover and celebrate the self.

6.6.1. The cosmetic secret and stigma

Additional depth and meaning can be reached on the topic of cosmetic surgery by exploring notions related to the cosmetic secret. I want to see if an individual's sense of empowerment is influenced by revealing or keeping private her surgical intervention. I begin by unwrapping an individual's subjective views by asking 'why cosmetic surgery is kept a secret?' By considering this, I obtained data associated with subjective and inter-subjective notions of cosmetic surgery.

According to the Collins Dictionary (2001:1360) the word 'secret' implies something that is "kept hidden or separate from the knowledge of others". However, as I am granted personal access to the participant's experiences and life-world through one-on-one contact sessions, the term "secret" is used to describe participants' experiences with reference to other select people, for instance partners, family members, or close friends.

Some women decided to keep their aesthetic alterations secret. This secrecy was not attributed to shame or embarrassment, but rather to wanting to keep their cosmetic journey private. This decision was sometimes taken as a result of the presence of common stigmas associated with cosmetic surgery, like that it reflects vanity and narcissism:

> *It should be kept a secret because it is vain … it's for yourself.* (Abby)

Abby's appreciation of the term "secret" includes the support of her family and a close friend:

> *I have one friend, she knew about everything. She was in the hospital all the time with my husband and my children.* (Abby)

But as Abby wanted to keep her surgical intervention quiet from others. She refrained from telling her son about it. This is due to her 11 year old son, being an open and approachable individual. According to Abby, her son could have started a conversation with anyone and these conversations could have resulted in him telling this person, a perceived 'outsider', of her cosmetic intervention:

> *I only told my daughter the truth because my son is a big speaker … He will tell the cleaner at school … He will tell every single body he speaks to … He will tell the world about it.* (Abby)

So she told him that she just went for an umbilical hernia operation. However, due to her need for this operation, Abby decided to obtain her umbilical hernia operation at the same time as her cosmetic procedure. By incorporating these two surgeries, she anticipated experiencing less physical pain and risks of surgical complications.

Isabel is also of the belief that society's negative perception of cosmetic surgery does project a form of narcissism onto those who opt for it, thus her need to keep her surgical intervention a secret:

> [Cosmetic surgery] *goes along with a lot of judgement. So depending on that, I think maybe you should keep it a secret.*

In our discussion she reveals that only her husband and her mother knew about her cosmetic surgery. However, as we reached additional depth in our interviews, she disclosed that she did confide in a friend:

I told no one. I told one friend. (Isabel)

Isabel's view on cosmetic interventions is shared by Georgia. She also decided to keep her cosmetic procedure private by only telling her family:

> *My husband would know and my mother would know. But I won't tell everybody that I have got this—or all my friends*. (Georgia)

After having conversed with Kim, I understand why she wants to keep her procedure quiet. It was not because of cosmetic shame, but rather the pity she would encounter from her family and friends. Initially, only her husband and daughters knew about her cosmetic intervention. However, after Kim contracted the staph infection, her health deteriorated dramatically which resulted in numerous courses of antibiotics. In the end, Kim had to seek help and support from her mother, who was unaware of her daughter's surgical experiences:

> [After the infection] *the only one that knew was my mom. I told her because I got very, very sick and I had to go through antibiotics, um … a lot of courses. If I can count it was about 5 courses. It was really very, very bad. So I told her and she came through because my husband wasn't very supportive. Because, from the beginning, he said: No, it wasn't necessary … I am fine. And he loves me like I am. He was very afraid it was going to be very artificial*. *So he* [only] *took me with the kids to the centrum where they did my procedure*.

Throughout Kim's ordeal, she was determined to regain her health without risk of being stigmatised for her actions or to worry about having to console others.

> *My sister, she's just older than me, you know! She's got boys and they are always very rude with people who did something in plastic surgery. They always used to say mean things about women who do their breasts and so on. And then they will laugh at everything. It's why I didn't want to tell them and I didn't want them to know.* [So] *I haven't told my sister that I had this breast thing. I kept it to myself.*

What becomes evident in these revelations, is the underlying stigma associated with cosmetic surgery. According to Foy et al. (in McLeod et al. 2014:312) stigma is the process in which "external attributions are internalized". This means that what is experienced and perceived within one's social reality can influence how an individual identifies with and accepts her sense of self. An emotional fear of judgement is associated with the cosmetic act. Tam et al. (2012:474) affirm this insight by stating that "… a stigma is still attached to cosmetic surgery patients" due to preconceived judgements related to vanity and lack of naturalness.

For the research participants, a cosmetic intervention is largely employed to alleviate feelings associated with emotional pain and to realign the body to the perceived self-concept. However, it is a matter of Catch22 to avoid cosmetic surgery and find a way to accept emotional insecurities, or obtain a cosmetic procedure and be stigmatised and categorised as unnatural, artificial, vain, narcissistic, frivolous, and fake. All the research participants feel that some degree of secrecy would be the best course of action to avoid being the victims of negative or emotionally harmful comments and actions.

Some research participants have different perspectives on secrecy. They believe that openness and self-confidence aided them in re-negotiating their self-perception, sense of embodiment, and engaging their social reality. Hailey illustrates this position:

> *I tell everybody I had a cosmetic operation. I am proud! Ooo, look at my eyes! Have you seen my eyes?*

Hailey's reaction also resonates with the remaining participants' outlook, in as far as a renewed sense of self-awareness is achieved, which prompts these women to embody a more open, congruent and self-assured demeanor. This view is reflected on by Diane:

> *I think if you are open about it, then people won't skinder* [Afrikaans for gossip]. *Don't hide it from everybody, because people will see if you had plastic surgery or not. People aren't dumb*.

Joanne expands on this by stating that by engaging your cosmetic decision openly is the only way to change societal norms:

> *I'm not shy about it* [her cosmetic change]. *People are going to see, they are going to notice it.* [Because] *it must look different otherwise you won't do cosmetic surgery. So, why keep it a secret! Maybe if more people are open about their cosmetic surgery, then people will see it differently. Society will see it differently*. (Joanne)

Diane's view is echoed in Bridget's testimony. She combatted the work place gossip by openly telling people that she is going for rhinoplasty to correct her nasal airways and rejected appearance. By engaging her work colleagues, she also emphasises her self-empowerment over her flawed appearance, self-perception, and social reality:

> *I don't think it should be kept a secret. Like my eyes were blue for two weeks and there was no way I could keep it a secret. And I didn't keep that a secret, I told everyone at work that I was going*. '*When you see me again, I am going to have blue eyes, but I am going to have a straight nose'*.

This form of self-confidence can help women re-engage their life-world, but many still keep their aesthetic enhancements secret. Beauty therapist Cate believes this is due to their fear of appearing unnatural:

> *I listen to a lot of ladies, especially if they have had it done. They would say: Don't tell anyone. But it's because they think they are going to fail in looking natural by themselves. It's similar to a diet.*

Cate contests this secretive stance by approaching her own cosmetic experience with transparency:

> *I don't care if they know … I encourage every lady* [to better herself]. (Cate)

Irrespective of how open and liberal these expressions are, Eleanor tables an important point. She feels that women should be cautious of the ease of access to cosmetic surgery and be aware that cosmetic procedures are not a quick fix solution to body dissatisfaction and meeting social trends. Rather, when relying on an elective procedure, care should be exercised and personal/emotional reasons should direct it.

> *I don't think cosmetic surgery should be kept a secret, but it should be handled with care. I would recommend it any day. But it mustn't be made cheap or the availability mustn't be like going to the garage and buying a chocolate over the counter. Because that is where the danger comes in. Money in today's day and age is not a problem, rich daddies and all. So, there still has to be careful handling to cosmetic surgery.* (Eleanor)

In concluding the theme of empowerment and disclosure, attention is given to the research participant's subjective understandings. All agree that a cosmetic intervention promotes a sense of empowerment, but that there is a dividing line when revealing the cosmetic act itself. Secrecy can be attributed to avoidance or fear of common misconceptions and stigmas. According to Dr Bryan Mendelson (in Peacock 2013:1) public perception and media portrayals of cosmetic surgery commonly sensationalise women who look unnatural after an aesthetic operation. I deduce that for some of the research participants, a surgical 'confession' can bring about feelings related to being perceived as unnatural or different in a negative way. It is for these reasons that the cosmetic journey is often kept quiet, even secret.

6.6.2. Analysing (dis)empowerment and the cosmetic secret

"Identity" is an essential concept in analysing the perception of (dis)empowerment and the confession of a cosmetic act (Davis 1995:11). Their narratives reveal that participants experience a sense of self-

awareness in as far as their femaleness is concerned (cf. section 4.3.). Participants were mainly motivated by the negative effects of ageing prematurely as well as pregnancy and breastfeeding. This perception includes the experience of aging prematurely, the effects of pregnancy and breast feeding, having to deal with undesirable fat compositions, and the lack of development and firmness in the breasts. Thus, when the body does not resemble the desired self-perception, participants display a disjuncture regarding their perceived self-concept and their social reality (cf. section 4.2.1. and 4.2.2.). Marini and Stebnicki (2012:96-97) state that "one's self-concept and self-identity are linked to body image … the sense of self (i.e. self-identity) is privately owned and outwardly presented". For this reason, if an individual is judged according to her appearance, she can re-negotiate aspects related to her 'real self'. It is from this perspective that the research participants rely on a cosmetic procedure to gain a sense of congruency between body appearance and self-perception.

The cosmetic journey is a chapter in each participant's life-history. Each participant's life-world reveals a lived experience that follows a chronological path from before to after her cosmetic intervention. It is within this progression that the participants re-negotiate their self-understanding of "inhibited intentionality" by proactively seeking to change their rejected body via cosmetic surgery (Young 2005:36).

All of the participants were aware of possible stigmas associated with body augmentations: judgements of vanity, narcissism, and being fake. Such labels can and do prompt women to keep their surgical interventions confidential/private as is the case with some of the research participants. These women demonstrate a self-imposed stance or "inhibited intentionality" (shame, avoidance, embarrassment) when participating in their life-world (Young 2005:36).

When applying Davis's (1995) analytical framework to the theme of (dis)empowerment, particular consideration is directed at "agency". This premise is positioned in "action and choice" (ibid.:11). From this position, an element of "transcendence" (unity, embodiment, self-assured) or "ambiguous transcendence" (fragile, insecure, unconfident) is established in accordance to cultural norms and values associated with beauty ideals (Young 2005:36). Depending on the stance the individual takes, a cosmetic procedure can either re-engage an individual to her life-world whereby projecting a sense of self-empowerment or it can prompt a sense of fracture between self-perception and physical appearance thus leading to the experience of disempowerment. As Young (ibid.) argues the female body is a "burden" in motility, comportment, and spatiality—a woman's natural body is disempowered. But by allowing Davis's (1995:11) principle of "agency" through "action and choice", self-empowerment can be re-negotiated. In other words, the research participants experienced their pre-altered body as flawed—under-developed/sagging breasts, undesirable fat in the stomach, excess

skin around the eyes. This led the participants to cover-up or hide the rejected body, positioning the body as burdensome and emphasising disempowerment. However, these women purposefully acted to reshape their body via cosmetic surgery. This process in "action and choice" reveals how the research participants re-negotiated their sense of self-empowerment—in terms of courage, confidence, self-worth, feminine embodiment, and normalcy.

While the research participants do not dispute the correlation between cosmetic surgery and empowerment, some women do display the theme of "ambiguous transcendence" in their need to keep their aesthetic enhancements private (Young 2005:38). This can be due to a susceptible, or less robust, sense of "agency" within their social reality. Furthermore, their experiences are interpreted against social and cultural norms, which pull in a different direction, and can influence how an individual perceives herself from before her cosmetic intervention to how the body transformation is accepted thereafter. To avoid stigmatisation some research participants decide to keep their cosmetic alteration secret or private. Others believe that by revealing their aesthetic alteration, a truer sense of "agency" and female embodiment is accomplished (Davis 1995:11).

The principle of "morality" and "discontinuous unity" are both representative of disempowerment. When an individual feels her body is a misrepresentation of her self-perception, emotional experiences of pain can influence her sense of embodiment. This fracture in self-identity and appearance can lead to the understanding that the body is an "object" (Young 2005:38). It appears as if each of the research participants experienced aspects related to "morality" and "discontinuous unity" due to their desire to obtain cosmetic surgery (Davis 1995:11; Young 2005:38). The risks of an elective surgical intervention weighs less than an individual's ability to accept and live with the misrepresented body feature. Cosmetic surgery allowed the participants to begin their emotional healing whereby renewing their sense of femininity and embodiment.

Chapter 7: The medical encounter

7.1. Introduction

This second part of the data analysis focuses on the medical encounter in an individual's subjective experience of reshaping her physical body as well as the underlying changes in her identity—gendered embodiment, (dis)empowerment, self-worth, and confidence.

In the study, all the research participants obtained private medical care. This private medical encounter matches their middle-to-upper class socio economic status. As medical aid schemes do not cover aesthetic procedures, the research participants relied on savings and/or a partner/husband to financially assist in their desired cosmetic intervention.

As all the research participants obtained their cosmetic procedure at a private medical institution, I only focus on how the private encounter influenced the research participants' self-perception, identity, and femininity. Main themes explored are 'finding the courage', 'the risks', and 'cosmetic surgery changing lives'.

7.2. Finding the courage

Cosmetic surgery is commonly perceived as a frivolous act undertaken by vain and narcissistic women. Related to this perception most medical aids do not finance body work—it is seen as an elective operation to enhance exterior beauty and not an intervention to a life-threatening illness, virus, or infection. According to Medical Aid South Africa (2016:1) "many people in society believe that individuals who undergo cosmetic surgery to enhance their looks are shallow or have low self-esteem". This understanding lends to Fenstermaker and West's (2002:122) claim that cosmetically inclined women often approach an elective procedure in a cavalier and nonchalant manner. This perspective positions cosmetic surgery as a mundane and everyday action towards beautification—like hair styling and make-up. Furthermore, this perspective views women as impulsive and superficial (ibid.). However, in this study an alternative view is discussed.

Each of the research participants understood that a cosmetic intervention was a big decision and their cosmetic "action and choice"—the phrase coined by Kathy Davis (1995:11)—was considered and debated for months and even years. When analysing the data, I found that all the participants understood the risks, advantages, and disadvantages of their desired surgical intervention. It was not seen as a mundane act comparable to applying make-up or visiting a hair salon. The research participants began their cosmetic journey by researching their sought after procedure online—books,

articles, images; seeking the advice of friends or family members (particularly an individual who had obtained an aesthetic intervention); and booking a consultation with a cosmetic surgeon. These steps reveal that a cosmetic procedure is not an impulsive decision, but rather a planned action and choice to change a perceived flaw/shortcoming (cf. section 6.5.2.).

Hailey never thought she would rely on cosmetic surgery to rectify her eyes. Only after visiting her son (Joseph—pseudonym) in Canada did she decide that a cosmetic procedure had become a priority. Joseph's concern for his mother's well-being inspired Hailey to seek out Dr Anderson:

> *So I went to my son in Canada. I went to him in July and he said: Nou ma, jy moet regtig jou oë laat toets* [Now mom, you must really get your eyes examined]. *So, I just decided: Ok that is on my bucket list now. When I get back to South Africa, I will have it done.*

Hailey is the only research participant in this study to have had her cosmetic procedure paid for by her medical aid. This financial assistance is the result of her procedure being regarded as necessary in order not to lead to loss of vision. This cosmetic intervention enabled Hailey to regain her peripheral vision. According to Hailey, 75% of her sight was compromised by the sagging of her upper eyelid skin. Even Dr Anderson was concerned:

> *I went to the doctor and he said to me: Sjoe, jy kan nie meer sien nie* [Sjoe, you cannot see any more].

It was for this reason that Dr Anderson wrote a motivational letter to Hailey's medical aid and strongly recommended the urgency of the surgery. However, it was Joseph who motivated and first encouraged his mother to seek medical assistance:

> *When my son said: Nee ma, nou moet jy regtig gaan* [No mom, now you must really go]. *Because I didn't have the courage before*.

Courage is experienced in varying ways, but according to Kim, her husband (Carl—pseudonym) did not support her decision to go for cosmetic surgery. In her narrative, she stated that Carl distanced himself physically and emotionally. And she began to doubt her cosmetic decision:

> *I went for the first consultation,* [but] *I didn't go* [for the surgery]. *Then the next year, I went again for the consultation and after that, 3 months after that, I decided: Ok, now it's time*.

Even as Kim kept her desire to transform her body private, she did state that her decision to go for cosmetic surgery instilled in her a sense of courage, strength, and independence:

I'm not discussing it with him because I think I'm afraid he is going to say: No, to go. [Carl] *said: No, it wasn't necessary. So, I'm paying for it myself. I'm doing it on my own. I felt empowered. My kids did encourage and support me.*

Contrary to Kim's experience, Diane found her courage and strength in her husband's support. He encouraged her to consider her first breast augmentation. However, it still took Diane a few years of contemplating:

It took about 2 to 3 years before I went for my first [breast augmentation].

But after her initial cosmetic intervention and then having her two children, Diane decided that renewing her breast appearance would restore her confidence and feelings of self-worth as a mother and wife. Again, her decision to obtain a breast augmentation and breast lift was supported by her husband Peter (pseudonym). Peter is a supportive partner in the medical encounter and it would be unfair to detract from this. But as a researcher it would be academically unsound not to wonder if, consciously or unconsciously, Diane's husband is (also) rewarding her for pleasing him aesthetically—the male gaze (cf. section 2.2.3.; 6.5.1.):

[After the surgery] *you are not allowed to put your arms above your head. So, I needed my husband to help me get dressed and he had to bath me too … He helped to take care of the kids as well. He woke up in the night to give bottles to the baby and he made food. He really helped me a lot. He really did look after me … And like whenever I start doing something myself* [within the healing period], *he would get so cross with me. He won't speak to me for the whole day, because I picked up my daughter or something.*

From these narratives, it can be seen that a cosmetic procedure is not undertaken via a snap decision. In addition, as research participants expressed in their narratives (cf. section 6.4.1., 6.4.2.; 6.4.3.), their surgical intervention was not always primarily for beauty ideals, but to change how they felt about themselves (cf. section 6.5.2.; 6.5.3.; 6.6.; 6.6.1; 6.6.2.). As the research participants experienced negative feelings and emotional pain in relation to their pre-altered body, the idea of permanently changing the rejected body became the goal. Each of the participants re-evaluated her sense of self and found the courage to embark on an elective procedure. A partner's support—verbal or in action—can encourage an individual to view and experience her transformed body with an added sense of feminine embodiment (cf. Jones and Raisborough page 86.). This is seen in how a woman feels emotionally (confidence, self-worth, and gendered empowerment) to how she views and engages her physical body (movement, gesture, posture). However, this enhanced sense of feminine embodiment

can also be influenced by a male intimate—a partner or husband. When a woman reshapes her body—breast augmentation, refining the stomach and waist via abdominoplasty/liposuction—she may encounter a change in how her partner/husband sees and engages her. This renewed sense of verbal and/or physical intimacy can encourage a link of positive association between cosmetic surgery and romantic success. This is seen in the following expression:

> [Peter] *told me the other day: Some men are boob men and other men are bum men, and he's a boob guy. He likes boobs. So, he loved it from the beginning. Since I've done this, the second procedure, he can't stop giving me compliments. He says it every day … So every day is like* [makes romantic sounds]. (Diane)

Even though the cosmetic change makes Diane happy—you have to ask yourself from a gender-view—to what extent is this happiness constructed in gender-restrictive roles? This quote is hugely related to the male gaze and the woman's willingness to go as far as to have surgery to ensure that she satisfies this gaze. Perhaps, for Diane it would take more courage than she cares to think about to resist her husband's gaze, the most important male in her life. By complying with her husband's ideas of beauty and by going for cosmetic surgery in order to align with his ideas—her reality is socially constructed by the male gaze. One really insidious process that drives the social construction of reality is that when you do comply with what is required, the norms and standards considered desirable by the people you consider important and who you want to fit in with—then you are rewarded. As with Diane, Peter reinforces his approval by way of romance.

7.2.1. Finding a cosmetic surgeon

When deciding to go for an aesthetic procedure, the individual should explore her options and find a skilled cosmetic surgeon who she trusts. Finding a cosmetic surgeon is an intricate aspect of the cosmetic journey. Depending on who the individual decides on, varying experiences and outcomes are encountered. As the practice of cosmetic surgery is mainly situated in a male dominated professional sphere, attention is given to the doctor-patient relationship. Cosmetic specialists are often perceived as male-gods and the patients as superficial-women (Pellechio-Lukowiak 2012:113). This is due to the medical practitioner—who is often male—possessing specialised skills to 'fix imperfections' of mainly female patients. In other words, surgeons reshape the female body in relation to the male gaze and its perceptions of perfection. This understanding positions many cosmetic surgeons as arrogant and as practitioners who project a sense of superiority over their patients and other medical practitioners (Siemionow and Eisenmann-Klein 2010:45; Pellechio-Lukowiak 2012:113; Marchessault and Sawchuk 2000:117; Youn 2012:1; Arneja et al. 2014:244).

When the doctor-patient relationship is not perceived as open or trusting, the cosmetic experience and medical encounter that results, can influence how an individual accepts her transformed body (Panfilov 2007:81; Haeck and Gorney 2011:26). If a cosmetic surgeon approaches his patients as nothing more than a body for financial gain, he establishes a poor relationship. Cosmetic patients may overlook this motive if the surgical procedure is a success, but if negative side-effects, infections, or complications arise the patients may blame the surgeon for negligence (ibid.). However, when the doctor-patient relationship is perceived as open and trusting, an individual is more likely to accept any surgical complication as part of the cosmetic encounter (ibid.). In short, if an understanding of trust is established in the doctor-patient relationship, unforeseen complications are dealt with more amicably and overcome together, i.e. the doctor puts forth a medical strategy and the patient trusts the specialist's surgical expertise.

Not all cosmetic surgeons present as superior or arrogant in nature. This was particularly evident when meeting with Dr Anderson to introduce the research study and to establish if participants could be drawn from his surgical practice. I encountered a friendly and approachable professional who encouraged the study. This pleasant demeanor was not a once off occurrence, but experienced on numerous occasions—by myself and later expressed by the research participants.

When collecting the data, I was motivated to explore how Dr Anderson approached his cosmetic patients. Even though some of the participants sought a second opinion, these encounters prompted a renewed understanding of Dr Anderson as a surgical specialist. When Diane reflected on her cosmetic experiences, she recalled an encounter with another cosmetic surgeon:

> *Because a lady that worked with me had her boobs done by him and I think it was much cheaper … half of what my doctor asked. So, I went to him, but I don't know … I wasn't as comfortable with him as I was with my cosmetic surgeon. He was like: Okay, not that size. That size you have to put in behind your muscle and it's going to take a long while to heal. So, he wasn't … like an open person. I remember he came in and had flowers in his hand and he threw them on the table and he said: Okay, hoekom is jy hier vandag* [Okay, why are you here today] *and I told him: I want to do my breasts and he didn't even look at me. He was busy with stuff on his desk … and I was like: Okay, ek gaan net opstaan en loop* [Okay, I'm just going to get up and leave].

This uncaring or superior attitude was also experienced by Abby. She compares her abdominoplasty experience with Dr Anderson to her previous surgical intervention (a breast augmentation):

> *I had a much better experience with my tummy than with my boobs. I didn't have a bad experience … um … he was more like my dad. He treated me like … Okay, we are going to do it! What size do you want? There was no real feel of caring … it was like a business transaction.*

Cate also had differing experiences in relation to cosmetic surgeons. When she decided to transform her breasts, she went for a consultation with a local doctor who dismissed her decision for a breast augmentation:

> *I first visited this doctor that lived 7km from me, for a consultation. And he just said to me: No man, what do you want to do with implants?*

After Cate expressed her desire to reshape her small and sagging breasts, Dr Elliott (pseudonym) re-negotiated his position and agreed to explore her request. From their discussion, Cate revealed that she began to feel uncomfortable:

> *I ask a lot of questions and I just thought: No, you just want to make money off me and cut me up.*

This is when Cate decided to get a second opinion in Johannesburg:

> *I did hear about a doctor … And I went and he just looked at me and said: I don't understand what the other doctor is saying. You can have implants! What size would you like? And I said: I don't want a size, just fill it up!*

Cate received her first breast augmentation in Johannesburg 18 years ago. When she decided to redo her prosthetic implants, which is undertaken for maintenance, she researched Dr Anderson. This led her to make an appointment and meet him in person. When recalling this experience, Cate compares her encounter with Dr Anderson with that of her Johannesburg surgeon:

> *This was the same experience with this doctor now* [Dr Anderson]. *He is relax, open, and honest. And it's not like you are a money making something. He is just a super person and he really takes good care of you. It's all about his personal touch*.

These narratives reveal that Dr Anderson's patients experienced a unique and sympathetic encounter where compassion and an ethic-of-care were established in the doctor-patient relationship. It should be noted, research participants participated in this study voluntarily and represent a select and small group within the broader South African context (middle-to-upper class white demographic). When engaging the research participants—from Dr Anderson's cosmetic practice—I became aware that these women all experienced positive and successful surgical interventions. To achieve a balance in

the collected data and analytical insights, I recruited Kim as research participant. Her incorporation into the study enabled me to explore how a less positive surgical encounter influenced an individual's sense of self, her femininity, and her life-world in relation to the 'success stories'. Kim's experiences are comprehensively discussed in the following section 7.3.1.

When Abby had a growth removed from behind her ear, she requested that a cosmetic surgeon be the one to stitch up the wound. She was concerned about the appearance of a scar near her face:

> *4 years ago, I had a growth behind my ear and I went to* [Dr Oliver—pseudonym] *and I asked him if we can get a plastic surgeon to close-up the wound*.

Due to Abby's medical aid not covering the financial cost of a cosmetic surgeon, Dr Oliver stated he would suture the wound. This resulted in Abby employing Dr Anderson and paying the additional medical cost. At first this negotiation can be seen as a general medical discussion within the surgical sphere. But Abby further revealed that after her surgery, she went to Dr Anderson to remove the stitches and he revealed:

> *In theatre* [Dr Oliver] *told* [Dr Anderson] *that: You know the medical aid is not going to pay you! She will have to pay you in private. So, he* [Dr Anderson] *said: I told him*, *Oh no I'm not charging her*. *I'm doing it for free. And when I went back to take the stitches out … I just asked: Where can I put the payment?' And he said: No no no, I told* [Dr Oliver] *that it is for free! And that made me very positive towards him because, I was sleeping when he was saying that. So, I never knew that. So, he could have just said: I will send you an account or whatever, because I would have never known … That made me feel very warm towards him*. *He's not like a doctor, he's more like your friend.*

This experience led Abby to rely on Dr Anderson's expertise for her abdominoplasty.

Eleanor begins by saying that cosmetic surgery can be invasive, as a doctor may have to see the naked female body to make an accurate assessment. But how Dr Anderson conducted himself with Eleanor brought a light hearted atmosphere to the awkward engagement of a male doctor evaluating the female body:

> *He makes you feel comfortable, because it is quite invasive with him poking and prodding and drawing … He is really very nice, he makes jokes and maintains eye contact. He is like that with each one of his patients. He is like: Here is my personal number and you WhatsApp if there are any problems. It's not like with those other doctors where you have the operation and: Ooo it's done and there is no follow-up. He*

personally follows up and says: Is everything ok? Are you happy? No pains? No problems? He makes sure that he walks the whole road with you … He helps you step-by-step. Even with the recovery process.

Hailey is in agreement with Eleanor:

He has a lovely bedside manner. He's not like a doctor, he is like a friend. When I went to him the first afternoon, he said to me: Ag you know what? I'm not going to sit across from you, I'm going to sit next to you today. I want to look at you.

The narratives show that when a cosmetic surgeon treats his patients with compassion, respect, and openness, an atmosphere of trust and loyalty is established in the doctor-patient relationship. The research participants felt comfortable to verbally explain and physically show Dr Anderson their flawed body. Once the participants had obtained their cosmetic intervention, common emotions related to shame and embarrassment were re-negotiated to emphasise a renewed sense of agency. This reveals that the way in which a surgical specialist approaches his female patients, can influence how she accepts/rejects the surgical outcome and her reshaped body.

7.2.2. Researching the procedure

Once the research participants decided on a cosmetic intervention and found a cosmetic surgeon, another dimension of the medical encounter involved acquiring knowledge about the advantages and disadvantages of the desired procedure. Some participants did not actively research their procedure, but relied on what Dr Anderson told them of the pros and cons. He would explain what intervention would be most beneficial to achieve the desired effect, what techniques would be used, what the side-effects are, and the dangers and success rates. He would also show photographic images of similar surgeries—before and after. Therefore, each research participant was well-informed by their surgeon about their surgical choice.

The participants who did not actively seek additional knowledge about their desired cosmetic procedure, seemed to share an understanding that 'nothing else can be done', 'surgery is a last resort' to changing the rejected body. This perspective positions these participants as passive—only relying on the information provided by the specialist—in how they engage their sense of "agency" (Davis 1995:11). Initially for these women, their 'action and choice' display notions related to empowerment—reshaping the body to fit a truer sense of herself. However, their passivity towards obtaining additional knowledge of their desired surgical intervention works against the notion of active choosing—last resort. Furthermore, narratives indicated that if a side-effect or a negative consequence was experienced, it would be dealt with when/if it arouse. This perspective positions

these women as having 'faith' in Dr Anderson's surgical skill. After Hailey got confirmation that an aesthetic procedure is the only option in re-gaining her obstructed eyesight, she placed all her confidence in Dr Anderson:

> *I actually didn't do research. I just phoned and I said to them: Do you do these operations?' Or: Must I go to an eye ophthalmologist? And she said to me: No, you come here. And within two days I went in.*

Isabel did state that gathering additional knowledge was not a priority for her. However, the consequences of fear of death did prompt concern. To overcome this fear, Isabel found comfort in Dr Anderson's calm demeanor and skill:

> [My mom—a previous patient of Dr Anderson] *discussed my complaint about my tummy with the doctor … and he's not a big fan of tummy tucks. Because he says: It's a very big operation and people take it lightly. So, I went* [for a consultation] *and it took me about a year to go back* [for the operation] *… I was very scared of dying. I'm always scared of dying. I'm scared of leaving people behind. But ja, doctor said: You'll be fine. Don't worry. You're strong and healthy and fit and the chances of something happening to you is really slim. So, ja, that gave me courage*.

Abby also experienced a sense of fear towards her cosmetic intervention. This emotion was amplified when Dr Anderson showed her photographic images—the before and after's of abdominoplasty:

> *I was a bit shocked when the doctor showed me the photos of the cuts. Because before that, I really didn't even Google it. I will deal with it* [negative consequences] *when we are there.*

The analysis showed that Abby was, to some extent, aware of the risks involved with her abdominoplasty. For Abby beauty ideals and 'perfection' are important and before her pregnancies she considered herself to be one of the "lucky ones"—not having to exercise or diet to maintain her ideal/perfect self. However, to manage her emotionality in reshaping her body, she felt the less she knew about her cosmetic procedure, the better (cf. section 7.2.1.). This resulted in her combining her cosmetic intervention with a health related hernia operation:

> *Remember, I had the umbilical hernia. So, I think that helped me, because I am afraid. So I thought: I'm going anyway for the hernia operation, so I might as well do what I want to do. To do it all at once. And Dr Anderson and the surgical specialist agreed and did it all together.*

These narratives indicate that some of the research participants preferred not to know the nature and scope of their elective procedure. I link this to their possible fear that too much clinical knowledge might lead to doubt and anxiety. Thus, by positioning themselves within the understanding that 'ignorance is bliss', these participants found a sense of courage and emotional stability in their desired "action and choice" (Davis 1995:11).

When reflecting on the research participants who actively researched their surgical procedure, the understanding that 'knowledge is power' emerged. Participants used various avenues to explore, including online platforms such as Google, family members and trusted friends (particularly ones with cosmetic experience), as well as medical consultations (general practitioners to surgical specialists). For these participants, knowledge gave them a sense of grounding and control over their "action and choice" (Davis 1995:11). Joanne states:

> *I didn't research like Google, but I did ask my husband* [a medical practitioner] *and friends that did it. I was concerned about which volume to put in. Because you can ask for a B cup or a C cup, it doesn't work like that. They put volumes in. So that was difficult*. *Because it feels like you don't know. How big are you going to be? So, mostly I asked them about what cc* [cubic centimeters] *volume to put in … I went to the doctor and he showed me all the stuff that can happen, if it goes wrong. He gave me the research, but ja, like the friend that just done it, she told me stuff afterwards that I didn't know* [laughs].

So, Joanne was curious about her cosmetic procedure and found that the lived experiences of others and their inter-personal advice was the best route to knowledge. Cate shared this sentiment:

> *I did not really research. I first visited the doctor that lived 7km from me and I asked a lot of questions*.

But this form of preparation was only seen as introductory. Cate states that her medical consultations—in Johannesburg and Bloemfontein—is where she gathered a comprehensive and in-depth understanding of her surgical procedure. This well-structured information allowed her to make an educated decision about reshaping her body:

> *I did go for a consultation and he spoke excessively about everything*. *And this was the same experience that I had with this doctor now*. *They tell you the pros and the cons. So, you really are informed … You are quite informed when you are done. And then you have to make the decision: Are you going? Aren't you going?*

The analyses indicate that sharing inter-personal experiences establishes a point of departure for an individual considering a cosmetic intervention. Depending on what is learnt, an individual may desire additional information. This understanding resulted in some of the research participants exploring various other sources. The term 'doing your homework' was used, referring to the time and effort invested in obtaining knowledge to appreciate the total impact/effect of the cosmetic procedure.

Kim comprehensively researched her cosmetic procedure. This involved researching online articles and pictures, speaking to her husband, inquiring about her sister's and niece's surgical experiences and outcomes, and reading the material with which her cosmetic surgeon provided her. Kim's need to understand her cosmetic procedure began before her infection. This gathering of knowledge gave Kim a sense of control over, and strength to endure her yearlong medical struggle:

> *I did a lot of research. But I began by just reading over the risk of the infection. I saw that: Oh, don't worry the risk is very small. I don't fit that criteria: I don't smoke; I don't drink so, it probably won't happen to me. I thought: I'm the last person it should happen to. The doctor also sent me a form about the risks and everything … so, I read through that and I discussed it with my husband. I also looked at the different kinds of breasts that you get … the droopy ones or the round ones. I talked to my sister, without telling her I am going, and I asked how hers was and she showed me how hers and her daughter's looked after the procedure. I talked to some people who did these procedures. And I understood that there are two different techniques, the one* [prosthetic] *that goes under the muscle and the other one that goes on top of the muscle … But after the infection started, I also did some research to see what is going to happen. I read about the capsule. The capsule it will be making around the prosthetic, because of the infection. And that the capsule could push the prosthetic out, which it did. I read it, and I also read that some women say that after the infection um … they put in a new prosthetic and it happens again and they had to take both prosthetics out.*

Even though the other research participants did not experience notable negative side-effects on their cosmetic journey, they did emphasise that self-research and a focused sense of preparation are important:

> *No matter what the doctor tells you. If he says: This. Go and Google that thing. Go and read a negative part because you always hear the positives. You won't hear when something went wrong with another lady, because she maybe wants to hide it … I am going to do research on the things that could go wrong … Doing your homework*

actually makes you feel more comfortable and strengthened … Because there are many doctors who want to do it, but go and pick the right doctor where he tells you all the things. (Georgia)

I researched all the time. Before I wanted to do it, I was researching a lot. Looking at before and after photos, to see how they do it, what they do. And when I decided to do the operation, then even more. Google was my friend. (Bridget)

I Googled some before and after pictures of scars. Dr [Anderson] *also told me that not everyone scars the same … on some people it is darker than others. But mine actually … I was really impressed*. (Diane)

I researched a lot. I went on … before and after's, I researched on the internet specific shapes that you have and how it is going to look enlarged. Because my mind struggled to see my boobs in bigger boobs. So, I tried to seek for pictures with areola and the nipple shape in my size with a B cup or a C cup or a D cup. So I really did thorough research … Also with regards to which doctor to go to. I am now in Pretoria for a year and there are a lot of great doctors here …. Even when I was at this doctor [in Bloemfontein], *he gave me the option to go to a plastic surgeon in Pretoria. But I told him: I think Bloemfontein because my whole support system is here. My mom is here to take care of me. There was a lot of stuff that played a role. I had a couple of references for my doctor from my friends. And they were all happy and the before pictures and the after pictures and the sizes come out body appropriately. So, that also helped with the homework in regards to choosing a doctor.* (Eleanor)

All the research participants had the essential knowledge, from their primary surgical specialist, to make an informed decision. Even though some participants did not actively investigate their operation, Dr Anderson's medical protocol, revealed that none of the research participants went into their cosmetic intervention ignorant or not knowing. From the analyses, I found that seeking additional knowledge empowered the participants—in "identity", "agency", and "morality" (Davis 1995:11). Furthermore, these narratives reinforce the understanding that cosmetic surgery is not undergone impulsively, but rather as an informed and calculated decision.

7.2.3. Reflecting on courage and the cosmetic journey

An individual can either aspire to have a cosmetic procedure done in order to enhance her appearance and self-perception, but ultimately never find the courage to initiate the cosmetic procedure. Or an individual can review her rejected body and purposefully choose to change/reshape her perceived

flaw/shortcoming and do the intervention. All the research participants are positioned in the latter category, as they each employed a cosmetic procedure that led them to a new reality.

When an individual decides to change her body, and then begins the surgical process to reshape it, there occurs a transformation in "identity": cosmetic surgery enables an individual to enlarge, minimise, or reshape her undesired body, this in turn empowers the individual to realign her body appearance to reflect a truer sense of self (Davis 1995:11). This unfolding process also engages Young's (2005:36) understanding of "inhibited intentionality"—an individual transforms her gendered position of "I cannot" to illuminate a perceived awareness of "I can". When this is achieved, the embodied individual experiences a harmonious sense of self within her daily encounters, her life-world, and her social reality. Thus, when an individual takes action to obtain her cosmetic procedure, she overcomes her "inhibited intentionality" and gives meaning via "intentionality" to her sense of self (Young 2005:36-37). It is in this form of self-discovery that an individual finds congruency and transcendence between her "identity" and lived experiences as well as her gendered body and "motility" (Davis 1995:11; Young 2005:36-37).

"Intentionality" is also attributed to the cosmetic encounter in so far as finding a cosmetic surgeon and the acquiring of knowledge about the desired intervention (Young 2005:36). These processes enable an individual to empower herself and overcome her "inhibited intentionality" of "I cannot" (ibid.). In this process an individual is not passive in her surgical pursuit, but actively involved in transforming her body to fit her self-perception and "identity" (Davis 1995:11). This active involvement influences how an individual perceives and negotiates her life-world—engaging her social reality as a self-aware and embodied individual. Depending on how the cosmetic journey is encountered and perceived, an individual may accept or reject her transformed self thus influencing how she experiences her sense of self, her life-world, and her social reality.

When an individual sees her body as a "burden" (Young 2005:36) she approaches cosmetic surgery with an underlying experience of "ambiguous transcendence". Then as she embarks on her surgical "action and choice" she re-negotiates this self-perception and begins to make sense of her life-world, as a more comfortably embodied being. In this process "transcendence" is associated with "agency" (Young 2005:36; Davis 1995:11) and the surgical journey becomes a liberating encounter. This idea of liberation is also connected to the medical environment, particularly when the cosmetic surgeon considers and acknowledges the emotional implications associated with the body dissatisfaction. Thus, when an individual encounters an empathetic and caring medical environment, more positive associations attend the cosmetic act—opening up and illuminating a more transcended path to self-discovery.

If a cosmetic surgeon projects himself as superior to his female patient, I argue that additional stigma is attributed to the desired aesthetic act. This is the result of the medical specialist exploiting the understanding that his skills are mostly responsible for 'rectifying' the feminine body. None of the research participants approached their cosmetic intervention as a quick-fix solution or only as beauty maintenance. Experience of emotional trauma is a major motivating factor behind each participant's cosmetic encounter. Each one expressed courage, to some degree, to surgically change her rejected body. So, if an individual encounters an arrogant and insensitive medical specialist, an added sense of "discontinuous unity" is afflicted on her self-perception and "agency" (Young 2005:38; Davis 1995:11). However, after interacting with Dr Anderson and in the case of Kim, her surgical specialist, all the research participants echoed an experience of openness and acceptance. The body was not perceived as an "object or thing", but rather a form of external representation to an individual's sense of self and "identity" (Young 2005:39; Davis 1995:11). This understanding can be re-negotiated when an individual experiences a negative aesthetic encounter in so far as dealing with an unsupportive/arrogant/insensitive cosmetic surgeon.

When the research participants embarked on their cosmetic journey with the guidance of a sympathetic medical specialist and the knowledge obtained via self-research, an additional sense of feminine embodiment is experienced. The concept of "morality" or emotional pain is clearly re-negotiated to move towards a notion of empowerment and achievement (Davis 1995:11). When this positive emotional position is achieved, the participants view the physical transformation of their body positively. And a caring cosmetic surgeon aids in this.

7.3. The risks

There are two broad ideas about healthcare that are recognised in the medical healthcare system (cf. section 3.3.). The first and most prevailing concept is about curing an individual of an infection, virus or illness thereby restoring health to the ill body. This form of medical intervention is employed to save a life or limb and thus represents an essentiality. The second understanding of healthcare is focused on the surgical practice of reconstructive surgery. Traditionally, this practice positions plastic surgery as a medical requirement for patients who suffered birth defects and/or accidental injuries or deformities. This second branch of plastic surgery diversified to include cosmetic surgery—aesthetically beautifying the external body. This sees a physically healthy individual electively seeking a medical intervention to enhance, minimise, or reshape a perceived physical flaw/shortcoming.

No surgery is risk free, irrespective of the motivation behind the medical procedure—essentially curative or instrumentally elective. A patient must be informed and aware of the medical implications,

risks, complications, failure rates, and side-effects that can arise within or from the surgical procedure as Kaminer et al. (2009:264) emphasise. This is why the cosmetic surgeon must establish a friendly, but frank and open doctor-patient relationship—one in which the relevant information can be given and obtained, significant questions asked and answered, and where a mutual decision can be reached. Georgia is in agreement:

> *I think it's also the doctor who must be very careful and very honest. It must not be for the doctor* [to just] *make money, but also for the doctor to look after his patients*.

Georgia expands on her experience of the doctor-patient relationship; Dr Anderson emphasised the potential risks of a blepharoplasty operation:

> [Dr Anderson] *tells you everything. Like, if I take out too much skin, then my eyes won't close and they will get dry. If I cut too deep you could bleed. He explained everything. He also said: Take a month, go read this! Go and Google and see if there are any more questions you want to ask. He even gave me his personal cell phone number. He said: You go home and this is my number and you phone me, even if it is 12 o clock at night*.

He also prepared Georgia, not only for the actual operation, but also for her post-operative care:

> *Your eyes are covered and need to be cleaned every day for a week … I also knew that I would have to wear sunglasses for 3 months* [after the operation].

In my conversation with Eleanor, she revealed that an acquaintance of hers underwent a breast augmentation and suffered many side-effects. This made Eleanor aware of the potential risks and consequences:

> [She] *did her* [breasts] *before I did mine. Hers was … was a train-smash, literally. She had one of those bacteria's that got into one of her wounds in hospital and there was massive infections. And there was a stage where we thought: We were going to lose her! Because she was very sick and she had this gaping hole where the doctor would put meters and meters of gauze in … So, her whole process traumatised* [me].

Against the background of this experience, Eleanor reflects on her cosmetic decision. She reveals that her previous experiences contributed to a lot of doubt regarding her cosmetic desire:

> *I told my mom: I am not sure whether I should do this* [breast augmentation]. *I am not prepared to lose a boob! I would rather have two cow boobs than risk losing a boob*.

Eleanor acknowledges that her mother was of great support:

Mom played a massive role. She literally helped me all the way.

In her consultation with Dr Anderson, Eleanor expressed her concerns about the risks and post-operative complications. From her previous experiences, Eleanor re-negotiated her cosmetic desire which resulted in her wanting to withdraw from her surgical journey:

I got cold feet.

But Dr Anderson understood her distress and formulated a step-by-step plan of her procedure. The detailed knowledge gave Eleanor a sense of control and encouraged her to continue with her intervention:

> *So, when I decided on doing mine, we* [Eleanor and her mother] *spoke to the doctor: 'This did happen! What are the chances of this happening to me?' So he told me everything about the procedure. He covered all the grounds: The pros, The cons: What can happen?, The risks?, Why I should do it?, Why I should not do it?, How it's going to influence life?, How it's going to go with the recovery process?, The time I am going to need off! He really did a thorough briefing and the homework I had missing, he filled in. He allowed me to ask my questions and to speak my mind. He put me at ease with regards to what was going to happen; first in the consultation and later while lying on the* [operating] *table*.

When considering the cosmetic risks, I found that each research participant was aware of or at least informed of some of the possible negative consequences or side-effects. None of the participants entered her cosmetic interventions in a cavalier or uninformed manner. The surgical risks were taken into consideration and re-negotiated as a calculated risk.

I knew I was taking a risk … You know what you are getting yourself into. (Joanne)

For the research participants, their cosmetic intervention was inadvertently accompanied by feelings related to emotional instability and pain. For this reason, I do not ascribe the socially constructed and punitive ideas of vanity or trending (meeting social norms) to the participants' aesthetic desires. These women knowingly risked their physical appearance and health in hope of experiencing a more congruent and embodied sense of self.

7.3.1. Side-effects and infections

Most medical procedures hold risks (Panfilov 2007:79; Wijeweera 2014:13; Martin 2014a:57; Jones and Raisborough 2016:22). This section serves to explore what side-effects and infections the research

participants experienced during their aesthetic journey. As discussed in chapter 6, Kim is the only participant who suffered an unsuccessful cosmetic encounter. Therefore, much of this section will be dedicated to her cosmetic experience. I begin this section by exploring the side-effects experienced by the research participants who regarded their aesthetic intervention a success.

As stated previously (cf. section 7.3.) each research participant was informed by Dr Anderson of the advantages, disadvantages, side-effects, and risks, as well as the possibility of infections of their surgical choice. Against this backdrop, I asked them if they experienced any complications. Most experienced common side-effects. Side-effects for a breast augmentation include: itchiness, bruising, swelling, pain and rash. Some participants felt that these side-effects were from the post-operative pressure bandage, which is worn for six weeks. The two participants who underwent abdominoplasty revealed that they suffered symptoms of gastric reflux and burn, pain, itching as well as swelling. These side-effects presented itself for two to six weeks.

Bridget reveals that after her liposuction procedure, she experienced bruising, swelling and itching for about two weeks. These side-effects are similar to those experienced after abdominoplasty. The blepharoplasty procedure holds the least experienced side-effects. Georgia and Hailey did have to engage in eye hygiene that involves cleaning the wound and eyes with anti-bacterial ointment to avoid infection. They also had to wear sunglasses for a minimum of three months. In each of their narrations, strong concern was focused on the surgical scar. All the participants had to use a scar tissue ointment to aid and reduce the visible side-effects of scarring.

When engaging with Kim, I got a unique glimpse into what it is like to experience an unsuccessful cosmetic intervention. It became evident that Kim did not just suffer physically, but also emotionally. The negative consequences reverberated throughout her life-world, impacting her physical health as well as her marriage. I deal more with the issues of marriage and support in the following section (cf. section 7.3.2.).

Kim contracted a staph infection (cf. page 116). This began a year-long battle to regain her health. Kim's initial breast augmentation, breast lift, and mini face-lift was intended to restore her sense of femininity and beauty. Her cosmetic intervention was not only employed to meet socially defined beauty ideals, but to experience graceful aging. To recap Kim's experiences, after having undergone an apparently successful surgical intervention, a nurse assisted in Kim's post-operative care. The nurse removed the right breast drain, then sneezed and proceeded to scratch loose the left breast plaster and stitch to take out her drain. Kim believes that this is when she contracted her infection. Within hours of the drain removal, Kim began to feel pressure, heat, and pain in her left breast. She immediately contacted the surgeon who put her on a full course of antibiotics. Within the first three

months, Kim had been on various courses of antibiotics and this last dose yielded little results. Her only other option was to have her left prosthetic breast removed—which left her with a huge open cavity in her chest:

> *I did the procedure in March and they took out the prosthetic in about May. There was a hole in my breast for about 4 months afterwards … as big as my fist … it was the whole cup and the cut was … about 5cm … deep, because they had to fill the hollow* [with gauze]. [So there] *was this opening in my body the whole time.*

After having removed the left prosthetic breast, Kim experienced the initial stages of healing. But soon she began to see signs that the healing process had stopped. This resulted in an opening up of her surgical wounds from the breast augmentation and mini face-lift:

> *I actually started to heal very good until I started using the antibiotics. Then the healing just like stopped. You know it* [surgical wounds] *didn't want to close up and … everything just went loose. I didn't heal. I* [had] *a period* [when] *even my right breast … the stitches* [and] *the wounds went open.*

Given that cosmetic surgery is about aesthetics and self-image, scarring is a great concern to the research participants, and Kim is no exception. Due to her wounds not healing, she began to worry about her mini face-lift:

> *Luckily I had my hair to hang over the scars. There was luckily no infection near my ear … It was just the fact that it* [the surgical wound] *just didn't want to close up … I really didn't think about my face, it was more about this breast that was really infected … my um, face took slow to heal, but … it didn't look bad.*

Kim revealed that regaining her health and maintaining a strong front were her main priorities. When talking about her emotional state, she expressed her daily battle with fear and its culmination in feelings of desperation, hysteria, and crying. She did attempt to mask these negative feelings by projecting strength when with family members, particularly her daughters:

> *While I had the infection and they took out the prosthetic, I just told myself that: I have to go through this because what else? You know, I have to stay strong. I have these three kids and they're actually looking up to me and if I am getting hysterical or … um … you are scared … I always handled it very calm, especially in front of them. Because I want to be an example. Like, there's a problem, but it can be solved, it's just going to take some time. And that's what I told myself, it's going to take some time … I felt very*

desperate, I didn't know what to do or what to say. I cried, but I don't know if that helped.

Even in this state of emotional turmoil, Kim found courage in the understanding that by regaining her health she would have the chance to reshape her left breast to its original appearance:

> [Doctor] *said: When it is healed we can put it* [the prosthetic] *back in. In 6 to 7 months. So, 6 to 7 months flew, but it was more than half a year, so it was long. But I knew I had to heal because the infection was very bad and I know I had to go through this … the prosthetic must be removed.*

After waiting nearly a year to have her prosthetic replaced, Kim believed that her battle was over. However, this was not the case. Once she had overcome her infection and was fitted with her second prosthetic, her next battle would begin. This saw her left breast encapsulate the prosthetic and reject the implant by pushing it out through the surgical wound:

> *We were at a shooting competition. That night it started to make a bubble and the next thing my pajamas are wet. It really impacted me.* [I] *thought: I stayed so positive and now this happens. What's going to be next? Because I thought then: Now it's over! The doctor is going to take it all out and there's no stopping it* [the rejecting of the prosthetic] *… When we got back to Bloemfontein, Doctor said: I mustn't worry. Um … it* [the breast] *looks good and it doesn't look like there's any infection. It was just the capsule that was pushing out the … prosthetic and the conduit at the back of the prosthetic. Then he made the appointment to remove the hardened tissue around the prosthetic.*

Only once the hardened internal scar tissue was removed from the left breast did her body accept her third prosthetic. Kim, however, suffers visible scarring and an indentation in the left breast:

> *After that* [removing the internal scar tissue] *it healed right with a scar. With a very bad scar. So, my one breast is round and the other one is a bit indented. But it is now healed and it looks good from the top, but if I lift up my hands, it* [has] *a really bad indent.*

Kim's cosmetic journey was a traumatic experience. It reveals not only the risks a woman can experience, but also the continued physical and emotional suffering an individual endures when an aesthetic intervention is unsuccessful. Despite the infections and side-effects, Kim says she would consider correcting the post-cosmetic appearance of her left breast; she would like to have the appearance of the scar reduced and have the breast reshaped:

I'm going to talk to the doctor about the infection. They have to be very … take caution when I'm going again. But I think I will do that again. In say: about 3 years' time. I will maybe go back to them, just to cover up the scars or um … make it better, better looking.

What can be taken from Kim's experience is, how an individual perceives her sense of self in relation to her physical form, impacts on the surgical risks she is willing to take. Kim is by no means a "surgical junkie"[20], she is a woman who before her cosmetic intervention experienced an emotional incongruency between her identity, body, and life-world. This understanding is not exclusive to Kim: elements of emotional instability and incongruence between an individual's sense of self, physical appearance, and life-world are reflected in the narratives of all the research participants. What I found was that even after Kim's traumatic encounter with cosmetic surgery, she feels that by embarking on another cosmetic intervention to reduce the breast scar and indentation, an additional sense of femininity would be experienced between her self-perception and her everyday reality.

7.3.2. Personal and medical support

The theme of support is an important concept to explore in relation to the medical context. How an individual perceives her support structure can influence how she accepts, deals with, and overcomes surgical risks and side-effects. According to Rubin and Naghshineh (2014:640) "patients recover best when they have … an adequate support system at home". This relates primarily to family and friends, but Ha et al. (2010) claim that how a doctor interacts with and supports his/her patients can also influence how unexpected complications are perceived and accepted. Elements of this are reflected in Kim's rendition:

My husband wasn't very supportive ... [but] *they* [her three daughters] *were very supportive … I took my eldest daughter and I think the middle daughter with me to the doctor …* [He] *was very supportive. I got his personal cellphone number and when there were problems, I phoned him. Every time he answered and it was like immediately seen to at causalities. He wasn't like brushing me off.*

When dealing with her husband's unsupportive manner, Kim felt that his actions were not due to his disapproval of her cosmetic intervention, but rather that he did not really see the need for her aesthetic desire:

[20] Surgical junkie—is a term directed at women obsessed with their looks and who rely on cosmetic procedures to correct every perceived flaw. This term can be associated with the physiological pathology of body dysmorphic disorder (Weber 2009:106).

He said: No, it wasn't necessary … It wasn't going to be very natural. And I think the thought [of his] *wife having a prosthetic* [is] *going to be artificial.*

Once the cosmetic intervention was done and the complications began to arise, Kim thought that his physical and emotional distance was a coping mechanism. This was particularly evident when dealing with discussions related to the severity of the infection:

I think he was just afraid. That's why he didn't want to get involved. And to maybe hear: hoe gevaarlik dit is [how dangerous it is] *or maybe I can die. I think he doesn't want to hear about it. I think he was afraid*.

However, his withdrawal changed after Kim's left breast ruptured in bed while away at the shooting competition. By directly being confronted with her fear and emotional pain, he began to confront the seriousness of what his wife had been living with:

Now that night when that happened [rejection of the left prosthetic] *… I think he really … um … Hy het jammer vir my gekry. He felt sorry for me for going through all thi*s.

His initial stance changed and he once again became a friend, lover, and husband. And this self-renegotiation influenced how he perceived and interacted with Kim. Findings indicated that the original cosmetic experience lead to an emotional divide in their marriage. However, Kim revealed that after her left breast ruptured in bed, a renewed sense of compassion and empathy was established. This prompted her husband to support the remainder of his wife's journey. Kim felt that their shared experience of the prosthetic being pushed out, renewed his feelings of compassion and love. As Kim proceeded to regain her health, her husband became closer and shared the final stages of her recovery. This empathetic stance also revitalised their sense of intimacy:

Now he tells me: I look like a teenager. I think he really likes it … Like when we drove down to [the coast] *and so on and I would lay down and sleep, he would suddenly touch me … he loves it. It was definitely worth it.*

The physical and emotional role of the husband/partner is an important issue. As Kim's experience reveals, surgical complications do impact the partner. It was only when her husband shared her experience of the prosthetic being rejected, did a more supportive and intimate relationship replace his earlier detachment. The other married research participants also referred to the support of their husbands. Cate said:

My husband just [said]: *Why do you want to do it? You are still beautiful? And I said: Well, I want to do it for myself. I WANT TO DO IT! And he said: I'm not going to stand*

in your way. And he went with me. And he did support me, all the way. He was there for the op and every time I had to go to the doctor. He even bathed me [laughs]. *He had to because I couldn't use my arms … I think he understands … I want it for myself.*

When husbands agreed to their wife's cosmetic intentions, an open and trusting relationship was established in relation to the subsequent interventions. And this emotional support seemed to allow the participants to experience their cosmetic interventions with an added sense of courage. Georgia states:

I asked all the questions and I went home and I took 3 months. I talked to my husband and asked him his opinion … My husband supports me … Because he saw my sister's eyes and my mother's eyes. When I told him [about the operation] *… he said: Ok, you must do your homework. Make sure that there is no other way rather than to cut your eyes. But if there is nothing that can help, then he is fine with my decision.*

Bridget shared similar views to Georgia. She credits her husband with helping her with all her daily chores. But what Bridget really appreciated about her husband was that he never judged her for wanting cosmetic surgery:

If he judged me, I would have still done it. Because I made up my own mind of what I wanted to do … Dit sou dit [die kosmetiese ervaring] *selfs erger gemaak het!* [It would have made the cosmetic experience worse]. *I would not have liked it if he had. It is just better that he didn't judge … He did help me a lot. You have to wear that garment. It's very tight* [and] *he helped me very nicely in taking that thing on and off.*

Eleanor is not in an intimate relationship, but she relied on the support of her family, particularly her mother, who played an influential role in her recovery. Her mother took care of all Eleanor's daily needs from cleaning the wound to bathing and dressing her:

My whole support system is here. *My mom is here to take care of me, because you can't move for the first week or no driving. Mom played a massive role. Even with the recovery. She knew what to do … Cleaning the drains and taking off the plaster and taking out the stitches and that kind of stuff. She literally helped me all the way. So, I wouldn't have gone through this as easily as I did if it wasn't for her … She was comfortable with the whole emptying the drain and helping with regards to stuff like eating and your basic daily living activities that you cannot do without your arms … Dad was a little bit … skeptical. He said: Don't change yourself. You are okay, the way you look, but I always told him: You haven't seen me naked so you cannot judge with*

> *regards to that. So, I went through the operation and he was also very supportive. He always said: Just keep your hands clean. Don't let bacteria get in. Very cautious with regards to stuff like that. So, definitely, family … it took quite a lot of mom's support, time, and love.*

Hailey relied on her children, friends, and work colleagues. Most of her support was in the form of verbal encouragement, but she did obtain physical support from her daughter:

> *I have my daughter here* [and she is] *my support.* [Hailey's friend] *came and she brought me some chocolates at home*. S*he came and visited me and my daughter. My son and daughter-in-law phoned me from Canada. My colleagues at school were so proud when I came back and it looked so good*. *It was a good support system.*

In summary, I focused on the concept of *emotional* support, particularly support within the marriage. When a participant lacked support from her partner, her narratives echoed notions of negativity. This negative association resulted in some participants experiencing feelings of judgement, anxiety, fear as well as emotional pain. However, when the partner supported the cosmetic intervention, participants' narratives reflected feelings related to self-worth, courage, and acceptance. This led me to the understanding that the physical and emotional support of a significant other—a partner, husband, mother, or child is a key element in the cosmetic journey. This critical analysis is further unwrapped in Bury's (1982:170-175) third premise of the "biographical disruption"—"onset and the problem of recognition", "emerging disability and the problem of uncertainty" and "the mobilisation of resources" (cf. section 3.2.).

Bury's (1982:175) third premise *the mobilisation of resources* explores how terminal illness affects an individual physically and emotionally. This theme relates to "quality of life" and how health care facilities and their staff treat the afflicted individual (ibid.; cf. section 3.3.). From this perspective, Bury's (1982:175) premise of "chronic illness and the mobilisation of resources" holds little relevance to this study as the participants pursued elective cosmetic surgery to reshape their body image. Furthermore, they all experienced their medical encounter with quality of care, respect, and equality from both Dr Anderson and Kim's cosmetic surgeon (cf. section 7.4.).

This positive outlook could be attributed to the voluntary bases of the study. However, if a research participant perceived or experienced her medical encounter as negative or lacking in some way, additional insight can be gained by exploring Bury's (1982:175) third premise "the mobilisation of resources". But by further re-negotiating this premise to reflect the economic factors involved with cosmetic surgery, focus is given to the role of some husband's financially assisting his partner in

obtaining her desired body work. Not all the participants experienced their cosmetic intervention via their own financial independence. Thus, economic factors do influence how a participant experiences her 'quality of life' (individual's aesthetic desire and private cosmetic access) and received medical care (private medical practice, cosmetic specialist, trained staff; cf. section 3.3.).

7.3.3. Reflecting on the risks, side-effects, and support

When employing Davis's (1995:11) and Young's (2005:36) analytical frameworks to the data on risks, side-effects, and support, feelings related to an individual's sense of "identity" and "inhibited intentionality" became evident. The analysis revealed that when an individual explored her "identity" preceding the cosmetic intervention, an incongruency was expressed (Davis 1995:11). When inconsistent feelings were experienced, the research participants expressed negative ideas that influenced their embodied sense of self. From the analyses, I found that "inhibited intentionality" was also experienced in the pre-cosmetically altered body (Young 2005:36) in so far as the link between "I can", "I cannot" (ibid.). By incorporating Young's (2005:36) premise of "I can" "I cannot" into the theme of risks and side-effects, I found that the research participants considered their cosmetic desire as 'a risk worth taking' in order to experience an enhanced sense of feminine embodiment. This also applies to the idea of "intentionality" via "action and choice" (ibid.; Davis 1995:11). "Intentionality" enabled the participants to accept the potential risks of cosmetic surgery and overcome any related side-effects—under the assumption that 'at least I did something about the dissatisfaction' (Young 2005:36).

"Intentionality" appears to be enhanced when a husband or significant other supports the cosmetic desire (Young 2005:36). Participants who felt supported, experienced their cosmetic intervention with confidence and courage. Kim, on the other hand, revealed that when her husband withdrew himself from her struggles she experienced feelings of fear, despair, and hysteria. This (initial) lack of caring and support from him impacted on how she perceived her "identity" and marriage (Davis 1995:11):

> *I decided*, *if I am going to get mad at him and fight with him, because of it* [his unsupportiveness], *it's going to ruin our marriage … I even wondered, am I going on the Africa trip … Am I going to heal in time? What if I'm not healed? You know, I have to tell my husband I have to stay, he has to go. I know, he won't go, but that will be a big fight. So, yes, I had some doubts* [is] *my marriage going to survive this*. (Kim)

Support, particularly from the husband/partner, is an important theme in the analyses. Notions related to support are influential in how an individual perceives her sense of "identity" and "intentionality" i.e. "I can", "I cannot" (Davis 1995:11; Young 2005:36). Analysis shows that when an

individual is supported in her cosmetic journey, she engages her medical encounter with confidence and courage. However, when an individual lacks support, she experiences heightened emotional insecurities. These insecurities can be exacerbated when negative side-effects or infections are experienced. When discussing "agency" and "ambiguous transcendence", I probe how an individual overcame her body dissatisfaction by including a significant other in her cosmetic journey (Davis 1995:11; Young 2005:36). This process revealed that by including a significant other into the cosmetic journey does influence how an individual accepts her reshaped body in so far as how she re-negotiates and expresses her sense of self (identity congruency), her gendered embodiment (enhanced femininity and self-confidence), as well as her position and role as an intimate partner (improved marriage and sexuality).

Participants perceived their pre-altered body as flawed—a burden—and experienced their social environment with "ambiguous transcendence" (Young 2005:36). To overcome this disruption, they re-assessed their surgical risks, and made choices that would lead to them experiencing an enhanced and congruent sense of embodiment. This reflects their experience as well as their sense of "agency" (Davis 1995:11). As all the participants expressed, their cosmetic intervention was obtained primarily for the self, not to meet beauty ideas driven from outside influences such as societal norms or media based trends. Thus, culturally accepted beauty norms/tends/ideals are not seen as the main motivating factors. Therefore, the cosmetic risks and side-effects are positioned as being acceptable consequences to achieving a more "transcended" and embodied sense of self.

The support system is also seen to influence how an individual perceives herself in relation to her social reality. When a supportive environment was experienced, the participants' narratives echoed feelings of empowerment, particularly in overcoming negative surgical consequences. This is due to the support structure establishing a more balanced emotional state and a platform for sharing the cosmetic experience. A supportive atmosphere of sharing influenced how the participants view their sense of "agency" and how they translate this sense of "agency" into "action and choice" (Davis 1995:11). The approval from significant others also enabled the participants to accept their reshaped appearance.

In the last set of interlinked premises "morality" and "discontinuous unity", attention is focused on the concepts of "emotional pain" and the body being seen as an "object or thing" (Davis 1995:11; Young 2005:36). When considering an individual's self-perception and self-worth before the cosmetic intervention, findings revealed that the research participants did experience feelings of body shame and emotional pain. Thus the body is perceived as a "thing" and experienced as a misrepresentation of the true self (Young 2005:39). As temporary techniques were employed to overcome emotional

instabilities, the participants felt (cf. section 6.5.2.) that by permanently fixing the rejected body, they would experience their life-world and social reality more fully.

The theme of pain, be it physical or emotional, can motivate an individual to reach for other, more permanent, changes. When reviewing the risks and side-effects of cosmetic surgery in relation to the premise of "morality", the data showed that the research participants' cosmetic desire to experience a more congruent sense of self, was of greater concern than the potential surgical risks (Davis 1995:11). This is not to say that these women were reckless or self-destructive, rather they proactively sought to re-negotiate their emotions and feelings of "discontinuous unity". This re-negotiation enabled the participants to transform their physical appearance and experience a new sense of "unity" between the self and the body image (Young 2005:39). Thus, when an individual perceives her physical appearance as a true reflection of her self-perception, she participates in and experiences her life-world and social reality with an improved sense of belonging, confidence, and self-worth.

In analysing the concept of support, I found that when the cosmetic encounter is unsupported by a significant other, feelings of emotional instability and fear are experienced (Davis 1995:11). This reveals that within an unsupported environment, a woman can experience a greater degree of "discontinuous unity" between her physical body and her sense of self (Young 2005:39). When a supportive environment is experienced, participants re-negotiate their emotional instabilities by sharing their fears, doubts, and concerns with others (Davis 1995:11). If the husband or significant other acknowledged the perceived flaw and the related concerns, an individual re-negotiated her self-understanding via "action and choice" and begins to "unify" her emotional incongruency (Davis 1995:11; Young 2005:36).

Findings revealed that a cosmetic intervention was employed to aid individual participants in realigning their 'self-identity' to their physical appearance. Approval from the significant other, played an important role in how the research participants perceived and accepted their physical transformation. When unwrapping the complexities of 'acceptance', participants felt that their reshaped bodies enabled them to re-engage their life-world with confidence. The notion of confidence is key to physical appreciation and quite often presented as reigniting a spark of intimacy or romance in the marriage. Therefore, the analytical findings show that the research participants judged that the surgical risks were worth taking, especially when reflecting on the benefits experienced in their marriage—playful gestures, intimacy, and sexual confidence.

7.4. Cosmetic surgery changing lives

Second wave feminist thinking positions the cosmetically inclined woman as submitting to patriarchal ideals and submissively reshaping her body to satisfy the male gaze via objectification (cf. section 1.4.). I take a different position. For the study, I re-negotiate second wave feminist literature—in keeping with theorists like Kathy Davis—and view cosmetic surgery as an intervention that holds the potential to bring positive change to an individual's life—how she perceives, understands, engages, and experiences herself, her emotions, her life-world, and her social reality. This embodied reflection can be achieved when the woman herself finds fault in her body—or in some cases, is directed to a flaw via an outsider's remarks—and actively chooses to enlarge/minimise/reshape the perceived flaw or shortcoming. Thus, if a cosmetic procedure is for the self, an individual intentionally changes how she experiences her life-world. These changes can include how the body is viewed, to how emotions are interpreted. As this thesis is theoretically grounded in a social constructivist and interpretivist understanding (cf. section 1.3.5.), focus is given to the post-cosmetic experience—the healed and physically transformed body—and how the research participants interpret 'moments of change' in their life-world.

'Moments of change' are explored to gain additional clarity on how an individual feels, perceives, and engages her internal self. This internal essence is related to an individual's emotional understanding of factors influencing her sense of femininity, self-confidence, self-assurance, self-worth, and gendered empowerment. Abby states that her cosmetic intervention helped her re-negotiate how she perceives and experiences being a woman:

> *I am much more self-assured. Even though I am not reflecting it in my every day and around me. But I feel much more assured and much more feminine inside than before. I can't say it* [cosmetic surgery] *changed my life, but still I feel different.*

Hailey agrees. However, she expands on the physical consequences of ageing and how this influenced her sense of femininity:

> *I think it* [cosmetic surgery] *enhances your self-vertroue. Your self-confidence. Because like me now getting older, when you are still young and you are looking in the mirror, you find yourself looking good, but the older you get, you start feeling um … not so confident anymore …* [Cosmetic surgery] *made me feel stronger. Ja, it did. Because, you can't think what influence something like this* [aging and ptosis] *has on a person.*

By relying on a cosmetic intervention to correct her ptosis, Hailey confirmed that she feels more confident within herself. This renewed sense of confidence also influenced how she perceives her feminine identity and femaleness (cf. section 4.3.).

According to the research participants, their cosmetic procedure—their cosmetic "action and choice"—was motivated by wanting to change or transform an unsatisfactory body part. This points to the understanding that by reshaping the body, it may be possible to experience the life-would with an enhanced sense of feminine embodiment. Joanne states:

> *I think I wouldn't have done it if I thought it wouldn't have made a difference and would change me. Not that I want to change myself, but um … the way I feel about myself. I feel like a woman again. I have breasts again. Like when you are younger, you want to look sexy! But I wanted to do it to feel like a woman again … It was worth taking that risk to do the surgery.*

Joanne believes that her cosmetic procedure changed her life for the better—she felt like a woman again. This underlines the understanding that her surgical intervention was a calculated risk, which paid off. Findings indicate that the research participants share Joanne's view—aesthetic surgery, to varying degrees, improved their life-world. These perspectives of success position the cosmetic encounter as a positive and affirming experience. However, not all women are so fortunate in their surgical outcomes or their acceptance thereof, as was experienced by the participants.

Even though Kim's surgical intervention can be perceived as unsuccessful (infection, indented left breast appearance, and scars), she still feels that her cosmetic encounter changed her:

> *The rewards afterwards is … If I can say: How I looked before and how I look now, the rewards are just so much more. Ek word nie emosioneel daaroor nie. The rewards is baie meer as dit* [I do not get emotional over the experience any more. The rewards are a lot more than that].

Kim states that even with her indented left breast and the scars, she still feels more feminine and confident than in her pre-altered body:

> *After the children, my body went down and my breast got saggy um … I felt used. And after the breast augmentation, I felt feminine again. You feel like you have been, when you were younger before the kids. So, it does have everything to do with how you feel about yourself and your femininity … I think I have a lot more confidence. Confidence to be naked in front of my husband … I'm feeling better about myself. I love looking at myself in the mirror, because they* [her breasts] *look good.*

These narratives reveal that a cosmetic intervention is not primarily embarked upon to meet socially constructed beauty ideals or to imitate a social trend. Rather, elective cosmetic surgery is a choice to reshape and transform the body which in turn enables an individual to re-negotiate undesirable feelings, emotions, and self-perceptions. When an individual changes her rejected body image, she renews her sense of confidence which influences how she experiences herself in her life-world. As the notion of self-confidence is considered the main change to how an individual perceives her sense of self, the research participants position the cosmetic encounter as an emphatic moment of change—a turning point in life.

7.4.1. Renewed outlook on the body

The above discussion focused on changes to how participants perceive and experience their feelings and emotions. This section explores change in terms of physical mobility—bodily movements and posture. As this study is theoretically grounded in an interpretivist approach, I explore the notion of confidence as an overarching theme that influences and/or encourages a sense of change in feminine bodily comportments.

Eleanor experienced a dramatic change in how she experiences her body after her cosmetic intervention. She reveals that her family structure is comprised of her mother, her father, and two younger sisters. As her family is predominantly female, overlooking boundaries like nakedness and walking into the bathroom when another female member is bathing, is common practice. Within this context, Eleanor recalls a memory of change in her motility:

> *When you get out of the bath, you automatically grab the towel as soon as you can. We are very open in the family, so nakedness and that kind of vibes* [is normal]. *We are only girls, and if someone walks in, it's fine. And it always made me like* [mimics covering her breasts]. *But if someone comes in now and says: I need the shampoo, I'm like: You can take the shampo*o [mimics an open stance]. *It* [cosmetic surgery] *automatically gave me this extra confident in and out of clothes.*

This experience of body-confidence is also experienced by Hailey. As a 67 year old woman, she claims that her cosmetic procedure has allowed her to feel a sense of youthfulness. Even though Hailey's surgical intervention was to correct her drooping eyelids and improve her sight, she found that her facial transformation changed how she perceives herself:

> *Yes, it really changed my life. I think it is the confidence. I still feel young. I don't feel old. I am 67, but you get the same aged people as me that dress with little suits. But I dress like this* [colorful, classy, casual]. *I know some people might think: Oh, you are*

too old for that, but ja … I can look at myself in the mirror again … It [cosmetic surgery] *was a plus point in my life, really.*

Eleanor and Hailey are both single, notions of intimacy within a committed relationship were not explored. Hailey's husband resides in a home for assisted living, due to a degenerative illness. However, some of the married participants reflected on aspects of their intimate experiences. This exploration followed a chronological timeline, from before the cosmetic intervention to after the surgical transformation. The narratives were presented in this manner to emphasise the change they experienced as women, mothers, and wives.

When discussing the natural body, a prominent concern was being naked. From a physical perspective, individuals revealed that their natural bodies could be judged, compared, or even evaluated by their husbands, against socially constructed norms and trends. These beauty ideals are often endorsed by the media, and depending on how the individual or partner accepts or perceives these mediatised images, a woman may develop feelings of shame and embarrassment in relation to her physical appearance. When an individual feels that her body does not reflect an accurate image of her sense of self, she relies on clothes to disguise her natural shape at best, and at worst, avoids sexual intimacy with her husband. Data reveals that a cosmetic procedure can enable a woman to feel physically and emotionally sexy. Kim and Abby are in agreement:

I feel more comfortable, I will walk naked in front of him. *I don't walk naked in public, but in front of him, ja* [laughs]. *And I wouldn't have done it before*, *I was always covering myself up.* (Kim)

I feel more feminine definitely and being naked in front of my husband. Even though it was not for him … um you know, you just feel sexier than when your skin is hanging. (Abby)

The narratives show that confidence was the primary characteristic of change experienced by the participants. In this study, the notion of confidence further influenced how the participants perceived their sense of self in terms of gendered empowerment. Empowerment is a theme that resonates throughout the analyses; here it emerges again in relation to female motility (cf. section 6.6.). When an individual re-engages her self-confidence and self-empowerment, she experiences her bodily comportments with more purpose, flow, and openness. Therefore, reshaping a perceived body flaw/shortcoming influences how she physically participates in her life-world.

7.4.2. Continuing cosmetic surgery

It is sometimes argued that a cosmetic procedure can lead to surgical addiction—the continued reshaping/redefining of other perceived flaws/shortcomings (Chen and Moglen 2006:32; Pitts-Taylor 2007:100; Cash and Smolak 2011:396; Chaffee 2012:294). Continually seeking surgery is linked to a 'quick fix' perspective described in psychopathology and termed body dysmorphic disorder—obsessively focusing on perceived flaws in appearance (discussed more fully in section 2.5.1.). To obtain a rounded view of how participants view cosmetic surgery, I explore how they understood the concept of surgical addiction and body dysmorphic disorder. Also if one cosmetic intervention is really a gateway to surgical addiction; the redesigning/reshaping of the body to experience a sense of perfection. Cate takes a strong stance when discussing cosmetic perfection:

> *Who wants to do that, change everything about yourself? Why aren't you happy? I know that I am not the most beautiful women that you have ever seen, but I couldn't care less. I am happy with what I am. I am bettering what I have, but I am not changing it. I'm not going to look like a skinny model, that's not my body fit. I'm not going to look like that* [points to a picture in the interview schedule]. *I am happy with what I am and that's what you have to be, happy*.

When analysing the responses in relation to continuous surgeries and body perfection, I found that the research participants felt that even after their cosmetic intervention, their physical form was still flawed. Even the participant who had undergone more than one intervention did not see this as perfection (social ideals), but rather wanting to reshape a body part that was considered lacking in some way. The boundaries between aesthetically reshaping the body and symptoms related to body dysmorphic disorder are difficult to distinguish. Narrative findings revealed that none of the participants employed cosmetic surgery as a 'quick fix' solution to their body dissatisfaction and they did not feel that after their desired aesthetic intervention, *other* ordinary flaws needed to be changed. This analytical interpretation thus lends to the understanding that the participants have a healthy appreciation and respect for body work and cosmetic surgery.

> *I'm happy with myself. Not that I am perfect because I'm not perfect, I don't want to change everything about me.* (Joanne)

It was rather acknowledged that most undesirable physical aspects should be changed via exercise and a healthier eating plan. Eleanor was of the opinion that her buttocks and stomach could use reshaping:

> *My tummy* [and] *the saggy bum. I can get them in shape and in line with fitness. They have been stiff and firm before I had a hip operation. I am getting them back as soon as everything comes back into play* [after the physical limitations imposed by her breast augmentation surgery]. *That comes with health and being fit and active. There will be no plastic surgery*.

Georgia agrees that a healthy lifestyle—diet and exercise—is more conducive to reshaping the body then the quick fix effects of cosmetic surgery:

> *I am happy with who I am! If I see something in my body is going out of* [shape] *… like if my bum is getting to big, then I know that I must do my sit-ups or something like that.*

Others research participants agreed that exercise is the primary technique used to fight weight gain. There were some participants who considered the idea that a cosmetic continuation could be experienced in the future. But this continuation is not about redesigning or transforming the body into something different, but rather to slow the progression of aging. Cate states:

> *Definitely not liposuction. It looks just horrible. And I have seen people who have had that done and there must be another way to do that* [lose weight]. *But I think I would go for the nip and tuck in my face. I think I will. Probably at a later stage, but I think I will.*

Isabel's abdominoplasty and liposuction procedure was an extensive operation accompanied by swelling, lack of mobility, and pain. In the initial stages of the interview process, Isabel revealed that she was content with her physical appearance. However, with further probing she did express the understanding that once the post-operative swelling had subsided and healed, if her mid-section continued to display signs of unwanted fat, she would consider an additional liposuction procedure. Isabel positions this potential second procedure not as a surgical continuation, but rather as refining her initial cosmetic intervention:

> *He didn't do that much liposuction because he said the healing of the tummy is much more important to him. And my problem is … I have this tummy. I still have the love handles, but I don't know how much is swelling and how much is* [fat]. *So maybe in the sedation clinic, just suck out a bit more fat … Just to contour the … the finishing touches of the actual surgery that I had. I won't change anything else.*

These narratives position a surgical continuation as insignificant. This is due to the reshaped body image reflecting how the individual perceives her sense of self. However, everyday life-world

experiences can play a role in how the next cosmetic intervention is perceived and negotiated. This reveals that emotional instability, aging, and particular experiences can persuade an individual to revisit her decision to undergo another cosmetic procedure.

The analysis revealed that some research participants would continue with cosmetic surgery to refine the results of their initial intervention/s or surgically enhance an aspect of the body that may change for the worse with age. An empathetic reading of the data, and an interpretation that allows participants the benefit of the doubt when they say they will not succumb to continuous surgeries in pursuit of perfection, lead me to dispute the idea that beauty conscious women want to *perfect* the body to the extent that they risk becoming "surgical junkies" who are addicted to cosmetic surgery (Weber 2009:106). All the research participants claimed that other undesired body flaws could be re-negotiated and transformed via lifestyle changes. But who knows? At least the hypothetical question uncovered something of their aversion to the idea of surgery that is continued to the point of pathology. Rather, a cosmetic procedure is a medical technique that helps an individual to reshape her physical appearance to her perceived embodied sense of self, and once that is obtained, there is no immediate and ongoing compulsion to perfection.

7.4.3. Reflecting on the re-negotiated self and the surgical continuation

When considering the themes of 'cosmetic surgery changing lives', 'renewed outlook on the body' and 'continuation of cosmetic surgery' within the analytical perspectives proposed by Davis (1995:11), I found that the research participants experienced a sense of change to their "identity", "agency", and "morality". This change influenced how the participants perceived their sense of embodiment, femininity, confidence, and self-worth. When considering Davis's (1995:11) themes in relation to Young's (2005:36-38) theoretical framework of "feminine motility", findings revealed that the research participants experienced, to varying degrees, notions related to "inhibited intentionality", "ambiguous transcendence", and "discontinuous unity".

In this research analysis, the employment of a cosmetic procedure to enlarge/minimise/reshape the rejected body, is considered as a deliberate act for change via "action and choice" (Davis 1995:11). The concept of change was initially directed to the body appearance, but with further analysis a deeper and more complex understanding was uncovered. Though body changes are easily seen and appreciated or judged, changes to an individual's sense of self are not so easily visible. However, it appears that for the participants their internal/emotional change was the motivating factor to their improved sense of embodiment. The research participants experienced renewed feelings of

confidence, self-worth, and femininity which in turn empowered these women to experience their life-world and social environment with an enhanced sense of feminine embodiment.

As most of the research participants experienced their "identity" as incongruent to their desired appearance, a cosmetic intervention was embarked on as a last resort (Davis 1995:11). For the two participants who relied on blepharoplasty to reshape their droopy eyelids, findings suggest that they did not experience an incongruency between their self-perception and body image, as the cosmetic procedure was employed for health related reasons. However, the reshaped appearance did change how the participant perceived herself—relief (slowing the ptosis), strength (courage to go for cosmetic surgery), self-confidence (maintaining eye-contact), youthfulness (slowing facial aging), and femininity (feeling pretty). Once a cosmetic procedure has been obtained, the research participants indicated that feelings associated with "inhibited intentionality" were re-negotiated from "I can/I cannot" to the principle of "I did" (Young 2005:36). From the "I did" perspective, the research participants approached their life-world and social reality with an added sense of confidence, courage, and purpose—wearing a bikini on the beach, completing postgraduate studies, looking in the mirror, being naked in front of a significant other.

When an individual perceives her sense of self as congruent with her body image, she engages her daily reality and social environment with a different sense of meaning. In other words, when an individual obtains a cosmetic procedure for herself, or even a partner/husband, she re-negotiates her "identity". When the aesthetic intervention is done for the self, the individual may experience a more embodied sense of self (Davis 1995:11). If a cosmetic procedure is obtained to please a male intimate, an individual's emotional understanding and the approval of the reshaped body can vary from self-acceptance and embodiment to rejection and an identity crisis (cf. section 2.5.; 3.4.; 3.5.; 4.2.). Most of the research participants experienced their cosmetic encounter as life changing whereby suggesting that additional aesthetic interventions could be considered. These procedures are positioned in the understanding of renewing prosthetics, touch-ups on the initial procedure, or to reverse signs of aging. However, participants did not anticipate that they would succumb to continual cosmetic interventions to keep on reshaping the body to meet social ideals, trends, or perfection. Thus, findings outline cosmetic surgery as an acceptable act that enabled an individual to change how she experiences her feminine sense of self and how she experiences her everyday life-world.

Cosmetic surgery is also seen to influence how an individual experiences her sense of "agency" (Davis 1995:11). The pre-cosmetically changed body is experienced as "inhibited" and burdensome, while findings indicate that the post-cosmetic transformation establishes a renewed sense of "transcendence" and self-empowerment (Young 2005:36). Within this study, cosmetic surgery

enabled women to engage their life-world and social reality with more confidence and self-worth. This is due to an individual's body image reflecting congruency with her self-concept. When an individual experiences "transcendence", she experiences her life-world and social reality with an enhanced sense of embodiment—influencing how she perceives her gender, her "identity", and her femininity—against socially constructed norms and ideals (Young 2005:36; Davis 1995:11).

How an individual perceives her sense of "identity" can influence how she continues to employ cosmetic surgery (Davis 1995:11). In this regard the theme of "agency" is strongly related to the notion of aging. As social and cultural perspectives encourage women to project a sense of youthfulness, some participants did echo a concern about aging, and premature aging (ibid.). This reveals that social ideals and beauty norms do play a role in how an individual experiences her sense of self. Depending on how an individual ages, she may experience a form of "ambiguous transcendence" that inadvertently influences her sense of "identity" whereby prompting her to feel a sense of incongruency (Young 2005:36; Davis 1995:11). So, an individual may rely on another cosmetic intervention to re-negotiate her appearance to reflect and experience youthfulness or graceful aging by obtaining another cosmetic intervention.

Cosmetic procedures appear to decrease feelings associated with "morality"—emotional instability and pain (Davis 1995:11). Within this study, I found that when a woman feels that her body image is an accurate representation of her self-perception, she experiences her life-world with an improved sense of "unity" (Young 2005:38). Her emotional capacity is influenced by a cosmetic intervention in so far as re-negotiating feelings of anxiety, shame, and embarrassment. Thus, as a cosmetic procedure decreases feelings of emotional suffering and pain, the research participants may rely on another cosmetic encounter in the future. As they themselves say, this can include a surgical intervention to reduce the signs of aging, to renew prosthetics, or perhaps to enlarge/reduce/reshape another aspect of the body.

Chapter 8: Contribution to the field of knowledge

This chapter begins with a brief backdrop to the study against which I then proceed to critically discuss the research questions (cf. section 5.2.) in relation to the findings. The chapter proceeds with commentaries on the application of theory, the fit between findings and existing literature, and the contribution of analytical findings to a better understanding of cosmetic surgery and ordinary women who undergo it. In the process, I also reflect on the thesis's shortcomings and limitations.

8.1. Brief backdrop

Considerable attention is being devoted to women and beautification. This includes the varying techniques and methods they employ to experience an enhanced sense of beauty. On a basic level, women rely on daily activities of body maintenance and temporary enhancements to project beauty in body and face (Hedén 2003:15). This can include styling hair, applying make-up, and wearing designer or specially shaped cloths to improve and accentuate their appearance (ibid.). These routines, which are seen and accepted as desirable daily practice, tend to reflect current trends in the beauty context, and thus at least to some extent are socially constructed and underpinned by social constraints, norms, and ideals. Socially constructed ideals are continuously reaffirmed by the mass media. Media platforms convey constant reminders that beauty and attractiveness are commodities in so far as they are seen as portals to a glamorous life-style, success, and even love. Beauty and the groomed presentation of the body are deeply integrated into the everyday woman's life-world. If she neglects her physical appearance she may be considered unattractive and ugly, and in turn this can influence how she is perceived in terms of her level of success in occupation, life-style, and love. As Chapman (2011:1) observes: "the mass media affects each member of society because it's reach is vast, it's bite is quick, and it's message seeps into the very fibers that are woven together to create a culture of misperceptions about women".

As beauty is positioned as an important part of the socially defined route to success, many women judge their looks against social norms and if they perceive themselves as flawed, they may project negative feelings and emotions onto their sense of self. This can result in a woman considering herself as aged, unattractive, undesirable, or even ugly. When these negative feelings are experienced as true and integrated into the life-world, an individual may consider a cosmetic procedure/s to overcome her negative self-concept and to experience her body as socially approved—projecting a tendency towards generic sameness. This suggests that women mainly use cosmetic surgery to reshape and obtain a body image that meets social ideals. The research study disputes this line of thought.

This study focuses on the understanding that a cosmetic intervention encourages an individual to re-negotiate how she perceives her identity from an emotional perspective. When an individual's sense of self is seen as accurately represented through physical appearance, she experiences self-acceptance and feminine embodiment—which positively influences how she feels and engages her life-world and social environment. Therefore, a cosmetic intervention is not necessarily used to meet socially defined standards and ideals, but rather to experience a more congruent sense of self in perception, gender embodiment, femininity, and self-worth.

8.2. Answering the research questions

I argue that changing the physical body via cosmetic surgery is a plausible and justifiable action. Cosmetic surgery should not be seen as a method only undertaken by the rich, famous, vain, and narcissistic. Rather, the ordinary woman often seeks elective surgery to help her overcome negative feelings and emotions that influence her embodied sense of self. This understanding is expanded on below, where I answer the research questions in the context of the study's analytical findings.

- How does an individual perceive herself amidst socially constructed ideals of beauty?

Socially constructed beauty ideals do play a role in how an individual regards herself. The findings position the research participants as conscious and mindful beings, who experience and react to their life-world with meaning, purpose, and intention—disputing the proposed concept of the "cultural dope" (Garfinkel 1967:68; cf. page 26.). This perspective leads to the understanding that the participants are aware of socially defined beauty trends and the impact fashion and popular culture has on their everyday life-world. Findings show that the research participants felt that by fully adhering to socially defined beauty norms and trends, the individual would suppress her sense of individuality, uniqueness, and originality. Participants chose a more moderate route by incorporating *selected* aspects of beauty ideals from current social trends, thereby focusing on and enhancing only particular parts of their body image. This sees one woman relying on a Wonder bra with gel inserts to enhance her breast appearance, but wearing a long skirt to hide her legs, which she perceives as unattractive and flawed through lack of muscle tone. In short, the research participants expressed the understanding that social trends and the media do encourage an individual to better herself by enhancing/reshaping/transforming certain parts of the body. But this change in appearance must be incorporated and adapted to illuminate a woman's uniqueness. Therefore, social ideals do play a role in how the research participants perceive their "identity", "agency" and "morality", but social pressure is not seen to impact or encourage women to reshape or transform their physical appearance to meet a notion of generic sameness (Davis 1995:11).

- What influence does cosmetic surgery have on an individual's life-world?

Cosmetic surgery changed how the research participants felt about themselves. For most participants this change is positioned in a positive transformation in how they perceive and experience their emotional sense of self. The concept of self-confidence is an important inner quality to explore, because it relates to how an individual negotiates her embodied sense of self. The analytical findings support my argument that the cosmetic encounter enables an individual to renew her self-perception by re-negotiating her sense of self-confidence. Confidence and feelings associated with it resonate throughout an individual's life-world, encouraging her to re-evaluate and transform how she accepts and regards herself—subjectively and inter-subjectively. When an individual re-negotiates her self-perception in relation to her self-empowerment, she consciously changes how she accepts herself, her identity, her embodied experiences, her femininity, her self-worth, and her social reality. This study finds that in relation to a participant's life-world a cosmetic procedure is an "action and choice" that begins a journey of change and self-discovery (Davis 1995:11).

- How does cosmetic surgery influence an individual's embodied sense of self?

A cosmetic intervention influenced how each research participant experienced herself in her life-world. As pointed out above, cosmetic procedures changed how participants perceived their emotionality and feelings of self-worth. Findings show that when cosmetic surgery is employed from the context of an individual's own desire, she re-negotiates her sense of confidence, which in turn influences how she experiences her life-world and social reality. Even in the case of the participant who obtained her cosmetic intervention for her husband's approval, her narrative indicates that she experiences her reshaped body with confidence. This renewed sense of confidence can be partly attributed to her husband's romantic 'approval'. The research findings indicate that after the research participants obtained their cosmetic intervention, they re-negotiated their sense of self and projected an enhanced sense of embodiment. This is due to an individual *actively* engaging her perceived body dissatisfaction/flaw by choosing to surgically change—enhance, reshape or reduce—the rejected body appearance. Therefore, when the physical body is perceived and accepted as an accurate representation of how an individual wants to perceive herself, she experiences her life-world as a comfortably or happily embodied being. In other words, as the physical body portrays a more accurate image of how an individual feels, she engages her life-world and social environment with an enhanced sense of empowerment. In this process she enhances her experience of gendered embodiment.

- How does an individual re-negotiate inter-subjective ideals/beliefs related to cosmetic surgery (vanity, narcissism, unnaturalness)?

Inter-subjectivity reflects a reality that is shared (cf. section 1.3.3.). Common perceptions associated with cosmetic surgery position the aesthetically inclined women as vain, narcissistic, and fake. This study refutes this view. Findings reveal that a cosmetic intervention is not regarded or undertaken as a simple or fairly risk-free beauty routine. Rather, women debate their decision for months and even years before embarking on their surgical journey. Some of the research participants indicated that social opinions do influence how the cosmetic intervention is perceived. This results in the cosmetic encounter being experienced as an action that should be kept private, perpetuating an understanding of it being secret. However, findings suggested that the concept of secrecy was not related to shame. Rather, by keeping the cosmetic encounter private the participants protected their sense of self (feelings and emotions) against possible negative comments, generalisations, and comparisons. Thus, stigmas and labels do influence how an individual perceives the cosmetic act, but the everyday experience of emotional instability and pain outweighs negative social censures, thus justifying the cosmetic encounter. Socially constructed perceptions are consciously explored and overcome by keeping the cosmetic experiences private in so far as only telling a select and trusted few (family and close friends) about their motivations and surgical journey.

- How does cosmetic surgery empower or disempower an individual's sense of self?

Second wave feminist literature suggests that women are disempowering themselves by physically altering their bodies to meet socially defined—and often male directed—perspectives of beauty. This feminist perspective is situated in opposition to patriarchal ideals, where men are regarded as superior and women as inferior. However, when considering this phenomenon from a *third* wave feminist perspective, focus is concentrated on the person-centered and subjective nature of the experience. Cosmetic surgery is then seen as an action and choice that aids a woman to re-negotiate her sense of empowerment. As a cosmetic intervention is undertaken for the self to reshape the rejected body, the surgical decision is pursued to purposefully change the individual's emotional experiences in self-confidence, self-worth, and femininity. Therefore, this study interprets a cosmetic intervention as a means to re-negotiating gendered embodiment and emphasising self-empowerment.

- Do the analytical premises of "identity", "agency", and "morality" as proposed by Kathy Davis (1995) contribute to our understanding of cosmetic interventions and female beauty?

- Do the analytical premises of “inhibited intentionality”, “ambiguous transcendence”, and “discontinuous unity” as proposed by Iris Marion Young (2005) contribute to our understanding of feminine motility and gendered embodiment?

The theoretical concepts and structures proposed by Kathy Davis (1995) and Iris Marion Young (2005) brought more in-depth and critical understandings to the thematic analyses. Their frameworks enabled me to interpret and unwrap meaning, from the way in which a participant perceives and interprets her sense of self, to how her self-perception influences her everyday bodily comportments. If an individual feels a sense of incongruency between her self-concept and body image, the body is seen as a burden and fractured—from an emotional sense of embodiment. The premises of “identity”, “agency”, and “morality” are integral to guiding the analytical process in so far as exploring the depth and complexity of meanings, emotions, and feelings in relation to an individual participant’s sense of self, her confidence, her self-worth, and her femininity. On the other hand, “inhibited intentionality”, “ambiguous transcendence”, and “discontinuous unity” prompt further insight into how the physical body is understood and regarded as a burdensome object.

The premise of “feminine motility” motivates me to consider another point of view on how participants perceive, rely on, and use their bodies. In keeping with the theoretical premise, I find that when the body is regarded as ‘inaccurate’, an individual refrains from using it to its full potential. However, when the body is experienced as congruent to how a participant perceives herself, she physically engages her life-world and social reality with a sense of openness and unity. Within the analytical exploration, additional perspectives are gained, particularly in relation to the themes of the female body, embodiment, empowerment, the gendered experience, and feminine motility. When discussing the body from before to after the cosmetic intervention, I gain insights into how participants transform how they experience their feminine body in comportment, motility, and spatiality.

The analytical concepts proposed by Davis (1995) and Young (2005) focus on and explore two different perspectives, namely, an individual’s sense of self and her physical movements. Incorporating these two perspectives in the study, allows for more holistic, in-depth, and structured analyses. This is achieved by looking at both the internal/emotional aspects of an individual, how she perceives and experiences her physical body, and how she uses it in so far as feminine morality (emotional confidence) and female movement (comportment, motility, and spatiality).

As this thesis aims to understand the lived experiences of ten South African women who obtained a cosmetic intervention, the analytical concepts of Davis (1995) and Young (2005) are well suited to analyse subjectivity. They allow me to unwrap the subjective interpretations of participants, and the

meaningfulness of their experiences, feelings, and emotions from before the cosmetic procedure, through the medical encounter, and to the acceptance/rejection of the healed and reshaped body.

8.3. Reflecting on the theoretical frameworks and literature

This section puts forth my contributions to the field of sociology, and more specifically to issues of health and well-being, beauty, cosmetic surgery, and femininity. By also reflecting on key aspects of the research philosophy—phenomenological, social constructivist, interpretivist, and feminist thinking—I provide insight on their fit to the research, its process, and the analytical findings. The section also reflects on the study's shortcomings and limitations, and offers recommendations for future research on the topic of beauty and cosmetic surgery.

The *third* wave feminist framework guides the research. Various feminist perspectives were explored and discussed in this study—particularly those dealing with how patriarchal ideals influence and at times motivate women to re-negotiate their perceived sense of beautification. Radical feminist literature provided an avenue to explore participants' perspectives, but these ideas were refuted by the narratives of the research participants—none said that they felt submissive or inferior to their male counterparts (cf. section 6.6.). Narratives revealed that some individuals went against a partner's wishes and proceeded with a cosmetic intervention under their own volition (cf. section 7.2.). By discussing and incorporating a third wave, more liberal, feminist perspective additional perspectives and understandings are considered—allowing a further unwrapping of meanings and emotions associated with gendered empowerment, femininity, and embodiment. As I evaluate the contribution of feminist frameworks to my research, I propose that a radical feminist view shuts down the more positive roles and contributions that men-as-partners may bring to a woman's experience of cosmetic surgery. Many of the participants' narratives point to the benefit of seeing men not only as the enemy, but rather as mindful beings who play a role in how a woman perceives her sense of self and her life-world.

From a third wave feminist perspective, and as a female researcher, I am obliged to look past Alfred Schütz's (1967; 1970; and Luckmann 1973) male point of view and gender bias—referring to his reader as "men", "he", and "fellowmen"—and focus on the essence of his works (cf. section 1.3.1.; 1.3.2.; 1.3.3.; 1.3.4.; 1.3.5.). Schütz's (ibid.) theoretical premises of the "life-world", "stock of knowledge and consciousness", "subjectivity and inter-subjectivity" as well as "embodiment" proved important and valuable when exploring each individual participant's life-world experiences. By incorporating feminist thinking and literature into the epistemological design, further structure is given to the research foundation and the exploration of Schütz's premises in relation to the *female* experience. Thus, the

merging of these two distinct theoretical perspectives enables me to engage participants' narratives with additional insight.

The addition of interpretivist and social constructivist theory compliments and enhances the third wave feminist stance I adopt to lead this study. Constructs from these theories enable me to decipher how a participant perceives and experiences herself and how she experiences herself in relation to social reality (social dialectic, life-world and embodiment, identity, femininity, and femaleness cf. 1.2.1.; 1.3.1.; 1.3.5.; 4.2.; 4.3.). Therefore, by linking feminist thinking with an interpretivist approach—as reflected in phenomenological and social constructivist ideas of Alfred Schütz, Peter Berger and Thomas Luckmann—additional structure is accorded to the analytical findings and more nuanced insights are unearthed when exploring the phenomenon of beauty and cosmetic surgery from a feminist perspective.

As this study is positioned in an interpretivist approach, I am mindful of the danger that bias, and unreflected subjectivity, can pose to the analyses and to the findings. I am conscious of my role in this study and for this reason I incorporate various theoretical frameworks and approaches to structure and guide my interpretation of the analytical findings. I am mindful of the value, validity, and shortcomings of the narrative approach and interview schedule in the data collection process. For this reason, I rely on Bamberg's (2012 in Holstein and Gubrium 2012:101) narrative practice perspective (cf. page 94.) and Maxwell's (2012) five validity types when gathering and analysing the raw data (cf. page 104). These allow the data collection process and the thematic analysis to be conducted in a conscious and accountable manner. Thus, as the research study aims to emphasise subjective and inter-subjective life-world experiences in a systematic and coherent manner, I tried to examine my own subjectivity throughout. Nonetheless, the interpretive nature of the research, and my own preference for a third wave feminist view, is likely to have resulted in some degree of bias.

The literature review explores and discusses the various topics, themes, and perspectives that resonate with the beauty context. The gathered and analysed literature is presented to unearth the various and complex discussions related to beauty, cosmetic surgery, social constrains and ideals, the mass media, the male gaze, as well as the medicalisation of beauty. In terms of gathering together extant knowledge on beauty, cosmetic surgery, and femininity, and their interaction with health and well-being, I propose that the literature review is comprehensive, potentially useful to other researchers, and succeeds in firmly situating this study in current knowledge. By critically engaging literature on beauty ideals and aesthetic surgery, a deeper understanding is accorded to the phenomenon of beautification and cosmetic interventions. This acquired information and knowledge enabled me to critically discuss and position various opinions as well as debates in relation to the

study's aims and objectives. Furthermore, the presented literature (cf. Chapter 2 page 37.; Chapter 3 page 60.) forms the contextual basis for the thematic analysis of the data.

When conducting the literature review for this study, I found much knowledge dedicated to the topic of beauty, cosmetic surgery, femininity, identity, temporary methods, elective surgical enhancements, and what is expected in the medical encounter. However, most of the literature and knowledge is critically explored and discussed from an American or European context and I found little theoretical literature originating from or considering the uniqueness of beauty and cosmetic surgery from a South African perspective. For this reason, I incorporated ideas from the existing literature with ideas from the work of Kathy Davis (1991; 1995; 1997; 2003; 2007) Debra Gimlin (2002; 2012), Victoria Pitts-Taylor (2003; 2007; 2008; 2009; 2016) and Megan Northrop (2012) dealing with concepts related to identity, femininity, embodiment, empowerment, and subjectivity. Thus, I propose that this study contributes to the academic sphere by offering a unique, South African, perspective on beauty norms, values, and ideals, and on the pursuit and experience of cosmetic surgery.

As this study focuses on the lived experiences of ten women who share a broad socio-economic class and who come from a select group of women in South Africa, a generalisation cannot easily be made to the broader population of South African women. As South Africa is a diverse nation with varying social, cultural, and racial groups, the study represents a small and select dimension of its population. These participants are reflective of a white, middle-to-upper socio-economic class, situated in the Free State Province of South Africa.

From this unique and select research group, I am led to the understanding that further studies within the phenomenon of beauty and cosmetic surgery are needed. This is to allow for a more holistic understanding of how women in other South African cultures and contexts engage, perceive, and negotiate the notion of beautification and experiences associated with it. Further research can benefit from the theoretical frameworks applied here as they were most helpful in unwrapping and exploring the complexity of subjective and inter-subjective perspectives, interpretations of the life-world, as well as the social construction of meaning.

8.4. Reflecting on the analytical findings

Focus is given to the research participants' subjective perceptions of beauty, self-motivations, support, and the medical encounter. Emphasis is also given to Kim's[21] life-world experience and how an unsuccessful surgical encounter influences her sense of self, her social reality, her marriage, her

[21] Kim contracted a staph infection in her left breast. This infection impacted Kim's life-world for over a year.

interpersonal relationships, and her support system. As chapter 6's analytical analyses began with and was positioned in understanding the significance of female beauty and the role beautification had on the participants, focus was given to the study *The real truth about beauty: a global report* by Etcoff, Orbach, Scott and D' Agostino (2004). This study allowed me to consider and explore an interesting perspective (cf. section 6.4.1.) and revealed that none of the research participants described herself as 'beautiful'.

Research participants consider beauty a concept and term that is used to describe the 'other'. Varying opinions were explored, but the underlying understanding that emerge is that beauty is associated with and reflects how an individual interprets and experiences her inner sense of self (cf. section 6.4.1.). This sees beauty being linked to a woman's inner quality—in self-confidence, a good sense of humor, being friendly, approachable, and having a caring nature. From this perspective, the research participants felt that cosmetic surgery is not an intervention that makes a woman beautiful. Cosmetic surgery is rather an "action and choice" that allows a woman to reshape her body to match her self-perception (Davis 1995:11). When an individual's self-perception is accurately reflected in her physical appearance she participates in her life-world as an empowered and a more embodied individual. The concepts of embodiment and self-empowerment are important, as both these concepts influence how an individual experiences her sense of self and her life-world—including her inter-personal relationships, her marriage, and her social environment (cf. section 6.6.).

This study refutes the idea that beauty is a concept that is only physically engaged and perceived. According to the participants, inner qualities position a woman as beautiful—kindness, empathy, honesty, dignity. The narratives indicate that most of the research participants (un)consciously likened a beautiful woman to socially constructed and socially sanctioned ideals of the 'soft' good woman. However, many participants embarked on their cosmetic interventions for themselves and not for a significant other, revealing that these women are determined, empowered, and self-assertive. One research participant stated that her motive for cosmetic surgery was of her own desire. However, by critically analysing her narratives, I realised that her husband's appreciation and approval drove her cosmetic desire. This suggests that the male gaze, and in particular the gaze of an intimate partner, does influence an individual's cosmetic motivation.

Confidence is the most prominent change in the research participants' self-perceptions and is the basis for all other inner re-negotiations and transformations. With a renewed sense of confidence, other inner qualities were transformed; inner qualities such as femininity, self-worth, self-assurance, gendered embodiment, and self-empowerment. Each of these inner qualities are vital to how

participants perceive themselves. This in turn influences how they experience—physically and emotionally—their life-world and social reality.

The degree to which participants accepted their reshaped bodies also influenced how each one experienced her sense of beauty and femininity. When the cosmetic procedure was experienced as a last resort, it enabled these women to overcome emotional instability in so far as renewing their sense of confidence and allowing them to experience themselves as 'true'—this sees a participant experience herself as more, an enhanced sense of gendered embodiment (femininity) and self-empowerment (self-confidence) (cf. section 6.6.). This positions beautification via an elective cosmetic procedure as a (potentially risky) solution to reshaping the rejected body, but not as an oppressive act that strengthens patriarchal ideals—traditionally positioned in patriarchal desires such as beauty trends, perfection, generic sameness—and the male gaze. However, this interpretation cannot be attributed to the experience of the participant who reshaped her body to please her husband. Rather, her decision to undergo a cosmetic procedure resonates more with the radical feminist view of a woman enhancing herself for the visual pleasure of a man (see comments made by Redstockings page 23). Thus, this study finds that when a woman decides to employ cosmetic surgery for herself (with or without her significant other's approval), she empowers herself and challenges radical feminist perceptions and the notion of an all-powerful male gaze. But when an individual undergoes cosmetic surgery for a male intimate, or in the case of the participant who underwent surgery as a result of an insult from a male stranger, she reinforces the constructs of radical feminist views particularly in the sphere of the male gaze, the gendered role, and female inequality.

Beautification is not regarded as the predominant driving force behind obtaining a cosmetic intervention. Findings indicate that participants underwent a surgical procedure to experience a renewed sense of self-confidence, embodiment, and femininity. As pregnancies, body under-development, and aging emphasise feelings related to body dissatisfaction, a cosmetic intervention is seen as an acceptable corrective act. Thus, perceived body flaws/shortcomings are not primarily associated with and reshaped against socially defined beauty ideals, norms, or trends. Rather, the research participants changed a part of their body to reflect a more congruent and embodied sense of self. Therefore, not all women who obtain cosmetic surgery can be identified, labelled, or categorised as vain, narcissistic, or frivolous as portrayed in Harold Garfinkel's (1967:68) notion of the "cultural dope" (cf. section 4.3.). None of these women want to achieve *perfection* by employing multiple surgical interventions. This debate is unwrapped in the narrative analysis, which reveals that none of the participants embarked on a cosmetic intervention as a quick fix solution, but rather debated and negotiated the surgical risks and side-effects at length (cf. section 7.3.; 7.3.1.). However, while participants considered and debated their surgical actions and choices, they did rely on

temporary methods/techniques—padded brassieres, breast enhancing pills and creams, body sculpting pants, sunglasses—to experience a more embodied sense of self (cf. section 6.5.2.).

Kim's cosmetic experience, which was fraught with difficulties, opened out a different perspective on surgical risk and its physical as well as relational implications. Kim's initial aesthetic motivation is similar to most of the other research participants'—to reshape the flawed body. The other participants all experienced successful surgical encounters with no surgical complications, post-operative infections, or abnormal side-effects (cf. section 7.3.1.). Kim's inclusion in this study opened a window onto understanding the negative consequences of the risks that she was willing to take to find a sense of balance and acceptance between her physical appearance and her self-perception. When the cosmetic procedure is perceived as successful and no medical complications outside of common side-effects are experienced, the participants (rightfully) stated that the surgical risks were worth taking. This is due to the reshaped and healed body accurately reflecting how that individual perceives herself. When reflecting back, Kim acknowledges that while fighting to regain her health she experienced strong emotions of fear and moments of regret, but she actively re-negotiated these by focusing on self-reflection, prayer, and her underlying desire to reshape her body. She said that she would do it all again to experience her sense of self and her life-world as she does now—confident, feminine, embodied, and empowered. This self-renegotiation influenced many other aspects of how she experiences her life-world—from her feminine identity to her marriage. In fact, these positive changes outweigh her traumatic post-surgical experiences to the extent that she would still like to reshape and fix the appearance of her indented left breast. Once the door is opened to surgical intervention it is less difficult to imagine undergoing surgery in the future. However, participants' narratives indicate that this is unlikely to equate with opening the door to pathological pursuits of surgery as some of the more popular literature suggests (cf. section 2.5.; 2.5.1.; 2.5.2.).

The research participants did state that they would, in the future, consider additional cosmetic surgery. However, this surgical continuation would be to maintain/renew existing prosthetic breast implants, redefine the initial surgery to experience the desired effect (liposuction), or depending on how the individual ages, get Botox treatments and/or a surgical face lift. All the participants dismissed the idea that cosmetic surgery will change who they essentially are, or be used to change their appearance to match a generic sameness or cultural perfection (cf. section 2.5.; 2.5.1.; 2.5.2.). Rather, these women see cosmetic surgery as an "action and choice" that enhanced their sense of uniqueness and individuality (Davis 1995:11). This perspective confirms the findings of Davis (2003:76-77), that for the most part "women who have cosmetic surgery want to be ordinary. They were not primarily concerned with becoming more beautiful; they just wanted to be 'like everyone else'". By confirming the findings of Davis to my research, makes an important contribution to countering the (unhelpful

and simplistic) argument that women who go for cosmetic surgery are, or are likely to become, "surgical junkie" and "cultural dope" (Weber 2009:106; Garfinkel 1967:68).

Another important finding of this study is the vital role played by support structures, and particularly the emotional and physical support of significant others. Most of the narratives indicate that the cosmetic intervention was a decision made by the individual herself—however, underlying motives did vary. When the other, usually the husband/partner, did not support this decision—unsupportive remarks/actions were reinterpreted to emphasise notions related to caring, no need for surgical change, or love (cf. section 7.3.2.). When unconditional support was given by the husband, findings indicate that the wife received positive reinforcement for reshaping her body in relation to the male desire and gaze. For the nine participants who experienced a successful surgical encounter, it was clear that their support structure (husbands, children, close friends) played an important role in how the cosmetic intervention and post-operative recovery were experienced, how a participant accepted her reshaped body, and how she negotiated her life-world.

On the other side of the spectrum is Kim's experience. She revealed that her husband did not support her choice to undergo a cosmetic intervention. Kim interpreted her husband's physically and emotionally unsupportive stance as his way of coping with her cosmetic desire—'he loves me the way I am', 'he does not see the need for cosmetic surgery', and 'he is afraid I might die'. After Kim's procedure, which resulted in her contracting a staph infection, her husband distanced himself even further. This not only led Kim to experience many negative feelings and emotional pain, the narratives show that her decision to go ahead with the surgery emotionally and physically fractured their marriage. Only once her husband experienced firsthand her fear and distress (when the breast capsule ruptured) did he reverse his unsympathetic stance (cf. section 7.3.1.) to play a more active role in his wife's recovery. As Kim reaffirms, this brought them closer together as husband and wife. The support structure is an important theme in this study, it reveals how a cosmetic intervention influences and even transforms inter-personal relationships and physical intimacies between a participant and her partner. This study positions the support structure (significant other, children, and close friends) as a key component in how the cosmetic intervention and aesthetic journey is interpreted and experienced. The narratives show that when the cosmetic intervention was supported—physically and/or emotionally—by the other, the reshaped body is more freely accepted as a success. Thus, when the reshaped body is perceived as an accurate reflection of the self, the participants experienced an improved sense of confidence, femininity, and self-empowerment—influencing how they engaged their intimate partner and life-world.

Another contribution of my study, relates to the medical encounter and the role of the doctor-patient relationship. A cosmetic intervention holds many complexities and each surgical experience can, and at times does, influence how an individual perceives and accepts her reshaped body. Not all cosmetic surgery patients experience a surgical encounter in such a positive manner as was expressed by most of the research participants. The narratives position Dr Anderson as a kind, professional, and caring plastic surgeon. These subjective interpretations are no doubt linked not only to the personal and professional qualities of the surgeon, but also to the successful medical experience. As most of the participants obtained their cosmetic procedure from Dr Anderson which resulted in surgical success, perspectives reflect a somewhat one sided point of view. This points to a limitation of the research: due to the sensitive nature of the research and thus patient accessibility, this study mainly explores success stories. The one research participant, Kim, entered the study via personal referral and her willingness to reflect on her challenging experience. Her life-world experience presents an alternative view to the happy medical encounter. A recommendation for further research is to attempt to recruit more women who had negative experiences of cosmetic surgery. This would allow for a more nuanced analysis of the secretive nature of the cosmetic act, as associated with feelings of shame, embarrassment, and even failure.

There are many women like Kim who have experienced a negative medical encounter with regards to an incompatibility in the doctor-patient relationship and/or an unsuccessful surgical encounter. As the narratives show, when a woman decides to reshape her body via cosmetic surgery, she should be encouraged to 'do her homework' in so far as researching her procedure, find a certified cosmetic surgeon who she feels comfortable with, approach a cosmetic specialist who informs her of her desired procedure, namely the pros, cons, risks and side-effects, and who treats her in a manner equal to respect and equality. In other words, an empathetic relationship must be established between the cosmetic surgeon and the patient for an optimal medical encounter to be experienced. This perspective also includes surgical complications and health related issues—when an empathetic relationship is established, risks and side-effects are negotiated in an open, respectful, and trusting manner.

In conclusion, the analytical findings revealed that by undergoing a cosmetic procedure, an individual attributes a notion of empowerment to her "action and choice" (Davis 1995:11). Irrespective of the surgical risks and complications, each of the research participants claimed that she made the right decision to undergo a surgical intervention to change a part of her body that she disliked and rejected—this understanding is even shared by Kim. Participants stated that regardless of the surgical risks and possible negative outcomes, something had to be done. Thus, a key contribution of my research to an understanding of cosmetic surgery in this day and age is that simplistic and

stereotypical interpretations of the phenomenon and the many ordinary women who opt for it are limited and limiting. A third wave feminist view helps to overcome 'othering' of women who think of cosmetic surgery as an entirely acceptable alternative to living with an incongruent sense of self. Participants in this research clearly demonstrate that cosmetic interventions are not just about the physical self—they are also, and perhaps even mainly, about a woman renewing her sense of femininity, confidence, embodiment, and empowerment as a woman, a mother, and a wife.

Appendix A: Ethical clearance

UNIVERSITY OF THE FREE STATE
UNIVERSITEIT VAN DIE VRYSTAAT
YUNIVESITHI YA FREISTATA
UFS·UV
HUMANITIES
GEESTESWETENSKAPPE

28 November 2014

Miss A.K. Heggenstaller
Department of Sociology
UFS

Ethical Clearance Application: The role of cosmetic surgery in the embodied experience of female beauty

Dear Miss Heggenstaller

With reference to your application for ethical clearance with the Faculty of the Humanities, I am pleased to inform you on behalf of the Ethics Board of the faculty that you have been granted ethical clearance for your research.

Your ethical clearance number, to be used in all correspondence, is:

UFS-HUM-2014-70

This ethical clearance number is valid for research conducted for one year from issuance. Should you require more time to complete this research, please apply for an extension in writing.

We request that any changes that may take place during the course of your research project be submitted in writing to the ethics office to ensure we are kept up to date with your progress and any ethical implications that may arise.

Thank you for submitting this proposal for ethical clearance and we wish you every success with your research.

Yours sincerely,

Katinka de Wet
Research Ethics Committee (Faculty of the Humanities)

Copy: Charné Vercueil (Research Co-ordinator, Faculty of the Humanities)

Kantoor van die Dekaan
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Appendix B: Ethical clearance extension

UNIVERSITY OF THE FREE STATE
UNIVERSITEIT VAN DIE VRYSTAAT
YUNIVESITHI YA FREISTATA

UFS·UV
HUMANITIES
GEESTESWETENSKAPPE

20 October 2015

Miss A.K. Heggenstaller
Department of Sociology
UFS

Application for extension for ethical clearance: The role of cosmetic surgery in the embodied experience of female beauty (UFS-HUM-2014-70).

Dear Miss Heggenstaller

With reference to your application for extension for ethical clearance with the Faculty of the Humanities, I am pleased to inform you on behalf of the Research Ethics Committee of the faculty that you have been granted extension with the assumption that there are no major changes with regards to the study.

Thank you for submitting the application for extension. We wish you every success with your research.

Yours sincerely,

Prof Stephen Walker
Chairperson: Research Ethics Committee
Faculty of the Humanities

Copy: Chamé Vercueil
Officer: Research Co-ordinator
Faculty of the Humanities

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Office of the Dean
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Appendix C: Medical informed consent

Information Sheet

I, Alessandra Kim Heggenstaller, am currently enrolled at the University of the Free State and am in the process of writing my PhD Dissertation. This study is entitled: the role of cosmetic surgery in the embodied experience of female beauty.

The aim of this qualitative study is to explore narratives that will enhance understanding of women's embodied experience of cosmetic surgery and her life-world. This project researches embodiment, shared perceptions, understandings, experiences and dis/empowerment. My main area of interest is to see if their physical alteration has had an impact of the participants' everyday lives and if they could attest to a renewed understanding of their body with their self-concept, perception and identity. I also aim to broaden the understanding within the field of sociology and in particular the frameworks of feminism and phenomenology from within a South African context.

The participants will serve to provide a better understanding of the embodied experience of female beauty within the phenomenon of cosmetic surgery. Through my research, I aim to explore the following research questions:

1. What is the relationship between how you see yourself and the socially accepted views of beauty (ideals and practices)?
2. How does the experience of cosmetic surgery influence you in your everyday life?
3. From a South African perspective, how did cosmetic surgery empower (or disempower) you?
4. Will this study contribute to our knowledge within the fields of feminism and phenomenology?
5. Furthermore, will this study add to our understanding within concepts of the self and the body, gendered experiences and a culturally accepted understanding?

I hope to recruit ten (10) individuals to partake in a series of interviews. The interview process will run over a period of about six (6) months (starting at the beginning of 2015) and each participant will be seen for a minimum of three sessions (3). All the data will be collected through one-on-one, in-depth interviews. These interviews will be semi-structured, as to understand the individual's life-world it is important that I allow her to tell her story in her own words, pace, sequence and understanding. Each session will be audio-recorded and later transcribed. Each participant will have full access to her recording and the transcript.

I am requesting your help to find ten (10) white women between the ages of 25 to 55 and who have obtain a cosmetic procedure in either; rhinoplasy, brow-lift, ear-pinning, skin tightening (eyes, face and neck) and breast augmentation.

The benefit of partaking in the study, you will be helping me in completing my PhD as well as contributing to existing knowledge of cosmetic surgery, embodiment, inter-subjectivity (shared perceptions) and feminist phenomenology.

The only anticipated risk in partaking in this study are feelings of emotional vulnerability through the exploring of unpleasant experiences (stigmatisation or teasing).

The data will be treated with the utmost confidentiality. Should the study be published, no individual will be named within the study. The participants will incur no costs.

Your approval to conduct this study will be greatly appreciated.

_____

Sincerely

Alessandra Kim Heggenstaller

For any further information please contact:

- The researcher Alessandra Kim Heggenstaller (082 563 8243) alessandra.kim1@yahoo.com
- The supervisor Prof Jan Coetzee (051 401 2881) coetzeejk@ufs.ac.za or
- The co-supervisor Dr Asta Rau (082 531 1609) rauahm@ufs.ac.za

Additional notes:

_____
_____
_____

Consent Form

Please fill in and **keep** this page. Keep the letter above for future reference

---

Study: The role of cosmetic surgery in the embodied experience of female beauty

Researcher: Alessandra Kim Heggenstaller

Name: _____

Surname: _____

Contact number: _____

Email: _____

- I understand what the study is about, why I am participating and what risks and benefits are.
- I hereby give free and informed consent to participate in the abovementioned research study.
- I give the researcher permission to make use of the data gathered from my participation for her PhD thesis, for publication in journals, and conference presentations.

Signature of Participation: _____ Date: _____

Signature of the researcher: _____ Date: _____

Additional Terms:

_____
_____
_____
_____

Consent Form

Please fill in and **return** this page. Keep the letter above for future reference

---

Study: The role of cosmetic surgery in the embodied experience of female beauty

Researcher: Alessandra Kim Heggenstaller

Name: _____

Surname: _____

Contact number: _____

Email: _____

- I understand what the study is about, why I am participating and what risks and benefits are.
- I hereby give free and informed consent to participate in the abovementioned research study.
- I give the researcher permission to make use of the data gathered from my participation for her PhD thesis, for publication in journals, and conference presentations.

Signature of Participation: _____ Date: _____

Signature of the researcher: _____ Date: _____

Additional Terms:

_____
_____
_____
_____

Appendix D: Participant consent form

Information Sheet

Thank you for considering participating in this research project titled: The role of cosmetic surgery in the embodied experience of female beauty

The aim of this qualitative study is to explore narratives that will enhance understanding of women's embodied experience of cosmetic surgery and her life-world. This project researches embodiment, shared perceptions, understandings, experiences and dis/empowerment. The aim of this study is to broaden the understanding within the field of sociology and in particular the frameworks of feminism and phenomenology from within a South African context.

Your participation in this study will serve to provide a better understanding of the embodied experience of female beauty within the phenomenon of cosmetic surgery. Through my research, I aim to explore the following research questions:

1. What is the relationship between how you see yourself and the socially accepted views of beauty (ideals and practices)?
2. How does the experience of cosmetic surgery influence you in your everyday life?
3. From a South African perspective, how did cosmetic surgery empower (or disempower) you?
4. Will this study contribute to our knowledge within the fields of feminism and phenomenology?
5. Furthermore, will this study add to our understanding within concepts of the self and the body, gendered experiences and a culturally accepted understanding?

Participation in this study is strictly voluntary and all information will be held in the utmost confidence. You have the freedom to withdraw from the study at any time, as a result of feeling emotionally vulnerable or uncomfortable in talking about the experience. The results of the information collected will be treated with the highest level of confidentiality. Although I will have very few participants, your information is unlikely to be identifiable (excepting to your physician) in the thesis or any articles. Also, before my thesis is released to examiners, I will give you my transcripts and analyses to read so that you can see if I have represented you and your story accurately and if you are satisfied that the confidentiality of your information has be upheld.

The benefit of partaking in the study, you will be helping me in completing my PhD as well as contributing to existing knowledge of cosmetic surgery, embodiment, inter-subjectivity (shared perceptions) and feminist phenomenology. The only risk to you that is anticipated is feelings of emotional vulnerability through the exploring of unpleasant experiences (stigmatisation or teasing) or your perception of your surgical outcome. As previously stated, participation is entirely voluntary and should you feel the need, you may withdraw from this study at any time with no further repercussions.

Yours Sincerely,

_____

This study has the support and backing of the University of the Free State's Department of Sociology and formal ethical clearance from the Faculty of Humanities Ethics Committee (Clearance number _____ dated _____2014).

For any further inquiries regarding the research, please feel free to contact:

- The Researcher, Alessandra Kim Heggenstaller: 082 563 8243 or
- The Research Supervisor, Prof Jan K Coetzee: 051 401 2881, or
- The Research co-supervisor, Dr Asta Rau: 082 531 1609

Participant's Consent Form

Please fill in and **keep** this page. Keep the letter above for future reference

---

Study: The role of cosmetic surgery in the embodied experience of female beauty

Researcher: Alessandra Kim Heggenstaller

Name: _____

Surname: _____

Contact number: _____ Email: _____

- I understand what the study is about, why I am participating and what risks and benefits are.
- I hereby give free and informed consent to participate in the abovementioned research study.
- I give the researcher permission to make use of the data gathered from my participation for her PhD thesis, for publication in journals, and conference presentations.

Signature of Participation: _____ Date: _____

Signature of the researcher: _____

Additional Terms:

_____
_____
_____
_____

Please fill in and **return** this page. Keep the letter above for future reference

---

Study: The role of cosmetic surgery in the embodied experience of female beauty

Researcher: Alessandra Kim Heggenstaller

Name: _____

Surname: _____

Contact number: _____ Email: _____

- I understand what the study is about, why am participating and what risks and benefits are.
- I hereby give free and informed consent to participate in the abovementioned research study.
- I give the researcher permission to make use of the data gathered from my participation for her PhD thesis, for publication in journals, and conference presentations.

Signature of Participation: _____ Date: _____

Signature of the researcher: _____

Additional Terms:

_____
_____
_____
_____

Appendix E: Standard interview schedule

Interview Schedule

Introductions and exchange pleasantries, make the participant feel at easy and comfortable, set parameters [ask permission to record the conversation] for the interview and allow the participant to ask questions thus allowing for better two-way communication between the researcher and the individual. At this point in the first interview informed consent will be discussed and secured.

The research focused questions are aimed obtaining the relevant information to answer my proposed research questions. It is important to note that narrative enquiry will be used to probe the participant's life-world and prompt her to talk about her experience with her body and the cosmetic procedure (allowing for personal understandings, linking experiences, particular word choice and chronological detailing). The telling of her life-story will be guided through by interview questions. This guidance is meant to keep the participant on topic but is flexible enough to allow for merging insights and trajectories.

Basic information (Private identification for the researcher):

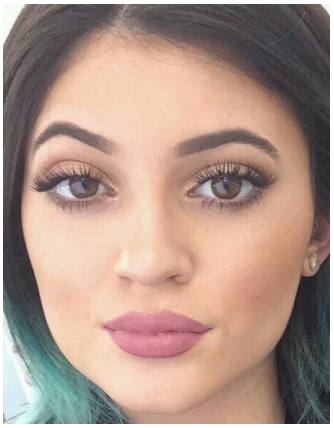
1. Name and surname _____
2. Given pseudonym _____
3. Age of participant _____
4. Marital status _____
5. Children _____
6. Occupation _____
7. What was the cosmetic medical procedure (agreed upon and undertaken between the patient and physician)
   _____
   _____
8. What date was the procedure obtained? _____

Research focused questions:

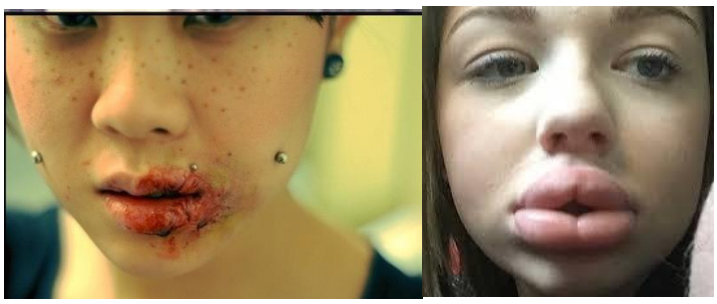
(General – building trust)

1. What do you think makes a woman beautiful? (physical appearance, clothes, hair-style – outer reflection)
2. Do you think that a woman's beauty can be reflected through inner characteristics? How? (friendliness, kindness)
3. Why do you think natural beauty needs to be modified through beauty techniques like botox to cosmetic surgery? (her thoughts will be linked into the following question)
4. Why do you believe women are encouraged to undergo cosmetic alterations in the 21st century?
    a. Should a cosmetic enhancement be kept a secret? And why?
    b. Has beauty become an economic status within ones everyday encounters?
5. How do you see the current growth in beauty trends? Do you think that these beauty trends (from your thoughts) are going to impact the future generations understanding of what is beautiful? (take for example Kylie Jenner appearance … at 17 years of age she has cosmetically altered her face whereby prompting other teens to follow suit in her Facebook challenge)

Before



After



Kylie Jenner lip challenge consequences

(Personal understanding of the body)

1. How does your physical body represent who you are?
2. Through your body appearance, are you recognized accurately in social encounters? (e.g. hairdresser = weekly new hair designs/colours, personal trainer = muscular body?)
    a. In what way?
3. From your understanding, what does the media represent to you? (tv, magazines, music, facebook, twitter, cell-phone … a guide to latest trends? Fashion?)
4. What purpose does the media fulfil in your everyday life?
5. Through your chosen media outlets, how does the media represent women and their bodies?
6. Furthermore, within these chosen media outlets, what are the particular beauty norms or routines that interest you?
7. Who are your celebrity icons? (actors, models, socialites)
    a. When seeing these icons in media outlets, how do they make you feel in general? (positive undertones of self-confidence or a emphasised need for self-improvement)
    b. Do you think that celebrities impact you in how you see your body?
        i. If yes, in what way?
8. Which part of your body is seen to be problematic?
9. How did men look at you before you got your surgical intervention?
    a. Why do you think they saw you in this light?
10. Can you tell me about some of the things you tried before deciding to go for surgery? (wearing a padded bra, make-up shading to define wrinkles)
11. How has the male perspective changed since you underwent cosmetic surgery?
12. Has this renewed male gaze influenced you in how you see and represent your body?

(The cosmetic procedure)

1. There are varying opinions around cosmetic surgery and women who go for bodily improvements, what are your opinions to the employment of cosmetic surgery?
2. Did you do research on the procedure you wanted?
    a. In your research, did you come across failed procedures?
        i. If yes, how did this effect your perception of what you wanted to do?
3. Was this your first cosmetic procedure?
    a. Would you consider undergoing further cosmetic procedure/s for other parts of your body?
        i. If yes, what are you considering?

ii. Was this thought prompted by the initial cosmetic procedure or was this already negotiated before your cosmetic alteration?

4. Did you suffer any side-effects?
    a. Tell me about them?
    b. Did the cosmetic surgeon tell you about the success rate and possible side-effects?
5. Tell me how you see your surgery as changing your life? (social acceptance? Pleasing or finding a partner?)

(Identity and femininity)

1. As a young woman – what bothered you about yourself? (growing breasts at a later age? Difficulty loosing weight?)
2. Did this part of your body make you feel disconnected or side-lined (biographical disruption) in your everyday experiences and social interactions? (could lead to an identity crisis)
    a. If yes, can you expand on these feelings?
    b. Are these the feelings that encouraged you to seek out a cosmetic procedure?
3. How did you think about yourself and who you are after the cosmetic procedure? (realigning self-identity)
4. Did your bodily modification aid you in reintegrating (biographical reinforcement) yourself into your everyday encounters and life-world? (embodiment)
5. I am wondering if there may have been or is anyone in particular who suggested/influenced you to undergo cosmetic surgery?
6. Did you have direct contact with this individual?
    a. If yes, how did they aid you in fulfilling your cosmetic journey?
    b. Where there any celebrities or idols who played a role in how you saw and understood cosmetic surgery?
7. Did your cosmetic procedure aid you in looking at yourself in a different light?
    a. If yes, how do you see yourself now? More feminine, attractive, self-assured? (re-negotiating self-perception)

(Support)

1. Tell me about your support network? (family and or friends)
2. Did you have a particular individual/spouse/partner who supported your decision to go for cosmetic surgery?
    a. In what way did they support you? (advice, compassion, empathy)
3. Amongst your friends and acquaintances, were you the first to obtain a cosmetic procedure?
    a. If yes, did you share your cosmetic surgery story with anyone?
        i. If yes, why did you feel the need to reveal your body alteration?
    b. If no, did one of your friends obtain the procedure and advise you?
4. How did your friends and acquaintances see you after your bodily transformation?

5. And your support network (partner, close friends and family) – how do they see your body transformation?

(Medical encounter)

1. Did you feel comfortable (relaxed, open and honest) with your cosmetic surgeon?
    a. If yes, what were the characteristics and manners that promoted this relationship?
    b. If no, what made you feel uncomfortable?
    c. Did he explain your procedure in ways that you could understand?
2. Tell me about what you felt when you engaged with the Dr Anderson?
3. By seeking a cosmetic procedure, did you feel a sense of empowerment?
    a. If yes, how did this action empower you?
    b. If no, why did you feel disempowered?
4. After your surgical intervention, how did the medical staff make you feel? (complements)
    a. Did a particular moment or phrase impact you in a particular manner? (please explain)
5. How did the whole process influence your understanding of yourself?
6. Do you think that this procedure has influenced your everyday interactions? How? (social recognition – positive or negative – are you more confident in your daily interactions)
7. Do you have any comments on how the medical encounter could be improved?

Current trends

Over the past few years, various trends have begun to emerge. Take for example the human Barbie and Ken, celebrities, marvel characters and anime dolls. Please can you give me your thoughts to these trended transformations? (This is not a main focus of the research but I am interested in hearing your opinions)

Dominika and the human Barbie doll

Celso

Justin Jedlica

Henry Damon

Red Skull

1. What are your thoughts to these transformations? Barbie doll, Ken, Red skull
2. Do you think the media can be held responsible towards prompting such extreme trends?
    a. If yes, how do they influence the public?
    b. How far should cosmetic surgery go in fulfilling a person's desired appearance?
3. Would you consider these individuals role-models? Why?

Celebrity modifications

Nikki Minaj Khloe Kardashian

Heidi Montag Lindsey Lohan

1. Do you think that celebrity modification and publicising thereof is healthy for young girls and women?
    a. If yes, why?
    b. If no, why not?
2. Why do you think celebrities who have not had cosmetic surgery are not seen as naturally beautiful?
3. What would you consider to be a perfect or beautiful woman? Appearance, weight, form
    a. Do you think this is based on the American beauty trend or from a South African understanding and merging of different cultures/flavours? Why?

Thank you so much for your dedicated participation and for allowing me to use your experiences and thoughts in my research.

Appendix F: Kim's interview schedule

Interview Schedule

Introductions and exchange pleasantries, make the participant feel at easy and comfortable, set parameters [ask permission to record the conversation] for the interview and allow the participant to ask questions thus allowing for better two-way communication between the researcher and the individual. At this point in the first interview informed consent will be discussed and secured.

The research focused questions are aimed obtaining the relevant information to answer my proposed research questions. It is important to note that narrative enquiry will be used to probe the participant's life-world and prompt her to talk about her experience with her body and the cosmetic procedure (allowing for personal understandings, linking experiences, particular word choice and chronological detailing). The telling of her life-story will be guided through by interview questions. This guidance is meant to keep the participant on topic but is flexible enough to allow for merging insights and trajectories.

Basic information (Private identification for the researcher):

1. Name and surname _____
2. Given pseudonym _____
3. Age of participant _____
4. Marital status _____
5. Children _____
6. Occupation _____
7. What was the cosmetic medical procedure (agreed upon and undertaken between the patient and physician)
   _____

   _____
8. What date was the procedure obtained? _____

Research focused questions:

(General – building trust)

1. What do you think makes a woman beautiful? (physical appearance, clothes, hair-style – outer reflection)
2. Do you think that a woman's beauty can be reflected through inner characteristics? How? (friendliness, kindness)
3. Why do you think natural beauty needs to be modified through beauty techniques like botox to cosmetic surgery? (her thoughts will be linked into the following question)
4. Why do you believe women are encouraged to undergo cosmetic alterations in the 21st century?

    b. Should a cosmetic enhancement be kept a secret? And why?
    c. Has beauty become an economic status within ones everyday encounters?

(Personal understanding of the body)

1. How does your physical body represent who you are?
2. Through your body appearance, are you think you are recognized accurately in social encounters? (e.g. hairdresser = weekly new hair designs/colours, personal trainer = muscular body?)

    d. In what way?

3. From your understanding, what does the media represent to you? (tv, magazines, music, facebook, twitter, cell-phone … a guide to latest trends? Fashion?)
4. What purpose does the media fulfil in your everyday life?
5. Through your chosen media outlets, how does the media represent women and their bodies?
6. Furthermore, within these chosen media outlets, what are the particular beauty norms or routines that interest you?
7. Who are your celebrity icons? (actors, models, socialites)
    a. When seeing these icons in media outlets, how do they make you feel in general? (positive undertones of self-confidence or a emphasised need for self-improvement)
    b. Do you think that celebrities impact you in how you see your body?
        i. If yes, in what way?
8. Which part of your body is seen to be problematic?
9. How did men look at you before you got your surgical intervention?
10. Was there an element of trying to please your husband by undergoing this surgery?
    a. Why do you think they saw you in this light?
11. Can you tell me about some of the things you tried before deciding to go for surgery? (wearing a padded bra, make-up shading to define wrinkles)
12. How has the male perspective changed since you underwent cosmetic surgery?
13. Has this renewed male gaze influenced you in how you see and represent your body?

(The cosmetic procedure)

1. There are varying opinions around cosmetic surgery and women who go for bodily improvements, what are your opinions to the employment of cosmetic surgery?
2. Did you do research on the procedure you wanted?
    a. In your research, did you come across failed procedures?
        i. If yes, how did this effect your perception of what you wanted to do?
3. Did you suffer any medical conditions or side-effects?
    a. Tell me about them?
    b. How long were you subjected to this medical condition/side-effect?
    c. Did this medical condition/side-effect influence your self-understanding in how you saw and accepted your physical body?
        i. Where there any specific techniques/beliefs that helped you to re-negotiate your self-understanding? (books, friends, religion)
    d. How did this medical condition/side-effect influence your relationship with your husband/family/friends? (Did you feel insecure? did he look at you differently?)
        i. Can you tell me how your husband/partner felt throughout this ordeal?
            1. Do you have any examples of moments that impacted the two of you?
        ii. Can you tell me how your children felt throughout this ordeal?
            1. Also how did you feel when Meghan decided to undergo her surgery?
    e. What were the most common emotions/thoughts you felt in this time of hardship?
        i. What was it like dealing with this trauma when you had such positive hopes on a successful outcome?
        ii. Who did you rely on to help you through this ordeal?
        iii. How long did it take you before you were physically as well as emotionally over your ordeal
    f. Did the cosmetic surgeon tell you about the success rate and possible side-effects?
        i. What are your thoughts towards the cosmetic surgeon who performed this surgery?
4. Was this your first cosmetic procedure?
    a. Would you consider undergoing further cosmetic procedure/s for other parts of your body?
        i. If yes, what are you considering?
        ii. Was this thought prompted by the initial cosmetic procedure or was this already negotiated before your cosmetic alteration?
5. Tell me how you see your surgery as changing your life? (social acceptance? Pleasing or finding a partner?)

(Support)

1. Tell me about your support network? (family and or friends)
2. Amongst your friends and acquaintances, were you the first to obtain a cosmetic procedure?
    a. If yes, did you share your cosmetic surgery story with anyone?

i. If yes, why did you feel the need to reveal your body alteration?

b. <u>If no</u>, did one of your friends obtain the procedure and advise you?

<u>(Identity and femininity)</u>

1. As a young woman – what bothered you about yourself? (growing breasts at a later age? Difficulty loosing weight?)
2. Did this part of your body make you feel disconnected or side-lined (biographical disruption) in your everyday experiences and social interactions? (could lead to an identity crisis)
    a. If yes, can you expand on these feelings?
    b. Are these the feelings that encouraged you to seek out a cosmetic procedure?
3. How did you think about yourself and who you are after the cosmetic procedure? (realigning self-identity)
4. Did your bodily modification aid you in reintegrating (biographical reinforcement) yourself into your everyday encounters and life-world? (embodiment)
5. I am wondering if there may have been or is anyone in particular who suggested/influenced you to undergo cosmetic surgery?
6. Did you have direct contact with this individual?
    a. If yes, how did they aid you in fulfilling your cosmetic journey?
    b. Where there any celebrities or idols who played a role in how you saw and understood cosmetic surgery?
7. Did your cosmetic procedure aid you in looking at yourself in a different light?
    a. If yes, how do you see yourself now? More feminine, attractive, self-assured? (re-negotiating self-perception)

<u>(Medical encounter)</u>

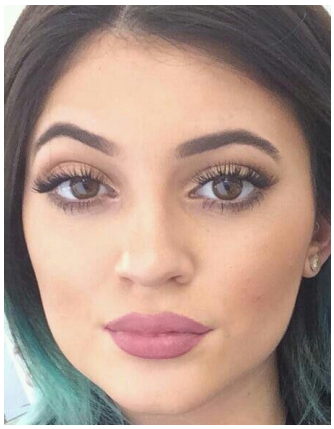
1. Did you feel comfortable (relaxed, open and honest) with your cosmetic surgeon?
    a. If yes, what were the characteristics and manners that promoted this relationship?
    b. If no, what made you feel uncomfortable?
    c. Did he explain your procedure in ways that you could understand?
2. By seeking a cosmetic procedure, did you feel a sense of empowerment?
    a. If yes, how did this action empower you?
    b. If no, why did you feel disempowered?
3. After your surgical intervention, how did the medical staff make you feel? (complements)
    a. Did a particular moment or phrase impact you in a particular manner? (please explain)
4. How did the whole process influence your understanding of yourself?
5. Do you think that this procedure has influenced your everyday interactions? How? (social recognition – positive or negative – are you more confident in your daily interactions)
6. Do you have any comments on how the medical encounter could be improved?
7.

Current trends

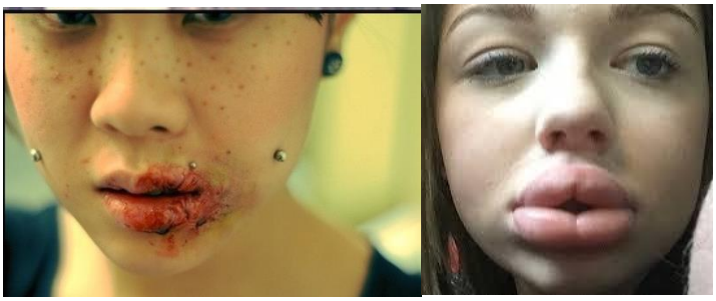
Over the past few years, various trends have begun to emerge. Take for example the human Barbie and Ken, celebrities, marvel characters and anime dolls. Please can you give me your thoughts to these trended transformations? (This is not a main focus of the research but I am interested in hearing your opinions)

How do you see the current growth in beauty trends? Do you think that these beauty trends (from your thoughts) are going to impact the future generations understanding of what is beautiful? (take for example Kylie Jenner appearance … at 17 years of age she has cosmetically altered her face whereby prompting other teens to follow suit in her Facebook challenge)

Before



After



Kylie Jenner lip challenge consequences

Dominika and the human Barbie doll

Celso

Justin Jedlica

Henry Damon

Red Skull

1. What are your thoughts to these transformations? Barbie doll, Ken, Red skull
2. Do you think the media can be held responsible towards prompting such extreme trends?
    a. If yes, how do they influence the public?
    b. How far should cosmetic surgery go in fulfilling a person's desired appearance?

Celebrity modifications

Nikki Minaj

Khloe Kardashian

Heidi Montag

Lindsey Lohan

1. Do you think that celebrity modification and publicising thereof is healthy for young girls and women?
    c. If yes, why?
    d. If no, why not?
2. What would you consider to be a perfect or beautiful woman? Appearance, weight, form
    a. Do you think this is based on the American beauty trend or from a South African understanding and merging of different cultures/flavours? Why?

Thank you so much for your dedicated participation and for allowing me to use your experiences and thoughts in my research.

Bibliography

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