

**The many faces of Botox: Beauty, crisis, and cosmeceuticals in Greece**

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Declaration:

'I, Alexia Liakounakou, confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.'

## Abstract

This thesis is a portrait of Greek society through the prism of cosmetic beauty, during the period of financial austerity following the country's entry into a debt-restructuring programme.

Based on field research carried out in privately owned cosmetic-medical spaces for fourteen months, it focuses on the consumption of cosmetic pharmaceuticals ('cosmeceuticals'), such as Botox, fillers, and other non-surgical technologies, and examines how Greek specialists and individuals view these products within a philosophy of healing and care.

In treating 'cosmeceuticals' as a medical field in their own right (separated from 'cosmetic surgery'), this thesis highlights the ways in which cosmeceuticals affect the Greek women who consume them, and the kind of personalized characteristics these individuals bestow on cosmeceuticals in order to render them more familiar. These make up the 'many faces' of Botox, an expression that is meant to capture the range of figurative uses, associations, characterizations and properties that patients attribute to such treatments. I furthermore explore how these associations are deeply personal yet simultaneously socially potent, for they create bonds between patient, drug, and physician.

As this thesis aims to contribute to the existing anthropological work on Greece through the prism of beauty, I maintain that beauty and other related concerns are meaningful matters, forming the 'depth' as much as the 'surface' of life in Greece, even during 'austerity'.

## Impact Statement

I consider the originality of this work to lie, first and foremost, in its focus on a specific branch of ‘cosmetic surgery’—namely, ‘cosmeceuticals’, which are strictly non-surgical treatments. I believe this approach sheds light on heretofore under-explored aspects of a burgeoning field of medicine (‘cosmetic medicine’), which has imperceptibly yet very forcefully become part of the fabric of everyday life in Greece, as elsewhere. The unprecedented level of cosmeceutical “domestication” means that individuals come into contact with such objects on a routine basis; yet the existing ethnographic literature has not investigated how individuals relate to these routinized medical objects, or via what affective means cosmeceuticals get incorporated in their everyday lives.

As a member of the Beauty Demands Network – an alliance of scholars in the UK studying the impact of ‘beauty demands’ made by society on individuals – my goal has been to deepen scholarly understanding of these products’ allure through ethnographic exploration. I believe my own theoretical outlook might aid medical anthropologists and other scholars or critics (in feminist studies, for example) to expand their understanding of how and why individuals interact with cosmetic medical products and services in the long term.

Furthermore, I encountered an enormous gap in the anthropological literature regarding the role and conduct of women doctors, and this I have addressed in my work. I demonstrate how, since cosmetic medicine is an environment traditionally dominated by men, the female physician I observed carved out a unique ‘style’ when attending to her patients, which incorporates elements more traditionally associated with the figure of the mother.

Outside academia, I believe my work engenders the need to rethink and reflect on the various presumptions regarding the cosmetic medical patient, and the conditions in which cosmetic medical treatments occur. By focusing on the relationship between doctor and patient, I stress that there is a *social* aspect to these treatments which has generally gone unnoticed.

More practically, I am currently participating in a newly-formed media association of independent writers, journalists, and researchers in Athens, which plans a series of public talks on contemporary Greek issues accompanied by a variety of articles to be published online. I have proposed a talk and an accompanying article for publication, which will draw attention to the findings of my research, as well as to the (minor but still numerous) risks associated with cosmeceuticals.

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This thesis is dedicated to my grandmother, Avra.

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## A Note to Readers

All names unless otherwise stated are pseudonyms.

### A Note on Transliteration

Modern Greek has been transliterated into English variably and inconsistently. For this reason, I follow the example set by Heather Paxson in *Making Modern Mothers* (2004), by using multiple transliteration methods, each depending on the word in question. This is meant to ease both English and Greek readers, because some Greek words transliterated according to strict transliteration rules into English may lose all meaning to Greek speakers. It is for this reason that my transliteration might seem inconsistent.

‘Μπ’ has been transliterated as both ‘b’ and ‘mp’, and ‘γκ’ as both ‘gk’ and ‘ng’. ‘Χ’ has been translated both as ‘h’ and ‘ch’, depending on the consonant’s position inside the word. For ‘ι’, ‘η’, ‘υ’, ‘ει’, ‘οι’, and ‘υ’, which all produce the English “e” sound, I use either i, ei, or y, in keeping somewhat with their Greek spelling. I also preserve the Greek spelling ‘αι’ in English as ‘ai’ (which sounds like ê). So, for example the word καίει (which would more properly be transliterated as kéī), I transliterate as kaiei, so that it makes sense to those familiar with Ancient and Modern Greek spelling rules.

I always use ‘g’ for γ, and ‘d’ for δ.

The accent mark is meant to guide readers to correctly place emphasis on particular vowels.

Where I cite others, I use the transliteration found in the original text. I do not use accent marks on peoples’ names and place names.

“Cosmetic surgery transforms the outer, physical body, and this very fact renders it controversial. But I want to argue that the cultural, medical, and political relations of cosmetic surgery reach a great deal further than the physical, to what we think of as the self’s interior, to the identity and psyche of the subject.”

—Victoria Pitts-Taylor, *Surgery Junkies*

“Talk about missing the point! Superficial. Exciting. Hollow. That’s what it’s all about! To vituperate like this is to live in denial. Even in our current penny-pinching recession/depression mode, beauty and the need to consume – to expend unprofitably – remains vigorous, perhaps not in dollars spent but certainly in the flaunting of *dépense* .”

—Michael Taussig, *Beauty and the Beast*

## Preface

In this work, especially the early chapters, I focus intensely on the subject of financial crisis, primarily because it was a recurring preoccupation of my informants in the tumultuous years (2015 and 2016) during which I carried out my field work. I am aware that, had I researched this particular topic outside (either prior, or post) financial crisis, its outcomes would have been, in all probability, decisively different. In fact, when I began researching this topic, I envisioned it as avoiding the subject of 'crisis' altogether; I felt that most recent work about Greece focused disproportionately on the subject, and wanted to avoid seeing my own field in this light. I was, nevertheless, confronted with informants whose lives gyrated around the subject of sorrow, stress, and financial difficulty, especially in the early stages of research. I therefore considered it my duty to reproduce these considerations by trying to stay true to my goal, which was to document and observe my interlocutors' thoughts, expressions, and experiences. Otherwise, I might have found myself authoring a piece of work dangerously cut off from everyday reality in Greece.

As the reader will eventually notice, I move away from the subject of crisis as the thesis progresses, and especially towards the end. This reflects an actual shift that occurred on the ground. By spring 2016, the word 'crisis' was beginning to be left behind. It should however be kept in mind, throughout reading this work, that the country still remains in debt. Greece has paid a fraction of its debt to creditors, and has scheduled debt repayments for decades to come.

## Introduction

My interest in the popularity of cosmetic medicine in Greece was prompted, rather unintentionally, when I came across an article in the international edition of *Der Spiegel*. The article, with the title '*Crisis Lifting: Cosmetic surgeries skyrocket in Greece*' and published in May 2013, claimed that while "the economic crisis has forced thousands in Greece to rely on volunteers for even basic health care services [...] wealthier Greeks are having more facelifts and breast implants than anywhere in the world".

The article, in an essentializing and hyperbolic manner that is often characteristic of the media, explicitly reproaches Greece for underperforming in health care, social welfare, and the economy while 'overperforming' in cosmetic surgeries. Its German author writes that,

"Greece is setting many sad records when it comes to unemployment, government debt and business failures. But the country is at the front of the pack in a different, somewhat unusual category: Nowhere in Europe do people have more cosmetic surgery procedures."<sup>1</sup>

At the time, I hadn't noticed a discrepancy: while the title states that Greece performs more surgeries *in the world*, the text below states that this is so more than any other country *in Europe*. This should have alerted me towards the fact that 'facts' may have been manipulated in this piece. Still, I had accepted the piece as, more or less, truthful (this occurred before widespread problematizations around 'fake news') and felt intrigued to research how, and why, cosmetic surgeries were becoming even more popular. After some initial hesitation, since cosmetic surgery itself had never been a personal interest of mine up until that moment, I ended up dedicating five years of research to the field of cosmetic medicine. The *Spiegel* piece was, in a manner of speaking, a fortunate accident, even though its claims were misleading. As I found out shortly after interviewing several cosmetic surgeons, a certain branch of cosmetic surgery had indeed been flourishing in Greece during the past decade, but it was not cosmetic *surgery*. Instead, *non-surgical* technologies, such as injectable and 'anti-ageing' treatments, have surpassed cosmetic surgery in popularity.

Throughout this thesis, I use the term 'cosmeceuticals' to describe these non-surgical technologies. I borrow the term from Susan Mello (2012), which results from a conjoining of the words 'cosmetic pharmaceuticals'. The most common cosmeceuticals in

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<sup>1</sup> <http://www.spiegel.de/international/europe/cosmetic-surgery-up-in-greece-despite-crisis-a-898543.html>

Greece are botulinum toxin products, commonly known as “Botox”<sup>2</sup>, and hyaluronic fillers (or simply “fillers”). But under the label ‘cosmeceuticals’ I also incorporate treatments that make use of laser technology, ultrasound and other innovations which are not ‘pharmaceuticals’ in the strict sense of the word. Hence, for the sake of simplicity, when I write ‘cosmeceuticals’ I henceforth mean Botox, fillers, “threads” (the non-surgical face-lift), and an assortment of other procedures which are applied via non-surgical means, and which do not require an operating room or general anaesthetic.

A detailed foray into their uses, symbolisms, acquired meanings and their popularity will follow after a brief contextualization of life in the Greek present, which will aid the reader in making sense of the ethnographic material that ensues, and especially the intimate connection between mundane life in Greece and cosmeceuticals.

During my initial weeks of fieldwork in Athens, I spoke with O.P., a Greek journalist, about my research. Surprised to hear that a foreign media piece claimed that “Greeks were performing more cosmetic surgeries than any other nation in Europe/the world”, he asked me where the piece had gotten these statistics. When I mentioned the source, I remember his confused face, his pause to think, and the expression of disbelief:

“I wouldn’t trust a German newspaper on anything they write about Greece right now.”

This comment reflects a very particular, and tumultuous, time for Greece. My conversation with O. P. took place during a period when Greek and German relations were at a very low point, and talks about an impending ‘Grexit’ from the European Union were already in circulation.<sup>3</sup> The economic crisis was at its peak, six years after the global financial meltdown in 2008, which had exposed the country’s vulnerability, economic dependency and the extent of its “unsustainable”, “soaring” debt. This had ushered in a critical era (in Greek: *krísi*) during which Greece, both at a national and international level, had its image shattered. The indebted nation’s status inside the European Union had become fiercely questioned, and this shepherded a long series of debates analyzing whether Greece ‘deserved’ to still belong to the EU. Politicians from more financially stable European nations audibly expressed their disappointment in Greece during official talks (a

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<sup>2</sup> Though I capitalize the first letter in ‘Botox’, in keeping with common usage, physicians in Greece use both the American Botox™ and its European counterpart, Dysport™. Essentially, both are ‘botox’, since the word itself is a fusion of the words ‘botulinum toxin type A’. For simplicity’s sake, I will not make a distinction between Botox and Dysport, and will use ‘Botox’ throughout, referring to both brands.

<sup>3</sup> And ‘Grexit’ was extremely close to happening a year later, in July 2015, after the Greek people voted a majority “No” in a referendum on whether to accept the bailout conditions set by the European Commission, the IMF and the ECB (commonly known as the ‘troika’).



tone which became perceptibly replicated in the media, as is the case with the *Spiegel* article), and this caused a climate of mounting anger inside Greece (towards Germany, especially), as it caused the resurfacing of fears regarding subordination and occupation (by Germany) that lay dormant (Knight, 2016) and fertilizing doubt and suspicion (see fig. 1).

These discourses intensely affected the narratives of my informants, who – especially in my early months in the field – frequently commented on how the atmosphere of general gloom, anger and hopelessness led them to seek ways to “feel better”, and to “do something”. For many, cosmetic treatments felt good because they offered an escape “from misery and from a prevalent feeling of social depression (*katáthlipsi*) – themes that I develop in more depth in chapter 1. Perhaps one of the best articulations of this general feeling of despair is the phrase by poet Z.D. Ainalis:

“... the days age fast in Greece.”<sup>4</sup>



Figure 1: Flowers deposited at the location of the former Gestapo headquarters in central Athens in June 2015. The commemorative plaque reads: “Here was Gestapo’s Hell Chamber: 1941-1944” (Photo by the author)

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<sup>4</sup> The original text, “gernáne grígora i méres stin Elláda” from the author’s poem ‘September 3<sup>rd</sup>, 1843’, has been translated by Maria Margaritis as “times turn quickly in Greece”. I offer a more literal translation. The poem appears in Karen Van Dyck’s edited volume *Austerity Measures: The New Greek Poetry* (2016).

## The *krísi*

According to a study led by the Greek research group *Dianeosis*, Greece's extreme poverty nearly doubled from 2011 to 2015, from impacting 8.9 per cent of the population to 17.1 per cent. Though it has since declined, it remains at extremely high levels for current European standards (Matsagganis et al, 2017: 30). As a result of the severe rise in unemployment, more than one in four children in Greece faced "severe material deprivation" in a study conducted in 2015 (Tsironis and Almpani, 2018: 2). Deaths by disease in all age groups rose significantly, and, according to the Hellenic Centre for Disease Control and Prevention, tuberculosis made a comeback among native-born Greeks (Kotsakis, 2018: 396), and "HIV incidence nearly doubled from 2010 to 2012 [...] prompting the reinstatement of syringe distribution programmes" (Kotsakis, 2018: 396). Yannis Palaiologos (2014) moreover describes how public health was severely affected by the crisis, by relaying the personal story of a cancer patient, Polydoros, a former athlete, who died after a long battle with cancer because he couldn't afford private chemotherapy treatments and who, towards the end of his life, was referred to a social clinic run by volunteer doctors in a southern Athenian suburb.

'Crisis' derives from the Greek word *krisis* (modern Greek: *krísi*) and the verb *kríno*. The verb means a) to separate, part, divorce; b) to quarrel, fight; c) to judge, or decide (Kosseleck and Richter, 2006: 357), though the last definition ('to judge') is the most pervasive in modern Greek usage. And, when applied to historical processes, 'crisis' defines the end of an epoch (Ibid.). As Reinhart Kosseleck and Michaela Richter put forward, crisis affects understandings of time, and pronounces that something ends and something else begins. Nadia Seremetakis sees a devaluation of the present (2019: 32) in crisis-Greece, in which the body, both the personal and the collective, is "experienced in total dispersal" (Ibid.). Daniel Knight and Charles Stewart (2016) likewise point out that 'crisis' affects understandings of the self, as it can 'de-realize' the present and can even create out-of-body experiences (de Martino, 2012). "Crises rip the seams of existence apart requiring the extemporaneous re-stitching of time as when the dazed race car driver pieces together what just happened" (Knight and Stewart, 2016: 3). What becomes experienced as 'crisis', then, is the dismantling of the stiches that 'hold life together' and the disbanding of narratives which dictate that humans live in a more-or-less organized world, that generally (should) move(s) 'forward' (Athanasίου, 2012; Zervou, 2015). The ensuing state of oscillation between known and unknown creates deeply wrought emotional and existential experiences. And in this sense, I argue that the Greek crisis became experienced as an

‘event’ in the ways Slavoj Žižek defines it: “A change in the very frame through which [individuals] perceive the world and engage in it” (2014: 10).

Even though the ‘Greek debt crisis’ has been a widely contested issue amongst anthropologists studying Greece (Rakopoulos, 2015, 2016; Davis 2015; Bear 2015), the words ‘crisis’ and ‘austerity’ have nevertheless come to define the country in the current decade. The idea that the crisis is a rupture of normative order is challenged in particular by Theodoros Rakopoulos (2016: 143), who argues that the Greek crisis should not be considered “exceptional” but instead should be understood as both historical event and as an enduring condition of life (Roitman, 2013: 2). In an essay co-written with Theodore Powers, Rakopoulos (2019) describes Greece as the most “violent case” of a European debt crisis, and emphasizes how such crises appear in recurrent flows inside capitalist configurations. Powers and Rakopoulos moreover criticize the implementation of austerity measures (a “panacea” to meet fiscal shortages) for exacerbating crises instead of solving them (Ibid.). Lauren Berlant (2010) and Athena Athanasiou (2012) have comparably situated ‘crisis’ as an effect, rather than a root cause, of a neoliberal system that punishes those at the periphery in favour of those at the centre, making the economy act in precariously undemocratic ways (Athanasiou, 2012), while simultaneously employing the method of shame and shaming, “in creating a post-crisis culture and a public consensus” (Berlant, 2010) that facilitates the smooth operation of debt restructuring programmes. These discourses, both Athanasiou and Berlant suggest, turn ‘crises’ into the personal responsibility of citizens, distributing the weight of shame on individuals, who become “restructurers” of their nations by embodying a philosophy of sacrifice for the ‘common good’.

To remain focused on the purposes of this thesis, however, I am concerned less with the politics and hermeneutics of crisis, and more with the ways Greeks – especially those with whom I interacted – experienced and still experience this ‘event’, this deep rip in the seam of what was presumed to be a largely smooth fabric, and the resulting sense of collective subordination (Kalantzis, 2015: 1038) and social “depression”. I therefore treat crisis not at the political or economic level, but the social and personal level (the micro-level), by observing the ways in which major, national ‘crisis’ led to the formation of myriad smaller personal crises, and I study how these get managed by my informants. I thus unpack crisis the way we would open a Russian doll, finding that every larger layer contains many smaller, sometimes even invisible, personal stories of pain and suffering that might be directly related to or indirectly flowing from the larger ‘crisis’. Finally, I try to demonstrate how these realities (of suffering, pain, and insecurity) get transferred inside the cosmetic

medical practice, informing the ways in which patients go about ‘improving’ themselves via aesthetic-medical means. Essentially, my purpose is to show that the aesthetic is tightly interwoven with everyday life, and that matters regarding beauty may reflect deeper existential contemplations, fears and hopes.

By providing an introductory section on the crisis experience, as I do here, my wish has been to emphasize that this “critical time” (Dalakoglou et al, 2017), and the pain accompanying it, has formed a backdrop for individuals to situate their everyday lives in new and less consolidated life narratives. “What is happening here exceeds us”, writes Soula M., in the edited volume *Revolt and Crisis in Greece* (Dalakoglou and Vradis, 2011: 199). Permeated by a melancholic air of pessimism about things ‘that will never change’ or ‘never get better’, the *krísi* experience has shaped a more urgent present, a present that is only “now”, even though this ‘now’ appears to be dangerously devalued and meaningless. Individuals, having experienced what Knight (2016) calls “temporal vertigo” – intense confusion regarding time’s linearity, whereby a past [should] provide direction, comfort, and justification for a [better] future (Knight, 2016: 33) – experience a kind of mental ‘sharpening’ about “what life is”.

As one informant stated, “the ‘crisis’ has determined and reassessed our needs. Everyone judges their priorities differently from their secondary needs”. I consider the use of the word ‘judge’ to be apt, because it circles back to the root of the word *krísi* itself. Crisis is a (re)setting of priorities; a sweeping arm that clears away all that is unnecessary. Or, as Knight and Stewart note, “austerity throws the issue of human dignity into high relief as people set about deciding on the new minimum requirements for an acceptable life” (2016: 2), raising questions about how shame (*ntropí, exēftelismós*) and dignity/self-respect (*axioprépeia, autoektímisi*) are tacit inside such critical contexts. As a response to this atmosphere, and according to my informants, cosmetic beauty and investment on the self are not mere pastimes; they are perceived as important interventions to disrupt a negative life flow, and even “necessary” if one is to survive emotionally. It is here, then, that we can begin to distinguish truly how beauty and appearance become contemplated as *de la vie sérieuse* as Terence S. Turner notes (2012: 486, citing Durkheim) – a quote which I shall unpack in due course.

For a long while, ‘crisis’ “haunted” life in Greece (Yalouri, 2016: 39). It is for this reason that it crept up constantly in everyday conversation, especially in my first year in the field. Yet, interestingly, it started being named less and less, to the point of near disappearance. The actual word *krísi*, as time passed, became uncommon, perhaps because it became a cliché, through constant reiteration and sloganization in the media,

which caused it to lose its affective intensity. *Litótita* (austerity) became a more common official term. In everyday speech, people started using nouns synonymous to crisis and austerity, words less ‘worn out’ by constant use. Apart from ‘misery’ and ‘depression’, it was common to talk about the crisis as ‘situation’ (*katástasi*), abjection (*katántia*), insecurity (*anasfáleia*), and even unhappiness (*dystychía*). Other times, a descriptive noun wasn’t provided at all, and the listener could infer from the words in the sentence that what was in fact described was the crisis. Crisis thus became a synonym, often unnamed, of *life in the present*. From one point onwards, it acquired the status of an ordinary, “banal” phenomenon (Mbembe and Roitman, 1995: 325). In Greece of the crisis, it was inferred, nothing is permanent, every man (or small group) is for himself, and the everyday is a struggle for survival. There occurred a change in the very frame through which people perceived the world (Žižek, 2014: 10), and a new, ‘austere’ life, became the new frame. Almost a decade since the implementation of the austerity programme, the ‘austerity experience’ today has been integrated in daily life as an essential aspect of the mundane, and often acts as a ‘filter’ or defence mechanism that deters people from feeling too hopeful about the future, even though the de facto ‘crisis moment’ has passed. These mechanisms are now part and parcel of the way people plan their lives, affect the way people think about the present and the future (and their redrawing of the past), and how they manage choices. This is the context in which my informants have been living in.

In August 2015, *Vimagazino*, a weekly publication, ran a story with the title *Plastikí Elláda* (Plastic Greece). The cover (fig. 2) displayed a female face, eyes closed and lips slightly turned upwards in a faint smile, about to be pierced with needles. Many articles inside the issue were devoted to injectable and other cosmeceutical technologies, and one made mention of the fact that cosmetic medicine is now a “public matter”, discussed openly – for example, by two friends on the Athens metro – rather than a secret. “It has undergone”, as an article in the issue stated, “*apenohopísi*”, meaning a kind of ‘disinhibition’: normalized, no longer taboo, performed without guilt.

A few years back, a cover story like this would be highly unlikely. But cosmeceuticals are increasingly discussed directly, openly, at least among friends and relatives. And in February 2019, I came to understand that this kind of openness and disinhibition had materialized further. One morning, while changing the stations on the radio, I landed on a morning radio show, when the voice of a female host told her male co-host:



“No, this is *láspi* [mud; not good] ... you need a mesotherapy”<sup>5</sup>.

“Really? You think? Is a moisturizer not enough?”, replied the man.

“No. New things are now out, you need to try them!”

“I shall try them then!”

“You should do something on your eyebrows too... they need a little highlighting”, said the female host, teasingly.



Figure 2: “Plastic Greece: The fight of Greeks for eternal youth”

The 2016 International Society of Aesthetic Plastic Surgery (ISAPS) report indicates that Greece performed a total of 57,743 Botox procedures in that year, which puts the nation at fourteenth place globally, after USA, Brazil, Japan, Turkey, Mexico, India, Russia, Spain,

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<sup>5</sup> A vitamin-cocktail that gets injected on the very surface of the skin.

France, Germany, Colombia, Italy and Taiwan. In 2019, the year that sees the completion of my PhD, cosmetic medicine is no longer a ‘taboo’ subject but has rather dissipated inside society to form a common ambition. As mentioned already, however, this trend is inversely correlated to the number of cosmetic surgery procedures, which have fallen significantly. This has formed a curious configuration, whereby cosmeceuticals rise while surgeries fall.

Dr. Psegadis, who formerly chaired the Hellenic Society of Plastic Reconstructive & Aesthetic Surgery (HESPRAS), stated that there are no accurate statistics relating to cosmetic surgery in Greece, yet it is certain “beyond doubt” that their numbers have dropped significantly. “Surgeries are down, and this is an undeniable fact. People don’t have money for them... everyone knows that”, he added. In subsequent interviews, many physicians agreed that, since the last decade, cosmetic surgeries have dropped by a roughly estimated forty percent, and this – coupled with the rise of new cosmetic surgeons entering the market every year – has created an atmosphere of stiff competition amongst surgeons, and lower incomes for a practice which was once extremely lucrative.

“Greece’s cosmetic surgeons made fortunes in the nineties and early two-thousands only by performing surgery. It’s very different today, like everything in Greece is different today,” Dr. Psegadis explained. His statement implied that the *krísi* has impacted most aspects of Greek life, including beauty consumption, but also that beauty trends have changed, and plastic surgery is no longer as sought after as it used to be. This point is also expounded by recent public denouncements of surgery on television and other media. The last decade of the twentieth century and the first decade of the twenty-first are together often described as the cosmetic surgery ‘boom’, followed by a ‘bust’, which began after the inception of crisis.

“Today”, Dr. Psegadis maintained, “the peculiarity of the Greek cosmetic landscape lies not in its growth in cosmetic surgeries but in the thriving popularity of Botox and other non-surgicals...,” i.e. cosmeceuticals.

“Botox, fillers, non-surgical lifting technologies, lasers, mesotherapies.... All that. This is what people want. And this is what doctors now invest in”.

### The world of cosmeceuticals

In this thesis I exclusively focus on the study of cosmeceuticals, and my goal is to illustrate the variety of meanings ascribed to them, especially the healing capacities attributed to them, and the affective intensities that are experienced while engaging with them. I explore

how cosmeceuticals get enveloped in a discourse that sees women doing “things to feel good”, and as part of a more general “taking control” of their lives, inside an environment which they describe as insecure and highly uncertain; I explore the parallels that are often drawn between beauty and notions of self-respect, self-care and dignity, and tie this to historical understandings of the Greek individual vis-à-vis appearance and concepts of selfhood. My ambition is therefore to paint a portrait of Greece, and especially of Greek women, through the prism of cosmeceutical beauty, rationalizing the popularity of new cosmetic technologies by rooting these to particular cultural, historical, and social processes.

Although they are considered a branch of cosmetic surgery – and I rather prefer the more inclusive and informed term ‘cosmetic medicine’ – I argue that cosmeceuticals have acquired a “life of their own” inside contemporary Greece, and are consciously separated, and selected over, the act of performing surgery, for a variety of reasons that I detail below. Many of the women whom I personally observed at private clinics and beauty institutes, specifically those above the age of fifty, stated that they were afraid of surgery and that they would “never dare” to undergo a cosmetic operation, and therefore chose to do cosmeceuticals, which are lower-risk, and reversible. For others, especially younger women, cosmetic surgery and cosmeceuticals were sometimes seen to form a continuum, involving different processes but all sharing similar goals. Generally speaking, however, cosmeceuticals were perceived as belonging outside the world of *de facto* ‘cosmetic surgery’, which may explain (or might have also shaped) their ubiquity, both in medical spaces but also outside purely medical spaces. Today, cosmeceuticals are not only obtainable at the plastic surgeon’s practice; dermatologists, otolaryngologists, even dentists offer their patients Botox for cosmeceutical use, though the treatment might get initially prescribed for purely medical reasons. Even more significantly, a range of ‘medical cosmetic’ salons and ‘medical beauty institutes’ (a cross-breed between the beauty salon and the private medical clinic) have mushroomed across the country, offering various non-surgical treatments for the face and body by specialized staff. For this reason, cosmeceuticals have been de-coupled from the surgical realm, and have become regularized as a more-or-less autonomous cosmetic medical realm.

The widespread popularity and ‘domestication’ (Cook and Dwyer, 2017) of cosmeceuticals is also based on the premise that they can *prevent* the signs of ageing, therefore some cosmeceuticals are becoming increasingly sought as a preventative method. A few women I interviewed highlighted that there is an increasing tendency to inject Botox on the forehead before one reaches the age of thirty, in keeping with global trends,



in order to prevent frown lines from even forming. Moreover, there has been an increased sophistication in the application of such technologies: there now exist techniques to make these small transformations even less visible, and some doctors say that this can be achieved by injecting less, but more frequently.

Nonetheless, it could be argued that the ultimate, and ‘crowning achievement’ of cosmeceuticals – and this parameter decidedly separates cosmeceuticals from cosmetic surgery – is their double capacity to be *impermanent* and *reversible*. As procedures whose results on the surface of the skin only last for a few months at a time, Botox, fillers, mesotherapies and threads (“the non-surgical face-lift”) need ‘topping up’ every few months or weeks, depending on individual needs, financial ability, the subject’s age, complexion, genetic makeup, and many other factors. This very impermanence and reversibility permits people to “try” without effectively engaging in a long-lasting transformation and thus ‘risky’ makeovers; therefore the ‘seriousness’ of their decision is taken a lot more lightly. And this wide variety of attractive features, I argue, is what has further amplified the domestication of cosmeceuticals. Therefore, I suggest that scholarly research treat them not as mere ‘extensions’ of cosmetic surgery, but as a disjointed, and evolved, medical realm to be treated in its own right.

Cosmeceuticals are hybrid products; they are both cosmetics and pharmaceuticals, and therefore transcend the purely medical and the purely cosmetic. They occupy a liminal space, by being deemed “more effective” than cosmetics, and “less dangerous” than cosmetic surgery, so they are often understood to be “the next best thing” to cosmetic surgery, and a “step up” from simple cosmetics, blurring the lines between the two. This bleed, of the medical into the cosmetic and vice versa, has currently transformed the cosmetic and the medical markets, in Greece but also transnationally. And we can see in this bleed the echo of what Alexander Edmonds terms “an emerging aesthetic medicine [which] aims at nothing less than fusing health and beauty” (2013: 233).

The title of my thesis stresses the “many faces” of Botox and other cosmeceuticals. I use this title to emphasize the multiplicity of characteristics that these products acquire with their increasing social embeddedness. As will become more apparent with every passing chapter, these technologies take on a variety of curious roles and attributes, which may spring from existing cultural meanings and symbolizations, but which also get involved in the individual lives of humans who consume them in a highly personalized manner. So, for example, Botox, fillers, and chemical peels were called (to name a few figurations of speech): a) “the daily bread” (by a plastic surgeon), b) a means towards catharsis and salvation, c) a method of experimentation with one’s ‘look’, d) an escape from depression,

e) a means to keep ‘vulgarity’ (that comes with ageing) at bay. These varied personalizations may shine a new light on the ways humans and new cosmetic technologies mix.

Rhinoplasties in the USA today are down to almost half the procedures since the year 2000. Such a reduction demonstrates, at first glance, a lower interest in the surgical correction of the nose (Schwartz, 2018); but what about the *non-surgical* correction of the nose? Dr. Dirk Kremers (2019), a cosmetic surgeon at Harley Street Aesthetics in London, maintains that the most influential “trend” in cosmetic surgery in 2019 is the continued rise of non-surgical treatments. Today, a ‘nose-job’ can be carried out non-surgically, with the application of hyaluronic fillers at specific parts of the nose’s tip, dorsum and bridge. Though it has not yet become standard practice, many plastic surgeons are already performing the procedure, and it is hailed as the “new rhinoplasty”. Using cosmeceuticals to enhance, sculpt, or change shape is therefore becoming increasingly common as alternatives to surgery, and this shift is also palpable in Greece. Non-surgical correction of the chin and the tackling of fat deposits in the body (stomach, thighs, arms and buttocks) are progressively carried out either via cosmetic pharmaceuticals and/or other technologies such as radiofrequency, ultrasound, and cryolipolysis, promising a similar (but subtler) result to liposuction, without the ‘brutal’ risks of liposurgery. Finally, more and more individuals opt for the ‘thread lift’ instead of the surgical face lift, via temporary and skin-absorbing sutures that ‘pull back’ and ‘stitch’ the skin for a subtle ‘lift’. (These are called *nímata* [lit. threads] in Greek). I maintain that as cosmeceuticals and other non-surgical technologies continue to expand, they highlight subtle complexities and variations within the field of ‘cosmetic surgery’ that have been largely overlooked. Margaret Gibson, for example, recognizes a need to underscore the intricacies residing in the motives behind seeking different kinds of cosmetic alteration. In particular, she argues that some procedures are done according to the logic of visibility, while others are procedures of erasure:

“While procedures such as branding, scarring, tattooing, breast augmentation, and pectoral implants often, but not always, aim to mark or alter the body according to the logic of visibility, the cosmetically altered face aims to erase its own trace.” (Gibson, 2006: 53)

Gibson also stresses that certain non-surgical procedures, particularly “the procedures in relation to ageing”, like Botox and other ‘anti-ageing’ treatments, certainly oppose the politics of visibility (Gibson, 2006: 52). This is an important point to keep in mind when examining the various technologies commonly grouped together and branded as ‘cosmetic surgery’, as they involve a multiplicity of goals, aspirations and outcomes, but also different

ways of operating on or otherwise altering the body. As Gibson writes, some techniques visibly enhance and amplify the body, while others are ‘invisible’ techniques— procedures of erasure. Such differences have not been substantially probed in the literature, but could provide interesting sub-categories of study, with the potential to widen our understanding of these procedures’ appeal to the population and their capacity to tackle different needs and desires, instead of the very generalized presumption of “vanity”.

Another major aim of this thesis is to tender an intimate study of healing, by examining the heretofore entirely unexplored relationship between the female doctor (and especially the female plastic surgeon) and the female patient. The plastic surgeon in general is absent in most studies, and also presumed, as an archetypal kind of figure, to be male. However, cosmeceuticals require repetition, therefore they often force doctor and patient to form long-lasting relationships. By focusing on this relationship, I aim to disrupt stereotypes (Inhorn, 2012: 4); not only those pertaining to the ‘kind’ of women who opt for cosmetic work, but also towards the kind of doctors performing these procedures, and offering a reframing of what actually takes place inside the cosmetic *iatreio*. In Greece today, many women have “their own” plastic surgeon (“I will take you *to my plastikó*” many told me), which underscores a different kind of normalization and domestication: it is not just *technologies* that have become normalized and habitual, but also the figure of the ‘plastic physician’ that has become normalized and integrated in the beauty regimes of so many women, guiding them, ‘fixing’ them, ‘rejuvenating’ them and – as chapter 2 highlights – forming relationships with them that are moulded on more traditional relationships of care that imitate family and kin relations. Approaching cosmeceuticals as a separate field from cosmetic surgery has therefore allowed me to zoom in on the relationship formed between doctor and patient, which is unique because – due to the temporary nature of cosmeceuticals – it becomes continuous. And because it is continuous, it becomes more personal, more *interactional* and *reciprocal*.

My approach, nested within a method of observation inside cosmetic clinics rather than relying on narratives of former cosmetic patients, is inspired by Cheryl Mattingly’s work, and particularly her concept of ‘therapeutic emplotment’ (1994). Therapeutic emplotment is defined as the use of a narrative or plot by physicians in treating individuals, in order to provide patients with a sense of progress and development in what otherwise might feel like a plotless, meaningless succession of events (Kohn, 2000: 203). Mattingly argues that doctor and patient negotiate and create ‘plots’ together, pointing towards a certain cooperation between healer and patient that is of particular interest for my work. Mattingly maintains that “healers actively struggle to shape therapeutic events into a coherent form

organized by a plot” (1994: 811), and though the cosmeceutical encounter is quite different in nature to the therapeutic encounter described in Mattingly, I discern certain similarities, both in the use of narrative and the setting of future goals (such as “if this doesn’t work, next time we’ll try that”; or “you are young for this; perhaps you should wait a few years before trying it”). The complex ways that doctor and patient interact, and their cooperation in forming plots and providing ‘sense’ to these treatments, will be highlighted extensively throughout the thesis, but form an especially integral part of chapter 2.

### Cosmetic surgery and anthropology

Since the mid-1990s, Victoria Alsop and Kathleen Lennon stress, the world of cosmetic surgery has undergone extreme changes. “Medical and information technologies have developed at an astonishing pace, the range and availability of procedures have expanded and aesthetic surgery has become ever more visible, mainstream and normalized” (2018: 98). Cosmetic surgery has been reframed as something ‘normal’ people can have, no longer perceived as a desire of psychologically compromised individuals (Ibid; also Jones, 2008: 25). Cosmetic medicine is also no longer “reserved for the rich and famous” but instead “increasingly marketed as an everyday option for ordinary women” (Ibid.), while those who seek it crisscross boundaries of class, occupation, age, gender, and nation (Alsop and Lennon 2018: 98).

Reflecting this normalization, academic research has also expanded the ways in which it understands the practice. As will become more evident after an overview of the literature that follows, a once overwhelming focus on what Kathy Davis calls ‘the feminist dilemma’ regarding cosmetic surgery (the dilemma being how to comprehend cosmetic patients as anything other than pathologically ill) is now replaced by “complex modes and multiple locations in which these technologies are consumed (Alsop and Lennon 2018: 98). Moving beyond the predisposition to conceive of women who opt for surgery as either “duped by the beauty system” (Davis, 1995: 4) or, oppositely, ‘empowered’ in their choice to do surgery (Negrin, 2002; 2008), other and newer work tries to highlight the complexities inherent in the study of such a vast topic, emphasizing that the practice involves a multiplicity of sites, body locations, body parts, and body histories. Studies that focus on cosmetic surgery in different societies, moreover, have resulted in a field now enriched with ideas about the self and the notion of beauty that challenge the Western-centric idea that beauty is a vain and superficial pursuit. In these studies, the body is placed into much more

inclusive sociocultural, historical, racial and economic contexts that many Western-centred studies of cosmetic surgery lack, highlighting that ‘cosmetic surgery’ is deeply and intricately connected to local discourses, economic and social contexts, national histories, and cultural anxieties, while simultaneously being a global practice.

Alexander Edmond’s work on cosmetic surgery in Brazil (2010) is particularly significant in this respect. Brazil’s notions of beauty, as he highlights, have been predominantly shaped by the country’s colonial history and the slave-trade, and the racial mixing and process of miscegenation that ensued. Brazilian national identity was an obsessive concern for the nation’s scholarly elite in the twentieth century, as the nation asked itself whether a body of “assimilated Indians, freedmen, and their half-caste, possibly degenerate, descendants provide the raw material out of which a modern citizenry could be forged” (2010: 60). As a result of such historical processes, he conjectures, “brown female beauty” and “tropical sensuality” became the primary national emblems of Brazilian culture (Ibid.), as the body politic became not only a social and economic, but erotic resource, finding its ultimate expression in the female body (Edmonds, 2010: 67). The female body, imprinted with symbols such as rawness, sexuality, and violence – expressing a kind of ‘wild Eden’ where everything was dangerous, and dangerously alluring – has been etched in the country’s perception of itself since the early Portuguese colonists and missionaries arrived, to describe peoples that were wild, “cannibalistic”, “incestuous” and “barbarous” (Edmonds, 2010; Parker, 1991). As an opposition to the ‘pure’ and ‘high’ European civilizational imaginary, Brazil’s national visionaries crafted an identity that was syncretic, sensual, “barbarous” and also ingrained in the miscegenated, popular masses – the *povoão* – from which samba and the renowned Rio carnival, both highly eroticized expressions of these symbols, were born (Edmonds, 2010: 64). Today popularized as a “right of the poor” and not only a prerogative of the rich, beauty and plastic surgery is offered at Brazil’s public clinics, for free, under a programme established by renowned plastic surgeon Ivo Pitanguy, who envisioned his craft as a “psychotherapeutic intervention” for (even) poor and needy patients (Edmonds, 2010: 49). In Brazil, thereafter, beauty has been an essential popular (even national) concern, and cosmetic surgery the most modern expression of this concern. With the advent of modernity, the rise of consumer culture and the widespread influence of Brazilian soap operas, Edmonds contends, cosmetic beauty became a ‘mass’, democratizing project, available to all inside the nation (Edmonds, 2010: 71), and these processes have not been merely responses to Western/dominant images and texts, but are heralded as purely ‘Brazilian’ expressions of nation and culture (Ibid., 118).

I see a special affinity between Edmonds's work and my own work on Greece in this local crafting of meanings, symbols, and texts that do not necessarily go against dominant, Western flows, but are in syncretic unison with them, forming a kind of perpetual dialogue. Edmonds notes how cosmetic medical technologies are assumed to originate in the 'Western world', and eventually migrate to the periphery; yet "peripheral regions can also be the vanguard of medical innovation" (Ibid.). A case in point is how Brazil's cosmetic innovations have been 'exported' to Greece, since many Greek plastic surgeons have received their specialty training directly from Brazilian surgeons, while others train in Europe or the USA, or locally in Greece. This rich mix of influences, which is then 'brought back' to Greece and fuses with existing medical knowledge, creates a vibrant medical landscape. Greece's 'plastic connections' and flows therefore do not move in a straight, 'centre-to-periphery' manner, but overlap. They belong to what Arjun Appadurai calls "large-scale interactions" and "overlapping ecumenes" (1990: 1-2), where centres and peripheries get mixed in composite unions which inform, re-inform and re-invent each other, in patterns that criss-cross the globe.

Laura Miller's *Beauty Up*, which explores Japanese body aesthetics, also urges anthropology to move away from Euro-American tropes as well as its "eagerness to see everything as a Western import" (Miller, 2006: 3), and highlights the importance of tending to local differentiations and historically-created cultural minutiae. She rejects, for instance, the hypothesis that the consumption of skin-lightening creams in Japan is meant to produce an "avid imitation" of European/Western white skin, and instead proposes that this idea has its "own social history" for Japanese individuals, since "pale skin was valued during the premodern period among male and female nobility" (Miller, 2006: 4). She moreover suggests that the term *creolization* (a process of mixing together global technologies and trends with local, pre-existing beauty knowledge) rather than 'domestication' is better-fitted for looking at cosmetic medical practices in Japan, a nation which has developed and highly values its own beauty secrets, products and technologies, often above imported ones. Her work, similarly to Edmonds's, pushes for a wider, decentralized and de-Westernized approach to cosmetic beauty, which aids ethnographers, such as myself, to tend to the ways the local might blend with the global to produce new technologies, new knowledge, and new ways of consuming.

Comparably to these works, Michael Taussig (2012) has painted a portrait of Colombia's fascination with cosmetic surgery, by focusing on the relationship between beauty, drugs and violence, while simultaneously ruminating on the metaphysical bond that exists in the ephemerality of beauty and the eternity of death. He sees cosmetic surgery as

a quest for immortality, as a technology among the first “in the great drama of the domination of nature” (2012: 2) and argues that beauty has been “as much a goal in life as the quest for food and shelter” (Ibid.). He argues, like Edmonds and Miller, against predominant Western discourses that couple beauty with vanity, superficiality, and intellectual paucity, and instead proposes that beauty is force, life and ‘substance’. Taussig draws many metaphors for the cosmetically altered body, but the one I prefer most is the body as a jewel, and the surgeon as the jewel-cutter (2012: 8). For Taussig, beauty, design, and the aesthetic is *poesis* (2012: 6), and cosmetic surgery a glaring example of such *poesis*.

Taussig sees man as constantly exercising ‘makeovers’ on the natural environment, to which the human body belongs, therefore the act should be seen as a most ‘natural’ (normal, anticipated) human behavior. And “how strange,” he protests, “that in [Western] modern culture we feel it right and natural that design, [...] that beauty [...] should be understood not as infrastructure but as mere ornament – and too much ornament is distasteful” (2012: 6). For Taussig, thus, “bodily beautification entails cosmic concerns”, involving magic, ritual, myth, poetry and the marvellous (2012: 6), echoing Turner’s suggestion (2012: 486), that beauty and adornment are part of ‘*la vie sérieuse*’. Taussig, like Turner, employs Bataille’s thought to put forward an argument in support of *dépense*, or “aimless expenditure”, which he does not perceive as aimless at all. On the contrary, he argues that expenditure for the sake of beauty alone – the kind that Marie Antoinette exhibited – has been very misunderstood. “She understood what is important in life” (2012: 9), he writes about the infamous queen, and in this sense, he adds, Antoinette precedes Bataille, “with his belief that the principle of utility was insufficient for understanding human societies or people” (2012: 9). Taussig hence portrays beauty as a potent and marvellous aspect of life, one that *can* be ‘utilitarian’ not because of its practical uses, but through its deeply affective capacities: it is sacred, powerful, and “cosmic”. It is for this reason that beauty is not only sought after, but “worshipped” where it is found, making beautiful human creatures appear as ‘gods’ and ‘goddesses’.

I have been highly inspired by both Edmonds’s and Taussig’s work in South America, for I consider these works to provide a reading of cosmetic surgery that moves away from Eurocentric notions about plastic beauty being synonymous to meaningless ‘excess’, and especially since they challenge the assumption that appearance is the rich man’s caprice. They both provide an opportunity to question the extent to which ‘plastic’ beauty should be presumed a marginal and superficial topic for anthropology. They show that beauty may stand at the cultural, social and personal core of everyday life, that it implicates ritual, dreams, myths, hopes, and fears, and – as such – it may prove to be a

vital trope in understanding culture. I also found that beauty in these two works resonates a lot more closely with how beauty and beautification is understood in Greece, where it is openly admitted as a very significant aspect of life, especially where women are concerned, as it is tied to ideas of self-respect and is perceived to be an expression of a 'healthy' interest in the self. I also develop an argument whereby cosmetic medicine moves a step beyond 'feeling good', and is experienced by some of my interlocutors as a form of therapeutic healing, enabling the patient to move past emotional blockages, if only temporarily.

Another influential authority on the scholarship of cosmetic surgery is the social historian Sander Gilman (1999), who traces the development of the aesthetic surgical practice through modern history, arguing that cosmetic surgery arose from a need of minority groups or otherwise stigmatized individuals (the ill and deformed, but also those racially stigmatized, such as Jews in Europe, and the Irish in the USA) to "pass" as normal. He also ascribes these developments to the Enlightenment ideology, whereby the individual assumed mastery over his or her identity and thus could make and remake the self (1999: 17). It is around this time that the concept of the 'pursuit of happiness' came into being and, according to Gilman, aesthetic surgery gained credibility and appealed so much exactly because the cited goal of aesthetic surgery became "happiness" (Ibid.). And this deeply planted link between cosmetic surgery and the idea of "happiness" will be probed in more depth in this thesis.

An important (and most overlooked) contribution made by Gilman to the literature has been his observation that it is towards the end of the nineteenth century, corresponding with the rise of a purely 'aesthetic' kind of surgery, that the patient switched roles from being merely *patient* to being also a *customer*. This, Gilman proposes, was a direct result of advancements in the surgical technology in the early modern period, because it succeeded in moderating a number of risks associated with surgery (Gilman, 1999: 16). These advancements thus "emboldened patients" who interchanged their 'patient' status with the new role of the "medical client" (Ibid., 16). While some of the literature tends to regard this process as a more recent phenomenon (Alsop and Lennon, 2018), Gilman demonstrates that aesthetic surgery, *since its inception* enabled the rise of a new type of patient, who was at once both a patient (vulnerable, ill, pathological, weak) and a customer (one who has chosen a service, expecting to be satisfied with the result, and therefore not a 'passive' victim). The very birth of cosmetic surgery, therefore, created a 'dilemma' about how to perceive 'the patient' in beauty medicine, which I see still haunting most scholarly literature on the subject.



Finally, a rich variety of work on the body and embodiment has aided in a theoretical reconceptualization of the subject's/body's desires, behaviours, needs, and actions and therefore a more varied comprehension of cosmetic modifications. Approaching the body as an embodied self and set of experiences, and not separate from the mind as per Cartesian/dualist notions, these recent and more intuitive understandings of the body see it as beyond mere representation (McGill, 2009). The body is understood as "a fundamental aspect of the acting self" (Reisner and Koo, 2004: 299) and beauty "becomes an embodied concept that is not simply an articulation of dominant cultural values but also a negotiation of them" (Ibid.). This, then, is an era of plurality when dealing with cosmetic medicine and the body. Recent literature is permeated by a range of views and approaches that recognize the importance of choice, downplay 'pathology' in pinpointing motives behind elective surgery (contrarily to earlier literature), and instead illuminates a variety of complex and intermingling processes involved, such as performance (Augsburg, 2009), the use of narrative (Gimlin, 2012), the unconscious and mimetic dimensions of embodiment (Gibson, 2006), the importance of emotions (Alsop and Lennon, 2018), the idea of self-governance (Edmonds, 2010) and, finally, the lack of any rational, 'deep' motive at all (Pitts-Taylor, 2009).

### Unpacking 'agency'

One of the greatest challenges in writing about the contemporary cosmetic patient is reconciling (or, in my case, trying to move past) the discursive dichotomy that has beleaguered anthropologists with regard to the question of agency—the so-called structure-agency debate (Pitts-Taylor, 2009: 210). Though I am not able to offer an exhaustive overview of all that has been written on agency due to the sheer vastness of the topic, I attempt to offer a variety of definitions that summarize some of the key approaches found in anthropology, and especially those shepherded by feminist anthropology on cosmetic surgery. I then pursue a critique of these definitions and explain why, to me, the term needs to be disengaged from the idea of 'power', 'resistance', and 'action', and, instead, be defined as a *boundary*, or *filter* of the self. I explain in due course.

In *Art and Agency: An Anthropological Theory*, Alfred Gell writes that "agency is attributable to those persons (and things) who/which are seen as initiating causal sequences of a particular type (1998: 16). Having moved slightly away from how he perceives the subject in his earlier *Wrapping in Images: Tattooing in Polynesia* (1993),

whose analysis of the human subject I find a lot more compelling and to which I return shortly, here Gell articulates an image of the agent as a dynamic, active *initiator*. Sherry Ortner, who is a proponent of a similar approach, argues that what distinguishes agency from “routine practices” is *intentionality* (2006: 135). This might include “highly conscious plots and plans and schemes; somewhat more nebulous aims, goals, and ideals; and finally desires, wants, and needs that may range from being deeply buried to quite consciously felt” (2006: 134). “In short, intentionality as a concept is meant to include all the ways in which *action* is cognitively and emotionally pointed toward some purpose” (Ibid; emphasis mine). Ortner criticizes the theorists who take a “soft” approach (2006: 134-135) whereby agency can simply mean that “the self is an authorized social being” (1996: 10). She also rejects Laura Ahearn’s hypothesis (2001: 112) that agency is “the socioculturally mediated capacity to act”. Instead Ortner sides with those who take a “hard conception of agency” (2006: 136), like William Sewell Jr., who defines it as “the strivings and motivated transactions that constitute the experienced surface of social life.”

These debates, which formed the theoretical bedrock of my own study as a young scholar researching cosmetic surgery, seemed in the beginning like very important questions. Progressively, however, I came to realize how unhelpful and restrictive they were in allowing me to comprehend my informants in the field. The dichotomous split that guides the ‘agency debate’ does not allow the ethnographer to fully approach interlocutors such as my own, who seemed, both in their use of words but also through their actions, to consider themselves as part of a world which greatly affected and shaped their own decisions, and their self-image, yet that didn’t *preclude* their capacity to choose or act. Fully accepting of the fact that their selves were webbed in relationships with others, and affected by images, trends, and other ‘forces’, they nevertheless felt and experienced concerns about their bodies as deeply personal, profoundly significant and unique, but also as shared with all other women. Moreover, their vulnerability – as it was often the case that women expressed feeling tired, helpless, and sad – was not expressed as a sign of weakness but rather as a state of *honesty* about one’s position and emotional state. I thus do not separate the two—structure from agency – nor see in agency a configuration of freedom or resistance versus ‘oppression’.

Alsop and Lennon (2018) trace the structure-agency dichotomy to the work of Simone de Beauvoir and Jean-Paul Sartre, who, they state, emphasized the opposition between the objectified body and the active body (2018: 96)<sup>6</sup>, and see the ensuing feminist

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<sup>6</sup> The ‘unmaking’ of the subject, however, was also partly the making of French thinkers. According to Carolyn J. Dean, postwar twentieth-century psychoanalytical thought experienced a significant

polemic against cosmetic surgery as hereditary theories of this initial dichotomy.<sup>7</sup> The majority of early feminist work dealing with cosmetic surgery reproduced and further cemented this particular framework, Alsop and Lennon suggest, as can be seen in the work of Susan Bordo (2003 [1993]) and Naomi Wolf (2002 [1991]). Bordo (2003: 13) stresses how “entrenched” our expectation is of an active male and a passive female, while Wolf (2002: 2) warns against the “violent backlash against feminism that uses images of female beauty as a political weapon against women’s advancement”, which she names ‘the beauty myth’.<sup>8</sup>

Wolf and Bordo belong to a feminist school that sees women as victims of an oppressive patriarchal system which controls and commodifies the body (Sharp, 2000), turning it from a ‘good’, authentic, natural entity into a ‘bad’, inauthentic, technologized and unnatural body (Pitts-Taylor, 2009:121). These formulations proved to be unhelpful when dealing with women in my own field, however, for they begin with a presupposition that hinders dialogue. In these works, women going ‘under the knife’ but also generally partaking in beautification rituals are presented as misled and brainwashed, and beauty “the last remaining of the old feminine ideologies” (Wolf, 2002: 2)—a statement which implies that women beautifying themselves are ‘backward’. Moreover, the effort to maintain or acquire a beautiful appearance is perceived as proof of self-loathing, resulting from a need to reach an unattainable and extensively marketed beauty ideal. And for these scholars, agency figures as “the conscious decision to *resist* such interventions” (Frank, 2006: 286; emphasis in original)—a quite narrow definition, which is also saturated with moralistic assumptions.

Today, as I asserted already, a variety of divergent views – or “many feminisms”, to use Donna Haraway’s term (1991: 2) – have made their way into feminist discourse, broadening and often challenging this earlier, hard-line approach, though the oppression discourse still persists. Writers such as Virginia Blum (2003) and Eve Ensler (2004) proclaim

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disruption in the understanding of the self, a break whose kernels she locates in France of the interwar years. Dean posits that the cultural crisis between the two wars dissolved all criteria that defined “what makes a self and what gives it legitimacy” (1992: 3), and particularly focuses on the works of Lacan and Bataille.

<sup>7</sup> Talal Asad (2003: 71-75) also traces this dichotomy much earlier, in the language used to differentiate the secular from the religious. Resulting from the split of the secular from the religious, he asserts, human behavior was seen to spring from either ‘passion’ or ‘action’. Passion was seen as synonymous to unintentional, “irrational” emotion, while ‘action’ became an expression of a secular, rationalist expression of agents with clear intent. Asad himself rejects these distinctions, however, and argues that ‘clear intent’ does not exist.

<sup>8</sup> Wolf (2002: 3) defines the beauty myth as “the modern version of a social reflex that has been in force since the Industrial Revolution. As women released themselves from the feminine mystique of domesticity, the beauty myth took over its lost ground, expanding as it waned to carry on its work of social control.”

that the desire to get cosmetic surgery is evidence of self-hatred (Pitts-Taylor, 2009: 120), and “some have branded cosmetic surgery patients as ‘self-mutilators’” (Ibid.). But beginning with Kathy Davis’s seminal work, *Reshaping the Female Body: The Dilemma of Cosmetic Surgery* (1995), a different line of feminist scholarship came into being, exhibiting a more sympathetic stance towards the surgically or otherwise cosmetically altered body. Written in 1995, Davis’s book was considered provocative (Owen, 1995), as its author suggested that cosmetic surgery should be viewed in a novel, more positive light. Instead of portraying the women who underwent surgery as victims, Davis reframed the cosmetic question and highlighted its complexity by calling it a “dilemma”. She also attentively transmitted women’s individual narratives of their cosmetic surgery experiences, underlining that they had their own understandings of these procedures (which often differed from the feminist viewpoint), while also highlighting these women’s involvement in the surgical process, in pre- and post- surgery stages.

In an article that precedes the book, Davis writes that “cosmetic surgery may be, first and foremost, about being ordinary, taking one’s life in one’s own hands, and determining how much suffering is fair” (1991: 23). She also points out that feminist judgmentalism can be so unsympathetic towards cosmetic surgery, that those who do undergo surgery may often have to justify their decision either through accounts of extreme suffering (1991: 24) or by opting for secrecy (Ibid.). Through her work, Davis manages to reduce the amount of stigma associated with the cosmetic surgery patient; and her work, understandably, gave rise to a reactionary feminist current – that of turning the initial oppression theory against itself. Llewellyn Negrin, for example, praises Davis for opening up the cosmetic debate to the possibility that cosmetic surgery can be an act of “empowerment” rather than proof of oppression (2002: 22) and considers “the possibility of its use as a tool by women seeking to *subvert* the dominant patriarchal ideals of feminine beauty” (Ibid; emphasis mine). But Davis’s work, I believe, should be read purely as an effort to move away from the “oppression model” towards a “discourse model” (Davis, 1991: 26), whereby feminists recognize that “beauty is undeniably a source of gratification and pleasure for women” (Ibid.), without (however) making claims to ‘empowerment’.

Katherine Frank, who also sees the agency debate as inherently problematic, stresses how bringing psychoanalysis into discussions of agency might be an effective way out of the theoretical gridlock. Criticizing social scientists for shying away from “readings of human practice and behaviour that are explicitly psychological in favour of a focus on the social and cultural contexts in which agency is seen to emerge discursively” (2006: 282), she argues that we need to recognize the psychological base of the term ‘agency’ whenever

it is deployed (Ibid.). She moreover questions the explicit, or implicit, connection that feminists make between ‘agency’ and ‘resistance’, and instead proposes looking, as Saba Mahmood does, at the “variety of ways in which norms are lived and inhabited, aspired to, reached for, and consummated” (Mahmood, 2005: 23).

For Victoria Pitts-Taylor, perhaps the only feminist scholar who has had direct experience with cosmetic surgery after having undergone a rhinoplasty procedure for ‘cosmetic’ reasons (and who also acknowledges the influence of ‘the field’ in her choice to do this procedure, therefore further challenging the idea of agency, even in the ethnographer, not just her subjects), ‘the problem’ in the analysis of cosmetic surgery begins with feminist theory, but doesn’t stop there. The problem also lies in the influence of psychiatric and medical discourses, which see cosmetic surgery as a site for approaching the “truth” about the human subject, “its mental health issues, its vulnerability, and its agency, weakness, or docility” (2009: 119). Infinitely on the search after “deep motives”, she contends, social science might be misled in trusting that it can uncover some “deep truth” about humans and their behaviours, often forgetting that humans can be “semantically unstable” (2009: 119). Along with Pitts-Taylor and others, therefore, I argue that instead of looking at an ‘oppressed’ or ‘liberated’ cosmetic surgery patient, we ought to think about cosmetic treatments as belonging to continued, yet not uniform, *processes* (Pitts-Taylor, 2009: 122). Finally, though plastic surgeons commonly use the word ‘patient’ (*asthenís*)<sup>9</sup> to refer to those they treat, there is a theoretical consensus that those altering their appearances through the use of cosmetic medicine are not (or not only) patients, but consumers or clients, as has been stressed already in the brief overview of Gilman’s text (1999: 5). The desire to cosmeceutically alter or improve the body, therefore, may spring from a need to reconfigure or rejuvenate the self (Ibid.) and to create, “a renewed body and self, better able to move through interpersonal spaces and more able to enjoy the full range of lifestyle opportunities and pleasures on offer” (Featherstone, 2010: 196).

According to Anthony Giddens, “modernity confronts the individual with a complex diversity of choices and [...] at the same time offers little help as to which options should be selected” (1991: 80). For this reason, he proposes, individuals are forced to select a ‘lifestyle’, which he defines as “a more or less integrated set of practices which an individual embraces, not only because such practices fulfil utilitarian needs, but because they give material form to a particular narrative of self-identity” (1991: 81-82). This self-identity, he seems to propose, is not necessarily an innate *need* experienced by the individual but is

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<sup>9</sup> Literally, he/she without power (*sthénos*).

increasingly required by society which “forces individuals to select a lifestyle” (Giddens, 1991:80; emphasis mine).

Michael Lambek has similarly, but more extensively, approached the issue, in his essay “The Discontinuous Person”, in which he argues that the self is more like an “assemblage”. Personhood, he contends, “draws on public, social and cultural criteria [...] concepts, models and vehicles for realization” (2013: 837). This type of personhood is also interpersonal, as “persons are only persons in the context of and in relation to others” (2014: 837). Thus interaction, for Lambek, is integral in the process of forming the person, as “individuals draw from a set of named personages or *dramatis personae*” which the individual inhabits, imitates, embodies and impersonates (Lambek, 2014: 838). This latest understanding of personhood inside anthropology is very useful in de-pathologizing the cosmetic ‘patient’, as it allows the focus to shift from a question of pathology vs. normality, and the question of ‘choice’ – even away from the subject itself – to an analysis of things and processes going on *around* the subject (not just ‘inside’ the subject) which have been so overlooked in the writings on cosmetic surgery.

By processes *around* the subject, I do not mean only social forces, beauty demands and patriarchal structures, but rather micro-processes of ‘affect’. And by affect, I do not mean only ‘responses’ or ‘emotions’, but an embeddedness in “a *circuit* of feeling and response” (Hemmings, 2005: 552). According to Gilles Deleuze, affect differs from emotion, primarily in its capacity to ‘jolt’ or ‘surprise’ the self and its logic—often acting contra to how the self expects the body to respond (Hemmings, 2005). We can detect here similarities with Bataillean thought, for whom “inner experience” is the “opposite of action”, since action is “planned” whereas inner experience is unplanned, unexpected, and something that happens *to* the self (Jay, 2005: 375). Talal Asad raises a similar *problematique* by utilizing a famous Freudian concept, namely that the human body and its behavior is largely inaccessible to the self because it operates on unconscious patterns (2003: 72), making the body sometimes feel as if it was ‘someone else’. Asad thus argues that we should not assume that acts are a result of an always “competent agent with clear intention” (Ibid.).

In the same vein, Deleuze uses the example of T. E. Lawrence’s experience of being the victim of gang rape to explain affect and, to this extent, experience as described by Martin Jay: “[...] in the midst of his tortures, an erection; even in the state of sludge, there are convulsions that jolt the body” (1997: 123). Deleuze uses this passage to assert that Lawrence is ashamed of his body and its unruliness, yet this is proof of how the mind, slowly at first, but then suddenly, becomes an impassioned, *affected* witness to everything that happens to the body. The self then, as a response of this ‘jolt’, gets immersed (=affected)

in this passion. I consider this example to be an apt description of how persons get affected, how they enter other states, usually states of vulnerability, as they come into contact with others. And though rape is an effective but rather extreme example, we can see such processes in other, 'lighter' forms of vulnerability and affect: a contagious yawn, for example (Hemmings, 2005: 552), or a sneeze (which can be wildly uncontrollable). Laughter, too, can effectively 'jolt' a person to the point where he can appear to be someone else (Ibid.).

This understanding of personhood can also be read as being somewhat consistent with Gabriel Tarde's theories, which have been enjoying a resurgence recently, against a holistic and bounded Durkheimian sociology (Candea, 2010). The real stand-out element in Tarde's work, according to Candea, is the focus on *modification* and *communication*, while for Faridah Djellal and Faiz Gallouj (2014) it is *imitation* and *invention*. Djellal and Gallouj argue that Tarde rejected the "definition of society as separate groups of individuals who perform services for each other" and instead saw society as operating on a principle of "resemblance and imitation". They maintain that Tarde – a visionary – saw society as made up of individuals who resemble each other because they imitate each other, or because they counter-imitate each other (Ibid.). For Tarde, humans, "by virtue of their very socialness, are by nature imitators" (Djellal and Gallouj, 2014; Tarde, 1993 [1890]: 12).

We can see these formulations as anticipating Judith Butler's "paradox of subject formation" (Culbertson, 2018: 118), whereby the subject does not pre-exist processes, but is rather made as a result of them. She writes:

"I do not always encumber the first-person pronoun with scare quotes, but I am letting you know that when I say 'I,' I mean you, too, and all those who come to use the pronoun or to speak in a language that inflects the first person in a different way. My point is to suggest that I am already affected before I can say 'I' and that I have to be affected to say 'I' at all." (Butler, 2015: 2)

For Butler it is not only the subject that is belatedly arranged out of fragmented processes. "Norms", too (otherwise known as structures, systems, or social forces) are not singular either, though we often refer to them as such. She asks us to "remember that norms tend to arrive in clusters, interconnected, and that they have both spatial and temporal dimensions inseparable from what they are, how they act, and how they form what they act upon" (2015: 5). Norms, she reminds, act on us from all sides "in multiple and sometimes contradictory ways; [...] they lead us to feel in certain ways, and those feelings can enter into our thinking even, as we might well end up thinking about them. They *condition and form us*, and yet they are hardly finished with that work once we start to emerge as thinking and speaking beings" (2015: 5).

Though I personally do not consider the subject to be “dead” – as some authors propose (and do still believe, like Laidlaw, Bodenhorn and Holbraad counterargue [2018], in notions such as choice, freedom, and autonomy, though less in an orderly concept of ‘reason’) – I believe that it is only by embracing the kind of subject Butler defines that the ethnographer can truly account for the contradictory and often “messy” nature (Tsing, 2015) of the narrations and views expressed by ethnographic subjects, and especially so when it comes to ‘patients’, of whom our understanding is already fragmentary. Moreover, a decentralized reading prevents scholars from falling into the trap of victimizing or pathologizing ‘patients’, and also helps escape – finally – the structure/agency debate, which has dominated feminist scholarship for so long.

The way I perceive them, decentralized theories of the subject do not *erase* the subject, or the subject’s capacity to be autonomous or free as many theorists have worrisomely expressed; they merely challenge the limits of the subject’s boundedness and also the subject’s power and control (over the self, and over others), and thus open up avenues for blurring the “pathological” from the “normal”. They open up a passageway wherein the “middle voice” rises, a voice that is “neither fully active, nor fully passive” (Jay, 2005: 369), and question the concept of a ‘reasonable being’, therefore contesting forms of power and hegemony that reside on the concept of ‘reason’ and ‘rationality’. They propose that humans are “not fully whole” and thus perforated, open, and porous, placed in an interrelated web of connections with others, from which we borrow, imitate and even ‘steal’ in order to *make* a self. This ‘making’ is significant, as there is an intentional selection that occurs in this process, but there may be less clear, pre-intentional processes that help create such intention.

Tania Augsborg states that cosmetic surgery and the growth of new technologies undoubtedly create “difficulty” for academics (2009: 392), not only because the sector now involves a wide range of procedures that fuse different scientific and medical disciplines, but because it is also a “cultural practice with a myriad of implications” (Augsburg, 2009: 392). And to confront this ‘myriad of implications’, I regard the agency dichotomy to be an unhelpful tool, as it leads to a theoretical impasse and sucks scholars inside a revolving-door mechanism that circles endlessly around the question of whether one is free or unfree, oppressed or empowered. The scholar then endlessly oscillates, because neither side feels comprehensive, representative, or completely accurate.

In order to bypass this gridlock, I propose that the word ‘agency’ is replaced by the words pore, filter, boundary. This way, agency is not so much an active “doing” as much as setting a boundary for the self. The self, then, goes about, not ‘acting’, ‘resisting’ and



'initiating', but filtering, selecting, solving, negotiating, and setting boundaries for what comes 'in' and what goes 'out' through this formation that we call the self—an "always porous" self (Jay, 2005: 376).

"Inner experience" is, according to Bataille, "in no way 'interior' or 'subjective,' but is indissociable from the experience of this relation to an incommensurable outside" (Nancy, 1991; Jay, 2005: 378). Here, we could also turn to Strathern's discussion of parts and wholes, as it has been taken up by Roy Wagner. Wagner (1991) proposes an analysis of the 'fractal person' – a person who never exists as a freestanding unit but which always implies an integral relationship with another or others (1991: 163). Speaking for the Hagen in Melanesia, he mentions the concept of *poi* (of the verb *poie*, 'to be congruent with'), which is bestowed to a person through, for example, the process of naming (1991: 163-64). If an infant goes unnamed it will acquire *poziawai*, meaning 'unnamed', therefore indistinguishable from other unnamed things. Naming, therefore – a process of relationality to others in the community, but also of separateness from the community – designates and distinguishes the person, and is therefore constitutive of one's self-realization inside an inherently social existence.

To illustrate this idea, I proceed by using the image of the skin as a metaphor – and a literal boundary – that acts as a filter between self and other(s). Influenced by Gell's work on tattooing, and Didier Anzieu's 'skin ego' theory, I support the idea that the skin does not form an outer shell, different from a 'true' inner self. I argue that the skin, perceived as a layer of the self, *formulates* the self. I propose, like Gell, that the skin can be a "register, or mirror, of external reality" (1993: 31) and the boundary-setting I mention above is also a form of filtering: the skin is a porous filter (and the skin has millions of pores!), and thus is in direct communication with the world. Interestingly, the word *póros* (pore) in Greek, means 'path', or 'way'. The pores are thus pathways, linking the inside with the outside and vice versa. The skin-as-boundary does not merely 'reflect', or 'protect', but forms a layer of the self—a pathway of one side of the self to the other. Thus, what happens on this skin is constitutive of the self (Gell, 1993: 3). This theory, Gell notes, "merits very careful consideration from anthropologists, because it tends to confirm, from a psychological perspective, the very proposition [...] that the skin is, in many ways, the social person himself/herself". Could this be the reason why we often describe the skin as being able to 'breathe'? I believe so. The skin is 'alive', an extension of the way we experience ourselves to be alive. It is a thin layer, or 'film', that is often perceived as separating (outer from inner, surface from depth, purity from impurity), but it should also be thought of as a film that unites as much as it separates.

These ideas are congruent with the earlier arguments put forth by Marilyn Strathern, who also contemplates the problems with perceiving the surface of the body as ‘superficial’, and instead proposes that the surface of the body, on which we decorate, adorn, alter not be separated from an ‘inner’ (true, ‘pure’) self. “Whether or not those who use cosmetics employ a holistic view of themselves”, she writes, “their critics are struggling with a contrast between body and soul, between physical appearance and individuality, between an outer shell and an inner shell” (Strathern, 1979: 242). For feminist critics of cosmetics, she contends, the practice of beautification is seen to apply solely to the body and the skin, as “an outer surface”. It is seen as superficial, as “trivial in relation to personal identity” (Ibid.). Yet, in the way I visualize the skin as a breathing, porous filter of the self, and as one and the same with the subject and not in contrast to a true ‘inner being’, it is part of the self, in so far as what happens on the skin *happens to the self*. Agency, then – for me – is not a process of ‘doing’, but a process of ‘breathing’ and engaging, making and being made.

Thus, having moved away from the structure/agency dichotomy, we can focus more closely on processes of ‘breathing’ and ‘becoming’. This way, we are no longer on a lookout for ‘signals’ which will ultimately ‘reveal’ truths about an ill, vulnerable, empowered, passive, active or otherwise distinguishably ‘some kind’ of body. These practices are not just revelatory; they are constructive and inscriptive, “lending a deep interiority” to cosmetic/plastic alterations, “that locates its meanings as adhering in significant ways in the individual” (Pitts-Taylor, 2009: 120). The questions, then, should be not “who” are these individuals, but *what is* this process? How does it affect?

### Methodology and reflexivity

My field research was primarily carried out in two Athenian locations. One was the *iatreio* (private practice) of a female plastic surgeon, located in a central, middle-class neighbourhood. My other main location was the Phoenix Beauty Medical Center, located in a working-class Athenian neighbourhood. The Phoenix was a very large, labyrinthine and extremely busy building – belonging to a chain of beauty institutes with branches throughout the country – and at times felt more like a messy and noisy department store, standing in perfect opposition to the still, quiet, and secluded private practice of Dr. Mina. Secondary field sites included the *iatreia* (plural) of male plastic surgeons, in which I was able to observe a few treatments carried out by the doctors on their patients. Notably, however, and generally speaking, male doctors were less welcoming towards the idea of my

observing their patients on a regular basis, and therefore these visits – sparse and short in their duration – were merely an addition to what I observed in my main field sites.

My primary method of research was participant observation. I spent a few days each week inside Dr. Mina's *iatreio*, and twice every month at the Phoenix, observing the treatments as they occurred, but I was also present inside some of Dr. Mina's consultations with newly arrived patients. I also observed the 'controls', which Dr. Mina carried out, which are follow-up sessions, usually required a few weeks or days after certain cosmeceutical procedures. 'Controls' were important as they were often what 'perfected' the treatment, after the skin's swelling subsided and the 'real' result could be seen. It also helped the doctor ensure her patients were happy with the result, and if they were not, she tried to fix any problems.

I also spent a lot of time at Dr. Mina's waiting room, where patients often waited to see the doctor, sometimes having applied an anaesthetic cream on their faces so that their procedures would hurt less. These waiting times were short windows where I had the chance to conduct semi-formal interviews, but it was also a space where patients talked with each other—exchanging news, socializing, and engaging in small talk. The waiting room was also a space where patients, I felt, were more at ease with me. Occupying a limbo area between the outside world and the actual treatment room, and resembling a kind of 'living room' where people could intermingle, albeit quietly, I believe it allowed women to engage with me more spontaneously and freely. It is during waiting times in this room that they had the chance to express interest in my study, often wanting to find out preliminary observations and results, and asked several questions, which I willingly answered. Other times, I was invited to keep women company while they sat, for instance, under a treatment machine (for long durations, sometimes lasting up to an hour). I found that it was in these less formal, tête-à-tête, and unstructured ('improvised') discussions that I gained the most profound insights about my field site.

Additional ethnographic methods included semi-formal interviews with acquaintances and individuals who had either had direct experience with cosmeceuticals or expressed a desire to try them, and informal discussions with friends, and friends of friends, at parties, gatherings, and other get-togethers. I also interviewed several plastic surgeons and other doctors who hold private practices in Athens, from whom I was able to gather a lot of information that was peripheral, historical, and general, but which nonetheless gave me a more rounded understanding of the field.

On top of these more 'cerebral' and intellectually stimulating observation methods, I also utilized a kind of personal 'sensory toolbox' in order to better grasp my field, which was

very much inspired by Thomas Csordas's work on embodiment, and especially his essay "Somatic Modes of Attention" (1993). Describing attention as a conscious turning toward an object (Wagner, 1970: 316), which implicates "corporal and multisensory engagement" (Csordas, 1993: 137), I utilized different embodied processes during fieldwork. My sensory toolbox, then, can be best described as both an affective and embodied kind of ethnographic participation, during which I let my senses (and especially vision, sound, and smell), but also my 'gut feeling' (emotion, instinct) play a substantial role in guiding me in experiencing, and hence 'reading', 'perceiving', 'feeling' and 'understanding' the field, through my own presence inside these clinical spaces. I followed John Leavitt in looking at emotion as incorporating both 'thinking' and 'feeling' in processes that involve the whole body (1996: 515); and, as Csordas but also Katherine Ewing (1987) urge, I paid a lot of attention to the language being used, but also how these connected (or did not connect) with the expressions on my informant's faces, in an effort to better infer the feelings that may have been in my presence. The kind of fieldwork I describe may thus be understood as being based on psychoanalytical but also 'experimental' modes of observation (Dubisch, 1995: 16), which allow for the ripening of the anthropologist's reflexivity.

Joseph Calabrese talks about the usefulness of having an awareness of one's own emotions when in the field, as a guide to understanding (2013: 59) cultural or other differences with informants, but stresses also the importance of being aware of the anthropologist's vantage point, offered by layers of education and training with/on diverse populations. For Calabrese, observation should be a combination of multiple reflexive modes and different perspectives, and I have endeavoured to follow this advice. This practice is heavily based on what Bourdieu calls 'participant objectivation' (2003); a process whereby the ethnographer positions herself not only against the society she studies, but within the wider sphere of anthropology and academia. This involves considering how her own points of view are constructed (Ibid., 284), and reminding the ethnographer that "one too often forgets or ignores that a point of view is, strictly, nothing other than a point of view taken from a point which cannot reveal itself as such" (Ibid., 284). Bourdieu essentially calls for the objectivation of one's own 'researcher self', which is inscribed not only by culture, language, nation, age, and sex or other categories, but by anthropological training and positioning as well—by the encompassing 'culture' of academia. Bourdieu thus widens the reflexive project, to include not just the anthropologist's position inside the society being studied, but the anthropologist's position within the world at large, and within anthropology particularly.

Moreover, as an embodied subject/ethnographer, I was frequently made aware of how much the 'atmosphere' (Ahmed, 2009) of these spaces affected, and guided, my experience while inside them. The lack of diverse smells, for example, inside Dr. Mina's *iatreio* (which emitted a predominant 'sterile' and 'pharmaceutical' smell) led me to associate the space with sanitation and cleanliness, but also accentuated my sense of caution, making me fully aware that I was in a scientific space. And I assume that this 'atmosphere' similarly (or perhaps in slightly different ways) affected the patients visiting the doctor; perhaps it affected even the doctor herself. I also noticed how the monochrome, bright/white colour schemes heightened certain processes for me as an observer. They formed a clear, white background – a kind of cinematic blue screen – with few distractions, from which the patient and her treatment appeared forcefully at centre-stage. It also made the atmosphere more intense, more awkward, more silent – thus more unreal. I return to the subject of 'atmosphere', which forms a central consideration of chapter 3.

During my time in the field, I often became aware of the fact that I was studying women a lot like myself. They were Greek, aged between thirty and seventy-five, and were in their majority working professionals (or sometimes, especially the older ones, stay-at-home mothers or wives). Of the younger ones, some had studied abroad, and two were intensely proximate; one of them was a PhD student of sociology in France, and the other had recently graduated from a Masters in anthropology from an Athenian university. This familiarity and proximity were at times challenging, because, I feared, they may have obstructed my capacity to evaluate things in a more-or-less distanced manner.<sup>10</sup> But, as Strathern (1987) notes, the scientific extraction of the fieldwork experience doesn't make it any less theoretical. This is to say that, even when apparently empirical methods are utilized, there is no way to objectively, or "scientifically", deliver 'the truth' about any given society or person. Thus, proximity or distance to the field become quite insignificant preoccupations.

Therefore, increasingly relieved from the troubles created by my own positionality upon realizing that the ethnographic practice inherently involves reflexive challenges (whether the society under question is 'familiar', or 'foreign'), I came to see my proximity to the field as an advantage. Though it may have resulted in a narration that lacks the once-required 'distance' found in classical anthropological works, it recompenses by presenting a less 'fermented' and thus perhaps more poignant unfolding of events, people, relations,

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<sup>10</sup> There was a time when 'anthropology at home' posed problems for the anthropological community, but – thankfully – this problem was bypassed, since, as Clifford Geertz writes, "obsessive concern with how ethnographic texts are constructed seems like an unhealthy self-absorption – time-wasting at best, hypochondriacal at worst" (1989: 1).

and practices, which I have been privy to for a much longer duration than this particular project allowed. It also lacks the ‘exoticizing gaze’, a stamp that many anthropological works are accused of bearing.

I have also noted that the spaces in which I carried out my fieldwork were *women’s* spaces. Most were run by women, owned by women, staffed by women, and visited by women, thus making up a kind of ‘women’s universe’. And in this universe, many kinds of personal boundaries were often crossed. Encircled by women – and in the absence of men – there existed a kind of freedom and informality to relations and discussions that is uncommon in most spaces outside the home. In such a space, the ethnographer is privy to very private information, both regarding the doctor<sup>11</sup>, and (especially) the patients. With every repeat visit in these clinical spaces, I became more and more exposed to barriers being put down; I listened to women’s private concerns, complaints and even personal tragedies, and these admittedly often made me uneasy, and sad. There were times where jokes would intersperse with sorrow and tragedy (such as a woman joking about her husband’s galloping dementia), and, generally speaking, these spaces rendered all present – patient, doctor, *and* observer – to an extent vulnerable. And the reason for this general and contagious vulnerability was that the stories shared inside these rooms were not just personal, but social. They were women’s stories, and Greeks’ stories – *human* stories – in which all of us partook, more or less directly, and therefore they were awfully proximate, social, general, even universal: stories of sickness, of financial struggle, of fears, hopes and dreams, of gossip and laughter. They were so intensely *human* that they affected me deeply, and I often caught myself feeling unable to process all these in a manner that would be academic, scientific, structured. At times, the research became extremely challenging for moral reasons, too. Being heavily aware of the ethical weight that these procedures carry for many critics, and especially so in the milieu of academic feminism, I could not help but feel that pursuing one argument against others would mean ‘siding’ with one party, and ‘betraying’ another. It has been particularly difficult in light of several recent studies which show that Botox and fillers can potentially harm the human body in a multiplicity of ways, though I am also aware that many such studies have been circulating for a long time and they have not managed to diminish the popularity of the drug. Pain and risk have not deterred humans from pursuing cosmetic and other alterations, but they still create problems for academics.

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<sup>11</sup> To give an example, I often saw how finances were handled by Dr. Mina.

Due to these confrontations, I came to understand what Ruth Behar grapples with in *The Vulnerable Observer* (1996), namely the feeling that the ethnographer embarks on a voyage “through a long tunnel” (Behar, 1996: 2-3). This is a tunnel filled with challenges, such as “the desire to enter into the world around you and having no idea how to do it, the fear of observing too coldly or too distractedly or too raggedly, the rage of cowardice, the insight that is always arriving late...” (1996: 3). These were intense, pervasive and concrete trials; but I now recognize that they were necessary in my transformation, from *X* into *ethnographer X*. I acknowledge and accept these vulnerabilities that were opened up, in front of me but also inside me, as a ‘gift’; the kind of gift that is given to any traveller on a long journey. The longer and more arduous the journey, the greater the gift.

I am now fully aware that in describing and ‘exposing’ my informants I am also exposing parts of myself. This monograph’s completion was made possible only after ‘sense’ was made out of scattered and jumbled notes, which the intellect gathered and re-arranged in a comprehensible and a more-or-less structured and edited piece of writing. But my “labor of introspection” (Behar, 1996: 10) did not stop when I began to write. The process of writing often crystallized just how *much* I was affected by my research. And, as I re-lived the ethnographic encounter by writing it down ‘properly’ (academically, analytically, reflexively), I came to understand the extent to which I could identify with the women I studied—a realization which had not been as acutely grasped before writing. I thus hope (and no longer fear) that my vulnerable self, no matter how reinforced by the several layers of academic masonry which attached themselves during the editing stages, frequently comes out from hiding behind the text.

## Chapter 1

### *Pain, time, and crisis*

Liza is a 21-year-old paid intern who works as a plastic surgeon's assistant, and whom I met during the early phase of my field research. She is a good-looking brunette, usually very sociable and friendly, who came to Athens from her island village in Kolpos, located near the border with Turkey. Her skin still bears the marks of a recently gone puberty, with little pimple spots and scars still visible underneath her sideburns, which she covers with makeup. She has dark eyebrows which are accentuated with an eyebrow pencil, and often wears bold red lipstick on her mouth, but not today.

We sit at a cafeteria during her lunch break on a busy, leafy square, surrounded by other cafeterias. At this same cafeteria she had announced happily to me, just a week ago: “*Évala heilákia!*” [‘I put on lips!’ (diminutive for lips)]. What she meant was that the plastic surgeon for whom she works injected fillers in her lips, to make them appear larger and fuller. But, today, Liza is tremendously sad. Without taking off her eyeglasses, she tells me, somberly:

“Did you see the news?”

“I didn't. What happened?”

“My whole village has been leveled to the ground...”

That same morning, a very powerful earthquake had hit the easternmost islands of Greece, which also caused widespread damage at several towns located at Turkey's shoreline. Kolpos, however, suffered the greater damage.

At the age of eighteen, Liza left her island and came to Athens to become a beauty specialist, and has stayed in Athens since then, because finding work back home would be “very difficult, if not impossible”, as she had told me during our initial meetings. She lives in a small room at her father's house, a man with whom she was estranged for twelve years, after he left her mother to pursue a new life in the city. She reconnected with him after a long period of silence, and they made a deal that she would stay at his house – inside which she feels “like a stranger” – until she could afford a place of her own.

“I look at the pictures and I feel like I am looking at scenes from [the war in] Syria.... Everything is destroyed. Almost everything is rubble. My townspeople have lost their homes; some are dead. And I'm here, away from my family, unable to go back. I'm so shocked, I don't know what to do... I just have to sit here and look at the videos people post on social media and on the news, able to do nothing.”



She takes out her phone and shows me pictures posted by a friend on Facebook, which shows the extensive damage in her village, with many houses turned into complete rubble.

“This is my neighbor’s house”, she says, pointing to a pile of ruins laying in front of what seems to be an exposed tiled bathroom. The bathroom looks naked.

“This is the house of Kyria Eleni. She died”.

An earthquake like this is, I think to myself at that moment, apart from disastrous, a blatant reminder that all that society builds, and especially the edifices that conceal us not just from the forces of nature but from other humans, can be annihilated in a second. The façade of privacy is stripped down; the line between private and public is erased. All secrets are out, like the designs of those bathroom tiles.

“What about your own family?”, I ask her.

“My house, luckily, is amongst the three that still stand erect. And my family, thank God, is fine. But you can’t imagine the agony I went through when I heard on the news that a 45-year-old woman is missing. I thought it was my mother. I started screaming at work, just a few hours ago, in front of everyone...”.

“And will you go visit?”, I extend my arm to touch her hand, as I can see she is about to cry.

“I can’t go back because the flight costs four hundred euros...! That’s more than my monthly salary... And the boat takes two days to get there and back. And I can only afford to be away on weekends... I can’t leave work. So, I can’t take the boat.”

Liza has often expressed frustration about her financial insecurity. It is only now, however, that I start making sense of the kind of hardship she has repeatedly mentioned during our meetings, in phrases such as being “completely broke”, “not having a life” and “feeling trapped”. She had also stressed how she feels “stuck” in Athens, which may have “a few” opportunities (compared to Kolpos), but nothing compared to what she had imagined before she arrived in the city.

“Is life even worth living? This is what I wonder these days...”, she adds, and she finally lifts her sun glasses to reveal a set of swollen, dark eyes.

She looks down at the table, at her uneaten *tóst* (toasted bread with cheese and ham), which is now cold. A pigeon violently flutters its wings besides us, in an effort to land on the table next to ours. A feather from its wings finds its way onto the *tóst*. Liza then takes the whole plate and places it at a table behind her, so that the surrounding pigeons can freely take turns to eat it. As a result, a noisy swarm of pigeons gathers around the plate, but she seems oblivious to the fact.

“I keep thinking about my neighbor, Kyria Eleni... I can’t fathom how unbelievably miserable her life had been, and how unfair to her. Her husband beat her. Not infrequently. She tried to leave him twice! She took the kids with her, slept on the street for two days. And no one helped her! The whole village turned a blind eye, as they didn’t want to upset her husband...! So much for village cooperation... Or maybe they just didn’t want to get involved with that psychopath. A few days later, *he* found her. *Tin ékane tópi sto xylo* (“he beat the crap out of her”). And the kids...! The boy came to school with a black eye. And... what happened? She never left him in the end... how could she? Where would she go? She had nowhere to go. Then, later, she had cancer. In the stomach. She would come by our house, and would bring us food. Poor Kyria Eleni... She had cancer; her husband cheated on her; he even beat her. The bastard. She was powerless and trapped; she was poor. And what happened in the end? Her own ceiling flattened her (*tin plákose to taváni tis*)...

[After a long pause] *What a life, eh...!?*”

She smiles bitterly, then grabs her phone again to show me a few more pictures of destroyed homes. She looks at the pictures in disbelief, unable to process that her hometown – at least the way it stood in her memory – no longer exists.

“What kind of help will my people receive? It’ll take years to rebuild...”.

Another long pause, during which it is obvious that numerous thoughts pass through her mind. Then, suddenly, a subtle light in her eyes.

“I don’t have really have a life here... I work all day, and I go home at night, and sleep at a house which is not even mine... But I work. And I work at a job that I like, which allows me to be around women and we do all this interesting stuff... and I learn so much! And I think that this job, this environment, the *iatreio*, and everything we do in there, is the only thing that has kept me sane. I feel like I don’t have much control over life right now, or generally. This is such a crazy time... But when I’m in the *iatreio*, I feel like at least I can control *something*, as if something still matters.”



Liza’s case is typical of a young Greek woman living with limited family assistance and rudimentary means today. Her job is described as her only comfort, replacing the types of emotional and perhaps even financial comfort that would, in a past setting, be provided by marriage. Though Greek women, especially those living in Athens and other urban centres, are usually expected to work, the shift from stay-at-home-wife (*noikokyrá*) to officially employed and paid working woman (*ergazómeni gynaika*) is a fairly recent phenomenon.

According to Antigone Lyberaki (2011), Greece's inclusion in the EU and the country's rapid modernization and urbanization in the early 1980s saw an accelerating inclusion of women in the workforce, but this work is still perceived as less stable than male work. Pregnancy, motherhood and other family duties often put women at higher risk of losing their jobs.

Heather Paxson writes that “[many] Athenian women [...] were raised by parents who grew up in a village or neighbourhood communities where social personhood was established through domestic, consanguineous, and spiritual kin relationships” (2004: 2). In the city, modern life has been intensely secularized (Ibid.) and women have joined the workforce in very large numbers. It is therefore increasingly true that for most Greek women, a steady income significantly contributes to their sense of self” (2004: 2). Nevertheless, even before the financial crisis, women faced greater insecurity when it came to employment and benefits, a situation which has intensified their precarity during crisis. Though scholars diverge on the matter, many contend that women are faced with greater levels of precarity since their inclusion in the workforce because their earnings are valued as secondary to men's, who are still the basic “breadwinners”. Financial crises are “especially hard on women”, Alexandra Bakalaki stresses (2015), “and the Greek crisis is no exception” (Bakalaki 2015, also see Athanasiou 2011, Avdela 2011, Walby 2009). Given these grim statistics, one sees why Liza feels thankful for her job, even though she receives a meagre sum. Her paid intern salary, after deducting taxes, is around 380 euros a month, a very small amount for getting by in the city.

Liza's experience of precarity and her sorrow on the one hand perfectly distills the current “crisis experience”. On the other hand, she seems to talk about it as an unmistakably and eternally “Greek” story, as it condenses the kind of eternal struggle – *ton agóna* – which conjures up what being Greek means to most modern Greeks (Dubisch, 1986; Herzfeld, 1985). Liza's planned life course, which had been envisioned as more-or-less stable and well thought-out as she was reaching adulthood (leave the village, move to the capital, study, find a job, and then perhaps ‘settle down’) was being tested, and even defeated, with every passing day. The events at Kolpos – a sudden, violent destruction of her home, even though her actual house wasn't levelled – shattered her ‘shelter’ and foundation, as most Greeks perceive their family home (*to patrikó spíti*). Suddenly, her job became a ‘last resort’, a kind of anchoring with reality, and the only aspect of her life which entailed some hope for the future; a prospect for change towards the better, and not for the worse.

## Pain and Greece

In the present moment but also ingrained in the idea of the Greek self historically, suffering and hardship are embodied as a Greek constant, and perceived as a continuation of a string of tragedies distinctive of Greece and other small nations threatened by and at the mercy of larger and more powerful neighbours. Oftentimes, during field research, I felt that hardship is seen as the inescapable “fate” of Greek life, and especially of Greek *female* life (a point to which I shall return). This is a sense that, try as one might, escaping suffering is in the end an unmanageable feat. Folk wisdom and popular songs often conjure up this theme. I am reminded particularly of the melancholic song “Kemal”<sup>12</sup>, by Manos Hatzidakis:

“My defeated whiz, times don’t change  
with fire and with blade  
this world advances’

Good night, Kemal,  
this world will never change  
Good night...”

There is a viciously cyclical nature in suffering as Greeks understand it. Life is expected to be a trying series of hardships, unless one is very lucky; but even if one dares to dream of a life without suffering, they will unavoidably be disappointed in the end. This ‘national’ pain was brought to my attention during fieldwork, but I also discovered it in a large amount of Greek literature. Browsing books on folktales from Greece, I came across a story about Karagiozis<sup>13</sup>, a shadow-puppet caricature and symbol of the starving, poor Greek individual who lived under Ottoman occupation. An accompanying review of the book stated that Karagiozis is an expression of the “eternal Greek pain” (Tsarouchis, 1959).

Pain is also a prominent feature in many ethnographies on Greece preceding my own, and it fares more notably in the work on (and by) women. This is due to the fact that pain is also gendered in Greece (Seremetakis, 1998: 151), with ‘suffering’ seen as belonging to a realm more ‘naturally’ proximate to women. Jill Dubisch, for instance,

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<sup>12</sup> Referring to Mustafa Kemal Atatürk, the founder of the Republic of Turkey (1923) and military commander during the Greek-Turkish War prior to the founding of the Republic. According to the Greek Genocide Resource Center, he was the “consummator of the Greek genocide”, for ordering the killing of Greeks living in formerly Ottoman lands. Link: <http://www.greek-genocide.net/index.php/overview/perpetrators/123-mustafa-kemal-ataturk-1881-1938>

<sup>13</sup> Karagöz means ‘black eye’ in Turkish, and was a popular shadow puppet figure throughout the Ottoman lands. Karagöz and his friend, Hacivat, personified mischief and intransigence against the Sultan’s authority.

explored Christian Orthodox rituals of pain on the island of Tinos, while Neni Panourgíá (1995) and Nadia Seremetakis (1991) studied death and mourning in Athens and in Mani respectively. Elizabeth-Anne Davis (2012) researched ‘madness’ in northern Greece and, more recently, suicide (2015); while others, like Alexandra Halkias (2004) mention pain briefly, but acknowledge its centrality.

Greek pain (*pónos*) may spring from a deeply felt, collective grievance about standing at a European periphery, simultaneously occupying a central imaginary and historical role inside the West (“the heart of the so-called West”, as Halkias notes [2004: 2]) but practically remaining forever outside the margins of Europe’s core in any actual, effective manner. Elizabeth Davis defines Greece as simultaneously *of* and *outside* Europe, or Europe’s “internal other” (2012: 121). Herzfeld, in turn, has granted Greece the status of a crypto-colonial state (2002: 901), by arguing that Greece exchanged hands – from Ottoman Empire to the indirect rule of the Great Powers and then on to the European Union – concluding that the country has never, in fact, succeeded in becoming fully sovereign. Argenti and Knight (2015) and Kalantzis (2015), on the other hand, see Greece’s relationship to Europe as one of more or less *overt* colonialism (Yalouri, 2016), a view which has also been expressed by other thinkers. “Since their initial proclamation of their independent nation-state in 1821”, Herzfeld writes, “Greeks were forced to fit their national culture to the antiquarian desires of Western powers” (2016: 10). It is as if Greece’s ancient history, appropriated by “the West” as the birth of *its* civilization, no longer belongs to Greece; it is adopted, seized, and shared across ‘Europe’, leaving only its symbolic remnants (the Acropolis, more potently) to stand at the very centre of the Greek capital, acting as a stark reminder to Greeks of everything that Greece *no longer is*.

Yet the idiom of pain may have even deeper historical roots. Jill Dubisch emphasizes the centrality of pain in the Orthodox Christian religion, which is pervasive in Greece, with Christ’s suffering acting as a catalyst for the existence of humanity as many Greeks understand it; (“Christ suffered, in order for us to live”). The Crucifixion is enacted and relived within Orthodox Greek ritual (1995: 214), and the dead body of Christ is symbolically carried around city neighborhoods, towns and villages in a procession which takes the form of a massive, communal funeral, in which most Greeks participate towards the end of the Holy Week.

Suffering is also verbalized in everyday speech, as Dubisch notes in her account; and this is important as it predates the financial crisis. “How are you?”, may frequently be met with the response “we are struggling” (*palévoume*) (Dubisch, 1995: 215). Interestingly, these phrases are most common in women’s speech. Complaints about suffering may serve

the role of a continuous reminder (to men), Dubisch wisely posits, of the lengths and the trouble women go through, physically and emotionally, in order to keep others happy. These feats, unless they are voiced, go largely unrecognized, since female labour is undervalued, silent, and often 'informal'. Complaints, she adds, form the "available cultural material" (1995: 216) from which the 'poetics of womanhood' manifest.

As noted already, though pain is acknowledged as being a "central social fact" in Greece (Seremetakis, 1998: 151) and is experienced as indispensable to Greek womanhood, little attention has been given to its displays, especially to those 'quieter' demonstrations that do not take the form of a distinct public performance such as laments or mourning (Seremetakis, 1991), which have been well documented. Dubisch (1995) however, is an exception. Recognizing the centrality that suffering plays in the social lives of Greek women, she describes an encounter with her landlady on the island of Tinos, who delivers a "monologue" of pain at the dinner table, in front of her family, the ethnographer, and a friend of the ethnographer's whom she has invited for dinner (1995: 205):

"[...] after the meal, Marina began to complain about a chronic ailment and revealed that her mother had died of a similar complaint. Her husband, my friend, and I all urged her to see a doctor. How could she possibly see a doctor? she replied indignantly. To do that she would have to go to Athens, and such a trip would require an absence of several days at least. With all the things there were to be done for the upcoming Easter holidays, and all the baking these holidays required, and with getting the shop ready and cleaning the apartments and rooms she rents for the tourist season, there was no way she could take time off to take care of herself. My landlady's husband, Dhimitris, and her son, Takis (a young man in his early twenties), had no response to this monologue and listened in silence, as did my friend and I."

Dubisch considers the absence of pain in many ethnographies about women a curious – even inexplicable – oversight. Like Seremetakis, she argues that what may account for such an absence in Greek ethnography is the propensity by non-Greek anthropologists to consider emotions to be 'private' rather than cultural and public matters. Dubisch and Seremetakis, however, recognize the public, performative, communicative character of pain in Greece (Seremetakis, 1998: 155), and stress that emotions *can be* social and cultural idioms (Dubisch, 1995: 213), meant to be studied as a central "part of the construction of culture itself" (Ibid.).

Dubisch determines that female expressions of suffering belong to a kind of performance which she calls the 'poetics of womanhood' (after Herzfeld's 'poetics of manhood', a trope for understanding Cretan men's highly visible performances of

'maleness'). Poetics of womanhood are less visible (often mistaken for 'passive') performances that embody what being a Greek woman is. They are not simply indicative and performative, but inscriptive, creative, expressive, and transformative, according to Dubisch (1995: 204; also in Seremetakis, 1991: 2). Expressions of suffering within the context of the poetics of womanhood – like Marina's monologue in Dubisch's vignette – are performed in ways that can be "used to make statements and claims" (Dubisch, 1995: 206) about one's life, and may even provide an idiom of defiance against the dominant social order (Ibid.). They may thus act as subtle, or not so subtle, reminders of female subordination. Such performances, Dubisch adds, are not simply "personal" and individually felt emotions, but are about socially asserting what "*being a woman*" is (1995: 212; emphasis mine). Through accounts of suffering a woman claims her position, and comes to *exist*. She calls attention to herself and to her position as she experiences it within her social world.

Yet pain has another dimension. Beyond being a means of defiance, and culturally inscriptive, it is also a mobilizer of "trans-individual systems of communication" (Seremetakis, 1998: 151). In my own field, pain often acted as a lever for communication, socialization, and connectivity, especially amongst females. It enables people – women especially – to bond, as it allows for certain elements to reveal themselves as common and shared. The underlying troubles causing the pain might reveal themselves as somewhat universally female (the inescapability of ageing, for example, and the marginalization caused by it), which in turn unites women under a common 'female universe'. And by expressing one's troubles and pain, one is able to summon collective suffering, tie one's own individual suffering to a larger circle, and thus eventually facilitate a sort of catharsis. "Pain is plural" in Greece, as Seremetakis (1991: 115) contends. And Maniats (in Greece's southern Peloponnese), she adds, see pain as a 'burning' and a 'fire'. This "burning" liquefies and 'melts' the person (Ibid.), thereby connecting her to the larger, suffering whole. Expressing pain is thus a system which unites; Greek pain is a shared emotion that brings individuals together instead of urging them to suffer privately.

In her 1986 ethnography regarding female friendships in Crete, Robinette Kennedy stressed the significant role played by women in each other's lives—lives that were lived more-or-less marginally inside Cretan male-dominated society – in which the two sexes had distant relationships. Kennedy maintains that the friendships formed between women often enabled them to cope with their lives on a profound level, as they provided women with an unmatched support system, or "emotional scaffold" (1986: 124). They thus brought

fulfillment, deep joy and a rare sense of connectedness and empowerment, in a life otherwise colored by confinement and social immobility (1986: 123).

Undeniably, things have changed for rural Cretan women today, like they have for all Greek women, both in urban and rural settings.<sup>14</sup> Women now enjoy a very different lifestyle in Greece which includes freedoms and a mobility comparable to that enjoyed by men, though – as elsewhere – subtle forms of subordination still exist. Equality (or its lack) is not the point I wish to focus on, however. What interests me in Kennedy's work is the focus on a female support system – the 'emotional scaffold' – which has rarely been emphasized in recent ethnographic work on Greece. Drawing a parallel with this past, we may argue that women today, even though they possess a much more liberated lifestyle, still seek out other women with whom to identify, connect, and bond in the face of trouble or other, more mundane challenges, because they still face issues that are gendered (such as the desire, and the social pressure, to 'stay young'). Therefore, although the type(s) and cause(s) of suffering that women are called to manage today differ from the more overt kinds of oppression of the past, the coping mechanisms and the need for 'support' remain high. Most women are willing to confide in other women about their problems a lot more freely than they would to men, an activity which merges them with what Anna Caraveli calls "a [female] community of pain" (1995: 214). Still today, the idea that women "understand each other" better is prevalent, as is the idea that some matters are 'women's only' (*gynaikeia*) and should ideally be taken up with female friends (or relatives) – who can 'relate'.

## Pain and time

There is another fascinating aspect of Greek pain that I wish to investigate, and this is its relationship to time. I mentioned, at the beginning of this chapter, how Greek pain is 'eternal'; I now circle back to this idea, in order to make better sense of it. Stephan Palmié and Charles Stewart (2016: 216) maintain that Greek time perception defies the kind of linearity intrinsic to Western historicism, which carefully "quarantines" the past from the present. Instead, they argue, the past overlaps with the present in Greece, and persisting

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<sup>14</sup> It should be kept in mind, however, that the existence of such strict gender dichotomies was challenged by other scholars writing in the same period or shortly after. For example, see Dubisch, (1995) and Seremetakis (1991). "Increasingly, anthropologists have come to view cultural conceptions of gender not as a rigid set of rules [...] but as a framework for discourse and negotiation" (Dubisch, 1995: 204).



conceptions “challenge the commonsensical assumption that ‘the past is the past’” (Ibid., 217). I find that pain is an operative arena for observing the unraveling of such overlapping temporalities.

Instead of forming a break with the past, like many events do, the *current* Greek pain (finding expression in ‘crisis’, ‘austerity’, ‘insecurity’, ‘depression’, ‘suspension’), has been reappropriated and placed inside an endless continuum of Greek suffering which is perceived to stretch back in time but simultaneously feels awfully close because it feels so familiar. According to Daniel Knight, it ‘brings back’ memories (of pain, poverty, hunger, of siege and of deceit by other, bigger powers), even if these memories are not experienced directly by those who presently evoke them (2012). Knight names this process ‘cultural proximity’, whereby:

“[...] distant events may become culturally close at specific historical moments. With the recurrence of periods of crisis, some past events are recalled as if they possess a contemporary quality; they are culturally proximate.” (2012: 349)

Pain causes time to become “elastic” (Knight and Stewart, 2016: 3), and “condensed into a singularly meaningful instant where two or more historical moments are superimposed (Serres 1995, in Knight, 2012: 350). And since time doesn’t always get conceptualized in a linear manner in Greece, the crisis might be weaving new, plural temporalities into an already elastic experience of time. Pain and suffering ‘bend’ and ‘distort’ time even further, allowing for a polytemporal experience that gives rise to a potent sense of “*déjà vu*” (Knight and Bryant, 2019: 57), of the kind seen in Liza’s words, who ties the experience of Kyria Eleni (a woman much older than her, who is now dead) with her own experience of (female) suffering.

In practice, ‘cultural proximity’ and *déjà vu* make accounts of past suffering suddenly appear as if they were around the corner, or might be experienced as a foreboding about the near future which is understood as generally replicating the past, with variations. It is for this reason that, during the animated referendum in 2015 which determined whether Greece would accept the conditions set by her creditors for another bailout loan, the Greek population’s reply – *Ohi* (No) – was painted in the heroic colors of another, historical *Ohi*: the one given as a response to the ultimatum presented by Mussolini to Greek prime minister Metaxas in 1940, after which the Axis invasion of Greece began. In fact the referendum’s response, *Ohi*, like the whole experience of crisis, has often been imagined – and vividly compared – to Greece’s Axis occupation during the Second World War. These

memories of occupation, which suddenly appeared threatening and imminent, brought historical wounds to the surface, and spelled more fear and anxiety. I argue that it is within this framework that widespread anger, resistance and even protests should be examined, instead of seeing in these expressions mere 'economic facts', such as the present state of unemployment, poverty and insecurity. When time is experienced polytemporally, old wounds never truly heal; they merely get recycled, finding expression in new situations, populated with new faces. It is a process widely known as 'trauma'; a Greek word, though this should not suggest that it is a phenomenon limited to Greek society only.

I have until now focused on the interweaving of past and present temporalities. However, as Eleana Yalouri contends (2016: 39), crisis management involves engagement not only with the past, but with the future as well. It is equally possible that the fuel for the protests in Athens during the height of recent unrest, was not only a memory of the painful and ever-returning past, but the realization of a "shattered" future. Bakalaki (2015) points out that even though Greeks often compare this crisis to past periods of hardship, humiliation, and pain, and even though schoolbooks teach children that the history of Greece consists "of a long chain of ordeals from which the nation has always emerged victorious", this ordeal feels like it is unprecedented (Bakalaki 2015, Kalantzis 2016); because, "like elsewhere, modernization in Greece has been conceptualized as a function of time going *forward* and, until recently, for most people, living in the present meant working toward a future that would be better than the past" (Ibid; emphasis mine). But present life is equated to a life not worth living, since it is not moving forward (Herzfeld, 2011). It is a life lamented.

According to Yalouri, the feelings which best describe the experience of Greeks living inside the crisis were either "waiting" or being "on standby" (Ibid.). Austerity is hence a "counterfactual futurity" (Knight and Stewart, 2016: 2) overlaid with heightened levels of both investment and anxiety about the future. For, what happens when the future does not take the form people expected and planned? (Ibid.). Even though humans living inside capitalist modernity may not possess "a very well-articulated understanding of what 'normal' time would or should be", Bryant notes, this certainly involves a set of expectations regarding the future (2016: 20). The capitalist-modern understanding of the future is that, though it may be unknown, it can be properly prepared for, controlled (to an extent), and designed for. And this creates a crisis in the present.

Inhabiting a delicate, peripheral space inside the wider sphere of an industrialized West, which values "opportunity", growth and innovation (Hirsch and Macdonald, 2005: 2-3) Greek lives, which in the present are experienced as insecure and precarious, get placed

in an existential bind. If life in the present is *not* “pregnant with opportunity” (Ringel, 2016a: 26) and individuals are unable to envision and anticipate ‘progress’, then what becomes of this ‘meaningless’ present? How can present life be meaningful in a ‘forward-moving’ modernity if the future cannot be planned, predicted, or properly anticipated? Moreover, if this future is not better than the past, why anticipate it at all? The anxiety this engenders, the sense of void and “toxicity” or “depression” that so many of my interlocutors describe is particularly tied to these anticipatory paradoxes. It is this pervasive feeling of stagnation and suspension that leads poets like the Chechnyan Jazra Khaleed (Van Dyck, 2016: 169), who resides in Athens, to write: “Tomorrow is already a word without future / Death tonight.”

Bryant (2016: 20), who conducted fieldwork in Cyprus, analyzes the reverberations of such contradictions and their negative effects on the present. Bryant names the process of rupture occurring between what *ought* to be (a seamless, tight weave of time moving *forward*) versus the lived experience of suspension, the “uncanny present”. This uncanny moment, according to her, is “a particular sense of present-ness produced by futures that cannot be anticipated”. And crisis, she maintains, is understood as uncanny precisely because it brings the present into consciousness, creating an awareness or perception of present-ness that we do not normally have” (Ibid.). This process is, interestingly, very similar to how we experience acute pain: pain in a particular part of the body causes this body part to suddenly acquire great importance, as if we recognize its functions and significance for the very first time.<sup>15</sup> Pain and time, then, are very close relatives.

### “Owning” time

Thomas Eriksen maintains that ‘high moderns’ live life with a gaze “firmly fixed on a point about two seconds into the future” (2001: 3). This makes living in the present virtually impossible, because every next moment in life comes so quickly. Deeply concerned about the ways the Information Age has confused us, he cogently stresses the extent to which the need to predict and control the immediate future renders the present obsolete, thus making us obsessed with the ever-fleeting presence of time. Adams, Murphy and Clarke (2009: 246) call our times as being in a characteristic state of anticipation, i.e. of thinking and living towards the future only. This state causes an “instantiation of ‘modernity’”, whereby the

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<sup>15</sup> This ‘presentness’ when in pain is also worth reading about in a chapter by Jonas Frykman, in his co-edited volume, *Identities in Pain* (1998: 10).

future is considered more or less “certain”, due to our aggregate reliance on speculative forecast (Ibid., 247).

As Giddens postulates, what truly separates the modern from the pre-modern human is not a higher value placed on individuality. Individuality, he stresses, “has surely been valued in all cultures, in varying degrees, and so has been the cultivation of individual potentialities” (1991: 75). What truly distinguishes the modern human, according to Giddens, is the idea that one may ‘create oneself’; the belief in that “we are not what we are, but what we make of ourselves” (Ibid.). The modern self – a reflexive project for which the individual is responsible – requires the “observation of bodily processes” and continuous bodily awareness (1991: 77), which includes the constant awareness of bodily changes over time. I hence add to Giddens’s proposition that being ‘high modern’ means not only being aware and in constant monitoring of the body, and not only actively taking steps to shape and fashion this body but, wherever possible, to *prepare it* (for the future). High moderns are obsessed with not just maintaining, but with preventing (and, where possible, even reversing) the natural processes of decay. In a few words, modernity calls for the full ownership of the body, and this includes the ownership of our body’s “clock”, as the lay expression goes. The following ethnographic encounter is especially illuminating in this respect.

In a centrally located branch of *Boots* in London, while shopping for facial cleaning products and a moisturizing cream for myself, I passed by a shelf displaying several lines of cosmetics. A particular product stood out (fig. 3), in what seemed to be a promotional booth. It was a serum, with the name

*time in a bottle*

and a subtitle underneath read, “100% in control”. At the bottom of the bottle, in small letters, a text read: “philosophy: when you honor yesterday, embrace today and believe in tomorrow, it’s always *your time*”.

Here “time” is snapped up and placed “in a bottle”. After being distilled into a consumer product, it gets commodified and rendered proximate: it can be seen, touched, purchased, and possessed. It can moreover be personalized, to fit one’s own needs and desires (“*your time*”). Whether these promises are ‘true’ or ‘false’, it does not matter: by buying such a product, one actively takes steps in ‘toppling’, ‘reversing’, ‘freezing’, ‘effecting a change’, and attuning universal time, as it were, to *one’s own* time.

The language used in the ‘*time in a bottle*’ product’s promotion is, most anthropologists would agree, in line with how modern social time (Bear, 2016) is understood in enterprise societies (Hirsch and Macdonald, 2005: 1), to which it is conceded that the UK firmly belongs. These are “societies that, among other characteristics, advocate the personal accumulation of wealth and success [...]”, see humans as having the capacity for “great opportunity” (Ibid.) and push them “to enter [the] future as capable as they can” (Hirsch and Macdonald, 2005: 2-3). In ‘enterprise societies’, time is founded on a rationalist approach, in which humans play a *creator’s* role. Time is no longer perceived as an objective constant or external factor, unaffected by humans (Gell, 2011: 4), but is instead understood as mouldable by the actions of humans. The *time in a bottle* serum’s breaking down of time, therefore, into past (which should be “honoured”), present (which should be “embraced”) and the future (which can be “yours”) can be seen to echo Kant’s understanding of time, which follows an “absolutely directional” path with respect to before and after” (Gell, 2001: 10). It is a carefully laid out, successional plan, whereby the individual takes steps to ‘own’ time and adjusts it to one’s desires and personal goals, seizing opportunities along the way. The past, according to this view, should *not* be a hindrance to one’s development, but a source of power. It should be *honoured*, because it is what created the present opportunity. The present (again, filled with opportunities that should not be missed) has to be *embraced*. And the future, that uncertain yet increasingly graspable and immediate ‘tomorrow’ which is pregnant with opportunities (Ringel, 2016a: 26), should be *believed in*, since the future may not yet exist, although, in some sense “only not yet” (Ringel, 2016a: 25).



Figure 3: Moisturizing cream in Boots, London. (Photo by the author)

These discourses are also prevalent in Athens, at least in the realm of advertisements, billboards, television, magazines, and other media. But what I plan to demonstrate here is that, even though time is *advertised* and promoted as something which can be ‘owned’ and ‘controlled’, Greek lay opinion perceives time quite differently.

Cosmetic *iatreia* in Athens, like most private medical spaces, offer a variety of fashion, interiors and travel magazines in their waiting rooms for visitors to browse, as per standard practice in most Western *iatreia*. One autumn afternoon, while sitting in the waiting room of a popular cosmetic surgeon’s *iatreio*, I flipped through such magazines, and came across an article with the title “*Nikíste to Chróno*” (beat time). The article outlined methods for ‘beating time’, that ranged from eating habits to exercise routines. These, it was advised, should be incorporated in a woman’s lifestyle in order to achieve calmness and tranquility, but most importantly if she wanted *tin epanafóra tou chrónou* (the restoration/reversal of time). Following the article was a list of the magazine’s “favourite” products to “beat time”: a series of innovative and sought-after ‘anti-ageing’ cosmetics, ranging from hydrating creams, gels and serums to body scrubs, makeup foundations and fragrant lotions. In another magazine, the Turkish Airlines inflight magazine, there was an ad for plastic surgery. The vision of ‘modern time’ was perfectly encapsulated in this ad (fig. 4); it portrayed a woman with a pocket watch, which drops down from a chain from her hand. She is imagined, thus, as the owner of time: plastic surgery enables her to *own* time.



Figure 4: Plastic surgery advertisement in Turkish Airlines inflight magazine. (Photo by the author)

Another evening, while walking in central Athens, I passed by a pharmacy and noticed a large poster stuck above the pharmacy's entrance, which advertised a face cream by the brand Vichy. The poster had a human-sized image of an hourglass, its top compartment filled with green sparkling matter which symbolized vitamins and minerals and other youth-boosting elements (fig. 5). These were pictured to flow through the middle section of the hourglass and into a bottle – Vichy's bottle – located at the very bottom, with the name *Slow Âge*. The slogan on the top of the poster read: "Feel Young. Age Slow" [in English]. And the subtitle, in Greek: "Everyday care that tackles signs of ageing during their formation".



Figure 5: Vichy's *Slow Âge* cream in pharmacy. (Photo by the author)

In the first instance, I consider the use of the word '*nikíste*' (to beat) [from the noun *níki* (victory)] to summon interesting parallels with the use of the same verb in English health care campaigns with the slogans: "beat depression", "beat cancer", "beat stress". It led me to consider whether now time, too, is perceived a threat akin to disease, on which man must reign over or else perish. Time, a historically revered power which has been known to possess curative capacities (I am thinking about the adage "time heals all wounds") here constitutes a foe (time as "the enemy"), and humans are represented as running in a "race against time". In the second instance – the Vichy ad – the verb *anatrépste* can mean 'reverse', 'topple', and 'upset'. It is a call for toppling the existing order of time – its professed linear progression – and to upset its steady, clocked rhythm of going 'forward'. Control of time, these slogans proclaim, should no longer be in someone else's hands; it's in *your*



hands. *Párte to chróno sta héria sas* (“Take time in your hands”). Taking control of, and “reversing” time has increasingly become the central goal of cosmetic medicine, its “anti-ageing” technologies laying covert claims on the possibility of time’s *rewinding*. ‘Taking time in your hands’ means that, through these youth-giving innovations, a woman can impose control over time and on her own body’s ageing processes.

For my informants in Greece, however, these discourses often cause friction. For the future today is perceived not as “pregnant with opportunities” (Ringel, 2016a: 26) but, instead, as tied to a shared ‘Greek’ ‘destiny’ of trials and tribulations which are estimated to extend into the future. Contrary to what magazine advertisements and cosmetic posters promise, Greeks are called to question and negotiate these slogans and calls for ‘toppling’ time. In fact, many Greeks hold a widespread belief that too much optimism is bad, and one should exercise a level of stoicism in order to remain ‘grounded’ and ‘prepared’ for the future—a future that will inevitably be trying. And though Greeks, like most modern individuals, are urged to control, manage, and even rewind time, the concept of modern time itself (which is perceived as moving only *forward*) causes contradictions in the present. Greek time in the present is characterized by stillness and “stuckedness” (Bryant and Knight, 2019) therefore Greeks are feeling unable to “grasp” and “control” it. It is perhaps for this reason that the passing of time is often reasoned by my interlocutors to be a force that is “unbeatable”, contra to what advertisements promote. Time, instead of being subjected to the control of humans, is instead envisioned in Greece as an *external* power. Time is described by an interlocutor as a force that “leaves marks” with its passing (which cosmeceuticals are then able to erase). Another informant stressed the potentially healing capacity of cosmeceuticals in their ability to ‘write over’ moments in life that may be traumatic. For another informant, time is “destiny” – a process ultimately beyond one’s immediate control. I explore these associations below.

### ‘Writing over’

Magdalini, aged forty-eight, invited me to her home for coffee, in order to discuss her experience with cosmeceuticals. She had responded positively to an email that was forwarded to her, which I had sent to many acquaintances (doctors, friends, colleagues) asking to speak to people about their experiences with the cosmetic-medical industry. We sat in her living room which was simple and minimally decorated. We sipped coffee,



discussing the subject of cosmetic treatments, and she discussed her treatments openly and casually, often referring to “us” (her and myself), as women.

“I go to a dermatologist about once every two months, to do *nímata* [thread lift]. I like threads a lot because it’s not a drug and they generally improve the quality of the skin, without any kind of deformation. I also have a fear about my moles – I have multiple moles on my body – and we look at those, too. [...]

I began these procedures in 2009, and the reason was my divorce. Because various unpleasant things took place... court hearings, lawyers, even the police were involved... I don’t really want to talk about that now... the point is that I wanted to do something to feel better and look more *xekourasti* (rested). I also saw these procedures as taking *away* from this negative past... it may sound strange, but that’s how I felt. [...]. Like I was writing over, beginning anew! You know, bad experiences show on our face. We get engraved.”

According to Grayson Cooke, Botox is unique because it is the only technology able to prevent the formation of wrinkles, thus it has the capacity to “write the past and re-write the future” (2008: 25), making it both an archivic and a writing technology. As a most peculiar and complex cosmetic technology, she notes, Botox is a “game played with the archive” and, to that extent, with the very concept of time and memory:

“Botox, with its freezing of the facial muscles and elimination of smile lines, frown lines and crow’s feet, all the little signs that appear on the face over time to mark the passing of time and living of life, is a refusal to allow the face to record time, to record the face’s passage through time, to signify and thus recall all that the face, and therefore the ‘owner’ of the face, has experienced; its joys, its loves, its sadness, its pain. Simultaneously, Botox is a re-writing of memory and the archive, a reconstitution of a history, a creation of a virtual history of the face, a virtual history bereft of the pain, love, joy, sorrow and experience that leave their marks on the face; an unmarked, un-re-markable history. [...] Botox effaces the face, it produces it by taking it away. If the face is written, Botox is a system of writing not as the leaving of marks, but in the sense of erasure” (Cooke, 2008: 32-33).

Cooke describes Botox as eliminating and effacing the face, but I consider her approach generalist and sweeping, for my own informant, Magdalini, stressed how current Botox

technology is especially careful *not* to erase lines of expression, in order to avoid creating faces that are expressionless, emotionless and frozen:

“The first time I tried Botox I looked like Zoi Laskari!<sup>16</sup> ... totally frozen expression, it was horrible. But after that, I tried another doctor, and it made me feel soooo much better psychologically. [...] That first ridiculous Botox ... the ‘frozen’ expression almost gave me a panic attack; I wanted to rip my face off. I couldn’t move my forehead and it drove me mad! Of course, now it’s much better, because doctors have improved their methods and they usually don’t overdo it, like they did back then. Today, you might have heard, what is in fashion is ‘baby Botox’ or ‘actors’ Botox’. These are lighter treatments, and it means that you get a natural result, and you can retain your facial expressions.”

Magdalini’s passage highlights the importance of ‘natural-looking’ interventions. The naturalness, according to her narration, is not just aimed towards others; i.e. she is not just concerned about whether other people will see her expression as ‘frozen’ and ‘expressionless’. She instead stresses a discomfort that is *internally* felt: being unable to move her face bothers her sensorially. The experience of a diminished facial movement (a muscle paralysis, quite literally) feels, we may surmise, a lot like a sudden onset of disability. Her description, of “wanting to rip” her “face off” – a sensation which was mentioned by more than one women in the field – highlights the complex ways in which Botox (a treatment invariably treated as one and the same in the literature) gives rise to complexities and requires management, potential negotiations, re-injecting the site, patience and certain amount of trial and error before it ‘feels right’.

A more apt description of the cosmetic process, and especially regarding the point of erasure (which, I find, Cooke oversimplifies) comes from Margaret Gibson (2006: 52). In her essay “Bodies Without Histories”, Gibson stresses how cosmetic surgery has been historically sought in order to deal with negative life experiences and particularly the erasure of grief. Murad Alam and Jeffery Dover (2001) also cite historical research that demonstrates a link between overcoming grief and seeking cosmetic surgery, therefore highlighting such processes of erasure, many of which have been generally overlooked. As

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<sup>16</sup> Zoi Laskari was a famous Greek movie star. She was born in 1942 and died in 2017. In the 1990s, she was criticized for the “mask-like” expression on her face, resulting from too many cosmetic interventions.

mentioned in the introduction, because Botox has been more-or-less incorporated under the umbrella term ‘cosmetic surgery’ – which is assumed to be driven by motives of bodily enhancement and visibility – processes of effacing and erasure have been neglected. Cooke, winningly, distinguishes between Botox and other effacing technologies from *visible* body modifications such as scarring, tattooing, and enhancement surgery, like pectoral and breast implants. And Gibson adds another dimension to this argument, by focusing on how Botox and other ‘anti-ageing’ cosmetic technologies are not only effacing but “anti-linear”: they want to disrupt the contents of time, therefore they are a technique which may be called ‘time-tricking’.

### “Tricking”

Felix Ringel (2016a) has proposed a concept to understand how humans deal with time by use of what he calls ‘time tricking’. With this mechanism, he argues, individuals can reorder their knowledge about the past (2016a: 25) (by forgetting, concealing, blurrily remembering something, or even replacing one memory with another – though these processes are not always conscious), but they can also ‘trick’ the future. Based on Ringel’s theory, then, we could propose that what Greek women do when they cosmetically enhance their bodies is a form of time- or future-tricking, which may arguably enable them to deal with their present (and present selves) more manageably. My own fieldwork, however, revealed that women engaging with ‘time-tricking’ technologies via the application of anti-ageing products did not consider the practice as one of tricking *time* but – instead – of *tricking their own selves in connection to time*, because – for most of them, and contrarily to what enterprise modernity and technology promises, time cannot *really* be touched; it can neither be reversed nor tricked. This process an interlocutor called *ksegélasma*, which can be translated as ‘fooling’.

The interlocutor who mentioned *ksegélasma* is Olivia, a seventy-two-year-old patient of Dr. Mina’s. She explains her own understanding of ‘time-tricking’ in the following way:

“I exercise every day, I put on creams, I do cosmeceuticals, I take care of my appearance, I buy new clothes... I want to look nice. In the end, what do I do? Like everyone else, I am merely fooling myself, for you cannot really turn back time. We are all fooling ourselves (*ksegeláme tous eaftous mas*). But...you know what? That does not mean we don’t enjoy doing so!”

Olivia responds to her hypothetical critics that, although her pursuit for beauty and anti-ageing may be futile and foolish (for one cannot ultimately trick *time*) it does stop her from enjoying it, because she tricks something in her own self, and therefore is 'tricked' into enjoying her otherwise 'tragic' and 'absurd' (to take a Camusian approach) life. We could see in these processes a kind of game played with the concept of time, but – opposite to the calls of marketing and promotional creams such as the one displayed in Boots – my informants do not 'buy' that one can actually trick time. The implication is that they would want to, but they can't.

Klio, another informant, is a forty-two-year-old teacher who enjoys reading philosophy, whom I met through an anthropologist friend in Athens. Klio has been doing cosmeceuticals for the past five years. I interview her on a sunny day, as we sit on her small balcony on the second floor of a residential neighbourhood in a southern suburb of Athens, amongst cacti and other beautiful plants which she has planted in pots. Below, the sounds of the street often interrupt her speech. It is Friday, a day when her street hosts the weekly *laikí* – an open-air fruit-and-vegetable market that merchants set up every week in order to sell their fresh produce to residents of the neighborhood.

"I feel envious of the women who make peace with time's decay (*ti fthorá tou chrónou*)... I cannot do it. When you begin injecting or doing other treatments on your body, you cannot easily stop afterwards. You become hooked to your improved image, but – even more than that – you become hooked to the sense of control... or should I say the illusion of control? The idea that you can erase time's marks (*ta simádia tou chrónou*) on your body. Time leaves marks on us, as you know, and it is satisfying to see them go away, even if the change is rather imperceptible to others... perhaps even to us. It's an illusion, of course. But it's such a satisfying illusion."

The way Klio talks about time evokes an image of Time whose qualities "rub off" on humans, which led me to tacitly imagine Time as a powerful, anthropomorphic figure – a kind of superhuman deity who affects us in undetectable ways, and who 'leaves his marks' on humans in invisible but all-powerful manner. And these understandings of time should not be understood only in light of recent events and the ruptures caused by several 'crises'. Time has occupied a very special (if not the most significant) place in the way we think about creation, life, and the universe. Chronos in Greek mythology belongs to the earliest,



primordial gods and creators (birthed by Chaos), and is often interchangeably understood as being the same with Aeon (the god of eternity) or the personification of Order. In renaissance paintings, Chronos is often portrayed as a bearded man holding a harvesting scythe. In some artworks he is gripped by a snake, a dedication to earlier Greco-Roman portrayals of the god Aeon, envisaged as a serpentine figure with three heads. In other Greco-Roman artworks, Chronos is portrayed as the ruler of the zodiac (fig. 6) and the astral universe.



Figure 6: "Aeon, Gaea and the Capri". Roman mosaic, date unknown.  
Photo courtesy: Staatliche Antikensammlungen und Glyptothek, Munich



In allegorical paintings but also present in popular art and media, Chronos is ‘Father Time’, depicted as an old man with wings, clasping a time-keeping device such as an hourglass, and the harvesting scythe, symbolizing his control of the earth’s crop cycles. Gaea, on the other hand, is often the symbol of ‘Mother Earth’, making these two figures – Chronos (Father) and Gaea (Mother) – two guiding anthropomorphic understandings of how Earth and Time are modelled after the female and male reproductive union, gripped together in the cycle of Life. In Giulio Romano’s drawing of Victory, Janus, Chronos and Gaea (fig. 7) the female figure of Gaea (symbol of the earth) crouches at Chronos’s feet, while also holding a snake in her right hand. Her position could be read as symbolic of her submission to Time, and the snake could be a symbol of her fertility. If so, this painting can also be read as a symbol of Time’s power on woman’s finite fertility.

Given the significance of Time in not only artistic and popular depictions, but its mythical centrality in the order of the universe and even in the ways we think about history itself, we could ascertain that viewing *chrónos* (‘time’ in modern Greek) as a domain which can be subjugated to the will of man is a kind of modern-day hubris. And this kind of hubris was steadily avoided by my informants. Time – the wise old man, Chronos – cannot be tricked, Olivia implied; it is humans that are fools in believing they can trick time.



Figure 7: “Victory, Janus, Chronos and Gaea,” by Giulio Romano. Date: 1532–1534  
Photo courtesy: The Getty Museum

## 'Destiny' and other remarks

In this chapter I have attempted to combine – somewhat ambitiously – two major concepts: pain and time. These, I argue, are two guiding principles of life in Greece today, and I dedicate this chapter to them because it is through this prism that the ethnographic material in ensuing chapters will make better sense. I decided to focus on these two themes because they are often interwoven, and perceived as grand forces that encroach human lives, essentially seen to steer life down paths that humans are not necessarily, or not always, in control of. In this sense, pain is perceived as a sort of 'destiny' for Greeks, which is inherently tied to cycles of time, in the form of memory and trauma but also because it is believed to be 'eternal'.

This is not to say that Greeks live their lives in fatalistic idleness. On the contrary, many ethnographies have focused on how highly concepts of autonomy and resistance are valued in Greece (Dalakoglou and Vradis 2011; Kirtsoglou and Theodossopoulos 2010; Knight 2015), and agonistic ethos is considered a foundational principle of Greekness.<sup>17</sup> I rather use the term 'destiny' closer to the way it is styled in Alice Elliot's work. The Moroccan women in Elliot's (2016) ethnography, individuals in their early adulthood and therefore in search of a husband, describe destiny as something "you need to be ready for". "If you want to find *huwa* [him; the husband] you have to be prepared," as one is quoted saying. "Nothing happens if you're lazy" (2016: 288). Elliot explains that "destiny" for these women, though seemingly a force that guides and determines one's life course, does not preclude action on the part of the women in question, but the contrary. Destiny involves the process of becoming, or being, "ready" for what it will bring—it is a certain 'rising up to the occasion' of what the future holds. It is therefore not a process that encumbers but rather one that *mobilizes* action. Time, for my Greek informants is, in similar ways, considered a sort of 'destiny' in this exact sense. The passing of time and the withering are inevitable, predetermined and undeniable facts. Death is something that each man "bears within himself, just as fruit enfolds its stone" (de Beauvoir, quoting Rilke, 1970: 25). This destiny is predetermined yet, even so, one needs to take steps to ensure *how* this destiny will be achieved. Seen this way, cosmeceuticals are neither experienced as actually erasing time, nor leading to the 'ownership' of time, as advertisements urge. Their application is instead a means via which to soothe, manage, 'fill', adorn and create, *inside* the available timespace

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<sup>17</sup> It also fits with historical representations of Greece as a nation of victims who fight like heroes. Winston Churchill famously said of Greeks after defeating Mussolini's army on the Albanian front in 1941: "Hence we will not say that Greeks fight like heroes, but that heroes fight like Greeks".

of one's life. It can serve as an emotional booster of the psyche, against the confusions, pains and trials that the present bestows.

I also endeavoured to demonstrate that, contrarily to how modern time is promoted inside many high-modern, 'enterprise' societies, my Greek informants did not express feeling that they were able to control or 'own' time. Instead, they perceived time as something which ultimately cannot be tricked or fooled, because it is a force much greater than Man. Still, efforts in 'tricking time' are effective, my interlocutors maintained, because, in actuality, they trick the *self*, therefore the self can go on living as if he/she controls time. This technique, an informant argued, allows us to be happier, because it provides us with the illusion of control.



## Chapter 2

*To be saved by others*

*(Di'allelon sozesthai<sup>18</sup>)*

Dr. Mina's *iatreio* (private practice) is located in the central neighbourhood of Parko, a densely built area wedged between two main thoroughfares. Diagnostic centres, public and private hospitals, *iatreia* (private practices) and a copious amount of pharmacies line Parko's main streets, concealing the small family flats stacking up in the streets behind. It is a middle-class, commercial area. The inner streets are sprinkled with small convenience and grocery stores, old-style garment and lingerie shops (accommodating the older, more provincially dressed ladies that reside here, rather than the younger and trendier Athenians who only work in the area) but also, as part of the expanding city centre, it is now also increasingly 'trendy' due to its low rents.

Dr. Mina's practice occupies the second floor of a typical Athenian apartment building, made from cement and designed with simple, straight lines. This particular building, like many in the neighbourhood, has been repurposed to house several *iatreia*, and Dr. Mina's practice, though refurbished to reflect a more contemporary 'medical' taste ('smart' lighting, a 'modern' palette of grey and white paint on the walls, and leather sofas in the waiting room), still evokes a sense of compactness and intimacy. The parquet flooring conserved throughout the space, and the wooden sliding door fitted with opaque glass that separates the waiting room from the doctor's office (once used to separate a dining or study room from the living room) demonstrates that Dr. Mina wanted to maintain a sense of familiarity in her space, as opposed to most plastic surgeons who now completely remodel their spaces to evoke a sense of cutting-edginess, luxury and cosmopolitanism. The walls are dotted with children's paintings, giving it a domestic, motherly touch. And the radio, set on a frequency with popular mainstream music, gives one the impression that this space could also be a home.

Dr. Mina has seen a visible rise in patient traffic since 2012, when she opened her Athenian practice. She resettled from a northern European country which I will not name, and she very quickly established a patient base which increases steadily, primarily through word-of-mouth. Like most plastic surgeons, she says she "needs to" perform

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<sup>18</sup> «Δι'αλλήλων σώζεσθαι». I use the original transliteration used by Foucault (1984: 52), who cites Philodemus.

cosmeceuticals to boost her income, because surgeries alone cannot support the running costs of having a private practice and supporting a family. She also adds to her income substantially by having a second base abroad, like many Greek surgeons, in an ‘haute’ cosmetic medical clinic of the very expensive kind, to which medical tourists flock from various parts of the world.

One crisp yet sunny spring morning, I reach Dr. Mina’s *iatreio* a little later than usual due to a demonstration taking place in the city centre, which opposes scheduled auctions of residential properties seized by the banks. Mina’s primary assistant, Olga – who is also the receptionist – greets me from behind her computer screen as I enter. Since I have been coming and going in the *iatreio* so frequently, my arrival is met casually.

“The doctor is inside with someone,” Olga, tells me, “so make yourself comfortable either in the far room, or in the kitchen – wherever you want. It’s going to be quiet today until three, but we have an intense evening, with many *randevou* (appointments) that got pushed back.” As I make my way towards the waiting room, she adds:

“Ms. Koseti is in the far room, if you want to go and see her.”

The ‘far room’ is at the edge of the *iatreio*, and was recently redesigned. It was turned, from being a storage room, into to a treatment room that now houses a ‘CoolSculpting’ machine, which performs a non-surgical type of liposuction known as cryolipolysis. This method breaks down fat cells by intense ‘cooling’ and thus ‘tightens’ the skin. The machine works with a turbine-like ‘arm’ (fig. 8), similar to that of a laser machine, via a boxlike grip at its tip; this boxlike tip is placed on the *provlmatikí periohí* (‘problematic area’) of the body – areas where fatty deposits gather, such as at the thighs, stomach, arms, or chin – and ‘cools’ it. The user sits, for periods of up to an hour for each body part, holding the grip in place so that the machine can do its work.

I enter the room and see Vivian Koseti, with whom I am very familiar by now, sitting on the machine. As she is only a few years older than me, familiarity between us came very naturally from the start. This familiarity is sustained and strengthened with every meeting. She has been coming to Dr. Mina regularly, approximately once a month.

“Come, sit!” she calls to me. I can only see the back of her head because, with the turbine placed on her chin, she isn’t able to fully turn her head. “I’ve been alone on this thing for more than fifteen minutes, and I still have twenty-five minutes to go.”

## ΑΠΑΝΤΑΜΕ ΣΤΙΣ ΕΡΩΤΗΣΕΙΣ ΣΑΣ

**ΕΡΩΤΗΣΗ:** Πόσο κοστίζει μια θεραπεία με το Coolsculpting ;

**ΑΠΑΝΤΗΣΗ:** Οι τιμές ποικίλουν ανάλογα με την περιοχή της εφαρμογής , τον αριθμό των επισκέψεων που απαιτούνται και τους στόχους σας.

Γι αυτό μαζί δημιουργούμε ένα πρόγραμμα θεραπείας που είναι προσαρμοσμένο στο σώμα σας, τους στόχους σας, και τον προϋπολογισμό σας.

**ΕΡΩΤΗΣΗ:** Πόσο χρόνο διαρκεί η κάθε επίσκεψη;

**ΑΠΑΝΤΗΣΗ:** Ο χρόνος ποικίλει ανάλογα με τον αριθμό των περιοχών που αντιμετωπίζονται.

Κατά την διάρκεια των θεραπειών πολλοί άνθρωποι διαβάζουν, ελέγχουν τα e-mail τους, βλέπουν τηλεόραση ή απλά ξεκουράζονται.

**ΕΡΩΤΗΣΗ:** Πόσες επισκέψεις θα χρειαστώ;

**ΑΠΑΝΤΗΣΗ:** Από την πρώτη κιόλας επίσκεψη θα δείτε αισθητή μείωση του λίπους στην υπό θεραπεία περιοχή (es). Ωστόσο, κάποιες επιπλέον εφαρμογές μπορεί να αποφέρουν περαιτέρω βελτίωση των αποτελεσμάτων σας.

Ο σύμβουλος της Coolsculpting θα σας βοηθήσει να δημιουργήσετε ένα εξατομικευμένο πρόγραμμα ειδικά προσαρμοσμένο στους στόχους σας.



**ΕΡΩΤΗΣΗ:** Πού πάει το λίπος;

**ΑΠΑΝΤΗΣΗ:** Τα κύτταρα του λίπους κρυσταλλοποιούνται και αποβάλλονται από το σώμα με έναν εντελώς φυσιολογικό τρόπο μια για πάντα.

**ΕΡΩΤΗΣΗ:** Τι θα συμβεί αν πάρω βάρος μετά την διαδικασία;

**ΑΠΑΝΤΗΣΗ:** Οι περισσότεροι άνθρωποι μετά τα πρώτα αποτελέσματα φροντίζουν καλύτερα τον εαυτό τους .

Ωστόσο, ακόμη και αν πάρουν βάρος, θα το κατανεύσουν μοιόμορφα σε όλο το το σώμα τους, και σίγουρα όχι μόνο στις περιοχές που αντιμετωπίστηκαν.

 coolsculpting

Figure 8: Coolsculpting brochure

I initially met Vivian about ten months before this encounter. She had arrived at Dr. Mina's wearing a denim skirt, a denim top, pink heeled sandals, and carried a denim purse with a pink ribbon. Her style could be described as distinctively 'sexy', and 'girly'. She had introduced herself smiling and appeared a little nervous. I remember her vividly because she was the first patient of the doctor's whom I personally met that was approximately my age. At the time, she hadn't been sure what she wanted to do, as she had only come for a consultation with the doctor. "Something about the lines between the eyebrows?", she had asked, and the doctor had advised a small amount of Botox. She had agreed on the spot and booked her first appointment for the following day. I was there the next day, too, and remember she had seemed very content with her treatment. A few weeks after our initial meeting, I saw her for her 'control' (a follow-up session with the doctor) during which she had expressed her satisfaction with Dr. Mina's 'hand' (her skill), and stated that people from her hometown had asked her, when she visited for a wedding, "what have you done? You look great!". She felt, she had said, enormous gratification with the fact that "they couldn't put their finger on what it is that has changed".

Ten months later, Vivian has become a ‘regular’ at the *iatreio*, and has changed visibly in the course of this period. The once revealing, sexy and inexpensive denim look has been replaced with a more elegant ‘sporty chic’. She wears a lean, beige pair of equestrian pants, New Balance shoes, and a navy-blue blouse with a polo neckline. A designer leather bag rests on her lap, and small silver earrings shine discretely in her ears. Her lips are also noticeably fuller than the first time I saw her. Her whole appearance is a lot more ladylike, more poised and self-assured than when we first met.

Suddenly, Olga comes in to check on Vivian. It is evident that they too have already reached a certain level of familiarity.

“You know...” Olga tells Vivian, “I don’t think you need this anymore”.

“What?”, asks Vivian.

“This machine. You don’t have fat or *halárosi* (looseness/sagging) on the neck... so why do you do it?”

“I don’t care. Whatever Saint Mina tells me, I do it!”

Olga rolls her eyes and looks at us both, then smiles, and turns around to leave the room. After this, Vivian and I are left alone. We talk some more. I tell her that I remember the first time she came to see Dr. Mina, many months ago.

“I remember that, too! Ha... But.... I tell you... I am a whole different person now,” she said, pensively.

“In what way?” I enquire.

“Generally. I believe the work plastic surgeons do is social work. Everything goes away... depressions... everything! Dr. Mina changed my life! It’s not a joke. She’s a saint! I should light a candle in her name. She has transformed me.”

I smile though I am admittedly perplexed by the statement. She notices my puzzlement, and adds:

“*Re paidí mou*<sup>19</sup>, I step out of here and *eimai állos ánthropos*... (I’m a new person). I feel like everything has changed for the better.”



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<sup>19</sup> This expression literally means “my child,” but is used among peers as slang, similarly to how Americans say “dude” or “man”, or “Look...”; it is used to stress emphasis on the explicatory point that follows.

While still in the field, and because I had been keen, and trained, to ‘read’ clinical encounters largely through the prism of subtle or more unequivocal forms of power, I remember making an annotation in my fieldnotes, asking whether this particular incident was an instance of a patient’s capitulation to medical authority. Many months later, however, when I put pen to paper (or, rather, finger to keyboard) to revisit and assess this incident, I felt deeply uncertain about my prior assumption. As a result of a long brewing process that took place during my months in the field, I found that this, like many of my early assumptions, had more or less dissipated by the time I got to writing. As a result, my initial propensity to see Vivian as demonstrating submissiveness towards the doctor suddenly seemed too little, too mono-dimensional. It did not reflect the variety and richness of processes and exchanges I had been privy to. Instead of answering questions about the patient, Vivian, I decided to focus more purposely on the actual exchanges between doctor and patient. This led me to realize that what was going on in these encounters is not experienced only as mere “beautification”, or “anti-ageing”, or “rejuvenation” (to use some of the most famous catch-words of the industry), but an *exchange* which led to the formation of relationships, which formed the basis of a continuous process of *care*. These were not empty, colourless “in-and-out” sessions during which “a face” of “a woman” gets injected by “a hand” of “a doctor”. These were highly *colourful*, emotionally charged, intimate and personal encounters, and in these vivid exchanges *things happened*. No encounter was like another; each was unique and particular, and each patient brought with her a new concern, a new idea, a new life story. This effectively turned the cosmetic *iatreio* into something a lot more than just a place where ‘beautification’ takes place. It, too, became a place of ‘many faces’, and of sharing, confession, relief. And, flowing from these processes, it became a place of healing. These are the themes I attempt to elucidate throughout this chapter.

### Salvation and redemption

Focusing on the actual vocabulary Vivian uses, which is allegorical, it becomes ostensible that Vivian sees and experiences herself in the present as a woman in need of guidance. This vulnerability, if I may note here, should not be immediately translated as a state of “weakness”— at least not the kind of weakness understood as the opposite of being in a position of power. Vivian’s “weakness”, which I synonymize with a ‘need for guidance’, is openly communicated and underlined. That she is vulnerable is not concealed; she expresses herself in salvational, religious vocabulary, which renders her not “weak” but

something else. Perhaps not “powerful”; but what about honest? Or perhaps bold, in her acceptance of her own vulnerability? It might be interesting to note here that in modern Greek, the term *adynamía* (powerlessness) is used to describe both a state of weakness but also a kind of ‘softness’ in dealing with another who is intensely loved. This kind of “weakness” is especially characteristic of the love a parent harbours towards a child, but it can also be used to refer to a lover, or friend. It is a kind of powerlessness that “bends one” (*lygízo*) to the will of another. “I couldn’t say no to him, how could I? He is my *weakness*”, some mothers will say about their child. Or, “you’re lucky that I have *adynamía* towards you... [implying: “otherwise, you wouldn’t have gotten away with this”]. Weakness, in this sense, is a bending of one’s personal will in the face of intense emotion towards another. The feeling, notably, is meant to expand rather than diminish the person who feels it. According to this particular concept then, we can see how weakness can mean different things. Powerlessness – the condition of ‘losing control’ – is not always a negative ‘loss’, but may open up new possibilities for situating and understanding human experience.

I moreover ask: is Vivian’s ‘search’ for beauty also, in part, metaphysical? Vivian underwent and continues to undergo small transformations under what she perceives as the magical, skilled hands of the doctor. She also describes the doctor as a healer in a religious sense: *Agía* – “a saint”. And sainthood signifies not just religious purity or holiness; a saint is also someone who performs miracles and can heal the sick. By undergoing treatments with Dr. Mina, Vivian feels like she has been able to transform into an *állos ánthropos* (a new person) and describes this process as one of having been “saved” – thereby evoking a sense of spiritual transformation and salvation. Her words open a cavity through which internal, affective but also symbolic processes become ethnographically visible, exposing the variety of layers, complexities and potentialities inherent in cosmetic-medical modification treatments. These complexities point towards healing properties in beauty medicine that have not been explored to date.

Byron Good, moreover, has pointed towards the soteriological aspects that form the core of all medicine (1994: 86). Critical of Foucault’s framing of medicine as primarily disciplinary, Good argues that there exists a kind of ‘passion’ (Ibid., 85), present at the heart of the medical profession — a passion to help, save, heal – which renders medicine a lot more than just “a gaze”. And though this ‘passion’ may get quelled over years of medical training and practice, it is forever present as an “underlying assumption” for those entering the medical profession. He also explicitly argues that medicine plays a “very particular soteriological function in western societies” as well (Ibid., 86), as it is deeply implicated in our “contemporary image of [...] suffering from which we and others hope to be delivered”

(Ibid.). Medical science has become “a means of redemption”, and health has “replaced salvation” (Ibid.), to the extent that we turn to medicine to be ‘saved’, rather than towards religion:

“Sickness, death, and finitude are found in the corpse, in the human body. And salvation, or at least some partial representation of it, is present in the technical efficacy of medicine.” (Good, 1994: 86).

Vivian’s conceptualization of Mina as a saint opens up another interesting historical dimension. As elsewhere in Europe, Greek medicine was a plural practice in the nineteenth century and up to the mid twentieth, and it involved unofficial and even supernatural and religious elements alongside official medical discourses. Unlicensed practitioners were very popular in the Greek countryside, and they were called by a variety of names, according to the type of service they provided, and their position in society. These names, Violeta Hionidou (2016: 496–7) writes, included “*empeirikos* [...] [empirical, someone who learns his art empirically] *giatrina* or *giatrissa* [female ‘doctor’]; *magos* [magician]; *agyrtes*; and *kompogiannites* [wandering healers]”. Healers, she posits, were usually resident in villages and “tended to specialize in specific illnesses or conditions and, as a result, it was usual for a given geographical area to boast a number of practitioners each dealing with different ailments” (Hionidou, 2016: 496). These included bone setters, female doctors (often dealing with women’s and children’s ailments, and childbirth) and others who were specialized in supernatural phenomena, such as the ‘evil eye’ (Ibid., 497). Most popular healers, she adds, “apparently combined religious/magical elements with practical healing”. And “even on occasions where no religious or magical elements were directly employed [...] the presence of religion was emphasized” (Ibid.).

A section follows in this chapter, in which I examine the role of the female doctor under this historical prism. My assumption is that Dr. Mina’s female gender, which is historically associated with informal medicine and which carries over elements of mothering and ‘the home’, has led her to approach patients not strictly and formally as a clinician from a “distance” as per standard Western medical practice, but utilizes a syncretic approach, combining elements that could be considered less formal. Her patients, too, (especially those from rural backgrounds, such as Vivian Koseti) carry a set of pre-existing assumptions about what a doctor is or should be. Often, these assumptions are colored with emotional, ritual and spiritual overtones, turning the patient experience into a semi-religious one. Dr. Mina seems to be acceptant of such religious parallels that some patients draw between her and the figure of the folk religious healer, because she understands that some patients

might need a spiritual dimension in order to feel that a healing process is complete. I will return to the syncretic nature of medicine and the role of the female doctor shortly.

### The care of the self

Utilizing Foucault to further make sense of Vivian's experience in a historical trajectory, I turn to his third volume in *The History of Sexuality, The Care of the Self*, in which the philosopher-historian analyses *epimeleia eautou*, the ancient Greek concept of self-care. I do this in order to highlight potential continuities found in the current ideology of self-care in Greece which might carry over, or distantly echo, such antique understandings of care. Though Bakalaki (1989) has proposed that beautification of the body had also been, in line with Christian dogma (Stewart: 1991: 186), understood as a deceiving, diabolical and sinful practice throughout rural Greece, Foucault demonstrates that in Greece of the pre-Christian period, caring for the self was elevated to an art, and an exercise (*askesis*) to be perfected. Caring for the self was not a sinful or vain practice, but instead aided in the prospering, self-realization and overall health of man.

Foucault writes that to be concerned with the self – “to take care of yourself” – was a main principle for Greeks in the ancient cities (1988: 19). “For us now,” he adds, “the notion is obscure and faded. When one is asked ‘what is the most important moral principle in ancient philosophy?’ the immediate answer is not ‘take care of yourself’ but the Delphic principle *gnothi sauton* (‘know yourself’)” (Ibid.). Our Western philosophy has placed an overemphasis on the latter, and neglected the former, Foucault contends; but in ancient philosophy, ‘know thyself’ and ‘take care of yourself’ were adjoined practices, to be exercised together. In this sense, their meanings are quite unlike the way we might read them today. Today, they are not only decoupled, but considered quite opposite maxims. The morally-endowed *know thyself* maxim has overshadowed *care for yourself*, because, as Foucault maintains, “we are more inclined to see the taking care of ourselves as an immorality” (1988:22) today, due to our present, and predominant, Western/Christian heritage. But, in Greece, elements of this antique practice are still evident in how people take care of themselves, and how they adorn themselves.

For Socrates, Foucault maintains, caring for the self is also an exercise of finding one's identity (Foucault, 1988: 25.). This search on the one hand pursues activities to soothe and appease the soul, but it is also combined with an ‘external’, as it were, understanding of the self, as seen by others: “You have to worry about your soul – that is the principal



activity of caring for yourself”, Foucault cites from *Alcibiades*; “the soul cannot know itself except by looking at itself in a similar element, a mirror” (Foucault, 1988: 25). If we dared see the cosmetic medical spaces in which I carried out my fieldwork and the treatments taking place inside them as a kind of modern-day Stoic exercise in care of the self, and ‘seeing the self through others’, we can draw some very interesting parallels between the ancient practice of self-care and the contemporary care of the self via medical cosmetic treatments.

“Taking care of the self is not a rest cure. There is the care of the body to consider, health regimens, physical exercises without overexertion, the carefully measured satisfaction of needs. [...] Around the care of the self, there developed an entire activity of speaking and writing in which the work of oneself on oneself and communication with others were linked together.” (Foucault, 1984: 51)

Based on this premise, one may discern a likeness between this maxim and the vocabulary used today in describing cosmetic alteration, as a labour and a pain which will nevertheless engender pleasurable and worthwhile results. We often hear about how women get “cosmetic *work*” done (“She’s had work done on her face”). This may signify that cosmetic ‘work’, today, too, can be a labour, and it involves time and money spent, as well as physical pain, in order to bear fruit. (“No pain no gain”, as the American saying goes). But beauty as labour also gets incorporated in a larger, more constant and continuous ‘labour’ on the self: a regime of constant caring for the body not to get fat or exceed caloric intake, a preoccupation with regular exercise, a reminder to drink water and to moisturize, to sleep well, etcetera. These can be understood to reflect the ancient concept of *askesis* – continuous effort and exercise – in order to sustain the ‘fruits’ of the labour. Cosmeceuticals, then, ‘continuous work’ on the face and body, can therefore also be seen as a form of *askesis*. Looked at alongside these other common ‘labours’ and regimes to keep the body ‘healthy’ and ‘young’, cosmeceuticals may lose the extraordinary hue they often acquire in academic writing. They can be understood as yet another technology, yet another *askesis*, in a much grander fascination and preoccupation with the self and its care.

Finally, Foucault states that *epimeleia eautou* is a *social* practice, not an exercise in isolation. Epictetus, Foucault recounts, taught his students, as part of the attention paid to oneself, to reach out so that they can receive help from others. This task was known as *di’allogen sozesthai* (to be saved by others) (1984: 52), a teaching which correlates intimately with how medical practice came to be developed in ancient Greece:

“In keeping with a tradition that goes back a very long way in Greek culture, the care of the self is in close correlation with medical thought and practice. This ancient correlation became increasingly strong, so much so that Plutarch is able to say philosophy and medicine are concerned with a single field (*mia chora*). They do in fact draw on a shared set of notions, whose central element is the concept of *pathos*. It applies to passion as well as to physical illness, to the distress of the body and the involuntary movement of the soul; and in both cases alike, it refers to a state of passivity, which for the body takes the form of a disorder that upsets the balance of its humors or its qualities and which for the soul takes the form of a movement capable of carrying it away in spite of itself. On the basis of this shared concept, it was possible to construct a grid analysis that was valid for the ailments of the body and the soul.” (Foucault 1984: 54)

In this passage, Foucault aptly outlines how, in antique Greece, the maxim ‘care of the self’ became fused with notions of medical care, to the extent that they came to be regarded as a unified philosophy, tending to the body as a single place, or “*mia chora*”. Epictetus, in fact, utilized medical metaphors for his own teachings. His school, Foucault writes, (1988: 55) was envisioned as “a dispensary for the soul”, and “the philosopher’s school is a physician’s consulting room [*iatreion*]. You must leave it in pain, not in pleasure” (Ibid.).

Going back to Vivian’s passage after this historical interjection, her vocabulary may now acquire a whole new set of meanings. “Transformation”, “salvation”, “being saved” and “saint Mina” begin to fare less as expressions of an ascetic religious idiom, and more in relation to a spiritual and emotional kind of healing which occurs *through the help of another* —i.e. a social kind of healing. This labour is expected to involve pain, and it requires the participation of another, who aides the process of healing. Reading Vivian’s passage, then, under the prism of ancient ‘self-care’ philosophy, Dr. Mina is the specialized aide who assists the individual, Vivian, in her search for guidance and self-improvement, by using her attained medical mastery and skill. Vivian’s exclamation that Vivian “has saved her” may also echo what Caraveli talks about in her ethnography of Cretan women’s friendships, namely the existence of an ‘emotional scaffold’ that exists amongst women who form relationships that are supportive and trusting, aiding them in dealing with life’s various challenges.

Aspects of caring

After Vivian finished her CoolSculpting treatment on the neck, Dr. Mina stepped in the room for her customary follow-up with her patient. They hugged each other, and Dr. Mina sat on a chair next to a desk, asking Vivian to sit across her, and she placed me next to Vivian. Mina then asked her assistant to bring us some coffee, and the three of us sat down for an informal discussion. The fact that Mina met Vivian on the same day that I met Vivian (we met her, 'together', in a way) caused an unusual bond to form between the three of us, which was a lot less formal and a lot more friendly than usual, even for Greek standards.<sup>20</sup>

Vivian, as Mina and I both knew, had for a while been unable to get over her former boyfriend who lived "back home", in her village. During her very first consultation with the doctor, she had told us both her story; how he had cheated on her with other women and therefore she "had to" leave him, even though she still loved him. Her move to Athens was a reaction to this break up, which she conceived as a step 'forward' and away from him; a place from which she could 'start over'. As a result of her move to Athens, a new job, and new friends, she had met a new man (her current boyfriend). But the current boyfriend is married, which has given rise to a new set of problems and impasses.

Vivian then described a chance meeting with her ex-boyfriend, which occurred a few weeks before. They had met accidentally, she said, at a bar in Athens, while she was out with some friends celebrating a birthday.

"Ugh! And he is such a player," she said. "He is with someone else now, as I have heard from people back home. And yet, when he saw me, he tried to kiss me! He started telling me how beautiful I look and all that... I was flattered of course, and I still am attracted to him, but I can't forgive him. Can you imagine, the nerve!"

Dr. Mina called him *asóvaros*, meaning 'not to be taken seriously'. Vivian agreed with the judgement.

"And, you know... now I am with someone else... so I didn't feel comfortable kissing him back".

"What, you mean the married man you mean?" replied Mina.

"Well, yes..."

"You still haven't left him? I thought that was a passing fling..."

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<sup>20</sup> Dr. Mina often described her relationship to her Greek patients as 'very different' to that with her patients abroad. "Northerners", she explained, are a lot more reserved, and only there to get 'the job done', without much sentimentality. Greek women, on the other hand, require a 'bond', and the treatments can be highly charged, emotionally. This, Mina said, was sometimes draining, but other times extremely rewarding. "You just don't get such responses elsewhere! The gratitude expressed here, when you do a good job, is not even compared to the simple, cold nod patients give you abroad".

“I don’t know, I couldn’t. You know... he works for the government, he is a politician, a man with power...”

“Hm...I don’t like the sound of that... what do you mean? Are you afraid of him or something?” Dr. Mina asked.

“He’s just a little possessive. Maybe because he’s a lot older, and I’m so much younger. He gets jealous sometimes, and he has this power, it makes me – not *fear* him, but I don’t know, it makes it just hard to leave him... he also showers me with gifts, presents... He is very giving. He also takes me shopping a lot. Yesterday, he took me shopping for three hours... crazy! So, you know, it’s just hard for me... I’m not used to pampering like that.”

After a pause, during which Mina’s eyebrows would (as I imagined) furrow, if it weren’t for the Botox, Mina looked at Vivian and said:

“*Koritsáki mou* [my girl], you are a young, beautiful woman. You have your whole life ahead of you. This man has a family, a wife, daughters... it’s never going to work. He is a politician. He won’t divorce so easily. Politicians never spoil their image unless they get caught, and then there’s a scandal... So, best to forget about him. Better find someone your age, someone who is serious, honest, and someone who knows how to treat a woman properly... Forget about that foolish ex boyfriend, too! Find someone new; a fresh start!”

Vivian agreed. Her mouth formed a defeated, pensive smile. The look in her eyes signalled she was aware of the gravity of Mina’s advice, and the truth in her words. She looked at me and said,

“Don’t you love this doctor? You know, she is *spánia*... [rare]”.



“What does it mean to care?”, Nick Fox asks, stressing how puzzling the term ‘care’ has become for social scientists (2000: 107). On the one hand, he writes, care is based on values such as caring, giving and concern, and it involves the intimate coming together between a physician and a patient. So intimate, sometimes, that it ends up creating erotic bonds (Roberts 1985: 4). Nevertheless, the doctor-patient relationship inside the current Western medical model gets fashioned on a set of codified practices, “on the basis of disciplinary power and authority” (Fox, 2000: 107), in which scientific knowledge distances practitioners from patients, and teaches them to regard patients’ illness narratives with suspicion (Kleinman, 1988: 17). Poststructuralist theory, Fox argues, which is also deeply embedded in anthropological theory, has significantly contributed to the academically

narrow focus on the micro-politics of social regulation and surveillance (Fox, 2000: 109) that occurs inside hospitals, clinics, schools, and other institutions. But it has been less involved in the first-person perspective, less willing to focus on how individuals themselves “perceive, attend to and understand the world” (Stephan and Flaherty, 2019: 3). This is especially so when it comes to the study of doctors.

With the exception of a few writings, such as the pieces which I reference in this chapter and a handful of others (works that bring back the concept of ‘care’ inside studies of healing), anthropology has principally treated the Western medical space as a place in which detached scrutiny has replaced truly caring and intimate approaches to illness. Helen Roberts, for example, supports this distanced position when she writes that “what a doctor ‘knows’ seems to be more likely considered ‘fact’ than what a patient ‘knows’, or what she feels” (1985: 8). In this context, the patient’s knowledge is undermined, as being ‘too subjective’, while the doctor’s knowledge is elevated to ‘scientific fact’ (Roberts, 1985: 7-9), therefore resulting in an uneven power arrangement inside the consultation and treatment rooms. Yet clinical encounters also possess something else, a trait that has tended to be excluded in most poststructuralist and post-Foucauldian analyses of care: this is the possibility that the doctor may *actually* heal the patient, not only by treating “suffering as a problem of mechanical breakdown requiring a technical fix” (Kleinman, 1988: 28), but by caring, and sometimes by even accessing (however much or little) personal, emotional, moral and even spiritual plains of the patients’ illness experience.

For Mol, Moser and Pols (2015: 7), aspects of care, which the authors see as a central component of human life, have not received the scholarly attention they deserve. To ‘enlightened’ sciences, they contend, human bodies were curious objects to be analysed in the lab, uninteresting when “they shuffled about, gasped for breath, gobbled up [...] or needed to be soothed” (Ibid.). According to Arthur Kleinman, western, medical, scientific ‘distance’ has replaced more traditional understandings of care, which involve attending to the body as an embedded unit inside a sociocultural, semantic and psychological milieu which *forms* (not only informs) how illness or other discomfort is experienced and articulated. Care that has become “codified” (Fox, 2000; Gardner, 1992) has lost its grounding in love and giving (Inglesby, 1992: 54), making caring professions increasingly about “accountability” rather than an *ethos of care* (Inglesby, 1992: 54). But is this truly and seamlessly so, and in all occasions? Is there no space inside professional medicine for more intimate, less codified approaches? The tendency to separate ‘western’ from ‘all other’ medicine potentially severs anthropological analysis, in ways that are all-too familiar by now. Western exceptionalism has been successfully disarticulated as a construct in recent

scholarship, but it stubbornly prevails in the study of medicine. My own research elicited that a female doctor – of the ‘Western’ type – is also able to carve out a more personal relationship with some of her patients, incorporating in her practice elements that may be found in less formal healing settings and communities. So, has the heart completely been taken out of care, as Mol, Moser and Pols (2015: 7) conjecture? I attempt to bring the heart *back* into notions of care, even inside cosmetic medicine—a field which is generally fraught with contradiction and which has been portrayed as particularly ‘care/less’.

Fox has pursued an analogous approach in looking at care-as-gift, reconnecting the medical/clinical process with the values of love, trust, and giving (2000: 108). His notion of the gift is based on the Maussian gift: a basis for the creation of a social bond based on obligation and reciprocity (Ibid.); or it can be understood as a “total gift”, of the kind that does not require something in return. He also stresses that care may contain the potential for both positive and negative encounters. Similarly, for Mol, Moser and Pols, clinical stories can be ‘good’ and ‘bad’, but essentially, they are fraught with ambivalence. Notably, even “good intentions may have bad effects”, and most ‘good’, looked at long enough, may be found to contain something “bad” and the opposite (2015: 12-13). Here, I focus on the ‘good’, only because ‘the bad’ has been analysed already, and via so many different angles.

Because doctors are assumed to be archetypically male (even in the anthropological literature on cosmetic surgery, there is always this underlying and predominant assumption), patients somehow always assume the role of the passive (female, or at least feminized) individual. For this reason, clinical and diagnostic encounters in the sociological, feminist, and anthropological literature tend to be presented as spaces more coercive and intimidating and less therapeutic. We can see this archetypal kind of relationship, which became crystallized in postmodern medical critique, in the cover of Roberts’s book, *The Patient Patients* (fig. 9). Pictured on the cover is the “paternalist doctor” (Mol, Moser and Pols, 2015: 9): a male with grey-white hair, in a white coat, a pen in hand, who leans over his desk in what seems to be a didactic body language. On the other side of the desk, a female patient listens with an inquisitive, perhaps even defiant, look in her eyes. But are all medical encounters like this? “In a therapeutic setting”, Fox asserts, “a person undergoing treatment may well invest trust and confidence in the therapist” (2000: 110), as is the case with Vivian, towards Dr. Mina. The therapist may *reciprocate* this investment, by emboldening the patient to take control of a situation (Ibid.); and these investments, in turn, may permit the patient to “grow and break free of the constraints of suffering and dependency” (Ibid.). This is an opportunity to consider how healing might occur in scientifically ‘cold’ medical spaces, by looking at the techniques devised by physicians to

emulate a more informal, domestic, even maternal environment – as I argue Dr. Mina does in her own practice.

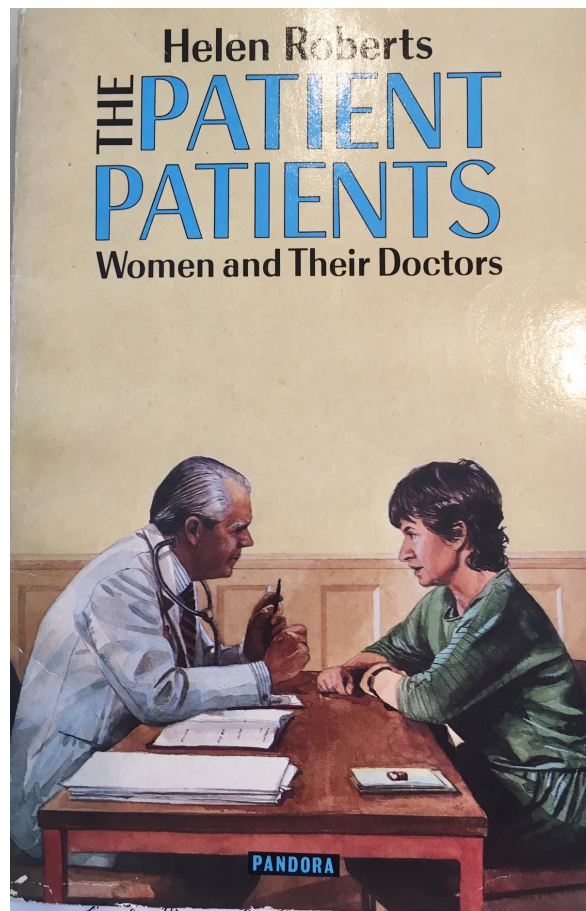


Figure 9: Book cover of Roberts's book (1985)

I find the kind of care that Dr. Mina performs on Vivian and some other patients as being subtly reminiscent of the clinical encounters Abigail Kohn describes in her essay “Imperfect Angels”. Kohn, utilizing Mattingly’s concept of ‘therapeutic emplotment’ in her study of a hospital treating children with craniofacial disfigurements, describes how medical staff adjust and “emplot” (2000) their conduct in order to demonstrate to their patients that facial anomalies are insignificant, and that these children are essentially normal and beautiful (Kohn, 2000: 208), thereby integrating compassionate and caring approaches in their therapeutic programme. Kohn describes in detail how a nurse made cooing sounds and smiled to a baby with a cleft lip in front of its parents, thus encouraging them to also feel that their baby is not only normal-looking, but beautiful, regardless of its ‘flaws’. Moreover, she describes how the nurse used a tone and vocabulary of encouragement and positivity in the ensuing discussion regarding the baby’s plastic surgery to correct its lip. Based on Kohn’s descriptions, the staff at the particular hospital habitually cuddles, holds, and

touches children with craniofacial anomalies in order to validate these narratives of acceptance, and to show that facial disfigurement is perfectly tolerable, and 'normal'.

I compare this description with Dr. Mina's approach, though the contours of these two clinical cases vary substantially. Mina's patients are not disfigured (although we might assert that ageing and ugliness are increasingly taking the form of a 'soft deformity' inside a culture obsessed with youth and beauty), but Mina utilizes approaches that are similarly compassionate and emplotted, especially when it comes to more vulnerable or insecure patients, like Vivian. Mina advises Vivian in aspects of her life that are not directly related to beauty and cosmetic medicine, because she senses that her patient is in need of such emotional support. She thus encourages her to pursue a relationship with a man who gives her "what she deserves" and not settle for partners who are *asóvaroi* (unserious) or who might be taking advantage of her, thus desiring to assist her in acquiring a sense of higher self-worth. Dr. Mina, then, is not called a 'saint', as might initially be inferred by reading the ethnographic vignette, simply because of her skilled hand or because the patient is "a dupe", nor *only* because her rural background fuses the figure of the saint with that of the medical healer. Vivian calls Mina a saint also because she respects that the doctor takes the time to understand her problems and because she recognizes in the doctor an ethos of 'meaning well' and wanting to help her. Since Mina takes the time to discuss with Vivian, offers advice and guidance in her personal matters, and sprinkles this advice with her own personal life stories (how she had children earlier than she had wanted, for example, because her husband was eager to start a family), she reinforces but also reciprocates her patient's trust, and she also draws similarities between her life with the life of the patient. This way, she effectively 'lowers herself' to the status and position of her patient, so that she may seem less intimidating. The message she sends her patient through this technique is: "I, too, am human" (and "I, too, am a woman") thus strengthening the bond not only through a more compassionate approach, but through a shared identification of belonging to the same society and the same gender, therefore having shared similar experiences as 'Greeks', and as 'women', invoking thus the sisterhood of pain discussed in the previous chapter.

There were quite a few occasions when informants stressed how they prefer a female cosmetic physician to a male one. Thaleia, a young woman in her twenties, and whose story I narrate in chapter 6, told me how she and her best friend recently decided that they should "always go together" to get injected with fillers, because as a duo, they feel a lot more commanding. (Otherwise, as two young women, they feel less powerful, especially in the presence of male doctors). She explicitly said:



“For example, once, our regular doctor – a woman – wasn’t there, and the institute’s reception sent us to a male doctor to get injected. We went in together, and he had that style, you know, that mansplaining *styláki* [attitude] of ‘I know what I’m doing’. We were furious, and stormed out of there and asked to see a female doctor. Together, as a team, we can be taken a lot more seriously”.

I retorted that, during fieldwork, I very often came across this phenomenon, of seeing women going together to get their treatments. “Do you think this is the reason, that they feel less vulnerable when they are together?”, I asked her. Thaleia replied that on the one hand, it is a very positive thing, because there is emotional support, but on the other hand, women may push each other do things they might not necessarily want or need.

“It’s good, because you’re not in there, a needle coming at your face, *all alone*. Someone is holding your hand. And like I said, doctors, male ones especially, sometimes try to be intimidating. Two women together can get a lot more done than one woman alone. On the other hand, it’s a negative thing... because women influence each other very much. If she [the friend] does something, then I might want to do it to. *Entharrynei i mía tin álli*. [*Entharryno*, a verb, can be translated both as ‘providing one with courage’ but also ‘pushing one to do something’].”

Here, Thaleia’s words point to the major challenge posed to anthropologists trying to ‘read’ the cosmetic medical patient, outlined in the introduction. Her statement – that women on the one hand provide support, while on the other might accidentally (or, perhaps not accidentally) pressurize their friend to do something she might’ve not done otherwise – forces the researcher to reconsider questions of agency, motivation, and choice. Thaleia recognizes the ambivalent character of human relationships, stressing both negative and positive aspects of a female ‘cosmetic companion’; more importantly, she demonstrates how choice and agency are fluid processes, guided not only by choice and motivation (or lack thereof), but can involve processes of influence and imitation, whether accidental or intended. And in this example the porousness and the filtering I mentioned early on, become evident in a more palpable manner.

### *Iiatrós: the woman doctor*

A male plastic surgeon whom I interviewed in his private practice, held in a neoclassical building at an upscale district and decorated with ancient Greek busts and sculptures, asked me:

“And alongside which doctor did you say you were now carrying out your research?”

I replied by telling the real name of Dr. Mina.

“Really? Hm...” he said, dismissively; “I don’t know her. New doctors spring up all the time; it’s hard to keep track nowadays”.

Alexandra Halkias, in her study of abortion in Greece, describes a meeting with a male gynaecologist in Athens. After losing his patience, as she describes, with her insistence on speaking to women (his patients) about their choice to have an abortion, he replied:

First of all, why do you want to speak with the women?! They have nothing to say. Greek women are not very cultivated or very smart. *Oi Ellinides einai hamilou pneumatikou epipedou*. [Greek women possess low intellect]. The way to do your research is to look at the statistics of birth control usage over time [...].” (2004: 99)

Halkias adds how the tendency to consider Greek women as uncultivated was a fairly common trope she came across during fieldwork, used by experts in family planning, and adds that this trope “references the liberal-humanist tone of colonizing literature on family planning procedures” in “underdeveloped” societies (2004: 100). She also notes how the doctor assumed that she considered herself more ‘American’ than ‘Greek’, and he upheld, with her help, a performance in which they – the ‘intellectuals’ – considered themselves as benefactors, ‘helping’ the uncultivated natives who suffer from ‘backward’ thinking (Ibid.). Yet what Halkias misses is the gendered aspect of even her own conversation with this doctor, and the belittling not only aimed at his female patients, which he outright denigrates, but towards her, as well. For in questioning her method, and telling her how to conduct her research (“the way to do your research is to look at the statistics [...].”) is he not reflecting a tendency, found in numerous male professionals in positions of medical authority, to assume they ‘know better’, not only better compared to their patients but to all those (women) who are not similarly educated in ‘science’?

It is therefore not surprising that acts of benevolence and love – the kind of ‘care’ that Fox outlines – are, in the anthropological literature dealing with biotechnical medicine rarely associated with the figure of the doctor, because the figure of the doctor has been somewhat stereotypically associated with that of the stern male in a white coat. But what happens when the position is occupied by a female doctor (or female surgeon), who is somewhat marginal herself inside the medical community? I do not wish to propose a model whereby male doctors are ‘bad’ and female doctors are ‘good’, but merely stress how female doctors, who occupy a more fragile position inside male-dominated medicine, might make use of more “female ways” (Blackwood, 2011) (quite unconsciously, perhaps?). A focus on these ways might highlight aspects of medical care which are less apparent when the doctor is a male, because the male doctor is so stereotypical a figure that it may blind us researchers to potentially ‘softer’ aspects of care in a clinical environment.

Interestingly, Mina improvised a kind of ‘gender-syncretic’ approach towards her patients, bringing together ‘male’ and ‘female’ behaviours in order to better meet her patients’ expectations, and to ensure their trust. She utilizes, on the one hand, more conventional Western biotechnical tropes, and on the other hand more informal and ‘familiar’ ways of caring that are believed and expected to come “more naturally” to women. As she attested once:

“I need to look at women like a man does... But I also need to approach them as a woman does another woman... it’s quite complicated sometimes”.

These words unveil how Mina, in order to exercise her profession with success, is required to look at patients through the male gaze, and embody the position of a [male] doctor, in order to be taken seriously as a physician; yet she simultaneously needs to match this persona with a female capacity, in order to personify the motherly, nurturing and attentive healer that some of her patients expect to find in a woman. Such an “androgynous” combination was also discovered by William Wedenoja (1989: 94) in the female balm healers of Jamaica. He in particular notes how successful healers need to syncretize both male and female characteristics, such as being “warm, empathic, caring, sensitive, and supportive with [...] patients, but also firm, assertive and domineering” (1989: 95). The descriptions of how Mother Jones – Wedenoja’s main character – handles her patients correspond greatly with the ways Dr. Mina conducts medicine. Like the Jamaican Mother Jones, Mina often speaks with a domineering tone, loudly but also reassuringly, using a deep voice, when in the presence of patients (whereas, when we would be alone, she would soften her voice and speak a lot less matter-of-factly). When she is with patients, she often jokes and laughs in ways that could be described as masculine rather than feminine,

dragging her laugh. She also walks in a more masculine manner: a walk that may be described as quite heavy, but also assertive and solid. Notably, she does not wear much makeup and never high heels. She also always dresses in medical or surgical attire when treating patients, whereas – in contrast – a male plastic surgeon whom I observed performing a mesotherapy on a patient, wore a casual suit of the corporate kind with athletic shoes, an expensive watch, and had flung his tie over his shoulder so that it wouldn't get in the way when he bent over to inject his female patient.

Though several female cosmetic surgeons are now active in Greece, they still remain a minority compared to the vast numbers of male plastic surgeons, and they also (very visibly, judging from their *iatreia*) make a lot less money than some of their male counterparts. There are no 'superstar' female plastic surgeons in Greece, though there exist several celebrity male surgeons, who have been made famous by treating rich socialites, famous singers and television personas. Of the three female plastic surgeons whom I personally met during my time in the field, only one had a privately-owned practice (Dr. Mina); the other two worked inside larger private clinics: one was the Phoenix Beauty Medical Center, and the other was a private hospital, in which the female surgeon occupied a small cubicle in which she carried out her consultations. These spaces were a lot less flamboyant than those of male plastic surgeons, who usually choose to decorate their spaces with luxurious materials, and large-scale art pieces in a bid to showcase their success. (Notably, the older male surgeons chose ancient Greek art to adorn their practice, thereby alluding to the ancient, 'pure' aesthetic that guides their work as surgeons, whereas the younger, more 'hip' male plastic surgeons chose abstract and contemporary art pieces, to show their belonging in a world that is interconnected, 'modern', and global).

Because Mina operates in a society which, more or less, still sees women as the 'emotional' pole of a dichotomous relationship that places the male – the 'practical' pole – at its opposite end, she makes use of dual symbolisms and behaviours in order to effectuate a more successful therapeutic encounter with her patients. The codified behavioural characteristics (her "male doctor" side) composes of a certain detachment at first, a visible boldness and assertiveness, and a perceptible demonstration of one's knowledge and skill, delivered in a 'cool' manner. (Many patients responded very well to these characteristics, in fact, and I noted how some felt uncomfortable if and when Mina assumed a less official stance right from the beginning, and failed to demonstrate these adequately at first). The other, the "female healer" side of Dr. Mina's was let out more carefully, and more slowly, usually when the initial stage (the consultation) gave way to the actual treatment. Inside the treatment room and especially with patients who returned steadily, Mina was able to build

a relationship which could be characterized as ‘warmer’; her conduct demonstrated higher levels of empathy and she therefore turned into what Fox would describe as a ‘carer’. And to become a ‘carer’, she practiced a kind of ‘emotional labour’ with her patients, which can be defined as “the actions and the intention to improve psychological well-being in others” (Strazdins and Broom, 2004:358). This refers to efforts “made to understand others, to have empathy with their situation, to feel their feelings as part of one’s own” (England and Farkas, 1986: 91), which is usually associated with the role of the mother, or mother figure, inside a family:

“Taking the time to listen to another’s problems or worries, giving advice or guidance, taking the load off [...], and showing warmth and appreciation are all examples of emotional work. It is time consuming, can be demanding, involves opportunity costs, and is often invisible [...].” (Strazdins and Broom, 2004: 358)

Her behaviour, steered not only by perfunctory, clinical expertise but also by an ethos of nurturing which may render her, in the eyes of patients, as a kind of ‘mother’ (McClain, 1989: 23; also see Wedenoja, 1989) makes Mina a type of healer that is somewhat uncommon (or as Vivian called her: “rare”) inside professional, clinical medicine. This type of care medical anthropology has usually associated with informal healers, residing in small communities, and usually outside the de facto realm of the ‘West’; but Mina belongs simultaneously to this Western biomedical realm of medicine and to ‘another’ kind of medicine. She exercises both the type of medicine which is “mechanical and impersonal, [its] healers characterized by distance, coolness, formal relations (Good, 1994: 26), and is perfectly capable (to use her own words) to approach patients ‘in the North’ in this way, and (in Greece) she is also the more attentive and caring physician, attuned to the emotionality and informality that characterizes Greek relations. Mina often makes use “of emotionally charged symbols”, bringing into the clinical practice elements of closeness, such as familiarity, warmth, shared meaning, and everyday language (Ibid., 27). This, as one informant noted once, may have also been a result of Mina’s non-elite attitude (and potentially non-elite background).

“She is not one of those *psilomytides* [“high-nose”, lit. high-brow, snooty] doctors; and she doesn’t care to become a star doctor, you know?”, this informant had said, presenting Mina as ‘one of us’ rather than as ‘one of them’ (which, again, overlaps somewhat with how Wedenoja describes the success of balm healers in Jamaica – who live *alongside* their communities of followers thereby inspiring higher levels of trust to their patients, as they are perceived as ‘one of them’).

A few ethnographies have given reference to how class status and social location (Lee, 2015: 46) may affect not only practices of care inside a community, but may finetune one's actual capacity to 'spot' things (such as pain, suffering, or other ills) in others. In particular, Nathaniel Roberts's (2016) ethnography on the inhabitants of a southern Indian slum mentions how slum-dwellers, who are accustomed to living a life that revolves around suffering and the caring for others who also suffer, 'spotted' things he was unable to perceive as a non-resident of the slum. He describes how many of the people with whom he interacted noticed and commented on his inability to move his neck beyond a certain point due to an onset of neck pain (a detail which would, anywhere else, largely go unnoticed); or how they could 'see' his hunger if he merely skipped a meal – what the inhabitants described as a kind of 'burning' of the eyes. I often wonder whether, likewise, Mina and other female doctors are similarly attuned to 'spot' emotional states in the women who visited them, especially if they are Greek. Mina, who is constantly exposed to women's anxiety about the appearance of ageing (and who also shares this anxiety) – an anxiety which may flow from, or extend to, other anxieties – might have developed a special kind of 'sensor', which she seems to handle quite masterfully, compared to other doctors I observed. However, this sensor could often fail. It was not always easy to 'read' patients, no matter her experience and expertise; and when this happened, it was her technical skill and her practical background rooted in years of training, that 'saved' the situation. A doctor is good not only due to a capacity to detect or foresee, but to successfully avert crises and handle unforeseeable circumstance:

One day, a beautiful woman who was aged below thirty, and who was timid and quite reserved in her composure, came to do lip fillers. After Mina injected her, she left her patient with Klairi, her second assistant, to go see another patient waiting for her in another room. I followed the doctor out of the treatment room to get some water. But, seconds after we left the treatment room, Klairi's scream ripped through the *iatreio*:

"Aaaaahhhh! Doctor!! Come quick! *Ésvise!!!*" (lit. "the lights went off"). Oh my God, is she dead?!"

Mina ran back into the room, and I followed. The woman's head had fallen to the side, her mouth had parted, and her tongue hung out. It was, indeed, an unnerving sight, for those who had never witnessed a fainting episode, like myself. Mina quickly moved the woman into a different position, placing her legs above her head, and slapped her cheeks several times while firmly ordering her to wake up. A few seconds later, the young woman came to, clearly disoriented as to where she was, and was given some orange juice and salty crisps to elevate her blood pressure. The doctor explained to her that this happened

often, and syringes and injections inadvertently cause such episodes. Klairi and I were left to keep the young woman company until a girlfriend of hers arrived with a car to pick her up. The significance of technical skill and competence, therefore, is as equally important as compassion and affective sensors in medical care. This often gets forgotten in our critical, academic texts.

### *Motherly frontída*

Because anthropological work focusing on the work done by female doctors is so scant, I turned to the study of female healers, a topic more substantially covered by ethnographers, for insights in decoding the type of medical care Dr. Mina provides. And, interestingly enough, at the junction of many cross-cultural studies on women healers lies a recurring symbol. This symbol, although not discovered in all societies, is of the female healer as a metaphorical, nurturing mother, who meets “the physical and affective needs of their patients in the same way that real mothers provide for their children” (McClain, 1989: 73-74). The similarities between these more traditional/community healing symbolizations and the type of work carried out by Mina inside the more codified biotechnical culture of the Western *iatreio*, I find, is arresting, and it can definitely afford to be explored further by anthropologists, for pre-existing and ‘primordial’ female roles in community and family healing may be inscriptive – at least to an extent – of the kind of professional work the female doctor/surgeon practices today in Greece, and potentially in societies west of Greece, as well.

In Barbara Kerewsky-Halpern’s essay on ‘word magic’ performed by elderly women healers (called *bajalice*) in Serbia, the symbolic metaphor of the mother gets elaborately incorporated into oral charms, continuing an ancient tradition that integrates the mother symbol into healing and “communicative modes of trust, talk, and touch” (Kerewsky-Halpern, 1989: 116). The author describes how elderly women, relieved of sexual roles and the confinement these dictate (walking accompanied by others after dark, being careful not to swear and other prohibitions younger women face), and relieved of their childbearing roles, too, attain a ritualistic and magical character inside the community (Ibid.). Their maternal role gets transferred to the communal level, and “relates to the perceived suitability of women as mediators with inhabitants and forces or orderless realms where men do not venture” (1989: 119). The conjuring and mediating properties of the *bajalica* turn her into a “provider of sustenance and comfort, or nurturing and nourishment, and thus a protectress”

(Ibid.). These women are recognized by the community as “quintessential mothers”, and on their part, *bajalice* intone charms with “maternal representations” (Ibid.). Rituals to heal ailments often summon such maternal themes: the author describes a healing ritual in which an ill baby was carried out to a field after dark by a ‘substitute mother’ (*bajalica*), accompanied by the actual mother of the child. The substitute mother had to stand on a dung patty and look towards the lights of the city beyond. In this position, she and the baby’s mother both repeated a charm. The dung, coming from the cow (a vital, maternal, milk-giving animal) becomes the extension of the nourishing, ‘eternal’ mother that is the earth (Kerewsky-Halpern, 1989: 123).

In Wedenoja’s work with balm healers in Jamaica, mother metaphors are also predominant. By focusing on the psychotherapeutic elements present in the exchange, Wedenoja demonstrates how balm healing involves “maternal transference, which encourages regression and dependency in patients” (1989: 76), which turns the exchange into a “ritualized extension of mothering” (Ibid). The author adds that the mothering element in healing, and especially the need for attachment are not unique to Jamaican balm healing but are, to an extent, components of *all* healing encounters (1989: 77), whereby the healer – as nurturer – provides ‘warmth’, ‘support’ – metaphorical types of sustenance – for suffering or otherwise vulnerable individuals.

I mention these ethnographic examples to show the extent to which the gender of the healer, and the cultural associations that pre-exist the age of ‘formal medicine’ in many societies around the world, may lead “western-type” medical healers to incorporate in their healing practice elements that lie outside the strict realm of professional, modern-day medicine and which are instead rooted in the local cultures and the healer’s upbringing. In the case of Mina, for instance, her background as a Greek woman has played, I assert, a major role in the way she practices medicine. Greek women are perceived to retain, in a ‘biological’ sense, more nurturing characteristics (Paxson, 2004), characteristics that are maternal and which circulate around the concept of *frontída* (care). Mina, as both woman and doctor, might thus feel she is *expected* to offer a kind of healing that on the one hand unites her but on the other separates her from the cold and distant scientism and professionalism of (male) doctors, so that a merging of the medical practice with the female (“innate”) capacity for *frontída*<sup>21</sup> occurs. Between Vivian, who sees in Mina a saint or a kind

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<sup>21</sup> It perhaps also points to Latour’s point, in *We Have Never Been Modern*: contra to present belief in a modernity that has decisively broken with the past, a world where science rules and ‘primitive’ beliefs have been replaced with ‘rationality’, modernity remains a fragile project, for it is a lot less neatly broken off, a lot more interconnected, a lot more churned up and caught up with the past than we often let ourselves believe.



of motherly protectress, and the doctor, we may detect the survival of certain pre-existing symbols pertaining to the role of the (maternal) female which coexists with the modernized, institutionalized medical culture that is presumed to be 'cold', rational and scientific. But it may also challenge the extent to which Western medicine is indeed all 'cold' and distant; Dr. Mina is certainly not the only physician incorporating aspects of care-as-gift inside her practice, and more research is needed in order to detect the techniques (like Kohn does) both male and female doctors use in order to effectuate healing for their patient; not the perfunctory, 'technical' and strictly 'biological' type of healing, but one which assimilates psychosocial and emotional aspects. Inside the vast institutional realm of systematized "technical care", there certainly exist plentiful "rare" doctors, who provide care because they *actually* care.

In Dr. Mina's figure, I was able to distinguish an effort to *alter* the 'typical' doctor-patient transaction, whereby the doctor displays a conscious intention to differentiate herself from other plastic surgeons and even to 'correct' the wrongs that often arise in ill-performed cosmetic-medical care. She once expressed to me how irritated she becomes by the *koultoura* (culture) "of denigration", by some medical experts, and especially the tendency of some (male) doctors to refuse to take their patients seriously. "*Tis theoroun hazés... les kai i gnómi tous den metráei*" (they think [the patients] are stupid... as if their opinion doesn't count), she had told me. Echoing Steven Polgar, she recognizes that "patients are not 'empty vessels' waiting to be filled with whatever health knowledge is being advocated by health educators" (Good, 1994: 26). Patients, for Mina, are women like her. When asked "what have you done on your own face, doctor?", she would willingly disclose that she also performs Botox, and she also "hates" wrinkles, thus visibly demonstrating her own belonging – together with her patients – to a culture in which women's ageing is seen as a kind of malady.

Mina, who also practices reconstructive surgery, and whose reputation as a plastic/reconstructive surgeon was, at the time of research, steadily and acceleratingly becoming recognized<sup>22</sup>, often saw patients that came to her to correct the mistakes other doctors made. Sometimes patients came with burn marks, or bruises, or other scars which were the result of malpractice, lack of proper care (like a post-operative scar that did not mend well), or simple accidents. Once, an elderly woman, accompanied by her daughter, came to see Mina for her usual round of Botox and 'threads'. She then showed Mina her daughter's cheek, which had a burn mark. By discussing with the daughter, Mina realized

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<sup>22</sup> She also performed a gender reassignment surgery while I was in the field.

that the scar was caused by another doctor's mistake: a chemical peel which was left to act for too long on the woman's skin. Dr. Mina, who became irate at the realization that a "fellow doctor" would allow such a thing to happen, told her patient that she had every right to sue the doctor who did this to her, and tried to convince her patient to – at least – demand an apology by that particular physician.

"I called and told his assistant what happened. It was the assistant that did it, under the supervision of the doctor... not the doctor himself," the woman defended.

"Did you speak to the doctor?", Mina asked.

"I asked to speak with him yes... He was elusive on the phone. He said, 'unfortunately, my assistant didn't do the correct preparation. And obviously, the material didn't go well with your skin'. That was it."

"*Efthinófovo!!* [adjective meaning "scared of responsibility"]. These doctors... failing to take responsibility. He is accountable for this! What a disgrace. At least... *pes éna sygnómi anthropé mou! De tha sou kostísei típota...!* [say you're sorry, man! It won't cost you anything]...! What happened is quite simple; they left the material on your face for too long, and it burned your skin."

Mina had also privately discussed with me the issue of a doctor's ethos and accountability towards patients, after she found out that a fellow plastic surgeon, "a very good surgeon, with an excellent record", due to complications inside the operating room, caused loss of eyesight in a patient.

"I know that this can happen to any surgeon, in any specialty; some people lose patients on the operating table in routine surgeries. But I don't know how I could live with myself if something like that happened to me...", she said, sternly. She then commented on the fact that doctors, and surgeons, are "human", and mistakes can happen.

"But what really separates a good doctor from a bad one, is the moral integrity that allows him to say, 'I made a mistake, I am sorry'. You do not often hear 'I am sorry' from doctors. That's a very big problem...".

### Community values in care

In this chapter, I have tried to highlight certain elements that I deem to have been missing from analyses of cosmetic medicine. The first is a reminder – an acknowledgement – that if beautification, cosmetic alteration and care of the self have been deemed "vain", "futile" and dangerous pursuits, this is not necessarily a group of traits that many Greeks immediately

associate with such practices. (Although many *do* criticize them. It should not be assumed that Greek responses to cosmetic medicine are homogeneous). According to Foucauldian thinking in *The Care of the Self*, widespread disapproval of these procedures may flow from the fact that Western thought is charged with a certain ‘ascetic’ morality – carried over through Christianity – which seems to have been absent in understandings of bodily care in antiquity. The care of the self, as Foucault notes, was not decoupled from the *knowledge* of the self, and it was not considered sinful. Rather, these two ‘ways’ (caring, and knowing), which are now considered practically opposite, formed interconnected practices in order to attain mastery over the body and overall wellbeing. In presenting this argument, I show how ‘cosmetic work’ may be understood, echoing antique guidelines of the care of the self, as labour: a (painful) exercise in improvement of the self which, at times, requires the assistance of others. This Stoic-inspired approach towards cosmetic medicine is bound to be read as oxymoronic (for, in our minds, Stoicism means getting altogether rid of ‘shallow’ pursuits such as beautification), but – if we were to see cosmetic medicine in the way the majority of Greek women see it – as *peripíisi* [care] – how does the narrative change? I maintain that modern-day Greek *peripíisi*, achieved through the use of cosmeceuticals and other beauty regimes, is carried over from antique preoccupations of caring for the self, and is linked with virtue rather than with sin or superficiality.

I consider a substantial lesson to flow from Foucault’s work on care of the self to be the push towards acknowledging that humans are vulnerable beings, constantly threatened by ailments (Ibid.) and, flowing from this vulnerability that comes more or less inherently with being human, the need to be assisted, or cared for, by others:

“The practice of the self implies that one should form the image of oneself not simply as an imperfect, ignorant individual who requires correction, training, and instruction, but as one who suffers from certain ills and who needs to have them treated, either by oneself or by someone who has the necessary competence. *Everyone must discover that he is in a state of need*” (Foucault, 1984: 57; emphasis mine).

In this light, the narration of Vivian Koseti does not read as one of a weak individual, but of a human fully aware of her own limits, her own vulnerability, and who has voluntarily placed herself in the competent hands of another, Dr. Mina, who has “saved” her. Whether or not the reader accepts this salvation to be ‘true’ or ‘false’, real or fabricated, well-meaning or exploitative, empowering or addictive is of no consequence here, for I am not trying to reach

any sort of 'truth' (Pitts-Taylor, 2009) regarding motives, or even the morality or value of cosmetic medicine. I am purely concerned with the psychotherapeutic aspects of the cosmetic medical transaction, and whether cosmetic-medical encounters *can be* therapeutic encounters (and if so, how). And, in exploring these questions, I came to see that the healing properties of cosmeceuticals rely not only on their power to 'transform' or alter appearance, but on an array of processes that rely on repetition, a continuous 'labour' on the self, and a reliance on skilled specialists for support. Flowing from these recurrences, healing ultimately also takes place in the carving out of an intimate, potentially curative relationship that gets formed between the physician and the patient, therefore providing cosmeceutical treatments with a social, even 'community' aspect that has heretofore not been studied.

I explore the role of the female doctor and how she is required to embody a vast array of roles; that of the physician, the beauty specialist, and also of friend and carer, the kind perhaps more traditionally associated with the figure of the informal healer. I begin from a place where the doctor – in this case the female physician – “means well”, and practices her profession not *only* from a place of authority, but one which begins from a philosophy of 'care', and of practicing such care responsibly (as per her Hippocratic oath) while also envisioning herself as a 'mother' or 'guide' for some patients who may have lost their sense of self-assuredness, worth, and self-reliance.

Finally, I have put forward a hypothesis which argues that, because the role of the 'surgeon' is a stereotypically male role (while the role of carer is archetypically female and maternal), the woman doctor needs to syncretize the two in order to become an effective, respected plastic surgeon. By bridging her two roles (as “doctor”, and as “woman”), Mina occupies a syncretic plain, because the medical setting in which she acts reflects wider social, domestic and gender arrangements. Her efforts to be compassionate and understanding of others – a gendered process which is borrowed from the domestic and family sphere – is transplanted onto the medical plain, and fuses with her more official, scientific role of the surgeon/physician.

## Chapter 3

### *Beauty and happiness*

Evi lies down on the treatment chair. She has a tan complexion, a square face and is dressed simply, even poorly, by contemporary Athenian standards; a pair of brown trousers, a beige blouse, and no makeup or jewellery. Her shoes are of a kind known as *sabó*, an orthopaedic clog usually worn by medical staff, which is considered not only the stark opposite of fashionable, but *antiaisthikó* (aesthetically offensive to the eye). She is heavily built, and in many ways an atypical candidate for cosmetic intervention. During the course of my fieldwork, however, I was very often reminded of the fact that there is no 'typical' candidate.

Evi is about to get a chemical peel, a treatment that "rejuvenates the skin", according to the doctor, and some Botox. She then asks the doctor whether, "like last time", she could get a discount or the option to pay in instalments. The doctor agrees to the instalments, accustomed to such requests by several of her patients, but says she cannot do a discount, because she already offers her services at a very low price.

"My salary has been delayed this month," Evi tells the doctor; "I'm sorry".

"I understand; I am used to these requests, do not worry," the doctor replies. "You can figure out the number of instalments with Olga at the front desk. Now, let's begin," and, swiftly, Mina begins scrutinizing the woman's face under a light that doubles as a magnifying glass.

Evi is very still and quiet at first, but as soon as she starts feeling comfortable and more relaxed, she recounts the story of how, earlier that day, she went to a clinic to get a MRI scan, an examination she says she has delayed for months.

"It was horrible... I couldn't stand it... I had to be in that grave-like box. And they kept telling me, '3 minutes', '5 minutes', '15 minutes', '20 more seconds', '10 more seconds'...I felt like it lasted a century. I tell you, the only thing that made me feel good was thinking I would come here after...!".

Meanwhile, Dr. Mina applies the chemical peel on the woman's face with a brush. The substance is transparent and looks completely harmless, even though colours, or their lack thereof, should not be considered a trustworthy indicator of safety when it comes to pharmaceuticals. (In fact, as one quickly learns in such environments, it is the colourless substances that can cause the greatest pain). She lets it act on the skin for several minutes.

The doctor engages in small talk with her patient, as is customary in such occasions, in order to create an atmosphere of trust and friendliness. This also fills potentially uncomfortable silences – the room is awfully quiet, and small – and is a means to distract the patient from a certain amount of unavoidable pain.

After a while, the woman says her face stings (*tsibáe*). A few seconds later, she says that it burns (*kaie*). The burning sensation is a result of the acidic solution contained in the chemical peel, which acts by “burning the skin”: literally, removing the outer layers of the skin in order to reveal the fresher, unmarked and “undamaged” layers underneath.

The doctor calls Olga to ‘make air’ for the patient. Olga takes a piece of carton and uses it to fan the woman’s face.

“Just a few minutes more”, says the doctor—echoing, I thought, the distressing waiting time the patient had to endure earlier, while undergoing the MRI. But the woman replies instead:

“It’s okay, I don’t mind it that much . . . when I was in that horrible box [the MRI] I kept thinking that at least I’d be coming here . . . I always feel good coming here. It is the highlight of my week!”

Olga keeps fanning the woman’s face. After a total wait of about ten to fifteen minutes, the doctor removes the substance with gauze and a solution. She cleans it, applies creams and other substances, and then brings the mirror to the woman’s face.

“The skin will chip and break off in a few days, and it will be very red. Perhaps even painful. As I told you, you need to stay away from the sun as much as possible in the next few days. And never exit the house without a hat and a lot of sun cream.”

Mina then proceeds to prepare for the Botox injections. She wears a new pair of single-use medical gloves, calls her second assistant, Klairi, to come inside, and Klairi begins providing the doctor, in what is a very standard and routinized sequence, the gauze and sterile solution to clean the face, then the syringe, which the doctor opens in front of the patient to see, and the Botox vial. She dips the syringe into the vial and extracts an amount of solution.

“Now, go put it in the fridge,” she instructs Klairi.

As she administers the injections on the woman’s face, little droplets of blood form on the forehead and on the corners of Evi’s eyes. I notice Evi’s toes curling as the syringe prods through the skin. The injections only last a few seconds, and they are, clearly, relatively painful. But the woman says nothing; she patiently endures. Then, the doctor wipes the blood with a new gauze, puts some cream and sterile makeup on to hide redness

from the multiple minor incursions on the skin, and brings a mirror for the woman to see the results. She then exclaims, “okay, ready!”

“Looks nice!” the woman responds.

She then pauses briefly while looking into the mirror, scrutinizing her reflection.

“Thank you,” she adds, with honest gratitude.



What ailments are plastic surgeons actually healing when administering cosmeceutical treatments? This is one of the main questions a scholar researching cosmetic medicine attempts to answer. In this vignette, a woman compares a MRI scan to emotional torture, whereas she happily endures her chemical peel and Botox injections. Though the former is painless and the latter is painful, their value, measured not in terms of pain but something else entirely, renders the first “worthless” and the second “worthwhile”.

There is a Greek proverb, *bros sta kállti ti einai o ponos*, which can be roughly translated into “what is pain in the face of beauty”. This maxim was frequently employed by my interlocutors when rationalizing their procedures but was also used in other contexts, such as discussing the “pleasurable” physical pain of working out at the gym (in the anticipation that the body will become firmer, toned, and better-looking). In this sense, *bros sta kállti ti einai o ponos* is analogous to the “no pain, no gain” adage. It conveys that sacrifices are needed in order to become better, and beauty is one of those realms where sacrifice (be it in the form of dieting, exercising, or otherwise ‘building’ the body) is not only welcomed but is also considered *worthy* of one’s discomfort, and even pain, because there is the promise of a reward: an increased satisfaction about one’s looks. But there was another underlying reasoning behind the worthiness of pain, and I discerned this in many of my informants’ responses. This is the idea that sadness, sorrow, depression can be overcome by improving one’s appearance. One informant even stated that,

“I believe that cosmeceuticals have replaced antidepressants, and cosmetic surgeons have replaced psychiatrists”.

On innumerable occasions in the field, cosmetic treatments were associated with joy, and the lack of access to them associated with depression and misery. As a response to my question “what made you come to Dr. Mina’s iatreio?”, a woman replied, “Well... it feels good, that’s why. Whenever I don’t feel well, I call Dr. Mina and book a cryolipolysis.”

Ioanna, a sixty-four-year-old patient of Mina's had once complained that her "lips look sad" and expressed her wish to make them "look more like they are smiling". Alike, a 50-year-old woman with whom I spent hours talking to at a birthday party (and who hasn't had any cosmetic treatments done) was telling me how she has friends who are "unhappy" because they cannot afford to get "anything done". Such responses call for an incursion into the idea of 'happiness'. What is meant by the words 'happiness' and 'misery' in the cosmeceutical context?

"It is remarkable how often aesthetic surgeons cite "happiness" as the goal of cosmetic surgery; [...] happiness in the utilitarian sense, where it coincides with individual autonomy", Gilman contends (1999a: 17-18). Cosmeceuticals are the latest technology in a series of advances in cosmetic medicine, therefore it shares many of the basic principles of cosmetic surgery, the most dominant of these being the premise that one can "cure the soul" through altering the appearance (Ibid.). But can cosmetic medicine provide happiness, or does it merely soothe and smooth out the sharper, barbed contours of 'unhappiness'? Should one condition be considered the reverse of the other? Does the soothing of 'unhappiness' *equal* 'happiness'?

### "Happy" places

In Greg and Seigworth's edited volume on the theory of affect (2009), Sara Ahmed has written a chapter with the title 'Happy Objects', in which she argues that certain objects are imbued with "the promise of happiness". As these objects circulate inside society, she conjectures, they accumulate positive affective value as they are passed around" (2009: 29) and thus become "social goods" with the capacity to affect people (Ibid., 30). This argument can be read as an extension of Georg Simmel's assertion, that what makes a thing valuable is never its inherent property, but the judgment made about it by subjects (Appadurai, 1986: 3). Based on this premise, and on the premise that judgement *itself* can be affective (think about how many times a negative, or positive, critique of something is able to sway our original opinion of it), we can begin to see how "happy objects" can accumulate value, which then gets 'passed around'.

Ahmed has embellished this hypothesis by adding that such 'infection' can affect not only the objects in question, or the humans coming into contact with them, but actually transpire to affect whole atmospheres. She moreover argues that:



“To experience an object as being affective or sensational is to be directed not only toward an object, but to ‘whatever’ is around that object, which includes what is behind the object, the conditions of its arrival. What is around an object can become happy: for instance, if you receive something delightful in a certain place, then the place itself is invested with happiness, as being “what” good feeling is directed toward.” (2009: 33)

Thus, happy feeling radiates ‘happiness’ and saturates places, things, and circumstances with a good, positive ‘air’. Happy objects, and happy feelings, as she posits, are “sticky”: they become contagious.

Applying Ahmed’s finespun theorization to my work, I maintain that Botox and other cosmeceuticals have come to be perceived in the same manner – as ‘happy objects’ – and their positive capacity overshadows their risk, toxicity or ambivalence (which I explore in the next chapter). Correspondingly, the environment in which they get transmitted – the cosmetic *iatreio* – is a ‘happy place’. Cosmeceuticals, having been ascribed with accumulative positive characteristics and promises over time (through, for example, word of mouth, or direct and indirect advertising) circulate as social goods with the capacity or, rather, the *promise* to make one ‘feel good about themselves’ (Edmonds, 2010). Yet, interestingly enough, MRI scans and other diagnostic tests are the contrary: they are imbued with negative symbolism. As such, the purely medical encounter is frequently experienced by patients as something one needs to do in order ‘to get it over with’ while the cosmeceutical encounter provides satisfaction, even if it involves physical pain.

Based on Ahmed’s hypothesis, and even moving a step further to incorporate Baudrillardian thought, I daresay that cosmeceuticals are not only ‘happy’, but symbolic, sought-after, mysterious and enchanting objects that produce “magical salivation” (Baudrillard, 1998: 27). They enable processes and imaginations of transformation, such as the illusion of fighting against or reversing time, of controlling (the ageing body), in many cases offering a dreamlike ‘escape’ from mundane everydayness; but they also carry a kernel, a hope, a touch of the immortal. They can be understood as the closest thing available today to an “elixir of youth”. These procedures “give strength” to people, as many often proclaim, because of their ‘otherworldly’ capacity. They enable people to envision themselves as ‘changed’: not just happier, or younger, but objectively better. They transform as they soothe. It is a process involving affect, via the triggering of fantasies and the imagination. The cosmetic *iatreio* often becomes like Walter Benjamin’s department store: a world of play, in which imagination is sparked in those who enter it. The *iatreio*, like the store, is a ‘dream world’ which simultaneously gives birth and creates a promise – a potentiality – of satisfying consumers’ desires (Featherstone 1991: 23).

Imagination is often assumed to occupy a locale that stands in opposition to reality, “an ‘instead of’ reality” (Illouz, 2009: 399). It is presumed to substitute the real with an imaginary (i.e. *not* real) situation (Ibid.). In a similar fashion, the dreamlike quality attached to consumption and to commodities is professed a “myth”—i.e. fake. This theory has precedents in the history of philosophy but is especially articulated in the work of Hume and Kant (Lennon, 2004: 107). Yet, as Kathleen Lennon argues, imagination is “the very faculty through which the world is made real to us” (2015: 1), and disrupts the idea that imagination is separate – or opposite – from lived experience. Instead of being an ‘instead of’ reality, fantasy, expectation, promise, and dream are – for Lennon – all enveloped and very much actively present in the producing the ‘real’. Image, affect, and imagination are not only closely intertwined, but inter- and poly-inscriptive (Ibid., 2) and images – as the foundation of imaginary processes – enable emotion, therefore are a fundamental component of the experience of reality (2015: 2). Rather than merely forming a backdrop, or a “dream” which is contra to reality, imaginary faculties and symbolisms are contemporaneous and inscriptive of experiences, infusing them with meaning.

Putting these ideas to work, I go back to Ahmed and the MRI passage, to look at how the triggering of the imagination and the presence of a particular ‘atmosphere’ of the *iatreio* may shape one’s experience in it. When feeling out an ‘atmosphere’, I think of topography, architectural elements (such as colours, lighting, the layout of spaces) but also anticipated hopes or fears that either materialize or get dissolved. ‘Atmosphere’ also involves human relations (the encounter with the doctor, or nurse, or machine technician) which play an extremely important role in shaping both medical and cosmetic-medical experiences, as I have shown in the previous chapter. Here, I focus on how symbols carried in the ‘atmosphere’ affect humans (Ahmed, 2009) and how medical language itself – which is often highly metaphorical and symbolic – *prepositions* the patient and becomes highly inscriptive, moulding the experience that ensues.

I argue here, then, that a MRI scan is always already instilled with fear (notice how the machine is compared to a coffin, “a grave-like box”, in the first passage), whereas cosmeceuticals always already carry “good” and “hopeful” symbolism, due to their anticipated capacity to ‘delay’ ageing (and therefore, we might assume, death). The negative anticipation of MRI and other diagnostic exams, which are purely medical encounters (as opposed to *cosmetic*-medical encounters) lacks excitement, because it lacks a promise. They also treat the patient in utterly opposite fashion. In the medical-diagnostic encounter, subjects may be turned into vulnerable patients; whereas, in the cosmeceutical encounter, an already vulnerable person is experienced as becoming *less*

vulnerable. As Edmonds (2010) argues, cosmetic procedures provide a boost in self-esteem, which is hardly the case with medical tests and check-ups.

The atmosphere of purely medical spaces, MRI-rooms and X-ray rooms in particular, is “cold”, “dark”, “impersonal” and “scary”. (These are the adjectives used by several informants in Greece, but they are congruent with feelings I have personally experienced, too, as a chronic patient of scoliosis—a condition which requires X-rays and monitoring). In Athens, diagnostic equipment, which is large, expensive and very heavy, is usually found on basement levels, where space is more ample. X-rays especially need an adjoining room from where the technician can monitor the procedure and handle the machine. And due to their dangerous radiation, X-ray rooms should not be in places where visitors and patients roam freely. The ‘cold’ and ‘dark’ atmosphere felt by patients when entering such spaces, then, is also a result of their topography. These spaces are large and feel empty, daunting, secluded and hidden. They are ‘underground’ and fluorescently lit (a ‘cold’ lighting). They might feel ‘cold’ in the way a morgue may feel cold, though this comparison may not be implicit or conscious. Their function, too, is quite different from the functions of cosmetic medicine machines. A diagnostic machine’s function is to “test”, “examine” and “diagnose” (to search and identify sickness); cosmeceuticals and cosmetic machines, on the other hand, are not meant to examine or ‘judge’; the primary function of a cosmetic medical technology is to *satisfy*.

The diagnostic/examination process itself may also enhance this negative symbolism, with special uses of language. A usual indication of a tumour in X-rays or MRIs that doctors look for is *skiés* (shadows), which are generally darker and nebulous areas in the picture. The metaphor of the shadow might reveal how life-threatening diseases such as cancer are symbolically connected to darkness. Man still fears that which threatens him but which he cannot predict, fully understand and destroy, and these ‘forces’ are still pictorially envisioned as dark, evil, and mysterious entities, even in the language used by ‘enlightened’ scientific/medical professionals. So, there is a contrasting symbolism in the following examples: In the X-ray and the MRI, the doctor fights off dark shadows, whereas in cosmeceutical treatments the doctor corrects and fills “crow’s feet” (the wrinkles around the eyes), “bunny lines” (little wrinkles on the nose), “gummy smiles”, and “the chasm of Aphrodite”, as one doctor called the horizontal wrinkle that forms when a chin lowers to meet the neck. Overall, these cosmetic metaphors sound more fable-like and mythical. The cosmetic-medical vocabulary often compares the body with the earth’s landscapes (chasms, dimples, and rivers: *rinopareiakés*, a very common zone for injecting fillers, are the ‘banks’ of the nose) and other earthly creatures (bunnies, crows, and geese), but also

to fictional and mythological imagery, such as Aphrodite's chasm mentioned above, or marionettes and musical instruments (the 'marionette line' is the dropping mouth, and the 'accordion line' describes the sinking creases along the cheeks). We could therefore argue that cosmetic procedures recruit fairy-tale and fable language, in order to match their time-reversing, 'magical', 'doll-like' and extraordinary promises; a promise that upsets the 'natural' and sombre, decaying rhythm of the body's degeneration. They are perceived as materials that inject hope, positivity and contain a touch of the mythical. More interestingly, they positively affect *before* one comes into contact with them. The anticipation itself is a happy anticipation (Ahmed, 2009).

In a burgeoning environment of [global] consumer cultures, economic recession inside Greece creates an anomaly. Consumerism gets stunted because of austerity, but the psychological and social drives pushing people to consume, like the pleasure derived from novelty (Konstan, 2015) and the positive and aesthetic symbolism attached to fashionable items are still very much intact. People are supposed to be contemporary urban "flâneurs, who play with and celebrate the artificiality, randomness and superficiality of the fantastic mélange of fictions and strange values which are to be found in the fashions and popular cultures of cities" (Featherstone, 1991: 24). Consumerism is thus now a part of the modern Greek urban person's habitus (Bourdieu, 1990: 53), a set of dispositions that is deeply internalized (Swartz, 2002: 615), though part of this habitus, with crisis, has been suddenly denied.

That small, affordable luxuries (and cosmeceuticals were often framed as such) do well in austerity Greece is not something 'exceptional'. "Affordable luxury tends to perform well in a recessionary environment", according to a 2013 report by Euromonitor International. Such a phenomenon was also noted during the Argentine recession, when lipstick sales increased steadily – a phenomenon now known as 'the lipstick effect' (Taussig, 2012: 17) – and which highlights that certain cosmetic items may spike in sales, not despite but *because of* a recession. The Euromonitor report analyses the 'new lipstick effects' in the current global recession, such as nail polish, mascara, and other beauty items, concluding that affordable luxury items tend to provide some kind of relief in financial slumps. These also include foodstuffs: "Impulse foods items, particularly confectionery, also fared well during the recession. Consumers may have spent less on holidays, cars and consumer electronics, but life's little luxuries like cakes and chocolate remained somewhat recession-proof", state the authors of the report.

Many of my own informants pointed to the fact that it's not just cosmeceuticals that have become very popular, but other beauty practices – such as “hair and nails”. “Everything closes down, and in their place *nyhádika* [nail bars] and *fagádika* [food shops] open up!”, Dora, a dance teacher, told me in an informal conversation. “People want to feel good about themselves, but they can't spend a lot to gain that feeling, I suppose”, she added. A journalist likewise wrote in the weekly *Vimagazino* in March 2014: “In our situation, it's best if we find pleasure in *mikrés charés* (small joys).”

‘Small joys’ perfectly fit the discourse of austerity: ‘the little things’, like family dinners, breaks from city life and visiting natural sights (‘getting in touch with nature’), as well as investing in personal relationships and one's own self are effectively becoming antidotes to austerity. Exercise, healthy eating, a newfound respect for local produce and ‘traditional’ Greek food and its accompanying symbolism of nurture and wellbeing are all now successfully marketed, and pleurably consumed.

### Problematizing ‘happiness’

At this point, however, I deem it necessary to dissect the notion of the word ‘happy’. Gilman, especially, mentions the words ‘happy’ and ‘happiness’ without much problematization regarding the concept, assuming that the word contains definitive qualities, perhaps due to the fact that he is an American author addressing English-speaking readers. But, to non-American readers, the word may open up a theoretical Pandora's Box. A special issue of the journal *HAU* was dedicated to ‘happiness’ in 2015, stressing cross-cultural differences, but also highlighting the extent to which ‘happiness’ remains a vague concept, even in the American context, as it is simultaneously a moral value, a virtue, and an emotion (Lambek, 2015: 112).

Ahmed has written that ‘happiness’ derives from the Middle English word “hap,” a term that refers to chance. “In its earliest derivations, the word “happy” originally referred to “having ‘good ‘hap’ or fortune,’ to be lucky or fortunate” (2010: 22). According to Ahmed, “the term ‘happy’ was first used to refer to chance and contingency, to the fact that something beyond our control has happened to us—in this particular case, something good” (Throop, 2015: 49). But this inherent contingency of happiness, its unpredictability and precariousness, has been lost over time. “No longer thought to be exclusively connected to unpredictability and chance, happiness has become deemed an internalized condition or state of being that can be cultivated or produced through our actions, choices, efforts, and

work” (Ibid.). Happiness for Westerners (like Time, analyzed already) is no longer perceived to belong to chance or fortune, but in our own hands.

Harry Walker and Iza Kavedžija (2015: 1) define happiness in the modern, Western sense as “private good feeling”, adding that the idea of happiness has achieved an “extraordinary prominence over the course of the past decade, not only in academic research, but also in popular and public discourse”, though it remains an elusive concept. Annual indexes which compare ‘happiness levels’ across different countries are now commonplace, and happiness is heralded as “alternative to gross national product and other conventional measures of prosperity and growth for [...] measuring progress” (Ibid.). In other words, happiness has, for capitalist societies, acquired a central, and very calculable, materiality. “Today, happiness is everywhere” (Mathews and Izquierdo, 2009: 1). But is it the same thing everywhere? Carolina Izquierdo notes how, amongst the Matsigenka of the Peruvian Amazon, questions such as ‘what makes you happy?’ and ‘what gives your life meaning?’ “elicited blank stares” (2009: 78). This concept of ‘happiness’ was foreign to the Matsigenka.

We often assume there is a “stratum of human commonality” (Mathews and Izquierdo, 2009: 2) which may lead us to assume that ‘happiness’ might be experienced *comparably* (if not totally alike) across societies, but is it truly so? The idea that one can ‘measure’ happiness is linked to Western assumptions and values (Christopher, 1999: 143), and there is ethnographic ‘proof’ that what one society deems a high level of ‘objective wellbeing’ might contradict notions of wellbeing of another society. This conflict is especially striking in the study of the Matsigenka, whose ‘well-being’ has been assessed as “improving” by Western and missionary standards since hygiene and health care were introduced, but whose way of life is considered threatened and in decline by the Matsigenka themselves (Izquierdo, 2009: 68). Therefore Matsigenka ‘well-being’ is a concept that is not homogeneously understood by those on the outside and those on the inside, in this particular occasion.

Greek understandings of happiness, too, involve a wide variety of notions and an assortment of feelings and experiences. In ancient Greek, there are many words for happiness and some are used more habitually in modern Greek than others. Though they are commonly directly translated and considered synonymous to English terms, scholars have pointed out that there exist fine contours that are not entirely translatable. The word *eudaimonía* is a good example (Lambek, 2015: 112), which, some have suggested, should be translated as “human flourishing” instead of ‘happiness’ (Robinson, 1999). (In ancient Greek there also existed the concept of *olviótita*, almost out of use today, which signalled

the perfect and harmonious ending to one's life). The most common word in Greek today for what in English is called 'happiness' is *eftychía*. And though *eftychía* today is understood to generally overlap with English-speaking notions of 'happiness', these two concepts are essentially different. Gilman defines happiness "in the utilitarian sense", based on American ideal of "individual autonomy" (1999a: 17-18), which underlines the more salient focus on individual pursuit and self-accomplishment. *Eftychía*, on the other hand, is a result of a conjunction of two words: eu (ἐύ) the root for 'good', and *tychi* (τύχη), meaning fortune, or luck. It thus literally translates into 'good fortune'; and its opposite, *dystychía*, translates into 'misfortune'. (We could argue that the original meaning of *eftychía* is very close to the Middle English word 'hap', which Ahmed mentions). The concepts of fortune and luck present in Greek notions of happiness suggest that one's happiness does not necessarily lie in one's hands, but also depends on forces and circumstances that are beyond a person's immediate control. This renders *eftychía* not only different to Americanized notions of 'happiness' but in many ways is etymologically opposite.

Significantly, although "depression" was often quoted as the predominant feeling by my informants as emanating from the current state of affairs in Greece, and though cosmeceuticals were portrayed as a means to keep this unhappiness at bay (even if only for a little while), articulating that cosmetic treatments brought happiness was not something I came across. No Greek informant ever associated cosmeceuticals with *eftychía*, though they implied that these treatments 'felt good'. I argue that we should be very cautious in our use of the term 'happiness' therefore, because, in my own field at least, there was a marked difference between what 'feels good' or 'better', and what causes someone to be *happy*.

Greece has today morphed into a closely knit 'community of individuals', which still attaches great significance to family ties, while simultaneously placing higher responsibility and autonomy on the individual, who is increasingly understood as a self-reliant unit. The Greek adult today is required to break away from the family in order to become a 'complete' adult in the western (individualistic) sense – even though this process has been viewed by certain scholars as 'incomplete', like the project of Greek modernity itself (Hirschon 2012, Christou 2016). There also exists a very thin line between individualism and loneliness as Greeks perceive it, and in Greece still today, "to be alone is pitiable" (Stewart, 2014: 14). The ethnographer needs to pay particular attention to the dual role of the Greek individual, therefore, who has equal measures of responsibility and affiliation towards one's close kin as to one's own self. The Greek person's identity is still fixedly tied to one's family, but individualism is also, and increasingly, considered the 'healthy' route adults need to take,

and heavier emphasis is placed on individual – rather than collective – pursuits, desires, and needs.

The EuroAmerican focus on the individual is gaining more and more ground with the passing of time in Greece, and ‘modern’ (or should I say postmodern? or capitalist?) ideas of happiness are superimposed on more traditional notions of *eftychía*. Ideas of happiness are now also entwined with sensory pleasure (Falk, 2012: 8), and this pleasure is often intimately tied to consumption practices. These ideological forces have facilitated the thriving of consumer culture inside Greece, a culture which “uses images, signs and symbolic goods [to] summon up dreams, desires and fantasies which suggest romantic authenticity and emotional fulfilment in narcissistically pleasing oneself, instead of others (Featherstone, 1991: 27).

Concurrently, there falls more weight on individual choice. The individual is increasingly perceived as being in charge of steering one’s own life course, and it is individuals who are responsible for the choices they make, like they are responsible for the shape and size of their bodies or how ‘well’ these bodies age. Ugliness and beauty are likewise conceived as personal choices, reflecting how much ‘work’ has been put into the self, leading men and women to join demanding dieting and fitness programmes in order to chisel and perfect their appearances.

The body is increasingly understood as a ‘project’ one works on, and is brought under the jurisdiction of personal control; it is a malleable body, with infinite possibilities (Csordas, 1994; Schilling, 1993; Giddens, 1991; Featherstone, 1991). Following a now-globalized tendency, the individual who is fit and beautiful is considered a success and is rewarded for it, whereas the ugly, the aged and the fat is usually punished with social (and sexual) exclusion (Kinnunen, 2010). Finally, these understandings of the self, coupled with the advent of modern, consumer lifestyles, have also affected the notion of personal happiness: instead of being associated with a state of ‘completeness’, it is now more habitually associated with a less constant, more fleeting satisfaction.

Finally, today *eftychía* is very much connected with the idea of leading a life that is struggle-free. *Eftychía* was alluded to a certain ‘falling into place’ by many of the women I interviewed; as stemming both from individual actions but also of outside occurrences which lie beyond a person’s control. And, sometimes, *eftychía* is harder to attain, as social impediments like poverty or other ‘ill’ that befalls a human or a family may negatively determine the vague yet foundational ‘destiny’ of a Greek individual. I return to this theme later, but for now let’s suffice it to say that for a wide spectrum of the Greek population, being poor equals being unhappy. When it comes to ‘happiness’, women in Greece are



often perceived to be less favoured by fortune if they are poor, old or 'ugly' (or a combination of the three). These states, where they exist, are often hard to slip out from. And this was brought to my attention by my neighbour, Agapi, aged thirty-six, a mother of three children (two boys and a girl) and expecting a fourth child – a boy – at the time of research.

"I am glad that the next one [the baby in the womb] is another boy", she told me one day, while we struck up a conversation while waiting for the elevator.

"But girls are so much fun!" I impulsively replied, having recently become an aunt to my sister's newborn girl.

"No... I wouldn't want to have another girl. [She says this while holding her daughter in her arms and stroking her hair, and the four-year-old girl listens intently]. They have it so hard in life compared to boys. Perhaps I say this because I had such a hard time as a girl; I don't want my children to go through the same...".

I later found out that Agapi, at a young age, had been forced to start work at her parents' pharmacy due to financial struggles inside the family in order to support other, sick or otherwise dysfunctional members of the family. She worked while pursuing A grades in school, because she wanted to become a doctor. Failing to get these A grades however, due to her workload at home, she ended up helping her parents at the pharmacy until she got married to a lawyer, at the age of twenty-one. Marrying – for her – was the only 'way out' from a family that she felt "suffocated her", with their "high conservatism and 'old minds' [*paliá myalá*]" ('Old minds' translates into archaic thinking; attitudes that are 'from the past', i.e. not modernized or contemporary). For her, slipping out from 'unhappiness' meant to move away from her family, who forced her to work from a young age, to marry a man who could provide her with a more comfortable life.

Another informant mentioned how 'unhappy' she feels that she cannot afford to do cosmeceuticals in order to "get rid of the anxiety marks on her face". And, looking more closely at some of these responses, another aspect of 'unhappiness' prods its way to the surface, and it leads me to ask: Are women who cannot afford cosmeceuticals "unhappy" because they cannot afford cosmeceuticals or other 'joys', or are they 'unhappy' because they cannot erase or otherwise shift the cultural perceptions of their appearance (be it ageing, or 'ugly') by any other means? Given the importance of appearance in our current societies, many of my informants felt that their identities – and their happiness – were seen to correlate with how they look. Framed in such a way, I am urged to return to the question of 'women's pain', and in particular the social and sexual exclusion women face as they age.

## Cults of youth

The realization that one has aged often comes as a 'shock'. This shock has been frequently cited in the literature on ageing, but was also described to me by many women approaching middle age at Dr. Mina's *iatreio*. Areti, a forty-three-year-old endocrinologist and friend of Mina's, came to Mina to get injected for the first time while I was carrying out my research. She explained how she never, "not once" in her life, up until one very particular moment, thought she'd be having cosmetic treatments.

"I was one of those people who would criticize these things, thinking I'd never want them," she told me. "But then... one day, returning home from work, I caught a glimpse of myself in the car's rear-view mirror. And I was shocked to see this tired, old woman, with bags under the eyes... I was *hália!* [a mess/wretched/awful]. And, right then and there, I decided to do something."

There is a very pertinent description of this process, a process of 'disassociation' between image and self, accompanied by profound puzzlement, as proffered by Margaret Gibson:

"There are accounts of men and women experiencing a profound moment when they realise that they are considered old in the eyes of other people, or suddenly catch a glimpse of themselves on a reflected surface and are surprised to see an older person." (2006: 53)

I find this passage quite similar to the words of Simone de Beauvoir (1965: 671):

I loathe my appearance now; the eyebrow slipping down towards the eyes  
[...] that air of sadness around the mouth that wrinkles always bring."

A plethora of scholarly works have deemed such responses as proof of the participation of these women in a culture where all media attention focuses on young women's bodies and faces (Clarke and Korotchenko, 2010: 496). Yet, zooming out from the latest media obsession and focusing instead on how our contemporary fixation on youth may fit inside a more encompassing historical arch, one detects the continuity of a very potent idea that has been guiding the significance of appearance in Western societies, which I also mentioned in the introduction. This is the idea that appearance reflects an inner state (Gimlin, 2000: 81). And, according to this idea, the psyche can be 'read' on one's bodily characteristics,

and especially the face (Featherstone, 2010: 195).<sup>23</sup> Following this model, it is assumed that internal, moral decay will show itself on the body eventually, in a Dorian-Gray-like process whereby morality gets inscribed on one's face and wherein a rotting appearance signifies a 'rotten' soul.

The idea that one's inner world can be reflected on one's face and other bodily features garnered widespread acceptance and popularity in the nineteenth century. The idea was based on the science of physiognomy, according to which one may 'tell' the inner characteristics of a person based on their appearance alone (Gilman, 2001: 31), thus enabling the legitimization of racism and the hierarchical placement of people according to physical traits. In Greece, too, the science of physiognomy gained widespread acceptance amongst the first Greek anthropologists (Trubeta, 2010; 2013). The residues of such 'scientific facts', although theoretically abandoned today, remain imbued in medical science, fashion, advertising, and in western culture more generally, as they are fastening on to values of competitive market capitalism. We can see the effects of this to extend beyond the body, too. The thousands of tonnes of fruit and vegetables that get discarded every year due to the fact that they are "ugly" and therefore unmarketable pertinently demonstrates this enduring ideology. There also subsists a recycling of such themes in film and literature. Take the bad, old witch – with the stereotypical arched nose, the protruding chin and skin filled with moles – who gives Snow White the poisoned apple in the Disney classic. She is the perfect representative of the relationship of ugliness to evil, and of ageing to envy. Similarly, I am reminded of the ugly (bad) orks in the box office hit 'The Lord of the Rings', versus the angelic-faced, white-skinned and blonde human warriors who represent goodness. These 'states', like the declaration of my informant (who looked "*hália*"), are presented as objective: bad characters are ugly, envious, and evil; good characters are beautiful and oblivious to the envy of others, as they are virtuous. This ideology is epitomized in the words of Jean-Jacques Rousseau, who in 1761 wrote:

"I have always believed that good is Beauty in action, that the one is inextricably bound with the other and that both have a common source in well-ordered nature (Eco, 2011: 236).

Umberto Eco highlights how beauty, often accompanied by the "pleasantness of color and light" has been portrayed as something 'divine' and thus beauty is gifted with the virtues of morality and goodness. In Greek, even today, beautiful people are often named

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<sup>23</sup> Also see Bordo (1993) and Reisner and Koo (2004).

*theés* (goddesses) and *theoi* (gods); and in English, words such as “spectacular”, “splendid” or “divine” borrow from religious imagery to convey the ethereality and otherworldliness we commonly associate with beauty. Such ideas are also frequently simulated in fashion; I immediately think of Victoria’s Secret’s “Angels”—an exclusive, limited selection of supermodels that are nominated to strut the runway in wings, emulating the heavenly celestial beings.

“Beautiful”—together with ‘graceful’ and ‘pretty’ or ‘sublime’, ‘marvelous’, ‘superb’, and similar expressions—is an adjective that we often employ to indicate something that we like. In this sense, it seems that what is beautiful is the same as what is good, and in fact in various historical periods there was a close link between the Beautiful and the Good.

But if we judge on the basis of our everyday experience, we tend to define as good not only what we like, but also what we should like to have for ourselves. [...] A good is that which stimulates our desire.”

The passage is from Eco’s *On Beauty* (2004) and it helps illuminate the close relationship between the values of ‘goodness’ (*kalón*) and beauty (*kálllos*) present in the Greek language. I maintain that, still today, beauty and the process of taking care after oneself is an honorable, ‘good’ (*kalón*) and virtuous undertaking, implying cultivation, respect for the self and others, and a certain degree of ‘civilization’ – all issues to which I return in the next chapter.

As for the English word ‘beauty’, it is most commonly defined as “a combination of qualities, such as shape, colour or form, that pleases the aesthetic senses, especially the sight”, but it can also mean “a combination of qualities that pleases the intellect”.<sup>24</sup> According to the Online Etymology Dictionary, the noun is related to *bealte* (early 14<sup>th</sup> c.), defined as “physical attractiveness but also goodness, courtesy” as well as to the Anglo-French *beute* (from Old French *biauté*, 12<sup>th</sup> c.), defined as “beauty, seductiveness, beautiful person” (Modern French: *beauté*). The dictionary entry also traces these words to the earlier Vulgar Latin *bellitatem*—a “state of being pleasing to the senses”, and to the Latin *bellus*: “pretty, handsome, charming”. More interestingly, the dictionary entry traces in the Latin words *bellus* and *bene* the root *deu* (to show favor, revere), which expresses a mode in which things are done rightly and honourably, but which also demonstrates a very clear link between beauty and the idea of worship. It seems, therefore, that the concept of beauty and the ancient *kálllos* are not so far apart, but instead demonstrate a remarkable consistency

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<sup>24</sup> In the Oxford Online Dictionary: <https://en.oxforddictionaries.com/definition/beauty>

between ideas of moral goodness, and divinity. When Taussig thus calls beauty a gift of the gods (2012: 1), he very rightly points to this long-lasting marriage between the divine, the good and the beautiful.

These ideas became more solemnized later on, however. And though their symbolisms were not uniform, neither across time nor across cultures (or even within cultures), we can see a European and a very distinctively Christian continuum of ugliness being associated with the devil through the centuries preceding the nineteenth. Eco (2011: 210-212) asserts that in the European and New England witch hunts between the sixteenth and the eighteenth centuries “not only in the Catholic world but the Protestant world [...] many victims of the stake were accused of witchcraft because they were ugly”. Susan Kord notes how in the eighteenth-century – the “Age of Reason” – believers in witchcraft in Bavaria and other Germanic lands looked for the “unmistakable” sign of the evil eye in women who had “rolling eyes, doubled or lengthy pupils (cat eyes), red or inflamed eyes, dry (unweeping) eyes, droopy eyes, bushy eyebrows, cataracts, one-eyed or cross-eyed women (2008: 64). And from antiquity to the twentieth century, if only via the wide transmission of artworks and the abundance (and reprocessing) of specific themes in European art, the image of the witch and the monster has stayed with us, still haunting us. At a subconscious level perhaps, in most women’s minds lies the lurking image of the witch, spreading fear and associating old age with ‘burning at the stake’. But the stake today is metaphorical, and it stands for exclusion. “*Hália*” mirrors these ingrained social notions. “*Hália*” epitomizes the onset of anxiety that comes with the foresight and anticipation of decay, and exclusion.

Izquierdo (2009: 76) notes how modern Western society exhibits a widespread revulsion with death and decay, as opposed to the Amazon’s Matsigenka, for whom old age is perceived quite differently. For the Matsigenka, old age is *gatavaigetagantsi*, which translates literally as “to be done, to be satisfied with one’s life” implying a sense of completion and fulfilment that contrasts with Western notions of old age as decay and decrepitude (Izquierdo 2009: 76). This conception might be seen to overlap with the ancient Greek notion of *olviótita* mentioned above – a kind of completeness that comes from having lived a full and respected life, a life that was true to one’s communal values.

In the modern West, according to Philippe Ariès (1974), death became transformed, from being something familiar into something forbidden. Ariès calls the late nineteenth and the twentieth centuries times of ‘the forbidden death’, whereby death became increasingly shameful and taboo. “Society no longer observes a pause; the disappearance of an individual no longer affects its continuity. Everything in town goes on as if nobody died

anymore”, he writes (1981: 106-7). According to Ariès, we still live in a time in which death is avoided and suppressed, and mourning or intense emotion concerning a deceased member is considered hysterical and morbid (1981: 109). “Death and mourning are treated with much the same prudery as the sexual impulses were a century ago [i.e. in the nineteenth century]”, wrote Geoffrey Gorer (Ariès, 1981: 109). Health, happiness, modernity, wellbeing, are all achieved when one denies, locks away, suffers silently, and keeps silent about death. One needs to “move on” from death. And, for Ariès, two particular social currents firmly placed ‘death’ in the realm of taboo: one results from a shift in how the dying body was treated in the modern era (removed from the home, and placed in hospital); the other was the emphasis placed on the idea that life should be celebrated, an idea already brewing since the eighteenth century in America. These developments saw the increasingly potent understanding of death as not just an ‘end’, but as the opposite of life; and if life is meant to be ‘happy’, then death signalled the end of happiness; it became synonymic with the ‘ultimate’ *unhappiness*. Consequentially, ageing bodies became the warning signs of this sad and unwanted ending; they have been turned into beacons of death.

Other processes around the early modern period, however, may have aided in the rise of a culture of youth (directly or indirectly so), leading to the shaping of today’s phenomenon of ‘ageism’—a kind of racism that defines our negative presumptions and attitudes towards the aged body (de Beauvoir, 1970; Featherstone and Hepworth 1991; Kinnunen, 2010). According to Bill Bytheway, the very rise and centrality of counting one’s age is coterminous to the rise of modern industrialism; hence the concept of ‘age’ itself is contemporary to the processes mentioned above (the rise of ‘happiness’, and the demise of ‘death’). Bytheway asserts that a growing number of the English population knew their age in the eighteenth and nineteenth centuries (2005: 363), a pressure which came from lawyers, bureaucrats and legislators (Ibid.), who demanded precise ages for a cumulative number of official records, civil rights and duties (Thomas, 1976: 207). It was in this period that society saw a germane increase in the celebration of birthdays which, according to Bytheway, became a grand affair especially in American society, along with the marketing of birth-related accoutrements, such as cake, candles, balloons, and gifts—now a globalized practice. And, exigently, the birthday event, though repeated every year in seemingly ‘harmless’, ‘innocent’ and unchanging manner, nevertheless started being *counted*. A birthday started to matter, for it counts as a milestone (Bytheway, 2005: 364), marking not only the passage of time but man’s finite years (Ibid.), which explains why so many people, as they ‘age’, and even though birthdays are supposed to be ‘happy events’,

get pensive and melancholy on their birthdays. Finally, birthdays teach us that our age is not just a number, but an identity (Bytheway, 2005: 365). We are taught to *belong* to age groups which carry social meanings about our character, our goals, our health. As Bytheway describes, a child exclaiming “I am four!” does not only tell us their age, but provides us with information about what kind of behavior the child *ought* to exhibit. Hence age is experienced and embodied as more of an identity carrying a multitude of implications and meanings, and less than “just a number”.

In the post-industrial context, things get slightly more complicated, but also more interesting when it comes to matters of age. “Due to de-institutionalization and de-differentiation of the life course, age-specific roles that characterized the industrial age are no longer suitable”, Featherstone and Hepworth posit (1991: 371). Today rather sees a push for a more “uni-age style”, where there is an increasing overlap between pursuits and activities, even modes of representation, of parents and children, adults and the elderly. Additionally, the current image of ageing is “enlivened by heroes and heroines who vigorously deny the relevance of age-graded statuses” (1991: 372-3). Here one can think of the examples of Jane Fonda, Joan Collins and Cher, or even Woody Allen – individuals who are in or past retirement age but “continue to deny the need to slow down, to rest, to take the back-seat responses traditionally associated with old age” (ibid.). In postmodernity, chronological age is discarded as a metric, and how a person *feels* becomes more important (Featherstone and Hepworth, 1991: 373). Adult life, then, is a process no longer made up of a “predetermined series of stages of growth” (ibid.), but is increasingly understood as a bumpy path with windings, leaps, turns, and countless crossings (Berg and Gadow 1978: 89).

In the view of some scholars, this is not a positive development. Instead of reading in this shift the collapse of more hierarchical structures and the opening up of a more ‘age fluid’ society, they paint a picture in which the elderly scramble over increasingly limited resources inside a late capitalist world which demands a “high level of cognitive, emotional and biological development before human beings are treated as accredited persons” (Featherstone and Hepworth, 1991: 374). “If the process of becoming an acceptable human being is dependent upon those developments, the loss of cognitive and other social skills produces the danger of social unacceptability, unemployability and being labelled as less than fully human” (ibid.), therefore it pushes older individuals to engage with a variety of techniques in order to “pass” (Gilman, 1999a) as younger ones. In order to conceal potential incapability and vulnerability and other desires or needs that are deemed ‘inappropriate’ for

old age, the authors contend that elderly individuals thus conceal, or *mask* these, in order to avoid stigma.

### The mask of age

Echoing the opening vignette, of my informant Areti, Featherstone and Hepworth quote J. B. Priestly, an actor who wrote about his own dissociation experience when looking at his aged appearance in reflected surfaces:

“It is as though, walking down Shaftesbury Avenue as a fairly young man, I was suddenly kidnapped, rushed into the theatre and made to don the grey hair, the wrinkles and other attributes of age, then wheeled on stage.” (Featherstone and Hepworth, 1991: 379).

This process of ‘dissociation’ Featherstone and Hepworth name ‘the mask of ageing’ (1991) – a mask, or disguise, of ageing, which has “trapped” individuals who feel young behind the façade of old age. Psychological research suggests that many older people can feel young ‘on the inside’ and yet experience themselves as trapped by an ‘external’ old, aged figure that does not represent ‘who they are’. Or, as one of Taina Kinnunen’s informants is quoted to say, “my face communicates something which I do not wish to communicate”, (2010: 261). In order, then, to forego such inconsistency between ‘inner’ and ‘outer’ as perceived by others, individuals choose to change the outer appearance to better ‘match’ their interior world. This way, they *communicate* to others how *they* feel about *themselves*.

Kinnunen, who writes about cosmetic surgery in Finland, underlines that ageist stereotypes and an Americanized ideal of the ‘happy’ and ‘positive’ individual have replaced the more traditional “melancholic Finnish body” (2010: 258), which leads many women above the age of fifty to pursue cosmetic surgery. (And, according to Pirjo Nikander, the age of fifty in Finland is considered a major life event, which may bring about a “self-inflicted ageism” [2002: 214]). She notes how, for some, cosmetic surgery offers a ‘way out’ of such ill-fitting, ageist, and excluding stereotypes, making surgery “a technological solution to social and ageist pressures” (2010: 259). Cosmetic surgery ‘matches’ their inner world with their outer appearance more closely, as most informants describe, and is seen as a ‘way out’ from an ageist dreadlock. This ‘way out’ transfers these individuals from a negative group to a positive one, thus alleviating the sufferers from social stigma. This process, called ‘passing’, is also described by Gilman (1999a), who describes the need for many Jews



historically to undergo cosmetic surgery in order to change particular physical characteristics (such as the circumcised penis, or the 'Jewish nose') so that they could *pass* as Germans in an increasingly hostile and anti-Semitic German society in the late nineteenth and early twentieth centuries, prior to the official rise of Nazi anti-Semitism.

"It's like, one day, you wake up, and people treat you differently based on how you look.... Like you are a different person!" Alicia, a seventy-year-old patient of Dr. Mina's told me during our semi-structured interview. "But I exercise three hours a day, closely follow football – especially the Champions League – and I paint. I work more than eight hours a day on all this... so why should I be differentiated by everyone else just because I have wrinkles on my face and because of an official document stating I was born in the year X?"

Laura Clarke (2001) maintains that one of the major problems in the prominence of 'ageism' in Western society, and our shortcomings in dealing with these challenges, is how scant research is on how 'old age' is truly experienced. A famous experiment carried out in the 1980s, by a woman named Pat Moore (described in Featherstone and Hepworth, 1991), who disguised herself as an old woman in order to observe the attitudes towards old women in the USA, revealed that attitudes towards ageing, even in our postmodern societies, which are increasingly believed to be 'ageless' or 'uni-age', are fierce and "brutal". Her account describes how she was traumatized by this experiment, for she experienced quotidian stigmatization and exploitative behaviour on the street. As a result of this failure to understand and adeptly research old age, "a lot of ... researchers find that the elderly have been lying to them. Telling them what they think they want to hear and not the truth" (Featherstone and Hepworth, 1991: 378), which can be seen as yet another technique of blending in, fitting in, passing as younger, and thus reversing the 'mask of ageing'. Reversing the mask, or employing techniques in order to 'pass' as younger, is a way to "strike a balance" between the external stereotypes of age-appropriate behaviour and subjective experiences of the self (Ibid.).

Like Featherstone and Hepworth, I do not see these processes as only resulting from capitalist, social pressures to 'remain active' or otherwise perish, but rather as coming from a desire of certain individuals to refuse to embody the kind of attributes stereotypically associated with old age, such as frailty, powerlessness, and other cognitive and physical disabilities. If "modern medicine has equated old age with deformity, deficiency and disease" (Kinnunen, 2010: 264; after Gilman), then acquiring a younger status means no longer belonging firmly to the deficient group, therefore being treated more equally with others. It moreover points to a need for the social sciences to delve deeper into first-hand

experiences of old age. Scholarly neglect of how old age is truly experienced highlights how 'elderly life' might be a lot more animated and complex than society portrays. Many elderly individuals, Featherstone and Hepworth cite, refuse to go to retirement homes because they wish to retain a certain amount of independence, keep their own apartment in order to be free to drink, eat as they please, have sex, and otherwise 'bend' the rules associated with old age. Their choice often involves physical risk, as getting hurt inside the apartment (by, for instance, falling down and breaking a bone), is a real possibility, but their desire to retain their independence and self-sufficiency (or, one's *integrity*, as many of my own informants cited) was more important.

## Chapter 4

### *The medicalization of beauty*

My first impression of the Phoenix Beauty Medical Center was that of a very busy workplace filled with women. The branch that I visited, part of a large chain of beauty/medical institutes, was inside a multi-storey building located near the metro in a working-class neighbourhood, which I will name Korini.

At reception, three young women wearing a shirt with the chain's logo were talking on the telephone. On their eyelids shined electric blue eye shadow, and on their lips a bright tone of fuchsia. One of them signalled for me to take a seat until her telephone call was over. Behind the girls, in big lettering, was written on the wall:

“BEAUTY IS A SCIENCE”

In a few minutes, the woman waved for me to go to the front desk. She asked if I had an appointment, to which I replied yes and gave my name. She then made another call, informing the centre's assistant manager that I had arrived.

“Mrs. Tellou is ready to see you”, she said, and led me to a door a few meters down the hallway, which opened to a small booth with brightly coloured and very thin orange walls that didn't go all the way up, but stopped a few centimetres below the ceiling. I could hear everything that went on outside the room, especially what was being said next door, as well as the sounds from the street, the telephones at reception ringing, and customers talking with the staff. The environment felt rather loud and disorienting, especially when compared to the quietness and sense of privacy and confidentiality at Dr. Mina's practice.

“My colleague, Anna, whom you spoke with on the phone, has briefed me about your interest,” Mrs. Tellou said, offering me a seat and asking if I'd like some coffee. “I'd be happy to show you around the premises. I was also informed you are interested in observing some of the treatments we do here? That is perfectly fine. But, first of all, we would like to offer *you* a treatment, for free. That way, you can experience first-hand what it's like to do something here”.

I was slightly taken aback by the offer, and I stuttered that I am grateful, but not interested.

“Please, I insist,” she replied. “You can try something simple. We have all sorts of beautification and anti-ageing treatments here. We offer a wide range of therapies for the

body, and the face: fat-burning machines, HIFU<sup>25</sup> – our latest technology – massages, Botox, fillers, anything you like.”

“How about a facial? I’d rather do something simple...”, I replied. “Is it possible?”

“Perfect! I’ll book a facial for you right now. But first, I’ll give you a tour. When you’re done with your coffee, we can begin.”

She started the tour by opening the door to each room on the ground floor.

“The ground level is all body: slimming machines, nutritionists, special massages, and our newest addition, a machine which we call ‘the predictor of diseases’.”

“What is that?” I asked.

“It works with electromagnetic energy, it’s very cool,” she replied. “Not all doctors trust it, but from my experience... I do trust it. It can locate if you have a propensity for diabetes and heart disease, things like that... It’s not very popular yet, but we are testing its popularity with patients. You see, we imagine this place as not being just about beauty; we approach beauty scientifically, medically... we want bodies to not just look good, but to be healthy”.

She opened door after door, and in each room half-naked people, usually only wearing their underwear, were stretched out on either white beds or machine surfaces, with the head facing away from the door. In all the rooms, standing above the customers’ bodies (here they were called customers, not patients) were members of staff wearing white coats, even though many were not doctors. Generally speaking, the sense that privacy did not really exist in this centre was overpowering. But I wasn’t sure if everyone noticed, or if it was my personal impression, being used as I was to the more secluded spaces at Dr. Mina’s practice.

Then, Mrs. Tellou and I made our way to the first floor by climbing a short flight of steps. The ceiling was much lower than downstairs.

“This level is all about the face”, she told me. “Fillers, Botox, chemical peels, facials, skin tightening, makeup, etcetera.”

“Do doctors perform these?” I asked.

“Botox and fillers are done by doctors. The rest is done by trained and specialized staff – beauty and skin professionals”.

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<sup>25</sup> (High Intensity Focused Ultrasound), used for face lifts primarily, as it tightens the skin.

We crossed a narrow corridor filled with doors opening into little rooms in which injections (fillers, usually) were performed on different customers, which then led to a very large, open-plan room with several reclining chairs.

“Here, Ms. Liakounakou, is where you will get your facial. I’ve arranged for you to do it now. Afterwards, we’ll continue the tour. Come and find me in my office downstairs when you’re ready. Take a seat in this chair [she pointed to one in the middle of the room] and our specialist, Stelios, will be with you in a minute”.

In just a few seconds, Stelios came. He was a handsome man aged around thirty. Exceedingly friendly, he placed his hand on my shoulder, and requested that I first go to a small changing room at the corner of the vast space, remove my shirt, cover myself with one of the towels available inside the room, and come back outside. “We don’t want your clothes to stain”, he added.

I went to the changing room (whose curtain barely concealed me while taking off my shirt), wrapped a towel around my torso, and went out back to my station. Stelios reclined the chair so that my face was a little above his lap and started looking intently at the skin on my face. He wetted a cotton pad and rubbed it softly against my face, and then used two different products to further remove dirt and clear the pores. Afterwards, he brought a thick, white, wireless mask, made from a material similar to plastic.

“This mask responds to the type of skin of each individual. Your skin, since it is sensitive, will make the mask turn to a light purple colour. It’s really fun, I hope you enjoy it. Its purpose is to relax the skin, and to open the pores. You’ll need to sit with it for at least fifteen minutes”.

Sitting with the mask on my face, I envisioned its purple light and let my thoughts wander. I realized that this institute had effectively turned me from an observer to a participant observer (with the hope of enticing me to become a potential customer?) and had allowed me to examine my field from a new perspective. The mask, admittedly, felt very good against the skin, and the light created a warmth which was relaxing. This kind of wireless, high-tech mask which attuned to one’s skin type was something I had neither seen nor experienced before, and I undeniably felt that I was doing something quite out of the ordinary, which felt *good*. There was something rather (sci-)fictional about the mask which changed colours, and the fact that this whole institute was more reminiscent of a highly technological and depersonalized human factory than a personalized, private medical practice felt both disturbing and somewhat liberating, because everyone was treated quite impersonally but in a uniform manner. The objectification taking place was so total, so

uniform and so systematized, that it became ‘unmasked’. It did not feel either ‘wrong’ or ‘right’ – just ‘the way things get done’ at this particular place.

I then overheard an elderly woman in the room complaining loudly to a member of staff:

“How come when I come here I feel wonderful, and two hours later, when I’m back home, I feel like shit?”. She then laughed loudly.

I couldn’t make out the response of the member of staff, but I could tell it was Stelios speaking. The woman chuckled at his response, and then left. She said goodbye to him using a diminutive: “*Geiá sou [goodbye] Stelako*”. I wondered whether she was complaining in order to attract more attention from him, or if she was expressing something more profound and troubling. Was she conveying that the kind of ‘happiness’ these spaces generate is ephemeral, which faded a few hours later, away from the cosmetic iatreio and its ‘happy’ and buzzing atmosphere? Would she, back in her home, look at the mirror and see herself differently than the face she saw in the mirror held by the staff at the Phoenix?

A few minutes later, Stelios was back in my station. He took off the mask from my face and started rubbing my skin with an exfoliator. He spoke softly, and his moves felt tender, and I couldn’t push away a slight unease that some boundary was being crossed in the way this man handled female customers—tenderly and a little flirtatiously. After that, he massaged the skin and applied a moisturizing mask. He left me for ten more minutes, after which he removed the mask with warm water, and applied a moisturizing cream. When the treatment was complete, he accompanied me to Mrs. Tellou’s office.

“All refreshed now? Your skin glows!”, Mrs. Tellou exclaimed. “Isn’t Stelios great?”

“He is, thank you,” I said, turning to him, smiling and trying to conceal my shyness, since I am not very accustomed to such spaces. He smiled back, lowered his head in a slight bow, and left.

“Let’s go, we still have another floor left! The basement level”.

I followed her to the basement. I could feel the moisturizer glisten on my face, I knew my skin was somewhat red, and I felt my temples and hair roots oily and wet from the facial. I therefore was very aware of the fact that I had succumbed to a treatment, and though it felt good, it perplexed me for it had taken away something; perhaps a certain level of detachment and composure which I determined was needed in order to conduct ‘proper’ fieldwork. I couldn’t kick the feeling that I was caught off guard, and now felt slightly vulnerable and a lot more vigilant. At the same time, I was glad I had switched places from being a mere observer to being a participant, which allowed me to assume and embody the point of view of the patient/customer.

Mrs. Tellou opened the door to a 'faux' kind of lavishly decorated waiting room, lit by a large chandelier, under which were two red velvet sofa chairs. Behind it was another room full of people reclined deeply in chairs, wearing masks like the one I wore a little earlier. Blue, green, purple, yellow and red colours emanated from the masks, and from afar it seemed like a sci-fi film set, or a space-age laboratory.

"This is a new space", Mrs. Tellou explained. This is also where we keep the HIFU. We are expanding because there is no more room upstairs".

She checked if anyone was in the HIFU room. A customer was about to seat herself to begin a treatment. I didn't wish to stay to see the procedure, and asked Mrs. Tellou if I could come back another day to observe more treatments. I felt I needed some time away from the institute in order to regain a sense of control; the stimuli in this space were quite overwhelming. Perhaps, I thought later, I felt uneasy because I was finally 'affected'. Having personally experienced the mystifying and disorienting allure of cosmetic beauty, and having become a customer/patient, was I not 'giving up' a certain safety that comes from observing from a distance? At the same time, I had felt grateful to have relinquished this distance, for I now I found myself at a parallel line, so to speak, with my informants: I, too, had been 'touched' by techniques which were, if not completely irresistible, definitely fascinating. And though I had had facials before, it was the first time I engaged with such treatments while researching cosmetic beauty; therefore, my own positionality towards the field – and towards myself – had shifted tremendously. And I found, much to my surprise, that even though I have been trained to question the worth, meaning, and efficacy of such technologies and to challenge them through anthropological and feminist critical methods, I was still not able to 'resist' their allure. And with this realization came a deeper insight: why should I feel like I have to resist them? What I seek is to *understand* the ways in which these technologies work; and this encounter allowed me to get a step closer to doing just so. Therefore, the initial unease, and potentially underlying guilt that pervaded me for having enjoyed the simple facial, slowly evaporated and formed yet another layer – another method – with which to cognize.



This chapter is dedicated to the variety of local (and global) techniques that have succeeded in making cosmeceuticals, Botox especially, hyper-normalized or, as Peta Cook and Angela Dwyer (2017) write, "domesticated". My principal aim is to fathom this level of domestication,

annotate cosmeceuticals' prodigious popularity (inside and outside Greece), and, more ambitiously, contribute to the wider anthropological literature on medicalization. I moreover wish to highlight the ways in which cosmeceuticals have become not only "commodities with social lives" as Edmonds (2010: 23) argues, but a kind of 'person', following Emily Martin's proposition (2006).

I begin by scrutinizing the (aggressive and often very conspicuous) marketing techniques medical beauty institutes like the Phoenix utilize in order to scout for customers, then move on to the subtler methods utilized by pharmaceutical/cosmetic companies to promote their products, the role of plastic surgeons and other doctors, and finally of the media—all of which are enveloped in an expansive network of "scientific research and clinical culture" (Good, 2001: 395) of transnational character, which "envelopes physicians, patients, and public in a 'biotechnical embrace'" (Good, 2001: 397), drawing in and successfully enfolding a fast-growing number of humans. This biotechnical embrace, I maintain, has dilated itself to incorporate other realms, such as beauty, creating a new kind of embrace: the 'beamedical' embrace. Like Mrs. Tellou expressed, much of medicine is encompassing beauty in a kind of totalizing embrace that aims to streamline health along the lines of beauty, and which will conjoin beauty and health into a common, single goal.

### Medicalization and the beamedical embrace

Since the 1970s, a field of enquiry that may loosely be termed 'the medicalization critique' (Lupton, 1997) has occupied a dedicated arm of sociology and anthropology and deals with the interaction between medicine and society. Much of this work has been inspired by Foucauldian insights on surveillance, health, disease, and biopolitics<sup>26</sup> to the extent that we can now talk about a global "empire of medicine" (Fassin, 2011: 85)—a scientific discourse that has amassed measureless power and influence (Lupton, 1997: 95) or, as Seremetakis posits, a "contemporary medicinal eye that divides the body into the normal and the pathological" (2001: 117).

Clarke (2014: 49) locates medical expansion via the following five particular processes: (1) major political economic shifts; (2) a new focus on health, risk, and

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<sup>26</sup> Nevertheless, some scholars have alerted to the fact that Foucault's work has been "packaged", simplified and even perhaps misrepresented (Bunton and Petersen, 1997: 2). Deborah Lupton states that the "Foucauldian perspective articulates a more complex notion of the role played by medicine in contemporary Western society [than] what is generally put forward by proponents of the orthodox medicalisation critique", adding that his "*oeuvre* itself encompassed a number of shifts and inconsistencies over time" (1997: 94).



surveillance; (3) the technoscientization of biomedicine; (4) transformations of biomedical knowledges; and (5) transformations of bodies and identities. And by more recently expanding the medicalization critique, several scholars have meditated on the advent of the age of the techno-human (Allenby and Sarewitz, 2011) and/or the formation of a hybrid (post)humanity. Edwards, Harvey and Wade (2010) focus on the effects that visualization and imaging technologies have had on ways the human body is perceived, and its potential re-imagination, arguing that we are witnessing a matchless change in the ways in which 'western' subjectivity, personhood and being-in-the-world are understood (2010: 3).

This section is not about whether medicalization has taken place. I find myself in agreement with Didier Fassin on that medicalization is a "fact beyond dispute" (2011: 85), therefore my aim is to explore new forms of medicalization, by building on existing literature to demonstrate that medicalization is 'spilling over' into new dominions, such as beauty and sex. Today, beauty is embraced by, 'explained' by and increasingly understood according to medical science, but medical science is also fused with the aesthetic and the concept of the *image*. Meredith Jones puts it very succinctly when she writes that today "skins and screens [...] are merging" (2017: 29). It used to be that contact with pharmaceuticals was only called for when life was threatened but, as Alexander Edmonds and Emilia Sanabria conclude (2014), medical practices and pharmaceuticals are increasingly becoming integrated into beautification and 'enhancement' regimes.

Edmonds and Sanabria study the increasing entanglement of aesthetic "enhancement" and health care. Bringing together their respective studies on plastic surgery and sex hormone therapies in Brazil, they observe that there is a clinical overlap between the two fields, "as a means of intervening in, or optimizing, women's reproductive and sexual health and well-being" (Ibid., 203). They additionally argue that both these fields are normalized and "morally authorized as routine ways of managing women's health [... as they] are often merged with cosmetic and hygienic regimes of *cuidar-se* (self-care) seen as essential for modern femininity" (Ibid.). Likewise, Paul Flowers's work on the biomedicalization of the penis demonstrates that whereas in the past "medical discourse focused primarily upon the 'traditional' functionality of the penis", there now "appears the emergence of a new penile discourse, a penile aesthetic that focuses upon penile appearance as much as function" (2013: 121). There is a similar, perhaps even greater, hype surrounding the appearance of the vagina, which has led to the proliferation of the 'designer vagina' whereby the skin is cosmetically/medically manipulated or remodelled, in order to reproduce the shapes and sizes promoted by popular, sexualized culture. Many have accused the porn industry and the Internet (Giussy et al, 2017) for invigorating an

obsession with the vagina in order to “fit male masturbation fantasies” (Jenkins, 2006), but Jones writes how the whole of the contemporary human body and the media are *commingled*, to the degree that “alterations made using Photoshop compared to those using scalpels are indistinguishable to most viewers” (2017: 30). We inhabit a world “*made up of images*” (Jones, 2017; emphasis in original), in which bodies become images, and images become bodies. Medicine, beauty, technology, and science all seem to be working towards a common goal—an increasingly attainable desire for ‘perfection’. I revisit this desire in the last chapter.

This fusion between beauty and health is also evident in a new type of pharmacy that proliferates across Greece’s cities. Combining the cosmetics store and the more traditional chemist, it has a designer façade, a bounteous stock of ‘dermocosmetics’ (creams, serums, gels, balms), and houses a ‘dermo-specialist’ who promotes particular products to customers who enter the pharmacy and happen to browse the dermocosmetic section. By observing the advertising used in these new pharmacies, one notices how dermocosmetics borrow cosmetic-medical imagery in order to compete with a market which is increasingly satiated with medical – and especially *cosmeceutical* – symbolism. For instance, see fig. 11 and 12, both picturing huge advertisements, plastered on walls and windows of pharmacies in downtown Athens. The product advertised in fig. 11, *Fillerina*, is a “filling serum” (put more simply, a moisturizer), yet its design copies that of a hyaluronic filler. The use of a young woman’s face with arrows and legends showing which areas the product tackles is typical of the imagery utilized in the marketing of Botox and fillers. Only two very small details in this ad give away, after careful monitoring, that this product is not a cosmeceutical: the tip of the bottle, which emulates a needle (but is sizably plumper than an actual needle and slants to the left), and a little circle at the bottom right corner that explains this is *not* an injectable product. But, as the owner of this particular pharmacy rationalized, “although this is just a cream.... I’ve noticed this ad brings people in because many want to try Botox and fillers, but they are afraid of needles, or they don’t have enough money to begin Botox. So, this has attracted a lot of attention”.

Cosmetology has merged with medicine, hence “the line separating beauty practice from medicine has become blurred” (Emran, 2016: 218), and there exists a rapidly developing field of ‘cosmetic dermatology’ which is replacing simple dermatology (Ibid.). Enhancing beauty and seeking an improved appearance is now not only an important part of the physician’s job, “but it is actually replacing the pursuit of health in certain fields” (Ibid., 219). Fuelling this fusion is an “exponential explosion” (Flowers, 2013: 122) of anxieties regarding the human body, its appearance, functionality and performance, which in turn

medicine offers to treat. These concerns become habitual and routine, and link to the wider ways in which we come to understand our bodies and our lives (Clarke, 2014). They affect the way in which we perceive and value consumption, our relationship to ‘nature’, and our own and other humans’ bodies. This cumulative interweaving of beauty and medicine does not only arouse desire or generate needs; it also taps into the dreams, the fears, and the imaginaries of humans (desires, fears and fantasies which I attempted to explain in the chapters leading to this one, but which I advance with a section on ‘dreams’, below).



Figure 11: Advertisement for *Fillerina*, on pharmacy's window. (Photo by the author)



Figure 12: Advertisement for a cosmetics brand on pharmacy's wall. (Photo by the author)

Pitts-Taylor sees in such processes a contemporary shift towards 'cosmetic wellness', which signifies "not only what feminists have critiqued as the medicalization of beauty but also a much broader shift toward lifestyle medicine" (2007: 28). This, she writes, is a steady transition from a biomedical model towards a biopsychosocial model, "which enlarges our interest in health to increasingly include its social and psychic aspects" (Ibid.). This means that, beyond health and beauty, a culture of cosmetic wellness turns humans into a sort of consumer-patient, who scouts for the "latest health research", the latest best "preventative measure" (vitamins, supplements, etc.), and who assumes a greater degree of responsibility when engaging with doctors and medical staff (Ibid.). We purchase an array of substances and/or practices that promise to make our lives 'better' and 'healthier', ranging from healthy foods to exercise such as yoga, and from dietary supplements to digital apps that help us sleep, relax, and concentrate. It requires the careful monitoring of the

body, an ideology which has given birth to a whole new market – the ‘healthy-living’ aisle or ‘wellness’ market – which expands the biomedical embrace into the most mundane crevices of everyday life. And, inside a culture of cosmetic wellness, the individual can imagine the self as *better* and more in control of the course of life: better looks, better life, better performance, better health, better psychology.

“Here, my girl, we sell the dream”

A few months after my first visit to the Phoenix Beauty Medical Centre, I met a rheumatologist, Rania, who had worked for three years at a medical beauty institute quite similar to the Phoenix. She had been the medical supervisor of the institute, meaning that all patients/customers passed through her for initial screening and health monitoring. I interviewed her for more than two hours, during which she gave me penetrating information about ‘the culture’ of beauty/medical institutes, information which was speckled with brash critique:

“In these institutes – I call them *kotétsia* (hen houses) because in them you see lots of *kótes*<sup>27</sup> – everything works according to a very specific plan. They have very aggressive marketing tactics. They ‘fish’ for customers, via giving out coupons on the street or, more often, through the telephone... They randomly call people’s phones and offer special *pakéta* (packages) in order to ‘hook’ them. When you go there, they make you feel like rubbish... like you definitely need an improvement. These women are expert saleswomen, they manipulate customers, with phrases like ‘how did you let yourself reach this stage? Do you not care about your body? Don’t wrinkles bother you, such a beautiful girl...?’ – things like that. And if they catch you at a vulnerable moment... you’re in trouble! I’ve also seen people with very clear signs of depression come in. Actually, I didn’t feel good working there at all. I am glad I no longer need to put up with it.”

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<sup>27</sup> A *kóta* (hen) is a derogatory name for women. It packages negative qualities, like being small-minded, conformed, perhaps loud and hysterical, and a disturbance to others. The way Rania talks about ‘hens’ suggests that she considers them also superficial and stupid, involved in ‘meaningless’ activities. When a male is called *kóta*, on the other hand, it means coward (like the English ‘chicken’).

Rania then explained how the process continues. When a customer gets ‘tied down’ (when he/she has signed a contract of consecutive treatments, and agreed to pay via credit card, usually in instalments), the centre’s approach changes completely:

“When you have signed for a treatment, they treat you very differently... like a king or a queen. They bring you coffee, they make compliments, they might even touch you slightly, to make it feel like you are desired... they have men do that to female customers, and women to male customers. This way, you want to come back again and again, to feel good. The staff undergoes intense training to achieve this level of mastery, and they each get a bonus for ‘hooking’ customers”.

When Rania explained this process, I thought that, perhaps, some of these tactics may have been implemented on me at the Phoenix. I told her about my experience, and she gave a smile of repugnancy but which also seemed to say, “see?”.

Then, she said:

“You know what the manager told me when she hired me? She said, *edó kopéla mou, pouláme to óneiro...* [here, my girl, we sell the dream]... Many people who come to these places are poor. The centres are in poor neighbourhoods, though they try to expand to middle-class areas. And it’s not just women; many men go to these places. They [the Phoenix] don’t care if it’s a man or a woman, as long as it is a desperate, insecure, and vulnerable individual. [...] One time, a woman who came in had recently lost her daughter to suicide.... Can you imagine that? Or some very old men come in, with the hope of finding a younger woman... and young women come in, because they are looking for ‘men-sponsors’. [...] So, some people come with a particular dream or goal in mind, perhaps. Other times, in there, people feel like they escape reality. Like there is hope. They spend to feel good, and to be pampered. It is a perverse kind of psychotherapy, which the institutes manipulate very successfully...”.



The Phoenix and other such semi-medical beauty chains have evolved from an earlier kind of beauty institute, a kind which turned around huge profits in the 1990s. These were



competitive *kéntra adynatísmatos* (slimming centres), offering slimming services via the use of ‘fat-burning’ machines and diet programmes, and later became notorious for exploiting people. *Mas klévoun* (they steal from us), many people would complain about these centres, after they quickly gained the kilos they had lost. Seremetakis (2001: 121) saw, in these early slimming centres, the workings of a “human factory”, underlining that they should be more properly called *adynatistiria* (*adynatisma* means losing weight), for they reminded her of the *apoprasinistira*, the fruit and vegetable factories, “where food arrives green and comes out next morning red and ripe as a result of accelerating chemical procedures” (Ibid.).

As bad reputation caught up with them, many of these chains closed down at the turn of the millennium, but a new kind of centre reincarnated itself in their place—the ‘beauty-medical’ institute. The evolved version is not merely a place to slim down but to tackle ugliness altogether, and with the backing of new and improved medical science. During financial crisis, these centres become slightly ambiguous in ethical terms, because they are seen to exploit a largely desperate, poor, and depressed population, and this is why Rania expressed such anger about this kind of facility.

The medical-beauty institute utilizes many of the same techniques of its predecessor, the slimming centre, to attract new customers. Its aggressive marketing and emotional manipulation is easily noticeable, while less pronounced moves, such as its targeting of the poor and/or marginal, are subtler. More recently, these institutes have branched out by utilizing new and largely effortless advertising outlets, such as social media. (My own Instagram feed, based on my search history, is now filled with ads for institutes offering Botox, fillers and a range of slimming treatments). Social media provide an easy and very powerful avenue via which beauty-medical institutes advertise themselves. Facebook is a platform where the Phoenix announces its frequent promotional events, special competitions and giveaways, luring customers to “win” treatments for “free”. And though, according to Rania, the street-flyer and telephone ‘fishing’ techniques are still the most successful way of attracting customers, social media platforms are increasingly becoming a very important avenue for the company’s visibility.

Nevertheless, their presence on social media also places more pressure on such institutes to maintain a higher level of customer satisfaction. Social media platforms – which were built with the philosophy of ‘connecting’ and ‘sharing’ before they became outlets for ‘influencing’ and advertising – still attract many who wish to write a public complaint for other users to see. Facebook forums on which Botox and other cosmeceutical users join to share their negative experiences are increasingly popular, and this applies pressure on centres to provide services that will keep most customers satisfied. At the Phoenix, Mrs. Tellou is

responsible for searching and deleting such bad comments, but, she highlighted, “not immediately. I think it’s important to have a conversation first”. She added that deleting a comment right after it has been posted might be noticed by the person who wrote it, therefore respecting such bad commentary is part of a process of showing responsibility towards customers. “I delete them a day or two days later. I have to. But in this time, many people will have seen the bad comment. So it’s fair... in a way”.

Rania, on the other hand, considers these mere tactics. She takes a polemic approach against beauty institutes, arguing that they are duplicitous, manipulating, hypocritical, and deceptive. For her, a doctor who is not aesthetically inclined (for rheumatology still remains outside the beamedical entanglement), these kinds of services are superficial, and even ‘pathetic’, and she uses derogatory terms to describe the women who work there, while simultaneously painting a portrait of patients/customers as monodimensionally vulnerable, stupid, and fooled. I, on the other hand, do not see beauty institutes in this light. Though they are undeniably well-versed in the business of persuasion and manipulation, I consider the beauty-medical institute – which is in many ways the perfect embodiment of the aforementioned entanglement of health-and-beauty – to be involved in processes already cultivated inside consumer capitalism and a health market which accentuates a need for the aesthetic. Inside a culture of a growing expansion of what Pitts-Taylor (2007) calls ‘cosmetic wellness’, a beauty-medical institute is not an anomaly; on the contrary, it is the perfect embodiment of cosmetic wellness, which is not reserved for just the rich but catering for the masses, therefore widening the scope of the beamedical embrace.

I personally do not see this as a system of deception per se, because – as Good cogently points out – the beamedical, like the biotechnical, envelops virtually everyone in its seductive embrace, it therefore becomes increasingly entangled in the ways we perceive and experience the world. Americans, Mary-Jo Good writes, “invest in the medical imaginary – the many-possibility enterprise – culturally and emotionally, as well as financially. Enthusiasm for medicine’s possibilities arises not necessarily from material products with therapeutic efficacy but through *the production of ideas*, with potential although not yet proven therapeutic efficacy” (2001: 397; emphasis mine). This production of ideas – another phrase for the beamedical embrace – is what renders the drugs not only desired but effective, as they tap into the imaginaries of man and his pursuit for longevity. And because they manifest ideas, hopes and dreams and therefore cushion and counter innate human fears and anxieties, they circulate amongst society not *just* as texts (Edmonds, 2010: 23), not even as commodities with social lives (Ibid.) or even objects



carrying affect (Ahmed's happy objects); they instead have surpassed the mere object, having developed almost humanlike characteristics, such as the capacity to bolster performance, help relax, beautify, make happy, heal and soothe. Drugs – and now cosmetic drugs – live amongst us, as it were. And, in doing so, they have achieved a level of normalization that is unprecedented. One could go as far as to propose that some of these cosmeceuticals are no longer mere *things* or drugs, but a sort of person, with particular personality characteristics.

### The pharmakon

At a cafeteria at the port of Athens, I overheard a group of women talking about Botox while eating ice cream. One called it *Botoxáki* – a common diminutive Greeks give to human names in order to express affection. (I, for example, get often called Alexaki by family members and close friends).

“What I need now is a *Botoxáki!*”, she said. The others nodded in agreement.

“Me, too! I don't believe in the bad things that are being talked about it, to be honest... It has been good for me”.

In 2009, the US Food and Drug Administration (FDA) required that Allergan, the manufacturer of Botox™, place a 'black box' warning on its packaging, the strongest type of warning for prescription drugs (Mello, 2012: 387). This warning cautions against a “distant spread of toxin effect”, and was a response to a petition led by a consumer organization, which stated that there were nearly one hundred and eighty adverse effects related to botulinum toxin and sixteen reported deaths from 1997 to 2006 (Omprakash and Rajendran, 2008). Furthermore, Baumeister et al (2016) argue that Botox injections can affect emotional stimuli in the brain, and a recent study by Anna Hristova (2016) suggests that toxicity from Botox can cause Impaired Neuronal Communication Syndrome (INCS), resulting in feelings of being “in a fog”, “in a bubble”, or “detached”. Moreover, Hristova suggests, “psychiatric symptoms”, such as severe anxiety, panic attacks, feeling desperate, as well as a “deep feeling that something is wrong” were documented, as were “shortness of breath, arrhythmia, heart racing, palpitations, chest pain, dizziness, dry mouth, dry eyes [...] muscle pain, lack of endurance and fatigue”. Nevertheless, clinical trials of the drug have deemed it safe enough for cosmetic use and, given the fact that the drug was initially (and still is) prescribed to patients facing problems with muscle spasticity, bladder problems and severe migraines (and the dosage for these

particular ailments is much heavier than the cosmetic dosage), it seems that the most pressing question is not whether Botox is safe or dangerous, but *when* it is safe, and *when* it is dangerous. The biggest problem is therefore neither its existence, nor its cosmetic application, but the fact that its widespread popularity increasingly makes it a trusted product beyond doubt, when in fact it can be highly ambivalent (Martin, 2006a) and toxic.

Arguably, Botox is the quintessential *pharmakon*, the way Martin (2001: 274) describes it, based on its high levels of ambivalence. The *pharmakon*, Martin (2006: 274) writes, is an ancient Greek word that can mean both poison and cure. And, contemplating the vast popularity and normalization of the American *pharmakon* inside everyday life, she asks: “How do people keep ambivalence about drugs at bay enough to take them in the massive amounts that have made the pharmaceutical industry so huge and profitable, increasing many-fold in the last decade alone?” (2006a: 274). I investigate this question by looking at Botox in particular.

As stated, the paradox considering Botox’s massive popularity is that it is highly ambivalent, which means that “people surround the same object with two sets of social meanings—one positive and one negative” (Ibid.). Botox carries risk, and can also prove lethal, in rare cases. It is a *pharmakon*, whose closest etymological translation in English today is the word ‘drug’. To accentuate its semantic nuances, I borrow from Derrida’s passage in ‘Plato’s Pharmacy’ (1981:429):

“This *pharmakon*, this ‘medicine’, this philter,” Derrida writes, “which acts as both remedy and poison, already introduces itself into the body of the discourse with all its ambivalence. This charm, this spellbinding virtue, this power of fascination can be – alternately or simultaneously – beneficent or maleficent”. Botox is such an item, and it operates “through seduction” (Derrida, 1981: 429). And because it demonstrates such alluring yet potentially dangerous qualities, I call it the quintessential modern-day *pharmakon*. Consider these highly conflicting descriptions of the drug:

- a) Botox is “derived from a toxin purified from *Clostridium botulinum* [...] considered one of the world’s most deadly potential agents of bioterrorism” (Koons, 2017); it is on the select agent list of the US Center for Disease Control and Prevention and marked as a one of the substances that could pose a severe threat to public, animal or plant health” (Ibid.).
- b) “Although botulinum toxin is life-threatening, small doses — such as those used in the application of Botox — are considered safe. In fact, only 36 cases of adverse effects associated with cosmetic use were reported to the U. S. Food and Drug Administration (FDA) between 1989 and 2003. Thirteen of these cases may have had more to do with an underlying

condition than with the drug itself. With that in mind, some researchers speculate that cosmetic applications may carry less risk than therapeutic Botox injections, as the doses are usually much smaller. [...] the overall risk is minimal, and Botox is considered safe overall” (Hannan, 2018).

Botox is a toxin that paralyzes (and is therefore lethal in high doses), and for this reason its manufacturing process at the lab is guarded in a way that is reminiscent of Hollywood-style thrillers. Cynthia Koons (2017), in an article for Bloomberg Businessweek, describes her visit to Allergan’s lab in California as follows:

“The initial entryway is fitted with keycard-activated doors, beyond which are more doors guarded by PIN pads, followed by still more keycard entry points and more PIN pads. There are only a few people at work or walking around. Deep inside, behind double-paned windows, are still more glass barriers and, finally, metal-enclosed workstations. Everything is under video surveillance. All activity is measured and monitored. Guards watch the comings and goings from a room filled with banks of screens.”

[...]

“Allergan must account [...] if even a speck of the toxin goes missing, and when it’s sent to Allergan’s manufacturing facility in Ireland, its travels bring to mind a presidential Secret Service operation—minus literally all of the public attention”.

Modern Greeks have embraced Botox in ways that may seem quite paradoxical, given how resistant they have been to some other drugs, like contraceptives (Halkias, 2004; Paxson, 2004). Many Greek women embrace cosmeceuticals without much inhibition and, generally speaking, the shortcomings, failures, and negative side-effects attributed to cosmeceuticals have not fully caught up with the drugs’ reputation. Even though it is ambivalent, even potentially dangerous and toxic, and because it is shrouded in mystery and secrecy, it becomes an even more sought-after and alluring product. Take Koons’s descriptions, for instance: instead of making the drug appear repulsive, they stimulate a certain magical charm that arouses one’s curiosity. It shrouds the drug in a mystery that is tempting, even prohibitive. Therefore, even though Botox may be ‘familiarized’, ‘normalized’ and ‘domesticated’ (fig. 10), as so many scholars argue, I maintain that it remains attractive, because it is never *too* familiar.

“Botox has an agentic presence [and an *enigmatic* presence, I add] that appears in the cosmetic surgery world somewhat independently of patients, clinics or doctors” (Jones 2008: 75). We could thus assert, following Martin, that it is “both [...] a kind of living person” and at the same time “an inanimate object” (2006a: 274). This was corroborated through my own research, when I often got the sense that people were talking about Botox as if it

were a 'being', with qualities quite mysterious, yet with a widespread fame which has superseded it. It is a kind of celebrity. The woman I quote earlier expressed how "she doesn't believe in the bad things said about it", as if she was defending the fame of an esteemed person. For her, Botox is misunderstood, perhaps in the manner that "difficult people" (who some may label "toxic people") often get misunderstood. "It has been good for me," she added, and her sentence may also read as "It has been good *to me*" – pointing towards a certain level of affective intensity and a 'bond' that may form between an drug and a person. Botox has therefore become socially embedded in ways that are quite remarkable, calling for a profounder inquiry into how it affects and gets passed around, its key paradox being how it is shrouded in enigma but simultaneously appears to be highly familiar and 'domestic'.



Figure 10: Article in UK Cosmopolitan, May 2019 (Photo by the author)

One day, I witnessed a fainting episode (the second in total) at Dr. Mina's. Lora, a young woman, aged twenty-six, came in to get hyaluronic fillers to slightly enlarge her lips. The injections were painful, as I could tell from her squinting expressions and her gasps for air, but she seemed content with the outcome. After the procedure was complete, however, she collapsed on the chair. Mina quickly brought her back to her senses and – as had happened again in the past – she shouted the woman's name and slapped her cheeks to wake her up. When the patient regained consciousness, she had forgotten where she was and mumbled something that didn't make sense to us, but soon remembered who we were and sat up straight, still feeling dizzy, with a lingering feeling of disorientation and confusion

about what had happened to her. The doctor explained that she had fainted, and treated her with orange juice and some crackers, and quieted her by telling that fainting is common, especially if one has an underlying fear of needles.

Later, I asked Dr. Mina if it could have been the product (the fillers) instead of the potential fear of needles that instigated loss of consciousness in Lora, but she insisted that it was due to a psychological reaction, or perhaps low blood pressure; “stress, pain, and a possible fear of needles are all common causes for loss of consciousness”, she explained. Nevertheless, I was slightly shaken by the fainting episode that I witnessed (again), and decided to conduct an Internet search about negative and dangerous side effects of Botox and hyaluronic fillers—in case I found any explicit link between fainting and cosmeceutical use. I was led to several online forums and support groups, including one named “Botox Almost Killed Me”, in which patients with adverse side effects exchanged information and experiences, stating how they suffered from toxicity or ‘botulism’, though medical proof for these side effects was not always offered. Most posts in these forums were meant to offer advice or share stories of suffering related to Botox use, and some members discussed mental health issues that they claimed resulted from their toxic ordeals; others offered advice and tips to other members on what to try to ‘detox’ from the drug. A few were discussing possible avenues for legal action. These sufferers used words such as “poison” to describe Botox, and they also used such terms for fillers, which are not officially considered drugs, but are classified as ‘cosmetics’. Many of these sufferers very frequently lamented the loss of their former selves, calling themselves “naïve” and “stupid” to have wanted to inject themselves “with poison” in the first place.

After these online searches, I also tried to find Greek sources and support groups that may have posted similar complaints. I also sent out emails to colleagues and friends asking to speak to individuals who had suffered negative side effects, but only received two responses. One was from a woman who stated she had intense headaches, but which she had managed to overcome, and another was from a young informant who narrated her negative experience with fillers at a beauty-medical institute which caused her intense swelling on the upper lip. The swelling, however, went away quickly, as she said, and she had no symptoms whatsoever after it subsided. Yet this lack of negative feedback led me to ask the following question: Apart from a widespread allure and familiarity that surrounds cosmeceuticals, via what other techniques does the inherent ambivalence of such drugs get mollified in Greek medical and popular discourse? Why, contrary to the contraceptive pill which is feared and highly distrusted do Greek women respond so well to Botox and fillers, even though some ‘bad stories’ circulate about them? In the preceding chapters, I

connected this allure with imaginaries, fears and fantasies of Greek individuals, and also offered an explanation about how cosmetic medicine gets incorporated into a language of 'care'. Are there any other processes by which cosmeceuticals get legitimized against recurrent 'bad stories' which threaten to tarnish their reputation?

I argue that, contra to the pill, with its 'reformatory' and disciplining in character, pressuring women to conform to birth control when they would rather choose to leave offspring to chance (and if needed, to abort later)<sup>28</sup> – Botox is a drug which encapsulates opposite qualities to the pill. It is not restrictive, but youthful and 'time-reversing', as already developed, and though it can also possess numerous negative side effects, it is touted as a youth 'elixir'. Botox is also often voluntarily taken as a preventative measure (to prevent wrinkles), whereas the pill – also a preventative measure – is largely unwanted *exactly because* it is preventative. Though paradoxical, this contradiction can be explained in the following way: the kind of prevention that Botox achieves (the prevention of ageing – a prevention of decay/death) is a desired prevention, whereas the kind of prevention the pill facilitates (the prevention of birth, and thus life itself) is considered "unnatural" and going against the values of Greek womanhood (Paxson, 2004). Whereas the pill is restrictive, coercive and life-taking, Botox is perceived as life-*giving*. Even more interestingly, some informants recognized Botox's toxicity, yet reasoned that the kind (and the level) of Botox's toxicity wasn't *as toxic* as other things in their lives:

Kyriaki, aged thirty-five, self-employed and recently married to an officer in the army, said she had come to Dr. Mina to get Botox on her forehead especially for her wedding pictures. I congratulated her, thinking that she would be getting married, but she corrected me, telling me she got married last year.

"Oh. So how come you are posing for your wedding pictures now?", I asked.

"I don't know, I thought it'd be fun to do it later. We'll dress up again, the (army) swords will be again hung on the wall for us to pose below them, my husband will wear his uniform, I will wear the dress... everything!"

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<sup>28</sup> Halkias has attributed the rejection of the pill to the widespread anxiety regarding the problem of the *dimografikó* – the shrinking of the Greek population, though this theory is, for me, too structuralist-functionalist. Paxson has produced a hypothesis which is more persuasive, tying the resistance to the pill (and thus the high abortion rate in Greece) to the basic values of Greek womanhood, according to which pregnancy is considered not just "natural" but what "completes" a woman. This propensity to do what's 'natural' conflicts with the more modern pressures of women's lives, who may simultaneously believe that a child will 'complete' them yet choose to abort, because they – rationally, and for practical or personal reasons – do not believe they can bring a child to the world and raise it.

Revisiting the happiness of that particular day, she then explained, helped her feel more positive about the present. She then said:

“I do [cosmeceuticals] to escape depression. I already have so much stress... looking at myself *hália* in the mirror, too...?! No, thanks, I don't want any more depression. It's toxic, the stress we live every day. *That's* toxic, not these [treatments] here!”.

For Kyriaki, cosmeceuticals are a remedy for the general atmosphere of ‘toxicity’ that surrounds her. The social climate (of ‘crisis’, it is presumed), which is ‘toxic’, is perceived as a lot more toxic than the actual toxin (botulinum toxin) she gets injected with. She is thus perfectly aware of the discourse of toxicity surrounding the drug, yet, in her reasoning, the level of toxicity in Botox is nothing compared to the toxic levels that characterizes life in Greece in the present. What is deemed toxic, then, becomes relevant.

### ‘Good’ and ‘bad’ pharma

In my field, it was very often that when something went wrong, rumours would begin circulating about the legitimacy of the products used. People would start discussing whether potentially counterfeit or ‘bad’ brands (which were seen to infiltrate the market from illegitimate avenues, usually outside the EU) had started to dominate the market. I noted several stories relating to “bad Botox”, “fake” or “watered-down” fillers, which circulated widely, and these stories were very often reproduced by doctors, pharmacists and the media. For many of my informants, the fault for “the bad rumours” regarding the otherwise *granted* safety of Botox and fillers was consistently attributed to either ill-qualified practitioners, or to ‘*kinézika*’ (Chinese) products.

Martin notes that one of the most successful methods by which ambivalence about drugs becomes appeased is by displacement. In the American pharmakon, she writes, there exists a distinction between ‘good’ and ‘bad’ parts. In Greece, correspondingly, I noted the existence of a separation between *good* and *bad* pharma, distinctions made according to levels of familiarity and levels of unfamiliarity. ‘Good’ pharma, therefore, are the legitimate, widely-known and trusted (Western, EuroAmerican) brands, whereas ‘bad’ pharma are the illegal, counterfeit, feared substances – often called ‘*kinézika*’ – referring to Chinese (or

more abstractly Asian, or ‘Other’ products), which may serve as a metaphor for ‘far away’, ‘distant’, ‘foreign’ and threatening objects.

*Kinézika* has become a catch-phrase for cheap and illegal cosmetics and cosmetic pharmaceuticals that have found their way into the Greek pharmaceutical market, even though the origins of such products are not necessarily from China.<sup>29</sup> They are reminiscent of an earlier expression, *maïmoudes* (lit. ‘monkeys’), used to describe cheap and mass-produced knock-offs (ranging from clothes and accessories to electronics) of Asian origin which became very popular in the 1990s in Greece. Today, ‘Chinese’ products – like *maïmoudes* – have a negative connotation in Greece, as they are often considered dangerous and threatening (like China itself), due to their sheer mass and volume, quick turnaround, the widely perceived poor quality they possess, and the professed inadequacy in safety controls. They are an additional manifestation of the popular distinction that is made between the ‘civilized’ West and the ‘uncivilized’ (and mass-populated) East, and it may also echo the discomfort Greeks feel when faced with big groups of Asians (who may or may not be Chinese) who have started to populate the streets of Athens for the purpose of tourism, but also for business. More and more stories about how the Chinese are buying properties that Greeks can no longer afford make their way into everyday conversation, reflecting a potent anxiety by Greeks for the loss of control of their own country to more affluent ‘outsiders’.

I consider it thought-provoking, and morally challenging, that stories of ‘bad pharma’, ‘botched’ procedures, and ‘fake’ products circulate the media a lot more frequently (not just in Greece, but in international media) than do *bad cases of ‘good’ pharma*. There exists a persistent power imbalance in Western discourse, echoed in the media, that cultivates a fear for the ‘other’, and in this occasion for ‘fake’, illegitimate pharma. If something goes badly, the dominant reasoning is that “it *must* be” due to an illegitimate product that has found its way inside a well-structured, ‘civilized’ and well-surveyed medical market. The Botox sufferers who complain publicly on dedicated Facebook pages about how “stupid” and “naïve” they had been to want to “inject themselves with poison”, partly discredits the legitimacy of such ‘western’ discourses and their earlier assumption that, in order for these

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<sup>29</sup> The bad reputation of Chinese cosmetic pharmaceuticals reflects a wider fear about counterfeit ‘non-western’ substances that occupy Western media. According to some reports (in English), up to seventy percent of the Chinese market is believed to be made up of illegal and smuggled cosmetic pharmaceutical products, but there is no way to know if such numbers reflect reality. Source: <http://www.sixthtone.com/news/1000637/more-than-half-of-chinas-Botox-believed-to-be-fake-or-smuggled>



products to as widely available on the American and European market as they were, they *must have been safe*.

Western medicine, by and large, has been enjoying a privileged and largely unchallenged position inside the global medical market, and has become matchless exactly because it has been linked with the notion of safety and legitimacy. This is partly a result of Western dominance in the sciences in general, and partly due to the constant Othering that occurs when these drugs are compared to non-western drugs. In these processes of dominance we can trace the workings of what Foucault termed the 'regime of truth', which Latour (2003: 145) succinctly references in writing that "each [...] regime elaborates its own criteria of truth and lies, its own definitions of felicity and infelicity". Western medicine – as a dominant health care mode globally, and despite its ambivalences – 'sets' the truth, as it were. Still, even though it enjoys a widely unchallenged position, western medicine is constantly vigilant about maintaining its legitimacy. Apart from displacement (and thus a separation between 'legitimate' from 'illegitimate', and 'good' from 'bad' pharma), I have noted another technique via which Botox's ambivalence is put to rest: its packaging.

Old apothecary jars and containers of *pharmaka* were marked with a bold colour, big lettering and/or a symbol of a skull and bones forming an X, warning against the invisibly toxic substances inside the container. The reminder of the possibility of death by the use and abuse of such *pharmaka* was omnipresent in such containers. Yet today, the meaning of *pharmakon* has changed and, with it, pharma packaging has moved away from the 'poison model', having adopted a design that is meant to produce *trust*. Pharmaceuticals in western medicine, the kind that is nationally and internationally approved by health committees like the FDA and boxed into the typical double-coloured packaging (usually a dominant white background, and a corner colour to complement the whiteness) – as well as the use of inconspicuous lettering – is based on a typical and very widespread design that is meant to keep ambivalence at bay and to evoke medical, scientific seriousness and a kind of designers' "asceticism".

Furthermore, instead of a skull and bones, the packaging of Botox products today have a very discrete and inconspicuous 'warning' on the leaflet inside the box, which is very easy to miss. This reads: "Warning: Distant Spread of Toxin Effect". The warning (fig. 13) is accompanied by a text in very small letters which informs the reader of the dangers involved with using Botox, as the toxin may spread from the injection site to other parts of the body and cause "symptoms consistent with botulinum toxin effects". These effects are described as difficulty in breathing and swallowing which have been "life threatening", adding that

there have been “reports of death”. It thereafter urges the patient to read the medical leaflet for a full range of side effects.

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FULL PRESCRIBING INFORMATION

**WARNING: DISTANT SPREAD OF TOXIN EFFECT**

Postmarketing reports indicate that the effects of BOTOX and all botulinum toxin products may spread from the area of injection to produce symptoms consistent with botulinum toxin effects. These may include asthenia, generalized muscle weakness, diplopia, ptosis, dysphagia, dysphonia, dysarthria, urinary incontinence and breathing difficulties. These symptoms have been reported hours to weeks after injection. Swallowing and breathing difficulties can be life threatening and there have been reports of death. The risk of symptoms is probably greatest in children treated for spasticity but symptoms can also occur in adults treated for spasticity and other conditions, particularly in those patients who have an underlying condition that would predispose them to these symptoms. In unapproved uses, including spasticity in children, and in approved indications, cases of spread of effect have been reported at doses comparable to those used to treat cervical dystonia and at lower doses. [See Warnings and Precautions (5.2)]

Figure 13: ‘Black box’ warning

The pharmaceutical companies manufacturing botulinum toxin drugs were required by the FDA (and their European counterparts) to place this warning (now commonly known as “the black box warning”) on the packaging, but with adverse consequences. Though the warning is meant to *warn* patients of potential danger, the actual result of the boxed warning is that it has managed to solidify the pharmaceuticals’ power and further expand its positive reputation, as it has secured itself against complaints and law suits, rendering patients virtually powerless to take action against it. As one user put it on her complaint on the wall of a Facebook page dedicated to Botox sufferers:

“By now you would all be familiar with the Black box warning label within the product packaging. It explains the distant toxin effect and all associated symptoms. My question is, were you shown this document prior to your injection? Where you provided any information regarding side effects at all? Unlike other prescription drugs, consumers do not handle the packaging therefore we have no direct access to the information. Pharma companies have provided these warnings to the administers but we think it’s very likely the info is never passed onto the consumers. I know my GP didn’t even know about the distant toxin effect until it happened to me. These are the main problems that leave consumers vulnerable. The research shows that this toxin is unlikely to cause any issues if injected intramuscular at the correct dosage. If it escapes the muscle side-effects can occur. So who is at fault, the injector or the manufacturer? Well actually I think both. Do you consider a label within packaging not accessible to consumers is an adequate enough warning? [...] Injectors failing to educate themselves about the abovementioned and potential side effects, and if known, failure to fully disclose this info to consumers prior to injecting so we can make an informed decision. Disclosing this info should be law. They have a duty of

care. Currently I feel that it's all to unregulated. The result exposes us to serious risk. This has to change.”

It should be noted that the black box warning is not highly visible; it is certainly a lot less graphic than the elapsed symbol of the skull and bones, as it is not on the packaging, but inside the enclosed leaflet, which can easily be overlooked. And the colours – black text on white background – do not evoke ‘danger’. Second, and most importantly, what I saw during fieldwork observation is that the patients who get injected with Botox never actually see the leaflet, or even the packaging (like the complaint in the passage above states), even though it is not explicitly hidden from them. Unlike other pharmaceuticals such as those in the form of pills and tablets, which are handled directly by the patient, Botox –an injectable – is handled only by the doctor, as the law requires. The patient never touches the packaging, the vial, or the syringe, and does not demand to see the packaging because that would breach the trust shown towards the doctor, which is arguably an (ethically) problematic exchange. The vial and its package are there, *visibly invisible*, placed on a sanitized surface (which the patient cannot touch), right next to the patients’ face, which is waiting to get injected. Or, also often, as I mention in an earlier chapter, a single vial will be used on different patients, which means the packaging has already been disposed of when a patient sits down to get their own set of injections.

This procedure, which is not limited to Greece, has wide-ranging implications concerning patients’ rights, and though these do not form a main focus of my own work, I consider it noteworthy because it complicates further the kind of ambivalence Botox carries. Botox’s safety, and now its ubiquity, is further buttressed by indirect advertising techniques and promotions which I have aforementioned. All these techniques to legitimize ‘legal Botox’ are, I argue, a manifestation of the workings of [medical] language as a medium of power (Goke-Pariola, 1993: 219), which has an authority to create “what is real” (Farquhar and Fitzsimons, 2012:101). Considering that, in Greece, one cosmetic surgeon called cosmetic pharma *o ártos o epiousios* (“the daily bread”), the researcher studying cosmetic medicine needs to address the challenging ethical concerns implicating the beaumedical ‘regime of truth’, and be more incisive “with respect to practitioners’ responsibilities towards users/patients” (Edwards et al, 2017: xix). At the same time, however, I urge against falling into the common trap of assuming patients are vulnerable and practitioners are manipulative, since doctors and practitioners, at least in my own field, were also using these products and themselves injected these substances into their own bodies. We should therefore be aware of the multi-layered ambivalence(s) that are intrinsic to the use and consumption of Botox and other cosmeceuticals to navigate such complex vacillations

between 'good', 'bad', 'safe', and 'unsafe'. We should ask, like the member of the Facebook group above addresses, 'whose responsibility is it, ultimately?'

It is my wish that this chapter has demonstrated how rich and complex the field of cosmetic medicine is in reality, for it involves a multiplicity of physical sites. It also encompasses practitioners, patients, consumers and pharmaceutical companies inside a growing 'beaomedical' embrace which involves multiple ambivalences.

Another aim of this chapter has been to demonstrate that Botox in particular may be familiar and 'domesticated', yet it retains a mystery and enigma – and is in many ways the epitome of ambivalence – yet this might reinforce its attractiveness and popularity. These attributes render it as something more than mere object and into a kind of enigmatic person. Finally, I identify a variety of methods via which ambivalence is handled and concealed. The first is the method of othering and displacement (good/Western pharma; bad/non-western pharma), which taps into local anxieties and fears about the ascendancy of Chinese products, reflecting a wider, Western fear about Eastern ascent and dissemination of potentially "illegitimate" products. The second is the use of packaging with its simple, austere design—elements which, I argue, render the drug's box inconspicuous and therefore evade scrutiny by medical practitioners and consumers alike. As proposed in my Impact Statement, these questions might be useful in crafting a safer, more informed health-care strategy about cosmeceutical uses, that would include a wider dissemination of information regarding Botox products, and their inherently contradictory – even toxic – nature.

## Chapter 5

### *Dignity, modernity and civilization*

It is an erratic Monday in early spring. The weather on the day starts out very hot, humid, and sunny; then, suddenly, a heavy thunderstorm. I ride the bus, listening to the radio on earphones. The radio show host says:

“With these rains, I can’t help but feel sorry for the people who spent all those hours beating themselves (*htypióntousan*) at the gym so they could go to the beach with their heads held high. *Tzámba htypióntousan* [it was futile]! This weather stubbornly refuses to compensate us for our pains...”.

The weather, like everything else, is often caustically discussed as also having turned against Greece. The past few years have seen an increase in extreme weather phenomena, such as destructive wildfires, hailstorms during summer, and unusually heavy rains and thunderstorms in an otherwise dry land, which is poorly equipped to handle massive downpours. These changes are often reasoned as ‘matching’ Greece’s current stage of being under a collective test of their nerves, patience and resilience.

Despite the heavy rain, there is also a strike by workers who deliver food, and who have rounded up their motorcycles to cut off a large portion of one of Athens’s busiest thoroughfares, honking their two-wheeled vehicles, waving flags and holding banners that call for respect, normalization of their profession, benefits, visibility and fair pay, as well as compensation for accidents and even deaths on the road. (The food delivery business model has grown, but it has also caused stiff competition, which puts delivery workers at risk on the road, for they are under pressure to shorten delivery times as much as possible). As a result of the commotion and the heavy traffic, I arrive at the *iatreio* late, while Mina has already begun seeing her patients. As she is in the middle of a consultation, I stay inside the kitchen and prepare myself some coffee. I open the fridge and pick out a small carton of milk, which is placed next to a thick gathering of hyaluronic acid filler syringes carefully stowed and each labelled with the first and last name of a patient, half-consumed and preserved until the owners return to get injected once more. Next to them are boxes of more

carefully labelled cosmeceuticals and medical paraphernalia. In their various shades of white and translucent plastic, they easily disappear inside the whiteness of the fridge.

Sipping the coffee, I look out the kitchen's window down to a square below, a meeting point in this neighbourhood, drawing young and old to its leafy cafeterias. The rain has now stopped, and the pavements glisten under the blinding midday sun. From the road across the square, the face of Kendal Jenner (an American socialite and model, made famous by the show 'Keeping up with the Kardashians', which airs on Greek satellite television) peers out from a giant cylindrical billboard. She is the face of Estée Lauder at the time of writing, and this particular ad is for a new lipstick collection, "Pure Color Love". A few meters away from the billboard, underneath the trees, a homeless man sleeps while pigeons peck the grass near his feet. The image conjures up all the contrasts of Athens today; lingering poverty, beauty culture, a certain laid-back sense of things moving fast but also quite slow (a convulsive multi-temporality, analysed already), the omnipresent coffee culture, the shining sun, and an awareness that things are moving along in an uncontrollable, slightly chaotic and haphazard manner which – hopefully – one day will make some sense.

A few minutes later, I am called by Mina's assistant to go to the waiting room to meet two patients, Ira and Rodopi, who are sisters. Ira is leaner than Rodopi, dressed smartly with a white blouse matching her beige crepe trousers, while Rodopi wears sporty attire. Both seem to have had their noses surgically altered, and they both have very white teeth. We all walk towards the treatment and are greeted by a jovial Dr. Mina who has just finished with an earlier patient. I learn that Ira is a thirty-eight-year-old dentist, and Rodopi, aged forty-two, a stay-at-home mother.

Ira gets her treatment first, with a few injections of Botox on her forehead. She finishes quickly, gets up, and Rodopi takes her place. Rodopi wants Botox on her forehead and fillers for her lips, so her treatment lasts a while longer.

The two sisters reveal that they have been coming to Dr. Mina together for a few years now. They say they enjoy coming together here, but that it also saves them money, because they split the price of Botox.<sup>30</sup> Rodopi calls herself a "veteran" of cosmetic surgery, because she had liposuction "back when one in three women died from it!". But, now, she says, she is more careful as she has children and needs to take fewer risks. She says she

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<sup>30</sup> Doctors charge a base price for each Botox vial and fillers no matter how much of the substance is used on each individual patient. Some long-term patients of Dr. Mina's know this, and get their treatments done together, thus using up all the vial in one session and splitting the base price.

now prefers cosmeceuticals to surgeries, because they are “not risky”. Ira agrees on this point:

“It’s not just that it’s less risky. It’s a small invasion on the face. You can always reverse it. In a few months, it’s gone”.

I ask Ira if appearances and beauty play an important role in her own profession as a dentist. She replies that it does, very much:

“People prefer correcting the things that are visible. And that’s on what they spend most of their money.”



Taking cue from Terence S. Turner’s argument that “man is born naked but is everywhere in clothes” (1980/2012: 486), in this chapter I focus on the meanings and importance of appearance in Greek society, and how it relates to gender, class, identity, presentation, and to wider social categories which may encompass values such as self-worth, dignity (*axioprépeia*), and “civilization” (*politismós*), as opposed to “barbarism” (being uncivilized). I maintain that these preoccupations are on the one hand personal but also express wider social, regional and even national concerns which are directly linked to Greece’s historically (and contemporarily) tumultuous position vis-à-vis Europe and the West.

### Honour, appearance and *politismós*

The idea that Greek people value appearance highly and spend amply on things that “visibly” improve oneself is pervasive, inside and outside the country. Greeks – men, but especially women – feel pride in their coquettish attitude towards appearance, and they often boast about the fact that, compared to other cultures, they are more *prosegménoi* (“cared after”, i.e. they take care of themselves). To apprehend these pervasive ideas regarding Greek beauty and appearance in times of austerity, I develop a critical analysis of Stavroula Pipyrrou’s article, “Cutting *bella figura*” (2014), which examines the pressures connected to the “complicated maintenance” of a *bella figura* (“beautiful appearance”) during the economic recession in Italy (Ibid., 532). I use this article because it provides useful analytical tools in order to unpeel a phenomenon which, according to my informant Ira, is representative of Greece as well.

I choose to critically analyze Pipyrrou's article because I wish to counter some of its assumptions, for I consider it to have fallen into some of the traps it evidently tries to avoid. Even though the piece, as is easily discernible, was written primarily with the goal to counter stereotypes about Mediterranean consumption and 'vanity' (despite austerity), I find that its author lacks the kind of reflexivity I outline in my Introduction. This lack of awareness regarding the author's standpoint renders the piece valuable in its general outlook yet somewhat problematic when it comes to the representation of its main character, an Italian woman.

Pipyrrou's article recounts the visit to the UK of a woman named Venere, a friend of the author's from Reggio Calabria, who got enchanted by UK charity shops. Venere, according to the author, considered these "an excellent opportunity to indulge in almost-new, often designer-label, clothes", which would, back in Italy, be displayed as brand new, thus enhancing "her reputation" (2014: 533). Venere was "excited" that "nobody in Reggio Calabria would know that she was wearing second-hand clothes; the only certainty would be her display of a renewed wardrobe", Pipyrrou writes, highlighting that there is an ambivalence surrounding second-hand clothing in southern Italy, due to their symbolic connection to 'charity' and 'secondhand citizenship' (Ibid.). She moreover states that "the stakes are high" if such 'trickery' gets uncovered back in her home town; if the real, pre-owned status of the clothing is unmasked, Venere's reputation will be tarnished and her pride will turn into shame. Pipyrrou (2014: 535) via this story examines the tensions created in Italian society, especially in categories of value, concealment and display, in light of austerity measures. "As the economic crisis in Italy deepens, actors face the nagging pressure to maintain appearance, a fundamental and pervasive need captured in the indigenous category of *bella figura*", she writes. "Self-display" in Italy, she adds, retains its social significance because it embeds itself in a longstanding discourse wherein appearance is a basis for moral judgement (Ibid; also in Herzfeld, 2009).

Pipyrrou's ethnography revisits certain themes that have been prevalent in many 'classic' anthropological works of the Mediterranean, such as the focus on display, performance, prestige and appearances, and the values attached to material possessions. And, though her aim is to reassess these older categories, I consider her to have focused too eagerly on matters of display which results in a disregard of other emotional and psychological states of her informant. "The social pressure to fare *bella figura* through appearance is so intense that actors go to great lengths to achieve this goal" (2014: 537) she writes; and this reading echoes an older and very familiar approach toward southern European societies, which looks at individuals as driven primarily by the pressures of



upkeeping honour and avoiding shame. It should be inserted here that the honour and shame configuration was once considered “characteristic” of Mediterranean societies, but it was then abandoned as it proved to be applicable to most societies and groups (Stewart, 2015).

Though I am not exactly dismissing the observations made by Pipyrou, as they are congruent with my interlocutor’s conviction that Greeks wish to spend on things that are visible, I suggest that reasons for such a need for consumption and visibility are informed by a variety of processes that go *beyond* a need for distinction and social competition. This chapter is, accordingly, an effort to unpack these meanings. I thus offer a “rational reconstruction” of Pipyrou’s work (Dawes, 2014: 296), and I utilize some of the tropes Pipyrou uses, but simultaneously critique her lack of attention towards subjective dimensions of experience (Ewing, 1994: 635). Notably, the author seems to find her friend’s enthusiasm for cheap designer clothes overzealous and worth examining, while distancing her own self from an act which, as she reveals early on, she too performs (and, we can assume, enjoys). Though her analysis of the potency and the historical significance of *bella figura* is apt in different parts of the piece, she fails to probe deeper into some of the more personal processes that might inform the will to consume, and neglects how these clothes might affect Venere’s own sense of self, rather than just her self-*display*.

The theme of display is also prevalent in Daniel Knight’s monograph (2015) on austerity-Greece. He writes about how the residents of the town of Trikala “continue to employ Asklipiou for the *volta*, parading themselves in front of members of the opposite sex, flirting, showing off their affluence, their success and their resilience to economic crisis” (2015: 27). But these portrayals, read closely, reveal an element of surprise that Greeks (and other Mediterraneans) “parade themselves” instead of – it is implied – having adjusted their lifestyles to austerity measures. Highlighting such behaviour is, doubtless, a result of expecting to find different behaviours in the first place, ones that would conform to a more frugal lifestyle perhaps, or a re-evaluated, remorseful position that would denounce expenditure. It implicitly states that Greeks *resist* the values guiding the Western/European core. And I argue that these expectations have been largely shaped by anthropological but also financiopolitical discourses that dissect ‘Europe’ into two: the disciplined North and the excessive South, and this creates a range of problems for anthropologists wishing to ‘re-write the South’. The most important of these problems is the undoing of a far-reaching and longstanding Othering and the compartmentalization and simplification of varied, dynamic and conflicting processes that are seen as ‘characteristically’ southern.

As Pipyrrou aptly notes, “it is considered unacceptable that southerners continue, in the eyes of the North, to behave, in terms of material consumption, as if nothing significant has happened to their economies” (2015: 49). Even though anthropologists make the effort to distance themselves from such discourse, then, they often end up replicating these schemata, because anthropology continues to be a vehicle for transmitting knowledge from a ‘Western’ or, more appropriately, a rationalist perspective. And the rationalist discourse, as Berlant (2010) posits, requires that people “feel shame” for wanting the former ‘good life’. In Greece, the recession may have limited actors’ means to spend, yet people might not exhibit a diminished appetite for spending, and this is often read as a desire to distinguish the self in a bid for ‘honour’ and/or prestige. The phenomenon often puzzles ethnographers, leading them to fall back on portrayals of Greece that focus heavily on the importance of ‘appearances’ and status (and the avoidance of shame), resulting in the partial neglect of the symbolic struggles held by individuals in everyday life (Hazır, 2017: 414) but also disregarding that such phenomena exceed the local and are, in fact – with variations – global.

Older, ‘classic’ anthropological works regarding Greek society have been intensely criticized contemporarily, yet some of these earlier works may contain information which can be extremely valuable in tracing the development, and pervasiveness, of certain themes inside a given population. Though earlier prisms are often disregarded today (such as the ‘honour and shame’ configuration), since they are seen to impose foreign models on indigenous categories (Madianou, 1993), or are more often than not seen to present an unevenly gendered (male) view of society (Dubisch, 1995), not all earlier work should be shelved because of these shortcomings. I especially wish to return to a point made by John Campbell, who studied the Sarakatsani, a group of pastoralist shepherds in northern Greece during in the 1960s, for I consider it to offer an interesting historical parallel to the categories of prestige, and appearance that Pipyrrou traces in the present.

“Without honor there is no possibility of social prestige” Campbell (1966: 144) writes, and the quote at first reads as extremely devoid of perspicacity. But this statement is followed by an astute observation. In the Sarakatsani worldview, Campbell maintains, honor was not only understood as a good reputation for the family; social prestige was also compounded by material attributes, *yet these did not merely serve the purpose of ‘display’*. He explains how, contrary to protestant-influenced doctrines that associated accumulation of material wealth to sin, in the [Christian Orthodox] Greek mountainous settlements of the Sarakatsani, material wealth was considered a *blessing*:

“Unlike the protestant puritan who attempts to win his battle by destroying sensuality itself, the Sarakatsanos accepts that sensuality is part of the human condition, but that he must struggle to contain and discipline it.” (Campbell, 1966: 156)

I consider this work to have enduring truths today, and is certainly applicable to Greek contemporary life, for the accumulation of wealth in Greece, still today (even in austerity) is considered “a blessing”. Campbell brings into his analysis the much needed reflexivity I sought in the writing of Pipyrrou, as he recognizes the differences in moral outlook between the Protestant puritan (Campbell’s own cultural/academic legacy) and the ‘sensuous’ Orthodox Sarakatsanos, for whom materialism is not a sin, but a blessing. Being in an *able* position to consume, for the Greek individual, is a sought-after privilege. And though excess is now frowned upon, since the onset of crisis, material wealth and the act of spending does not carry uniform meanings across the European North and the European South, which is a point that needs to be stressed more regularly.

I see much writing on consumption and appearance (clothing, fashion, taste) to have been influenced by Pierre Bourdieu’s work on ‘distinction’, whereby “pure taste” is understood as a marker of [class] distinction (Bourdieu, 2010: 22). “Taste”, according to Bourdieu, sets apart those with an aesthetic view of life from the “herd”; it contrasts with the “barbarous taste” and naïve exhibitionism of “common people”, even if this distinction is made via an unconscious thought process (Bourdieu, 2010: 23-24). “Social subjects, classified by their classifications, distinguish themselves by the distinctions they make, between the beautiful and the ugly, the distinguished and the vulgar” (Bourdieu, 2010:6). This model has been largely replicated by Pipyrrou, and others, in looking at expenditure and consumption patterns in societies, but – I argue – relying solely on this model leads to a potentially problematic representation. For distinction is not the only motive guiding dress, appearance and presentation of self. Turner highlights this by describing the importance of appearance among the Kayapo, even though their dress might seem, at first glance, quite unassuming:

“A well turned out adult Kayapo male, with his large lower-lip plug (a saucer-like disc some six centimetres across), penis sheath (a small cone made of palm leaves covering the glans penis ), large holes pierced through the ear lobes from which hang small strings of beads, overall body paint in red and black patterns, plucked eyebrows, eyelashes and facial hair, and head shaved to a point at the crown with the hair left long at the sides and back, could on the other hand hardly leave the most insensitive traveller with the

impression that bodily adornment is a neglected art among the Kayapo. There are, however, very few Western observers, including anthropologists, who have ever taken the trouble to go beyond the superficial recording of such exotic paraphernalia to inquire into the system of meanings and values which it evokes for its wearers.” (Turner, 1980/2012: 487-488)

Turner continues by saying that “a closer look at Kayapo bodily adornment discloses that the apparently naked savage is as fully covered in a fabric of cultural meaning as the most elaborately draped Victorian lady or gentleman” (Ibid.). I mention this passage because I wish to highlight how practices of body adornment/appearance contain local meanings that might be missed when read only according to specific Euro-centric tropes. Dress and appearance are contained in a set of particular, localized symbolic assemblages, of which anthropologists need to be highly perceptive; and sometimes, these localized meanings might contain several motives (local, global, mixed), thus a clean ‘reading’ of ‘why’ a behaviour is practiced this way or another way is not always possible. These complexities need to be highlighted, not trimmed down. Edmonds, for instance, notes how for Brazilians beauty and plastic surgery cannot merely be seen as “an example of conspicuous consumption, whereby poorer patients imitate wealthier ones in a bid for status” (2010: 21). He annotates how the beauty symbols and styles donned by Brazilian’s poor may be influenced by stars with humble backgrounds, or taken ‘from the street’, making beauty culture in Brazil a kind of “universe of beauty” that incorporates local and also global influences (2010: 22). Away from a reading that sees ‘distinction’ then, Edmonds notes that beauty, beautification and cosmetic surgery become tools for “self-governance”, whereby class and racial differentiations can be “reshuffled” (Ibid.).

By the same token, I note how caring after the self in Greece carries its own array of local symbols, which often mix with global trends, flows and imaginaries. In chapter 2, I noted how antique notions of care of the self might be a possible precedent in how modern Greeks view self-care (as a virtue, not as a vain pastime). Still today, presenting a good appearance is synonymous to openly practicing civility, graciousness, cleanliness, dignity and refinement – all essential prerequisites in asserting a visible self-respect. Although distinction might also be a motive (for some, or in particular occasions), I argue that the practice of beautification and self-presentation is a process that involves self-care, self-management, and – ultimately – a desire to feel “dignified”. Dignified in the face of others, but also as an inner, nourishing sense of owning, practicing and developing self-worth. “Dignity” comes as a result of managing, taking control, and affecting the body positively, instead of “letting it go” – all ideas which I develop in due course. Exhibiting an aesthetically pleasing appearance is therefore encrusted with a multiplicity of values, which link the

individual with beneficial social/cultural imaginaries that go well beyond the desire to simply distinguish the self.

Concurrently, an analysis of contemporary consumption needs to move away from only relativistic and cultural-specific models, and to incorporate an awareness of the globalized nature of cosmetic practices today. Therefore, in the example of Greece, the ethnographer needs to firstly recognize the historical and cultural processes which inform the average Greek's positive attitude towards 'sensuality', consumption and beautification, and is, secondly, required to view these attitudes within a global network of consumption flows. Greece may have displayed, in the modern period, a kind of *largesse* towards material possessions (as opposed to more prudent societies inside Europe, or at least that is the common assumption), but it is also currently involved in a network of global flows which guide beauty ideals, medical innovations, and consumption patterns. The Greek consumer may exhibit 'local' characteristics and tastes, but she is simultaneously a "modern global" individual (Featherstone, 1991b: 187–193). I have noted already Featherstone's conception of the modern self as being an embodiment of global consumer culture. This places Greeks, alongside all other Europeans and most other humans, in a united sphere of consumption, placing "great emphasis upon appearance, display, and the management of impressions" (Negrin, 2008: 9).

"Whereas previously, greater emphasis was placed on other sources of identity formation than that of personal appearance", Llewellyn Negrin contends, the self is now primarily defined "in aesthetic terms—that is, in terms of how one looks" (Ibid.). Featherstone and Negrin thus take a universalistic approach towards material consumption, avoiding the traps that come with focusing on 'culturally-specific' modes of consumption (of the kind seen in Knight, Campbell and Pipyrou, for instance), instead proposing that appearance is a central component in the exercise and embodiment of modernity. Greek, and Italian consumption patterns should therefore not *only* be examined locally, but also looked at inside an encompassing globalized and consumerized modernity. Featherstone sees modernity as enveloping individuals in an embrace which transcends national, class, gender, financial and geographical boundaries, and therefore Greek individuals – based on this reasoning – should be seen as exactly that: *modern individuals*, who should not lack access to outlets and services which manage, create, and amplify personal appearance.

Marily, a sixty-eight-year-old woman who came to see Dr. Mina for the first time, while also accompanying her friend Dorothea, told the doctor:

“I came because I have a problem. I like wearing red lipstick, but my lips have become two thin, disappearing lines. When I wear lipstick, the result is *vulgaire*. It’s not nice. Can we do something about this?”

Above, I offer a critique of Pipyrou and her intense focus on display. Yet my own observations and Pipyrou’s converge on another theme. This is our reliance on Sidel Silverman’s work, who associates self-care and ‘care of appearance’ with the wider ethical spectrum of *civiltà* (1975: 2). *Civiltà* is a concept encompassing manners as well as looks, and could be most accurately translated into English as a “civilized” way of life (Pipyrou, 2014), and is usually associated with an urban, cosmopolitan lifestyle (Pipyrou 2014, Silverman 1975). In Greek, the equivalent of the terms *civiltà* and *civile* are *politismós* and *politisménos*, respectively. Being *politisménos* (*politisméni* for females), a term closely related to that of being *axioprepís* (dignified, decent) but also to being *modern*, sometimes implicitly connotes being mannered in “European” ways, (or what Greeks imagine “European” behaviour to be) though it can also mean being “proud”.

Underlying Marily’s problematization about her age is the fear of losing her ‘civility’ and her elegance, both mirrored in her appearance, which is threatening to become aesthetically displeasing and ‘vulgar’. Hers is not only a concern about her ageing body, but about the ‘barbarous’ result a beautifying practice (putting on red lipstick) has upon it. By using the French word, *vulgaire*, instead of the Greek *várvaro* (barbarous), or even *grotésko*, her choice of words lends a ‘civilized’ coloration to an ‘uncivilized’ revelation, meant to establish that Marily is in fact a cosmopolitan woman (with connections to a ‘cultured’ France?), who does not want to be mistaken for someone she is not.

Per my previous notes, I believe Marily’s concern should not be immediately read as a quest to distinguish herself from others. Instead, I see it as reflecting a prevalent anxiety inside Greece regarding the nation’s levels of civility and belonging to what is perceived as a ‘cultured’, ‘advanced’ Western arrangement (an anxiety which became exacerbated by the recent and traumatizing experience of Greece’s descend into *krís*). “The politics of what garners the label ‘modern’ and what ‘backwards’ continues to be linked to power and wealth” (Sutton, 2006: 307), and – still today – the powerful inside Europe dictate ‘civilization’ for the rest of Europe. Michael Herzfeld (2004: 2-3) sees a “global hierarchy of culture” in place, which represents the most comprehensive form of ‘common sense’ according to which and toward which many societies “progress”—at least in theory. The global hierarchy of culture

asserts that Europe – from its most arrogant form of Eurocentrism (of the kind that “automatically assumes pride of place”) to its less pronounced expression (the assumption that some ways of doing things are simply better than others) – is securely placed atop a pyramid of knowledge, power and logic, which dictates how “culture” should be done elsewhere. This hierarchy creates anxieties inside Greece, regarding her level of belonging to the European ‘standard’, bringing about the need for a constant monitoring and fear for slipping into “Oriental” and ‘backward’ modes of behaviour. Modern Greece finds herself amongst nations “forever in the position of playing catch-up to the West, perennially finding the Golden Fleece of ‘modernity’ just beyond their grasp” (Sutton, 2006: 307).

This approach is far more incisive in its understandings of the fluid sense of time and historicity in Greece, marking a significant break from other recent accounts (see Hirschon, 2012 and Faubion, 1995) that separate modern time from pre-modern time. Historically, it must be noted, anthropologists played a critical role in solidifying doubts regarding ‘modernity’s status’ inside Greece, further ingraining a feeble awareness that Greece lies outside the *de facto* realm of Western, Enlightened modernity, reinforcing the image of the modern Greek individual as overwrought with an internalized, collective sense of guilt (or is it shame?), for not having been able to achieve the levels of *orgánosi* (organization) and *próodos* (development) that other European societies are perceived to have achieved; for not being securely and firmly placed in the sphere of “civilized (European) society” but perennially oscillating between an Occidental (‘advanced’) and an Oriental (‘backward’) identity.

Faubion’s 1995 passage is revelatory in this respect (the word “natives” ringing as particularly exoticizing):

“Natives agree with foreign scholars: politically and economically, Greece is a ‘premodern’ country; Athens itself, if not secure in the habits of its past, is not entirely free of them either. The consensus has a relatively exact theoretical basis.” (1995: 101)

Faubion then ponders, in a manner that can be seen as a desperate quest to find smidgions of modernity in a land that either resists it stubbornly or has failed despairingly: “If not all Greeks, might Athenians be modern? If not all of them, at least *some*? Significantly, if not in altogether every respect?” (1995: 102; emphasis mine).

We might ask at this point, however, *what*, and *who*, is the West (Mol, 2008: 4) and what/who is Europe? Eugenia Georges (2008: 179) points out that reliance on the tropes of Europe and the West is a kind of Occidentalism, “a simplified and stylized construction of the West”. Could it be that the West is, by now, a completely imaginary superstructure, the

source and origin of which is no longer traceable but to which most people aspire, much like the idea of a 'future'?

In fact, 'modernity' in 'modern' societies is synonymous to 'the future', and an antonym to 'the past'. *Being* modern means to never stop working towards the future, never stopping embodying the future. In *We Have Never Been Modern*, Latour posits that "moderns have a peculiar propensity for understanding time that passes as if it were really abolishing the past behind it. They all take themselves for Attila, in whose footsteps no grass grows back (1993: 68). "Since everything that passes is eliminated for ever, the moderns indeed sense time as an irreversible arrow, as capitalization, as progress [...]. They want to keep everything, date everything, because they think they have definitely broken with their past" (1993: 69). Criticizing (secure) 'moderns', Latour (ibid.) reminds that "the past remains [...] and even returns. Now this resurgence is incomprehensible to the moderns. Thus they treat it as the return of the repressed. They view it as an archaism. 'If we aren't careful', they think, 'we are going to return to the past. We are going to fall back into the Dark Ages'". These anxieties are indeed internalized and easily discernible when one converses with Greek individuals, my interlocutors included, in conversations that can range from sophisticated and complex ones to simple, everyday interactions. Still, I consider the pressing question to be *not* whether this overarching anxiety is a distinctively 'Greek' phenomenon, but rather if it reflects larger 'Western', 'European' trepidations, which *envelop* Greece. Are non-Greek Europeans, like Faubion maintains, indeed "self-secure Occidentals?", or does this feeling of 'security' arise from an underlying insecurity which needs constant reaffirmation, often in the form of comparison with "natives" that have not yet achieved "full" "modernity", such as Greeks? It is often forgotten that such labels are relative, losing essence and definability when looked at in isolated form. As Paxson maintains, there is no absolute measure for defining modernity (2002: 308).

This is hence not a fear plaguing only Greek moderns. Fitting with Latour's insights, this is a fear characteristic of all societies who consider themselves to be 'modern'. We could even argue that societies not "securely" placed inside the sphere of modernity but linger at its periphery in an in-and-out fashion (like Greece) are more resilient and more flexible in their "ambiguously modern" state (Paxson, 2004). Their lack of definable and well-formed Western 'security' can mean that breaking with the past is not as stark, nor is experienced as much of a shock; past and present (and future) form a continuum, rather than forming a sudden break which separates modern and pre-modern. As Knight (2017: 26) soundly notes, "people [in Greece] experience the past as a folded assemblage of linearly distant and sometimes contradictory moments that help them make sense of a



period of social change. Anthropologists should embrace the paradoxes of (poly)temporality and address the topological/topographical experience of time and history”.

The preoccupation with ‘civilization’ is a grander project, much grander than any given society in question. “When one examines what the general function of the concept of civilization really is, and what common quality causes all these various human attitudes and activities to be described as civilized, one starts with a very simple discovery: this concept expresses the self-consciousness of the West”, Norbert Elias maintains [1939] 1994: 3). Elias thus sees this preoccupation with civilization as revelatory of the “self-awareness” of the West (Herzfeld, 2009) as it “sums up everything in which Western society of the last two or three centuries believes itself superior to earlier societies or more ‘primitive’ contemporary ones” (Elias, 1994: 3). ‘Civilization’ (which he relates to the German concept of *kultur*) is a notion by which “Western society seeks to describe what constitutes its special character and what it is proud of: the level of *its* technology, the nature of *its* manners, the development of *its* scientific knowledge or view of the world, and much more” (Ibid.; emphasis in original).

If Greece demonstrates a constant anxiety about her fragile position within the confines of a civilized, ‘advanced’ Europe/West, why should anthropologists focus – and bolster – this Greek sense of brittleness and not question the overarching concept instead, seeing in it an opportunity to reflect on the wider implications of such a category? ‘Civilization’ is a prime expression of how Europe still consists of many self-conscious nations which validate (or fail to validate) their own levels of civilization by comparing themselves constantly to others in the group. So, if Marily, my own informant, reveals an anxiety regarding her civility and elegance by not wanting to appear “vulgar” when she applies lipstick, we can see in her words the exposition of a watchful awareness (Skeggs, 1997) that should be seen not as confirming her ambiguously modern, non-European, non-‘civilized’ status but, on the contrary, as resulting from her *inclusion* in the ‘civilized community’ of the West. With ‘civilized’ ‘modernity’ comes a certain responsibility: one always needs to be watchful of one’s ways.

The concept of ‘civilization’ moreover exposes potentially enduring racial concerns that have built themselves into the language of cosmetic medicine and in the phraseology used, more widely, to talk about aesthetics and beauty. The words ‘elegance’, ‘refinement’, ‘taste’, etcetera, are also not unrelated to such concepts. A closer examination of the European concepts of “civilization” and the appreciation of the aesthetic, as well as ideologies guiding cosmetic medicine (such as the importance of ‘symmetry’) yields the need to problematize

how “beauty” gets classified, and what principles guide the strict geometrical assessments of ‘beautiful’ bodies. Medicine, Eugenia Kaw (1993: 75) posits, “is a procurer of norms”, which subtly and often unconsciously manipulates racial and gender ideologies, and the Greek body came under the jurisdiction of medicine throughout the twentieth century, not only in terms of its health but also its aesthetics. The modern Greek body became inscribed with *civilizational signifiers*, and cosmetic surgery became a prime tool in the ‘correction’ and alteration of bodies (and especially of protruding, large, obtuse noses) that were not considered ‘refined’, ‘civilized’, or beautiful enough.

The terms ‘cosmetic,’ ‘aesthetic’ and ‘plastic’ are often used interchangeably when talking about cosmetic medicine and Western art (Yeow, 2012) and this may illuminate a strong link between certain eugenic principles that guide our (Western) appreciation of art and beauty, which also forms the backbone of our medical science. The word ‘aesthetic’, according to Alice Yeow, has highly particular cultural resonances. Aesthetics, Yeow writes, is central to any analysis of cosmetic surgery today because it “offers a discourse of beauty that is used by cosmetic surgeons and their advertising campaigns”, whereby the (usually female) form is ‘sculpted’ into beautiful shapes according to Classical principles, and whereby the surgeon becomes the artist and the sculptor—a kind of Pygmalion, who takes coarse and unrefined material and turns it into a beautiful and civilized creature.

Guiding principles in cosmetic surgery are in their majority borrowed from Classical art (especially the importance of balance, proportion, symmetry and harmony, all of which cosmetic surgeons emphasize constantly), in an effort to emulate the “perfect” and godlike ancient bodies that we find in Greek and Roman sculptures – together perceived as the grandest expression of the cultural foundations of Europe’s high civilization. Another guiding principle in aesthetic medicine according to Yeow is whiteness, which also derives from the appreciation of light (Eco, 2004: 75) in ancient sculpture (even though most of these sculptures were multicolour in their original state!). The whitewashed beauty of such artworks carried metaphors for purity and exemplified the racial superiority of whites over other (“coloured”) peoples.

As David Bindman (2002) argues, ideas about beauty have been inseparable from race from as early as the sixteenth century, allowing white Europeans to judge the civility and aesthetic capacity of other races by their appearance (Yeow, 2012). Such dogmas were sustained in the Enlightenment ideologies that got broadly transmitted during the nineteenth century wherein they became integrated in science and education. Thereafter, “hygiene of the body became the hygiene of the spirit and of the state” (Gilman, 1999a: 21). “A concern with ‘hygiene’ in the broadest sense and aesthetic surgery’s role in the physical alteration

of the ‘ugliness’ of the body led the aesthetic surgeon to become the guarantor of the hygiene of the state, the body, and the psyche” (Ibid.).

### Fashioning the Greek face

The history of cosmetic surgery in Greece is vague and officially undocumented, therefore a clean historical overview of its development has evaded this thesis. My interpretation of this history is at best fragmentary, as I lack the historian’s tools and the access to archival material which would render the task feasible.<sup>31</sup> Nevertheless, there are several key points that I established by speaking with older plastic surgeons and by accessing the scant written material that exists on the history of the specialty in Greece. The first such key point is that Greek developments in plastic surgery were made possible by the more general advancement in chirurgial practices inside the country at the beginning of the twentieth century, and – like in the rest of Europe – these developments were intensified by a widespread need to tend to the wounded of the First World War.

As was the case across Euro-America, in Greece it was general surgeons and other medical specialties who were the first to perform modern ‘plastic surgery’, as the wounded returning from the various fronts were often disfigured beyond recognition. Throughout the world, the war created the impetus to develop various ‘reconstructive’ specialties that led to the birth of modern-day plastic surgery. (Though it must be noted that experimentation with purely cosmetic procedures was already developing since the late nineteenth century.<sup>32</sup> And as for reconstructive techniques, their development can be traced back to antiquity<sup>33</sup>).

Fast-forwarding to the specialty’s advancement in Greece in the mid-twentieth century, of which there survives no official record, what I was able to surmise by speaking to several plastic surgeons is that their predecessors trained in Europe and the USA – as

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<sup>31</sup> I was told that a researcher had been assigned, more than a decade ago, with compiling a volume containing the official history of plastic surgery in Greece. However, the task was later transferred to another researcher and, in the process, some archives were lost or withheld, thus delaying the work. A possible lack in funding the project may have also resulted in its delay.

<sup>32</sup> As the brief timeline of the American Society of Plastic Surgeons (2018) demonstrates, the first breast augmentation took place in 1895, and the first breast implants were made in 1899. various techniques now nested under the plastic surgery specialty seem to have been practiced since antiquity.

<sup>33</sup> An Indian doctor named Sushruta, who lived circa 700 BC, was the first to describe a forehead flap for the reconstruction of a nose (Hodges, 2009) while, in the sixteenth century, an Italian doctor named Gaspar Tagliacozzi outlined the principles of plastic surgery (Ibid.).

many also do today – thus bringing back home new techniques and innovations and expanding their practice, which saw an intense ‘boom’ in the late 1980s and 1990s.

From the stories I was able to gather by interviewing older cosmetic surgeons who are still active in Athens, cosmetic surgery became widely popularized in Greece by a small group of famous Greek actresses and other prominent women of the entertainment world in the post-war era, which is also the time Greece ‘opened up’ to Europe and to tourism on a wider scale. Roughly around the late 1950s and early 1960s, a small number of plastic surgeons began offering their services privately, for purely ‘cosmetic’ reasons (as opposed to ‘reconstructive’<sup>34</sup>, a type of operation which was already available in public hospitals). These doctors had trained abroad in order to acquire the cosmetic specialty, thereafter ‘bringing’ the new technology to Athens, and fusing this with existing surgical knowledge.

The most common cosmetic procedure at the time was the correction of the ‘Greek nose’, characterized by a narrow, high arch on the bridge and dorsum. The ‘Greek’ nose was surgically altered to produce the *gallikí myti* (French nose), a phrase still used today to describe noses that are petite with an inward curve at the dorsum, and slanting upwards at the apex (fig. 14). During fieldwork, I chanced upon the private medical archive of one of the first cosmetic plastic surgeons to hold a private practice in Athens, Dr. Laslas, now deceased. Today the archive belongs to his daughter, and is largely made up of black-and-white ‘before’ and ‘after’ photographs of his patients, taken with a Pentax camera. For some of the patients there exists only a ‘before’ shot, and on the bridge of the nose there is a visible pencil mark, made by the doctor, which renders the nose ‘French’ by drawing over the protruding arch of the dorsum (fig. 15). The purpose of this was similar to what Photoshop does today – to demonstrate the final result to the pre-surgical patient.

In the second half of the twentieth century, the “French nose” symbolized, for most Greeks, elegance and perfection; but this particular beauty ideal was not limited to Greece. Cosmetic rhinoplasty throughout the twentieth century across the western world chiselled away at protruding nasal bridges to produce what in English is known as the “perfect”, “aquiline”, “Barbie” or “Duchess” nose (Schwartz, 2018). The image of the ideal nose in both languages has been the same throughout; but the name and symbolic associations have slightly differed.

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<sup>34</sup> Reconstructive surgery flourished during the First World War. It aimed at correcting genetic deformities and/or disfigurements and mutilations resulting from battle.



Figure 14: 'Before and After' photographs of a woman's nose.  
Date: ca 1960s (Source: Private medical archive)



Figure 15: Pencil over a photograph, drawn by a plastic surgeon, depicting a man's nose after alteration. Date: ca 1960s (Source: Private medical archive)

The Greek nose has not been the focus of any contemporary anthropological study and though several authors have mentioned, in passing, how physical appearances are a significant force in Greek life (Pipyrou 2014; Knight 2015; Paxson 2004; Halkias 2004), no work has attended to the symbols attached to particular physical characteristics, nor has it connected these trends to wider 'Western' beauty ideals. Sander Gilman's work on the

Jewish nose (1991) might therefore aid the anthropologist in an analytical sojourn into the 'Greek nose'.

Gilman (1999b: 49) highlights how "foreigner" physical features became pathologized in Europe in the previous two centuries. The Jewish foot, the Jewish voice, the Jewish nose, the Jewish (circumcized) penis, as well as the Jewish skin (imagined as "black"), all served in visualising the Jew as the stereotypical Other of European civilization. Interestingly, Gilman (1991: 3) stresses, Jews in Germany felt even more singled out for their differences when they effectively became assimilated in German society, at that precise moment when they ceased "looking" foreign and could no longer be told apart. By the latter half of the nineteenth century, European Jews in Western Europe had become so indistinguishable from other Europeans "in matters of language, dress, occupation, location [...] that if Rudolf Virchow's extensive study of over 10,000 German schoolchildren published in 1886 was accurate, they were also indistinguishable in terms of skin, hair, and eye color from the greater masses of those who lived in Germany" (Gilman, 1991: 177).

The physical differences that were singled out as pathological, therefore, were very possibly imagined and socially constructed markers of difference. A similar form of social differentiation – best understood as friction between 'civilized' and 'uncivilized' – is the case with the 'Greek' nose. Gilman points out, above, that an emphasis on difference became heightened when difference was no longer apparent. That Jews could not be told apart from Germans from a specific point in time onwards can be very illuminating for the case of Greece, because Greece's integration inside the European community seems to have accentuated its sense of difference. Cosmetic correction of the nose became fashionable and largely popular exactly when Greece became exposed and accustomed to European, 'modern' and 'liberated' ways.

Of course, Greeks (those that were not Jewish) were not persecuted like the European Jews; but Greece was occupied by Germany during the Second World War, and there exists ample historical evidence today proving that the German forces sent to Greece were influenced by the eugenic ideologies regarding racial purity of the Nazi state, and aimed at 'cleansing' Greece, like the whole of Europe, of its "impure" elements. (A Nazi soldier in a letter sent back to Germany in June 1941, wrote, "Today's Greeks are not like those in the time of Pericles, Leonidas, but a mixed people; the only thing they have in common with ancient Greeks is the writing, the language, and the land". "The city is not like

I imagined”, wrote another, “Everything is dirty and grimy. It is not according to our own criteria. There exists the strong presence of the Orient”).<sup>35</sup>

Palpable feelings of disappointment about the ignominious state of modern Greece were not limited to National Socialist German expression. Disappointment about the looks of modern Greece are plentiful in nineteenth-century travellers’ accounts, which today can read as particularly Orientalizing. J.S. Bartholdy, a Prussian scholar and travel writer who visited Greece in 1803 and 1804, tried “with clear animosity, to show that Modern Greeks had fallen to a state of depravity that completely ruled out any hope for their future political restoration” (Simopoulos 1985: 181). Bartholdy’s chief criticism of modern Greece, Klara O’Neill (2003:68) suggests, “resulted from his persistence in measuring it against a classical ideal which was highly representative, if extreme, of a majority of European travellers to Greece whose expectations were met with a joltingly different reality.”

This background, of the European classicist *imaginaire* clashing with reality, haunts Greece to the present day and remains a collective open wound. It plagues the arch of the modern Greek nose, and other ‘non-European’ body parts (the insufficient height of some Greek men, for example, or the excessive and dark hair of Greek women, even though dark hair is now making a ‘comeback’). The contemporary Greek individual inside Europe remains a minor anomaly, as both traditional and modern, collective and individualist, European and Other, civilized and uncivilized. Charles Stewart terms this a schism, “a split personality”,<sup>36</sup> which still places Greece at the confluence of East and West. As an informant of James Faubion (1995:138) is quoted to have said, “Anyone could say, without risk of exaggeration, that the crisis of identity constitutes the central problem of neo-Hellenic society”.

Local problematizations concerning Greek physiognomy and Greece’s ‘real’ identity can still be considered unresolved, though the matter is a sensitive one and thus is rarely confronted directly in public discourse. However, frequent references in political speech on the greatness, uniqueness and purity of the Greeks might underline insecurities regarding this very ‘purity’ that is so often advertised. Sevasti Trubeta (2013) mentions that various problems of biology, racial identity and physiognomy had occupied a central position in Greece’s tumultuous political, nationalist, artistic and medical/scientific treatises throughout

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<sup>35</sup> These letters were studied by the German historian Valentin Schneider, and some of this material was published in the Greek newspaper *Kathimerini*.

<sup>36</sup> Delivered at *Reviewer Meets the Reviewed: “Dreaming and Historical Consciousness in Island Greece”*, Seminar Series at the Anthropology Library and Research Center, British Museum, 18 January 2018.

the nineteenth and early twentieth centuries, with far-reaching and enduring consequences, which persist to this day.<sup>37</sup>

Trubeta traces racial theories to “holistic claims” made by Greek physical anthropologists in the early twentieth century, who were influenced by the nineteenth century Darwinian evolutionism that had swept across Europe (Trubeta, 2013: 3). According to this ideological system, the categorization of peoples was done primarily according to race, but also incorporated a wide range of characteristics. These included “customs, language and the production of material culture”, therefore ‘civilization’, and ‘culture’ was also placed on a hierarchical scale (Ibid.); thus some civilizations were understood to be higher than others, and such hierarchization still endures in the Greek collective mindset, placing Greece “higher” than other, less ‘civilized’ nations, but also creates constant anxiety about her own level of civility. This is why many Greeks call Greece *Helladistan* (which compares Greece [in Greek: Hellas] to Central Asian states ending in -stan, collectively understood as being chaotic, ‘barbarous’ and ‘backward’).

Particularly influential on Greece’s biological discourses during the twentieth century was Paul Topinard’s (1950) theory that racial types comprised of features of some constancy that could be passed on to later generations “without change throughout the upsets of and the mix-ups of history” (Trubeta, 2010: 64). These beliefs permeated the conception of the ‘Greek race’ (*Ellinikí fylí*), to the extent that Ioannis Koumaris, founder of the Greek Anthropological Society (1924), argued that the *Greek race* not only remained at its essence constant despite mixing with other groups, but possibly even became superior through miscegenation (Trubeta, 2010:64).

The biologism of Greek physical anthropology affected politics, the realm of public discourse and even medicine, yet, Trubeta asserts, has remained an obscure and neglected object of study in contemporary anthropology. Avdela contends that the emergence of race as a scientific/academic discourse in Greece was partly a response (Avdela et al, 2017: 19) to Fallmerayer’s<sup>38</sup> opinions regarding the racial discontinuity between ancient and modern Greeks. This caused an upsurge in Greek scholarly and medical circles, who rose to defend national continuity by submitting both racial and cultural evidence, the stoutest of which was

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<sup>37</sup> Efi Avdela (2017:19) recounts how Antonis Samaras, Greece’s former prime minister and president of the conservative, center-right New Democracy party publicly spoke in 2013, at the anniversary of the persecution of the Jews in Thessaloniki, with an apparent lack of awareness regarding the racial overtones in his speech: "The love of the Greeks for our motherland has never been racist [...] because there are very strong antibodies in our DNA, in our genes!"

<sup>38</sup> Jakob Philipp Fallmerayer claimed that Greeks had been replaced by Slavs through consecutive invasions and that “the blood of the modern Greeks contained not a single drop of ancient Hellenic blood”. (A. Vasiliev, 1952:19)



the endurance of the Greek language, not just amongst the educated but also amongst the illiterate, and the survival of beliefs, practices and rituals (Zarifi, 2014). Many critics accused Fallmerayer – the historian Carl Hopf<sup>39</sup> among them – of citing false historical dates and thus denounced his theory. Nevertheless, many of these counter-arguments to Fallmerayer’s hypothesis, especially those voiced by Greek scholars, went unnoticed as they were not circulated as widely as Fallmerayer’s study. As Maria Zarifi (2014) points out, Fallmerayer’s work was a “catapult” on the efforts of the newly-formed Greek state, because it implanted a deep sense of ambiguity about the actual nature and consistency of modern Greek identity. Thereafter, “the concept of [Greek] nationalism became intertwined with that of civilization” (Zarifi, 2014).

With the above as contextual background, we can begin to see how Greek anxieties are still unresolved and remain exposed to this day. High ‘civilization’ and culture became sought-after terrain, which Greece (and southern Europe) ‘lost’ to industrialized northern Europe. The ‘advanced’ European societies assumed superiority over Europe, through the discursive ownership of the ancient civilizations of Greece and Rome, who were rendered as simple “totemic ancestors” (Seremetakis, 1993:11) of Western rationality. This results in a kind of symbolic violence (Bourdieu, 2010 [1984]) – a subtle mechanism by which inequalities are reproduced, ensuring that “the vulnerable remain vulnerable” (Hazır, 2017:416). I also argue that ‘self-awareness’ and ‘self-consciousness’ is displaced, from those in more secure positions to those occupying more vulnerable states, and this transference of self-consciousness creates a false sense of security for those at the top, at the expense of those at the bottom.

## Beautification

Halkias asserts that an emphasis on beauty characterizes contemporary Athens. “Athenians are noted, at least in the national imaginary, for a special pride in discerning what they see as being *kalaisthito* or, more frequently, *kompsó*, meaning aesthetically pleasing or tasteful” (Halkias, 2004:32). Halkias also adopts the ‘distinction’ theory by stating that “the social construction of the *Athinaia*, the Athenian woman, [...] connotes a

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<sup>39</sup> Hopf’s book is *History of Greece from the Beginning of the Middle Ages to the Most Recent Times* (*Geschichte Griechenlands vom Beginne des Mittelalters bis auf die Neuere Zeit*), published in 1867-68.

‘superior’, more modern way of dress” (Ibid.) which contrasts with the tastes of the *eparchía* (countryside).

But, even though Halkias also approaches beauty as being primarily a marker of distinction, she mentions an important detail: “Athenians are noted, *at least in the national imaginary* [my emphasis] for a special pride in discerning what they see as being *kalaisthito* or, more frequently, *kompsó*”. Athenian women, it is implied, have a special pride in their aesthetic evaluation of things, are cosmopolitan, and they are also *protevousiánes* (residents of the capital). They are more independent, more exposed to the ways of the world, more self-assured. Their lives are more directly connected to ‘modernity’, which incorporates the cultivation of ‘a personal style’ and a particular ‘fashion sense’. This should not be reduced to being merely a matter of distinction: they have a ‘*personal style*’: they have developed a ‘style’ based on the cultivation *of the self*.

Alexandra Bakalaki (1989), in an insightful analysis of historical developments which impacted on the formation of beauty ideals in Greece, explains how ‘beauty’, both as an external trait and as internal/moral value, was understood quite differently in Greece prior to urbanization and Europeanization. She focuses on the contestations between more conventional, agrarian ideals of womanhood during the twentieth century, and the newly-arrived European, ‘modern’ emphasis on beautification, attractiveness and individual care.

Bakalaki contends that in rural areas of Greece as well as in urban households in the decades preceding widespread urbanization, women’s *kallopismós* (beautification) became largely associated with dirt and “whoring”. In early twentieth-century agrarian Greece, a woman who took care of her appearance, wore makeup or jewellery and bathed regularly was considered a *pastrikiá* (whore). Similar approaches towards beauty were pronounced in the United States in the period leading up to World War I, “when powder and rouge were scorned as immoral and were linked to prostitution” (Soderberg, 1999: 223). Correspondingly in Victorian England, makeup was associated with amoral lifestyles, especially worn by women in the “entertainment” business. Makeup in Victorian society had “lingering associations with witchcraft” (Kling, 2011:1). In eighteenth-century France, too, women were accused of witchcraft if it was found that “they used cosmetics of any sort to seduce a man and procure him as a husband” (Kling, 2011:1).

Modernity in early postwar Greece, Bakalaki states, was similarly viewed with suspicion, and beautification practices such as stylish clothes and makeup were heralded as “deceptive” as they enabled the ‘hiding’ of surface defects and ‘dirt’ (both physical and moral), which enabled the masking of sinful workings that skulked below the surface (fig. 16). Fears that cockroaches could make a home in the intricate and extravagant hairdos

that were characteristic of the 1960s in Greece can be read as metaphors emanating from the anxieties regarding social order and the threat of moral deprivation lurking behind the shining veneer of urban, 'liberated' (i.e. sexualized) 'modern' life. But these suspicions should be considered neither uniform nor fixed responses, the author stresses. They on the one hand clashed, and on the other formed part of a dialogue with the 'outside' world. The constant presence of a (European) modern Other was admired and recognized as superior (Bakalaki, 1989: 47) while simultaneously appearing threatening and morally depraved. And to cope with such early strangeness and suspicion, such flows and trends started becoming indigenized (Appadurai 1990:5; Stewart 2014:12) until they, too, were charged with distinctively Greek characteristics.



Figure 16: Still from the Greek film *Despinis Diefthintis* (1964)  
Source: Finos Film Archive

Grigoris Lazos (1997: 11) argues that in post-war Greece the Christian value system was overtaken by the capitalist system, which dominated the economic sector but also increasingly tended “to govern all aspects of [Greek] social life” – including sexuality and gender ideals. Twenty years after Lazos’s book was published, capitalism has entirely annexed the domain of the sexual but, this too, is perceived as an ‘indigenized’ kind of capitalism. While many Greeks are still suspicious of ‘Europe’ and foreign ‘invasions’, very few actually resist the lifestyles promoted by consumer capitalism, because these have

managed to acquire a kind of ‘Greekness’, while simultaneously being ‘global’. As a result of such indigenization, women’s *kallopismós* (beautification) is now perceived as displaying very “Greek” characteristics. So much so, in fact, that the concept of the *peripiiméni* (cared-after) Greek woman is amongst the most prominent typecasts inside Greece today.

Dr. Andromahi, a female plastic surgeon whom I interviewed in Athens and who, like Dr. Mina, relocated to Athens after long-term residence in a northern European country, contended that beautification in Greece is very pronounced. I was introduced to her through Dr. Mina, and we arranged to have a discussion in her office, on the third floor of a big private hospital. Our conversation quickly focused on the differences she noted in her experience as a plastic surgeon in Greece and her former residence, and especially on how her patients approached the matter of beauty.

“I’d say that there are differences...”, she said. “Greek women *ascholountai pára poly me tin emfánisi tous...* (they are very involved in their appearance). This doesn’t mean they do more surgeries, no... that’s not what I mean. It’s a matter of everyday – total – beauty care. They are all immaculately groomed. Many women have flawless nails and hair, like they just came from the salon. [Where I worked before] this wasn’t so. I wear no makeup, and rarely do manicures. I am quite the exception here, I’d say. [...]”.

For Dr. Andromahi, then, a woman who lived in the ‘north’ (of Europe) for quite some time, meanings of appearance have been informed by several non-Greek factors. Andromahi possesses a more pronounced Northern/Western identification, whereby a simpler, more frugal appearance is perceived as more appropriate to her medical profession, and too much beautification is seen as a sign of (it is implied) excess and superficiality. Taking this point further, and turning the distinction model on its own head, I could argue that if someone distinguishes the self from the rest, it is not those visibly beautifying themselves, but rather those who do not. We could then assert that it is Andromahi who distinguishes herself from other Greek women (she even calls herself “an exception”), by *not beautifying* herself in the ways other Greek women do.

### “Dignity”

On the same day I saw Ira and Rodopi at Dr. Mina’s *iatreio*, another woman, Thetis, came in to see the doctor. She was in her late sixties and did several units of Botox on the forehead, as well as ‘threads’ to lift her cheeks, which caused her considerable pain. To distract her from the pain, Dr. Mina told her about another patient of hers, who visits Dr.

Mina “in secret” from her husband, because he doesn’t want her spending money on “such things”.

“Really?” replied Thetis, very surprised. “*Why?* Is this woman not entitled to some *axioprépeia* [dignity]?”

For Greeks, being *prosegménos* and *peripiiménos* (attentive to how one looks, cared-after) is considered a sign of self-respect. Still, little has been dedicated to the notion of self-respect and the idea of dignity per se when it comes to cosmetic medicine (although it has been considered in the study of ageing, illness, and dying). Being *prosegménos* and displaying a “cared after” appearance is not a behaviour generally met with criticism, but considered a virtue in Greece. One of the most telling examples of such behaviour was my acquaintance with Vasílis, a sixty-seven-year-old pensioner whom I met in Thessaloníki, and who told me that his father, a working-class butcher, may have been poor but he always left the house “impeccably dressed”. His shoes were shined, his shirts were always well-collared, his skin clean, his body freshly-bathed and smelling of cologne. “He may have been a butcher; but that didn’t stop him from being *prosegménos*”, the man said. “He would always come home from work and engage in the same ritual of full cleanliness and care. He would also put cucumber skins on his face, under the eyes, to reduce puffiness. And all other sorts of beauty tricks. Today some men associate such practices with being queer. But, in the past, these were marks of a respectable man.”

There is a saying in Greek, *i kathariótita einai misí arhontiá*, which roughly translates into ‘cleanliness is halfway to nobility’, and this points to a very distinct, direct, and longstanding relationship between ideas of cleanliness, hygiene and ‘civilization’—all forming the basic foundations of a ‘dignified’ appearance. Most Greek women take pride not only in their coquettishness but also in their cleanliness, and these two values are often considered supplemental and interchangeable. Some of my interlocutors drew parallels between cosmeceuticals and cleanliness, however figuratively and/or subconsciously. Hariklia, aged fifty-eight, who travelled to see Dr. Mina from the *eparchía* (rural countryside) and who did a chemical peel on her face, said (as the chemical peel was being applied on her face) that the substance’s smell reminded her of *verníki* (wood varnish):

“I like the smell. It reminds me of cleanliness... Like I am polishing my house!”

“It will sting a little”, the doctor warned her.

“I don’t mind that,” she replied; “it feels refreshing!”

The metaphor of cleanliness is an illuminating one. Hariklia envisioned the peel as enabling her face to clean itself of dirt, impurities, and unwanted ‘items’ (wrinkles and lines), resulting

in a shiny and gleaming surface, for which she could feel proud and happy. Looking at herself in the mirror when the procedure was over, she smiled after carefully scrutinizing her face, as if she had ordered something very particular and the exact result she had expected was delivered.

Bakalaki (1989) pertinently draws a comparison between the Greek female body and the home, stressing how a clean and organized home signifies female industriousness and virtue. She emphasizes how keeping a home intact is akin to keeping the body 'intact', and vice versa. She points out in particular how keeping a place clean (and a body clean) primarily requires the safeguarding of its boundaries – a demarcation of what is inside and what is outside – and a meticulous control of what comes in and what goes out (1989: 43). "Like the home," she writes, "the human body is surrounded by limits". Keeping order, therefore, in the home and on the human body is a process of continuously taking care of its surfaces, which are envisioned as the body/home's outer limits. To safeguard these boundaries is to safeguard one's body—one's integral parts, and thus one's integrity. Practicing self-care means working on the surface of the skin, which in turn 'protects' the internal contents of the body. Cleaning the surface feels good, "refreshes" and purifies, but it primarily acts as an emboldener of the limits between inside and outside, clean from dirty, *self and other*. (This is the kind of agentic *filter*, which I put forth in the introduction, applied in practice). To take care of one's self is to redraw one's limits, and therefore to regain a sense of control, or "a sense of self", as many of my informants stressed; "*to feel comfortable in one's skin*".

In Aharon Barak's work *Human Dignity*, the roots of the English term "dignity" are found in the Latin word *dignus*, *dignitas*, and its definition is "honor, respect, and glory" (2015: 3). The Roman notion of *dignitas* moreover, according to Dimitris Mpakas (2019), was grounded in nobility, social offering and public service, and the idea of magnanimity, kindness, and giving to others. Though these concepts have been discussed widely in philosophy, Barak asserts, by authors such as Aquinas and Kant, they have today also acquired constitutional value, since the drafting of the Universal Declaration of Human Rights (UDHR) in 1948, therefore acquiring a vital position inside Western understanding of notions of self. Based on the idea that "all human beings are born free and equal in dignity and rights" and "are endowed with reason and conscience and should act towards one

another in a spirit of brotherhood”,<sup>40</sup> the declaration aims to universalize concepts that might be less than clear in a transcontinental setting.

Although the constitutional history and philosophical history of ‘dignity’ share a number of moral and ethical foundations, Barak contemplates, the meaning of human dignity is variable, and especially so when it comes to cross-cultural applications. Dignity differs from one society to another (2015: 5) and, for this reason, “the demands of human dignity will never cease to evolve” (Ibid.). Linda George emphasizes this point, by highlighting that there exist several definitions for ‘dignity’ even in the English language, therefore the concept’s actual meaning when it comes to lived experience requires a lot more unpacking. According to her own dictionary, ‘dignity’ means (1998: 41)

- a. “the quality or state of being worthy, honored or esteemed”
- b. “a high rank, honor, or position”
- c. “formal reserve or manner of language”

For Michael Meyer (1995: 46) there is an important distinction between “acting with dignity” and “having dignity”. These two related conceptions differ, for humans may have dignity even if they do not act in a “dignified manner” (Ibid). And unlike correlated concepts, such as value or worth), dignity can be a measure of a way a person acts. “A person may be said to speak ‘with dignity’ or to carry herself ‘with dignity’ [...] and in this regard dignity is a unique general normative concept, since it is not said that a person speaks ‘with worth’ or carries himself ‘with value” (Meyer, 1995: 46-47). Here, the notion meets Kantian notions of dignity, since Kant contrasts having dignity with having “a price” (Ibid.). In Kantian understanding a human being has dignity, therefore there is “no price” that can match dignity. This dignity cannot be bought, traded, or exchanged (Meyer, 1995: 47). In many ways, human dignity is summoned as what inherently makes one human; without it, one is not fully human, or no longer ‘human’.

In my Greek dictionary, *axioprépeia* is defined as “a way of life in which one respects himself, does not humiliate himself to gain respect from others, does not fall into pettiness [*mikrótites*]. It is pride with kindness”. Possessing dignity thus means respecting the other as if it were thyself, and avoiding acts of pettiness, thereby valuing the other as much as one values oneself. These ideas emphasize the social requirement of ‘dignity’, which has been missing in many analyses of dignity so far: one cannot possess dignity in absence of

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<sup>40</sup> The full Declaration of Human Rights can be found here:  
[https://www.ohchr.org/EN/UDHR/Documents/UDHR\\_Translations/eng.pdf](https://www.ohchr.org/EN/UDHR/Documents/UDHR_Translations/eng.pdf)

other humans, and one cannot exercise dignity on the self, or possess dignity, if he is unable to recognize it in others. Linda George, for instance, talks about how, in American society, dignity is often discussed as a quality which is perceived as something that can be *earned*. She mentions how people often comment on how “I will give him/her the dignity and respect she deserves when he/she deserves it” – picturing dignity as a *conditional* state (1998: 46). Yet, she writes, it is rarely that a human will develop a sense of self-worth *unless others bestow it freely on them* (Ibid; emphasis mine). This is a telling annotation, because it points towards the intrinsic social embeddedness of ‘dignity’. I understand dignity as a moral compass which guides – or should guide – the way in which to pursue communication and engagement with others, but it should also form a foundation with which to treat and embody our own selves: treating our own self with dignity, as we would treat others, in whom we recognize intrinsic dignity.

In Greek, significantly, there is a marked connection between ideas of *self-worth and care of self*. There exists an expression that implies the loss of dignity in the absence of caring for the self, and this expression, which evokes pity, is along the lines of: “look how she/he has let her/himself go!”. Not caring after oneself, or “letting the self go” is a state of giving up, of resignation, of a stop in the continuous exercise of self-care, conceived inside Greece (but also outside Greece) as one of the major marks of being a social animal/human. ‘Letting go’ usually gets indicated by a sudden change in appearance – by putting on a lot of weight, for example; or suddenly displaying a messy appearance (hair in disarray, unclean and unpressed clothes, or other sign of non-care or dirt). ‘Letting go’, essentially, means to cease caring.

### Pride in beauty

Debra Gimlin (2012) demonstrates that for some women in the USA and most women in the UK, an uncomfortable feeling often arises when discussing their [cosmetic surgery] procedures, as a result of the internalization of the widespread belief that in order to desire cosmetic surgery, it must mean one has “succumbed” to social pressures. For this reason, Gimlin maintains, women often feel the need to justify cosmetic surgery, by highlighting how many (financial, usually) sacrifices they make in order to be considered “deserving” of their transformations. Other narratives utilized to justify surgery are the intensity of suffering that particular imperfections cause, which is a widespread trope in justifying a “need” for cosmetic surgery (rather than simply a “desire”). In the Netherlands, too, Tania Augsburg



states, the narratives of Dutch women often reveal that their surgery is experienced as a “shameful secret” (2009: 389) because cosmetic procedures pose, still, a feminist dilemma (Davis, 1995). For Greek women, on the other hand, cosmetic surgery (and non-surgical operations) do not pose a dilemma, and are not followed by comparable feelings of shame. In fact, it is more probable that in Greece shame will arise when a woman is ‘caught’ *not* taking enough care of herself. It is very often that people will comment on imperfections of others (quite blatantly, at times) urging them to consider fixing them. And though this may seem like an insult (and many do get insulted), the counter-argument is something along the lines of: “I’m only saying it for your own good...”. Maintaining a high standard in one’s appearance is accompanied by feelings of shame when one fails to meet such a standard, for it implies that one has not been able to exercise the correct amount of self-control, self-discipline and self-love. The encounter described below, between Mina and a new patient, foreground these concerns.

Panagiota’s face is *skamméno* (dug), as they say in Greek, which is an agricultural metaphor. Very tan and with an appearance of extra hardness, deep creases run across her cheeks and around her eyes. Her hair is cut short, with gray and white streaks revealing themselves at the roots. Her attire is a pair of trousers, a long white blouse, and sturdy, army-style boots with very thick soles.

After applying antiseptic to clean and prepare Panagiota’s face, the doctor begins injecting the mesotherapy, also known as a ‘vitamin cocktail’ that gets administered with multiple short injections on the surface of her skin. While she injects, she asks her patient:

“So.... Panagiota, what do you do for a living?”

“If I tell you... you won’t believe me”, Panagiota replied, embarrassed, and her face, already red from the injections, became even more flushed, and her eyes looked away from both her and me.

“No job is shameful”, the doctor replied, keeping up the quick injection pace.

“I was a hairdresser for many years”.

“And why are you ashamed of that?”

“I am not ashamed of that. I am ashamed because... well... a woman who worked in the beauty business should not have let herself end up like I have... I have gained so much weight. I’ve let myself go, very much. These past few years have not been easy at all. I neglected myself completely.”

After a brief pause, she continues by saying:

“It’s hard... I’ve been taking full care of my two grandchildren. One is four, the other seven. A boy and a girl. Their mother – my daughter – abandoned them. She met someone and took off to England. It’s been two years already. I have to take the girl to a psychiatrist two times a week... she is dealing with her mother’s disappearance very badly. And I have a husband to take care of, now my two grandchildren... I’m exhausted. I barely have time for myself. This is the first time off I’ve had in two years, to do something *gia ména* (about me)”.

Toula Nicolacopoulos and George Vassilacopoulos provide an even more apposite definition for *axioprépeia*: “a concern about how to be *worthy* of what is *proper*” (2013: 183; emphasis mine). I consider this definition very apt, because it underlines the ethical foundations of appearance and Greek social conduct – a point highlighted by Heather Paxson, as well. Paxson persuasively argues that the Greek word for “custom” or “convention” is the word *ethos* (“moral virtue”), which can be translated as both “morals, ethos, moral standards” *and* “manners and customs, ways of living.” (2004: 11). This idea, she notes, may be traced to Aristotelian ethics, for whom “virtuous and customary behavior” were closely linked (2004: 12). And this ethical relationship underscores the need to approach customs, behaviour and morals as being integrated practices in Greece, not merely ‘conventions’ in ways English or American terminology would convey the term. To behave according to convention, thus, provides not just a feeling of satisfaction that arises from ‘fitting in’ and by acquiescing to what is expected by Greek society, but from doing something that is understood as being morally *good*. To behave ‘properly’ and to care after oneself is a sign of morality, of dignity, and of respect (to self and others), therefore it is a virtue.

And, certainly, the connections underpinning the importance of public presentation in society are not a Greek phenomenon only. My aim is to highlight the particularities of Greek society in terms of appearance and self-presentation but, according to Turner in *The Social Skin* (1980/2012: 486-87) there exists a ‘seriousness’ regarding this matter for *all* society. “The seriousness with which we take questions [...] of appearance is betrayed by the way we regard not taking them seriously as an index, either of a ‘serious’ disposition or of serious psychological problems” (1980/2012: 486-487) Turner posits. Appearance, dress (even the absence of dress) carries meaning, and this meaning is a ‘serious’ matter, because how we look is able to “make a statement” about who we are.

To share an anecdote about how “serious” these issues are, I cite Dr. Koraletsis, a plastic surgeon:

“The Greek *kokéta* [coquette] ... would obliterate the doctor if he dared do some of the things I see some doctors do to their patients in other countries...! You can’t joke with these things. You need to take them seriously”.

The belief in the Greek woman’s innate coquettishness is very pervasive, and Greeks (from doctors to beauticians) take pride in being a lot more competent in attending to the high demands of the Greek *kokéta*. Many beauty professionals take pride in doing beauty work a lot better than their northern European counterparts, who are perceived as doing slapdash work and only ‘surface’ corrections. My own beautician in Athens, to whom I returned after years of living in London, complained about how bad my skin looked. When I told her I had done facials to battle blemishes and other spots at different London beauty salons, she exclaimed how notorious London’s fame is for bad facials and other beauty treatments.

“You know how many customers I’ve had throughout the years, who have come back with complaints about how things are done in England? From hair to nails to facials...? Tens! I don’t know what the problem is. Do they [beauticians] not pay attention? Maybe the very expensive salons are the only good ones? Or maybe the [beauty professionals] are not trained well, or they don’t take their work *seriously* enough...”, she commented. These, to her, are serious matters. “I take my profession extremely seriously,” she added. “I *feel* it *deep in my bones* – imperfections bother me! When I see hair where it shouldn’t be, skin blemishes, all kinds of things that can be fixed, I just cannot stand by and let them *stay* there! I care about this stuff! I want my customer to leave here glowing!”.

I have thus tried to maintain that ‘vanity’ in Greece is synonymous to self-care for women, with the aim to “preserve or enhance femininity” (Edmonds, 2010: 197). Women are therefore not only excused for being ‘vain’, they are largely *expected* to be ‘vain’. Those who spend extra time on their appearance are gleefully called *kokétes* (plural). Having put effort in one’s appearance remains a highly commendable act, while the absence of such care evokes feelings of pity. In order to understand the ethical hues of such associations, I argue that beauty and self-care are incorporated in a deeply entrenched, overarching Greek system of values and virtues (Paxson, 2004), whereby conduct carries deep moral overtones. To be cared after, for the Greek individual, is not just about display, but far from it: it is about practicing something *good*, something *proper*. Self-care is a virtuous act, which connects to an ideology that conjures imaginaries of cleanliness, control, and preserving a sense of decency, civility and integrity.

## Chapter 6

### *New Horizons*

“The human body coursed with the machine rhythms of the combustion engine and turbine generator, glowed with the smoothness of polished metal, plastic, industrial glass, poured asphalt, and concrete, pulsed with light, electricity, and X-rays.”

— Michael Sappol, *Body Modern*

*“I aisthitikí éhei petháneí... i aisthitikí iatrikí einai tóra”* (“the [work of the] beautician/aesthetician is dead... now is the time of aesthetic medicine”) said Ino, a woman in her mid-fifties, during our semi-formal discussion. A beautician until a decade ago, Ino gave up her profession and now works at a high-street fashion store.

Her statement reads, on a first level, as personal disillusionment in something that is no longer ‘alive’. But it can also be read to point to something grander: that ‘aesthetics’ (*aisthitikí*) as we know it is dead, supplanted by a new and all-powerful medical aesthetic, with seemingly infinite possibilities.

This chapter is pertinently named ‘New Horizons’, as it looks at the ways contemporary medicine is blurring the nature/culture (biological/artificial) divide and affecting the ways we perceive our bodies today – as fluid, malleable, forever in the making, the “epitome of flux” (Csordas, 1994: 2) and as a result of specific embodied standpoints (Haraway, 1990). Ours is a time, Edwards, Harvey, and Wade (2010: 3) contend, wherein an “epochal change” has taken place in the ways humans conceptualize subjectivity, matters of identity, and being-in-the-world, challenging what ‘counts as a body’ (Blackman, 2016: 5). It is a time of “assemblage, flow, turbulence, becoming, relationality, intra-action, co-evolution, co-emergence, the machinic” (Blackman, 2016: 8), or, as Martin (1992) proposes, the end of one kind of body and the emergence of another. This emergence, most authors propose, is related to rapid developments in the life and informational sciences, such as developments “in epigenetics, the genome and microbiome, new theorizations of immunity, as well as the rise of the social neurosciences” (Blackman, 2016: 5-6), and the “increasing ability of biomedical science to intervene at the molecular level, and the emergence of synthetic biology” (Edwards et al, 2010:3), to name a few.

The (Western) theoretical deconstruction of the body began in the last decades of the twentieth century and, still today, this deconstruction continues, calling anthropologists to constantly be aware of disruptions, shifts, currents, and to constantly update their understanding of the world while keeping in mind its complex, interconnected webs and networks that produce endless swings (Latour's hybrids and imbrogios), which are by now firmly embedded in how we perceive the world. Even in the genre of the horror film, Andrew Tudor suggests, there has been a salient highlighting of how vulnerable the 'boundedness' of the human body is. "Traditional horror monsters", he posits, "maimed and killed their victims, but, however violent by implication, that was not represented to spectators as a process of bodily disintegration and collapse" (1995: 28). Inversely, in modern horror, he maintains, "death is graphically signified as a breakdown of body boundaries, a visible rendering incoherent of the ordered structure of the body (1995: 28-29). The postmodern body, we could argue, lacks the idea of a solid core.

This shift is also, Edwards et al propose, facilitated by new imaging, visualization and communication technologies. By focusing on visualization technologies, the authors argue that we are now faced with a reality where "seeing and knowing are not separate or separable activities", but affect each other directly, enabling the materialization of the imagined body into a new kind of body/self which is "enhanced, augmented, diminished, or otherwise modified" (Ibid). This, furthermore, is considered an era wherein bare life is "boosted" (Thrift, 2005), pushing technology to enter the infinitesimal crannies of everyday life (Edwards et al, 2010), and it has done so with several sociocultural, ethical and theoretical repercussions, urging anthropologists to challenge the predominant scientific ethos, a domain which is "rife with contradictory values" (Sharp, 2011: 263).

Of the questions surrounding these shifts and ruptures that have occupied anthropology, I focus on two in particular: a) how technologies affect human embodiment and being-in-the-world since they enhance the sense of inhabiting a permeable, rather than solid, body (Sharp, 2011); and b) how the nature/culture divide gets reevaluated, since hybrid understandings of the world turn these two (opposing, until recently) concepts into abstract extensions of each other. A current, hybridized understanding of human bodies and other natural processes regards them as simultaneously natural and technologically enhanced ("cultural"). Many names have been given to such processes: Donna Haraway (1991) calls attention to the 'cyborg', and later to the concept of natureculture (Haraway, 2003) —the idea that nature and culture are so tightly intertwined that they cannot be separated into two unique domains (Malone and Ovenden, 2016:1); Paul Rabinow sees a culture of 'biosociality' (1996); Latour (1991) terms these processes "hybrids" and

“imbroglios”, while Lisa Blackman (2016: 5) calls them ‘brain-body-world entanglements’. Samantha Frost sees humans as biocultural creatures, a title which “encapsulates the mutual constitution of body and environment, of biology and habitat that has been so central to the challenge to the category of the human” (2016: 4). Yet, when it comes to cosmetic alteration in particular, I prefer Sarah Franklin’s (1996: 95, 104) notion of the ‘postnatural’ body: the body that “push[es] against both natural and cultural limits, the boundaries of which [it] also redefine[s].”

As an effect of these blurred boundaries in current Western perception, the language we now commonly use to describe what is ‘natural’ reflects an underlying, perhaps newfound – but not always realized – acceptance of hybridization. When one talks of something that is ‘natural’ today, one doesn’t necessarily talk about things that ‘are from nature’, but instead points to features that evoke ‘purity’, simplicity, perfection – in short, what we imagine or anticipate nature to be. As Rabinow (1996: 99) articulates, the social is no longer ‘after nature’, but is the model for a new nature (Franklin, 1996: 98). And though the word ‘natural’ is widely used (and increasingly so) to describe items, landscapes, and bodies, among other categories, its concomitance and relation to ‘culture’ is glossed over.

“I just... don’t see its purpose anymore,” Ino continued, elaborating on her initial statement that *aisthítiki* is dead. “People today want a ‘natural’ look. The age of perm, robust makeup, long eyelashes and bold eyeshadows is gone. All you need is a moisturizing cream, a foundation, and a cosmetic surgeon or a dermatologist, and you’re done!” Her words reference the “natural look”, which aspires to emulate nature, but which is not actually “natural”.

### The ‘natural look’

Presumably also an effect of the recurring criticism voiced by feminism during the past few decades against the excessive beauty demands made of women, but also due to a collective heavy conscience over the fact that the earth’s environment is irreversibly damaged due to human activity, there has been a marked shift towards recognizing and admiring what is often called “a more ‘natural’ beauty”. (The use of the adverb ‘more’ is particularly interesting – in Greek often described as *pió fysikó*, and it designates that something can be either ‘more’ or ‘less’ natural). To accommodate this growing desire for

‘more naturality’, cosmetic medicine and the beauty industries have devised smart ways in order to integrate the ‘natural’ look in their products and services.

According to a beauty blog, the most fashionable makeup style for 2018 was the ‘no-makeup makeup’<sup>41</sup>, whereby layers of cosmetics products that are indistinguishable from the tone of the skin yet still manage to cover “imperfections” are applied in order to achieve ‘natural’ results. And for Ino, who closely follows these beauty trends, ‘natural’ [*fysikó*] is the effect one should seek when visiting a cosmetic surgeon or other beauty physician. “If it’s not natural, then the doctor has failed”, she specified.

Magdalini, an interlocutor whom I have cited already, mentioned that doctors now perform “baby Botox” (also known as “actors’ Botox”)<sup>42</sup> on their patients; and she is amongst these patients. Baby Botox is a procedure that has gained widespread popularity recently due to its ‘natural’ results. Its administration is similar to ‘traditional’ Botox, only the doctor injects less of the product on her face every time – making Magdalini’s medical visits more frequent – “so that the change is gradual, and therefore less noticeable”.

Nonetheless, this whole picture carries a few intrinsic oxymora. Firstly, the desire for ‘natural beauty’ ends up becoming more demanding of women than the simpler, “old-fashioned” desire to look beautiful through, for example, makeup, perm and hair dye. (For in order to be naturally beautiful, there is an underlying demand for one to be *born* beautiful or else acquire ‘natural beauty’ via more painful, medical means). Another paradox is that the toxin from which Botox derives (as I have already noted) is amongst “the world’s most deadly potential agents of bioterrorism” (Koons, 2017), and a leak from a Botox-producing lab could lead to the extinction of the earth’s human and animal population. Yet Botox – that ambivalent *pharmakon* – today fares as one of the most widespread techniques via which humans attain ‘natural’ beauty and youthfulness!

The even bigger paradox is that this prevalent desire for ‘natural’ beauty would not have been realized without the advent of technological means in the first place, such as cosmetic surgery/cosmeceuticals. Their popularity and mainstreaming into an ‘invisible’ and preventative cure for ageing has meant that the desire for ‘natural-looking’ beauties became even more possible, therefore achievable by all (in theory, at least). Therefore, it has metamorphosed into the new gold standard for beauty. As Latour predicted, “nature will be known and remade through technique, just as culture becomes natural” (1991: 3).

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<sup>41</sup> <https://www.theblondesalad.com/en-GR/beauty/beauty-natural-makeup-is-the-coolest-style-for-2018>

<sup>42</sup> It is called “actors’ Botox” because actors who inject their faces with Botox can still retain their facial expressions, which are indispensable to acting.

Conceptually, 'natural' is not a process of leaving oneself 'in the hands of nature' but rather a careful and evermore advanced technology of manipulation of nature through technical means. 'Nature' thus becomes a task for culture. It is culture's job to *make*, or *remake*, nature.

As Dr. Mina explained to me, holding up the silicone implants of varying sizes that are permanently displayed on her desk, "implants today have evolved ... they are more natural-looking. They are flexible and emulate the shape of the real breast. They are the shape of a teardrop", rather than the fully rounded, gravity-resisting, immovable implants of the past. "People no longer want 'fake'. They want 'real'."

This view, that "people today want real" (meaning that 'exaggeration' is no longer desired) is a widespread one. Yet one could argue that cosmetic surgery always sought to appear 'real' and 'natural', it just couldn't, as it did not have the technological means to attain the levels of 'naturalness' it achieves today. Surely future cosmetic users will look back on today's technologies and consider them 'too loud', 'too obvious', 'too fake', like we today regard older procedures. And this is not limited to surgery; today, we laugh at special effects in older blockbuster films, considering them funny, or even ridiculous. But when we first saw them on screen, we marvelled at the level of sophistication. New technologies condition, and constantly shift, what 'natural' or 'real' looks like. Therefore, we could argue that cosmetic surgery has always sought the 'natural', but what is deemed 'natural', like what is considered beautiful, corresponds with fluid and fluctuating criteria.

Perceptions of naturalness are in a symbiotic relationship with beauty ideals and, like beauty ideals, shift constantly. The enormous breast implant, made popular by Pamela Anderson, for example, might seem exaggerated today (and it might have always seemed exaggerated to European or other non-American viewers, for beauty ideals are also culturally-specific), but it coincided with a period when super-muscular, bodybuilder-type bodies were considered sexually desirable in the USA. My point here, then, is that what is widely recognized to be beautiful is simultaneously accepted as natural. Or, more aptly, beauty trends *naturalize* (=make natural) elements that are formerly perceived abnormal or undesired.

According to Latour (1991), 'modernity' is based on the narrative of man assuming mastery over nature, having taken for granted that nature is separate from culture. But, he highlights, culture and nature get "churned up" every day (1991: 2). Humans have "a mind" that has "already set itself on a pedestal, over and above the natural world that appears to unfold like a tapestry beneath its sovereign purview" (Ingold, 2013: 7). But inside the



churning and the mixing that transpires, humans, too, get ‘churned up’ in the interconnected networks that make the real from the imaginary and the natural from the artificial no longer easily distinguishable. And, for some, this palpable ‘churning’ – this loss of a solid sense of a clearly bounded selfhood and the blurred limitations of what is artificial/real or natural/cultural – may become a motor for emboldened sense of freedom or liberation from an otherwise ‘fixed’ body. I arrive at this theme towards the end of this chapter, when I narrate the story of Thaleia.

## Monsters

The blending of nature into culture and vice versa creates imbroglios (Latour, 1991: 3). Visually, I consider these imbroglios to get beautifully transpired in the work of contemporary conceptual artist Juno Calypso, who primarily works with the photographic medium. Calypso stages herself in eerie, movie-like, usually pink, ‘feminine’ and uncannily decorated rooms that suggest ‘perfection’, and photographs herself in eccentric cosmetic products, such as a full-body green substance, or formidable-looking beauty masks (fig. 17 and 18).



Figure 17: Juno Calypso’s work. Still from online video, British Vogue (May 9th, 2018)  
Source: <https://www.youtube.com/watch?v=3jsjiWhJrqM>

The artist’s name potentially points to the symbolic connection she wishes to draw between herself and the nymph Calypso, who seduced Odysseus and held him captive for seven years as her lover in Homer’s *Odyssey*. The etymology of the word ‘Calypso’, some theories

suggest, may come from the Greek verb *kalypto* which means to conceal or to cover, and to trick or deceive. (Homer's description of Calypso was *dolóessa*, meaning sly and cunning). Juno the artist, as another, modern Calypso, in turn deceives the viewer wilfully through her images. The artist describes her work as being interested in that gap between fantasy and expectation, which is “just filled with disappointment”<sup>43</sup>, but her work, anthropologically speaking, can also be read as the perfect visualization of what Haraway calls “odd boundary creatures - simians, cyborgs, and women - all of which have had a destabilizing place in the great Western evolutionary, technological, and biological narratives” (1991: 2). These boundary creatures, according to Haraway, are monsters, “a word that shares more than its root with the word, to demonstrate” (1991: 2). And this is ultimately why I mention Calypso's work; because it is simultaneously ‘monstrous’ and ‘beautiful’ – just like cosmetic surgery and cosmeceuticals, which have the capacity to “turn faces into [scary] masks”, as one informant put it. In fact, fears about becoming a *téras* [monster], or having a “frozen” face were quite common in the field.



Figure 18: Juno Calypso, wearing a cosmetic LED mask. Still from an online video, British Vogue (May 9th, 2018)

Source: <https://www.youtube.com/watch?v=3jsjiWhJrqM>

“There is, in the pursuit of both naturality and transgression of nature, a ‘thin edge’ that separates the acceptable from the unacceptable, the glorious from the grotesque” (Franklin, 1996: 100). I also consider this association, between the artist Calypso's works

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<sup>43</sup> I urge the reader to view the video, “Juno Calypso's Five Favorite Objects”, with a voice-over interview of the artist, here: <https://www.youtube.com/watch?v=3jsjiWhJrqM>

and cosmetic work, meaningful because both raise a series of questions and dilemmas about the role of the female (liberated agent acting on free will? An imposing machine? A beautiful 'doll'? Neither of the above? All of the above? See fig. 18), and are concerned with the human as 'hybrid' and post-natural, indulging in narcissistic activities and insentiently seeking some kind of immortality<sup>44</sup>. But, above all, Juno Calypso's work strikingly highlights the thin line separating beauty from monstrosity.

Margrit Shildrick (2000) argues that the monster may be the manufactured result of techno-organic creation, or it can be found in "wholly organic beings" such as conjoined twins. She argues that the monstrous should be the starting point (and not the end point) in any discussion of body modification processes: "[...] an intervention into the always already unstable corpus whereby what is intended is not the practice of transgression, but is on the contrary a process of normalization" (2000: 77). Though I see bodily modification processes as containing the capacity to be as normalizing as they are transgressive (why should one efface the other? Again, the tendency is to get trapped into a dualistic relationship between a 'powerful' and a 'powerless' exercise of agency), she points to the fact that 'monstrosity' is not just the fearsome result of beautification processes or other cosmetic alterations 'gone wrong', but rather that monstrosity can also be 'natural', a pre-condition that leads one to seek 'normalizing' alteration through beauty work. It is yet another example of how nature and culture's polarized distinctiveness becomes effaced.

I similarly noted earlier how the quest to appear younger for women is potentially driven by the avoidance of the image of the scary witch which is ubiquitously depicted as an ugly, crumpled, old lady. Yet, these images get constantly reworked, and as technologies evolve, the 'scary old witch' finds its manifestation in the 'cosmetic monster' (the individual with visible deformities due to too many cosmetic interventions) rather than the wrinkled face. This engenders a great paradox for women, for in their quest to avoid becoming 'the scary old witch', engage in practices which might render them another kind of 'scary' – the expressionless, frozen, stretched and pumped up monster-face. Women who age today are caught in a bind, as they try to navigate between a Scylla and Charybdis of beauty, in an effort to avoid both 'natural decay' (sagging skin and wrinkles) *and* its reverse – 'technological monstrosity', demonstrating exaggeratingly 'unnatural' stretches in the skin, lack of wrinkles, lack of expression, and pumped up by too many injections which may form unnatural lumps. The simultaneous existence of the "wholly organic" monster on the one side, and the 'Frankensteinian' (the technologically crafted) monster on the other, points to

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<sup>44</sup> Juno Calypso's latest project was fittingly named "What to do with a million years" and is explicitly tied to the idea of immortality.

the fact that bodies, both as 'natural', 'cultural' (and as 'postnatural') perpetually crisscross these fine boundaries between natural and monstrous (Franklin, 1996: 100) and these can very easily get crossed, even unwillingly. If one isn't constantly watchful, as Magdalini pointed out, one can very easily lose *to métro*—an objective balance and certain vigilance that should guide these processes.

"You can easily get carried away in these cosmetic alterations... and then one day, you wake up, and you do not recognize the face you see in the mirror", she commented. But this time, the misrecognition and sense of dissociation does not begin in the reflection of an aged face, which looks saggy and tired. The dissociation here happens because technology has veritably turned the face into another kind, and even scarier kind, of scary: the 'monster's' face.

In studying the athletic, conditioned body, Franklin (1996: 100) notes how "the athletic competition requires the natural body to ensure its moral integrity" while pushing the "body to exceed its own natural limits". Technologies (and among these I consider both sports and cosmetic medicine) aim towards the crafting a postnatural body which looks as 'natural' as possible – though, as mentioned above, the meaning of 'natural' is culturally conditioned and constantly shifting.

As written already, cosmeceuticals aim to warp, freeze, extend and 'bend' time, therefore they increasingly allow a kind of experimentation and fluidity that was until now only fantasized as a distant and unattainable dream. And though individuals do not get injected or surgically altered with the deliberate or conscious goal of stretching the limits of the self, I see in cosmeceutical and cosmetic work the germination of an *expansion* and of testing "the boundaries of human flesh and aesthetic realities" (Parkhurst, 2016: 91). Cosmeceuticals, as I demonstrate in the following passage, may be progressively paving the way for the possibility of endless experimentation with one's 'looks' and ultimately with one's subjectivity and identity. And from this perspective, "cosmetic surgery enables women to move beyond a body reduced to the function of reproduction, a body 'passively victimized' to one that becomes a site for 'staging' new identities' (Balsamo, 1992: 23).

The idea of the modern self as a reflexive project (Giddens, 1991), and the notion of the 'body as project' (Schilling, 1993) have been around for quite some time now. These theories propose that the shaping of the body is "an essential means of constructing the self" (Gowland and Thompson, 2013: 160), and describe body modification as the "reflection of an individual's perception of his or her own identity or the identity that he or she wishes to portray" (Ibid.). These processes are also social: "Extreme forms of body modification are a powerful means of forging new social groups (e.g. gangs), and of expressing resistance

and subversive identities” (Ibid.). “Incentives to change the body may spring not simply from a desire for a different body”, Alsop and Lennon (2018: 100) suggest, but from a desire for a reconfigured sense of self”. It springs from a desire to create, as Featherstone (2010: 196) maintains, a renewed body, and a new self.

But what is the difference in these practices of self/body modification across the pre-modern, the modern, and the postmodern eras? When we speak of postmodernity, we speak of a momentous shift or break from modernity, “involving the emergence of a new social totality with its own distinct organizing principles”, Featherstone writes (1991a: 3). For Featherstone, who bases his argument on the work of Baudrillard, the postmodern world is one where information and technology cause a transference, from a productive to a reproductive social order, “in which simulations and models increasingly constitute the world so that the distinction between the real and appearance becomes erased” (1991a: 3-4). Looking at these processes in a historical manner, yet going against the habit of looking at them in an orderly, linear fashion but instead applying a more Foucauldian model<sup>45</sup>, this assumed ‘rupture’ between the pre-modern, then modern past, and now the ‘postmodern’ present become less lucidly demarcated. It has been assumed that ‘cyborgification’, ‘hybridization’, and the “recent” blurring of clear demarcations between man and non-man (be it animal, artefact, object, machine) is a new development, and highly illustrative of what postmodernity consists of. Yet the concept of the ‘cyborg’ – though the term sounds cutting-edge and futuristic – is not a very recent phenomenon if one takes into consideration the several references in the ethnographic literature whereby humans are seen to belong, become extensions of, or otherwise getting involved with non-human entities (spirits, animals, material artefacts). These processes may not have been termed ‘cyborgian’, but they were described as symbiotic, totemistic, and syncretic (Calabrese, 2019; personal conversation). As Lisa Blackman (2016: 9) posits, “[it is] important [to] carefully attend to prior histories and traditions of writing that might be inadvertently excluded from citational politics and histories of disciplinary engagement and practices of remembering and forgetting”. Ana Viseu and Lucy Suchman also suggest that (2010: 163) “the intimate and meaningful association between persons, bodies and artefacts is a recurring theme across anthropological accounts, from classic ethnographic texts to contemporary discussions of art, agency and material culture”. It is just that in the context of current technoscience, these reflections take on a new salience (Viseu and Suchman, 2010: 162). Ethnographies –

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<sup>45</sup> As Foucault “sought to challenge the modernist assumption of historical progression, continuity and unilinear development” (Bunton and Petersen, 1997: 3).

particularly those regarding societies residing in smaller communities, and usually outside the West – have detected the long-lasting bleed and the symbiotic relationships that get formed between human and non-human; bodies that may share biological or spiritual substance with other creatures (Sharp, 2011: 262).

Gell, for instance, in his “explorations of the agential power of artefacts” (Viseu and Suchman, 2010: 161) describes how a society perceives the affective involvement with inanimate objects:

“Almost all Marquesan art was attached to the human body (e.g., tattooing, adornment). Moreover, the art that was not intrinsically part of the human body (e.g., weapons, canoes, furnishings of houses, etc.) was conceptually treated as if it were. Thus, a chief’s canoe was part of his body, had a personal name which was one of his own set of names, if injury was done to it, injury was done to him, and so on” (Gell, 1998: 168).

## Thaleia

“I was always *ypér* (for) plastic surgery, not against, so I began doing things *sigá sigá* (slowly but steadily).”

“From what age?”

“Since I was eighteen.”

“What did you do?”

“I had two operations after I turned eighteen. I did my breasts [enlargement] at eighteen, and after that, liposuction. Generally, I didn’t really think about it too much. I thought ‘okay, I have this *dynatótita* (ability)... the ability to change something. Who do I want to look like? I want to look like...’ [she doesn’t complete the sentence]. What can I say, for me it’s like when you dye your hair. You have a *look* in your mind, and you want to achieve that look [...].

The above excerpt is from a long interview with Thaleia, a 24-year-old woman who lives in Athens and whom I met through an anthropologist friend. She holds a Masters degree in sociology, and during her studies she developed a keen interest in feminist and queer theory, as she told me during our discussion.

We met at a café in a busy, central square. Her physique was what Greeks call *mikrósomí* (petite), with an attractive, sweet face. Her voice was high-pitched but soft, and her movements slow and graceful. She spoke with *názi*, a girly, flirty voice, drawing out the

vowels to give them a more musical effect. She wore a modest amount of mascara on her eyes, and had discrete bangs that fell across her forehead. Normatively speaking, she was a beautiful young woman, with certain ‘doll-like’ characteristics and an air of ‘girly’ performativity which were not – I felt – wholly unconscious but developed and perfected consciously over the years.

“Last year, I also decided to do my lips [with fillers], because it seemed like something easy. I went to this *kyrilé* (posh) institute in this *kyrilé* neighbourhood... I had already done laser there [for body hair removal], and I was satisfied with the result. So I tried the lips, too. But that didn’t go well. [...] The result was uneven in my lips; for several days [...] I had inflated lips, and one side was much bigger than the other. [...] I also had a big blue bruise on my upper lip”.

Thaleia, however, didn’t stop filling her lips. She instead sought out a different institute. “Now, I am very happy with the result”, she said.

“To an extent, all my [operations] went somewhat wrong. After my breast [enlargement] procedure, one of the stitches had some trouble. Blood kept coming out, and they stitched it again, so I have a small scar. It shows... minor thing, you might think, but it did bother me a little. The second one [the liposuction] – done by the same doctor, he is a family friend – I think created a slight asymmetry between my two thighs. No one sees it, I am the only one who notices. [...] I am satisfied with both procedures. Of course, they could have gone even better; but I don’t regret doing them, at all. I am glad I did them”.

Of all my informants, Thaleia intrigued me the most. It wasn’t only the fact that she was very open about her procedures, she was also the most cosmeceutically active of all the women I interviewed, and among the youngest. (Later in the interview, she mentioned that she has done fractional laser on her face, as well as Q-switching – a laser therapy to remove coloured spots from the skin). A firm believer in cosmetic medicine as a technology with endless possibilities, she portrays herself as an experimenter of such technologies, even if they are not proven to be devoid of risk. Risk, for her, is all part ‘of the game’. Probing deeper into this, she explained:

“Look, *i mána mou* (my mother), she raised me with the motto ‘don’t pay so much attention to these things’... to appearance and cosmetic

surgery and all that. Which I find a little *femofovikó* (femophobic)... it's like she is afraid. She is afraid it is 'anti-feminist'. She thinks these are *gynaikéia prágmata* (feminine things) and I shouldn't do them. But when I became eighteen and I wanted to enlarge my breasts and I was crying and 'beating' myself (*éklaiga kai htypiómouna*) she let me do it, and I think it's good that she let me, even though she was against it and was afraid for me...

[...]

Still, my mother, whatever I want to do, she makes a sour face (*xynízei*) and she always tells me things like 'You are fine just the way you are'. She doesn't understand it. And now she just pretends she doesn't see the changes. But there's always an underlying *patronárisma* ('patronizing'); I know she looks at me and thinks 'ts ts ts'<sup>46</sup>, as if she is ashamed."

Thaleia, equipped with analytical tools from her sociology background, presents an argument against 'femophobic' feminism and supports a firm rejection of what she perceives to be an 'old-fashioned' feminist trope. She views more traditional feminists, like her mother, as 'femophobic', i.e. afraid of their femininity, and argues instead that enhancing her own femininity should be her own choice. She paints an image of her mother as being stuck in a rather cowardly past that no longer applies to (her) present, and she is especially bothered by her mother's patronizing tone, and disapproval of cosmetic procedures. Thaleia's outspoken manner is as if she says, "this is a new age. My mother belongs to a different age".

During our interview, at the realization of how many procedures and treatments she has done, she laughed and said, "I always do something huh? I like to keep busy!", in a sarcastic tone. "No, but *I like* the process... *I like* doing something on myself all the time". And when, later in the discussion, the topic of a boyfriend came up, I asked whether she shares these 'secrets' with her partner.

"Not really, why should I?" she replied. "He once noticed a change on my lips, and asked me 'have you done something?'. We had only been going out a few weeks at the time, and I shrugged, rolled my eyes, and didn't even respond. It wasn't his place to ask. Later, a few months into the relationship, I told him I sometimes inject my lips with fillers... because I felt

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<sup>46</sup> A disapproving look followed by an audible, triple 'tsk' sound made by the tongue against the palate.



like telling him. He saw a few bruises on my mouth and I thought he might be worried, that's why. Otherwise, I don't think it's anybody's business but my own."

Thaleia later disclosed that she was fascinated with the transformation of the youngest Kardashian sister, Kylie, whom she followed closely through television and social media:

"This Kylie, do you know her?" she asked me, animatedly. "She was the least pretty. She had very thin lips, a bit chubby... she was this insignificant little girl, and then... suddenly she became *i yperkoulára!*"<sup>47</sup>.

She then explained that Kylie Kardashian had inspired both her and her best friend to try fillers on their lips. She added: "I also think she had Botox, because her eyes are suddenly so wild. And I began thinking about Botox myself... but everyone keeps telling me no, that I shouldn't get Botox. That I'm too young."

A lot of recent material has focused on the effects celebrity plastic surgery has had on younger segments of the population. 'Millennials' in particular, a group to which Thaleia belongs, at least according to sociological discourse, are seen as especially susceptible to the celebrity and media influence. In "Millennials and the Kardashian effect" Lisette Hilton cites a doctor and head of the Academy of Facial Plastic and Reconstructive Surgery (AAFPRS) as saying:

"Young adult years can be highly impressionable, and the more they are inundated with celebrity images via social media or on television, the more they want to replicate the enhanced, re-touched images that are passed off as reality. We are definitely seeing a younger demographic than ever before seeking consultations and treatments with our members all over the country." (Hilton, 2016: 46)

Yet I wonder whether Thaleia's story should be read as merely reflecting a demographic trend, though higher exposure to these practices has undeniably familiarized cosmetic medicine for her, and her friend. I believe there are many other processes at work here, such as – for example – the kind of relatability a Greek woman feels with members of the Kardashian family. The Kardashian sisters' physical structures and facial characteristics (what we might call a "Mediterranean" type) represents a kind of beauty that would rarely fare, until very recently, in beauty magazines and on American popular television. Like many Greek women, the Kardashian sisters are brunettes, with rounder, curvier figures, thick

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<sup>47</sup> *Koukla* means 'doll'. It is a common word to describe a beautiful woman. *Kouklára* means very beautiful, and *yperkoulára* is a superlative of *koukla* – a hyperbolic expression.

eyebrows, and darker skin than the average white European/American. Therefore, what the Kardashians represent is a lot more relatable to the kind of beauty many Greek women aspire to and are able to attain. There is a level of identification with these celebrity personalities that was perhaps missing in earlier identifications.

However, I also believe there are much more personal processes at work. When Thaleia talked about Kylie Kardashian as a formerly insignificant (*adiáfori*) little girl, I wondered whether she might also have once viewed her own self, sans full lips, thinner thighs and with smaller breasts, in that same insignificant light. Still, however, I could not describe Thaleia as more insecure and 'self-loathing' (characteristics that feminist literature considers to be central and exemplary woes of all women, especially those who seek cosmetic procedures), than other women I have met and discussed with. In contrast, she spoke boldly and shamelessly about her procedures, fully embraced mainstream idols of female sexuality and (counter)criticized those who criticized women like her, as being fearful. Hers was a truly uninhibited disposition, though it may be possible that her polemic attitude and boisterous confidence might have been masking underlying insecurities, which are nevertheless matters exceeding the scope of my own work, and might be more fit for psychoanalysis.

I should indicate at this point that there exists ample feminist literature that warns against the pseudo-confident attitude expressed by cosmetic surgery patients, (we can assume) like Thaleia. Abigail Brooks (2004: 219-220), for instance, undermines accounts by cosmetic surgery patients, what she dismissively calls "candid accounts" of the kind found in women's magazines, like the one I present here:

"A large number of (lifestyle/beauty magazine) articles consist of individuals' personal stories of their cosmetic surgeries and fit within the narrative frame I call the candid account. Within the candid account I found associations between cosmetic surgery and the following themes: courage and virtue; a gift or treat; independence and rebellion; common sense and pro-activity.  
[...] Individuals who honestly admit to having cosmetic surgery, like those who embrace cosmetic surgery without hesitation, are praised for their boldness and courage."

Davis has called cosmetic work a feminist dilemma. She mentions how she – as a feminist – began her research of cosmetic surgery because she was "puzzled", "taken aback" and "uneasy" when she, on several occasions, came across women who were also feminists, yet *still* (as if this is an unthinkable union) desired cosmetic alteration. Davis in particular mentions a friend, who was a feminist, yet "was actively and knowledgeably opting for a

surgical fix” (1995: 4), and who felt that she had to defend herself to the author (1995: 5). This encounter – and others – urged Davis to self-reflect on her own preconceptions (and this was a bold move in 1995, when *Reshaping the Female Body* was written, for she faced a violent backlash by feminist scholars), and she also confessed: “I began to wonder why it was so difficult for me, as a feminist, to hear my friend’s account of why she wanted cosmetic surgery as anything other than one more instance of a woman being duped by the beauty system” (1995: 4).

Most feminism’s outright rejection of cosmetic surgery engenders, I maintain, another feminist dilemma: namely the question of representational authority. Many cosmetic surgery patients feel compelled to *justify* (Gimlin, 2012) and *defend* (Davis, 1995) their procedures to others, which should lead scholars to scrutinize such problematic dynamics between the authority of the author and the voice of the patient/individual. Most accounts positioning themselves against cosmetic surgery assume they ‘know better’ (Vlahoutsikou and Baharopoulou-Kouli, 1991: 94) but the question remains unanswered: who has a superior right to talk about cosmetic medicine, those who have never tried it – and who denounce it – or those who have first-hand experience with it? I maintain that those who have first-hand experience with these practices can provide a lot more depth to the discussion, highlighting aspects that traditional feminist discourse neglects. To provide an example: a former cosmetic surgery patient whom I interviewed, who had had a double procedure performed – a breast reduction and an abdominoplasty (‘tummy tuck’) – described how she was extremely satisfied with one procedure (the breast reduction), but disappointed with the other. She had enduring pain and complications months after the procedure, and she felt she was not well-informed nor well-prepared for the post-operative “drama” that ensued. She said she had to wear bandages and other skin-tight gauze around her torso all summer long, which made her sweat profusely, and she couldn’t swim, even when temperatures reached 40 degrees Celsius. “It was a nightmare, the tummy tuck...” she complained. “But I’ll never regret my breast reduction – ever. I feel so elated after that procedure! It’s quite strange, actually, how one went so well and the other bothers me still, so much...”.

What I desire to point out by mentioning this example is how the literature often presents a cohesive, unified paradigm of cosmetic medicine, smearing out the fine contours that exist, not only from one individual’s experience to the next, but even between a single individual’s experiences. Highlighting such variety and being sensitive to such vacillations is paramount if there is to be a more unified and rounded apprehension of cosmetic procedures. That ‘cosmetic surgery’ as a term stubbornly persists when the field has

spawned such a wide variety of technologies – and when most of the more recent ones are not even surgical in nature – should alert us to the stuntedness, if not inertia, of our discipline when it comes to facing this swelling sector of medicine.

A final point to be made is the following. Pitts-Taylor mentions a motive for seeking cosmetic surgery as being simple curiosity, that arose from her research with cosmetic surgery patients. She explains:

“After having spent many months in cosmetic surgery clinics as a researcher, I decided to become a patient. I was significantly motivated by my curiosity about cosmetic surgery. I was fascinated by the physical processes of cosmetic surgery—would a rhinoplasty really transform my whole face, for example?—and even more by the social contests that stormed around the cosmetic surgery patient. (2009: 123)

The eternal search for ‘deep motives’ in understanding cosmetic alterations has left aside the more ephemeral, transitory, and even temporary nature of such drives. Because cosmetic medicine raises ‘strong opinions’ on all sides, the process of becoming a cosmetic patient is riddled with conflict (Ibid.). However, the decision to undergo surgery, Pitts-Taylor writes, “was not an agonized one [...] I did not feel the moral weight of the decision as many do; as a scholar of body practices for the past decade, I frankly disagreed with the reigning moral imperatives surrounding the ‘natural’ body.” (Ibid.). Much like Thaleia, Pitts-Taylor reasons her own procedures as a thing ‘bodies do’:

“Bodies, it seems to me, have always been transformed, in every culture and period, including indigenous ones; there simply are no “natural”—in terms of pristine—bodies to emulate (Pitts-Taylor, 2009: 123).

We are accustomed to thinking about cosmetic beauty as a recent fixation—a consequence of a capitalist, consumer-thirsty and image-saturated world which ‘aestheticizes’ reality (Featherstone, 1991a: 15), and, even more recently, as an exploding ‘social media’ phenomenon, feeding on the narcissistic impulses of man. And, though these phenomena are indeed heightened in the present with digitalization having “rendered images more easily manipulable, less stable and more ubiquitous” (Edwards, Harvey and Wade, 2010: 2) – indeed as never before – we also need to recognize the existence, from antiquity to the present, of an uninterrupted flow of human fascination with beautification and the elaboration of the body. People have historically undergone “extreme discomfort, pain and risk” in the process of modifying their bodies (Schouten 1991: 412-13). And numerous

artefacts have been unearthed from as early as the Bronze Age in Egypt and Greece, but also China, which point to a marked increase in cosmetic use from circa 2000 BC onwards – alongside the growth of science, mathematics, and medicine. Edward Schafer notes how lead was smelted to create a yellow pigment which was popular in China since at least the sixth century, explaining that yellow was a very fashionable colour (1956: 415) for the decoration of Chinese women’s faces. (Could this possibly explain why East Asian people are sometimes called “yellow”?). This pigment was possibly used for makeup, a style known to some as ‘Buddha’s makeup’, because it emulates the shine in Buddhist gilded images and statues (Ibid., 419.). The ancient Egyptians are comparably, if not more, famous for their use of kohl to darken and accentuate their eyes (a beautification practice which is still prevalent today).<sup>48</sup>

But perhaps one of the most captivating surviving artefacts is a container from the Roman period, unearthed in 2003 in Southwark, London, which is assumed to be a cosmetic cream. Dated to the second century, the container displays intact finger marks from the hand that scooped up the cream inside, approximately two millennia ago. The contents of the container, now housed in the Museum of London, were described at the unveiling of the piece “as a creamy substance with an intense sulphurous smell” (BBC, 2003) and is considered to be amongst the most exceptional recent antique findings. Such objects stir our imagination but also render aspects of antique life – a life often considered to belong to a very different mankind – very proximate. It points to a kind of perpetual quest for beauty and self-enhancement which often gets neglected in studies that focus solely on how modern man has broken away from the past to display unforeseen, and novel characteristics.

Returning to Thaleia’s example, however, I argue that what *has* changed in the modern period is the level of mastery over ‘nature’ that man has achieved, to the point that, today, we may speak of an era called ‘the Anthropocene’, which involves an understanding of humans as “rivalling some of the great forces of nature” (Frost, 2016: 2-3). This unprecedented level of alleged influence over what was previously under the domain of forces as grand as God, or Nature, has turned humans into a kind of superhuman, with great creative (but also destructive) capacity. And it urges humans to imagine technology as a kind of aide in their full-fledged control over nature. Thaleia gave me the impression that she desires a kind of cosmetic medicine which is so evolved that ‘mistakes’ (such as stitches that leave marks, or surgical complications) are no longer permissible. And,

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<sup>48</sup> Less known is that kohl was also considered to have had a medicinal application, for the prevention of eye infections. And this belief, according to Nigra et al (2015), was not unfounded.

remarkably, instead of pushing her away from cosmetic medicine altogether, her several complications didn't stop her from trying again, and again, until she achieved the desired result. As a trained sociologist, she had engaged extensively with feminist theory and had concluded that several principles in feminist discourse did not apply to the way she understood herself, and she felt they were as restrictive as the institutions they fought against. A firm believer in the 'new horizons'<sup>49</sup> of medical cosmetic technology, I consider Thaleia to be a daring representative (and I am not in a position to evaluate whether this is a good or bad thing, because I am not certain it is either) of a younger generation of cosmeceutical consumers who see in cosmetic medicine not necessarily "empowerment", and not only the exercise of personal choice in the fashioning of an identity, but vast technological potential. Her approach to cosmetic alteration points to a wider world – a New World - of possibilities in fashioning the human body, allowing one to get un-trapped from its 'wordly', 'natural' limitations.

### The image-body

Nearing the end of our interview, Thaleia pulled out her phone to show me photos of herself. When she opened her phone's image gallery to show it to me, I was stunned at the sheer amount of photographs. The variety of closeups of the same face (in different positions, angles, lighting, hair colours and accessories, against different backgrounds) was dizzying. These self-portraits (and I refrain from using the word 'selfies' because these were not meant to be shared on social media) formed what she called a 'diary'. Via this visual diary, Thaleia was able to keep a close track of the process of change on her own face:

"I am able to compare what I looked like before and after. It helps me keep track and maintain some objectivity about the way I look", she explained. "Here, [she points to a picture] I had tried putting a lot of *yalouronikó* [filler]. I then found it was too much...what do you think?". "Then [she scrolls to another photo], I decided this is the best look for me. A little less full."

Here, I suggest that two simultaneous processes are at play. On the one hand, Thaleia – via the use of her camera phone – assesses her cosmetic medical procedures (over time) with what she describes as a more 'objective' standpoint. Her phone helps her evaluate

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<sup>49</sup> I borrow the term from a talk I watched online, recorded at a medical conference. The link is no longer accessible.

which 'look' she likes best on her face, and therefore her phone becomes a tool in the improved, 'objective' assessment of her looks.

Apart from a means of communication, providing real-time connection to other people via text messages, audio or video calls and access to social media, smartphones today are arguably one of the most crucial tools in the embodiment of hybridity and cyborgian 'being-in-the-world'. Packing a calendar (which can sync to other calendars), a camera, an image gallery, a notifications service, an alarm clock, a notepad, an audio recorder, several email accounts, a wallet, and an enormous range of other applications (like apps that track periods, measure heart rates, or create exercise routines), phones become a lot more than just a means for connection. (As a friend who once lost her phone to a passing pickpocket exclaimed, in despair: "I cannot believe it, my whole life was in that phone!").

Mobile phones provide entertainment and information (Hoffner, Sangmi and Park, 2000), but also become entrenched in the day-to-day management of one's life, to the point where losing one's phone creates anxiety, panic, and sentimental feelings of loss (Ibid.). I am reminded here of a smartphone ad, which shows different parts of the world suddenly suffering cataclysmic and apocalyptic disasters, ending with the earth falling in complete disarray, losing its gravity and bleeding out towards space. The ad ends with a man dressed in white – God – standing above in the heavens, looking at his phone screen which switched off after a bleeping message that the battery had emptied. He then places his head inside his open palms in desperation. The ad ends with the slogan "when your phone dies, God knows what can happen".

The mobile phone is, as many scholars have pointed out, "a type of affective technology that is deeply connected to the emotional lives of users" (Hoffner, Sangmi and Park, 2000:2453). That a phone "dies", a common expression, signifies the intensity of the connection between man and mobile-phone/machine. When a phone 'dies', we lose a tech-companion, a tool which we now perceive as somewhat vital. But even beyond a personal tool aiding us to achieve a number of daily tasks, a phone is increasingly seen to be an extension of the self, a reflection, or even a distillation of 'who we are'. "Your phone knows everything about you", a New Yorker cartoon which was very widely shared on social media recently joked, which is very close to how Thaleia perceived her image gallery – as a diary. The mobile phone is conceptualized as a tool for the expansion of the self, allowing one to "move closer to a state of wholeness" (Hoffner, Sangmi and Park, 2000: 2453).

The other process at play is the simultaneous existence of Thaleia's face on a machine and in reality: two faces that immediately affect and inform each other, aiding in the processes of transformation. We could argue that, through the formation of an 'avatar'

(Edwards, Harvey and Wade, 2010), a 'virtual' Thaleia assists real-life Thaleia in creating an image that suits her particular needs and desires during a specific moment in time. Her phone acts both as a monitor and a habitat – an instrument for a more informed and well-rounded self-reflection, which allows her – as she later says, “to be more in control” of how she changes the way she looks.

In these processes, we can truly see the implementation of what Edwards, Harvey and Wade (2010:2) have described:

“[...] visualization and communication technologies have combined to provoke new awareness of the body and of the self, new regimes of power and knowledge, new possibilities for the enhancement of human life” (2010:2). [...] Of particular interest is how people “increasingly launch versions of themselves into the virtual world of avatars, gaming, dating and socializing via their identities of choice” (2010:2) and how such technologies subsequently “shape ways in which bodies, body parts and bodily processes are imagined” (2010: 3).

Borrowing a term from Eugene Thacker (in Featherstone, 1999: 8) I maintain that Thaleia produces an ‘image-body’ of herself on her phone – a virtual copy – of her body in different ‘stages’, which then informs and constitutes the crafting and moulding of her lived body. She is, as Julie Clarke (1999) writes about the artist Orlan, “flesh become image”. Though, reversing the equation, I maintain that she is “image become flesh”.

Giddens has stressed that, in modernity, we are not what we are, but “what we make of ourselves” (1991: 75), and the body is central in this undertaking. “Observation of bodily processes [...] is intrinsic to the continuous reflexive attention which the agent is called on to pay to their behavior” (Giddens, 1991: 77). Asserting full control over the body and its processes seems to be a central ambition of man. But is it an ambition of modern man? According to Foucault’s reading of ancient Greece, this ambition has been in place long before modernity. In *Technologies of the Self*, Foucault talks about the aforementioned *askesis*, a Stoic technique that trains one to progressively attain mastery over oneself and the body. I generally make an effort, throughout this thesis, to include aspects of historicity and to widen the temporal scope in the discussions around hybridity and the emergence of a postnatural body, because I consider most existing discussions to rely too heavily on a contemporary, western-centric, “postmodern” reading, when hybridity has existed – and has been highlighted – in several ethnographic accounts of the past.

In his widely cited and extremely influential 1934 essay, “Techniques of the Body”, Mauss initiates what later became a series of challenges against the idea of a



natural/biological/organic body. Mauss noted how, after he read an encyclopaedic entry on 'swimming', he reflected on how swimming had undergone a change in his generation's lifetime (1973: 71). "Previously" he wrote, "we were taught to dive after having learned to swim. And when we were learning to swim, we were taught to close our eyes and then to open them underwater. Today, the technique is the other way around. The whole training begins by getting the children accustomed to keeping their eyes underwater" (Mauss, 1973: 71). Mauss then went on to consider different bodily techniques (digging, marching, walking, sitting) as learned, culturally-specific, and embodied processes – or as Sarah Franklin (1996: 98) conjectures, "the embodied dimension of culture".<sup>50</sup>

Contemporary anthropology focuses heavily on the idea of 'becoming', rather than simply ("naturally") being. It regards life as a "process of making, rather than as a realization of expression of the readymade" (Ingold, 2013:15). Gísli Pálsson discusses how our understanding of the human being needs to be modified, stating that "what counts as human 'difference' may not be that clear" (2016: 100). His premise is that a continued uncertainty about the human is in place, defying "the demarcation and definition of 'our' species" (Ibid.). He also conjectures that "the prospects of the post-human raise fundamental questions about human futures and identities" (Ibid.).

Contemporary technoscience is paving the way for what many expect to be the birth of the 'tailor-made' human, and not just through the more timid 'alteration' technologies that we've seen until now, such as cosmetic surgery and cosmeceuticals. The "new horizons" seek, through ambitious and ground-breaking 'postnatural' (and ethically challenging) technologies, to shape and control life at its inception or even before. Analyzing such technologies is beyond the scope of my own work, but I mention these because, when taking these processes into consideration, cosmetic medicine suddenly appears as so much more than a mere tool of the suppression of women. If approached as one amongst many recent developments in medicine and science which on the one hand exhibit an unquenchable thirst for shaping all aspects of life, and on the other challenge the idea of the bounded body/self, then the reading of cosmetic medicine changes, too. Enveloped in a system that wishes to stretch the boundaries of the human to never-before-grasped levels,

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<sup>50</sup> Anthropology has distinguished many kinds of bodies. This Csordas considers 'the multiple body' (1994: 5), putting together Mary Douglas's 'two bodies' (the social and the physical), Nancy Scheper-Hughes and Margaret Lock's 'three bodies' (individual, social, and body politic), and John O'Neill's 'five bodies' (after adding a consumer body and a medical body to the list) (Csordas, 1994:3-6). Since then, a series of other kinds of bodies have been added to the equation (the affective and affected body, the suffering body, the hybrid body, the postnatural body, the post-human body...etcetera).

cosmetic medicine stops appearing – as it has been portrayed for so long – as simply a mechanism of patriarchal oppression which turns women into obedient objects that conform to the beauty ideal. In a world of post-humanism, we can anticipate that cosmetic medicine is but *one* of many technologies that seek to control/alter/enhance/expand/boost/'youthify' or otherwise toy with the limits of the self.

Moving, then, away from a model that sees cosmetic medicine as only “superficial”, dangerous, and “exploitative” (Wolf 1991, Bordo 1993) or, at the opposite end, a tool for female “empowerment” – which more recent feminists have suggested – we could instead focus on how it affects human capacity to imagine the future and provide a sense of control on the otherwise uncontrollable and ‘untamed’ ‘natural’ body, which is prone to sickness, decay, and death. We can embrace the image of the cyborg which, according to Haraway, is a “condensed image of both imagination and material reality” (1991) instead of imagining it as a menacing ‘fembot’ like Abigail Brooks does, the kind of “world envisioned by Isaac Asimov [...], populated by humans and humanoid robots, robots identical to humans in appearance” (2004: 223). We could regard cosmetic medicine’s capacity to hybridize and ‘cyborgify’ the human as the latest development in a long series of modifications, enhancements, and elaborations that humans practice in their making of civilization – as the most ordinary (indeed the most *natural*) human activity – one that is being advanced and perfected over thousands of years. For is not makeup, the wearing of masks and other costumes, tattoos, or taking pills, also cyborgian? Turner (2012: 488) describes how even for the “so simply dressed” Amazonian Kayapo, exercises to upkeep appearance, such as cleanliness and bathing at least once a day, and plucking of their facial hair, may “transform the skin”, turning it from a “‘natural’ envelope of the physical body into a sort of social filter”.

Like Haraway puts forward, “bodies cannot be seen outside the self-creating process called human labour” (1991: 10). Therefore, looking at such medical technologies, we might take the advice of Sebastian Hsien-hao Liao, who argues that we need a sort of “cyborgian politics”, which “emphasizes the necessity of hybridizing, of acting out of a processual subjectivity” (2000:178), in order to understand practices such as beautification, and even cosmetic medicine.

To sum up, I have offered a ‘hybrid’ reading to investigate the culture of cosmetic medicine. I argue that engaging with cosmetic technologies can also be read – apart from a unifying and coercive practice – as a means to expand the self and ‘play’ with bodily and identity boundaries. This, to continue a debate which I began in this thesis’s introduction, need not be framed as ‘empowerment’ or ‘subordination’. It can be read outside such dualistic tendencies that have dominated the study of cosmetic surgery, and I hope it paves the way

for a more inclusive understanding of the practice, which involves Latour's 'imbroglios' – namely, to integrate medicine and scientific discourses, and be aware of the history of body alteration across cultures and societies – rather than separating cosmetic medicine (and the whole realm of beauty) as the sole and “last remaining of the old feminine ideologies” (Wolf, 2015:3) which is unique to our modern era. What on the one hand may be read as a technology of erasure, of “mattifying” and anaesthetizing women and coercing them into seeking a ‘patented’, uniform face and body type, may simultaneously be a tool. This tool is leading some women to implement a more Orlanian<sup>51</sup> approach to cosmetic medicine, one that leads to not only a “reconfigured sense of self” (Alsop and Lennon, 2018), but which challenges the very definition of ‘self’.

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<sup>51</sup> Orlan performed several cosmetic surgery procedures on her own self – and some were recorded on video – so that her face could emulate other personalities.

## Conclusion

### *Beauty as force*

Many authors have recognized beauty's ubiquity inside Greece. Still, in their majority, they have either made passing remarks, fully disregarding it in favour of more 'important' or 'meaningful' matters, or they have considered it as part of a grander culture of Mediterranean 'corporeality', which presumably places high emphasis on appearances. They have thus overlooked other, significant aspects and effects of beauty on the Greek individual. With the exception of Bakalaki, who presents a comprehensive historical account of the meanings attached to beauty and beautification in modern Greece since the early postwar period, anthropologists have failed to delve into the topic of beauty in any real depth, feeling comfortable reducing it to either a surface feature (functional only in its capacity to attract), or regarded as a means to distinguish the self from others.

In *The Empty Cradle of Democracy*, Halkias is made aware of a certain 'heightened corporeality' in Athens. "Younger women and men tend to accentuate their body", she writes, "wearing tight clothing and high heels. Many are very thin, but there are also curvier bodies in abundance. During the scorching hot Athenian summer, one sees and feels – for, among other things, physical boundaries are much more diffuse here – a lot of flesh" (2004: 33). "All in all, Athens is distinctly a sexy city" (2004: 34) she concludes. Halkias's observation reiterates an enduring tendency by anthropologists to mention the 'sensual' and the boundary-diffuse in Greek behaviour, but do not probe deeper.

However, in a more recent PhD study on Greek night clubs (*ellinádika*), Natalia Koutsougera (2013) delivers a penetrating look into the sensual performativities of Athenians who go out at night, and highlights the affective/emotional qualities and the transgressive 'atmospheres' inside these *laiká* (popular/working-class) spaces. She illustrates how erotic/sensual behaviours are deeply expressive of emotions that develop inside the space of the *ellinádiko*, throughout the night, which begin from the individual subject but end up "forming somewhere in the middle between the self and the 'other'" (2013: 3), bringing to mind the arguments put forward by Dubisch and Seremetakis about the social/public (rather than internal/private) nature of Greek emotionality. During sensual and highly expressive dances such as *tsiftetéli* and *zeibékiko*, Koutsougera maintains, there not only occurs a loss of the self ("transcendence/madness", "erotic/sexual feelings") – notes that are heavily reminiscent of Seremetakis' descriptions of mourning rituals in Mani of southern Greece – but there is again the intense conjuring of pain which is brought to

centre stage, if only by implication. There exists in these dance performances a search for ‘authenticity’ of the self, which Koutsougera ultimately sees as an exploration of *ellinikótita* (Greekness) and *laikótita* (working-class Greekness) and therefore is expressive – as much as it is constitutive – of the Greek self. Appositely moving away from understandings that see sexual performance as only a method to attract or distinguish, therefore, the corporeality present in her work is deeply affective, and demonstrative of ‘internal states’ that do not only find their way to the surface from the depths of the body, but instead form at the confluence of ‘deep’ and ‘surface’ interconnectedness. It is in such examples that the porous paradigm I offer in the introduction crystallizes, where I discuss replacing the word agency with pore, filter, or boundary. The self, in such moments of “transcendence” as in Greek nightclub dancing and other expressive, performative, and vulnerable states, diffuses the boundaries between self and other, internal and external.



Figure 19: Zeibékiko dance.

Source: <https://www.greeksongs-greekmusic.com/zeibekiko-greek-dance>

Like in the mourning rituals described in Seremetakis, public performances of emotion, pain, and sensuality in dances like *zeibékiko* create antiphonic connections (fig. 19); the soloist/dancer is encircled by others who clap in response to his/her movements (similarly to how a soloist leading the lament is accompanied by a chorus who replies to what the soloist cries)<sup>52</sup> thus turning what might appear to be an individual performance into

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<sup>52</sup> Ancient Greek plays also have this structure, whereby the chorus responds to the protagonist in antiphonic manner, like in the laments portrayed in Seremetakis.

a communal process, whereby the self is joined with the others— becoming “liquefied” (Seremetakis, 1998: 157). This joining of the individual with others I have attempted to highlight throughout this thesis, with varied examples, in order to stress the communal element of emotion in Greece.

I have moreover offered a reading that ‘takes beauty seriously’. Beauty occupies a central position in society, as Taussig emphasizes, and should not be regarded merely as form, but as force (2012: 2-3). The aesthetic forms a serious consideration for humans, even though it may not serve a particular function. It may be important without serving a utilitarian purpose, while retaining central significance in the everyday experience of living. Aesthetic considerations can be found at the simplest, and at the very core, of everyday experience. I reinforce this with a quote by Wittgenstein, as cited in Christopher Dowling (2010: 225):

“Suppose you are fitting a door in a wall and marking out the place for the frame. You will step back from time to time and ask yourself: does that look right? This is a real question but it is not a question that can be answered in functional or utilitarian terms. The doorframe may be just what is needed for the traffic to pass through, it may comply with all requirements of health and safety, but it may simply not look right.”

The overarching scope of this work has contained a dual objective. Firstly, it has aspired to paint a portrait of present-day Greek society via the prism of beauty and cosmetic medicine, which has not been the focus of any anthropological study of Greece to date. Secondly, I have attempted to provide an auxiliary theoretical push towards the reconsideration and recontextualization of particular technologies within ‘cosmetic surgery’ (in this case, cosmeceuticals) by emphasizing certain unique qualities that separate them from surgical technologies. Their major difference, I have thus argued, is their relative ease, lower cost, repetition and reversibility; qualities that have allowed, alongside their technological allure, mystique and ambivalence, for a wider and deeper embeddedness in everyday life.

Within this more inclusive approach towards a particular sector of cosmetic medicine, I have attended in more detail to the kind of ‘relationships’ individuals form with cosmeceuticals, relationships which largely involve the physician who administers them. I have proposed that the female physician in my own study was able to create an environment of care and healing for their patients, by practicing a kind of ‘syncretic’ medicine, whereby she blends a certain ‘motherly’ quality – buttressed by society’s gender expectations – with the more robust, ‘male’ figure of the doctor.

I hope I have been able to successfully demonstrate that these technologies have “many faces” for the humans who come into contact with them. Instead of being simply ‘Botox’ or ‘fillers’, or ‘chemical peels’, I noticed how patients often gave names, characteristics, or abilities to these pharmaceuticals that were personalizing. Looking more closely at some of the metaphors used by my own interlocutors throughout this study, one can detect the significance of these naming practices: One informant talked about Botox as an aide in getting over her divorce, enabling her to ‘forget’ and ‘write over’ her experience, while another young woman saw in such technologies a possibility of ‘creating’ a new body; one that is malleable and ever-changing, promising a possible technological liberation from the biological body. An ageing woman wanted to make sure she does not look ‘vulgar’, while another stressed how doing such treatments simply ‘feels good’; still another talked about salvation. A chemical peel was likened to a house polish, and in another case Botox was called a *Botoxáki*. These technologies, I have thus shown, acquire unique, ‘curious’ (Franklin, 2013: 1) characteristics, enabling a kind of affect in human individuals that has never been studied. Besides being united by a common purpose (to beautify), these treatments are coloured with a myriad overtones.

As I have elsewhere argued, cosmeceutical sessions may involve ‘surface stuff’ (beautification, idle chat and gossip – to name a few), as much as ‘deep stuff’, such as the expression and ‘sharing’ of pain, suffering, divorce, the breakdown of a family union or other kin relation, mourning, and even natural disasters, such as the loss of a village to an earthquake. The cosmetic encounter, therefore, often became a sort of microcosm for the distillation of life outside the *iatreio*. It is why I have argued that encounters should be approached as ‘existential’ in nature, for they touch on life values, the matter of death and ageing, gender positions and expectations, power, financial precarity, human relationships and other important aspects pertaining to the life course. Furthermore, these characteristics get fastened onto local, cultural narratives and symbolizations. Social and collective (even ‘national’) considerations about Greece’s levels of civility and its inclusion into European modernity, but also individual, existential anxieties, were assuaged by such practices. Cosmeceutical use became directly related to the experience of living in a ‘critical time’ (Dalakolgou and Agelopoulos, 2017), materializing into a present that is lost, lamented and ‘uncanny’ (Bryant, 2016).

As a highly private process, (and for sanitary reasons, off-limits during surgery), the study of cosmetic *surgery* has only been accounted for in the past tense until now, in anthropological accounts. Descriptions of cosmetic surgery experiences are usually written in past tense and so layers and layers of conditioning and ‘rationality’ have been imposed

on these accounts, their object of study always having already been formed. I hence consider this work to have offered a novel approach to the study of cosmetic medicine because it is a 'real-time' infiltration inside the medical space where treatments take place, thereby allowing me to observe and document the variety of processes that occur inside such spaces: negotiations, discussions, confessions, the making of decisions, and a wide variety of emotions (some of which could only be guessed). These were extremely 'sensitive', exposed, sometimes uncomfortable and complex encounters, containing an assortment of speckled emotions; this kind of encounter was virtually inaccessible to anthropologists writing about cosmetic (surgery) until now. I consider my ethnographic experience to have been very, as Anna Tsing would say, 'messy', resulting in a disordered, highly emotional fieldsite which did not always 'make sense'. I have tried to embrace this multi-layerism and to tend to its complexities, even though the academic writing process unavoidably polishes and adds its own layers of conditioning through structure, rational intervention and 'analysis'.

My effort throughout this extended piece of writing has been to focus on the 'cultural' as much as the 'emotional'/'internal' and 'personal' aspects, effectively tying these two realms together to show that they are interconnected. The way humans get affected, as I have argued, is informed by their environments, their relationships to others, and pre-existing ideas, values, and beliefs that populate the respective 'atmospheres' in which they find themselves. Joining the current shift away from the more traditional feminist discourse which condemns cosmetic medical practices by emphasizing the victimization of patients, I have approached the topic with a more flexible conviction. Though I do not deny that there exist pressures to conform to beauty ideals, I have argued that my interlocutors are perfectly aware of such pressures; some recognized and embraced these (as in the case of Thaleia, who openly admired a Kardashian celebrity), while others engaged in a process of negotiation and even humorous or even sarcastic commentary. Another informant, for instance, replied to a comment made by Dr. Mina regarding the lack of eyebrows in older women:

"Well... we simply follow the trends! It's not our fault that fashion always changes its mind about what type of eyebrow we should have. You will all just have to make peace with our two-haired eyebrows!"

Feeling frustration throughout the undertaking of this project about where to position myself in the longstanding feminist debate regarding the question of agency – for the discipline has been trapped in an oscillating 'empowerment vs. subordination' gridlock – I



have envisioned an analysis that goes beyond such polar assumptions. Hence, dismantling the 'coercion' vs. 'empowerment' and 'dupe' vs. 'agentive actor' formulations, I instead tried to weave my way through the multidimensional processes and the dense emotional landscapes that are invoked during cosmetic medical treatments. In doing so, I discharged myself not only from this impasse but also from the moral stalemates that distance the ethnographer from his/her interlocutors and prevent the study from reaching more profound depth in the apprehension of such experiences.

In particular, I have followed Pitts-Taylor's proposition<sup>53</sup>, that "she felt neither self-hatred, as one of the major discourses pertaining to cosmetic surgery dictates, nor particularly empowered, as another major discourse asserts" (Straker, 2009: 162). In my work, too, I found that such polarization did not work: whether women undergoing cosmetic 'work' were empowered or suppressed did not seem to matter anymore as a research question. Positioning myself on this particular spectrum led me to drift, as I felt during the initial stages of ethnographic observation, further and further away from what my informants were experiencing and expressing while doing cosmeceuticals. I therefore approached my subjects without searching for any kind of 'deeper truth', and set aside the issue of power for a while. I reckoned that with already too much written on agency, beauty pressure and individual choice, an analysis of power is not what had been missing in yet another anthropological account of cosmetic surgery. What had been missing, or one of the things that have been missing, was a more direct documentation of what goes on in the actual medical encounter between doctor and patient during the cosmetic procedure, which would highlight its complexities.

I mention my allegiance to Pitts-Taylor. I should also note, however, that where my position slightly diverges from Pitts-Taylor's is on the use of the word 'superficiality'. Gillian Straker, in her critique of Pitts-Taylor, notes how the former argues that people were so eager to discover a 'deeper reason' for her interest in cosmetic surgery that they overlooked "the superficial nature of the project" (2009: 162; emphasis mine). Pitts-Taylor compares cosmetic surgery to a hairdo, "an activity not usually excavated for meaning presumably because its superficial nature is taken for granted" (Ibid.). Here, I diverge from Pitts-Taylor, for I do not consider cosmetic medicine to be 'superficial' and have offered lengthy analyses as to why these treatments – and the matter of appearance in general – is perceived by my Greek informants as a "serious" matter. To borrow from Straker, "it's not the hairdo parallel

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<sup>53</sup> Who, as mentioned elsewhere, became a cosmetic surgery patient after her exposure to the practice during research for a book, which gave rise to personal 'curiosity' for the alteration of her nose (2009: 123).

that I don't agree with; it's just that I don't see a hairdo as superficial either" (2009: 164). Thus, going against readings that regard such practices as frivolous, 'trivial' and insubstantial, I contend that an exploration of them plunges the ethnographer at the deep end of sociality.

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