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Beauty and the Cosmetic Secret

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Abstract Cosmetic surgery is often linked to the perception that women who resort to cosmetic interventions to alter their physical appearance are vain, superficial, and narcissistic. Few investigations have acknowledged and explored the individual's personal motivations and experiences of her action and choice with regards to aesthetic surgery. By focusing on subjective experience, alternative insights can be gained on the cosmetic procedure(s) and on how their reshaped body influences an individual's lifeworld experience. The article explores the perceived benefits and consequences of reshaping, enhancing, and/or reducing a perceived flaw or shortcoming of the body. From this exploration the focus moves to the individual's subjective and intersubjective perceptions: how she motivates and justifies her physical transformation whilst keeping private, and at times hiding, her surgical intervention. Drawing on narratives from several women, we attempt to understand how they experience cosmetic surgery in terms of their personal sense of self and their everyday social reality.

Keywords Cosmetic Surgery; Beauty; Secrecy; Femininity; Embodiment; Self-Empowerment; Feminism; Phenomenology; Social Constructivism

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Feminine enhancements and female beautifications are taken for granted in today's world. Many modern women go out of their way to emphasize their looks and sense of femininity. Improving and accentuating the feminine appearance includes styling hair, applying make-up, and wearing designer or specially shaped clothes. These everyday routines, seen and accepted as desirable daily practices, constantly reflect current trends in the beauty context. Fashions and fads are socially constructed and underpinned by social constraints, norms, and ideals—continuously reaffirmed by the mass media. Media platforms convey constant reminders that beauty and attractiveness are commodities; they are projected as portals to a glamorous life-style, to success, and even to romantic love. Beauty and the groomed presentation of the body have become deeply integrated into the everyday woman's lifeworld. The neglect of physical appearance can lead to an individual being considered unattractive and even ugly. And this can influence how she performs in her occupation, her lifeworld, and even on her perceived level of sexuality.

Beauty has become an important matter for women in the socially defined route to success. Most women judge their looks against socially constructed norms and if they perceive themselves to be flawed, or even to be lacking in some way, they project negative feelings and emotions onto themselves. This often results in a woman experiencing herself as ageing disagreeably, as unattractive, undesirable, or even ugly. When negative self-judgments are experienced as true, they get integrated into the individual's lifeworld. At this point an individual may start to consider actions and procedures to address this negative self-concept by altering her body to meet what she perceives as socially approved criteria.

Cosmetic surgery implies an elective medical procedure—or procedures—that permanently reshapes and beautifies a body part that is perceived as flawed. Social beliefs and understandings harbored in society often view women who consider and obtain a cosmetic procedure as vain, superficial, narcissistic, fake, and resorting to the "unnatural." As women interpret and react to 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 do not work or no longer prove satisfactory, a woman may consider cosmetic surgery to permanently reshape, enhance, or refine her perceived flaw or shortcoming. The surgical intervention is pursued and ultimately obtained with the hope of experiencing a renewed sense of balance in her self-perception, her emotions, and her lifeworld.

Feminists have long debated the social, emotional, and physical effects of electively reshaping the female form and questioned the influence that the surgical experience may have on a woman's sense of self and her role in society. *Second wave radical feminist thinking*[1] views women who are inclined to resort to cosmetic surgery as fitting into and projecting a passive and dope-like mentality. This category of women relates her sense of agency to social ideals, celebrity culture, and male-directed desirability. The female body becomes a receptor of social meaning—revealing an individual's socio-economic class, as well as her cultural association—and thus a "symbol of society" (Douglas as cited in Shilling 2012:76). *Third wave liberal feminism*[2] challenges this submissive stereotype and proposes women as active agents in their lifeworld. The emphasis is on a woman's sense of self—her experiences, motivations, actions, as well as choices—in relation to the experience of her body and her decisions *vis-à-vis* her elective cosmetic surgery. Although large steps towards an open, accommodating, and gender sensitive society have been made, it is often the radical feminist perspective that dominates when discussing cosmetic surgery and women who opt for these interventions.

This article aims to explore and unwrap the complexities associated with cosmetic surgery and the influence of everyday social opinions. Emphasis is given to social perceptions, ideals, and stigmas; and how these influence the research participants' sense of the feminine self. Findings are illustrated with direct quotes from the narratives of ten women who talk about their aesthetic procedures. The interventions are blepharoplasty, abdominoplasty, lipoplasty, breast augmentation, and breast lift.

Theoretical and Methodological Underpinning

In terms of the study's epistemological points of departure, focus is given to the theoretical frameworks of Alfred Schütz (1967; 1970; Schütz and Luckmann 1973), Peter Berger and Thomas Luckmann (1991), and John Creswell (2013; 2014). Integrating these authors' ideas allows us to employ phenomenological, social constructivist, and interpretivist lenses to understand female beauty, embodiment, gendered empowerment, and self-acceptance. Furthermore, against the backdrop of these theoretical frameworks we are able to explore gender related theories, particularly the *third wave* feminist perspectives of Kathy Davis (1995; 2003) and Iris Mari-

[1] See section *Feminist Thinking and Cosmetic Surgery* in the article "Reflecting on Female Beauty: Cosmetic Surgery and (Dis)Empowerment" in this volume of the journal.

[2] See section *Feminist Thinking and Cosmetic Surgery* in the article "Reflecting on Female Beauty: Cosmetic Surgery and (Dis)Empowerment" in this volume of the journal.

on Young (2005). This kind of theoretical integration is encouraged by Uwe 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 are, therefore, brought together to guide and structure how the experiences of participants, and the way they give meaning to these experiences, are gathered, analyzed, and interpreted.

The philosophical assumptions of epistemology not only enable us to unpack what knowledge is. These assumptions also guide our understanding of how an individual's stock of knowledge is influenced by social interactions, and how selected methodological approaches may influence findings. Ontologically, the study tries to unwrap the realities in the lifeworlds of participants by exploring the social construction of knowledge (intersubjectivity), subjective memories and recall, and the cultural restraints of voicing particular experiences and standpoints that differ from socially sanctioned master or dominant narratives. As an individual's lifeworld relates to experiences, particular events can impact a woman's self-perception and self-understanding, and, in turn, these events serve to re-construct how she perceives and interacts with her social reality. It is within the context of this ever-perpetuating cycle in the re-construction of knowledge, memories, and perceptions that experiences come to be reframed and where new narratives emerge.

The study explores narratives of the embodied experience of cosmetic surgery and of the medicalization of female beauty in order to 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 or shortcoming. We relied on a qualitative research design to collect narrative data through semi-structured in-depth interviews. The data are analyzed within the thematic structures proposed by Kathy Davis (1995) and Iris Marion Young (2005). These two analytical frameworks are applied to ideas about an individual's *emotional* sense of self—her "identity," "agency," and "morality" (Davis 1995:11). At the same time, we take into consideration feminine motility, namely, *bodily movement*, as reflected in the concepts of "inhibited intentionality," "ambiguous transcendence," and "discontinuous unity" (Young 2005:35). Both Davis's (1995) and Young's (2005) frameworks are presented and critically discussed in another article in this same Special Edition, *Reflecting on Female Beauty: Cosmetic Surgery and (Dis)Empowerment* (cf. section *Theoretical Positioning of the Research*).

This study expands on existing knowledge and common perceptions of *beauty* by revealing the subjective voice of ten South African women speaking about their cosmetic experiences. Insights are gained on self-empowerment and embodiment, and how these concepts interface with each research participant's perception of herself, her femininity, and her sense of self-worth. Emphasis is also given to how thoughts, feelings, and emotions—before and after the cosmetic interventions—impact their everyday lifeworld and the (re)construction of their proximate social reality.

Ethical clearance was granted by the ethics committee of the Faculty of the Humanities at the University of the Free State (Reference number: UFS-HUM-2014-70). The ten research participants come from the middle-to-upper socio-economic group. Because of their demographic profile, they all accessed and experienced the *private* healthcare system. The research participants all obtained their cosmetic procedure from a professionally certified and registered plastic surgeon in Bloemfontein. Criteria for participation included women undergoing specifically the cosmetic procedures of blepharoplasty, lipoplasty, abdominoplasty, breast augmentation, and breast lift. Narrative data were collected in semi-structured, one-on-one, in-depth interviews, guided by an interview schedule. The narrative approach allowed participants to expand on their lived experiences, subjective thoughts, intersubjective encounters, as well as their feelings and emotions. Interviews were audio recorded (with participants' consent) and transcribed verbatim. The narratives were thematically analyzed and mined to unearth the depth and richness of the participants' cosmetic experience.

The Socialized Body

People are social beings who rely on intersubjective relationships to maintain acceptance within the context of their everyday social encounters. From a social constructivist understanding 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" thereby rendering the body a "symbol of society" (Shilling 2012:72).

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 presents herself to others can also reflect other social indicators such as her socio-economic class and her cultural associations. From these indicators the observer can evaluate where a particular individual fits into society and its structures. Gardner and colleagues (as cited in Fiske, Gilbert, and Lindzey 2010:876) term this the "sociometer." People possess a social monitoring system that is triggered specifically by instances in which people become particularly concerned with their acceptance or belonging (Fiske, Gilbert, and Lindzey 2010:879). As social actors, we often rely on forms of classification and stereotypes to see if the individual fits the parameters of our particular social group.

Fitting socially constructed ideals and norms features strongly in our current digital age. Gadgets such as mobile phones, laptops, and tablets open countless apps and links that allow immediate notifications, updates, and responses to a desired group, theme, as well as socially approved ideals and understandings. These devices have made communication convenient and effortless. But, with rapid media updates—from breaking news to beauty trends—an individual is often left overwhelmed. With daily advancements of technology and the ease of access to media coverage, women are bombarded by socially sanctioned norms and can quite easily become dependent on meeting them, 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."

This positions the media as an avenue that portrays unrealistic and even dangerous standards 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 the images that are placed in an issue of a magazine, on a billboard, or integrated into a televised advertisement aim to project 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. Thus, women are encouraged by society to become more attractive through reshaping their physical bodies. This process can lead some women to turn to cosmetic surgery in the hope of attaining societal acceptance. As Shilling (2012:135) puts it, women mobilize their bodies as "physical capital."

The concept of *physical capital* views the body as a form of "social equity" that shapes and determines how an individual understands, interacts, and experiences her everyday lifeworld (Shilling 2012:136). By *social equity* Shilling (2012:135) 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.

To achieve a sense of social acceptance and status, an individual relies on civilizing the body through a more "mannered, structured pattern of bodily conduct" (Howson 2013:87). The civilized body reflects a sense of feminine compliance to meeting socially constructed beauty ideals and, thus, reflects self-worth and even perceived bodily value—namely, physical capital and social equity (Shilling 2012:135).

Identity and Appearance

How an individual experiences her everyday life influences how she views and understands herself. Women are continuously exposed to various media images and ideals, which generally portray an overwhelmingly American and European perception of beauty. Women who are particularly self-conscious and sensitized about their appearance are more inclined to incorporate beautifying ideals and fashion trends in their everyday lifeworlds.

According to Lewis (1971) and Skeggs (1997), if a woman has a poor emotional self-understanding, she is more likely to experience feelings of shame when not meeting socially acceptable standards of beauty (Northrop 2013:211). These feelings of not fitting socially accepted parameters of beauty may result in an individual fracturing her sense of self (identity) from her self-perception (appearance).

Women, thus, re-negotiate themselves by accessorizing their bodies with designer clothing, jewellery, and make-up to experience a desired level of emotional acknowledgement or social approval. When these emotional or social cues are not experienced, the individual may turn to more extreme measures such as cosmetic surgery. The Nuffield Council on Bioethics (2017:6) expands:

> 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.

When an individual re-negotiates her sense of self via a cosmetic intervention, she indirectly reshapes her self-image. Pitts-Taylor (2007:89) observes that cosmetic interventions "fix broken relationships between the body and self, where the 'real' self came through by correcting the body…Cosmetic surgery is seen as a form of empowerment." Thus, when the body is reshaped or enhanced through beautification techniques, the individual re-negotiates her attitude towards her body and, by association, her identity.

Surgical Interventions

The search for beauty has created an industry of consumption. This is fuelled by the constant reminders on media platforms that beauty and social position are linked; and that they are important commodities. Through marketing strategies, trends are established. These trends promote a desired "look" according to which women re-negotiate their understanding of beauty and the body.

Cosmetic surgery is, therefore, presented as either tearing down the social morale and cultural values of the 21st century, or, alternatively, as a self-actualizing and liberating intervention that enables an individual to reshape her body in order to reflect her inner self-perception and identity (Frentzen 2008). Cosmetic surgery and beauty ideals are often attributed to vanity and superficiality. But, by casting aside these generalizations and by more deeply enquiring into why a cosmetic intervention is sought, Davis (2003:98) believes that we can reach a more empathic and enlightened view:

> 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.

According to Dowling and colleagues (2013:7), 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 Castle and col-

leagues (2002); Honigman and colleagues (2004); Sadick (2008); and Fisher (2014), who agree that women who undergo a cosmetic procedure to enhance beauty can reveal an improved state of mind in relation to their bodies and social environments. Thus, to "maintain a positive identity" a cosmetic procedure can be justified (Gimlin 2002:50).

Presenting the Findings

The findings reflect some of the main issues raised in the narratives. We incorporate direct quotes to ensure that interpretation and discussion are grounded in the narrated segments and the research participants' experiences.

Body as an Indicator of Economic Status

According to Adams (2007:7-9), Nash and colleagues (2006:495), Hua (2013:110), and Laine Talley (2014:3), the middle-to-upper class female body often reveals signs of beautification, self-maintenance, and modification—temporary or permanent. By reshaping and emphasizing the female form in relation to "social and cultural constraints" (norms, trends, ideals), additional value and worth is accorded the feminine body (Shilling 2012:72). This points to the relationship between social class (symbol of society; physical capital; social equity) and body appearance (Shilling 2012:72, 135). Adams (2007:8) summarizes the issue: "Class can be encoded on the body." Beauty enhancement is often a "stratifying practice" by which an individual recreates her body to emphasize her status (Adams 2007:8-9). For the average middle-to-upper class woman, a high level of bodily maintenance is regarded as normal practice. Abby reflects this when talking about the mothers at her children's school:

> You can sit in your car at school and you can look at the parents, at the mothers and you can see…They have got the money, so they gonna do it, cosmetic surgery. They show it off to everybody, so they become a form of capital. [Abby—abdominoplasty]

Economic status is emphasized by the adornments of jewellery and designer clothing, using expensive dermatological products and make-up, and being able to surgically change undesirable physical features. Jeffreys (2014:174) is of the opinion that the middle-to-upper class women accept these enhancements and alterations as part of their daily beauty maintenance. Beautification and cosmetic surgery are not seen as stigmatized acts, but rather as symbols of wealth and social class.

> 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… So, I think it has become a symbol. [Eleanor—breast augmentation]

Foo (2010), Balitaan (2011), Sepúlveda and Calado (2012), and Veldhuis (2014) agree that mass media do play a role in how beauty is perceived and negotiated. Social platforms have an impact on how an individual understands beauty norms and status. However, when probing this matter with the research participants, many emphasized that their cosmetic surgery was not an intervention to increase their

physical value or popularity. Rather, most participants' cosmetic procedures related to their identity and self-understanding—experiencing their sense of self as represented through their physical appearance. The physical value commonly associated with the cosmetically reshaped body does not seem to be predominantly related to vanity or narcissism, but rather reflects a re-engagement with the lifeworld, as a self-assured and embodied individual.

We found that the research participants seem to employ cosmetic surgery to reverse the negative effects of pregnancy and breastfeeding or ageing. This reveals that notions related to female beautification—to reshape the body to resemble something different—were often not their primary concern. Rather, the research participants pursued their cosmetic interventions to reverse and restore their body back to its perceived natural form, particularly after the negative consequences of child bearing. Isabel elaborates:

> 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—abdominoplasty and lipoplasty]

Isabel's elective procedure was pursued to change her body back to her original, pre-childbearing, appearance. She did not use cosmetic surgery to redesign her body to meet a trend or fashionable shape. Rather, she had her cosmetic intervention to reshape her abdominal region back to its pre-pregnancy appearance. Other narratives reveal that most of the research participants who obtained a cosmetic procedure in abdominoplasty or breast lift wanted to reshape their bodies after perceived negative consequences of pregnancy and breastfeeding.

Temporary Methods for Re-Negotiating the Body

Often the participants state that before their surgical intervention they employed various temporary techniques to redirect attention away from their perceived body flaw/shortcoming. These 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[3] to hide the excess fat or reduce the appearance of stretch marks on the stomach; and shaded spectacles and hair styling 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 and/or emotionally aligned with their bodies. When an individual attempts to improve 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 a temporary technique is not perceived as successful, the individual may experience an emotional fracture between her perceived physical appearance and self-concept. This emotional dis-

[3] 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).

ruption and incongruence can result in the individual experiencing feelings of shame and embarrassment that compromise her embodied sense of self.

Attempts at body shaping and appearance enhancement is no new/recent/foreign concept to the modern woman (Pearson 2008). A review of literature reveals 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 specialized boutiques for lingerie, self-help journals, blogs, magazine articles, electro-acupuncture, Eastern massaging techniques, and herbal remedies in the form of pills and creams. When exploring the concept of temporary breast enhancements with the research participants, they seem to be well-informed of popular trends. Diane 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 up. I know there are also pills that you can drink. You can buy it at Clicks or Dis-Chem…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—breast augmentation and breast lift]

Diane's hesitation regarding the success of these creams and pills is understandable, due to the continued need to ingest or apply the product to experience a temporary form of change and enhancement. 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. [Joanne—breast augmentation]

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:

> The neck and bust cream, um…I used that, but it doesn't do anything…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. [Kim—breast augmentation and breast lift]

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

> I told him: "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 too big because we are very active and I am just doing it for the lift." [Kim—breast augmentation and breast 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:

> 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 up better. So, the breasts you have are sitting here [indicating high, firm, and in position]. [Cate—breast augmentation and breast lift]

Eleanor's candidness allowed us 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* [Afrikaans for cow breasts]. [Eleanor—breast augmentation]

This experience impacted her negatively; she recalls the various 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—breast augmentation]

Each of these research participants exhibits emotions related to shame, embarrassment, and emotional pain. These emotions influence how an individual understands and experiences gendered embodiment, as breasts are seen to characterize 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—breast augmentation]

Some of the techniques that Isabel researched and used to reduce the appearance of her stomach were to incorporate a healthy diet and exercise into her daily routines. Her dedication resulted in weight loss, but her overall goal to reduce her tummy to its original form remained unsuccessful. This prompted her to use other techniques. One procedure was micro-needling. This procedure is undertaken by a dermatologist who inserts/derma-rolls needles into the skin, somewhat 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. [Isabel—abdominoplasty and lipoplasty]

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 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—abdominoplasty and lipoplasty]

Isabel's decision to employ a cosmetic procedure is presented, by her, as a last resort. She went for her first cosmetic consultation and considered the information for a full year before deciding this step would be her only option to obtain what she desired. 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 research participants also saw cosmetic surgery as the only way to change the body part that was otherwise unfixable or regarded to be problematic. Bridget did not change her life-style to try to lose weight around her stomach:

> I'm too lazy to do a diet. [Bridget—lipoplasty]

She did try specifically designed body shorts/tights to reduce the appearance of her tummy. Bridget believes that her cosmetic intervention would give her the results she sought without having to change her life-style:

> I wore those panties that stretch up to here [to under her breasts], but it's just too uncomfortable…I will rather go for an operation and feel comfortable for years afterwards than for years wearing uncomfortable garments. I want a permanent fix for something like this. [Bridget—lipoplasty]

Bridget's outlook is shared by others. Abby agrees that excess stomach fat/skin should be dealt with through the radical intervention of cosmetic surgery:

> I would rather go for the surgery than go to the gym, and that's me. I would rather do the surgery and get over with it. [Abby—abdominoplasty and lipoplasty]

For Hailey and Georgia, their cosmetic intervention, blepharoplasty, was employed to correct some 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.[4] She knew that her eyesight would inevitably be compromised. Her main desire was to prevent this condition from progressing:

> My only thoughts were: How are we going to prevent this condition and become blind. [Georgia—blepharoplasty]

From these narratives, it seems that the participants take two contrasting courses of action when re-negotiating their self-perception. The first course of action sees women embarking on a variety of methods or techniques to temporarily transform their body to project a congruent sense of self. The second course of action is to have fixed, through a cosmetic surgical intervention, what is undesired. However, in each of these courses, the participants kept private how they re-negotiated

[4] Ptosis refers to the "drooping of the eyelid" (Maharana, Sharma, and Kumar 2017:15).

their temporary body enhancements and reshaped appearance.

The Cosmetic Secret

Additional understanding can be reached on the topic of cosmetic surgery by exploring notions related to the *cosmetic secret*.[5] In this enquiry, we want to see if an individual's sense of empowerment is influenced by revealing or keeping private her surgical intervention. We begin by unwrapping an individual's subjective understandings and views by asking: "Why is cosmetic surgery kept a secret?" By focusing on this, we try to obtain insight associated with subjective and intersubjective notions, as well as perceptions of cosmetic surgery.

Some of the research participants 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 perceived stigmas associated with cosmetic surgery, for instance, that it reflects vanity and narcissism:

> It should be kept a secret because it is vain…it's for yourself. [Abby—abdominoplasty and lipoplasty]

Abby's secrecy does not extend to everyone; she clearly appreciated the support of her family and of a close friend. But, as Abby wanted to keep her surgical intervention quiet from others, she refrained from telling her son about it. Her 11-year-old son, being open and approachable, could have told people—even *outsiders*—of his mother's cosmetic intervention:

> I have one friend, she knew about everything. She was in the hospital all the time with my husband and my children…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—abdominoplasty and lipoplasty]

Another participant—Isabel—also believes that society's negative perception of cosmetic surgery projects a label of narcissism onto those who opt for it. For this reason, she prefers to keep her surgical intervention private. During our initial discussions she revealed that only her husband and her mother knew about her cosmetic surgery. However, as we gained additional depth and trust during our interviews, she disclosed that she did confide in a friend:

> [Cosmetic surgery] goes along with a lot of judgment. So, depending on that, I think maybe you should keep it a secret…I told no one! I told one friend! [Isabel—abdominoplasty]

After our talks with Kim, we get to understand why she wanted to keep her procedure quiet. She contracted a staph infection that resulted in a year-long battle to regain her health. Kim's initial breast

[5] The word "secret" generally implies to something that is "kept hidden or separate from the knowledge of others" (Collins Dictionary 2001:1360). To *keep hidden* is to purposefully conceal a thought, understanding, or physical change. However, as we are granted personal access to the research participants' cosmetic experience and lifeworld, in one-on-one contact sessions, the term *secret* is here used to describe how the participants engage and reveal their cosmetic experience and reshaped body to "other" select people. The term "other" refers primarily to family members (husband, children, mother), close friends, and the researcher.

augmentation, breast lift, and mini face-lift were intended to restore her sense of femininity and beauty. Her aesthetic intervention was, for her, not only employed to meet socially defined beauty ideals but to experience graceful aging. Her need to keep her procedures private was not because of the stigma and shame attached to cosmetic surgery, but 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 a staph infection in the aftermath of her cosmetic surgery, her health deteriorated dramatically and that 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." So, he [only] took me with the kids to the center where they did my procedure. [Kim—breast augmentation, breast lift, and mini face-lift]

Throughout her ordeal, Kim was determined to recover from her procedure without risking being stigmatized for her decisions or having to worry about consoling 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. That'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. [Kim—breast augmentation, breast lift, and mini face-lift]

What is evident in these revelations is the underlying stigma associated with cosmetic surgery. According to Foy and colleagues (2014:312), stigma is a 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 often accompanies the decision to undergo a cosmetic procedure. Tam and colleagues (2012:474) affirm this by stating that "a stigma is still attached to cosmetic surgery patients" due to perceived preconceived judgments 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 very much a Catch 22 situation: to avoid cosmetic surgery and find a way to accept incongruencies between the perceived self and the physical self, or to obtain a cosmetic procedure and be stigmatized and categorized as acting in an unnatural, artificial, vain, narcissistic, frivolous, and fake way. All the research participants feel that some degree of secrecy is the best course of action to avoid being the victims of negative or emotionally harmful comments and actions. However, in contrast to these attitudes and actions, some research participants presented

different perspectives on how they approached the secretive nature of cosmetic surgery. They believed that openness and self-confidence aided them to re-negotiate their self-perception and sense of embodiment, and to engage with their social reality. Hailey illustrates this position:

> I had a cosmetic operation! I am proud! Oh, look at my eyes! Have you seen my eyes? [Hailey—blepharoplasty]

Hailey's reaction also resonates with other participants' views 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 is reflected on by Diane:

> I think if you are open about it, then people won't *skinner* [Afrikaans for gossip]. Don't hide it from everybody, because people will see if you had plastic surgery or not. People aren't dumb. [Diane—breast augmentation and breast lift]

Joanne expands on this by stating that by approaching one's cosmetic decision openly, one can contribute to changing societal norms:

> I'm not shy about it. 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—breast augmentation]

Bridget shares this view. She avoided potential gossip in her workplace by openly telling people that she is going for rhinoplasty to correct her nasal airways and to have her facial appearance readjusted. Bridget underwent a surgical procedure of rhinoplasty to correct a childhood injury when she fell and broke her nose. The medical practitioner treated her injuries, but never correctly realigned her nasal bridge, which resulted in a crooked appearance. Furthermore, this misalignment impacted her breathing, thus, prompting her to seek cosmetic surgery. By revealing her procedure to her work colleagues, she also emphasizes her self-empowerment over her perceived flawed appearance, negative self-perception, and resultant unhappiness:

> 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." [Bridget—rhinoplasty]

This form of self-confidence can help women re-engage their lifeworld, but many still keep their aesthetic enhancements secret. Beauty therapist, Cate, believes this is due to the 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—breast augmentation and breast lift]

Cate takes position against 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—breast augmentation and breast lift]

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 to meeting social trends. Rather, when relying on an elective procedure, care should be exercised and rational, personal 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—breast augmentation]

All of the research participants were aware of possible stigmas associated with body augmentations: judgments of being vain; narcissist behavior; and working towards a fake appearance. Such labels can and do prompt women to keep their surgical interventions confidential and private. When drawing together the concepts of self-empowerment and surgical disclosure, the focus is on the research participants' 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 the avoidance of social judgment or a fear of common misconceptions and stigmas that position aesthetically inclined women as superficial and vain. For some of the research participants, revealing their cosmetic experience brought about a feeling of being negatively judged. It is for these reasons that the cosmetic journey is often kept quiet, even secret.

Concluding Remarks

As the study aimed to understand the lived experiences of ten South African women who obtained a cosmetic intervention, the analytical concepts of Kathy Davis's (1995:11) "identity," "agency," and "morality" and Iris Marion Young's (2005:35) "feminine motility" were well-suited to analyze notions related to subjectivity and intersubjectivity—particularly how the research participants perceived, negotiated, and expressed their cosmetic experience. Based on the narratives, it is evident that the women in the study did not view their aesthetic procedures as a means to mobilize physical capital so as to gain social equity (cf. Shilling 2012:135) or to emphasize their socio-economic status (see: Adams 2007:8). These women's well-informed decisions to pursue cosmetic interventions were not a mere vain attempt at female beautification; instead, their motivation was to rectify a perceived flaw and/or regain their pre-childbearing bodies. Far from exhibiting a poor emotional self-understanding (cf. Skeggs 1997), the women in the study showed agency in the way they re-negotiated their sense of self through cosmetic intervention—seeing it as a form of empowerment (Pitts-Taylor 2007:89).

By exploring the research participants' personal perceptions and experiences of cosmetic surgery, additional insight was gained to why some women keep their aesthetic interventions private. 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 is not always socially accepted.

The study found that the concept of cosmetic secrecy was not related to shame. Rather, by keeping the cosmetic encounter private, the research participants protected their sense of self (feelings and emotions) against possible negative comments, generalizations, and comparisons. Thus, stigmas and labels do influence how an individual perceives and even reacts to others' perception of the cosmetic act. However, the everyday experience of emotional incongruence and pain outweighs negative social censure—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. This conscious decision if and to whom they would disclose information about the aesthetic procedure speaks, once more, to the women's agency.

As most of the research participants obtained their cosmetic procedure from Dr. Anderson (pseudonym) 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. A need for further research is to include more women who had negative or unsatisfactory 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. Another possibility for research is to collect and explore narratives from less affluent socio-economic spheres of society, and from other ethnic groups.

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