

## Introduction

We have seen the face of the future and it is wrinkle-free.

—Kendall Hamilton and Julie Weingarden<sup>1</sup>

The holiday season in Miami Beach is always a lively and bustling occasion—while the rest of the country is covered in snow and enduring blizzard-like conditions, Miami is a temperate 70 degrees. During my early postcollege years, every late December all of my high school girlfriends and myself, regardless of where we were living at the time, would make our annual return home to Miami to visit our families, reconnect with old friends, and enjoy a subtropical time-out from our busy work (or in my case, graduate school) schedules. On one such balmy Miami winter night in 2006, a large group of us reunited at a casual holiday cocktail party. In the midst of catching up over some cocktails and light party snacks, Mara Siffman,<sup>2</sup> an old friend, who at that time was enjoying a blossoming career as a fine art dealer and had just relocated with her husband from their posh apartment in the West Village to a high rise in South Beach, pulled three of us aside. Once she was out of earshot of the other partygoers, she exclaimed, “Guess what I did today?” When the three of us ran out of guesses, she screeched, “I got Botox!” We were flabbergasted. We all seemed to share the same sentiment—Botox? But we were only twenty-eight. That was supposed to be something older women did. Shocked that we knew someone (and, at our age, no less), who had tried Botox, the three of us began to bombard her with questions: What does it feel like? How much was it? Where did you go? With whom did you go? And, Why in the world would you get Botox at twenty-eight?

Feverishly recounting her morning, Mara told us how a new girlfriend she had recently become acquainted with told her about a special

offer that her dermatologist was having. The two of them went together, and it cost them each three hundred dollars. She described how, after the dermatologist told her to scrunch her forehead a few times, she injected her with a needle at three different points on her forehead. With each shot, she felt a pinching sensation between her eyebrows for just a few short seconds. And then, Mara brazenly declared, “You should all do it, too. If you start doing it now, before the wrinkles in your forehead even form, you will never get that ugly line between your eyebrows.” Now I was even more dumbfounded. Did my friend just tell me that I was supposed to begin using Botox before I even had any perceptible creases on my brow? I wasn’t even thirty yet! Armed with a concoction of contempt, outrage, perplexity, and curiosity, I returned home that night to my childhood bedroom wondering whether my friend was being ludicrous, inordinately vain—or forward-thinking and on to something.

To a growing number of young women, Botox is seen as a type of insurance against future facial wrinkles, a preemptive strike that might guarantee that they won’t develop deep creases in their face in the future. To many others, it is akin to a fountain of youth—just a few pricks in their brow, and in less than a week, their face would be returned to a younger-looking self, untouched and unfurrowed by the responsibilities and anxieties of adulthood. For the majority of Americans, Botox stirs up images of vanity-obsessed, narcissistic women, and for some critics, it symbolizes everything that is wrong with our oppressive contemporary beauty culture.

Regardless of how we might each think and feel about Botox, known by the brand name Botox Cosmetic (drug name onabotulinumtoxinA), the fact is that it has forever transformed the primordial battleground against aging. A cultural force, Botox has been celebrated as “the miracle drug for Boomers”<sup>3</sup> and “youth in a syringe.”<sup>4</sup> Praised for its reliability, relative affordability, and convenience, Botox promises a quick fix, with no surgery or downtime, and can even be “administered over a lunch break.”<sup>5</sup> Since the early 2000s, we have witnessed unprecedented numbers of users paying big money to inject the drug into their facial muscles and paralyze their wrinkles into smoothness and invisibility.

Botox is marketed as appealing to the American Everywoman, not just the economically prosperous and the socially ambitious. Even though a small proportion of the population in relative terms currently uses Botox, its cultural significance is widespread. These days Botox is so firmly entrenched in our cultural consciousness it has become common vernacular. It is even used as an adjective, as in “she’s so Botoxed.”<sup>6</sup>

According to the product’s website, eleven million women and men have experienced “the proven results of Botox.”<sup>7</sup> In 2014 alone, the American Society for Aesthetic Plastic Surgery estimated that there were over six million Botox procedures.<sup>8</sup> The simplicity and popularity of Botox has sparked a wave of in-home Botox parties, where a doctor (or other certified injector) performs the procedure on a dozen or so eager patients, sometimes over a cheese platter and a few bottles of Chardonnay. Medical spas are sprouting up in strip malls across the nation, from Manhattan to Miami, Orange County to Omaha, selling Americans Botox injections in a nonclinical spa-like setting. Daily-deals websites like Groupon regularly e-mail subscribers bargain deals on Botox injections. Allergan, the pharmaceutical company that manufactures Botox, recently launched “Brilliant Distinctions,” a new program (complete with its own app) that works like a punch card that consumers can use to earn savings on Botox and other select Allergan treatments and products every time they make a purchase.

Considered the preeminent remedy for expression lines on the upper part of the face, Botox is widely marketed as a quick, easy, safe, and reliable way to temporarily improve the look of moderate to severe frown lines. Even before the U.S. Food and Drug Administration (FDA) approved it for cosmetic use in 2002, Botox was known among Hollywood celebrities and New York City’s Upper East Siders as the anti-aging wonder drug. In fact, without any marketing whatsoever, Botox became the most popular cosmetic medical procedure in the country, with more than one million people using it in 2000.<sup>9</sup> Since then, Botox use has increased almost 750 percent between 2000 and 2014, making it the most widely used cosmetic procedure to date.<sup>10</sup>

Here's how Botox application works: In a typical cosmetic treatment, a licensed provider injects an extremely diluted form of the drug into a user's facial muscles. Results are not immediate, as many believe. In fact, it is a myth that Botox provides instant gratification. Rather, over the next three to ten days, the toxin (more on that, later) paralyzes the muscles that control facial movement, smoothing individuals' dynamic wrinkles (also known as their expression lines). Because the treatment is so diluted, there is no significant risk of becoming infected with botulism (this is actually quite important, given that botulism can cause respiratory failure and even death in severe cases).<sup>11</sup> Over these next few days, people experience a change in their ability to make certain expressions, specifically in their ability to scowl or furrow their brow.

The rising popularity of Botox Cosmetic's use is due in part to the fact that it is a cash cow for physicians and other licensed injectors. Because it is billed as a cosmetic procedure, there are no health insurance costs with which to deal. A vial can cost a licensed provider approximately \$500, and that single vial can potentially generate revenue of up to \$3,000.<sup>12</sup> Botox is extremely time efficient, with each procedure taking approximately fifteen minutes. **There are very few other medical-cosmetic procedures that are as profitable as Botox.**

Botox is widely marketed to middle-aged women "whose faces tend to be more animated than men's, and whose skin is typically more delicate" causing the wrinkles and crinkles that result from expression to appear exaggerated and more permanent.<sup>13</sup> Because women make up the vast majority of Botox users, in this book I pay particular attention the experiences of women Botox users and the marketing of Botox to women. In 2014 approximately 94 percent of all Botox users were women, and almost 60 percent of these procedures were performed on women between the ages of forty and fifty-four.<sup>14</sup> What sets Botox apart from other anti-aging interventions is that Allergan seduces its young consumer base with claims that Botox does not simply eradicate wrinkles but can actually prevent them from forming by forbidding the face to muster wrinkle-producing scowls. Consequently, it is not only

middle-aged women who are using Botox but also women in their thirties and even their twenties who are also taking the plunge. In 2014 close to 1.2 million Botox procedures were performed on people aged nineteen to thirty-nine, constituting about 20 percent of the total.<sup>15</sup>

**In this book I examine the growing trend of women in their twenties and thirties who use Botox as a means to prevent and thwart the appearance of aging.** It is this growing trend that distinguishes Botox from every other cosmetic intervention in the anti-aging armamentarium. Unique from the plethora of cosmetic nonsurgical procedures on the market, Botox is passed off as a medical procedure with curative and preventive powers. Because of Botox's ability to paralyze facial muscles and prohibit facial movement, proponents of the drug argue that regular injections can stop the appearance of dynamic wrinkles from forming, in that no facial movement ultimately means no facial wrinkles. Thus small but notable growing populations of young women are using Botox prophylactically in the hopes that they won't develop future facial creases.

In her book, *Beauty Junkies: Inside Our \$15 Million Obsession with Cosmetic Surgery*, the *New York Times* "Style" section contributor Alex Kuczynski wrote that, as the magic wrinkle eraser grows increasingly popular with aging baby boomers and their daughters, the rise of a Botoxed nation means that "we are fast becoming a culture where we look at wrinkles as a remnant of the unhealthy, imperfect past, something to be fixed, like a broken tooth or bad vision, something that can be addressed in one office visit."<sup>16</sup> But herein lies the dilemma: Botox's ability to freeze the youthful face is ephemeral, since it only lasts four to six months. So, because Botox injections are temporary, they only really prevent wrinkles if one continues to get injections every two to three times a year. That Botox needs to be continually topped off to maintain a wrinkle-free ageless appearance means that we are seeing a growing population of relatively young women potentially enlisting in a lifetime of Botox maintenance.<sup>17</sup>

For these reasons I argue that Botox is changing the face of America. Slightly over a decade after its debut, the impact of Botox on American society is evident—not just on people's faces, in the media, and in

the massive advertising and marketing campaigns but also in the ways it runs through our cultural commentary. In a literal sense, Botox is changing the face of America in its reduction and erasure of forehead wrinkles among a growing percentage of the population. In a more metaphorical sense, Botox is changing the face of America in the way that it has transformed people's expectations about aging faces, especially about women's aging faces.

### A Sociological Approach

The recent proliferation of Botox procedures and the rise of numbers of relatively young women injecting the drug pose multiple sociological questions about the medicalization of aging and the incessant marketing of youth. In the pages that follow, I show how a sociological analysis of Botox can tell us a great deal about cultural norms related to aging, gender, embodiment, and medical consumerism. I take up the increased popularity of Botox as a case study that provides a unique glimpse into American culture and reveals some potentially troubling social truths about the society in which we live. **Botox can have multiple, sometimes competing meanings:** It can be an anti-aging wonder drug, the fountain of youth in a syringe, a fleshly symbol of patriarchal oppression, a routinized component of body maintenance, or a financially lucrative biomedical technology.

The cultural explosion of Botox use is a result of large constellations of people and institutions acting within social, cultural, and historical shifts. In *Botox Nation: Changing the Face of America*, I focus on the people who construct and perpetuate both the demands and anxieties for Botox—those at Allergan Pharmaceuticals, dermatologists, plastic surgeons, medical spa entrepreneurs, journalists, and other participants in the beauty and anti-aging industries. I also explore how individual Botox users make decisions about Botox and how they make sense of their Botoxed bodies. By investigating how different individuals and groups construct, manipulate, and invest Botox with multiple meanings,

I examine how social norms about gender, aging, bodies, and medicine are constructed, negotiated, and reproduced on institutional, cultural, and individual levels.

Whenever I tell someone that I am writing a book about Botox, inevitably the first question they ask me is, "So are you for it or against it?" Before you read on, let me be clear, my intent is not to examine whether Botox as a technology is good or bad. Rather, in the pages that follow, I interrogate how Botox makes visible the ways that cultural norms and social inequalities are mapped onto bodies, how gender is significant in the production of bodies, and how bodies become the object and subject of consumption.

### *Bodies, Selves, and Society*

In this book, I want to think about what sociological theories can offer to our understanding of Botox. First and foremost, a sociological analysis of Botox makes visible questions of embodied selves and identities, specifically how contemporary selves and identities are constructed in and through the body. Scholars from varying disciplines disagree about whether to view the body as a subject or an object—where some see the body as an object regulated by social and cultural norms, others conceptualize the body as an active subject, one that is purposeful, reflexive, and negotiated. In my analysis of Botox, I resolve this subject/object tension and employ the plurality of a both/and approach to understanding bodies. Drawing on symbolic interactionism, a sociological theory that focuses on meaning making and social interactions, I emphasize how the body is a subject that individuals experience, create, and negotiate. Seeing bodies as subjects illuminates the extent to which people do not merely have bodies but, rather, *do* bodies. Bodies are always being performed, and "the theatre of the body are the raw materials by which the drama of our everyday embodied life are produced."<sup>18</sup> Focusing on the reflexivity of selves and bodies, symbolic interactionism accentuates the processes by which humans cultivate their bodies in ways that

meaningfully construct and demonstrate their selves and social identities. Such a lens is also useful for understanding ways that social relationships shape bodies and how imagined appraisals reflect onto the self and body in an interpretive process.

However, larger structural forces and social discourses also influence our decisions about how we modify, shape, and present our bodies. Thus, in addition to a symbolic interactionist approach, I integrate structural and critical sociological theories to consider how bodies are produced, regulated, and disciplined by power relations. Throughout this book, I interrogate the ways that social institutions such as medicine, the pharmaceutical lobby, and the beauty industry discipline and govern human bodies. Related to that, I consider how cultural discourses such as biomedicine, neoliberalism, and postfeminism operate pedagogically, that is, how they teach us how to talk about our bodies and our experiences of embodiment.

### *Biomedicalization, Neoliberalism, and Consumer Bodies*

Biomedicalization is one process by which the body as an object is actively constructed, experienced, and transformed into a subjective body. “Medicalization,” a term first used by sociologists in the 1970s, was introduced to describe the expansion of medical authority into a wide range of areas not previously under its jurisdiction.<sup>19</sup> In light of the collectivity of technoscientific interventions in our postmodern global world, the medical sociologist Adele Clarke and her colleagues have argued that the term “biomedicalization” more aptly captures the new and complicated ways that medicalization is intensifying and is “ubiquitously webbed throughout mass culture.”<sup>20</sup> Emphasizing the “increasingly complex, multisited, multidirectional processes of medicalization,” the concept of biomedicalization allows sociologists to push medicalization around the postmodern turn.<sup>21</sup> In other words, the focus is on thinking about how humans can remake and reconstitute their bodies and the extent to which the transformation of bodies and selves and the production of new

bodily properties and identities are central to our contemporary era. For example, being able to walk with prosthetic limbs, hear with cochlear ear implants, see with laser eye surgery, and appear wrinkle-free with Botox injections are just some of the many biomedically engineered bodily transformations currently available to humans.

Where once medicine only had jurisdiction over sick, diseased, and injured bodies, now medical authority is extended over healthy bodies. Perhaps the biggest paradigmatic shift with biomedicalization is the commodification of health and healthy bodies. As Clarke and colleagues have noted, in our current era, health has become a “commodity and the biomedically (re)engineered body” has become a sought-after possession.<sup>22</sup> The consumer quest for healthy, young, and attractive bodies is accompanied by another trend, known as “lifestyle medicine.” Lifestyle medicine now regularly corrects, cultivates, and improves healthy bodies. Lifestyle drugs engineered to treat the visible signs of aging, such as Viagra, human growth hormone, and Botox epitomize the desire for bodily enhancement.<sup>23</sup>

We now have a highly lucrative industry dedicated solely to the treatment and renovation of aging bodies—an industry opportunely dubbed “the anti-aging industry.” A multibillion-dollar enterprise, the anti-aging industry is a commercial and clinical industry that designs and markets products to stall, prevent, or reverse aging. Redefining aging as a target for biomedical intervention, the anti-aging industry reflects a shift from seeing aging as a natural and normal process to a process that should be remedied by all means possible. Highly profitable and growing at an astronomical rate, the anti-aging industry’s 2015 earnings, as estimated by the American Academy of Anti-Aging Medicine, were approximately \$291 billion.<sup>24</sup>

Anti-aging medicine is one of the many biomedical changes that expand health care from sick bodies to aging but otherwise healthy bodies. Anti-aging is part of a widespread shift toward “cosmetic wellness,” a strand of lifestyle medicine that shifts the medical gaze from the health of the inner body to that of the external aesthetic body.<sup>25</sup> Because we as-

sume that our health is written on our bodies and that looking old means looking sick, it is the appearance of being young, rather than the actual reality of being young, that matters. To look old is morally, physically, and aesthetically lacking. Aging bodies are constructed as ugly bodies and as the product of poor and irresponsible consumption. However, it is vital to keep in mind that appearances often tell us very little about actual health, or as the sociologist Toni Calasanti aptly noted, “Wrinkles tell us nothing of one’s heart function.”<sup>26</sup> Moreover, while health and youth are correlated with attractiveness, our cultural preoccupation with beauty often comes at the expense of minding our actual health status. For example, many extreme body projects—such as strict calorie restriction, excessive exercise, and cosmetic surgery—can potentially harm our bodies in more ways than help them. Yet we do them anyway because we assume that our outward appearance reflects our internal health and because of the exceedingly high value we place on appearance and others’ perceptions of us.

Although the human desire to beat the clock is not a recent phenomenon,<sup>27</sup> the rise of anti-aging consumer culture has profoundly magnified and intensified the moral imperative to fight aging. Aggressive phrases like “fighting aging” the “battleground of aging” and the “war against aging” are pervasive in anti-aging discourses. As the Canadian sociologist Laura Hurd Clarke pointed out, the very idea that we should be against growing old is a taken-for-granted assumption and that “we are rather proudly and openly hostile toward, or ‘anti’ aging.”<sup>28</sup> The underlying messages in anti-aging advertisements is that youthfulness is a commodity that is not restricted by one’s actual chronological age and now, with scientific advances, everyone has the tools to halt, reverse, and stall the aging process. Reigning discourses construct aging as a deviant and diseased physical state, projecting the idea that individuals have a moral responsibility to participate in the battle against (the appearance of) aging. The message is not that one can control aging but that one must control aging; we can and should do everything in our power to resist looking old.

This singular focus on personal responsibility within anti-aging discourses promotes neoliberal ideologies of individualism and autonomy.

No longer confined solely to the political economic sphere, neoliberal principles of individualism, consumerism, and free-market competition now penetrate the ways we interpret and interact with the noneconomic world.<sup>29</sup> The neoliberal panacea of autonomy and free choice encourages subjects to take control over their health, wellness, and appearance through responsible and conspicuous consumption. Held accountable for their own individual fate, neoliberal citizens are responsible for their own self-care and structurally accorded the responsibility for the governance of their own bodies. Obligated for making their own conscientious “lifestyle” choices and for managing the risks associated with these choices, “neoliberalism calls upon the individual to enter into the process of his or her own self-governance through processes of endless self-examination, self-care, and self-improvement.”<sup>30</sup>

In our postindustrial economy, contemporary Western identities and bodies cannot be separated from consumer culture. So much of what modern citizens know about their selves these days, they know through daily visits to the marketplace.<sup>31</sup> In consumer culture, the self is circuitously bound up with the body. The human body is the ultimate medium between consumption and identity and is conceivably our most precious commodity.<sup>32</sup> Just as with biomedicine, “consumer culture is constructed out of the interplay between disciplined/objectified bodies and governed/subjective bodies.”<sup>33</sup> Some scholars, like the British sociologist Anthony Giddens, believe that consumer culture contributes to an increasing awareness that our bodies, selves, and identities are chosen and constructed.<sup>34</sup> For Giddens, the self in late modernity is a reflexive project that is created and re-created through a variety of consumer choices and lifestyle decisions. Suggesting that the decline of religious and political authority means that people are no longer provided with a clear worldview from which to construct their sense of self, Giddens argues that, in the era of late modernity in which we live, humans place more importance on the body as constitutive of the self. The body has emerged as the foundational material for constructing a reliable sense of self, and in our current age of increasing political and economic uncer-

tainty, the body becomes one of the few things we can control and use to express our identities.

Whereas bodies have always been used to express social and cultural meanings, consumer capitalism speeds up the ways people can reinvent their bodies, augmenting the body's role in identity production. The production of the self is now wrapped up in the continual transformation of the body, and investing in bodies provides people a means of self-expression and a way of increasing the control they have over their bodies and their selves.<sup>35</sup> Projects to be worked on as part of an individual's identity, bodies are now "malleable entities, which can be shaped and honed by the vigilance and hard work of their owners."<sup>36</sup>

Giddens calls attention to the ways by which modernity fuels the project of the self and body "under conditions strongly influenced by standardizing effects of commodity capitalism."<sup>37</sup> Bodies are part of an endless process of marketplace definition, and consumerism puts acute pressure on individuals to transform and improve every aspect of their bodies and selves. In consumer culture nothing satisfies our desires to be better, healthier, and more attractive. The success of the marketplace depends on inducing sufferings of personal inadequacy that create a culture of lack, rendering consumer behavior and consumer bodies essential to their continuation.

It is vital to mention that the ubiquity of biomedicalization and consumption in the production of twenty-first-century bodies and selves means that the bodies we inhabit, as well as those that we see and appraise and with whom we interact, are never wholly natural but, rather, are the cumulative effect of a lifetime of purchases, cultural norms, and social practices. Although a lingering debate about the reality of a natural body still persists among some scholars, most feminist and postmodern theorists deny any existence of a natural body unmarked by collective norms, cultural discourses, and other social pressures external to them.<sup>38</sup> In the tradition of these scholars, I argue that any idea of a natural body is illusory and, even more, that the very concept of nature itself is temporal, shifting, and socially constructed by biomedical discourses and consumer prac-

tices. We live in a reality of prosthetics, pacemakers, and cosmetic surgery that exposes the fictitious distinction between nature and culture. However, it is vital to keep in mind the extent to which technology is always embedded in power relations and the ways in which bodies and selves are always subject to gender, race, class, and a host of other inequalities.

### A Gendered Lens

Perhaps no subject matter in body scholarship has been as thoroughly considered as gender. To say that a body is gendered refers to the ways that hierarchical norms and ideals of masculinity and femininity are written on and performed by bodies. Because bodies are gendered, or encouraged to participate in gender conformity, the bodies that we see and interact with on an everyday basis are not natural or innate but, rather, are a product of a lifetime of gendered practices, relations, and ideologies. The dominant image of a feminine body is a youthful, thin, toned frame with flawless wrinkle-free skin. Unattainable and elusive, the feminine beauty ideal is such that very few women can meet these norms, and no woman can do so across her life span. However, despite breaking through unprecedented legal, political, and cultural obstacles, women's beauty and their bodies continue to be presented as their most important possessions, and women are afforded more social and economic value the closer they come to attaining this elusive beauty ideal.

Gaining weight and aging are perhaps the most dangerous enemies of the beauty ideal. Whereas many women can exercise and diet to prevent gaining weight, aging is inevitable and is thus the most restrictive aspect of the ever-tenuous beauty ideal. The visible signs of aging, like sagging skin, wrinkles, and graying hair, can pose a profound threat to women's sense of self, identity, and heterosexual desirability and are significantly more problematic for women than for men, and at considerably younger ages. The experience of aging is thus an explicitly gendered phenomenon, and the ways that bodies and faces are marked and experienced as old occur within a larger system of gender inequality in

which aging female bodies are increasingly devalued. In the early 1970s, the feminist cultural critic Susan Sontag used the phrase “the double standard of aging” to describe the long-standing adage that women get old and men get distinguished. In a poignant essay, Sontag wrote that “one of the attitudes that punish women most severely is the visceral horror felt at aging female flesh . . . that old women are repulsive is one of the most profound esthetic and erotic feelings in our culture.”<sup>39</sup> We have a narrow and elusive standard of beauty that marginalizes and excludes older women, and women are shamed when their aging bodies and faces no longer display qualities of youthfulness and sexual attractiveness. In our culture, older women become irrelevant and invisible.<sup>40</sup> Even more, since what we perceive to be feminine and beautiful is an unlined, smooth, soft, and fair face, and since there are actually only a few short years in their early twenties when this look is physiologically natural, a woman hardly has to be anything that would be considered old to start agonizing about her age. Describing aging as a “movable doom,” Sontag bemoaned that women are old “as soon as they are no longer very young,”<sup>41</sup> and even women in their early thirties can feel like they are racing against the calendar.

A wide range of scholarly research has confirmed that the double standard of aging produces meaningful social inequalities that profoundly contribute to women’s cultural and economic inequality. Media images of aging men are far more diverse and prominent than those of aging women. Older women are significantly underrepresented in and negatively portrayed by popular culture—both in films and in television commercials.<sup>42</sup> In our culture, because men are more visually diverse they are privy to a sense of security in their aging bodies that women do not have. Similarly, a celebrity woman’s worth and talent is measured by her attractiveness in a way that a man’s is not. Female celebrity status is often concentrated on the body, and the figure of the aging woman celebrity is a heavily contested site. Madonna recently underwent scrutiny from *New York* magazine as critics speculated on her use of dermal fillers, eyebrow lifts, and facial reconstruction.<sup>43</sup> A 2014 *Daily Mail* ar-

ticle about Renée Zellweger declared her “unrecognisable with her super line-free forehead, altered brow and suspiciously puffy face.”<sup>44</sup> Yet aging does little to impair the careers of male film stars like George Clooney or Robert Redford, and Mick Jagger is commended for strutting onstage before sold-out arenas with a tattered, leathery face.

Moreover, employment-based ageism disadvantages women more so than men, and women are more likely to cite appearance-based age discrimination in the workplace.<sup>45</sup> Women achieve peak earnings at a younger age than men, resulting in economic disadvantage over their life course.<sup>46</sup> Employers frequently perceive women as being older than their same-aged male counterparts.<sup>47</sup> Because of the penalties that ensue with the visible signs of aging, women are encouraged to engage in various kinds of beauty work in order to look younger and more attractive.

From makeup and hair dye to cosmetic surgery, the gamut of products and services available to women is endless. While gray hair can be easily concealed with hair dye and body fat can be strategically camouflaged with clothing, facial wrinkles have long been a physical marker of aging that is challenging, if not impossible, to hide—that is, until now. Until recently, a face-lift was the only option available to individuals who wanted to rid their faces of creases. But now, with the development of nonsurgical interventions like Botox, we have an abundance of products designed to “fix” facial wrinkles. An issue of cultural wattage, Botox plays on the sociocultural need for women’s bodies and faces to remain young, thin, and beautiful and is one of countless feminized practices marketed to women with the goal of appropriately and effectively doing femininity.

### Feminist Frameworks

Feminist scholars have made substantial contributions to debates about bodies and gender, particularly in trying to make sense of women’s participation in beauty culture. The problem of cosmetic surgery, with its severe and extreme bodily transformation, has been at the forefront of this conversation. Intellectually rich and theoretically complex, the body



of feminist scholarship on the subject of cosmetic surgery has long tried to understand what motivates women to have a cosmetic procedure and how this decision is informed by a larger social structural context pervaded by gender inequality.<sup>48</sup>

Historically, much of this scholarship was characterized by disputes about whether cosmetic surgery was oppressive or empowering, and there has been considerable debate among feminist scholars around questions of how we should theorize and research cosmetic surgery. Consistent with the feminist tradition of “giving voice” to women’s experiences,<sup>49</sup> the approach that dominated much of the earliest scholarship was marked by an interest in understanding the reasons women gave for their cosmetic surgeries and their experiences within cosmetic surgical culture. Centered heavily on questions of women’s subjectivity, this body of scholarship has been critiqued for constructing a theoretical debate that positioned the surgical patient as either a victim of internalized oppression or as an active and rational agent. On the one hand, some feminist critics saw women’s participation in cosmetic surgery as an attempt to achieve impossible standards of beauty produced within a capitalist, heteropatriarchal, and ageist society and characterized it as an exclusively repressive regime.<sup>50</sup> On the other hand, a separate camp of scholars argued that women were hardly “cultural dupes” and saw women’s decision to undergo cosmetic surgery as an opportunity to increase their social and embodied currency in their own terms—albeit in a patriarchal and ageist culture.<sup>51</sup>

Critics of the victim-agent debate argued that these “voice-centered” projects prioritizing individuals’ surgical stories obscured “how gendered sociocultural and sociopolitical contexts shaped the choices women make, and the kinds of stories women can tell about these choices.”<sup>52</sup> For example, the feminist cultural critic Susan Bordo calls for conceptualizing women’s decisions about cosmetic surgery beyond the binary of self-determination or self-deception. Specifically, Bordo challenges feminist discourses about agency for creating “a diversionary din that drowns out the orchestra that is always playing in the background,

the consumer culture we live in and need to take responsibility for. More than an individual choice, cosmetic surgery is a burgeoning industry and an increasingly normative cultural practice.”<sup>53</sup>

Whereas the victim-agent debate is based on Marxist understandings of power, in which power is held by only one person or group at a time, I am more interested in using a feminist poststructuralist lens that redefines power in terms of Foucault’s more dynamic and mutually constitutive view. Feminist theorists influenced by Foucault have been instrumental in complicating the victim-agent debate by revealing how power is not something that acts on subjects through domination or force; rather, power is enacted through subjects, producing explicitly gendered selves, identities, and bodies.<sup>54</sup> For example, accentuating how power is not “overbearing and obvious,”<sup>55</sup> the British feminist cultural theorist Rosalind Gill argues that women do not make decisions about their body modification because of the power of an external patriarchal gaze. Rather, women’s choices about whether and how to cultivate their bodies are shaped by socially constructed, mass-mediated ideals of beauty that are internalized and made their own. Thus women make decisions about body modification through conscious self-surveillance and assessments about how to increase their power and status. Recent research on women cosmetic surgery subjects revealed how they were competent actors who carefully thought about “how to position themselves in relation to social and cultural imperatives and opportunities.”<sup>56</sup> Thus, when viewed through this lens, cosmetic surgery recipients have agency, but this agency is constituted within circumstances in which pharmaceutical and medical experts and fashion and beauty authorities dictate and interpret what is acceptable and appropriate body modification.

In this book I interrogate women’s agency around cosmetic enhancements against a cultural and medical backdrop in which the vast and far-reaching tentacles of the cosmetic surgical industry affect everyone, not only those who choose to go under the knife, needle, or laser. I conceptualize women’s agency as a fluid and shifting construct, produced through machineries of knowledge that create the very possibilities for the produc-

tion of selves and subjects.<sup>57</sup> I am influenced heavily by the work of the sociologist Victoria Pitts-Taylor, who draws upon interviews with surgeons and psychiatrists; analysis of newspaper articles, legal documents, television shows; and ultimately her own experience having a nose job to show how the agency of cosmetic surgical subjects was shaped in and through their engagement with social and medical discourses and through “the process of becoming and being a cosmetic surgery patient.”<sup>58</sup> I am similarly influenced by Suzanne Fraser, who, in an analysis of cultural, medical, and feminist texts about cosmetic surgery, suggests that it is theoretically productive to think about women’s agency as emerging through their encounters with cultural repertoires and material phenomena.<sup>59</sup>

In this book, I consider how women’s agency is constructed throughout the process of objectification and the ways that women can experience subjecthood and pleasure while concomitantly encountering bodily objectification. In a society that encourages women to derive their worth from their physical appeal, pursuing and achieving beauty will feel pleasurable because successfully packaging oneself as an appealing commodity is socially rewarded. For many women, their participation in beauty culture makes them temporarily satisfied with their ability to fulfill a patriarchal projection of an attractive, desired, and worthwhile subject. In the pages that follow I do not seek to challenge the notion that some women feel their quality of life has been improved by using Botox; rather, I want to consider the structures that encourage women to use Botox and other cosmetic procedures in the pursuit of achieving physical perfection.

I also want to think about why participating in an oppressive beauty culture makes so many women feel good about themselves. In addition to internalizing patriarchal and capitalist ideals of beauty, many women are now convinced that conforming to these standards can be a pleasurable and autonomous act. A primary reason for this is that young women are coming of age in a distinctive culture that scholars have referred to as “postfeminist.” A “messy suturing” of feminist and antifeminist ideas, postfeminism projects the impression that the goals of feminism have

been attained and activism around gender is no longer needed.<sup>60</sup> Predicated on the belief that feminism has accomplished its goals of ameliorating structural gender inequality, contemporary postfeminist discourses emphasize women’s individual empowerment and agency. Within our contemporary postfeminist era, women’s empowerment is complicated and paradoxical, in that women can embrace their liberated status as long as it is not at the expense of their feminine appearance. In fact, one of the most conspicuous components of postfeminist culture is its obsession with the feminine body and the extensive surveillance of women’s bodies by the media, by men, and by women themselves. Though women have gained access to occupational fields from which they were once excluded, their bodies continue to be routinely disciplined and policed. Opportunities for women to enter and to thrive in the male-dominated workforce have not been matched by a corresponding freedom to eschew the expensive, demanding, and time-consuming requirements of hegemonic femininity. Thus women’s social power still too often resides within their beauty and their bodies. To put it bluntly, in our postfeminist era, being hot is what women’s liberation looks like.

Moreover, contemporary culture places intense scrutiny on more and more areas of women’s bodies—from their bikini lines to their brow creases. It seems that no part of the feminine body is safe from the beauty industrial complex—we now have cosmetic surgery for women’s necks, hands, and feet, and practices like “vaginal rejuvenation” surgery, anal bleaching, and vulva color “correction” are becoming more and more popular. Moreover, these beauty practices that once were a target of second-wave feminism and were criticized for alienating women from their bodies have been reconfigured in the postfeminist era as pleasurable and as ways of expressing feminine selves.

Recent feminist research has demonstrated that women articulate their participation in beauty culture within postfeminist discourses of choice and empowerment.<sup>61</sup> For example, in an analysis of the reality television program *Extreme Makeover*, Cressida Heyes showed how contemporary discourses about cosmetic surgery projected fantasies of self-

transformation consistent with feminist ideals of agency and autonomy.<sup>62</sup> Used by women to position themselves as unaffected by social regulation, discourses of choice and autonomy allow women to attribute their actions to their own desires, obscuring the social structural influences of gender inequality. What is more, these discourses have a constitutive function, in that they allow women to uphold a view of themselves as autonomous and self-governing agents. Feminist critics have noted that when a woman's actions are considered a result of her own choosing, no further problematization or critical analyses of these choices is warranted.<sup>63</sup> To utterly discount the influence that decades of marketing, media, and cultural messages play on the consciousness of someone who simply feels happier with tighter abs, a wrinkle-free face, and bigger, perkier breasts wrongly presumes that women are able to make choices free from hegemonic beauty norms, gendered constraints, and institutionalized inequality.

### Intersections of Gender, Race, Class, and Sexuality

Women's relationships with their bodies and their participation in consumer beauty culture is shaped not only by their gendered identities but also by other intersecting identities, such as race, social class, and sexuality. Research has revealed that racial and ethnic groups hold different beauty ideals. Some scholars have argued that African American women have historically fallen outside of Eurocentric beauty norms and that race is a protective factor against female body satisfaction. However, other scholars have documented that women across race categories are just as vulnerable to body dissatisfaction and engage in similar self-monitoring of their bodies.<sup>64</sup> Studies looking at the experiences of Latinas have produced inconsistent results. Some indicate that Latinas report lower rates of body dissatisfaction than White women, whereas a number of others have suggested no differences. Recent research has found that Latina and African American women are less likely to engage in social comparisons with White thin media images because they do not see themselves reflected in such images. However, when they do engage in these comparisons they

are just as vulnerable to negative body image as their White counterparts. The research on Asian women has also produced inconsistent results. Some studies suggested that Asian women have more positive body images than Latina, White, and African American women, whereas other studies found that Asian women endorsed mainstream beauty standards in a similar fashion to White women and experienced greater dissatisfaction with their bodies than did Black women.<sup>65</sup>

Research also indicates that the beauty ideals to which women subscribe and the resulting beauty work that follows is deeply associated with social class. This is because beauty work is about appropriating and communicating social status by cultivating the body in a particular way. For example, women of higher socioeconomic status have been found to be more dissatisfied or concerned about their physical appearance than those in lower social strata, and those with high levels of education are more likely to report dissatisfaction with their bodies.<sup>66</sup> In one study, researchers found that working-class older women saw economic hardship as more of a pressing concern than attractiveness and thus placed less emphasis on appearance than their upper-class counterparts.<sup>67</sup> Although poor people look older earlier than their wealthier counterparts, anxiety and fear about aging is more common among middle-class and rich women. Those who lack the financial wherewithal to purchase cosmetic enhancements are more hopeless (and perhaps more realistic) about aging, as they cannot afford the expensive anti-aging regimes of the wealthy. The irony is that the women who keep their youthful appearance the longest—those who lead the most unstruggling lives, privileged by balanced organic diets, expensive gym memberships, and regular dermatological and spa appointments on their smart-phone calendars—are the women who feel the defeat of age most severely.

With respect to sexual orientation, the research is divided as to how sexual orientation and identity influence women's body image and perceptions of their aging bodies. Some researchers have found that lesbians are more satisfied with their bodies than are heterosexuals because they are buffered from those standards of beauty perpetuated by heterosexual dating norms;

other studies have found that body image perceptions are similar across sexual orientation lines.<sup>68</sup> However, with respect to men, research has found that gay men have higher rates of body dysmorphia, eating disorders, and cosmetic surgeries than do their heterosexual male counterparts.<sup>69</sup>

Looking at men's experiences with cosmetic surgery and enhancements adds complexity to existing feminist analyses because it disrupts established approaches that foreground patriarchal culture as the determining reason for participation in beauty culture.<sup>70</sup> Although men constitute a very small number of cosmetic surgery and enhancement consumers, the number of men seeking Botox and other aesthetic procedures is on the rise. Integrating men's embodied experiences creates new spaces for questioning the epistemological basis of the structure-agency dualism since such overgeneralized conceptualizations of patriarchal oppression must be discounted. The small but growing numbers of men having cosmetic procedures reveals the "objectifying propensities of consumer culture for all bodies" and the ways that men's bodies are increasingly subject to surveillance and socially regulated.<sup>71</sup>

Although in this book I heavily emphasize the experiences of women subjects, I also attend to the experiences of men, who are already becoming a growing target audience of Allergan's aggressive marketing campaign. I devote significant time to teasing out the ways that discourses about men and Botox and men's experiences with Botox operate relationally with those of women. In our postindustrial social world, men's bodies have joined the ranks of feminine imperfections and insecurities. Yet men's forays into the world of cosmetic enhancements must be understood against a cultural and historical backdrop of shifting gender relations and as part of a broader landscape of changing socioeconomic structures.

### Studying Botox

Botox is the star of this book; those who produce it, sell it, use it, and market it are the supporting characters. In the pages that follow, I explore how these different characters construct and negotiate meanings about

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"When we think of body modification, we think of surgery like liposuction, face lifts, breast augmentation. Dana Berkowitz's exciting work dramatically expands the discussion to include nonsurgical procedures, which account for 80 percent of all procedures. Combining deft fieldwork, detailed interviews, and daring autoethnography, Berkowitz broadens and deepens our understanding of the cosmetically altered but not surgically redefined body." —MICHAEL KIMMEL, author of *Angry White Men: American Masculinity at the End of an Era*

"This book is an essential text for anyone interested in sociology and the body. Beautifully written and personally reflexive, it demonstrates quite explicitly how the self and the corporeal are constructed via an emerging body technology like Botox. In turn, it shows how the meanings of such technologies are made concrete in and through the bodies of contemporary women—including the author's own body." —Debra Gimlin, author of *Body Work: Beauty and Self-Image in American Culture*

**B**otox Nation is the first in-depth investigation into the development of the Botox phenomenon. The American Society for Aesthetic Plastic Surgery estimates there are about two-and-a-half million Botox procedures annually, and consumption continues to increase. But why is Botox so popular, and why is aging so terrifying?

Dana Berkowitz draws from engaging, in-depth interviews with Botox users and providers as well as her own experiences receiving the injections. The interviews reveal personal motivations for receiving Botox treatment and help unpack how anti-aging practices are understood and guarded against. Berkowitz is particularly interested in how Botox is now being marketed to younger women; since Botox is a procedure that must be continually administered to work, the strategic choice to target younger women, Berkowitz argues, aims to create lifelong consumers.

Berkowitz also analyzes magazine articles, advertisements, and even medical documents to consider how bodies become the object and subject of consumption and how narratives of aging are depicted. She considers the construction of feminine bodies and faces, the culture of preventive medicine, the application of medical procedures to seemingly healthy bodies, and growth and technological advancement in the anti-aging industry. A captivating and critical story, *Botox Nation* shows how the Botox medical procedure is changing the face of America.

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P 32.611

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