

# **Anti-Ageing and Women's Bodies: Spaces, Practices, and Knowledges of Cosmetic Intervention**

Submitted by Katherine Jane Parker Morton to the University of Exeter as a thesis for the degree of Doctor of Philosophy in Geography in June, 2014.

This thesis is available for Library use on the understanding that it is copyright material and that no quotation from the thesis may be published without proper acknowledgement.

I certify that all material in this thesis which is not my own work has been identified and that no material has previously been submitted and approved for the award of a degree by this or any other University.

Signature: .....

This thesis examines women's responses to ageing through cosmetic intervention, as part of broader practices of health and wellbeing. The thesis identifies a lack of geographical attention to the embodied and emotional dimensions of the ageing process and the management and modification of bodies through anti-ageing body-work. In response to this the thesis contributes to existing feminist geographical approaches to embodied experience by addressing the multiple ways that women respond to, and negotiate, the pressures of gendered socio-cultural norms and expectations associated with the body. The embodied methodological approach I take focuses primarily on semi-structured in-depth interviews with practitioners and consumers of anti-ageing technologies and techniques, and participant observation in anti-ageing 'treatment' sites, including aesthetic clinics and beauty salons. Informed by corporeal feminism (Grosz, 1994) I use these approaches to engage with the fluidity and 'fleshy materiality' of bodies (Longhurst, 2001). In doing so I contribute to existing knowledges of gendered body-work and self-care practices, both empirically and theoretically. The thesis contributes significant new empirical data to the study of the ageing body, enabling reflexive discussion of theoretical approaches, as well as offering new perspectives on theoretical questions on the body and cosmetic intervention.

Through analysis of the spaces, practices, and knowledges of anti-ageing body-work the thesis extends existing geographical approaches to emotion and embodiment, gender and identity, and health and wellbeing. I identify contradictions between the medical and therapeutic rationales of anti-ageing body-work, and the ways that such tensions are enacted through the spaces, practices and professional identities associated with 'aesthetic health' (Edmonds, 2010). I also develop analysis of anti-ageing body-work in terms of the 'reframing' and 'realignment' of corporeal temporalities, 'anticipatory' biopolitical frameworks of bodily futures, and the emotional context and consequences of the materialisation of time on the body. I also consider such practices in terms of regulation and control, highlighting the growing normalisation of cosmetic intervention as implicated in disciplinary frameworks of corporeal anxiety in relation to gendered framings of body image, risk and responsibility. Finally, I draw attention to a number of future directions in which this research could be developed.

## Table of Contents

---

<i>Acknowledgements</i>	5
<i>List of Figures</i>	6
<i>List of Tables</i>	6
<i>List of Appendices</i>	7
<i>List of Acronyms</i>	8
<b>Chapter One: Introducing Corporeographies of Anti-Ageing</b>	
<hr/>	
Introduction	9
Research Aims and Questions	10
Situating the Thesis	14
Anti-Ageing and Practices of Cosmetic Intervention	19
Thesis Outline	27
<b>Chapter Two: Approaching Ageing Bodies, Cosmetic Technologies and 'Aesthetic Health'</b>	
<hr/>	
Introducing the Chapter	31
Feminist Geographies, Anti-Ageing and the Body	33
<i>Introducing Geographical Approaches to the Body</i>	33
<i>Critical Corporeographies of Ageing Femininity</i>	37
<i>Management and Modification of Ageing Bodies</i>	40
From 'Medical Geographies' to 'Aesthetic Health': Health and Wellbeing, Ageing and the Body	46
<i>Moving Beyond the 'Medical': Embodied Geographies of Health and Wellbeing</i>	47
<i>Approaching 'Aesthetic Health': Ageing Bodies, Body Image and Spatialities of Health and Wellbeing</i>	51
Cosmetic Intervention and Narratives of Enhancement: Redefining Ageing Bodies, Identities and Temporalities	56
<i>Feminist Perspectives of Cosmetic Intervention</i>	62
Summary	64
<b>Chapter Three: Researching Corporeographies of Anti-Ageing</b>	
<hr/>	
Introduction	66
Approaching the Body through Feminist Geographies	67
Research Design	70
<i>Ethnographies of Spaces of 'Anti-Ageing'</i>	71
<i>In-Depth Interviews</i>	78
<i>Collection of Contextual Data</i>	81
<i>Analysing the Data</i>	84
Feminism, Corporeality and the Research Encounter	85
<i>'Researching'/'Researched' Bodies</i>	85
<i>Emotion and the Research Encounter</i>	89
<i>Feminism, Positionality and the Research Process</i>	93
Summary	94
<b>Chapter Four: Embodied and Emotional Narratives of Ageing</b>	
<hr/>	
Introduction	97
Embodied Accounts of Ageing	99
<i>Defining Ageing</i>	99
<i>'Reading' Ageing Skin</i>	103
Emotional Accounts of Ageing	106

<i>Emotion and 'Visible' Ageing</i>	106
<i>Sadness, Loss and Decline</i>	108
Diagnosing Ageing	111
Emotional Labour and Body-work in the Clinic	118
Ageing, Gender and Identity	122
Summary	130

## **Chapter Five: Ageing Bodies and Technologies of Cosmetic Intervention**

---

Introduction	133
Spatialising Anti-Ageing Technologies	135
Exploring Anti-Ageing Body-work Practices	140
<i>Anti-Ageing Facials</i>	141
<i>Cosmeceuticals</i>	144
<i>Electrical Facials</i>	146
<i>Non-Surgical Procedures</i>	150
Medicalised Technologies of Anti-Ageing	155
Anti-Ageing Technologies and 'Nature'	163
<i>Ageing Well, Ageing Naturally</i>	163
<i>Working with the Body, Working with Nature</i>	168
<i>Harnessing and Synthesising Nature</i>	174
Summary	183

## **Chapter Six: Enacting Corporeal Knowledges of Anti-Ageing**

---

Introduction	185
Consuming Embodied Knowledges of Anti-Ageing	186
<i>'Responsible' Consumption</i>	188
<i>Negotiating Risk</i>	191
<i>Consumer Research into Anti-Ageing Practices</i>	200
Practitioner Knowledges of Anti-Ageing	206
Regulation and Professionalisation	215
<i>Educating Patients/Clients</i>	219
Summary	223

## **Chapter Seven: Conclusions**

---

Introducing the Chapter	225
Summary of Chapters	226
Revisiting the Research Aims	229
Key Conceptual Contributions of the Thesis	241
<i>Spaces of Corporeal Modification and Management</i>	241
<i>Corporeal Temporalities</i>	243
<i>Regulation and Control</i>	246
Thesis Limitations	250
Future Research	254
<i>Anti-Ageing, the Life-Course and the Body-Project</i>	254
<i>Body-work and the Commodification of Care</i>	255
<i>Technologies of Life</i>	257
Concluding Remarks	259
<i>Appendices</i>	261
<i>References</i>	279

## ***Acknowledgements***

---

This research would not have been possible without the AHRC who have funded my postgraduate education. I am grateful for this opportunity, and for the assistance provided by the University of Exeter in helping me to secure this support.

First and foremost I would like to thank Professor Jo Little and Professor John Wylie for their support, encouragement, and guidance through this process. Without their belief this would have been a very different experience. I would also like to thank all of the people involved in my research, who gave up their time to talk to me and share their stories, and approached my research with honesty and openness.

I have been lucky enough to be supported by some wonderful colleagues within the geography department at the University of Exeter, whose friendships and good humour have lightened even the most difficult of days. Martina in particular has been a source of unwavering patience and encouragement which goes far beyond anything I could have reasonably expected, thank you for your friendship and kindness. Pepe, Sarah, Stewart, Sean, Jen, Damien, Ewan, Nicola, Ian and Andy have also offered me tremendous kindness and enthusiasm, seemingly at all of the times when I needed it most. Thanks to Steph L. for reminding me to have courage and for your infectious passion for stories and all things empirical. Huge thanks also to fellow Exeter Geography postgraduates past and present: Phil, Rose, Patrick, Jonny, James, Jenny, Dave, Zoe, Lisa, Tim, Fran, Kim, Kerry, Keri, and Becky, and most of all Steph M., whose friendship is a precious thing to have emerged from this process.

Finally, 'thank-you' to Mum, Dad, Charles, and Henry for all your love and patience.

## **List of Figures**

---

Figure 1: Conceptualisation of the key overlapping sectors which comprise anti-ageing cosmetic intervention _____	21
Figure 2: Royal College of Surgeons categorisation of cosmetic treatments _____	23
Figure 3: A selection of products that Caroline (Consumer Interview Two) uses in her anti-ageing routine at home _____	80
Figure 4: Using the Facial Magnifier and the Facial Scanner to examine client skin as part of the consultation and diagnostic process _____	1155
Figure 5: Garnier UltraLift Wrinkle Reader, 'FEEL and SEE the results for yourself' _____	1177
Figure 6: Face Mapping diagram on Client Treatment Record, fragmentation and diagnosis _____	1177
Figure 7: 'Discover the right No7 Anti-Ageing Regime for You' _____	1277
Figure 8: 'Your face deserves the best' _____	1299
Figure 9: Treatment rooms _____	1399
Figure 10: Galvanic Facial Treatment Strokes _____	1477
Figure 11: Client receiving Galvanic non-surgical face-lift _____	1477
Figure 12: Facial Injection Sites for Botox® Treatment _____	1544
Figure 13: Micro-needling procedure following application of topical local anaesthetic _____	1588
Figure 14: Using the Facial Enhance Dermal Pen on a client during a facial rejuvenation treatment _____	160
Figure 15: 'Evian. Live Young' _____	1733
Figure 16: Invoking nature in the marketing of anti-ageing skincare _____	1777
Figure 17: Non-surgical cosmetic procedure advice alongside health information about stopping smoking, keeping skin health and managing stress _____	195
Figure 18: Homepage of the Radiate Medi-Spa website, use of before and after images _____	198
Figure 19: Screenshot from discussion forum used by consumers, _____	204
Figure 20: 'This is not a Beautician...This is a Skin Therapist' _____	218

## **List of Tables**

---

<i>Table 1: Summary of UK cosmetic surgery consumption figures by gender, 2012-13</i> _____	25
<i>Table 2: Profile of Ethnic Sites</i> _____	744

## ***List of Appendices***

---

<b>Appendix One:</b> Table of Non-surgical treatments available in the UK	262
<b>Appendix Two:</b> Participant recruitment letter/email	265
<b>Appendix Three:</b> Participant information sheet and consent form	266
<b>Appendix Four:</b> Table of ethnographic visits	269
<b>Appendix Five:</b> Tables of practitioner and consumer interviewees	271
<b>Appendix Six:</b> Interview schedules	275

## ***List of Acronyms***

---

<b>A4M</b>	American Academy of Anti-Ageing Medicine
<b>APPG</b>	All-Party Parliamentary Group
<b>ASPS</b>	American Society of Plastic Surgeons
<b>BAAPS</b>	British Association of Aesthetic Plastic Surgeons
<b>BBC</b>	British Broadcasting Corporation
<b>BTEC</b>	Business and Technology Education Council
<b>CAM</b>	Complementary and Alternative Medicine
<b>CQC</b>	Care Quality Commission
<b>DoH</b>	Department of Health
<b>GP</b>	General Practitioner
<b>GMC</b>	General Medical Council
<b>HRT</b>	Hormone Replacement Therapy
<b>IHAS</b>	Independent Healthcare Advisory Services
<b>IPL</b>	Intense Pulsed Light
<b>ISAPS</b>	International Society of Aesthetic Plastic Surgery
<b>MHRA</b>	Medicines and Healthcare Products Regulatory Agency
<b>NHS</b>	National Health Service
<b>NIAR</b>	National Institute of Aesthetic Research
<b>NLP</b>	Neuro-Linguistic Programming
<b>NVQ</b>	National Vocational Qualification
<b>SPF</b>	Sun Protection Factor
<b>TYCT</b>	Treatments You Can Trust
<b>UV</b>	Ultra-Violet
<b>WHO</b>	World Health Organisation
<b>YMCA</b>	Young Men's Christian Association



# Chapter One:

## Introducing Corporeographies of Anti-Ageing

---

*'Vanity is becoming a nuisance, I can see why women give it up, eventually. But I'm not ready for that yet'*

(Margaret Atwood, *Cat's Eye*, 2009 [1988])

### ***Introduction***

In this thesis I examine women's responses to ageing through cosmetic intervention, as part of broader practices of health and wellbeing. By exploring how the body is managed and modified through anti-ageing<sup>1</sup> body-work practices, I address the multiple ways that women respond to, and negotiate, the pressures of gendered socio-cultural norms and expectations associated with the body. In order to do this I draw on feminist geographical approaches to embodied experience to examine how such norms influence individual choices regarding the consumption of techniques and technologies of anti-ageing, and the practices, knowledges, and spaces through which ageing corporeality is reimagined and remade.

---

<sup>1</sup> This term is problematic in several ways; I develop a thorough explanation of its use in Chapter Two.

The opening quote illustrates tensions between the subjective, intensely emotional experience of 'managing' the body, and socio-cultural, moral, and aesthetic norms of 'acceptable' ageing, or ageing 'well'; it is the *negotiation* of such tensions that is of particular interest in this thesis. The research focuses on women's understandings and experiences of managing and modifying the ageing body, situated within a broader context of health and wellbeing. Such body-work practices highlight corporeality as a cultural product, continuously renegotiated in terms of meaning and materiality; to 'have' a body is to be constantly engaged in the process of (re)making it (Grosz, 1994).

In the first section of this chapter I introduce the research questions that guide the thesis. I follow this section by situating the thesis within geographical discussions of gender and identity, health and wellbeing, and embodiment and emotion, identifying the central theoretical and empirical themes the thesis contributes to. I then turn to the research context, addressing cultural constructions of ageing and the anti-ageing industry, before introducing cosmetic technologies of anti-ageing intervention as a focal point. Finally I outline the thesis as a whole, providing a chapter-by-chapter summary.

### ***Research Aims and Questions***

The primary aim of this thesis is to develop geographical insights into the ways that socio-cultural norms regarding the body are negotiated in the context of practices, knowledges, and spaces of anti-ageing body-work. Despite the extent of geographical literatures addressing the body, little attention has been paid to emotional and embodied dimensions of the ageing process. Research which has focussed on ageing has tended to do so in either reified chronological categories of 'childhood', 'youth' and 'old age' (such as Holt, 2011; Woodyer, 2008; Worth, 2009), or has focussed on the provision of services to particular age-groups, for instance elderly care in the context of an ageing population (Antoninetti and Garrett, 2012). This thesis responds to calls for a more relational approach to ageing, moving beyond static and universal notions of ageing corporeality, disrupting 'fixed age' geographies and instead emphasising the

spatial and temporal meanings of ageing in relation to identity (Hopkins and Pain, 2007).

I respond to this lack of attention to the embodied and emotional dimensions of the ageing process through examination of the surveillance, regulation, and management of the body through anti-ageing body-work practices. Broadly speaking, this refers to practices including hair and skincare, dieting, exercise, make-up, surgical and non-surgical procedures, practices which are often referred to as 'beauty work' (Black, 2004; Hurd-Clarke and Griffin, 2007, 2008; Kwan and Trautner, 2009). In exploring these issues I argue that such practices are situated within complex regimes of self-care, health, and wellbeing, and the term 'beauty work' tends to obscure these dimensions of experience. Such attention extends existing literatures that explore the emotional and embodied experiences of management and modification of the body within broader contexts of health and wellbeing, and also confronts the spaces, practices, and knowledges through which bodies are reshaped, re-imagined, and reinvented in the context of socio-cultural norms. In order to address ageing identities and corporealities I develop understandings of the experiences of ageing with regards to increasing pressures and capacities to modify and manage the body in the context of 'youthful' socio-cultural norms and the 'ubiquity of anti-ageing ideologies' (Hurd-Clarke, 2011: 2).

In the opening of a special issue on anti-ageing medicine, Vincent et.al. (2008: 291) call for greater understanding of the cultural significance of anti-ageing endeavours, highlighting the importance of developing 'an understanding of how specific groups of people understand, respond to and seek to modify the process of ageing', moving beyond the 'scientific' focus which has proliferated. Thus, in this thesis I offer geographical insights and analysis of the hitherto unexamined empirical context of anti-ageing cosmetic intervention. I also develop discussion about the role of technology in mediating the ageing process, making a significant and timely contribution to ongoing disciplinary theorisations of biopolitical, biotechnological and biomedical capacities to

produce, govern and manipulate multiple forms of 'life', and the status and materiality of the body in such contexts (Colls and Evans, 2009; Davies, 2012; Greenhough, 2011, 2012; Parry, 2012).

The research aims and questions that guide the thesis, and roughly map onto the three empirically focussed chapters (Chapters Four, Five and Six), are as follows:

**Research Aim One: To contribute to theoretical and empirical understandings of women's management of the ageing process, examining experiences and knowledges of the body in the context of anti-ageing body-work.**

To address this Research Aim I explore women's embodied experiences of the ageing process, and practices pursued to achieve a more 'youthful' appearance. I engage with research questions including: *What does the ageing process mean to different women? How do women respond to pressures and stereotypes of ageing 'well'? How do women make, and understand, choices to participate in anti-ageing body-work? and How are these choices and experiences influenced by different moments of the life-course?* Thus, I am concerned with gendered experiences of pressures and choices around anti-ageing and the pursuit of 'youthful' corporeality, the negotiations women make with regards to their participation in anti-ageing body-work practices, and the emotional dimensions of their experiences.

**Research Aim Two: To explore the spaces and practices through which ageing bodies, gendered identities and subjectivities are reimagined and remade.**

In attending to this Research Aim I address the spatial and practical context of anti-ageing body-work. I focus on the techniques and technologies of 'anti-ageing', asking the following research questions: *How are these practices experienced? In what ways are they emotionally invested? What spaces are they associated with?* More broadly I am also interested in how these spaces and practices complicate understandings of cosmetic body-work in relation to health and wellbeing. Such attention provides a more nuanced account of appearance related body-work than existing approaches offer. Here I also address the entanglements of nature, science, and technology with

conceptions of ageing and idealised youthful bodies, exploring bodily engagement with technology and capacities and desires to (re)make the body.

**Research Aim Three: To examine the ways that lay and professional knowledges and expertise about women's bodies and anti-ageing body-work practices are produced, experienced and understood.**

Drawing together the dimensions of anti-ageing techniques and technologies practiced in response to socio-cultural norms regarding the body featured in Research Aims One and Two, I also interrogate the knowledges mobilised in negotiations of socio-cultural norms and ageing. To do this I ask the following research questions: *How are technological and corporeal knowledges developed in relation to (anti-)ageing? What are the influences on, and of, these knowledges? To what extent are these knowledges reflexively produced? and What tensions exist between lay and professionalised knowledges of the ageing body?* Addressing such questions enables a focus on the ways that embodied knowledges are shaped, influenced, and contested, as well as provoking consideration of the regimes of power and control enacted through such knowledges. This focus also prompts examination of the ways that discourses associated with ageing both enable and constrain individuals, recognising the ongoing productive capacity of such discourses in materialising gendered norms, and the ways that these are articulated through spaces, practices, and knowledges of anti-ageing.

To address the research aims outlined above I draw on feminist geographical approaches to the body and identity, developing a methodology that is focussed on emotional and embodied experience (Longhurst, 2002; Colls, 2004, 2006). The embodied methodological approach I take incorporates semi-structured in-depth interviews with practitioners and consumers of anti-ageing technologies and techniques, and participant observation in anti-ageing 'treatment' sites, including aesthetic clinics and beauty salons. Seeking to be attentive and reflexive to the emotional and embodied significance of such practices, I also consider the ways that my body is implicated in the research process, making an important methodological contribution to geographical approaches to health and wellbeing.

## ***Situating the Thesis***

In this section I provide a brief overview of the key concepts which inform this thesis, foregrounding more detailed discussion in Chapter Two. This thesis is situated within geographical research on gender and identity, embodiment and emotion, and health and wellbeing. Bodies in the contemporary Western world are implicated in a complex framework of gendered, raced, sexed and classed socio-cultural ideals reflecting 'acceptable' and 'natural' norms of shape, size, deportment and self-presentation (Bordo, 2003; Wolf, 1991). These norms reinforce a thin, beautiful, young ideal, demarcating ageing as a process that 'devalues' feminine corporeality. A 'youthful' body is articulated as representative of health, happiness, beauty, and reproductive potential, thus dichotomously framing ageing as synonymous with a declining sense of femininity and social value, or 'corporeal capital' (Gullette, 2004).

The social-cultural norms associated with ageing are highly gendered, expressed by Sontag as the 'double standard of ageing', in which 'Men are "allowed" to age, without penalty, in several ways that women are not.' (1972: 31) Sontag's articulation of the 'distaste and even shame' (Ibid: 29) felt by women as they age is a useful starting point to question embodied experiences of the ageing process, and the ways that these experiences shape and inform choices around consumption and participation in anti-ageing technologies and practices. Colloquial phrases such as *'Growing old gracefully'*, *'Letting yourself go'* and *'Mutton dressed up as lamb'* reflect the pervasion of aesthetic and moral norms around the presentation and performance of the 'feminine' body in terms of the 'management' of the ageing process, demonstrating powerful ideologies about the ways one *should*, and *should not*, manage and modify the appearance of ageing, and denoting what is 'appropriate' in relation to the life-course. Such norms have been reflected on, and critiqued, by feminist thinkers such as Friedan (1993), Greer (1992), and Gullette (2004), who frames ageism and the declining social value

associated with the ageing process in terms of 'identity stripping'. In *The Second Sex*, De Beauvoir addresses the gendering of the ageing process, stating that:

'Whereas man grows old gradually, woman is suddenly deprived of her femininity; she is still relatively young when she loses the erotic attractiveness and the fertility which, in the view of society and in her own, provide the justification for her existence and her opportunity for happiness. With no future she still has about one half of her adult life to live.'

(De Beauvoir, 1997 [1949]: 587)

Such gendered corporeal assumptions are inextricably linked to a complexity of expectations encompassing understandings of health and wellbeing, socio-culturally a body which looks 'old' is associated with 'poor health'. Thus the attribution of value to particular forms and functions of the body frames ageing in a Western context as not only 'a condition that can be manipulated, treated and potentially reversed' (Neilson, 2012: 49) but, following Foucault, a pathology for which individuals *should* pursue a 'cure' through anti-ageing routines and regimes. Situated within neoliberal discourses of individual responsibility, ageing is bound up not only with fears of mortality, but concerns around independence, productivity, and financial security, highlighted by Neilson in terms of 'functionality, enablement and even appearance' (2012: 51), the latter of which is a central focus of this thesis. I argue therefore that the *visibility* of ageing is of critical importance to the *experience* of ageing. Visibility can take many forms, for instance mobility, sexual function, and aesthetic appearance, but understanding *how women perceive their bodily changes with age*, and more importantly, *how they feel about these changes* are crucial dimensions of this thesis. Geographical research is yet to attend to the 'corporeographies', following Longhurst (2001), of (anti-)ageing. Thus in this thesis I examine the unexplored emotional dimensions of the experience of ageing, the negotiation of socio-cultural pressures, and the embodied experience of consuming and practicing anti-ageing technologies and techniques in attempts to manage and modify ageing corporeality. Additionally, it is

crucial to acknowledge that women respond in a multiplicity of ways to age-related changes, and rather than homogenising women's responses and experiences, I am simply interested in one, albeit diverse, aspect of these responses, cosmetic intervention. For the purposes of the thesis, cosmetic intervention is defined as multiple practices performed with the intention of slowing, stopping or reversing the appearance of the ageing process, including skincare, beauty therapy, non-surgical and surgical procedures.

Having highlighted the focus of this thesis as examining cosmetic intervention in relation to the ageing process, it is productive to draw on work which has framed the body in terms of dynamism, volatility, and fluidity, most notably geographical approaches which have been influenced by corporeal feminism (Gatens, 1996; Grosz, 1994). Their work has had a critical influence on the inclusion of the body within geographical agendas. Such a perspective has also demanded attention not only to the 'management' of particular material processes associated with the body, but also the emotional dimensions of embodied experience, for instance in relation to consumption (Colls, 2004, 2006; Crewe, 2001; Valentine, 1999) and landscapes and practices of care (Atkinson, 2011; Atkinson et.al., 2011; Dyer et al., 2008). Geographers have also considered the political and ethical dimensions of such practices and experiences critiquing the often gendered power structures enacted, for instance in relation to body-work and emotional labour (McDowell, 2011; Wolkowitz et al., 2013). These themes are developed in the following chapter.

Feminist geographical perspectives therefore have been particularly influential in shaping attention to this area, providing theoretical and methodological challenges to the essentialist and dualistic philosophies of gender and the body that proliferated before the corporeal turn in the 1990's. Subsequent attention to the body has drawn on post-structural approaches, taking a particular interest in the relational and hybrid constitution of bodies, spaces and identities, and the frameworks of power, inclusion and exclusion in which particular bodies are differentiated and framed as 'other'.



Longhurst and Johnston (2014) have developed an excellent summary of this work, which has included attention to the ways that normative conceptions of the body are inflected with expectations in terms of gender, class, race, sexuality and (dis)ability (Jacobs and Nash, 2003). However, norms associated with age have been largely absent from such discussions, despite undoubtedly playing a significant role in shaping and influencing socio-cultural expectations of 'acceptable' and 'appropriate' feminine corporeality.

Thus, extending existing feminist geographical approaches to the body, this thesis develops in-depth understandings of the embodied experiences of the management of the ageing process as situated within broader health and wellbeing practices. Within human geography, and the social sciences more generally, there has been growing attention to the multiplicity of embodied spaces, practices, and knowledges associated with health and wellbeing, and technologies through which biopolitical regimes of diagnosis, monitoring, and treatment are enacted. Such attention has moved beyond biomedical models of health as 'absence' of illness, to consider the everyday lifestyle and consumption practices individuals engage with to maintain 'healthy' bodies and subjectivities. With increased attention to the multiple dimensions of experience, there has also been growing focus on the practices of corporeal management within the context of socio-cultural norms and expectations, and the role of these in shaping and constructing particular notions of the self. This includes attention to various body-work practices and, following Foucault, biopolitical regimes of 'self-care', in relation to nutrition (Hayes-Conroy and Hayes-Conroy, 2010; Rose, 2006; Valentine, 1999), exercise (Andrews et.al., 2005; Latham, 2013; McCormack, 1999; Throsby, 2013), pregnancy and motherhood (Boyer, 2010, 2011; Fannin, 2007; Longhurst, 1996, 2008), and therapeutic practices and spaces (Lea, 2009a, 2009b, 2008; Little, 2013, 2012) through which 'healthy' gendered identities and corporealities are managed and maintained. Geographers have also attended to the embodied dimensions of particular systems and technologies of 'diagnosis', 'surveillance', and 'treatment' of bodies and

subjectivities, for instance in terms of obesity (Colls and Evans, 2009, 2013; Evans, 2010; Evans and Colls, 2009) and mental health (Davidson, 2000; Parr, 2000).

Building on this focus on embodied experience, it is productive to highlight the ways that identity and body-work have been considered co-constitutively, in terms of the 'body project'. Drawing further on a Foucauldian perspective, to work on the body is to work on the *self* (Shilling, 2012). Practices of cosmetic intervention therefore not only operate in terms of the 'visibility' of ageing, but also in relation to identity, and the embodied experience of the ageing process. Thus, in response to socio-cultural associations of femininity with youthfulness, in order to 'acceptably' perform femininity many women engage with a suite of anti-ageing technologies and practices. Drawing on the work of Butler (1990), to *do 'anti-ageing'* in some ways is to *do 'gender'*, and as such this thesis examines the discursive and material practices through which gendered (anti-)ageing identities are performed. Furthermore, practices within the body industry can be considered in terms of 'self-actualisation', seeking to reveal the 'true' or 'real' self through working on the body, thus appearance work is often framed in terms of the negotiation and formation of contemporary self-hood (Cronin, 2000; Featherstone et. al., 1991; Giddens, 1991).

The context of anti-ageing cosmetic intervention brings together discourses of health and beauty in productive tension, thus this thesis extends existing biomedical understandings, and offers more nuanced approaches to the embodied experiences of particular technologies and techniques, and the ageing process itself. With the proliferation of treatments claiming to 'turn back time', 'prevent', 'slow down', or 'reverse' the ageing process, these individualising technologies and practices reframe conceptions of ageing corporeality. To pursue the anti-ageing 'body project' is not only increasingly affordable, accessible, and acceptable, but has become associated with individual responsibility and imbued with moral connotations (Hurd-Clarke and Griffin, 2007; Rudman, 2006).

To summarise this section, ageing has become a central concern in the management of a 'healthy' body. This thesis addresses the complex corporeographies associated with the consumption and practice of cosmetic anti-ageing treatments, addressing the embodied and emotional dimensions of body management strategies in response to the ageing process, and the ways that individuals negotiate the pressure of cultural expectations with regards to 'acceptable' ageing. Through recognition of entangled discourses of health and beauty in relation to these practices, the emergent spaces in which anti-ageing practices are enacted are also examined. Emotional engagement with such practices is discussed, situated within the context of socio-cultural norms and expectations around gender and ageing, as well as the increasing capacity to modify the body and, more than ever, the imperative to manage the 'undesirable' corporeal process of ageing. I also consider the temporal context of such practices, complicating the linearity of 'biological time', and considering the ways that anti-ageing practices enact re-imaginings of corporealities and subjectivities. Attention now turns to the empirical context of the thesis.

### ***Anti-Ageing and Practices of Cosmetic Intervention***

In the last fifteen years, there has been dramatic growth in innovation and consumption within the anti-ageing industry (Mykytyn, 2006). Binstock (2004) defines anti-ageing in terms of three strategies, briefly summarised as 'to *slow*', 'to *stop*' and 'to *reverse*' the ageing process. With dominant cultural images of ageing framed in negative terms, as a process of illness and decline, anti-ageing practices are pursued through motivations to counter these representations, promoting longevity and 'health'. From popular science, anti-ageing conferences, and global medical-aesthetic organisations such as the American Academy of Anti-Ageing Medicine (A4M), the term anti-ageing also proliferates in the media, and has been subsumed into many aspects of everyday life in terms of lifestyle and consumption, used 'to advertise everything from skincare to pet food' (Mykytyn, 2008: 313-314). Here the body is commodified within the spheres of

biotechnology and biomedicine, including pharmaceuticals and life-extending medication, as well as the fashion, fitness, diet and cosmetic domains, underpinned by discourses of 'successful' ageing and opportunities for a more youthful appearance. These anti-ageing techniques and technologies fragment the body for 'improvement' (Crewe, 2001) with connotations of regeneration, vitality, and immunity. Thus the 'anti-ageing' industry is predicated on the injunction not only to 'battle', 'fight', or 'resist' ageing, but also to prevent the appearance of ageing, enacting what Evans (2010) terms a 'pre-emptive', or 'anticipatory', biopolitics.

The individualised responsibility to manage and modify the 'visibility' of the ageing process is articulated through the normalising tendencies of the 'body industry' (Featherstone et.al., 1991) of which anti-ageing is a significant dimension, implicated in broader body management strategies. Such rationales of 'anti-ageing' have been incorporated into various contexts, and have become ubiquitous (Hurd-Clarke, 2011). This emphasis on youthfulness has, of course, a long history, and is not unique to the contemporary context. The focus of this thesis is neither a historical nor textual analysis of the socio-cultural value of youth, however Haiken (1999) and Gilman (2000) provide useful historical accounts of this within the context of cosmetic surgery, and Jones (2008) has discussed gendered and inter-generational framings of youth and ageing in references to cultural images. What is unique to the contemporary context however is that at a time when people are living longer than ever before, technologies to pursue the anti-ageing body project are more widely available, accompanied by greater concerns and responsibilities associated with care for the body and self, and increasingly complex connotations of bodily appearance with health.

The universality of the ageing process means that everyone becomes a 'patient', and anti-ageing body-work is not only confined as a concern of 'older' people. Technologies and techniques of anti-ageing alter the ways that the body is perceived and experienced, destabilising perceptions of what is 'natural', and enrolling the body into complex biomedical, scientific and therapeutic frameworks of understanding. These

approaches to the management and modification of the body also alter understandings of capacities for control over the body, questioning material and temporal assumptions of corporeality, and directing attention to previously unaddressed spatialities in which ‘youthful’ bodies are (re)imagined.

A crucial aspect of the anti-ageing industry is focussed on reducing the *appearance* of ageing, marketing solutions to consumer fears and anxieties regarding the visibility of the ‘signs’ of ageing. One aspect of this is the skincare market, which offers a range of products including face creams, serums, masks, and at-home spa or salon-type treatments such as light chemical peels and facial massage devices. In 2012, the UK skincare market was valued at over £1 billion, with an ‘ageing population’ and ‘female consumption of anti-ageing products’ identified as a key drivers of projected growth (Mintel, 2013). The anti-ageing message is everywhere; skincare promotions advise that ‘*It’s all about youth*’ featuring airbrushed, predominantly female, faces inviting consumers to alleviate their ‘corporeal anxieties’ (Straughan, 2010, 2012).

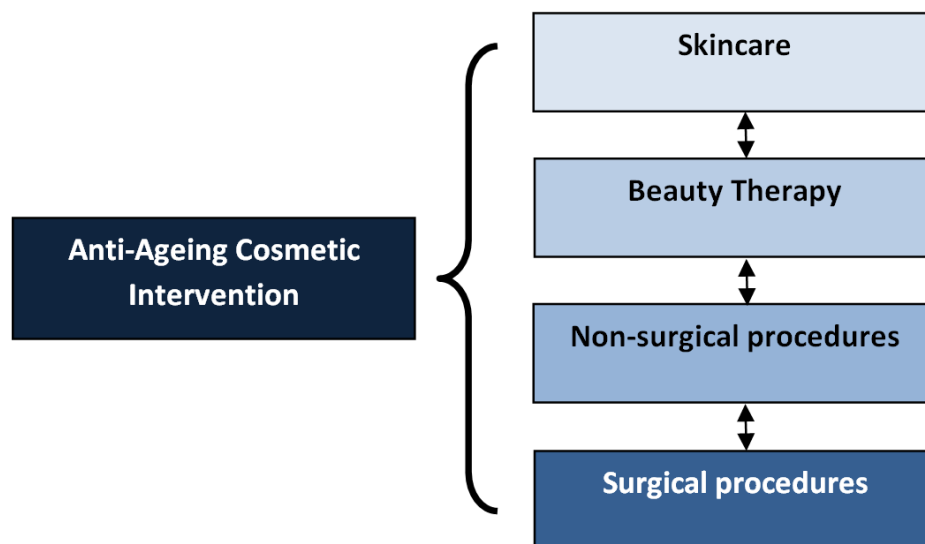


Figure 1: Conceptualisation of the key overlapping sectors which comprise anti-ageing cosmetic intervention

In addition to the skincare market, anti-ageing appearance work is also enacted within the cosmetic surgery sector, a complex arena which resists classification (See Figure

1). For the purposes of this thesis, I classify these overlapping areas as ‘anti-ageing cosmetic intervention’, comprising multiple practices and framings of the body and the ageing process, including skincare, beauty therapy, non-surgical and surgical procedures. Cosmetic surgery is defined by the Independent Healthcare Advisory Services (IHAS) as ‘procedures or other invasive treatments, which may or may not involve breaching the skin, to correct a defect or deformity perceived by the patient, and deemed correctable by the practitioner’ (2013a: 2). Cosmetic surgery is situated within the broader category ‘*Plastic*’ surgery, which encompasses both ‘*Reconstructive*’ and ‘*Cosmetic*’ surgical procedures. Cosmetic surgery can be differentiated from reconstructive surgery as *elective* and focussed on *aesthetic enhancement* as opposed to the *functional improvements* or *normalisation* of appearance purposes of reconstructive surgery. However, I argue later in the thesis that non-surgical anti-ageing practices complicate this definition.

Additionally, reconstructive surgery is available via public healthcare, whereas cosmetic surgery is largely privatised (See Davis [1995] for analysis of The Netherlands, an exception where until recently cosmetic surgery was available as part of public health provision). In comparison, non-surgical practices are less invasive than surgical procedures, enable a quicker recovery time, and are often cheaper but repeated on a more regular basis (See Figure 2). There are of course exceptions to this, and these differentiations are to enable a greater understanding of the research context as opposed to providing a strict categorisation.

○ *Level 1a: Invasive*

Medium-high risk, may require general anaesthetic, may require an overnight stay

○ *Level 1b: Invasive*

Low-medium risk, usually only requires local anaesthetic, out patient

○ *Level 2: Minimally invasive*

Lower risk, usually non-permanent, reversible, day-case, local anaesthetic if any

Figure 2: Royal College of Surgeons categorisation of cosmetic treatments (Adapted from IHAS, 2013b)

Before focussing on non-surgical anti-ageing intervention in more depth, it is worth situating such practices with broader trends associated with cosmetic surgery, in order to provide context. In a recent review, the Department of Health (DoH) estimated the UK cosmetic intervention business to be worth £2.3 billion, predicted to expand to £3.6 billion in 2015 (DoH, 2013). The term 'cosmetic intervention' in this case refers to both 'invasive' surgical procedures such as breast augmentation, rhinoplasty and face-lifts, and non-surgical treatments such as injectables and laser treatments. As I have already highlighted, it is at times difficult to draw the boundaries between 'surgical' and 'non-surgical' cosmetic intervention, and trends of technological innovation and adaptation of medical techniques render this boundary even more complex (Haiken, 1999; Gilman, 2000; Gimlin, 2012). An example of this for instance is the development of novel non-invasive liposuction techniques such as Coolsculpting®. This treatment promises to '*Transform your body without surgery or downtime*', by freezing fat cells without penetrating the skin as per regular liposuction procedures, making recovery time quicker, reducing risk and cost whilst still providing a surgical-type outcome (BAAPS, 2014a). Similarly, the growing popularity of 'threadlifts' provide aesthetic results similar to a surgical face-lift, using minimal incisions, by implanting barbed or looped sutures and cones beneath the skin to lift the face (ISAPS, 2014). Such techniques demonstrate the complications associated with efforts to categorise treatments and practices.

Not only is it at times problematic trying to categorise these treatments, it is also difficult to access up to date and reliable data on consumption rates as the cosmetic industry remains fragmented and poorly regulated. Indeed, in the wake of the Poly Implant Prothèse (PIP) breast implant scare, and subsequent DoH reviews, the National Institute of Aesthetic Research (NIAR) has been launched collaboratively by BAAPS and The Healing Foundation, to address the 'data vacuum in aesthetic and

cosmetic treatments' (NIAR, 2013). Organisations such as British Association of Aesthetic Plastic Surgeons (BAAPS), American Association of Plastic Surgeons (AAPS) and International Society of Aesthetic Plastic Surgery (ISAPS) provide data from *registered* practitioners, however there remains a significant cohort of unregistered practitioners who practice various types of cosmetic treatments. Indeed, BAAPS estimate 60-70% of practitioners who provide procedures are not registered with them. Furthermore, procedures are performed across both private and public healthcare sectors, by a range of practitioners, and new technologies and treatments are frequently introduced into the market, thus complexities around classification, regulation, and prescription mean that 'complete' figures are unavailable. Additionally, many consumers also travel abroad for procedures, in the pursuit of better value for money treatment, for perceived national 'expertise', and to combine procedures with a holiday (Bell et.al. 2011; Connell, 2006; Jones, 2008). These factors make obtaining accurate details of consumption of non-surgical procedures problematic, and figures tend therefore to be considered an underestimate (DoH, 2013).

Existing data do however indicate two trends that are of central interest to this thesis; consumption of cosmetic procedures is *growing*, and consumption patterns are *highly gendered*. These trends highlight the importance of this thesis in developing geographical analyses of the disciplinary spaces, practices, and knowledges through which bodies, and gendered identities, are reshaped, reimagined, and reinvented. In 2013 the highest consumption of cosmetic procedures since the 2008 recession was reported, and BAAPS estimated that 90.5% of procedures performed in the United Kingdom in 2013 were carried out on women, the most popular being breast augmentation, blepharoplasty (eyelid lift), and face and neck lifts, with the latter two procedures classified as 'anti-ageing' surgical procedures (BAAPS, 2014b)<sup>2</sup>. In contrast, procedures on men accounted for just 9.5%, and of the most popular treatments only one, eyelid lift, is categorised as an 'anti-ageing' procedure (See Table

---

<sup>2</sup> For more information on consumption statistics and disaggregation by treatment type see Appendix One.



1 below for summary). The characteristics of men’s consumption of cosmetic surgery warrant their own attention in relation to the gendering of aesthetic body-work practices, for instance hair transplants and gynecomastia (‘man-boob’) removal, which account for a growing proportion of the male market. Whilst this is not the focus of the thesis, I touch on masculinity, identity, and cosmetic procedures in the following chapter.

	2012	2013	% annual increase 2012-2013	% of total consumption	Three most frequently performed procedures
<b>Women</b>	39,070	45,365	16.5	90.5	Breast augmentation, Eyelid Lift, Face/Neck lift
<b>Men</b>	4,102	4,757	16	9.5	Nose augmentation, Eyelid Lift, Breast reduction

*Table 1: Summary of UK cosmetic surgery consumption figures by gender, 2012-13 (BAAPS, 2013; 2014b)*

The data suggest that cosmetic intervention is increasingly normalised within the UK, a trend also reflected globally, for instance in data sets from the United States, Brazil and across Western Europe (ISAPS, 2013). This has been referred to as ‘creeping acceptance’ by Wiseman (2014) who argues that the industry fuels, and exploits, negative body image amongst women. Such attention is of critical importance to feminist discussion of cosmetic procedures, and body management practices and strategies more broadly, raising questions about agency and tensions between individual negotiation of cultural norms, and structural pressures and power dynamics which impact on women. I develop analysis of feminist perspectives of cosmetic practices in the following chapter.

This normalisation of cosmetic intervention is also reflected in the number of private clinics and beauty salons which provide cosmetic procedures, as well as the finance packages, and ‘Beauty Banking’ services offered to enable consumers to purchase

procedures on credit (Campbell, 2007; Carter, 2008). These finance packages, along with financial and timed incentives as advertising strategies, were just some of the aspects of the industry criticised in the recent DoH Review (2013). Celebrity consumption of cosmetic surgery is also perceived as demonstrating, and perpetuating, normalisation; often a topic for discussion in interviews and magazine features, rather than a secretive practice, with some celebrities even featuring in behind-the-scenes television documentary series, for instance *'Stitch Me, Lift Me, Tuck Me'* based in a private Harley Street clinic (Brooks, 2004). Moreover, the rise in 'reality' and 'makeover' television programmes dedicated to the pursuit of youthfulness and cosmetic intervention, such as *'How Not to Get Old'* and *'10 Years Younger'* in the UK, and *'Bridalplasty'* and *'The Swan'* in the US (See Tait, 2007; Banet-Weiser and Portwood-Stacer, 2006) reinforce youthful ideals and promote the availability of cosmetic procedures. Such programmes shape normative ideas about the management of the ageing body, emphasising 'appropriate' levels of engagement with cosmetic practices, contrasted with 'othered', 'deviant', 'grotesque' use of cosmetic interventions, as featured for instance in programmes such as *'Bodyshockers'*, *'Botched Bodies'* and *'Snog Marry Avoid'*.

In addition to this normalisation, it is also evident from existing data that consumption of anti-ageing treatments has increased, both in surgical and non-surgical arenas. In the UK, non-surgical procedures are estimated to constitute 92% of all cosmetic procedures performed, representing approximately 75% of the market value of cosmetic intervention (DoH, 2013). More specifically injectables constitute the majority of these procedures, accounting for 90,672, approximately 78%, of the 116,343 procedures performed in the UK in 2011 (ISAPS, 2012). The most recent audit stated that 'demand for anti-ageing procedures soared', despite a recession, the court case associated with the faulty PIP breast implants, and a government review, all factors that highlighted potential risks and costs of treatments, and could have deterred consumers (BAAPS, 2014b). Furthermore, non-surgical anti-ageing treatments such as

injectables, laser skin resurfacing and chemical peels (See Appendix One for more detail) are increasingly available in high-street salons, spas and clinics, offered to consumers as cheaper, quicker, and safer alternatives to cosmetic surgery. This raises important questions around the risks and regulatory practices associated with such techniques and technologies, the training required to administer them, and the emergent spaces in which they are practiced. Crucially, these practices are not limited to consumption by 'older people'. Practitioners report treating consumers as young as teens with injectables, raising concerns about the appearance of ageing in relation to body image (ASPS, 2013; DoH, 2013, 2014; Martinson, 2014), and this is an issue I develop later in the thesis.

Despite the proliferation of this 'new and evolving' (IHAS, 2013b: 2) area of cosmetic intervention, such procedures have tended to be overlooked by academic attention, in favour of more dramatic, transformative practices of cosmetic surgery. There is a qualitative difference, albeit often blurry, between these practices; whilst cosmetic surgical procedures are carried out in 'medical' environments (public or private), non-surgical procedures are performed in a range of spaces, are less tightly regulated, and are framed as part of everyday practices of self-care and management in a way which contrasts with the surgical approach. This empirical area warrants academic attention as these procedures continue to grow in popularity, with this thesis making a timely contribution to geographical understandings of the spaces, practices, and knowledges associated with the (re)making and (re)imagination of ageing corporeality.

## ***Thesis Outline***

Having detailed the aims of the research and highlighted the empirical context in which it is situated, I now turn to an outline of the thesis itself. Chapter Two examines the key geographical, and broader social science, literatures relevant to the thesis. I review literature in three core geographical areas; gender and identity, health and wellbeing, and emotion and embodiment, drawing on some productive tensions and connections

between these areas. I highlight the ways that these literatures can be brought together to extend existing geographical approaches to the management and modification of the body within the context of gendered socio-cultural norms associated with ageing. Within this chapter I also emphasise the need to draw together feminist geographies of emotion and embodiment with contemporary perspectives of health and wellbeing to develop critical corporeographies of anti-ageing.

Chapter Three outlines the methodological approach taken in the research. I focus on the importance of embodied methodologies, drawing on the work of feminist geographers such as Longhurst (2001) to attend to the fluidity, and 'fleshy materiality' of bodies. I detail the research strategy taken in the fieldwork, including in-depth semi-structured interviews with practitioners and consumers, and participant observation in treatment sites including aesthetic clinics and beauty salons. I integrate my own fieldwork experiences within this chapter, reflecting on some key tensions within feminist geographical approaches to research, specifically in relation to the embodied relationships between researching and researched bodies, emotional encounters in fieldwork, and the ongoing negotiation of feminist perspectives within the fieldwork process.

Chapter Four is the first of three empirically focussed chapters. In this chapter I examine women's narratives of the ageing process, exploring embodied and emotional experiences of engagement with anti-ageing body-work. I consider the ways that women identify and biographically narrate age-related changes with regards to their bodies. Here I focus on the visibility of ageing in terms of experiences and understandings of body image, identity, and self, examining the ways that women's narratives of ageing are situated within life-course events and experiences. I articulate the emotional dimensions of age-related appearance changes, focusing on perceptions of 'loss' and 'decline' emerging from the data, and drawing attention to the connections between appearance and identity to highlight the ways that ageing can be perceived as an 'erosion' of identity, with particular emphasis on the face. I conclude this chapter by

articulating that for many research participants, ageing is perceived as a 'materialisation' or 'visible accumulation' of emotional experience.

In Chapter Five I focus on technologies of anti-ageing body-work, providing in-depth accounts of their practice and consumption. I consider the ways that technologies and techniques of cosmetic intervention are used to frame the body and the ageing process, addressing tensions between medical and therapeutic spaces, practices, and knowledges enacted through the diagnosis and treatment of ageing. I examine the ways that practitioners seek to harness, stimulate, and synthesise physiological processes through anti-ageing practices. Through such discussion I highlight the complex ways that discourses of 'nature' are invoked through treatment of the signs of ageing. I conclude this chapter by stating that the spaces, practices, and knowledges enacted through anti-ageing body-work involve complex contradictions around medical and cosmetic motivations, attention to corporeal 'exteriors' and 'interiors' and the natural and synthetic.

In Chapter Six I examine the corporeal knowledges and expertise produced and enacted in the practice and consumption of anti-ageing body-work. I explore the construction of embodied knowledges of ageing, addressing entanglements of the 'signs' and 'symptoms' of the materialisation of ageing with perceptions of self-esteem, body image, and identity. I also address consumer decision-making to participate in anti-ageing body-work, focusing in particular on negotiations of risk, responsibility and care in treatment spaces. Through such discussion I highlight the need for more cohesive regulation of the cosmetic intervention industry, particularly in terms of the use of non-surgical technologies and practitioner training. I extend this to consider practices of learning and teaching emotional labour and body-work, in relation to the 'professionalisation' of anti-ageing practices. I conclude this chapter by discussing the multiple meanings, identities, and corporealities negotiated through anti-ageing practices in the aesthetic clinic, articulating the ways that health knowledges function

as a form of power, highlighting engagement with anti-ageing practices as a form 'embodied knowing'.

In Chapter Seven I summarise the thesis in relation to the research aims, detailing the key findings. I then introduce three conceptual themes emerging from the thesis as a whole: 'spatialising anti-ageing practices', 'corporeal temporalities', and 'regulation and control'. I discuss the contradictions between medical and therapeutic rationales of anti-ageing body-work, and the enactment of such tensions through spaces, practices and professional identities associated with 'aesthetic health' (Edmonds, 2010). I then develop analysis of anti-ageing body-work in terms of the 'reframing' and 'realignment' of corporeal temporalities, 'anticipatory' biopolitical frameworks of bodily futures, and the emotional context and consequences of the materialisation of time on the body. I also address such practices in terms of regulation and control, drawing attention to the growing normalisation of cosmetic intervention as implicated in disciplinary frameworks of corporeal anxiety in relation to gendered framings of body image, risk and responsibility. Finally I reflect on the methodological limitations of the thesis and consider recommendations for future research.

# **Chapter Two:**

## **Approaching Ageing Bodies, Cosmetic Technologies and 'Aesthetic Health'**

---

### ***Introducing the Chapter***

In Chapter One I situated the thesis within the context of gendered socio-cultural norms associated with ageing. I discussed these norms in terms of the privileging of youth, and narratives of decline, loss, and negation of social value associated with ageing femininity. I also outlined the growth, and highly gendered nature, of cosmetic intervention, focussing specifically on anti-ageing practices. I highlighted that discourses of anti-ageing are enacted through a spectrum of corporeal management and modification practices, within broader rationales of health and wellbeing. I provide a more thorough theoretical underpinning to this discussion by exploring this connection, examining the incorporation of aesthetic body-work into practices and knowledges of health and wellbeing, and the embodied identities, labours and temporalities such practices enact.

The chapter is structured using the key geographical areas which inform the thesis, from feminist approaches to the body, to gender and identity, and then geographies of

health and wellbeing, followed by detailed focus on literatures which have addressed practices of cosmetic intervention in various ways. This structure broadly maps onto the research aims, which focus on the *emotional and embodied experiences of ageing*, the *spaces and practices through which ageing bodies are reimagined*, and the *knowledges and expertise enacted through such practices*. Thus, the integration of concepts and ideas which inform the thesis is demonstrated, orienting the thesis and providing context for the empirically-focussed chapters which follow.

The chapter begins by situating the thesis within feminist geographical approaches. I outline the genesis of feminist geographies of the body drawing particularly on the work of Longhurst (2001) to focus on the 'messy materiality' of bodies. I also explore the ways that the management and modification of the body have been addressed and considered in relation to gendered socio-cultural norms and expectations and body-work. I then turn my attention to the emotional and embodied contexts through which such management and modification can be considered, identifying a lack of consideration of the ageing body within contemporary geographical literatures. I also highlight the dearth of attention to the spaces, practices, and knowledges associated with managing and modifying the body, emphasising the need to examine the embodied and emotional experiences of consumers and practitioners in this area, within the context of gendered socio-cultural norms and expectations of youthfulness. I argue that such attention is vital to developing more nuanced understandings of the ways that that ageing body is represented, experienced, and modified.

Building on this feminist geographical approach, I then turn specifically to literatures which have examined geographies of health and wellbeing in relation to gender, the body and ageing. I discuss the development from 'medical geographies' to an integration of more nuanced interpretations of the body and wellness, including attention to therapeutic landscapes and the bodies and identities enacted through such spatialities. I then signal the importance of attending to 'expansive' understandings of health and wellbeing, drawing on the work of Edmonds (2010) to introduce the



conceptualisation of 'aesthetic health' to geographical approaches, and the ways this informs and develops existing knowledges.

Developing the incorporation of 'aesthetic health' into geographical approaches to health and wellbeing, I then focus on the empirical concerns of the thesis. I review literature within geography and the social sciences more broadly which has addressed cosmetic intervention, highlighting a lack of attention to the practices, spaces and embodied and emotional experiences of consuming and practicing such technologies and techniques. I also address frameworks of surveillance, regulation and management of the body through aesthetic body-work practices, examining the technologies, bodies, and identities enacted within such contexts. Finally I argue that there has been insufficient attention to practices of anti-ageing body-work and the role of technology in mediating the appearance of ageing. In doing so, I draw attention to the broader contribution that such research makes to geographies of emotion and embodiment, health and wellbeing, and gender and identity.

### ***Feminist Geographies, Anti-Ageing and the Body***

This section outlines the role of feminist geographies in attending to the embodied and emotional dimensions of experiences of ageing in relation to socio-cultural corporeal norms and expectations, drawing on key literatures in this area. I begin by introducing geographical approaches to the body, before developing a conceptualisation of critical corporeographies of ageing femininity, and finally moving onto more specific discussions of the management and modification of the body in this context.

### ***Introducing Geographical Approaches to the Body***

Within human geography, feminist approaches have become increasingly significant over the last thirty years (WGSG, 2013). Influenced and developed from a variety of perspectives, it would be misleading to describe feminist geography as a cohesive whole; thus feminist geograph/ies is a more appropriate term for the multiple approaches and empirical contexts attended to within the sub-discipline (Moss and

Falconer Al-Hindi, 2008; Nelson and Seager, 2005). An over-arching premise of feminist geographical approaches is the questioning of established forms of knowledge which serve to disempower women in a variety of interwoven social, cultural, and political contexts (Rose, 1993). Furthermore, feminist geographers confront the gendered and spatial inequalities produced through social, political, and economic practices and processes, to inform or enact change. Feminist geographers have been pivotal in researching issues relating to women's everyday lives, advocating approaches which incorporate a range of qualitative methods which seek to incorporate reflexivity and question the power relations inherent in the research and publication processes (Gibson-Graham, 1994; McDowell, 1992; Moss, 2002). I discuss these approaches in depth in the following methodological chapter. Such feminist approaches have enabled critical geographical attention to spaces, identities, and practices previously marginalised by masculinist agendas (Longhurst, 2002).

Crucially in the context of this thesis, feminist geographies have demanded attention to the ways that identities, power relations and spatialities are implicated in broader discourses regarding gender and the body (McDowell and Sharp, 1997). As feminist geographies have gained significance within the discipline, the body has emerged as a legitimate and productive point of analysis; bodies as a 'geographical location' (Valentine, 1999), or meaningful spatiality, through which to examine, and indeed critique, social relations, power and inequalities. In response to dominant hegemonic masculinities within the discipline, in which the privileging of the 'conceptual' over the 'corporeal' has restricted academic scholarship (Longhurst, 1995), feminist geographical approaches acknowledge the significance of the body, calling for greater attention to emotional and embodied experiences (Bondi et.al. 2007; Davidson and Milligan, 2004). Nearly twenty years ago Longhurst stated that there was 'a great deal for geographers to gain from current feminist scholarship of the body' (1995: 103). Arguably, this remains true today, and is echoed in her recent collaborative review with Johnston (2014). Mott and Roberts' (2014) recent critique of 'urban exploration' also

highlights the persistence of masculine knowledge production within the discipline, and reasserts the significance of feminist geographical approaches in a contemporary context.

Such feminist attention to the body has enabled the emergence of research addressing the embodied, sexualised, and gendered natures of knowledge within the discipline (Rose, 1993; Sharp, 2009). This includes attention to the ways in which differentiated identities and corporealities are performed through spatial contexts (Nast and Pile, 1998; Simonsen, 2000). Geographers have focussed for instance on the workplace (McDowell, 2011), the home (Domosh, 1998) and the city (Hubbard, 1998) as spatialities through which particular feminised bodies and subjectivities are performed. This work has also directed attention to the ways in which 'otherness' and 'difference' are marked upon bodies through socio-cultural and material discourses around femininity, for instance pregnant bodies as 'in' or 'out' of place (Longhurst, 2001), the sizing and spatialising of 'fat' bodies (Colls, 2004, 2006; Evans and Colls, 2009), the sexualised body (Bain and Nash, 2006; Bell and Valentine, 1995), and the ill or 'un-healthy' body (MacKian, 2000; Moss and Dyck, 2003). Moss and Dyck approach the material and discursive dimensions of bodily geographies, stating that;

'Corporeal space consists of context, discursive inscriptions, material-economic and matter-based-inscriptions, the biological, and the physiological...These spaces are fluid, congealing from time to time around the body, only to be destabilised with new boundaries forming when any part of the context, the discourse, or the materiality shifts.'

(2000: 389)

Such attention to the 'fluidity, volatility, and abject materiality' of bodies (Longhurst, 2001: 135) is disruptive of the false claims to 'truth', 'certainty' and 'rationality' of masculine geographical knowledge. It also serves to challenge essentialised and naturalised femininities, drawing attention to the performance and practices of gendered identities through social and cultural norms, as I discuss later in the chapter.

Longhurst (Ibid. drawing on Kirby [1989]), employs the term 'corporeographies' to approach the material and discursive dimensions of embodied experiences, asserting that:

'cultural contexts do not simply surround bodies but also come to inhabit them...they reconstitute the matter of the body- the skin, organs and cells- in a myriad of complex ways'

(Ibid: 10)

Thus Longhurst's work has been crucial in shaping feminist geographical agendas towards the body, and attention to 'multiple and fluid subjectivities in particular spaces' (2002: 548). Her work is a useful foundation to this thesis, providing the conceptual context for examination of the dynamism, malleability, and indeterminacy of the body enacted through spaces, practices, and knowledges of anti-ageing body-work. Approaching such 'corporeographies' of anti-ageing enables a critical exploration of the construction of 'youthful' subjectivities, as well as the enactment of 'anti-ageing' disciplinary power, as I develop later in the chapter.

In addition to an explicit focus on the body within feminist geographical approaches, attention to the body has also been taken up more broadly within the discipline. The cultural turn, and the initiation of approaches attentive to embodiment and emotion, has enabled 'corporeal spaces' to become more prominent in geographical approaches. Indeed, the importance of the body within academic practice is highlighted by Dewsbury and Naylor (2002: 256) who argue that 'without the performance of bodies and materialities to define its boundaries', the 'field' of geography would be difficult to imagine. Thus a social and cultural geographical focus on differentiated embodiment and the multiplicity, or plurality, of bodies has emerged in this vein (Colls, 2012). Such approaches attend to the 'naturalised grammar of difference' of embodied subjectivities (Jacobs and Nash, 2003: 269) not only in terms of gender but also through intersections of sexuality, (dis)ability, race, class, ethnicity, and age.

Productive, although not unproblematic, engagements between feminist approaches to the body, and social and cultural geographies more generally, have emerged,

particularly with regards to non-representational theories of embodied experience. Thien (2005), in response to geographical approaches to affect and emotion, observes that non-representational approaches taken by (predominantly male) geographers have tended to rely on masculinised, technocratic metaphors. A more nuanced account, and arguably more productive in this context, is provided by Colls (2012), who suggests that there is much to be gained from selectively drawing 'nomadically' on particular aspects of post-structuralist approaches, and the cultural geographical insights which they afford. This viewpoint facilitates 'openness' to the permeability, instability and indeterminacy of bodies (Abrahamsson and Simpson, 2011) and crucially underpins the approach taken in this thesis.

### ***Critical Corporeographies of Ageing Femininity***

Drawing on feminist geographies of the body, and developing post-structural approaches to the performances and management strategies of gendered bodies and identities, I now develop discussion focussed on the ways that geographical approaches to gender and the body can be considered in the context of ageing. Feminist approaches to the body and broader geographical attention to the embodied and emotional dimensions of experience can productively be brought together in this context to consider the 'lived' body in the context of gendered norms and expectations of ageing.

In the previous chapter I introduced social and cultural representations of ageing as pejorative and highly gendered (Faircloth, 2003). Featherstone and Hepworth's (1991) theorisation of the 'mask of ageing', and Gullette's (2004) analysis of the 'identity stripping' of the ageing process highlight the complex co-constitution of identity and the body, situating the ageing process in terms of narratives of 'decline', incongruity and ambivalence. Despite this attention, more broadly 'ageing' bodies have tended to be marginalised from attention to corporeality, with disembodied themes of decline, disability or 'successful' ageing tending to dominate the research which has been

performed (Katz, 2000; Marshall and Katz, 2012). Existing attention has tended to focus on biomedical models of ageing, often homogenising lived experiences. In the context of 'older' people, the focus has included care provision or residential geographies (Milligan, 2003; Milligan et al., 2007), oral histories and historical geographies of social lives (Andrews, et.al. 2006), and in terms of physical and psychological health (Andrews, 2003; Gale et.al. 2011). Such work has promoted universalising tendencies of approaches to age and ageing with an emphasis on chronological and biological classification, such as 'Third' and 'Fourth' age (see for instance Gillear and Higgs, 2010). Notable exceptions to this which focus on the embodied dimensions of ageing include the work of Tulle (2008) who has examined ageing in the context of long-distance running, and the work of Twigg (2006) who has explored ageing in terms of practices of care.

Whilst socio-chronological categories such as 'Children's Geographies' and 'Youth Geographies', as referred to in the previous chapter, might be useful to draw attention to particular identities and social relations, they arbitrarily impose 'life-course' boundaries and fetishise socially constructed categories of age, failing to acknowledge the processual nature of ageing itself. Although this work offers some insights into the 'geographies' of ageing, emotional and embodied accounts have tended to be lacking, with the notable exception of Milligan et. al.'s attention to emotional geographies of 'later life' (2007). Such disembodied approaches have tended to situate 'ageing' as a fixed state associated with 'older' individuals, with the *processes* and *experiences* of ageing relatively underexplored and demanding critical attention (Hurd-Clarke 2011; Hurd-Clarke and Korotchenko, 2010). Hopkins and Pain respond to such work with criticism, and call for more attention to the 'situated, fluid and contested nature of age' (2007: 287). Arguably this relational approach has much to offer contemporary geographies of ageing as characterised by *multiplicity* and *fluidity*, demanding attention to lived experiences and bodily encounters.

It is thus productive to consider more corporeally-engaged accounts of ageing, and the practices and techniques women engage in with the purpose to fulfil socio-cultural norms associated with acceptable ageing. Referring back to the work of Sontag, which I introduced in the previous chapter, attention to the relationship between corporeal materialities and identities of ageing is crucial in considering the ways that women are devalued socio-culturally in sexual and aesthetic terms:

'A man, even an ugly man, can remain eligible well into old age. He is an acceptable mate for a young, attractive woman. Women, even good-looking women, become ineligible (except as partners of very old men) at a much younger age. Men stay sexually possible as long as they can make love. Women are at a disadvantage because their sexual candidacy depends on meeting certain much stricter 'conditions' related to looks and age.'

(Sontag, 1997: 20)

Thus imperatives around youthfulness are a means of countering decline narratives, the 'recession' of identity, and the invisibility associated with ageing femininity, in the context of ageist and sexist norms of contemporary culture (Featherstone and Wernick, 1995). Such work has informed accounts of ageing and femininity, and the ways that women become 'sexed' and 'gendered' subjects specifically through the ageing process. As I outlined in the previous chapter, this includes aesthetic and moral norms associated with the presentation and performance of the 'feminine' body in terms of the 'management' of the ageing process, reflecting pervasive ideologies about 'appropriate' and 'acceptable' ways to age. Such norms can be situated within broader perspectives on the performance and regulation of normative femininities in a Western context (Bordo, 2003; Wolf, 1991).

The pervasion of cultural texts associated with anti-ageing has contributed to discourses of 'acceptable' ageing corporeality. Such texts depict normative ideals regarding the appearance of the ageing body, conveying value-laden imagery of the ways the ageing process should, or should not, be 'managed', with a youthful appearance equated with beauty, desire, reproductive potential, and as a consequence health. Twigg reflects on these normative ideals, stating that 'The ageing body is thus not natural, is not prediscursive, but fashioned within and by culture' (2004: 60). Brooks

(2004) has discussed the tension between framings of ageing with decline, and the bombardment of cultural imagery which celebrates youthfulness, such as advertisements which feature older people participating in 'youthful' activity, including travel, fitness and sex. Such imagery is cited by Öberg as promoting 'gerentophobic messages of youthful ideas' (2003: 103), and can usefully be incorporated into analysis of the anti-ageing body-work practices.

Post-structural perspectives, as discussed by Colls (2012) challenge the existence of a pre-given, 'natural' body, framing the body instead as socially and culturally constructed. Feminist post-structural theory has also been pivotal in shaping geographical thought on gender and embodiment. One of the most significant influences has been the work of Butler (1993), whose theorisation of performativity is a useful concept to approach, and critique, the ways that naturalised, taken-for-granted bodily norms are gendered and practiced. The ageing process is an interesting challenge to geographical conceptualisations of nature-culture, as a 'natural', biological process, but culturally inscribed in various ways, with technologies and techniques of anti-ageing acting in many ways as a mediation of this binary. This also raises important questions therefore about what is meant by 'anti-ageing'. As I touched on in the previous chapter, this term is problematic, value-laden and culturally specific. Defining practices, technologies, and techniques as 'anti-ageing' frames the body as a *tabula rasa* (Grosz, 1994), a blank slate denaturalised by time, life, stress and the ageing process, and offers the possibility to return to a purer, more 'natural' corporeal state through appropriate technological intervention. Provocative in terms of geographical framings of the body in terms of gender, nature, corporeal instability, such attention also builds on Gregson and Rose's (2000) call for more temporally and spatially engaged analyses of performativity, to which this thesis contributes.

### ***Management and Modification of Ageing Bodies***

Having addressed feminist geographical approaches to the body, and critical corporeographies of ageing, this section outlines one of the central focal points of the



thesis, the management and modification of ageing bodies. I have highlighted the lack of existing research attending to the embodiment of ageing, and the practices associated with managing and modifying the ageing body. This thesis responds to this lack, and here I propose that attention to anti-ageing body-work highlights the fluidity and instability of corporeal boundaries and knowledges.

In order to develop analysis of the ways that such 'youthful ideals' are incorporated into corporeal management and modification practices within broader geographies of health and wellbeing, which I introduced in the following section, it is first necessary to situate anti-ageing practices in terms of consumption of the 'body-industry'. Working on and modifying the body is a central concern of consumer culture, as Giddens states, 'we have become responsible for the design of our bodies' (1991: 102). The symbolic value of the body and its fetishised, commodified nature means that the Western body has become a constant 'project', our bodies are always 'unfinished' (Featherstone et.al. 1991; Shilling 2012). This conceptualisation of the body as always 'unfinished' is particularly pertinent to an examination of ageing corporeality and practices of anti-ageing modification and management, and I develop this in depth in the empirical chapters which follow. Thus the 'body-project' is a highly individualised, responsibilised and gendered pursuit, and can be considered in terms of the co-production of the body and subjectivity. In Foucauldian terms, body-work can be framed in terms of self-expression, transformation, and actualisation, with the various meanings and assumptions attributed to, and enacted through, different types of corporeality and self-presentation implicated in the negotiation and performance of contemporary self-hood (McNay, 1992).

Anti-ageing practices have become an increasingly prominent dimension of the body project in the last fifteen years (Mykytyn, 2006). This reflects the embodied significance of the experience of, and resistance to, ageing, as Calasanti states, the 'attempt to distance ourselves from those who are old and from our own aging often centres on our bodies' (2005: 8). The ubiquity of anti-ageing products and their associated

advertising has fostered an increasing sense of mastery over corporeal temporalities and materialities. Thus a youthful appearance has become not only more desirable, but purportedly more achievable, within ideological frameworks about acceptable ageing and anti-ageing framing the body as an object to consume, govern, and self-monitor, as well as to engage in bodily and self-improvement and customisation (Rose, 2006).

Embodied dimensions to consumption have been addressed through geographical approaches, for instance in the context of clothing and the 'sized' body (Colls, 2004, 2006) food and socio-spatial relations (Valentine, 1999; Hayes-Conroy and Hayes-Conroy, 2008) and the spaces and practices of care (Atkinson et.al. 2011). As already highlighted, such practices are imbued with gendered assumptions and expectations in terms of body awareness, self-surveillance and responsibility. They are also imbued with identity politics, for instance in terms of class, taste and corporeal capital, drawing on the work of Bourdieu (1984). Thus geographical attention to practices of anti-ageing body-work enables examination of the connections between ageing, identity, and femininity, emphasising the spatial and temporal enactments of (anti-)ageing corporeographies and responding to Hopkins and Pain's call for a more relational approach to ageing (2007).

Drawing on the focus of the chapter thus far, in attending to the lived experiences and bodily encounters of ageing it is pertinent to consider the ways that gendered identities and corporealities are managed and modified in relation to the ageing process. With regards to the management of bodies, existing approaches have tended to focus predominantly on the 'shaped' and 'sized' body, and the gendered identities and spatialities associated with such practices. This has included attention to landscapes and practices of exercise and 'cultures of fitness' (McCormack, 1999) in the contexts of fit farms (Little, 2012), prenatal aerobics (Nash, 2012) jogging (Latham, 2013) and running (Herrick, 2013). More specifically, attention has been directed to the gendered identities enacted through such practices, for instance in Evans's (2006a) attention to the embodied and emotional experiences of girls' participation in school sports lessons,

and Thorpe's (2008) Foucauldian analysis of discourses of femininity in snowboarding culture. Fitness practices have also been examined in the context of ageing by Paulson (2005) who explores experiences of fitness classes for the 'over-fifties' and subjective experiences of physical and psychological ageing, and Phoenix and Smith's (2011) attention to body-building practices as resistance to the narrative of decline in Western society.

Attention to the management of bodies has also included extensive accounts of the management of the 'fatness' and 'obesity', including attention to the sizing and shaping of embodied 'fat' identities through clothing consumption (Colls, 2004, 2006), weight-loss clubs (Heyes, 2006; Longhurst, 2012) and as enacted through governmental models for classifying and managing 'obese bodies' (Evans and Colls, 2009; Evans, 2006b; Evans et.al. 2011; Guthman and DuPuis, 2006; Herrick, 2007). This research draws on the work of Foucault to analyse the practices of discipline, surveillance and care of the self deployed in such contexts (Foucault, 1988, 2003, 2008; Martin et al., 1988; McNay, 2008), drawing attention to the production of particular knowledges about (un)healthy, gendered and moral identities. Taking a materially and spatially engaged approach to explore the corporealities and subjectivities produced through these biopolitical regimes offers insights into the prevailing social, moral, and medical discourses of particular bodies, and those bodies which are, or are not, valorised in particular contexts. Such attention also enables consideration of the normalising tendencies of practices of corporeal discipline, attending to the role of such practices in constructing 'docile bodies...at once becoming a subject and becoming subjected', for instance in the context of the process of 'public' weighing and encouraged self-surveillance of calorie intake through Weight Watchers clubs (Heyes, 2006: 127). Here Bordo's (2003) work is also pertinent, drawing on the work of Foucault to highlight the gendering of socio-cultural valuations of bodies, and the feminised practices of reinforcing such norms 'from below', through modes of self-surveillance and monitoring such as dieting and exercise in Western cultures.

With such attention to the corporeal, it is thus surprising that the disciplinary and management practices associated with ageing have not been part of this agenda. Ageing is a universal process, unavoidably ending in death, and despite technological advances it is not possible not to age, referred to in terms of 'biological failure' by Vincent (2006). However, there are a significant number of body-work practices which individuals engage with, both mentally and physically, in attempts to prevent, pre-empt, or reduce the 'signs' or 'symptoms' of the ageing process (Binstock, 2004). Such practices range from taking nutritional supplements, focussing on improving cognitive function or the prevention of age-related cognitive decline, diet, exercise, appearance-work practices and more recently the use of life-extending medication, which is growing in popularity (Mykytyn, 2008).

This thesis is primarily concerned with anti-ageing practices focussed on the visibility, or appearance, of ageing. As I demonstrated in the previous chapter, this encompasses a number of interrelated practices which focus on ageing as a problem to be addressed, or symptoms to be treated. Attending to the corporeal dynamism and tangible materialisation of time as *marked* upon bodies, and efforts to modify this, is an important area to explore in extending geographical approaches to gender, identity, the body and the ways that subjectivities are performed through expanded notions of health and wellbeing. The management and modification practices of the visible signs of ageing are increasingly ubiquitous and are increasingly engaged with by consumers, the majority of whom are women, as technologies have become more available, accessible, affordable, less invasive and requiring less 'downtime', or recovery.

Examination of the materialisation of the ageing process, and the practices and technologies used in attempts to modify, slow, or even halt it, highlight the fluidity and permeability of corporeality, challenging the static nature of existing geographical approaches to ageing, and more specifically 'old age'. Recognition of the fleshy,

dynamic, material context of the ageing body is advocated by Longhurst (2001: 2), who highlights the feminist politics of such attention:

'I want to talk about the shape, depth, biology, insides, outsides and boundaries of bodies places in particular temporal and spatial contexts. The leaky, messy, awkward zones of the inside/outside of bodies and the resulting spatial relationships remain largely unexplained in geography. This is no accident but rather is linked to a particular politics of masculinist knowledge production.'

Longhurst's work has been integral to informing geographical perspectives on the body, particularly in methodological terms as I detail in the following chapter. Thus drawing on Longhurst's work this thesis develops attention to the spaces, practices and knowledges of anti-ageing corporeographies, within a normative culture of youthful femininity. Greater critical attention to the practices and knowledges of cosmetic intervention in response to ageing offers significant insight into geographical perspectives on the ageing body, and the gendered identities which are produced and manipulated within cultures of 'anti-ageing'.

In attending to the management and modification of ageing bodies it is also pertinent to consider the body-work associated with such practices. Existing approaches to body-work have highlighted the feminised and sexualised embodied dimensions of such labour (Gimlin, 2007; Twigg, 2006; Wolkowitz, 2006). Body-work can be considered both in terms of work *for* or *on*, others, for instance in the broadly framed 'service' industry (Mavin and Grandy, 2013; McDowell, 2011; Wolkowitz et al., 2013), and working on the *self* in terms of expectations of feminine performativity, appearance work and corporeal capital (Coffey, 2013; Hakim, 2011; Hutson, 2013). Such theorisations have been drawn on prominently within sociology particularly with regards to health and social care (Twigg et al., 2011), and explicit attention to body-work within geographical literatures has focussed predominantly on spaces and gendered identities associated with the geographies of care, for instance the work of Dyer et al (2008) who address the caring work of migrants in the NHS, and Boyer's (2011) research which considers 'care-work activism' practices around breastfeeding.

Recent attention has also highlighted the importance of the spaces, knowledges, and practices associated with learning skills associated with body-work and emotional labour, highlighting tensions between the essentialised, intuitive gendered framings of body-work, and the formalised and professionalised identities associated with such labour. This tension has been approached in the context of appearance-work by Paulson (2008) in the context of beauty therapy, and Wainwright et al's (2010) examination of the emotional geographies of the 'classroom-salon'. Thus, I extend current theorisations to focus upon the emergent spatiality of the aesthetic clinic, exploring the multiple, overlapping forms of labour, and 'fleshy' and 'intimate' interactions (Wolkowitz, 2006) associated with anti-ageing practices. I explore the spaces, knowledges and practices associated with anti-ageing body-work, building on existing literatures in this area and developing them with regards to the embodied and emotional experiences of such practices, and the tensions between logics of therapeutic and medicalised care and associated professional identities and labours. Bringing together perspectives of the emotional and embodied labours and identities associated with anti-ageing body-work with understandings of the role of technologies in enacting particular corporealities has much to offer understandings of the ageing body, as well as geographical approaches to gender, identity and health and wellbeing, the latter of which I now attend to.

### ***From 'Medical Geographies' to 'Aesthetic Health': Health and Wellbeing, Ageing and the Body***

Having examined geographical approaches to gender and identity, with particular emphasis on embodied and emotional approaches, I now turn to a focus on the ways that understandings and experiences of health and wellbeing have been apprehended through geographical thought. I develop the focus of the previous section to consider the ways that gendered corporealities are constructed and enacted through health and wellbeing discourses, practices, and technologies, with a focus on (anti-)ageing.

I begin the chapter by summarising the development in approaches from health geographies through to engagement with wellbeing, highlighting more nuanced approaches which incorporate the value of the 'aesthetic' into understandings and experiences of health and emotional wellbeing, with particular emphasis on body image. I examine the ways that such concepts are gendered, and consider the spatialities through which discourses of health and wellbeing are enacted, drawing attention to therapeutic landscapes and spatialities of aesthetic enhancement have been considered.

### ***Moving Beyond the 'Medical': Embodied Geographies of Health and Wellbeing***

This section outlines the sub-disciplinary transformation from 'medical' to 'health' geographies, before considering the significance of embodied approaches to health and wellbeing. Within medical geographical approaches, the 'cultural turn' prompted a shift in attention from the spatial distribution of illness and disease, towards the places and identities associated with 'health geographies', with a focus on spatialities of care and differentiated experiences of individuals based on, for instance, gender, race and sexuality (Gesler and Kearns, 2002). This attention to the cultural politics, social relations and spatial contexts of health and health-related practices offers progression beyond the often quantitative, bioscientific focus of medical geography, to more nuanced conceptions of 'post-medical' and 'health' geographies (Kearns and Moon, 2002; Parr, 2002a, 2004). Such development has directed attention to conceptualisations of 'health', or 'wellness', as more than simply an 'absence' of disease (World Health Organisation [WHO] in Fleuret and Atkinson, 2007). Such developments have not only enrolled new spaces, practices and identities into understandings of health, but have also demanded more emotionally and corporeally engaged accounts in response to previously disembodied and fragmentary approaches. With this comes the recognition that 'health and health care unroll in places that are acted, felt, felt about and represented' (Andrews, et.al. 2014: 210), thus

cultural geographical approaches to health offer more holistic and embodied understandings, with greater focus on lived experience, and attention to the complex intersection of health, place and identity.

With this in mind, health has come to be understood more positively, in relation to lifestyle, consumption, everyday spatialities and practices, and in terms of the importance of 'wellbeing' (Kearns and Moon, 2002). The concept of wellbeing is considered in a number of ways through geographical approaches, defined and understood in a variety of ways (Atkinson et.al., 2012). This has included attention to various socio-economic, environmental and political contexts, in addition to examination of wellbeing in terms of illness, disability and mental health (Hall and Kearns, 2001; Parr, 2008; Segrott and Doel, 2004), therapeutic landscapes and healing (MacKian, 2012; Williams, 2007; Rose, 2012), and various practices and contexts of care (Conradson, 2003, 2005; Milligan and Wiles, 2010).

Geographical attention to health and wellbeing has been informed by the feminist approaches outlined in the previous section. Feminist geographers have examined intersections of gender, identity and corporeality in various spaces of health and wellbeing through a variety of empirical contexts. This includes the work of Parr (2002b) who has addressed the embodied virtual spaces of health online, attention to women's experiences of chronic illness and domestic space (Crooks and Chouinard, 2006; Dyck et.al., 2005; Moss, 1997) and Davidson's (2000) attention to the emotional geographies of agoraphobia. Such research has been informed by methodologies which are attentive to narratives of health and wellbeing and the embodied negotiation of subjectivities enacted through such contexts, which I explore in depth in the following chapter. Thus, in the context of this thesis there are productive intersections between cultural geographies of health and wellbeing and feminist approaches attentive to bodily difference and identity, as enacted through women's experiences of managing and modifying the ageing process.



Attending to experiences, understandings and knowledges of the production and consumption of anti-ageing practices also reveals the socio-cultural geography of the 'healthy' ageing body (Parr, 2002a), a geography which is inflected with gendered expectations and renders particular bodies (in)visible. As Moore theorises, knowledges and practices of health are highly gendered:

'Body-consciousness, self-awareness, self-surveillance, a sense of the body being at once uncontrollable and in need of control, preparation for the attack on a 'home front', a propensity to see and treat the body as an end in itself, and the transformation of the body into a project: all of these are ideas or attributes that have been associated historically with femininity, and are now evident in the 'new paradigm' of health. One of the consequences of this is that 'doing health' may become a means of 'doing gender'

(Moore, 2010: 112)

Moore draws attention to the contradictions of control associated with femininity and the 'healthy' body, as well as the performativity associated with health and wellbeing practices in the 'new paradigm' of health, in which the self and the body are inextricably linked. Here the body is '*in need of control, preparation for the attack on a 'home front'*', an imperative which permeates discourse of anti-ageing and the valorisation of a 'feminine' youthful appearance, through which women are encouraged to turn the medical gaze on themselves (Bordo, 2003). Thus there are crucial emotional geographies enacted within the body project, through mobilisations of 'corporeal anxiety' (Straughan, 2010), body-awareness and self-surveillance. Such emotional geographies- with the invocation of languages and practices of *vigilance, attention, alertness, care and detection*- are addressed through the thesis.

Much of the existing research that attends to issues of health, wellbeing, and embodiment has tended to adopt Foucauldian perspectives in a number of ways. This includes attending to the practices of surveillance, governance, and negotiation of individual responsibilities with regards to embodied geographies of health (See for instance Colls and Evans, 2009; 2013; Evans and Colls, 2009; Evans, 2010; Heyes, 2006, 2007 and Longhurst, 2012). Furthermore, such literature has increasingly focussed on the significance of care of the self in relation to wellbeing (See for instance

Lea, 2008; 2009b). This work has crucial importance in understanding the sense of individual responsibility associated with the ageing process, and drawing on a Foucauldian theorisation of self-care enables insights into surveillance of the body, and desires to attend to wellbeing in relation to ageing. More specifically, this work has involved thinking about the surveillance of the body in relation to the monitoring of 'populations' health and wellbeing, for instance in relation to body size and obesity (Evans and Colls, 2009; Evans, Colls and Horschelmann, 2011). What has been absent from much of this work however is attention to the individualised narratives, negotiations and decisions made with regards to self-care.

Furthermore, gendered notions of 'healthy' bodies are imbued with neoliberal discourses of individualised responsibility: 'The active biological citizen must engage in a constant work of self-evaluation and the mode of conduct, diet, lifestyle, and drug regime, in response to the changing requirements of the susceptible body' (Rose, 2007: 154). This sense of responsibility is also highly gendered, and women are often discursively framed as not only responsible for their own health, but for the health of their family (Lupton, 2012). More broadly, this gendering of corporeal responsibilities reflects both the identities and socio-cultural expectations of women in domestic space, but also resonates with the biopolitical regimes of governance of 'public' bodies, and the associated surveillance practices, for instance in the contexts of pregnancy, dieting, and obesity (Longhurst, 2001, 2012; Colls and Evans, 2009; Heyes, 2006), transgressing public and private modes of corporeal regulation.

Thus this conceptualisation of 'the maintenance of conventional attributes of the feminine body as a requirement of good health' (Little, 2013: 42) can be extended to consider socio-cultural norms associated with ageing, and the spaces, knowledges and practices through which women pursue 'anti-ageing', and the ways that such technological mediation of the ageing process is implicit in the production of gendered 'healthy' identities.

## ***Approaching 'Aesthetic Health': Ageing Bodies, Body Image and Spatialities of Health and Wellbeing***

Despite feminist perspectives of the gendering of discourses of health as bound up with maintenance of 'acceptably' or 'appropriately' feminine corporeality, '...the very specific consequences for health of body adornment, maintenance, inscription and management have not been discussed' (Kearns and Moon, 2002: 613). Responding to this gap my research examines the intersections of health and corporeal management and modification in the context of anti-ageing cosmetic intervention in order to develop this area, making a critical intervention into geographical approaches to health and wellbeing more broadly.

Practices of adorning, maintaining, and managing the body, as discussed earlier in the chapter, are highly gendered and heavily inscribed with socio-cultural corporeal norms and expectations. Anti-ageing practices are no exception to this. In his theorisation of cosmetic surgery, Edmonds addresses the ambiguity between definitions of 'aesthetic' and 'reconstructive' practices, highlighting the ways in which both can be used to 'heal mental suffering' (Edmonds, 2011: 300). Edmonds and van der Geest have argued elsewhere that 'these practices effectively merge cosmetic and healing rationales...beauty becomes a form of health in this medical practice' (2009: 10). This conflation of rationales is also reflected on by Heyes, who states that 'Increasingly the line between medical intervention aimed at restoring normal function and enhancing existing capacities has blurred' (2007: 5). This 'expansive notion of wellbeing', which Edmonds (2011) refers to, is highly productive means to frame the anti-ageing practices examined in this thesis, and can usefully be incorporated into cultural geographical approaches to health and wellbeing.

Developing understandings of such corporeal modification in the context of ageing, and acknowledging the significance of these practices, moves beyond conceptions of aesthetic practices as being superficial, frivolous and unworthy of sustained academic attention (Gimlin, 2012). Such attention also reveals the significant psychological and

emotional consequences, both positive and negative, which aesthetic modification of the body can achieve, mediating body image and affecting individual's sense of wellbeing. Developing approaches to body image in terms of ageing is a productive way to extend articulations of 'aesthetic health'. Existing geographical attention to body image is relatively sparse, with the exceptions for instance of Evans (2006) and Colls (2004, 2006). Beyond the discipline, body image has been addressed in the context of cosmetic intervention, but has tended to follow a biomedical model of health and take a quantitative approach to the 'measurement' or 'scaling' of 'negative' body image. Furthermore this literature has tended to focus on young women as being particularly vulnerable to negative body image (Ashikali et al., 2014; Swarmi, 2009; Zuckerman and Abraham, 2008). Arguably, the examination of the intersections between body image, ageing, and femininity offer significant potential in extending existing literatures, particularly in the context of cosmetic intervention. Following an approach which is attentive to the emotional and embodied dimensions of body image (Coffey, 2013) also has significant potential for contributing new insights to this area in terms of the spaces and gendered identities performed through such practices.

In attending to the importance of situated bodies in which corporeal disciplinary and management practices are enacted, a number of geographers have considered therapeutic landscapes as promoting and/or maintaining wellbeing and health, in various physical, emotional, spiritual and psychological contexts (Gesler, 2005; Wilson, 2003). Such landscapes have been theorised as places in which 'physical and built environmental, social conditions and human perceptions combine to produce an atmosphere which is conducive to healing' (Gesler, 1996: 96).

Considered in terms of their healing and restorative capacities, for instance the waters of spa towns (Foley et al., 2011) and places of respite care (Conradson, 2005), therapeutic landscapes have conventionally been considered in terms of retreat or escape to a 'pure' form of nature, and thus are often associated with rurality (Little, 2012). Therapeutic landscapes are however context dependent and highly subjective;

Gesler highlights the ways in which the concept of therapeutic landscapes 'can be stretched and pulled and still maintain its usefulness as a conceptual and analytical tool' (2005: 295). Thus, more recently consideration has been made to the more ordinary, everyday landscapes in theorisations of health and place. This includes the work of English et al (2008) who address healing and recovery of breast cancer survivors in everyday therapeutic landscapes, and Wakefield and McMullan (2005) who explore suburban decline in the context of (un)healthy landscapes in Hamilton, Canada. Such perspectives are developed through this thesis to consider therapeutic landscapes as enacted in *relational* terms, constituted through bodies, technologies, knowledges and practices, for instance through the professional identities, body-work and emotional labour of anti-ageing practitioners.

Integrating conceptions of therapeutic landscapes with understandings of the (re)production of gendered identities and corporealities in terms of health and place has prompted some interesting work within geography. Recently, Little (2013) has addressed the ways in which the 'natural' body is constructed as fit and healthy in terms of spa visits as part of everyday practices. The spa is situated as a site of performativity, in which reiteration of citational practices constitutes gendered identity, stabilising normative constructions of corporeal acceptability. Thus, drawing on the work of Butler offers a means to engage with performative spaces and the processual and unstable identities which they engender (1990). Little also highlights the emotional and affective capacity of the spa encounter, examining the role of bodily therapies and pampering practices in rejuvenation, discipline and maintenance of normative conceptions of acceptable corporeality. The focus upon spa treatments examines the holistic, non-invasive nature of specific bodily therapies, drawing on therapeutic notions of nurturing and relaxation. Thus the paper raises pertinent questions about the complexity (and inherent contradictions) of spaces of emotional and physical 'wellbeing' such as the spa.

Reinforcing the importance of constructions of health and place, Straughan (2010) has addressed the salon as a site in which medical knowledge and aesthetic practices coalesce. As with Little's research into the spaces of the spa, Straughan also demonstrates that such spatialities can be heavily imbued with emotion. Exploring the salon from a Foucauldian perspective, Straughan argues that salons provide an individualised means of self-mastery, promoting solutions to maintaining the complex entwinement of emotional wellbeing and aesthetic 'acceptability'. Thus, the salon is a space of corporeal intersection and boundary transgression, in which corporeal materiality and emotional wellbeing are attended to within broader discourses of health and wellbeing. Straughan addresses the 'clinical gaze' which operates within the salon, enacting medical and scientific discourses in tandem with therapeutic landscapes and emotional engagements. She highlights the:

'growing medicalisation of the beauty salon as knowledge, technologies and practices filter through from the laboratory and medical sphere into this place, affecting not only the scale and focus of its treatments and products but also the relationship between client and salon.'

(2010: 654)

Various treatments at the salon are intended to 'tackle' certain areas of the body and mind, highlighted by Straughan's description of how the body is 'mapped and negotiated during treatment' (Ibid: 652). This fragmentation of the body through various practices promotes an increasingly pervasive corporeal anxiety, with ageing as arguably one of the key bodily 'concerns' through which this anxiety is enacted. I extend Straughan's analysis of the medicalisation of beauty practices, and the client and practitioners relationships enacted through such spaces in the empirical chapters which follow.

Spaces of aesthetic enhancement have also been considered in terms of more invasive approaches of cosmetic surgery, as and will be discussed in depth in the following section. These embodied practices of corporeal modification have been considered in terms of the globalised spatialities and bodies, implicated in the phenomenon of cosmetic surgery (Bell et al., 2011). These authors explore the framing

of travelling abroad for cosmetic surgery as part of broader practices of 'health, medical or wellness tourism' (Ibid: 140), as both a painful surgical experience and 'relaxing and restorative' (Ibid: 139; Holliday et.al., 2013). This conceptualisation resonates with approaches to therapeutic landscapes, and highlights the globalised nature of cosmetic surgery, and its consumers (Jones, 2008). Atkinson (2011) also addresses the globalised bodies implicated in practices of surgery, highlighting the problematisation of care and responsibility with regards to the movement of tourists. Furthermore, the work of Ackerman (2010) further complicates the public-private boundaries of healthcare and medicalised leisure with regards to cosmetic surgery tourism in Costa Rica, highlighting the disparate socio-economic identities of consumers and workers. Issues of class, identity and conspicuous consumption are also addressed in the work of Edmonds (2010) who tackles cosmetic surgery, beauty and health in a non-Western context, specifically Brazil. These globalised practices transgress the spatial boundaries typically associated with health care and medical responsibility; flows of 'patients' moving across international borders problematise private and public healthcare responsibilities, and further contribute to ethical issues around transparency and accountability. These practices also pose challenges for the frameworks of regulation and control of aesthetic health practices and technologies, which I address in more depth in Chapter Six.

Having outlined the multiple contingent spatialities and identities which are implicated in practices, knowledges and technologies of cosmetic enhancement, it is clear that there is a modicum of research which has brought surgical practices in particular to the fore. Despite this research, arguably more attention is required to address the ways in which therapeutic landscapes and experiences are integrated into everyday life and practices of less intrusive corporeal modification and maintenance, with regards to anti-ageing practices. Such practices bring together a complex entanglement of issues around health, beauty, the medical and the aesthetic, complicating existing discursive

and material boundaries and enabling examination of hitherto unexplored (anti-)ageing corporealities.

### ***Cosmetic Intervention and Narratives of Enhancement: Redefining Ageing Bodies, Identities and Temporalities***

In the previous chapter I outlined the empirical context of anti-ageing cosmetic intervention as the focus of the thesis. In order to more clearly situate the thesis within this research context, it is productive to consider the ways that feminist geographical approaches to embodiment, gender, and identity productively intersect with 'expansive' notions of health and wellbeing to inform understandings of cosmetic intervention. Reviewing literature which has attended to technologies and techniques of anti-ageing body-work is the focal point around which the remaining content of this chapter converges.

In this section I examine existing, albeit limited, geographical attention to cosmetic intervention, before drawing on broader social scientific approaches to such practices. I discuss the role of these practices in transforming, and enhancing bodies, identities and corporeal temporalities. I examine feminist approaches to cosmetic surgery and discuss issues of agency and power in terms of consumer engagement with techniques and technologies of aesthetic body-work, as well as drawing attention to a lack of consideration of the embodied and emotional experiences of such engagement.

Geographical attention to cosmetic intervention is relatively sparse. One of the reasons for this can be attributed to the 'vanity', or 'triviality', which has been associated with such practices (Heyes, 2007), in addition to a perceived separation of such practices from geographies of health and wellbeing. As I argued in the previous section, practices of cosmetic intervention can usefully be incorporated into broader understandings of health and wellbeing, offering insights into the embodied performance and maintenance of gender and identity, and the emergent spatialities through which such performances take place.



A notable exception to this lack of geographical attention has been the work of Holliday et.al. (2014) who have recently conducted research into aesthetic surgery tourism, entitled '*Sun, Sea, Sand and Silicone: Aesthetic Surgery Tourism in the UK and Australia*'. This interdisciplinary project has examined the contemporary phenomenon of aesthetic surgery tourism, addressing the global flows of people and capital as part of broader trends in medical tourism. Holliday et.al. (Ibid.) have drawn attention to the labour and privatised care strategies enacted through such practices, prompting consideration of the globalised entanglement of healthcare practices and consumption. Similarly, Connell (2006, 2013) has examined global trends in medical tourism, highlighting the importance of the privatisation of healthcare and increasing dependencies on health technologies as influential factors. Developing geographical analysis of the hitherto unexamined context of anti-ageing cosmetic intervention develops understandings of the role of technology in mediating the embodied and emotional dimensions of the ageing process, as well as making a significant and timely contribution to geographical approaches to biopolitical, biotechnological, and biomedical capacities to mediate and produce corporealities.

Beyond the discipline of geography, cosmetic practices have been explored across a range of disciplines including sociology, psychology, gerontology, medical anthropology, gender studies and law. Such work includes social, cultural and medical histories (Elliot, 2008; Gilman, 2000; Gimlin, 2012; Haiken, 1997) analyses of tourist practices of aesthetic surgery (Ackerman, 2010; Connell, 2006, 2013; Holliday et.al. 2013), and feminist analyses and critiques (Blum, 2003; Davis, 1995; Pitts-Taylor, 2007). What these multiple perspectives tend to agree on is the 'normalisation' or 'domestication' of such practices (Banet-Weiser and Portwodd-Stacer, 2006; Brooks, 2004; Tait, 2007), the globalised nature of the cosmetic surgery industry (Ackerman, 2010; Atkinson, 2011; Edmonds, 2010; Elliott, 2008; Gimlin, 2012) and the complex gendered, raced and classed norms it (re)produces (Gimlin, 2013; Holliday and Cairnie, 2007; Holliday and Elfving-Hwang, 2012; Sanchez-Taylor, 2012).

More broadly within the social sciences, cosmetic practices and procedures have been examined in terms of gendered identity, however the dynamics of ageing have been largely overlooked in this context, with the notable exception of Furman (1997) and Hurd-Clarke (2011). Before developing a focus on anti-ageing practices it is first valuable to outline existing attention to the area of cosmetic intervention more broadly, taking into account other practices of adornment and beauty-work and the ways that they have been subsumed into narratives of 'aesthetic health'.

As I introduced in the previous section, one of the directions in which this work has developed has been to explore 'expansive notions of health and wellbeing' (Edmonds and van der Geest, 2009) to consider beauty and cosmetic surgery body-work practices, critiquing the oversimplification of these practices as simply 'appearance work', and situating such practices as constitutive of 'healthy' subject formation within the context of socio-cultural norms, complicating the relationship between looking and feeling 'well', and conflating health and beauty (Bell et al., 2011; Sanchez-Taylor, 2012; Straughan, 2012). I argue in this thesis that the embodied experience of practicing and consuming non-surgical techniques and technologies has been overlooked, and similarly that individual negotiations of social and cultural pressures to maintain a youthful appearance are yet to receive sustained academic attention.

Much of this research is focussed around the more dramatic transformative practices of cosmetic surgery, such as breast augmentation and female genital surgery (Braun, 2005, 2009). There is a lack of emotionally and corporeally engaged research which attends in-depth to the knowledges, spaces, and practices associated with cosmetic intervention. There has been no sustained attention to the emergence of 'non-surgical' procedures, despite this being the fastest growing area of the cosmetic surgery industry. These non-surgical procedures are increasingly dominating the market in terms of consumption, particularly amongst women, as I outlined in the previous chapter. Such growth in consumption has consequences with regards to socio-cultural

norms and expectations around ageing bodies, and carries with it the production of particular corporeal materialities and identities which warrant further attention.

Building on recent concerns within geography regarding the relationships between the body and technology (Barratt, 2011; Dixon and Whitehead, 2008; Parr, 2002b), I engage with such disciplinary attention in the exploration of the production, dissemination and consumption of anti-ageing technologies. Within the empirical context of anti-ageing body-work, the discussion of technology is particularly important. Attention the body has been significantly influenced by technological innovation over the last thirty years (Shilling, 2012). Developments in organ transplantation, stem-cell research, reproductive technologies and cosmetic modification have opened up new spaces and practices for academic attention, as well as raising biopolitical, legal, ethical and moral questions about the meaning, status, and materiality of life (Rose, 2006). Extending existing theorisations around technology, the body and health, to attend to the diagnostic, prescriptive, and treatment practices of ageing bodies offers the potential to examine the 'new natures' and nature-society relations (Braun and Castree, 2001; Greenhough and Roe, 2006; Hinchliffe, 2007; Parry, 2008; Spencer and Whatmore, 2001) produced through the anti-ageing industry, and the new forms of commodified corporeality they enact.

Such attention to the body, and the ways in which it is mediated, provoke complex ethical and political questions around mastery and control of the functions, capacities and boundaries of bodies (Abrahamsson and Simpson, 2011; Longhurst, 2001). This is a critical point of enquiry throughout the thesis: *to what extent do novel technologies enable greater control over the 'naturalised' processes and materialisations of the ageing body? How are such practices experienced and understood? And what are the ethical, social and political consequences of growing human capacities to manipulate corporeality?*

Within the social sciences, various attempts have been made to conceptualise the role of technology in the formation, and performance, of gendered subjectivities. Some of this work has been informed, and critiqued, by feminist perspectives, with Grosz's theorisation of corporeal feminism providing an academically productive background through which to engage with such subject matter (1994). The transgressive potential of corporeal technologies has much to offer a re-theorisation of the boundary concepts associated with the body. Balsamo has highlighted the ways that 'technological innovations have subtly altered the dimensions and markers of what counts as a 'natural' body' (1999: 1). Situating the gendered body as both 'product' and 'process', Balsamo addresses a growing sense of cultural, scientific, and medical mastery over the human body, through processes which alter both the affordances and potentiality of the corporeal. This increasingly pervasive ideology of immortality and control over life (and death) as scientifically achievable is arguably reflected in technologies of anti-ageing. This thesis offers an insight into practitioner and consumer experiences of such technologies and the spaces, practices and knowledges through which they are enacted, making contributions to broader geographies of health and wellbeing

Through an analysis of various technologies of gendered corporeality, Balsamo employs Foucauldian conceptions of bio-power and surveillance. Extending Foucault's theorisation, she argues that the increasing pervasion of corporeal technologies is engendering a growing self-consciousness regarding various aspects of corporeality, 'whereby the body becomes an object of intense vigilance and control' (Ibid: 5). This 'informatics of domination' draws attention to the technologically gendered body as 'cyborg' (Haraway, 1991), in which ideologies of corporeal acceptability are envisaged through a 'disembodied technological gaze' (Balsamo, 1996: 6). Through the Foucauldian technique of 'thick perception' Balsamo's work offers an insight into the various ways that the gendered body is articulated through discursive production, both in terms of cultural representation and practice.

However, it could be argued that such argumentation is in danger of falling into cultural determinism. Balsamo 'reads' representations and practice as if they bear self-evident meaning which can be 'extracted'. Arguably the emphasis on social construction obscures the potential to explore the material agencies of the various technological innovation Balsamo addresses, as well as the corporeal materialities through which certain practices are exercised. This is illustrated through Balsamo's characterisation of the 'material body' and 'artificial machine' (Ibid: 11), which rely too heavily on a false comparison of the 'material' as 'natural', failing to recognise the potential material agency of corporeal technologies such as prosthesis, IVF and aesthetic surgery.

The work of Covino has addressed the crossover of culture and medicine in the context of aesthetic surgery. Her work focuses on narratives of cosmetic surgery, focussing on themes of 'abjection' and 'identification' (2004). Identifying discursive constructions of beauty and desire, Covino situates the body within notions of 'maintenance' and 'management', again within a Foucauldian perspective of practices of self-care. Covino briefly touches on the issue of ageing in her work, outlining notions of 'happy' and 'successful' ageing, which issue normative requirements for the ageing process. Through these ageing requirements, corporeal appearance is inextricably linked to the emotional wellbeing of ageing individuals, with discursive constructions of ageing in specific ways linked to wellbeing characteristics. The inference here is, unless you actively attempt to halt, or at least delay the 'onset' of the appearance of ageing, there will be negative consequences for your emotional/psychological wellbeing. Through this analysis Covino highlights the pervasive industry which facilitates such practices, however in a similar vein to Balsamo, fails to engage with the material potential of the subject matter in which she engages, through lack of attention to the embodied and emotional experiences of practitioners and consumers.

In addition to the emotional and moral economies that surround aesthetic technologies, it is also pertinent to consider the growing role of virtual technologies in constructing gendered subjects. Parr (2002) highlights the growing significance of virtual and cyber

technologies in constituting particular gendered subjectivities. Parr examines online forums for discussion of health and medical issue, as well as online sources for self-diagnosis and treatment advice. These virtual realms of techno-medical discourses function to shape the materiality of the embodied subject, as well as contributing to social constructions of 'healthy', 'well', bodies. Along with other sources such as print media and advertising, technological embodiment, as Parr states, has a role in the increasingly conflated conceptions of health and beauty, which I discuss in the following section. Drawing on Foucault, Parr highlights that increasingly, notions of control, surveillance, and discipline of the body are manifested in these 'sociomedical disciplinary technologies', as demonstrated for instance by online weight-loss programmes, personal training 'apps' and interactive menu-planners (Ibid: 78).

### ***Feminist Perspectives of Cosmetic Intervention***

Having examined current literatures within, and beyond, the discipline regarding cosmetic surgery practices, and broader practices of age-related appearance work, attention now turns to the problematisation of feminist perspectives of such technology. Existing feminist perspectives on technology and the body can often be divisive, polarising perspectives on technology as empowering or oppressive; aptly coined in the context of aesthetic surgery by Brooks as 'friend or foe' (2010). Developing feminist geographical approaches in this context offers insights into issues of agency and power in terms of gender, identity, and corporeality.

In focussing on the meanings and experiences of cosmetic intervention for women, some feminist perspectives have conceptualised such practices in terms of patriarchal oppression, gender inequality and the 'victimhood' of female consumers. Such perspectives include the work of Chapkis (1988), Morgan (1991) and Blum (2003) who have articulated such views in the context of cosmetic surgery and broader cultures of beauty and normative femininity. Such perspectives have informed feminist analysis of identity politics, particularly in terms of class and sexuality, associated with the

consumption of cosmetic practices (Skeggs, 2003). Notably this includes work on breast augmentation by Sanchez-Taylor (2012) and Gimlin (2013) who have developed analysis of corporeal capital, class and the surgically enhanced body. However such approaches have tended to privilege the 'visibility' of cosmetic body-work as a point of analysis. In the context of anti-ageing practices, techniques and technologies can render cosmetic body-work 'invisible', thus complicating existing work in terms of class, identity, agency and power.

In contrast with framings of cosmetic surgery consumers as 'dupes', Davis (1995) provides a 'guarded defence' of cosmetic surgery practices, arguing that rather than operating as a form of oppression, they can be framed in terms of empowerment, independence, and enhancing self-esteem when engaged with by consumers who are knowledgeable of their drawbacks and well as benefits. Post-feminist approaches have also hailed cosmetic practices as empowering, enabling women to (re)make their bodies in any way they choose, enabling women to feel more confident in and in effect 'liberated' by technology (Banet-Weiser and Portwood-Stacer, 2006; McRobbie, 2004; Negra, 2009).

Furthermore, some feminist perspectives have approached the potentially transgressive capacities of technologies of cosmetic intervention. Morgan (1991: 40-41) highlights that imperatives around beauty and the availability of cosmetic technologies make 'obligatory the appearance of youth and the reality of 'beauty' for every woman who can afford it', and argues for the subversion of such technologies. Morgan suggests that women have 'wrinkles sewn and carved' into the skin (Ibid: 46), whilst Balsamo (1999) advocates the 'misappropriation' of cosmetic techniques in order to draw attention to socially constructed nature of beauty and gender norms. Such subversion is evident in the work of Orlan, who uses cosmetic surgical techniques in performance art to problematise images of beauty and the 'monstrous' (See Jones, 2008: 151-178).

Offering a more nuanced perspective on participation in appearance-work practices, Furman highlights the tensions between 'resistance' and 'capitulation' to practices of appearance management and the hazy, unclear boundaries and expectation between the two (1997), whilst Gillespie (1997: 79) frames participation in cosmetic intervention as a choice but also reinforcing images of feminine beauty. At the heart of feminist perspectives of these practices are discussions of agency, which this thesis contributes to (Pecot-Herbert and Hennink-Kaminski, 2012).

Arguably it is not necessarily productive to draw such clearly defined political perspectives on these technologies, particularly in consideration of practices of anti-ageing body-work which complicate rationales of health and beauty, the cosmetic and the medical. This thesis is focussed instead on the understanding and experiences of practitioners and consumers of techniques and technologies of cosmetic intervention. One of the undeniable challenges, and arguably opportunities, of this research is to seek a productive conduit through feminist and post-feminist approaches to cosmetic technologies and the modification of the body. Drawing on the work of feminist scholars who have theorised gender and technology more productively, it is possible to consider bodies modified through cosmetic technologies in terms of 'hybrids' (Whatmore, 2002) and 'cyborgs' (Haraway, 1991), theorisations which are explored in greater depth throughout the thesis. Through directing attention to the experiences, understandings, and production of knowledges around anti-ageing practices and technologies, engaging with both practitioners and consumers.

## ***Summary***

In this chapter I have detailed the three key areas of existing geographical, and broader social science, literature which inform the thesis. I have situated the research aims within the core geographical areas of gender and identity, health and wellbeing, and emotion and embodiment. Having focussed on the tensions and connections between these areas, I have articulated how they are productively entangled in the consideration



of socio-cultural norms and pressures around ageing, and the ways that these norms are enacted through anti-ageing body-work. I have also highlighted the lack of geographical attention to corporeal modification and management strategies in relation to age, and the need to draw together feminist geographies of embodiment and emotion with contemporary perspectives on health and wellbeing. I now move onto a discussion of the methodological approach taken in the research.

# Chapter Three: Researching Corporeographies of Anti-Ageing

---

## *Introduction*

Following a detailed examination of existing geographical literatures regarding gender and identity, emotion and embodiment, and health and wellbeing, attention now turns to the research process. Drawing on my experiences researching the ageing body and women's practices of corporeal management and modification I develop an in-depth discussion of the methodological approach taken to conduct the research. Situating the research within the context of feminist methodologies and geographies of the body, the chapter begins by addressing the growth of geographical interest in the embodied and emotional dimensions of everyday experiences, and the ways that such contexts have been approached through existing research. This provides a theoretically-informed basis for subsequent discussion of the research design and the methods employed in the data collection process, before outlining the ways that the data were managed and analysed. I then examine some of the tensions within the fieldwork process, allowing for personal reflections and consideration of the nature of 'embodied' research. The chapter concludes with a summary, and an indication of the ways that this approach has laid a foundation for the subsequent three empirically focussed chapters.

## ***Approaching the Body through Feminist Geographies***

As detailed in the previous chapter, geographical interest in the body has increased significantly over the last two decades (Longhurst and Johnston, 2014). Within the discipline, attention has turned to the ways that geographies of the body can inform understandings of lived place, spatial relationships, power relations and identities (Nast and Pile, 1998). Rather than haunting research practices as a 'ghostly absence' (Crang, 2003) the body has come to the fore in a variety of research contexts; from leisure activities (Barratt, 2011, 2012; Merchant, 2011; Saville, 2008), workplace practices (Crang, 1994; Dyer et al., 2008; McDowell, 2011), health and wellbeing (Atkinson et al., 2011; Colls and Evans, 2009; Dyck et al., 2005; Evans, 2006a, 2006b; Evans and Colls, 2009; Herrick, 2007; Lea et al. 2014; Little 2012, 2013; Parr, 2000, 2002b, 2004) and consumption (Andrews et al., 2009; Barnett et al., 2005; Colls, 2004; Popke, 2006; Valentine, 1999).

As discussed in the previous chapter, this thesis is strongly motivated and informed by feminist geographical approaches, particularly contemporary research which has sought to engage more deeply and critically with the embodied and emotional aspects of everyday experiences. A growing geographical interest in the body has been particularly welcomed by scholars engaged with the sub-discipline of feminist geography, who have argued that women (and their bodies) have been marginalised and disempowered by patriarchal disciplinary traditions and masculinised conceptions of knowledge (Longhurst and Johnston, 2014). Since the 1970s feminist geography has confronted conventional, patriarchal approaches to knowledge, and has emphasised the value of everyday knowledges and experiences. Through challenging the masculine geographical tradition, and acknowledging the power relations which are contingent in the research process, feminist methodological approaches have attempted to generate more thorough and critical understandings of the geographically varied ways in which gender is constructed and performed (Bondi and Domosh, 1992;

Bondi, 2002; Domosh, 1991; Ekinsmyth, 2002; Longhurst, 1994, 1995, 2002; McDowell, 1992; Rose, 1997).

The 'turn towards the body' has developed academic attention beyond a marginalised, 'superficial appreciation of it [the body] as a site or scale for the study of social practice', towards a focus on reflexivity and subjectivity (Bain and Nash, 2006: 100). Such attention has recognised the multiple ways that the body is regulated, marginalised, and inscribed with meaning in particular spaces. Theorised by Nast and Pile (1998) as 'places through the body', the body becomes a site in which gendered identities are enacted, and indeed challenged. Of particular prominence in such theorisations have been Foucauldian perspectives on the disciplinary frameworks through which bodies are, both publically and privately, surveyed, regulated, and performed. As discussed in the previous chapter, this includes attention to the 'clinical gaze' which denotes particular corporealities as (un)healthy, a significant reference point throughout this research with regards to the 'diagnosis' of ageing bodies. Such an approach is extended through the work of Evans and Colls who state that:

*'While Foucauldian analysis is important in understanding the ways in which such strategies function, it is vital to respond to concerns that poststructuralist geographies and Foucauldian geographies lack engagement with real bodies and material practices'*

(2009: 1076 Emphasis added)

Such engagement with 'real bodies' and 'material practices' is of crucial importance within this thesis. This reinforces Longhurst's call for greater attention to the 'leaky, messy, awkward zones of the inside/outside of bodies' (2001: 2), having identified the distinct absence of bodies from geographical discussion. Longhurst and Johnston (2014: 274) have recently reiterated this call for greater attention to embodied fieldwork within geographical research, stating that 'In some senses then, "real" fleshy bodies still represent that which is too banal, too material, too feminised, too mysterious, too Other for geography.' With this in mind, this research was designed to engage more deeply with the 'real' fleshy materiality of bodies, exploring the practices through which ageing

bodies are modified and managed, as well as situating such material engagement within discursive frameworks of 'acceptable' and 'healthy' ageing bodies.

Theoretical developments regarding attention to the body have also led to a destabilisation of assumptions about the research process and the production of knowledge within social and cultural geography (Dewsbury and Naylor, 2002; Dewsbury et al., 2002; Anderson and Harrison, 2010; Lorimer, 2008; Pain and Bailey, 2004). Broadly, what has been drawn from such work is the value of attending to everyday experience and the ways that the embodied and the emotional can be accounted for methodologically. Much of this work has in common a use of multiple qualitative approaches, often combining ethnographic methods with in-depth interviewing to gain a more nuanced understanding of particular everyday knowledges, practices and spaces; this includes for instance the work of Lea (2009b) who explores yoga as a practice of the self, Straughan's (2010) exploration of the beauty salon, and Little's (2013) examination of spaces and practices of wellbeing in the spa. Such work has also attended to the fluidity, instability, and indeterminacy of the body, and has prompted reflection not only upon the body as a site of research, but the embodied role of the researcher themselves. Bain and Nash discuss in detail the embodied role of the researcher, stating that 'the researching body...cannot be understood as stable or fixed; rather it needs to be rendered explicitly visible as a contested site of knowledge production' (2006: 99).

Such a perspective demands attention to the unstable power dynamics of the researcher-researched relationship and the partial knowledges produced through embodied research. As Grosz (1987) states, the researcher is not an 'angel' occupying a position without context, in which temporalities and spatialities have no bearing. Rather the researcher themselves is implicated in a view from 'somewhere' (Hawarway, 1988: 581), a complex biographically informed position which rather than seeking to be avoided for fear of 'bias', is in fact contingent to the research encounter. Thus the benefits of the embodied, the subjective, and the situated have been

integrated beyond the boundaries of 'feminist' approaches, and have come to be subsumed into, and overlap with, many of the tenets of post-structuralist social and cultural geographies. It is from here which this research launches, drawing on both explicitly feminist methodologies which address the body, and social and cultural approaches to embodiment and emotion.

## ***Research Design***

In light of the research aims and theoretical framework discussed in the previous chapters, and the methodological context outlined above, the research was designed to develop an in-depth embodied and emotional understanding of gendered experiences of, and responses to, ageing. I also drew on lessons from methodologies of existing research within the social sciences which have addressed spaces and practices of corporeal management and modification in order to derive an appropriate research strategy.

The data collection was conducted over a period of one year, between October 2011 and September 2012 in the South-West of England, including Bristol, Exeter, Plymouth and Truro. The spatial context for this research is by no means intended to be representative of the cosmetic industry across the UK, or depict a universal account of (anti-)ageing. However in-depth examination of these spaces, knowledges, and practices offers insights into the ways that the ageing body is represented, experienced, managed and modified, and makes an important contribution to an under-researched empirical area.

Drawing on existing embodied research, a qualitative approach was taken to conduct this research, harnessing several methods. As discussed in the previous section, geographical attention to the body has embraced the use of complementary qualitative approaches in order to understand the instability and indeterminacy of corporeality (Ekinsmyth, 2002). Through such understandings, the relationality between disciplinary

spaces and practices, and gendered, sexed and raced bodies can be further comprehended (Nast and Pile, 1998). Such an approach has been employed in the work of Longhurst (1996) for instance, who used multiple approaches in research exploring the boundary-disrupting corporealities of pregnant women in New Zealand, using focus groups, in-depth interviews and ethnography to examine the ways in which particular bodily materialities can be perceived as in, and out, of place. Similarly Jones (2008), in her analysis of perceptions, experiences, and representations of cosmetic surgery, has drawn together experiential data from in-depth interviews with textual analysis of a variety of sources including media, fairy-tales, and medical journals to address the ways that aestheticised corporeal norms are constructed and enacted. Incorporating multiple approaches to conduct this research offered flexibility in the research process as well as enabling different insights into the research context.

Building on existing understandings of corporeality, this research integrated in-depth interviewing, ethnography, and contextual analysis in an effort to attend to the lived experiences of management and modification of ageing bodies, as well as exploring the social, cultural and political frameworks through which bodies are regulated. Entwined with these approaches I also kept a personal research diary which was used to record fieldwork encounters, reflect upon responses, and develop research strategies as the fieldwork progressed (Crang and Cook, 2007). The research diary was also a useful resource to inform retrospective insights into the research, and to consider the tensions inherent in the process, as discussed later in the chapter.

### ***Ethnographies of Spaces of 'Anti-Ageing'***

In order to engage with corporeal management and modification cosmetic practices, and their contingent knowledges and spaces, embodied ethnography was selected as an appropriate method. Such an approach has been used in existing research to explore disciplinary spaces and practices through which the gendered body is regulated, including the spa (Little, 2013), 'fit farms' (Little, 2012), the beauty salon

(Black, 2002; Furman, 1997; Paulson, 2008; Sharma and Black, 2001; Straughan, 2012; 2010) and cosmetic surgery (Ackerman, 2010; Bell et al., 2011; Brooks, 2004; Jones, 2008). This existing work has been helpful in informing the design of this research.

To determine the ethnographic sites, an initial survey of the South-West was conducted, and a database of businesses providing anti-ageing treatment developed. This survey identified over three hundred businesses, and comprised a range of service providers, including salons, spas, aesthetic clinics, mobile practitioners and training centres. In addition to providers of 'cosmetic' management and modification treatments and services, I also became aware of an extensive range of Complementary and Alternative Medicine (CAM) practitioners marketing their services on the basis of 'anti-ageing' potential, including reflexology, Reiki, hypnotherapy, aromatherapy, acupuncture and 'life-coaching' (drawing on Neuro-Linguistic Programming [NLP] techniques). Several of these practitioners provided a combination of both CAM and non-surgical cosmetic treatments, or shared premises with cosmetic practitioners, and whilst not the explicit focus of the research, there is significant research potential in exploring the healing and therapeutic landscapes of these practices, and I touch on this later in the thesis.

After completing the initial desk-based survey I contacted businesses through email or post, often 'followed up' by a telephone call to make direct contact if these methods did not elicit a response<sup>3</sup>. After discussions with respondents regarding the specificities of their services there emerged four locations in which I felt ethnography would be most appropriate. Selection was based to some extent on the enthusiasm of the respondent and their willingness to be involved, as well as accommodating a range of relevant spaces offering diverse encounters and a breadth of treatments. I was also hoping that securing a positive working research relationship with several service providers would enable me to use them as gatekeepers to access consumers for in-depth interviews, as

---

<sup>3</sup> See Appendix Two for copies of recruitment letter and email



discussed in the following section. Many of the other practitioner respondents who I chose not to conduct ethnographies with were followed-up with site visits, accompanied tours and in-depth interviews.

The four ethnographic sites selected for study were a beauty salon, a training college providing beauty therapy courses (Including Diplomas and National Vocational Qualifications [NVQs]), and two aesthetic clinics (See Table 2 for profiles of each site). The designated terms for these spaces were identified by the practitioners themselves, which is important as the wide range of spaces in which cosmetic anti-ageing treatments are available means that classifying these spaces, and the meanings of these terms, can be complex as I discuss later in the thesis. In accordance with the recommendations of the University of Exeter Ethics Protocol, practitioners were provided with an information sheet summarising the purpose of the research and their entitlement to a summary report at the end of the fieldwork, as well as signing a consent form<sup>4</sup>. In total, the ethnographies were carried out over an eight month period, each lasting between four and six months<sup>5</sup>. Visits varied in length from an hour to an entire working day, and frequency varied from twice a week to once a month.

---

<sup>4</sup> See Appendix Three for copies of the participant information sheet and consent form

<sup>5</sup> See Appendix Four for a detailed list of site visits

Site Type	Pseudonym	Description	Treatments Offered
<b>Beauty Salon</b>	<i>Bella</i>	Bella beauty salon is a small premises located in a residential area close to the centre of a city in the South-West. Two female members of staff, one of whom is the owner, work on the premises; Kirsty and Jan. Both women are in their forties and are trained in beauty therapy, having worked in the industry since leaving college in their late teens.	Waxing, massage, nail treatments, make-up tutorials, eye treatments (including brow and lash shaping/tinting), body treatments (including slimming body wraps), electrolysis, red vein and minor skin blemish removal, pamper packages, facial treatments (including a range of anti-ageing collagen, lifting and resurfacing facials)
<b>Beauty Therapy Training College</b>	<i>South West Training College</i>	South West Training Collage is located in a large city in the South-West. Amongst other subjects it provides diploma and NVQ beauty therapy training. The courses are taught by lecturers Anna and Tanya, who both worked in the beauty industry before becoming lecturers. The college has a training spa and salon in which students can practice treatments on each other and on voluntary and paying clients.	Waxing, massage, nail treatments, make-up tutorials, body treatments, epilation, spa treatments, tanning, pamper days, facial treatments (including manual, mechanical, and electrical anti-ageing facials)
<b>Aesthetic Clinic</b>	<i>You-nique</i>	You-nique is located in a small rural town in the South-West. The clinic is run by a married couple, Helen and Chris. Helen has a background in nursing before training in beauty therapy and non-surgical techniques and works as an Advanced Skincare and Laser Practitioner, and Chris used to work in engineering and now manages the business. They employ four female staff, all trained in beauty therapy and various non-surgical techniques.	Waxing, massage, nail treatments, make-up tutorials, eye treatments, body treatments, electrolysis, tanning, paper packages, facial treatments (including chemical peels, microdermabrasion, vitamin A facials), light-based facial treatments (IPL and Omnilux LED light therapy), micro-needling, laser hair and tattoo removal
<b>Aesthetic Clinic</b>	<i>Radiate</i>	Radiate is located in a small village outside a coastal town in the South-West. It is owned and run by Hazel, an ex-GP who now works as an Advanced Aesthetic Practitioner. Hazel employs three female staff, trained in beauty therapy and various non-surgical techniques. Hazel left her job as a GP in the early 2000s to develop her non-surgical treatment business and last year launched a new business, a medi-spa, in a city in the South-West.	Waxing, massage, nail treatments, eye treatments, body treatments, chemical peels, light-based facial treatments, laser skin rejuvenation, permanent hair reduction, skin tightening, Botox®, filler, non-surgical liposuction, weight-loss consultation

Table 2: Profile of Ethnographic Sites (All business and practitioner names are pseudonyms)



During the ethnographic visits I was flexible in my role as embodied 'researcher' (Longhurst et al., 2008) performing a dynamic role of observer, 'observer participant', and at times participant (Crang and Cook, 2007). Using the body as an 'instrument' within the research process and conducting research *through* the body are effective, and I would argue necessarily unavoidable, means of establishing situated corporeal knowledges around certain practices and spaces (Buckingham and Degen, 2012; Longhurst et al., 2008; McMorran, 2012). I sought to recognise the complexity of 'fleshy' practices associated with anti-ageing, attending to the embodied and emotional nuances of the research encounter. Thus in addition to observing interactions between practitioners and clients, the technologies used in treatments, and exchange of information, the ethnographies also involved informal conversations with staff and clients. Furthermore I volunteered as a 'model' for demonstrations and student practice, assisted practitioners in minor tasks such as holding a client's hand during an uncomfortable procedure or talking to them to distract them from a treatment, as well as simply observing treatments with clients' permissions. McMorran (2012: 491) highlights the value of observing workplace practices as they provide 'spatial cues that stimulate discussion and reveal much about the relation between location and subjectivity', and in an ethnography of a classroom salon, Wainwright et al (2010: 80 Emphasis original) emphasise the importance of attending to 'how the bodily and emotional dimensions of work are learned'. This approach enabled such crucial attention, and allowed me to establish a thorough understanding of the anti-ageing treatments available, the body-work and emotional labours involved, and the motivations and experiences of consumers seeking such treatments. The ethnographic encounters also provided me with substantial material to explore in greater depth during subsequent interviews.

Recording ethnographic research notes whilst conducting embodied and emotionally attuned ethnographies can be challenging (Crang and Cook, 2007). Taking notes in places

where people are seeking a relaxing experience, and are sometimes paying substantial amounts to do so, is also problematic. Therefore in many situations I relied on memory, before writing down my thoughts as soon after the visit as possible. The process of recording research notes was far easier in the training college, in which there was an overt atmosphere of pedagogy, and my occasional note-taking did not seem out of place; students often took, or referred to, notes during demonstrations and treatments, and staff frequently recorded observations of student performance for ongoing assessment. Taking ethnographic notes is a messy business, and in addition to details recorded in my research diary, I also had scraps of notes in my diary, tapped into my phone and on a voice recorder, which all subsequently required compiling into a cohesive format, a generative process in itself. Ethnographic research notes were also complemented with brochures, promotional materials, sample products, and sketches from different ethnographic visits, creating an archive of different 'data', in the loosest sense, as the ethnography progressed. I wrote up the experiences as soon as possible afterwards, often snatching time in a café or on a bus or train, to write up an account. This was then developed more thoroughly as soon as possible after the research visit. The practice of writing ethnographic research notes was informed by Emerson et.al. who observe that:

'Ethnographers construct their fieldnote entries from selectively recalled and accented moments. Whether it be an incident, event, routine, interaction, or visual image, ethnographers recreate each moment from selected details and sequences they remember or have jotted down: words, gestures, body movement, sounds, background setting and so on...'

(2011: 48)

Thus the ethnographic account is necessarily partial, situated, embodied and unstable. Following the writing of ethnographic research notes, they were anonymised, using pseudonyms for individuals and business names, and stored securely in both hard and electronic copy ready for analysis as discussed later in the chapter.

## ***In-Depth Interviews***

In order to enrich the ethnographic data, I also performed a series of semi-structured in-depth interviews. The interviews were vital for gaining a deeper understanding of experiences and knowledges of anti-ageing practices, by both practitioners (many of whom were also consumers, as I discuss in the following chapter) and consumers, as well as asking questions prompted by my ethnographic experiences. Interviews have been used in this way by researchers exploring embodied and emotional accounts of ageing to examine older women's beauty practices as a way to 'elucidate the complexity and nature of the meaning that individuals attached to specific ideas and experiences', transgressing the taken for granted assumptions and understandings of both researcher and participant (Hurd-Clarke and Griffin, 2007: 190). Wainwright et al (2011) also draw on in-depth interviews with mothers engaging in body-work training to build understandings of the ways that intimacy and proximity are performed in health and beauty work.

I conducted 35 interviews in total; 16 with practitioners and 19 with consumers enrolled in the management and modification of ageing corporeality in various ways<sup>6</sup>. Clients were approached with the permission of practitioners, and participants were recruited through snowballing at each of the ethnographic locations, facilitated in conjunction with the 'gatekeepers' of the businesses, who I also interviewed. I secured a number of interviews with attendees of a 'Top to Toe' pamper day event held at the Training College, which also initiated further snowballing through the Women's Institute and the local Avon sellers network. I also conducted interviews with practitioners who had initially been contacted regarding ethnographic research, but who, for various reasons, were more suitable for interviewing. The interviews lasted between one and two hours on average, and took place in a variety of locations including treatment rooms, back offices of treatment premises, homes and cafés. Consumer respondents were aged between 20 and 70, with an average

---

<sup>6</sup> See Appendix Five for a tables of practitioner and consumer interviewees

age of 41; all of the consumer interviewees were women, and all but three of the aesthetic practitioners were women. A majority of respondents identified as 'White British', whilst the sample also included two Polish respondents who had migrated to the UK as adults, and one respondent who identified as 'Black British'. I did not question participants on their sexuality, however the topic came up in several of the interviews as I discuss in the following chapter. Interviewees were provided with a participant information sheet, consent form, and the opportunity to receive a summary report once the research was concluded. All interviews were digitally recorded with permission, and then fully transcribed. Transcriptions were supplemented with research notes from interviews, and participants were offered a copy of the transcription for amendment and verification. The notes and transcripts were then fully anonymised, and all references within the thesis to respondents and businesses use pseudonyms. In the case of practitioners, a majority of the interviews were conducted before or after tours of treatment premises, which often included demonstrations of equipment and products for sale, whilst several consumer interviews included individuals showing me the products they use at home as part of their daily anti-ageing skin-care routine (See Figure 3). This made for some interesting object-focussed discussions through which respondents discussed their decision to purchase particular products, ingredients which they felt were particularly important with regards to anti-ageing and in some cases demonstrations of products on their, or my, skin.



*Figure 3: A selection of products that Caroline (Consumer Interview Two) uses in her anti-ageing routine at home. She talked me through each product; what she used it for, the ingredients, why she had purchased it (e.g. on recommendation of a friend, because it was 'organic' or used only natural ingredients, because she had seen a particularly compelling advertisement for it) and whether it was good value for money.*

The in-depth interviews were carried out following prepared interview schedules which took a semi-structured approach, allowing flexibility in the subject matter discussed. Two different interview schedules were prepared, one for consumers and one for practitioners, and each was adapted as necessary to individual contexts<sup>7</sup>. During the practitioner interviews I addressed topics such as the anti-ageing treatments they offered, the training they had completed, their own/their client's attitudes towards ageing, management of emotion and risk in the treatment setting, and discussions of the broader social and cultural contexts of modification and management of the body. Consumer interviews addressed individual's experiences of, and attitudes towards, the ageing process, taking time to discuss in detail the ways respondents felt their bodies had changed with age, their emotional responses to such changes, and their understandings of practices they had, or had not, engaged with to manage and modify the manifestations of the ageing process. During the interviews I tended to be led by the interviewees, ensuring that the necessary themes were covered but also allowing them to pursue their own lines of discussion depending on what they felt comfortable with and passionate about.

<sup>7</sup> See Appendix Six for interview schedules



Sensitivity to the way that participants felt throughout the research process was of particular importance. Drawing on the work of Colls (2006) I was conscious that discussions of body image, self-esteem, and corporeal modification and management practices are imbued with complex moral, political, and emotional nuances. Thus attention was paid to individual's knowledges and experiences of anti-ageing technologies, in an effort to 'allow bodies to emerge from talk and experience' (Ibid: 534). Such 'body talk' (Ibid), has also been discussed methodologically as 'Body Stories' by (Gale, 2011) in research exploring CAM. Similarly Phoenix and Sparkes (2009) use narrative research techniques to explore the 'big' and 'small' stories in 'narratives of positive self-ageing', emphasising the importance of individual accounts, understandings, and rationalisations of experience. Thus the 'corporeal narratives' which feature in the thesis can be thought of as co-produced through the interviews by myself and the participants, although not necessarily symmetrically in terms of power, offering a materially engaged account of ageing corporeality.

### ***Collection of Contextual Data***

In order to situate the ethnographic and interview data within broader discourses of anti-ageing, I engaged with a range of contextual data. This was vital in situating embodied and emotional accounts of corporeal management and modification practices in response to ageing within a broader framework of political, social and cultural representations of gendered and ageing corporeality. As such, the term 'contextual data' is necessarily broad; I 'collected' data from policy documents, news articles, product advertisement, social media and body image awareness campaigns. Addressing a milieu of representational frameworks of the body- as sexual, moral, legal, vulnerable and powerful (to name but a few)- enabled me to engage with the hegemonic ideals of feminine corporeality, the ways

that youthfulness is valorised in the media, and the regulatory processes through which corporeality is framed as an object of governmentality.

One of the key elements of this process was attendance at the All Party Political Group (APPG) Body Image Inquiry then chaired by Jo Swinson MP in Westminster (currently chaired by Caroline Noakes MP), in collaboration with the Central Young Men's Christian Association (YMCA). Between November 2011 and January 2012, five sessions were held in which representatives from various organisations (academic, industry, charity, and education) provided evidence to a panel from the APPG regarding negative body image, including their perceptions of the effects of their organisation's role in potentially alleviating or aggravating negative images, as well as broader consequences for instance in terms of health and wellbeing. Members of the public were also invited to submit responses online. The purpose of the inquiry was to establish the key factors involved in causing negative body image and make a range of proposals (regulatory, research and educational) to address these negative impacts. This was summarised in the report '*Reflections on Body Image*', published collaboratively between the APPG and Central YMCA in May 2012.

I attended the five evidence sessions and took research notes as well drawing on data from the inquiry website, which is regularly updated, and the ways that the inquiry was being featured and discussed in the press and social media. Significantly, the PIP breast implant scare<sup>8</sup> took place during the time that the Inquiry was being conducted, and contributed to the launch of the '*Review of the Regulation of Cosmetic Interventions*' by Sir

---

<sup>8</sup> The PIP breast implant scare refers to faulty breast implants provided by a French company using non-medical grade silicone. Used in over 50,000 patients in the UK since 2001, the implants were suspected to be at higher risk of rupture and consequent ill-health than standard implants (Berry and Stanek, 2012; Boseley, 2012; Davies, 2012a, 2012b; Swarts et al., 2013). Provided by private clinics both in the UK and abroad, the scare raises complex issues around public/private provision and responsibility of remedial health care, and the legal frameworks in which 'risky', 'leaky' bodies and technologies are situated. The issue also prompted consideration of the ways in which publics are mobilised by health and technological risk and vulnerability, and the ways public action is performed. This is something I intend to develop in a future research publication.

Bruce Keogh in January 2012. The Review was launched to examine the regulation of the private cosmetic sector, both surgical and non-surgical, to 'provide recommendations to government on the appropriate arrangements required to ensure patients receive the protection they need when accessing cosmetic services and interventions' (DoH, 2012: 5). The findings of the review were published in April 2013, with recommendations in three key areas; 'high quality care...informed and empowered public...and, accessible redress and resolution' (DoH, 2013: 7). Data from this process has been useful in addressing the ways that corporeality is governed, through discourses of risk, and the ways that health and wellbeing are measured and framed in regulatory terms. I refer to this in more depth in Chapter Six.

Attending to these key regulatory and policy frameworks of corporeal modification is essential in ascertaining the broader political, social, and cultural processes at work with regards to the ways that the ageing body is represented, experienced, and mediated. Non-surgical anti-ageing treatments were addressed in the Body Image Inquiry and feature strongly in the 'Call for Evidence' for the Review of the Regulation of Cosmetic Interventions (DoH, 2012), demonstrating the pertinent and timely nature of this research. Rather than considering these discursive and regulatory representations of corporealities and anti-ageing technologies in isolation, it is productive to address them within a 'fleshy' context of emotional and embodied accounts of ageing, drawing together different framings and experiences of the body.

## ***Analysing the Data***

Bringing together a diverse range of interrelated data is one of the challenges of qualitative research. Once the data had been collected, transcribed and compiled, anonymised<sup>9</sup>, and finally organised appropriately both electronically and in hard-copy format, the formal analytical process began. Of course informally one begins analysing the data much earlier than this, through the re-reading and remembering of research encounters, reinforcing the necessarily messy and unstable nature of the qualitative research process. The practices of transcribing approximately 70 hours of recorded interview data and over 30 days of ethnographic observation required a huge amount of work. Inevitably the result of this process was a vast quantity of in-depth data, all of which could not be used in the thesis. In order to negotiate this I drew some boundaries around particular aspects of the data, choosing to focus on the embodied and emotional accounts of practicing and consuming anti-ageing body-work for instance, and designating the data from the APPG Inquiry for development into a future publication.

To make sense of the data I chose to focus on, the central analytical process was coding. Following existing approaches within the discipline (Clifford et al., 2010; Limb and Dwyer, 2001) this was a three-stage coding process performed by hand, commencing with 'initial' or 'open' coding, which is a way of focussing large quantities of data, followed by two further stages of coding to develop further focus and finally generate highly refined themes. The process could have been conducted using a computer software package, however given the embodied nature of the data, and the familiarity I had already established with the transcribed material it did not seem conducive to use software to develop codes.

---

<sup>9</sup> I present the data using pseudonyms however have included accurate data on the age and profession of consumers. For the practitioners I accurately present their role, however the business name is also a pseudonym.

The highly refined themes, developed during the final stage of the coding process, were used to organise and inform the following three empirically-focussed chapters: Chapter Four, which addresses the emotional and embodied experiences of ageing, Chapter Five, examining the technologies and techniques enacted through anti-ageing practices, and Chapter Six, theorising corporeal knowledges and expertise regarding the ageing body.

### ***Feminism, Corporeality and the Research Encounter***

This data collection brought to light a number of key issues in which the theoretical and methodological tenets of this research collided to prompt critical reflection upon feminist geographies of the body. Following Mol (2002), the body is a fluid, unstable, multi-scalar space, and this was true of my embodied role in the research, as well as the bodies of participants. As discussed earlier in the chapter, during the embodied process of research I took on a number of roles, and in an evidently deeply embodied research context, I was frequently attuned to the ways I was performing these roles. Longhurst (2008) suggests that geographers have much to gain in reflecting upon their corporeal performances throughout the research process, and thus, I have identified three key moments of tension within the 'doing' of this research: 'Researching'/'Researched' Bodies, Emotion and the Research Encounter, and Feminism, Positionality and the Research Process. Moments of tension are inevitable and are useful to reflexively address the ways in which research is conducted, thus I now turn to a discussion of these tensions to usefully connect the theoretical and methodological agendas of the thesis.

#### ***'Researching'/'Researched' Bodies***

Within feminist approaches to geographical research, the recognition of subjectivity, reflexivity and relations of power inherent to the research process render the boundaries between 'researcher' and 'researched' fuzzy at times (Longhurst, 2012). Throughout the

research process I was conscious of the unstable embodied identity I held as researcher, and the ways in which my corporeality was brought closer into 'view' through particular research encounters. As Bain and Nash state, 'the materiality of the researcher's body can neither be ignored nor taken for granted in the production of knowledge because it is deeply embedded in the complex interplay of powers at play in the research setting' (2006: 105). This was prominent throughout the research, and it was necessary for me to adapt to various spatialities and embodied performances, accommodating different expectations and norms around self-presentation, from clothing and make-up, to levels of (in)formality in terms of language and interaction, as appropriate for each situation; it was essential to be flexible in terms of performing my role as researcher depending upon the context (McDowell, 2011; 1992).

In adopting a flexible ethnographic position I became involved in a variety of encounters through which my body was fragmented, scrutinised, diagnosed, mapped, touched, smoothed, pinched, massaged, scrubbed and tightened. This embodied dimension to the research highlighted many moments which resonated with existing attention to the sensuous, or haptic, encounter of fieldwork (Merchant, 2011; Obrador-Pons, 2007; Paterson and Dodge, 2012). I discuss the role of touch in relation to body-work in Chapter Four. During the ethnographic visits to the South West Training College I increasingly became a participant in the research encounters, having begun primarily in an observational capacity. I was frequently asked to be involved in a treatment, when a student's partner was absent, or when a lecturer wanted to carry out a demonstration for the class to observe. On one occasion I stood in for a student's absent 'client'<sup>10</sup> on an assessment day. This involved a day of treatments including a full body massage and anti-ageing facial, which might sound appealing, but included practices which required me to

---

<sup>10</sup> I use the term 'client' here to denote customers who come to assessment days for discounted treatments, in this case a 'Top to Toe' treatment day at a discounted cost of £60 for around five hours of treatments.

reveal more than I had intended, or indeed expected, in my capacity as ‘researcher’; from disclosing my weekly alcohol consumption, skincare regime, and diet and exercise habits in the initial consultation, to the discomfort and embarrassment of wearing ‘paper pants’ for a flotation treatment<sup>11</sup>, I also had my thighs, abdomen, and chest measured before and after an ‘inch-loss’ bandage wrap treatment and my skin type was ‘diagnosed’ and ‘treated’. With the discerning eye of the trained beautician upon me I felt somewhat lacking. On another occasion, during a demonstration of a Galvanic facial<sup>12</sup> to the class, I had a heightened awareness of my body, as I note in my research diary:

*‘...lying on the treatment coach I had removed my top as I had been asked, so Anna could inspect my neck and chest, and was just wearing my bra. Covered in a large towel, with just my face and neck exposed I clutched the conducting rod in my hand. With around twenty students surrounding me and watching the treatment I squinted as Anna switched on the wall-mounted illuminated magnifier and began to examine my skin. I felt her breath on my forehead and scrutinising gaze of the class as she ‘mapped’<sup>13</sup> my face, smoothing her hands over my forehead, feeling for dryness and any rough texture, plucking at the flesh on my cheeks, seeing how quickly it returned to normal to determine how dehydrated my skin was, she examined the areas around my mouth and nose, looking for ‘imperfections’, broken capillaries, discolouration, blemishes and blocked pores. Hearing her talking through the treatment and writing her findings on my record card I wondered what her verdict was...’*

(Research Diary, South West Training College, April 12<sup>th</sup> 2012)

This brief extract from my research notes describes a moment in which I felt particularly self-conscious, reflecting the sentiment of Bain and Nash’s statement that ‘sensitivities about the size, form or texture of our own bodies and the visibility to others’ (2006: 103) can become prominent at times during the embodied research. Whilst I had experienced the relative privacy of the beauty salon in the past, this felt like a public exposure of my body, my skincare habits, and the extent to which I ‘cared’ for myself in an (un)acceptable

---

<sup>11</sup> ‘Flotation therapy’ is a spa treatment designed to alleviate stress and promote relaxation and sooth muscles through simulated suspension in warm water.

<sup>12</sup> This is a form of electrical facial, for more information on this see Chapter Five.

<sup>13</sup> ‘Facial Mapping’ is a diagnostic process patented by the skincare company Dermalogica®, which involves the fragmentation of the face into specific zones, and then classification of dryness, blemishes, lines and wrinkles etc to determine a skin type and subsequent treatment plan. I discuss the medicalisation of ageing through this mapping process further in Chapter Five.

way. Oretton (2009: 305) describes the naked or semi-clothed body as an 'under-utilised and under theorised data collection tool', and encountering this sense of corporeal vulnerability certainly prompted a greater level of reflexivity with regards to the research process. It also resonated with the work of Straughan who argues that materiality 'experienced at the level of the body can open up awareness of our social and spatial situatedness, an awareness that not only has emotional effects, but can also be altered by emotions' (2012: 20).

Ironically, in this context I became the subject of the very practices I was seeking to explore. This was a situation in which the collective gaze of the class gave me an opportunity to feel the scrutiny of the 'researchers' gaze they may at times have felt the object of, and was an opportunity to think more critically about my embodied role as researcher, and the potential impact of my role on others. This reversal of the researching gaze highlights the blurry distinctions between researcher and researched revealing the intersubjectivity of the encounter. This was further reinforced during a number of interviews I conducted in which the corporealities of both myself and the participant was brought to the fore. Respondents frequently referred to my skin, making comparisons between the materialisation of ageing upon our faces and hands and questioning me on my use of skincare products and treatments. These interactions emphasised the relational dimensions of the research process. My body, appearance, and self-presentation were used as points of reference and comparison, with respondents differentiating between us to state that I could, or could not, understand or identify with their experiences.

Several practitioners used diagnostic language in reference to my face, highlighting areas that '*could do with some attention*', or '*were starting to show signs of ageing*'. Drawing on these diagnoses they offered me discounted treatments, packages and products, and on several occasions recommended Botox® treatment to my forehead to '*prevent frown lines*'. Despite my overt positioning as a researcher, practitioners were keen to market their



treatments and skincare ranges to me, offering me samples of creams, serums, and masks, squirting them onto the back of my hand, allowing me *'to see how it feels for myself'* and encouraging me to make a purchase. This sensory engagement was perceived as having a more persuasive effect in convincing me of the potential effects of the treatment, to smell the product, and to enable me to feel the 'difference' the product made to my skin. Extending this discussion of sensory engagement in the research encounter, respondents also gestured or indicated parts of their faces, tugging at loose skin, pulling their cheeks and necks taught, smiling and frowning to demonstrate lines and wrinkles. As such the research encounters were 'embodied' in the very fleshiest sense of the word, further reinforcing the relational constitution of researcher and researched corporealities and the complex, unstable, power relations of the fieldwork. Such observations also highlight the pervasiveness of the disciplinary gaze in such spaces, that despite my position as a researcher I still became enrolled in the diagnostic practices enacted through regimes of anti-ageing.

### ***Emotion and the Research Encounter***

Building on the embodied tensions between the 'researcher' and 'researched', it is also productive to highlight the importance of attention to emotionally charged nature of the research encounter. This is highlighted by Hurd-Clarke, who states that:

'Any investigation into the social and physical realities of growing older is inevitably one that provokes strong and conflicting feelings of anxiety, wonder, incredulity, admiration, despair, hilarity, hope, compassion, revulsion, resilience, denial, rawness, and fear. An examination of embodied female ageing is simultaneously political, intensely personal, and fraught with equivocation for the researcher, the researched, and the broader social audience.'

(2011: 4)

In reflecting on a fieldwork encounter Longhurst et.al (2008: 213) draw attention to 'feelings of unease, disgust and abjection' within the research process, highlighting that

these messy, and at times inappropriate, entanglements of emotion are often written out of published research, occluding subjective, partial accounts of research in favour of a disembodied authorial voice. This is also discussed by Bain and Nash (2006) who raise questions around emotional rapport in embodied research, and consider trust, friendship and authority between researchers and participants.

Throughout the research process I encountered a variety of emotions. Before commencing the first few research encounters I experienced nervousness about what to expect. This 'stomach churning' anxiety (Parr, 2001), whilst not necessarily experienced by all of course, is something which is obfuscated by methodological accounts that present a uni-linear, unproblematic account of the research process. Emotions are inherent to the research process, and 'to neglect feelings and emotions, therefore, is to exclude key relations through which places and bodies become meaningful' (Longhurst, et al. 2008: 210). Once I became more familiar with the interview and ethnographic processes my confidence grew and I began to enjoy the varied interactions I had with respondents. There were however a number of key moments of discomfort, embarrassment, and vulnerability, and as discussed in the previous section, these emotional responses were mobilised by particular corporeal engagements. This reinforces Davidson and Milligan's statement that 'our first and foremost, most immediate and intimately *felt* geography is the body, the site of emotional experience and expression *par excellence*' (2004: 524 Emphasis original).

A moment which particularly aptly demonstrates the at times deeply emotional context of fieldwork took place during an interview with a cosmetic surgeon. I met Doctor Nigel Porter in the office of his private practice to discuss his non-surgical work, he was seated behind one side of a large desk and I was on the other. I was conscious that this reflected a patient-doctor scenario, and mobilised particular dynamics of power and authority. During the interview Doctor Porter asked if I was interested in having cosmetic surgery, 'The

*obvious thing would be your breasts, what size are they?* he asked. Unsure about how to respond, and feeling very uncomfortable I told him. *'You hide it well, black is obviously a very good colour...but you could go for a reduction, or a lift, and get a really good result.'* I tried to get the interview back on track but this left me feeling vulnerable and confused. I had unwillingly become enrolled into the highly gendered power relations of a cosmetic surgery consultation, despite my overt position as 'researcher'. This encounter further demonstrates the pervasive scrutinising, fragmentary cosmetic gaze enacted within spaces of body modification and management.

Throughout the interview process I experienced a range of different emotional (dis)connections with respondents, which further highlighted the 'relational, intersubjective and always incomplete' experience of fieldwork (Thien, 2005:453). This included building relationships of trust with interviewees as they confided their body image anxieties, their fears of ageing, and insecurities in relationships, for example. One respondent, Caroline, revealed an account of her bodily insecurities following a violent marriage, and discussed her desire to change herself in a highly emotive way;

*'If I had the money I would have it all done, face-lift, boob job, everything, I want to change my face...make it a different. I mean when you have been through what I have been through you want to look different I think...be a different person'*

(Consumer Interview Two: Caroline, 65, Artist)

I found this account very moving, and it prompted me to question the ways in which I was interacting with respondents during interviews, the ways I communicated and did, or did not build trust. Caroline confiding in me in this way reinforced that an interview is not simply a one way transmission of 'data' from the 'researched' to the 'researcher', it raised ethical and emotive questions about how the research relationship is conducted, the ways in which one 'exits' the field, and how data is 'written through' into academic work. Developing consideration of ethics in the context of embodied research, it is important to recognise that in situations where respondents raise 'sensitive' topics for discussion, for

instance domestic violence, grief, depression, chronic illness, consideration of the potentially exploitative effects of the research is required. At these moments I asked participants if they wanted me to turn off the voice recorder or to stop or postpone the interview.

The interviews also prompted consideration of the sharing of intimacies, attitudes and experiences. As women discussed their perceived flaws, their attitudes towards ageing and their desire to alter particular aspects of their appearance they also asked me emotionally charged questions regarding my perception of my own body image, what I thought about their bodies, and my attitudes towards particular cosmetic procedures. They also offered me unsolicited advice regarding skincare, diet, and cosmetic procedures; *'Your frown line...that could be sorted out with some filler'*, *'You need to think about that line on your neck, you need to sleep in a different position or it will get worse'*. Interestingly, this advice was as prevalent in consumer interviews as with practitioners. Attention to ageing, appearance, and anti-ageing body-work reveals a tension between the body as both personal and public. Discussion of these issues brings the body into public processes of scrutiny, critique and advice, demonstrating the ways that the cosmetic gaze is enacted beyond spaces explicitly devoted to anti-ageing body-work, and the gender identities and power relations played out through this.

As with the corporally 'revealing' moments I discussed in the previous section, these questions also prompted emotionally revealing interactions in which I felt obliged to respond with comments about my own corporeal anxieties. As stated by Longhurst et al:

'In discussing our own bodies as researchers and our participants' bodies, we can begin to establish relationships. We situate ourselves not as autonomous, rational academics, but as people who sometimes experience irrational emotions including during the course of research. Emotions matter. This enables geographers to begin to talk from an embodied place, rather than from a place on high.'

(2008: 213)

This notion is reflected in the work of Colls as she acknowledges her embodied experiences of 'sized' corporeality as contingent to the 'body talk' produced in interviews with women regarding body size and consumption of clothing (2004, 2006). The matter of emotion is a point of significant consideration both within the research process and in the act of writing and representing emotion in academic work.

### ***Feminism, Positionality and the Research Process***

Having considered tensions around the emotional and embodied nuances of the research process, I now turn to the complexity of negotiating and performing feminist identities within research. As discussed in the previous chapter, it is important to consider the complexities of feminist perspectives of corporeal modification. Embodied engagement with anti-ageing practices should not simply be lauded as empowering, nor conversely theorised as a reflection of broader subordinating tendencies of masculine technology. Such perspectives are reductive of individual experiences and obscure embodied and emotional understandings of such practices. One of the challenges of feminist geography when considering the modification of the body is to attempt to negotiate the complex moral, political and emotional fields which such practices occupy whilst paying sufficient attention to the detail of individual experiences (Colls, 2006). Thus attention is paid to individuals' knowledges and experiences of anti-ageing technologies, enabling understandings of corporeality to emerge through the research encounter. Further reinforcing this is a notion of sharing perspectives and embracing the relational nature of the research encounter; 'As women interviewing women, commonalities of experience should be recognised and become part of a mutual exchange of views' (McDowell, 1992: 405).

It is also necessary to consider one's own perspectives as contingent to the research encounter. As already discussed, as a researcher one is partial and situated, thus my own

political views were also enacted within the practice of *doing* research. Miller et al. (2012: 9) recommend asking the pertinent question '*Who am I identifying with, who am I posing as other, and why?*' when conducting feminist research. This was a particularly important question when discussing issues around use of anti-ageing techniques and treatments with participants. I was conscious that participants might assume that I took a critical stance towards these practices through my role as 'researcher', and I was concerned that their responses were negotiated in relation to their perception of me as 'critical' of such practices. This concern was perhaps validated in the snowballing process of recruiting interviewees, when I had several responses bearing statements such as '*I'm not sure I can help*', or '*my views may not be what you want to hear*'. I was reluctant to convey my perspective in much depth for danger of 'othering' the very people and practices I was seeking to engage with (Pitts-Taylor, 2009). For me, the research process was hugely influential on my views about such practices; I was initially critical, but hearing individual accounts of the ways in which particular treatments and technologies had enabled significantly beneficial emotional impacts my perspectives were far more confused. This tension requires reflection with regards to the extent that this might have compromised my professional or authoritative role as researcher, further heightened by my ambivalence about having to engage at times in the practices I was researching.

## **Summary**

This chapter has outlined the methodological approach taken throughout the research process, detailing the theoretical underpinnings of attention to embodiment and emotion, and integrating such concerns within the practice of research. I have drawn attention to some key methodological tensions at the heart of feminist geographical approaches to research, reflecting on 'researching/'researched' bodies, emotion and the research encounter, and feminism and positionality in the research process. In doing this I have discussed some moments within the research which brought these tensions to the fore,

reflecting on my role in co-producing particular knowledges and understandings of the ageing body and anti-ageing body-work practices. I have also established a thorough grounding for analysis and discussion of the empirical detail of the research, to which I now turn. I begin by addressing the emotional and embodied nuances of management and modification of the ageing body, illustrating the complex and dynamic practices of body-work and emotional labour performed in spaces of anti-ageing.





# Chapter Four:

## Embodied and Emotional Narratives of Ageing

---

### *Introduction*

Building on the preceding review of the literature (Chapter Two) and methodological discussion (Chapter Three), this chapter establishes a thorough understanding of the emotional and embodied nuances of the ageing process, providing the context for the subsequent chapters which develop in-depth understandings of anti-ageing body-work technologies and practices (Chapter Five), and the corporeal knowledges and expertise produced and enacted in the practices and consumption of anti-ageing body-work (Chapter Six).

In this chapter I examine women's experiences, understandings, and negotiations of the ageing process within the context of increasingly normalised discourses, practices and technologies of 'anti-ageing' in order to develop more nuanced accounts of the ageing process, and motivations to modify and manage ageing corporeality. Specifically, I explore how women identify and biographically narrate corporeal changes with regards to ageing, with emphasis on appearance-related changes, and the ways that such changes shape body-image and identity. In considering anti-ageing body-work, I also explore practitioners'

perceptions of the aesthetic 'markers' of ageing and the ways that these are 'diagnosed' within a broader context of ageing corporeality as 'pathologised'. This is followed by analysis of the intersections of gender, ageing and identity in this context, and the broader implications for conceptions of the self in light of perceptions and motivations around 'anti-ageing'.

This discussion is situated within a broader context of embodied and emotional geographical approaches to body image, identity and the self. Through this chapter I emphasise the ways that women's narratives of the ageing process are intricately entwined with experiences and life-course changes and events. I also emphasise the complex intersections between the 'visible' and 'felt' dimensions of the ageing process, and re-materialisation of corporeality through anti-ageing practices.

This analysis is informed by particular aspects of the extended periods of research I conducted and discussed in the previous chapter. During the interviews and also through ethnographic observation of consultations I developed in-depth understandings of the complex ways that women experience, understand, and negotiate the ageing process, and the various ways that they identify their own bodies as ageing. The research produced detailed and nuanced descriptions regarding embodied and emotional experiences of ageing, which offer significant insights into the spaces, knowledges, and practices enacted through management and modification of ageing corporeality.

By drawing on these detailed qualitative accounts a variety of insights emerged regarding the ways that respondents perceived the embodied process of ageing. This included vivid descriptions of material changes associated with the ageing body, emotional responses to such changes, and discussions of the ways that age-related changes are implicated in an individual's sense of self and identity. Attention to these issues demonstrates the complex and productive interconnections between corporeality and emotion, the body and identity,

problematizing the 'boundaries' through which we frame corporeal experience and troubling perceptions of corporeal interiors and exteriors through the mediating role of the skin.

### ***Embodied Accounts of Ageing***

Having outlined the chapter, and situated it within the broader structure of the thesis, I begin by addressing embodied accounts of ageing produced through the research. In order to develop more complex analyses of such accounts it is first necessary to examine the ways that ageing is defined, specifically in terms of corporeal 'markers' of ageing which motivate engagement with anti-ageing modification and management practices.

### ***Defining Ageing***

Through discussion with interviewees, drawing on 'corporeal narratives' and 'body talk', I developed detailed accounts of embodied experiences of the ageing process (Colls, 2006). In addition to aesthetic changes, or 'visible' signs of ageing which are the focus of the thesis, these narratives also included other aspects of ageing corporeality. These ranged from 'functional' changes associated with mobility, eyesight, memory and metabolism, to changes in psychological wellbeing and mental health, and perceptions around relationships and sexual practices, the menopause, illness and weight management. Although not necessarily explicitly focussed on corporeal aesthetics, all of these factors were perceived as shaping embodied identities and body-image in relation to ageing in various different ways. This reflects the findings of Hurd-Clarke (2011) who has addressed in depth a range of experiential factors associated with ageing, and has provided useful discussion of the ways that such factors coalesce through body management strategies.

The focus of the research however was more specifically directed at the ways that respondents narrated *appearance*-related changes, as a precursor to engaging with anti-ageing technologies and practices. Respondents referred to a variety of age-related aesthetic signs, or 'markers', of ageing, such as wrinkles and '*loose skin*', exploring these changes in significant detail with vivid description. Such visible 'markers' are the target of anti-ageing body-work and thus are an important focus of this chapter. Through discussion of the ageing process, respondents referred to various aspects of their bodily appearance. This included attention to the neck, chest, the backs of the hands and the knees. Such attention fragmented the body into particular 'parts', or 'sites', in which the ageing process was most 'visibly' materialised:

*'I have some age spots on my hands and arms and the skin is looser and is getting crêpey, my legs aren't as defined as they used to be and even my knees are going wrinkly, I had no idea that would happen...My boobs aren't as pert as they used to be and the skin around my décolletage is wrinkly and thinner.'*

(Consumer Interview One: Bea, 70, Retired Nurse and Part-Time Actress)

*'Already I can see lines by my eyes, fine lines on my forehead, my skin isn't as bright as it used to be, it doesn't bother me horrendously but I guess it's something I am more and more conscious of.'*

(Consumer Interview Six: Hannah, 26, Postgraduate Student)

*'If I hadn't had my hair dyed I wouldn't leave the house...Above make-up, expensive creams, facials...that's the thing that is the most important, grey hair gives the game away a bit!'*

(Consumer Interview Eight: Jan, 55, Human Resources Manager)

*'As I have got older I've noticed wrinkles on my upper chest and the neck area, wrinkly hands, varicose veins, cellulite and flabby bits'*

(Consumer Interview Thirteen: Helen, 52, Community Centre Manager)

These responses convey appearance-related changes perceived as part of the ageing process, some of which were anticipated, some unexpected. Such descriptions of ageing fragment the body into specific parts, parts which have aged, parts which have not, parts which 'show' or 'give away' a woman's age, and parts which have '*aged well*'. There was a sense that the visible changes associated with the ageing process had made respondents

more conscious of particular aspects of their corporeality, that their self-perception, or body-image, had changed, and would continue to do so over time. The ageing process, at whatever stage, appeared to have brought particular aspects of their corporeality 'into view', rendering them more visible and provoking more conscious reflection. Such descriptions highlight the changing, dynamic nature of corporeal materiality, and the ageing process is a pertinent example of the need for less static perceptions of 'the body' within geographical approaches (Longhurst, 2001). Furthermore, examination of these visible manifestations of the ageing process opened up interesting discussions about the experience of age-related change across the life-course, rather than as simply the 'preserve' of 'older women' as other research has suggested (Hurd-Clarke, 2011; Furman, 1997; Gimlin, 2012).

In terms of age-related changes to appearance, the primary focus of discussion was on facial aesthetic changes, or 'markers', of the ageing process. Hall (2000) states that 'Everyone is talking about the body', and throughout this research it appeared that, at a time when anti-ageing discourses are more pervasive than ever, everyone is talking about the *face*. Predominantly, this is where respondents focussed their 'body-talk' with regards to ageing, emphasising the corporeal fragmentation enacted through the discourses of anti-ageing.

With regards to the face, all of the respondents went into detail about the manifestation of 'signs' of ageing upon their face, and the faces of others. Such descriptions often went into significant depth, and conveyed a sense that the face was the most critical corporeal site in terms of ageing, *showing* a person's age and *revealing* experience, and thus was where respondents directed much of their critical attention and appearance-work. Further to the fragmentation of particular aspects of corporeality examined above, the face too was objectified through processes of division, with the turning of the 'clinical gaze' upon the self. 'Jowls', 'turkey neck', 'puffy eyes', 'droopy lids', 'sagginess' and 'lines' were terms

used to fragment and demarcate particular aspects of the face and characteristics of the facial skin which were perceived negatively as materialisations of ageing corporeality;

*'I have frown lines which don't go away anymore, and a furrow between my brows and I've got really bad bags under my eyes. My skin is looser, there's too much skin and it doesn't spring back anymore like it used to, my features all just look heavier and less defined'*

(Consumer Interview Seven: Liz, 61, Foster Carer)

*'I have noticed that my facial skin isn't as firm and I'm getting a couple of age spots and patches of pigmentation... I have lines around my mouth from smoking for years and the lines around my eyes have deepened slightly...and it all just takes more work compared to when I was young'*

(Consumer Interview Two: Caroline, 65, Artist)

As detailed in more depth in the previous chapter, references to these perceived 'markers' of ageing were often accompanied by gestures on the respondents', and my, face. This also involved manipulating and smoothing the face to demonstrate how they used to look, or how they aspired to appear. Comparisons were also made between myself and the respondents, with suggestions that I had a 'more youthful' appearance which often came with advice and recommendations about ways I should maintain my appearance, prevent the signs of ageing and lifestyle behaviours I should avoid, such as sun-bathing, alcohol consumption, smoking, and not removing make-up at the end of the day. This exchange of corporeal knowledge and expertise with regards to ageing is something I develop later on in the thesis in Chapter Six.

The corporeal materialisation of the ageing process was also framed in terms of significant moments or phases of the life-course, in which some respondents felt that the ageing process became more visible, and individuals felt more self-conscious and anxious about their appearance. Such key moments included children leaving home, the breakdown of a marriage and 'significant' birthdays, perhaps moments in which people reflect more deeply on the past and the future, and are more likely to desire change as a result. Other respondents referred to embodied changes associated with ageing in the context of

narratives of health, citing the menopause or chronic illness as being central to their desire to modify or manage their ageing appearance. Such responses highlight the complex position within 'aesthetic health' which anti-ageing practices occupy, and the ways that individual biographies or lifestyle choices are materially manifested as part of the fleshy realities of embodiment:

*'I wish I had looked after myself better, I was doing terrible things when I was younger. I used to go and lie on the sun-beds, and back in those days it was absolutely the thing to do, to look young and suntanned, but I'm paying the price now.'*

(Consumer Interview One: Bea, 70, Retired Nurse and Part-Time Actress)

*'If I had known when I was younger the effects that smoking would have, the toll it would take, I never would have started. I have all these lines round my mouth and my eyes and they would never have been this bad if I hadn't of ever started... I regret it, but that's why I'm so careful these days'*

(Consumer Interview Four: Mel, 33, Trainee Beautician)

*'With my chronic fatigue I am just so pale and the bags under my eyes are awful, the illness has really affected my skin and everything, it's not the most important thing but it makes you feel even worse when you look in the mirror'*

(Conversation with Sue, Research Notes, South West Training College, March 8<sup>th</sup> 2012)

Other respondents referred to diet, exercise, alcohol consumption, stressful home and work lives, and the lack of a 'rigorous' beauty regime as ways that their biography and lifestyle had enacted material changes to their appearance with regards to ageing. These accounts offer productive insights into the ways that narratives of decline are negotiated within the broader contexts of the progression of 'biological' and 'chronological' time, and changing corporeality.

### ***'Reading' Ageing Skin***

In addition to defining the signs of ageing as being particularly 'visible' and 'problematic' in the fragmented corporeal 'space' of the face, respondents also went into detail about the facial skin as a further pathologised aspect of corporeality in terms of ageing. The skin was perceived by respondents as a *'telling a story'*, or a corporeal narrative about their

biography, lifestyle, and experiences. In this sense, the facial skin is scrutinised as a 'corporeal archive' (Lea, 2012), revealing the extent of (ir)responsibility with regards to self-care and appearance-work. This fragmentation, and focus upon a specific 'organ' of the body in relation to age, offers productive insights into the ways that the body is fragmented through self-surveillance:

*'As I have aged my skin has become a lot less elastic and so much looser, it doesn't have that tautness over my bone structure anymore, and the lines and wrinkles are more embedded, deeper, and there are so much more of them, and drier, so it doesn't feel as smooth or as soft, just not a good texture'*

(Consumer Interview Nine: Jenny, 52, Cleaner)

*'I've found that as I have got older the evenness of my skin tone has got a lot worse- I have pigmentation in little patches and discolouration- and the evenness just isn't there anymore...the radiance I used to have has gone, less glow, its duller, I suppose my skin is just fatigued'*

(Consumer Interview Three: Gill, 40, Mature Student)

*'The skin is just less elastic and everything is heading south...what makes it worse is that the weight also goes on more easily which is so obvious on my face'*

(Consumer Interview Thirteen: Helen, 52, Community Centre Manager)

The majority of respondents referred to '*fine lines*', '*wrinkles*', '*pigmentation*', '*lack of elasticity*', '*dehydration*' and '*dullness*' as visible markers of the ageing process, characteristics which are both aesthetic and *felt* in terms of the facial skin. These concerns reflect media representations of ageing, and advertisements for cosmetic products which define 'key' signs of ageing, for instance the skincare brand Olay's (2014) 'seven signs of ageing... fine lines and wrinkles, rough texture, uneven skin tone, surface dullness, appearance of pores, noticeability of age spots and dryness'. In defining ageing, respondents also referred to 'youthful' appearance as being dichotomously opposed to the way they looked. Their definitions of youthfulness included skin which is '*tight*', '*glowing*', '*firm*', '*radiant*' and skin which '*bounces back*'. Here there was an implication that youthful skin was 'healthier' than older skin, and that the material characteristics of youthful skin were associated with greater flexibility and vitality.



The skin has been identified as a significant point of analysis within geographical approaches (Dixon and Straughan, 2010; Paterson and Dodge, 2012; Paterson, 2009; Straughan, 2010). Ahmed and Stacey frame the skin as 'the fleshy interface between bodies and worlds', stating that:

'...in consumer culture we are encouraged to read skin, especially feminine skin, as something that needs to be worked upon in order to be protected from the passage of time or the severity of the external world, and in order to retain its marker of gender difference in the softness of its feel. We may be encouraged to fear 'skin conditions' and to use creams to prevent the signs of ageing from appearing on our skins. We may worry about the stretch marks that teat (through) the skin, both an affect and sign of the expansion and contraction of our bodily forms.'

(2004: 1)

The research findings extend conceptualisation of the skin to include the skin as an object of 'cosmetic gaze' in relation to ageing. This analysis of the skin as a means for consumption and 'aesthetic health' to be enacted reflects feminised ideals of beauty, of women's skin as smooth, soft, blemish-free and youthful, and the gendered responsibilities associated with self-care and self-presentation (Black, 2004). These findings also develop conceptions of the skin to consider the ways in which it is framed as a mediating layer or barrier, between the 'interior' and 'exterior' of the body, transgressing dichotomies of thought and sensation, and the ways in which the materiality of the skin is heavily imbued with emotion. Straughan (2010; 2012) has begun to address the skin as crucial in exploring issues of corporeal anxiety in the beauty salon and beyond. The skin is a productive lens through which to explore the role of anti-ageing products in troubling our perceptions of the 'boundaries, capacities and thresholds' of the body (Abrahamsson and Simpson, 2011).

## ***Emotional Accounts of Ageing***

‘If you’re unkind to your face, your sins will end up literally written all over your features.’

(*10 Years Younger Cosmetic Surgery Bible*, Stanek , 2007: 23)

As the previous section asserts, the embodied process of ageing is not simply confined to the realm of the aesthetic. The ageing process for many, and in various ways, is a highly emotive process. This section explores the emotional experiences of women with regards to ageing, developing the previous section to encompass the ‘felt’ geographies of corporeal change. Here I make productive connections between ageing corporeality and emotion, emphasising the complex connection between the ‘fleshy’ and the ‘felt’. This includes references to particularly emotional situations or experiences as causing stress or sadness and thus biographically ‘marking’ the face, as well as emotional responses to the ageing process, described by respondents in various ways including ‘*discomfort*’, ‘*frustration*’, ‘*fright*’ and ‘*loss*’.

### ***Emotion and ‘Visible’ Ageing***

Respondents’ accounts of the embodied experiences of ‘visible’ ageing were heavily imbued with emotion. In many cases they connected the embodied physicality of ageing with particular emotional connotations. As such, some of these visible signs of ageing discussed during the research process were inscribed with different emotional values. Predominantly the presence of signs of ageing, such as wrinkles, was perceived to embody and represent negative emotion. In contrast, many respondents felt that ‘*laughter lines*’ were more positive markers of ageing than ‘*crow’s feet*’ and ‘*frown lines*’, for instance, which were perceived as resulting from more negative emotional experiences and as such projecting a negative persona to others. Several respondents articulated that

the physical presence of such negative signs of ageing affected the ways that others responded to them:

*'These lines [gestures to area around eyes] make me look tired and quite sad I think. They give off the impression that I am worn out, that I feel worn out because my face looks worn out.'*

(Consumer Interview Twelve: Joss, 28, Legal Secretary)

*'I look angry all the time, cross and frowning, and people don't respond to that well. I don't want to look tired or sad or cross anymore...that's not me'*

(Consumer Interview Seven: Liz, 61, Foster Carer)

This framing of dissonance, or incongruity, between appearance and self-perception was a significant motivational factor in women's engagement with anti-ageing body-work. This correlates with the findings of Hurd-Clarke, whose research explores age-related everyday practices and experiences amongst older women and suggested that:

*'...particular wrinkles were acceptable while others were especially abhorrent. Specifically, wrinkles around the eyes were said to denote character and laughter and thereby were tolerable, if not appealing, while wrinkles in the forehead and around the mouth were associated with negative emotion and oldness.'*

(2011: 100)

Such notions of 'acceptable' ageing, 'tolerance', and 'character' were *reinforced* by statements from respondents who perceived some (or all) of their wrinkles as demonstrative of a '*life well lived*', as a fleshy manifestation of their life's experience and a symbol of personal growth and development:

*'Wrinkles and ageing are what makes you beautiful, it shows your life experiences and the fact you have had a full life if you have some lines on your face, it gives us character'*

(Consumer Interview Nine: Jenny, 52, Cleaner)

*KS: 'There are some aspects which I really don't mind, like these lines [gestures to 'laughter lines] and the slight heaviness to my eyes, I can handle all that, it's the frown lines and the sagging around the bottom of my face I don't like*

*KM: And why do you think that might be?*

*KS: Well I guess some aspects of the ageing process are more flattering than other aren't they? (Laughs) I suppose with the laughter lines they are part of who I am, I have a full and fun life'*

(Consumer Interview Sixteen: Katrina, 46, Retail Assistant)

This perspective develops the notion that embodiment is considered in fractured, terms, and imbued with different meanings and emotions, with particular corporeal fragments connoting positive or negative associations. Such notions are strongly gendered in relation to the feminine body as unruly, demanding ongoing attention and control in relation to socio-cultural norms and expectations (Bordo, 2003). It also highlights the contradictions and ambivalences in women's approaches to body-work practices within the context of these norms (Ahern et.al. 2011; Brooks, 2010). Whilst women may have reported some positive associations with the visible materialisation of ageing, they were simultaneously engaged in practices to try to 'treat', 'alleviate' or 'reduce' particular signs of ageing in various ways.

### ***Sadness, Loss and Decline***

In reflections regarding the experience of the ageing process, respondents discussed a range of reactions. Many of these were negative, reinforcing socio-cultural characterisations and stereotypes of the ageing process (Öberg, 2003). Ageing was framed as a 'loss' of youthfulness and therefore 'loss' of identity, and a sadness about a 'decline' or 'decay' into older age and the negative associations of this, such as dependence, ill-health and inevitably, death. I addressed this in Chapter Two in terms of Gullette's (2004) framing of the 'identity stripping' effects of the 'decline narrative' associated with ageing. Several respondents stated that as they aged they were 'losing', or had 'lost', their youthful appearance, and their physical appearance was incongruous to the way they felt;

*'I used to have really quite a nice strong lip line, and as you get older it kind of disappears and you don't have that lovely edge anymore...and my neck, it's*

*gone all crêpey, and I'm beginning to lose my jaw line and when it really does cave in its going to look bad, awful'*

(Consumer Interview Two: Caroline, 65, Artist)

*'As with most of us we all have a desire to look good and feel good, ageing can be a process that creeps up on someone who is still young at heart'*

(Practitioner Interview Twelve: Kaitlin, Aesthetic Nurse, Ageless Clinic)

Respondents' accounts of ageing also invoked a strong sense of loss of physical attractiveness and desirability, typically ways in which women are socially and culturally valued. Thus, reflecting the work of Sontag (1972), the research findings emphasised the desexualising and ultimately defeminising tendencies of the ageing process. This prompts, to some extent, consideration of a 'crisis' of femininity associated with ageing, particularly within women who identify themselves as being attractive and being recognised as such, for instance in the workplace and in sexual relationships:

*'I guess I just feel a bit invisible now [to prospective partners], no one is interested in me in the way they used to be, and you just find yourself getting overlooked in some many ways. I used to get wolf whistles and people took notice of me, and I didn't really appreciate it at the time, I just took it for granted, but now I just blend in'*

(Consumer Interview One: Bea, 70, Retired Nurse and Part-Time Actress)

*'It would be wrong to say that being attractive hasn't got me places, like with work and obviously with guys, but I guess as you get older that has less power than before'*

(Consumer Interview Eighteen: Carly, 33, Market Researcher)

This has been reflected on by Gimlin (2012) who briefly touches on women's engagement with cosmetic surgery in terms of 'competition' and 'success', both sexually and in the workplace, and the significance of embodying idealised feminised corporeal norms in order to achieve particular status or opportunities. As I discussed in Chapter Two, Bordo (2003), following Bourdieu (1984), has examined beauty as symbolic capital. Such work has been developed by Anderson et.al., who state that:

*'purchasing beauty or engaging in aesthetic labour or bodywork help people accrue aesthetic capital in the same way other types of work and investment are performed to accrue financial or other forms of capital'*

(2010: 565)

This analysis has also been developed in relation to sexuality, by Hakim (2011) in her theorisation of self-advancement, for instance in the workplace, through 'erotic capital'. Discussions of sexuality, and declining sexual 'viability' in tandem with the ageing process were present during several research encounters.

In addition to narratives of decline and loss of corporeal capital, there was also sense amongst some respondents that the manifestation of these age-related changes was unexpected. Drawing on Kristeva (1982), these experiences can be framed in terms of 'abjection' with regards to their ageing bodies as they experienced changes which had previously been 'Othered', as something which happened to 'older people' not themselves.

*'When I was at the optician and they said I need vari-focals, it has such an impact on me. More than I could have possibly expected. I got really emotional which is ridiculous as I have been wearing glasses for most of my life! But it just felt like such a sudden realisation of 'I'm getting old!'*

(Consumer Interview Fourteen: Jackie, 45, Care Assistant)

*'There's something about ageing where, I don't know, where if you aren't careful you can stop feeling like you, you lose sight of it because the person you see in the mirror isn't really who you see in your mind's eye, like who you imagine yourself to be. And if you don't take some 'me' time to come to terms with that, to figure out who you are, or who you want to be, or do something about it to change yourself, then it will be a really mentally confusing and even damaging time'*

(Practitioner Interview Twelve: Kaitlin, Aesthetic Nurse, Ageless Clinic)

Thus ageing can be considered in terms of a symbolic collision between 'Self' and 'Other', as dissonance and lack of recognition of corporeal change, and a perceived rupture between the appearance and function of the body and subjectivity (Covino, 2004). It also can be addressed in terms of the ways that an individual *feels* about themselves, revealing the complex relationality between subjectivity, emotion and corporeality. This 'uncanny' jarring of our materiality with our subjectivity can be extended in terms of the mirror image

and reflection. Several respondents referred to moments in which seeing their reflection had been a 'shock', or an encounter which had clashed with their self-perception, a manifestation of both the familiar and unfamiliar:

*'Inside I'm still 21, and I'm shocked when I catch my reflection in the mirror...I look so much older than I feel'*

(Consumer Interview Fourteen: Jackie, 45, Care Assistant)

This alarm at a lack of self-recognition was also discussed in terms of *mis*-recognition, with two respondents discussing moments in which they had mistaken their reflection for that of their mothers. This trope is also reflected in the work of Greer (2004) who comments on the intensely personal nature of the 'Othering' of the ageing body:

'The most striking aspect of the ageing body is its invisibility. The ageing body is hidden, not only from the challenging gaze of the gerontophobic world, but from its owner herself'.

This perceived 'gap' between the way in which one feels and one looks, with regards to ageing, has been theorised by Gullette (2004) as 'the mask of ageing' and the process of 'identity stripping', wherein feminised traits with which women identify themselves and others, and are valued and identified in broader socio-cultural terms, are occluded and overtaken by the visible signs of ageing. This dislocation between self and body can be the motivation to pursue anti-ageing treatments, in order to realign corporeality and identity through intervention on the surface of the body (Blum, 2003). Thus motivations to pursue anti-ageing treatments were often framed by individuals in terms of attempts to realign the way they *felt* with the way they *looked*, as part of a broader 'body project' and to restore a cohesive sense of wellbeing<sup>14</sup>.

## ***Diagnosing Ageing***

This section develops embodied and emotional accounts of ageing to consider the ways in which ageing is 'diagnosed' with regards to age-related appearance work. I examine the

---

<sup>14</sup> I explore this more in the following chapter in terms of the technologies use to reclaim, regenerate and renew ageing corporeality.

ways that the ageing body, specifically the face, is examined through a 'cosmetic gaze' during the consultation process, enabling analysis of the medicalisation of anti-ageing practices in response to the 'symptoms' of ageing. This section focuses primarily on practitioner interview responses and ethnographic observations from extended visits to spaces in which the ageing body is modified and managed. The section begins by examining the diagnostic process, including the consultation and facial examination. Attention then moves to consideration of the emotional labour and body-work involved in diagnosing ageing. This attention to the consultative and diagnostic processes enacted in spaces of anti-ageing body-work provides a foundation for subsequent analysis of the technologies and techniques involved in 'treating' the ageing body in the following chapter.

The initial focus of interviews with practitioners was to establish the corporeal markers of ageing they identify in clients, and that they are seeking to 'treat', 'improve', or 'eradicate' through anti-ageing practices. This included, as reflected earlier in the chapter, a strong emphasis on diagnosing 'problematic' aspects of the facial skin:

*'It's difficult because when people buy their skin products it should be through a beauty therapist who can look at the skin and analyse it because obviously although you might be twenty-five your skin might be older than its years, it might be dehydrated, the cream that says it's for a twenty-five year old might be for a twenty-five year old, but one who hasn't got dehydration, or bits and pieces going on, so you should really have your skin specially diagnosed'*

(Practitioner Interview Ten: Jennifer, Beauty Therapist, North Street Salon)

Here, Jennifer emphasised the importance of receiving a specialist diagnosis by a beauty therapist in order to 'treat' ageing effectively. This assertion reflects perspectives on corporeal knowledges and professionalised identities associated with the treatment of ageing, which I address further in Chapter Six.

The ways that these markers of the ageing process were discussed, diagnosed and recorded fragmented the face into particular pathological '*problem areas*' most likely to '*betray*' an individual's age, and indicated specific parts as '*symptoms*' in need of



'treatment' or 'repair'. This division of the face into specific areas also reflected aesthetic judgements about the ways that the ageing process was manifested more obviously or problematically. This included references to 'jowls', 'crow's feet', 'marionette lines' and 'frown lines' as definitive markers of ageing, concerns which were translated into treatment approaches within the salon, spa and clinic.

Practitioners 'diagnose' the signs of ageing of a client in a variety of ways, combining client biography, lifestyle account, observation, touch and use of technology to enact a 'clinical gaze':

*'you look for, well obviously fine lines, any kind of uneven skin tone, any kind of sun damage, pigmentation, and kind of small little thread veins...um a smooth skin that's quite glowy is what they're after, so anything that isn't that really, oh yeah and skin that obviously needs really tightening up as well'*

(Practitioner Interview One: Chloe, Advanced Skincare and Laser Practitioner, Devon Medical)

*'We take a client history, how much alcohol they drink, whether they smoke, if they sunbathe...that kind of thing, and we ask them what products they use, and when, and how much water they drink during the day. We also use the face scanner, and that shows us areas of particular dryness, sun exposure, even potential skin cancer, which can tend to make the skin look older...and also there's the magnifier, so we'll have a really good look close up at the skin and we can tell what kinds of problems they have, from looking and touching the skin to feel its texture, consistency, how well it springs back into place...'*

(Practitioner Interview Two: Ruth, Aesthetic Nurse, Timeless)

*'I ask them quite a few questions about their lifestyle, like smoking, that's a big one, loads of ladies get these lines here [gestures to lips], and that's either too much kissing or too much smoking, puckering! You know, those thick lines. So you look at lifestyle, you'd look at sun damage, that's a big thing, then what make-up and products they use. All these sorts of things. But usually you can also see the lines on the forehead, or the nasal-labial lines here [gestures to the nose and mouth] a bit of sagginess here [gestures to jaw line and neck], you know it's all pretty standard stuff really but most people who come here for this take care of themselves anyhow, they just might not use the right products'*

(Practitioner Interview Fourteen: Peter, Cosmetic Acupuncturist, Devon Body Clinic)

The process of diagnosing ageing precedes a treatment, and is carried out in a treatment room. The consultation process is often divided into two parts, firstly clients are questioned about the lifestyle (including how many hours of sleep they get in an average night, how many units of alcohol they drink, their diet and exercise habits, their beauty regime, including the products they use, the frequency with which they use them), other treatments they may have regularly, or have had in the past, and their general health (if they have any illnesses or are on any medication). The latter is particularly important as many treatments have contra-indications, for instance high blood pressure, pregnancy, and diabetes, which can clients from being treated<sup>15</sup>. Whilst asking these questions, the practitioners are also seeking to build up a rapport with the client, an aspect of emotional labour which is addressed later on in the chapter. Interestingly, in some treatment sites consumers were referred to as 'clients', in others 'patients', indicating various perspectives on the 'medicalised' extent of such practices, and the degree to which practitioners perform a medically authoritative role to individuals seeking anti-ageing treatments (See Doel and Segrott, 2003, 2004; Oerton, 2004). More broadly this reflects particular constellations of power and social and professional identities enacted through treatment spaces, which are often highly gendered, for instance in relation to the 'patient-doctor' dynamic I touched on in the previous chapter. Such power relations reflect particular imaginations and performativities of medical and professional expertise, and consumer and patient expectations of care, which I develop attention to in Chapter Six.

---

<sup>15</sup> Practitioners often adapt aspects of the treatment to work around client contra-indications, this is something I observed being taught in the training sessions at South West Training College, and address in more depth in Chapter Six with regarding to the learning and teaching of embodied knowledges in relation to the 'treatment' of ageing.

Following the 'case history' portion of the consultation, the practitioner's attention then turns to analysis of the aesthetic markers of ageing, and a tactile exploration of the client's face. This is facilitated through the use of a wall-mounted facial magnifier, a large, heavily illuminated lens through which to view the client's skin in micro-detail (See Figure 4). The magnifier allows practitioners to see the pores of the facial skin, the presence of broken capillaries, fine lines, and wrinkles, as well as assessing the texture of the skin and level of hydration. This is also analysed through touch, with the practitioner '*feeling their way*', around the client's face, attending to different parts of the face and analysing the appearance and function of the skin, including hydration, texture, tone and congestion of pores. This haptic approach to the identification of the signs of ageing reflects the work of Lea (2012) who theorises 'diagnostic touch' in the context of massage.



*Figure 4: Using the Facial Magnifier and the Facial Scanner to examine client skin as part of the consultation and diagnostic process*

In contrast to this 'hands-on', intuitive approach, some practitioners also use a facial scanner to assess the level of Ultra-Violet (UV) damage to the face, with sun damage being identified by practitioners as a key cause of '*accelerated*' or '*premature*' ageing. Others take 'before' pictures during the consultation, to keep on record as a visual prompt

to remind clients of the anti-ageing progress they have made, I develop analysis of this visualisation of the anti-ageing process in more depth in Chapter Six. Interestingly, the 'clinical gaze' enacted by these diagnostic technologies is also encouraged in a private, domestic setting. This is achieved through 'self-surveillance' technologies such as the 'Wrinkle Reader', which allows consumers to track the reduction of wrinkles with extended use of Garnier® anti-ageing face creams and serums (See Figure 5). It is also evident in the growth of apps and online resources which provide 'virtual' consultation and offer tools and resources for self-diagnosis of ageing, developing 'prescription' skincare routines and 'individual' treatment plans. This builds on Parr's (2002b) research examining online spaces of self-diagnosis and the corporeal knowledges which are produced and enacted in such virtual spaces. These technologies can be interpreted as a translation of practitioner, or 'expert', corporeal knowledges and diagnostic methods into a lay context, through which consumers are encouraged to 'know' their bodies more attentively, and to monitor the (dis)appearance of the ageing process more vigilantly.

The 'clinical gaze' of the consultation process fragments the face in a diagnostic manner to define 'problem areas' and target treatments, with practitioners mapping these onto facial diagrams which are subsequently stored in the client's 'treatment record' (See Figure 6). This information is used to develop a treatment plan, which often involves a course of fortnightly or monthly treatments, for a recommended period of time, but often indefinitely. The consultation process also draws on broader understandings of health and wellbeing, assessing understandings and enactments of responsible behaviours with regards to care of the self, including 'healthy' approaches to diet and exercise, and avoidance of 'risky' behaviours such as sun exposure and smoking, which are emphasised by practitioners as having negative effects on the skin with regards to the materialisation of signs of ageing.

# UltraLift

FEEL and SEE the results for yourself.



UltraLift Wrinkle Reader

**THE ULTRALIFT WRINKLE READER, ONLY BY GARNIER**

Simply cut out the UltraLift Wrinkle Reader and follow the steps below.

**STEP 1**

In front of a mirror, place the Garnier UltraLift Wrinkle Reader under your crow's feet. Match them to the closest image on the Reader and note it down.

**STEP 2**

To reduce the appearance of your wrinkles apply UltraLift day everyday on your face and crow's feet, in place of your usual anti-wrinkle cream.

**STEP 3**

Finished the pot? Repeat Step one to discover your results.

Of course, we can't do the impossible and achieve a permanent lift. But it has been proven that UltraLift does reduce the appearance of wrinkles, even deep ones. So that should give you a lift!

**1** Make your wrinkle assesment even more accurate!  
Print the Wrinkle Reader in real size and on photo quality paper

Figure 5: Garnier UltraLift Wrinkle Reader, 'FEEL and SEE the results for yourself' (Garnier, 2013)

**Skin Type & Condition:**

Oily     Dry     Combination     Normal

Sensitive     Mature     Dehydrated

---

**SKIN DIAGNOSIS:** Please identify on the face map using codes below.

C= Comedones	G = Pigmentation
B= broken capillaries	F = Flakiness
M= Milia	S = Scars
D= Dehydrated	O = Moles
A= Mature/lines/wrinkles	T = Skin tags
P= Pustules	

**TREATMENT OBJECTIVES/EFFECTS & BENEFITS:**

- Improve Skin Texture
- Lymph Drainage
- Improve Contours & Muscle condition
- Relaxation

Figure 6: Face Mapping diagram on Client Treatment Record, fragmentation and diagnosis. (Research Notes, May 17<sup>th</sup> 2012, South West Training College)

## ***Emotional Labour and Body-work in the Clinic***

Having addressed the consultation process in the previous section, and the focus of practitioners on the diagnosis and analysis of the visible and tactile 'markers' or 'signs' of ageing, I now turn to address in more depth the emotional dimensions of this process. I focus not only on the emotional experiences of clients, but also the professional identities and emotional labours associated with anti-ageing body-work. This is foregrounded in an interesting manner within my research notes:

*'My first visit to Zen Skincare Clinic to have a look around and meet Charlotte- I was confronted with a large promotional poster a couple of metres high on entering the premises. It featured a smiling woman's face whose skin was bright and line-free, hair perfectly groomed and teeth startlingly white, above was the caption 'More beautiful with my beauty therapist'. This poster made me think about the bodily knowledges and labours associated with anti-ageing and beauty practices in general, and the expertise sought out by consumers to make the 'best' of their appearance, and by association, themselves.'*

(Research Notes, December 2011)

As discussed earlier in the chapter, the 'signs' of ageing which consumers seek to treat through anti-ageing practices and technologies are often considered in highly emotive terms. The significance of the emotional dimensions to the consultation were discussed in various ways by respondents, and were particularly clear during discussions of lifestyle and biography in the consultation process; from respondents' 'shame' and 'embarrassment' for not *'taking proper care of myself'*, to their hopes and desires for a renewed appearance. Many consumer interviewees described the process of having their face scrutinised during the consultation process as prompting feelings of insecurity, especially when practitioner attention was focussed on an aspect of their face they felt particularly sensitive about. Furthermore, all of the practitioners interviewed referred to the emotional context of client's ageing experience, with many highlighting the importance of considering the wellbeing of their clients as being interwoven with their corporeal materiality. This aspect of the treatment process can be framed in terms of the emotional

labour enacted by practitioners in their attention to clients, building on existing geographical attention to the gendered corporealities, practices and identities associated with body-work (Wainwright et.al. 2011).

I discussed the consultation, diagnosis, and treatment processes with Chloe, who works in a private cosmetic surgery 'hospital' in the South-West. She emphasised that patients often came in not only for aesthetic reasons, but also to treat emotional 'problems', as highlighted earlier in the chapter. Chloe stated:

*'They normally point things out, and it's sometimes more about maybe how they are feeling inside, if something...if their marriage has broken up or something, you get people who come in and just want to feel better about themselves. Or they've got over an illness or something, so they're just feeling a bit drab, and their skin's feeling drab...or they've got to a certain age and they're suddenly thinking 'Oh my god!', you know, 'I need to start doing something with my face!' Or we get lots of women that are older and have lived abroad, and didn't really use any sun protection, so they're kind of looking at their skin now and thinking 'Oh dear', so we treat a lot of sun damaged skin'*

(Practitioner Interview One: Chloe, Advanced Skincare and Laser Practitioner, Devon Medical)

This account reflects the significance of the emotional wellbeing of clients, and emphasises biographic events which may have motivated them to seek treatment or experiences which they feel have 'caused' elements of their ageing appearance, for instance in relation to stress or grief. It also highlights the importance of the expectations they may have with regards to the anti-ageing, or 'youthful', potential of a treatment; that not only will the treatment alter their ageing appearance, it will also affect their self-perception, body image, and potentially their identity. This was reinforced by consumer attitudes towards treatments, in which they referred to trying to achieve '*the best version of myself*', '*getting my old self back*', finding the '*real me*' and achieving '*self-renewal*' through anti-ageing treatments. These perspectives can be theorised as narratives of 'self-improvement' and 'self-actualisation', as discussed in Chapter Two in reference to the work of Heyes and Jones (2009) and Holliday and Cairnie (2007) to examine the ways that

notions of self-worth and self-esteem are bound up with appearance, and thus to work on the body is to work on the self. Jones (2008:1) emphasises that working on the body in this way demonstrates the contemporary significance of 'the process of becoming something better', within broader frameworks of the body-project and self-care. This makes a valuable contribution to existing attention to cosmetic modification and management of the body image, extending theorisations to focus only on socio-cultural aesthetic feminine norms as motivation for treatment, but also desires to achieve 'alignment' or 'cohesion' between ageing appearance and emotional wellbeing.

Practitioners also addressed the management of client's emotional experience. Attention to client's feelings of hope, fear and anticipation were cited as important dimensions of the consultation process for practitioners. Not only were they involved in anti-ageing body-work, they were also implicated in a complex relational encounter of emotional labour, managing client's expectations and corporeal anxieties:

*'I have to remind them it's a needle not a wand, I can't perform miracles!'*

(Practitioner Interview Thirteen: Kath, Aesthetic Nurse, Hill Road Clinic)

*J: 'People think they're going to come in for one treatment and they're going to walk out looking like Madonna, that's not going to happen!'*

*K: Do you mean they have unrealistic expectations?*

*J: Exactly, so you don't want them to be disappointed, which is why we have to be so careful.'*

(Practitioner Interview Ten: Jennifer, Beauty Therapist, North Street Salon)

*H: 'That's the hardest, probably the most stressful aspect of the job, managing client expectation...making sure that they leave happy'*

*K: And how do you manage the expectations of your clients?*

*H: It's a fine balance, between making sure they think it is worth having the treatment and explaining the potential benefits, but also being cautious about what they can expect, ensuring they don't have overly ambitious hopes about how they will look...and being sensitive I guess to how they feel, it's the kind of thing you pick up on quickly when you have worked in this job as long as I have, and when you work with clients over a long period of time it's much much easier'*

(Practitioner Interview Four: Hazel, Ex-GP and Advanced Aesthetic Practitioner, Radiate)



These quotes reflect practitioners emphasis on not only attending to the treatment of ageing, but also the careful management of client's emotions and anxieties. This was generally framed in terms of a more intuitive aspect of anti-ageing body-work, in comparison to some of the technologised framings of the body employed in practices of diagnosis and treatment.

In addition to focussing on the emotional wellbeing of clients, practitioners emphasised the emotional labour involved in managing clients, and their own anxieties and lack of confidence about their appearance, adding further complexity to understandings of anti-ageing body-work. Many practitioners also stated that they themselves felt pressure to maintain an appropriately 'youthful' appearance in order to legitimise the treatments they provide, and to reassure clients of the treatment outcomes. As a result, many of the practitioners are themselves *consumers* of the products and treatments they provide, using each other to practice, demonstrate and experiment with new treatments. This is an interesting way to consider the body-work which practitioners felt compelled to carry out on themselves as part of their role:

*'My face is my calling card, so if I don't get it right then I won't get any clients, I have to advertise the treatments in a positive way and that's why it's important that I look good'*

(Practitioner Interview Nine: Susan, GP, Advanced Aesthetic Practitioner and Clinical Director of Injectables Training Company, Simply Beautiful)

*'Patients don't want a treatment from someone who doesn't look like they care how they look, it doesn't give you much credibility'*

(Practitioner Interview Seven: Mel, Beauty Therapist, Pure Spa)

Building on analysis earlier in the chapter, such perspectives highlight the importance of corporeal capital in relation not only to consumers, but also with regards to professional identity. In the case of anti-ageing body-work, practitioner's bodies, specifically their faces serve both as an embodied 'advert' for their treatments, and also have a performative function in terms of credibility, medical authority, and technological expertise. Hutson

(2013) addresses corporeal capital in relation to 'health authority' within the fitness industry, highlighting the importance of 'corporeal credibility' in the symbolic representation of trustworthiness, power and morality. Such attention is important in terms of reflecting on practitioner identities and corporealities with regards to body-work and cosmetic intervention, as existing approaches have tended to focus on consumers.

### ***Anti-Ageing, Gender and Identity***

As addressed earlier in the chapter respondents, both consumers and practitioners, felt strongly that there were particular social and cultural expectations with regards to the 'acceptable' ways in which women should manage, maintain and modify the ageing process. Gendered expectations, norms and stereotypes associated with ageing are not only embodied and emotional, but become part of the very *corporeal materiality* of individuals engaging in anti-ageing practices. Drawing together analysis of the embodied and emotional experiences and negotiations of ageing corporeality, it is productive to consider the ways in which ageing, gender, and identity intersect in this context.

Respondents' embodied and emotional accounts of ageing, and attitudes to appearance-work reflect socio-cultural expectations of ageing corporeality. Many respondents highlighted that, in contrast to masculinity, there was significantly more pressure on women to maintain and perform 'youthful' embodiment. Several also argued that images of femininity in the media and advertising were dominated by younger women, and this too fuelled the pressure for them to conform to particular corporeal standards (Hurd-Clarke; 2011; Jones, 2008; Öberg, 2003). They suggested that for men, the ageing process is perceived more positively, as aggregation of wisdom and experience, whereas for women ageing tends to be more commonly framed in terms of decline:

*'...oh it's so much easier for men I think, they get called silver foxes and we get called old hags!'*

(Consumer Interview Eight: Jan, 55, Human Resources Manager)

*'I believe people have higher expectations of women to look a certain way, their criticisms are harsher than on men and we are expected to put in more work when it comes to appearance'*

(Consumer Interview Two: Caroline, 65, Artist)

*'There's something about ageing, which for women just seems so much more difficult, most of our clients are women, and the men who we do treat tend to be much less emotionally caught up in it all, like it's not such a big deal for them, for women it's a more serious thing I think'*

(Practitioner Interview One: Chloe, Advanced Skincare and Laser Practitioner, Devon Medical)

In this sense, women identified socio-culturally valued feminised traits of beauty and desirability as declining through the ageing process, whereas for men, being valued for knowledge and experience means that with age their 'corporeal capital' is perceived to increase. This is reflected in Sontag's theorisation of the 'double standard' of ageing, with the negative aspects of growing older having a more severe impact on women than men, and arguably these 'standards' are implicated in corporeal materiality:

*'Getting older is less profoundly wounding for a man, for in addition to the propaganda for youth that puts men and women on the defensive as they age, there is a double standard about ageing that denounces women with special severity...Being physically attractive counts much more in a woman's life than in a man's, but beauty, identified as it is for women, with youthfulness, does not stand up well to age... "Masculinity" is identified with competence autonomy, self control- qualities which the disappearance of youth does not threaten... *The single standard of beauty for women dictates that they must go on having clear skin. Every wrinkle, every line, every gray hair, is a defeat**

(1972: 31 Emphasis added)

Thus engagement with anti-ageing practices is highly gendered, with feminised 'corporeal anxieties' scrutinised and treated through the 'cosmetic gaze' of aesthetic practitioners. Attention to masculinities in this context is not the focus of the thesis, however ageing was framed throughout the research process as an issue predominantly affecting women. That said, practitioners did comment on observing a recent increase in men's consumption of

their products and services, however they also asserted that the overwhelming majority of their clients are women, and the anti-ageing industry remains predominantly targeted at women. As I touched on in Chapter Two, there has been some research exploring masculinity and consumption of cosmetic technologies, in a surgical context (Holliday and Cairnie, 2007) as well as in terms of age-related 'aesthetic health', such as baldness and erectile dysfunction (Calasanti and King, 2005; Del Casino Jr., 2007). Such attention is beyond the parameters of the thesis however.

As discussed earlier in the chapter, the embodied process of ageing was discussed in terms of experiences of dissonance and abjection by some respondents. They indicated that their ageing appearance was misrepresentative of their identity and subjectivity, and that engaging with anti-ageing body-work was a means by which to regain some alignment between the way they looked and the way they felt. Such perspectives relied upon a strong sense of separation between the mind and body, with the face in particular being discussed almost as a mask, something worn, and as a result something to be '*altered*', '*tweaked*', '*adjusted*' and '*improved*'. This resonates with a caption advertising an anti-ageing serum, which I noted in my research diary, stating '*You wear your face every day, so why not make the best of it?*' (Research Notes, June 2012) inscribing the management and modification of ageing appearance firmly within the realms of consumption.

In addition to the perceived incoherence between the self and the body, the very materialisation of the ageing process- deeper lines upon the face, excess weight that was harder to shift, loss and thinning of hair- all contributed to the constitution and appearance of ageing embodiment, and constrained or enabled opportunities and choices regarding self-presentation and self-expression, for instance in relation to fashion and make-up practices and broader body management strategies (See Hurd-Clarke et al., 2009; Hurd-Clarke and Korotchenko, 2010; Twigg, 2007, 2010). This was also reinforced by the phrase '*mutton dressed up as lamb*', which many women used during the research. It

implies strong notions of acceptable standards and performances with regards to age, which were enforced through critical corporeal surveillance practices not only on themselves but also others:

*'some people are incredibly ugly, or they make no effort, and sometimes people have hormonal problems and they grow sprouters [facial hair] or beards, and you see them and think it looks terrible and is so ugly, and there is no need to look like that, no need to inflict that on the rest of the world'*

(Consumer Interview One: Bea, 70, Retired Nurse and Part-Time Actress)

*'you see some of these women's and they look absolutely ridiculous and they have still got the bright orange lipstick that they wore when they were in their twenties and you think it just doesn't look right, or far too much make-up, far too much blusher, it doesn't look appropriate'*

(Consumer Interview Seven: Liz, 61, Foster Carer)

Thus socio-cultural norms and expectations associated with ageing femininity were framed not only in terms of cosmetic intervention, but also in relation to broader corporeal management strategies. These norms were enacted not only through practices of self-care and self-presentation, but also through, at times harsh, judgment of others. This argument resonates strongly with feminist discussions about agency, power and identity. The ways that women perform corporeal surveillance, not only on themselves but also others, indicates the extent to which norms and expectations around 'acceptable' ageing have become internalised and enacted in multiple, complex ways. This point is important in reflecting on the extent to which such 'insidious and pervasive stereotypes associated with older women' (Hurd-Clarke and Korotchenko, 2010: 1025) are regulated, performed and materialised.

As I highlighted in Chapter Two, this theorisation needs to be extended beyond the conception of 'older women'. Throughout the research it became clear that with regards to ageing, there are expectations from a relatively 'young' age about ways to perform and practice the ageing process 'successfully'. Thus it is evident that the socio-cultural norms

and expectations around ageing and gender are increasingly embodied by younger women. Concerns around ageing are not the preserve of 'older' women, as existing research might suggest (Hurd-Clarke, 2011), but rather are part of many women's broader corporeal anxieties:

*'It's definitely something I worry about, and I feel like the sooner I start with all that the more likely I am to be able to look younger for longer I guess, you are never too young to start really, coz it's all preventing the onset of wrinkles and looking old'*

(Consumer Interview Four: Mel, 33, Trainee Beautician)

*'I will try anything that comes out in the shops that says it delays the signs of ageing. I feel like it's an investment for when I'm older, I'll be so grateful I started doing something sooner rather than later'*

(Consumer Interview Seventeen: Rebecca, 21, Swimming Instructor)

This focus by 'younger' women on the prevention of the appearance of ageing is also promoted through the expansion of the anti-ageing skincare market to target women in their twenties, through the notion that *'you are never too young to start'* preventing the signs of ageing. Boots, for instance, offer an anti-ageing range specifically targeted at women in their twenties (See Figure 7), aimed at protecting the skin from the 'early' signs of ageing. Drawing on this it is possible to extend theorisations of responsibility and self-care in relation to anti-ageing to a much wider population, with younger women being encouraged to pre-emptively take 'action' against the ageing process. I explore the temporal dimensions of this later in the thesis, considering the anticipatory biopolitics enacted through such practices (Evans, 2010).

## DISCOVER THE RIGHT No7 ANTI-AGEING REGIME FOR YOU

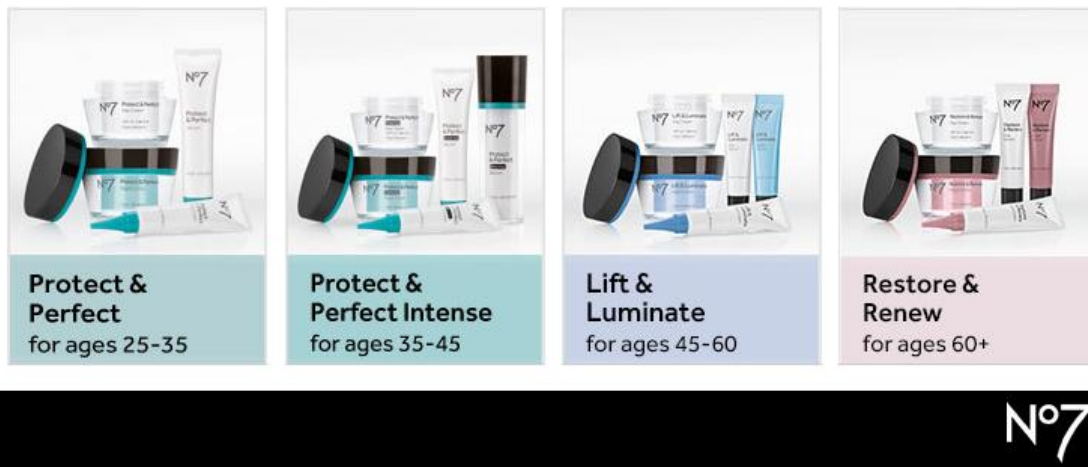


Figure 7: 'Discover the right No7 Anti-Ageing Regime for You' (Boots, 2013)

With this in mind, engaging with anti-ageing practices and technologies has become highly charged in terms of morality and responsibility. One is expected to 'make the most' of oneself, and not only enrol oneself into the practices of corporeal management modification, but actively 'enjoy' such practices, become a 'believer' and even an 'advocate' of such body-work (Bordo, 2003; Orbach, 2009). As discussed earlier in the chapter, many respondents felt that the ageing process in women was associated with negative emotions, demonstrating stress and a lack of control, as a process to be resisted rather than accepted or even embraced. Such moral discourses around ageing are highly gendered and the pressure to conform to particular images and representations of 'acceptable ageing' came through strongly throughout the research findings. This reflects the work of Simonsen (2000:7), who states that:

'A perfect body signifies health, beauty, slimness, control, money and power. The question of being slim and healthy has almost become a matter of morality, and failure to fit the ideal is seen as an indication of defective self-discipline and a lack of mental, physical and social control.'

Respondents tended to be acutely aware of the social and cultural standards and expectations that were imposed upon them, and that they enacted or imposed on others. This reflected a sense of obligation for women to age 'well', 'acceptably' or in a way which

appeared 'natural'. The term 'natural' was deployed in interesting ways throughout the research, and this is something I return to in the following chapter to explore the ways that anti-ageing practices and technologies are framed by consumers and practitioners as distinct from more transformative cosmetic surgery, and that the 'bodies' produced through such practices were more 'natural' and 'authentic' than those constructed through invasive practices. Such regulatory frameworks are heavily value-laden, and exert moralised imperatives and pressures on respondents to engage in anti-ageing practices and to perform and (re)construct themselves in particular 'youthful' ways. Thus it is the responsibility of women to shape, manage, control and discipline their body to conform to particular standards with regards to ageing, not only in terms of consumption of anti-ageing practices and technologies, but also engage with 'age-appropriate' make-up and fashion, and participate in suitably youthful diet and exercise regimes. This neoliberal individualised responsibility to *care* for one's appearance is not only situated as part of what it *means* to be a woman, or to perform femininity in a normative way, but is also essentialised by many as something women naturally *want* to do (Bordo, 2003; Orbach, 2009).

Extending this analysis, the notion of 'control' is central to discourses of morality and responsibility associated with anti-ageing. The unchecked ageing body was couched in terms reflecting 'deviance' and 'unruliness'. Respondents described the process of '*letting yourself go*' in terms of moral failing, laziness, or lack of self-care, framed as undesirable and unfeminine behaviours, whilst gendered duties around corporeality suggested that '*doing something*' to fight or combat the ageing process is to care, monitor and invest in the self in an 'appropriate' or 'acceptable' manner. This was reinforced by notions of self-care that women 'owe' it to themselves to participate in anti-ageing practices because, as L'Oreal regularly remind consumers, '*You're worth it*'. This was a discourse evident through the marketing of microdermabrasion, an anti-ageing skin rejuvenating non-surgical technique carried out by many of the practitioners I interviewed (See Figure 8). Metaphors



of 'fighting' ageing were also used in the framing of anti-ageing practices as mastery or discipline over the 'natural' forces of time and ageing, and over emotions, which were often associated with a lack of control. Respondents' descriptions of ageing conveyed a sense of loss of control, whereas anti-ageing practices were perceived as an effort to regain that control. This framing of the ageing body, and the process of ageing, as something women were seeking to 'combat', or were 'battling', further reinforces socio-cultural framings of feminine corporeality as unruly and requiring the control offered through disciplinary practices of anti-ageing.



Figure 8: 'Your face deserves the best' (Research Notes, South West Training College, 3<sup>rd</sup> September 2012)

The performance and embodiment of discourses of responsibility and control around anti-ageing appearance work can be theorised in terms of Foucauldian disciplinary regimes and self-care. In this sense they become incorporated into 'expanded' health and wellbeing practices, or 'aesthetic health' (Edmonds, 2009). This was reflected in the ways that respondents referred to their exercise or dietary regimes as also contributing to a more youthful appearance, that the broader regime of body-work practices they engaged in all contributed to them looking and feeling younger. Furthermore, looking 'youthful' was sometimes equated with looking 'healthy', and the 'positive' body image that this engendered was also framed as improving psychological health.

## **Summary**

This chapter has provided an in-depth examination of women's narratives of the ageing process, and explored embodied and emotional experiences of engagement in anti-ageing body-work. I addressed the ways that women identify and biographically narrate corporeal changes in relation to ageing, highlighting the significance of the appearance, or *visibility*, of ageing with regards to understandings and experiences of body image, identity, and the self. I also emphasised the ways that women's narratives of ageing are entangled with experiences and life-course changes or events, such as illness, and the breakdown of relationships, as well as contexts such as the workplace.

Building on this, I articulated the emotional dimensions of the ageing body, and the ways that this is interpreted and negotiated by consumers and practitioners. I discussed perceptions of 'loss' and 'decline' in relation to the ageing process, drawing connections between appearance and identity to highlight the ways that some of the research participants perceived the visible of signs of ageing as erosion of identity, with particular emphasis on the face. This fragmentation of corporeality into specific sites which indicate, or 'betray', an individual's age has been considered as enacted by both a 'medicalised'

cosmetic gaze within the aesthetic clinic, and also objectified through a self-surveying gaze. I concluded that for many of the research participants, ageing was perceived as a 'materialisation', or 'visible accumulation', of emotional experience.

The chapter has also explored the complex intersections of gender, identity and ageing, considering the ways that socio-cultural norms and stereotypes around ageing 'well', 'naturally' or 'acceptably' are embodied, performed and resisted by women. Touching on key themes of morality, responsibility and control, I have addressed the ways that discourses and regulatory regimes around ageing become materialised as part of the 'fleshiness' of women's bodies. In doing so, I have approached the complex theoretical connections at play in the research, and highlighted the nexus of anti-ageing as productive in extending geographical approaches to the ageing, gender and identity. It has also highlighted corporeal knowledges and expertise as a key area to extend, and several issues around this are picked up and developed later in the thesis with regards to coporeographies enacted by anti-ageing technologies.



# Chapter Five:

## Ageing Bodies and Technologies of Cosmetic Intervention

---

### *Introduction*

In the previous chapter I provided an in-depth examination of the ways that practitioners and consumers enrolled in practices of anti-ageing body-work define and diagnose the visible signs of ageing. I addressed the embodied and emotional dimensions of experiences of ageing within the context of feminised socio-cultural norms and expectations. I also developed analysis of the body-work and emotional labour performed by anti-ageing practitioners, highlighting the feminised characteristics of such practices.

Building on this analysis, I now turn my attention to the spaces and practices through which ageing bodies and gendered identities are reimagined and remade. Through examination of the techniques and technologies of cosmetic intervention used in the 'treatment' of ageing, I provide an analysis of the role of these technologies in modifying and managing ageing bodies, as well as considering the ways that the body, and the ageing process, are framed through such practices. It is also productive to focus in depth on the technologies and techniques employed in this context in order to further

comprehend the languages, practices, and labours engaged with by consumers and practitioners which inform corporeal knowledges of (anti-)ageing, as well as gaining an understanding of the ways that they complicate existing geographical approaches to health and wellbeing.

The chapter begins by situating anti-ageing body-work practices spatially, highlighting the contradictory health, wellbeing, therapeutic and cosmetic logics enacted through spaces such as the aesthetic clinic. I then turn to an in-depth discussion of the anti-ageing body-work techniques and technologies performed through such spaces, and the ways that they frame the body and the ageing process. I draw on the management of pain as an example through which to consider the medicalisation of the ageing process, confronting the complex tensions between clinical and therapeutic framing of corporeality. The chapter is then developed to consider 'nature' and the ways that anti-ageing technologies harness, stimulate, and synthesise physiological processes, and the knowledges and understandings in which they are inscribed. I also address the ways that the ageing process is (de)naturalised through the use of anti-ageing technologies, through examination of the ways that corporeal temporalities are mediated with regards to the visible signs of ageing. I then move on to examine the ways that anti-ageing technologies are used experimentally in attempts to achieve a more youthful appearance. Finally I highlight key issues of risk and regulation with regards to the ageing body, foregrounding more thorough discussion in Chapter Six.

This chapter is informed by particular aspects of the research I conducted. The extended periods of ethnographic participant observation (and often 'observer participation') detailed in Chapter Three were vital in developing an embodied appreciation for the ways that these technologies are practiced. Such encounters also afforded me the opportunity to experience being the object of the 'anti-ageing disciplinary gaze' which encompasses imperatives around 'youthful' health and beauty. Observing the use of these technologies,

receiving treatments, and participating in demonstrations also offered valuable insights to the ways in which anti-ageing 'devices, routines, [and] modes of self monitoring' (Berg and Akrich, 2004: 2) are enacted in the management and modification of ageing corporealities.

### ***Spatialising Anti-Ageing Technologies***

This section begins by addressing the spatialities through which anti-ageing body-work practices are enacted. Attention to the spatialities of such practices is significant in considering broader notions of surveillance and discipline associated with the regulation of ageing bodies, as well as taking into account the ways that socio-cultural ideologies about the size, shape, and youthfulness of women's bodies are enacted. This focus extends existing geographical attention to Foucauldian analysis of the 'clinical gaze' and spaces of corporeal discipline including the beauty salon (Straughan, 2010), spa (Little, 2012) and in the context of weight-loss (Longhurst, 2012).

Throughout the research interviews, consumer respondents focussed primarily on formalised spaces of treatment as integral to the management and modification of ageing corporeality, often contrasted with the home which was framed as a private space in which other, less specialised, practices could be conducted. Significantly, domestic space was referred to in terms of a site through which treatments could be prolonged through attentive after-care as recommend by practitioners, such as micro-needling following a facial treatment, and the application of specialist cosmeceuticals including serums and moisturisers. The home was also designated as a space in which respondents could conduct less skilled 'body-work' practices in relation to anti-ageing, such as a 'thorough' skin-care regime, facial massage, and other lifestyle practices with potentially 'youth enhancing' benefits such as maintaining a 'healthy' diet and sleep pattern. This was a perspective echoed by practitioners, who tended to emphasise the importance of clients' 'after-care' and lifestyle choices as part of the treatment process:

*'It's the whole package isn't it...if they don't follow it up at home then the effects [of the treatment] won't last as long. We encourage them to rethink their whole lifestyle when they come and see us, you know, change their habits. They need to be eating well, drinking lots of water, avoiding stress...all these things can help them look better'*

(Practitioner Interview Seven: Mel, Beauty Therapist, Pure Spa)

Here, Mel's focus on lifestyle and the individualised responsibilities of clients to enact 'positive' changes and 'healthy' behaviours beyond the treatment itself reflects understandings of the ways that women are encouraged to turn the 'cosmetic' anti-ageing gaze on themselves in the private space of the home (Straughan, 2010). Alongside anti-ageing practices, many respondents highlighted the home as a space in which they conducted other more 'mundane' beauty practices, such as hair removal and nail care (Black, 2004). Despite the availability of these practices in a majority of the treatment spaces, respondents tended to prefer to perform such practices themselves, saving money for more complex, targeted anti-ageing treatments which they perceived as requiring greater professional skill, expertise and specialist equipment.

Formalised treatment spaces offering anti-ageing body-work include high-street spas, salons and increasingly, specialised aesthetic clinics. Whilst spas and salons generally offer more therapeutic, holistic anti-ageing treatments, such as facials, scrubs, and peels, aesthetic clinics tend to offer more 'functional' results-driven non-surgical anti-ageing treatments, as well as providing procedures such as laser tattoo removal, acne treatments and retailing cosmeceutical products. I discuss some of these treatments in more detail in the following section.

A key theme which permeated discussions of treatment spaces with respondents was difficulties of 'definition' in terms of function. Practitioners emphasised the importance of care, comfort, and a 'relaxing' atmosphere for their clients. Crucially here the emotional



labour of practitioners was perceived as entangled with the spatial dimensions of a client's experience, enabling them to 'take time out', and invoking discourses of healing. Such therapeutic rationales were also reflected in businesses promotional materials, with the therapeutic landscape of the treatment space framed as distinct from the pressures and demands of 'everyday life' (Black, 2002; Little, 2013).

However, in tension with this therapeutic logic, practitioners also emphasised the '*results-driven*' consumption of their clients, and stressed the '*cutting edge*', '*scientific*' or '*high-tech*' nature of the treatments they offered. The contradictory logics of treatment spaces as therapeutic, medical, relaxing and functional, offering both care and aesthetic 'results' is reflected in the growing numbers of 'aesthetic clinics' which offer both 'beauty' and 'non-surgical' treatments. The conflicting discourses and framings of ageing corporeality in such spaces highlight Edmonds' (2010) 'expansive' notion of health and wellbeing to incorporate aesthetic practices, and draw attention not only to the spatialities, but also the multiplicity of professional identities, labours, and knowledges enacted through such spaces, as reflected in Helen's articulation of the classification of her business:

*'To me, I like to think of us as a clinic...ok, I hate the word beauty, and I don't call it a salon. I mean we do some beauty treatments, but that's in addition to. But I'm not a doctor, and I'm not a dermatologist, so there are limitations there. But, this is a bridge between the beauty industry and the medical industry and the Doctors that I know as well are quite happy for me to refer, you know I am supplying them, and hopefully vice versa. They're not too interested in the products, nurses don't sell products. Because we can't all be everything, and there's a market for us both, we are in a niche and I think we can cover a huge spectrum, but we're not just about getting client's money. We want to see the results as well, we take photographs and get them out again after treatments, we want to get it right...so it's results-driven, and that's the best form of advertising.'*

(Practitioner Interview Three: Helen, Advanced Skincare and Laser Practitioner, You-nique Clinic)

Helen emphasised her business as a clinic, reflecting both medicalised and therapeutic knowledges and practices. The aesthetic clinic is a site which brings together a multiplicity of labours, technological framings and modifications of the body, and a range of emotional encounters. These are enacted within complex entangled discourses of health and beauty, and as such the aesthetic clinic emerges as a hybrid space, a folding of the public and private with aestheticised, medicalised and therapeutic functions (See Figure 9). This research diary extract highlights the hybridity of the space of the aesthetic clinic, at once a therapeutic landscape invoking relaxation and healing, and a site of medicalised framing and treatment of the ageing body:

*'Sterile décor is interspersed with artwork of calm water, lotus flowers and sunsets as well as posters featuring scientific diagrams of the skin structure, lymphatic draining system and promotional materials for various cosmeceuticals. Plush towels provide a sensory barrier between the industrial paper-towel which is rolled out on the medical 'couch' or 'bed' as it is often referred to. Soothing sounds of panpipes and chimes are projected into the treatment room in which every visible surface is white and gleaming, hygienic and sanitary. The latex gloves and Perspex eye protection glasses worn by the practitioner contrast with her lilac tunic and painted nails...'*

(Research Notes, You-nique Clinic, May 17<sup>th</sup> 2012)

The aesthetic clinic is thus a space through which contradictory discourses of body-work are enacted. Regulatory regimes of medicalised anti-ageing, self-care, and responsibility intersect with therapeutic practices and emotional labours. The ageing body is simultaneously treated holistically *and* fragmented into pathologised 'sites', 'zones' and 'scales' requiring remedial attention. This analysis productively informs geographical understandings of the spatialities through which bodies and identities are disciplined and regulated, and the corporeographies of youthfulness and femininities enacted in such contexts, through individualised discourses of self-care, control and normalisation of the 'unruly' ageing body.



Figure 9: Treatment rooms in Bella Beauty Salon, North Street Salon and You-nique Clinic

## ***Exploring Anti-Ageing Body-Work Practices***

As detailed in Chapter One, there are a variety of anti-ageing body-work technologies and techniques available for consumption (See also Appendix One). Taking place in the hybrid spaces of 'medi-spas' and aesthetic clinics, this nexus is the site of a complexity of practices, labours, technologies, discourses and identities around the cosmetic and medical, beauty and health, encompassing notions of therapeutic landscapes, healing and wellbeing, as well as the medicalised diagnosis and treatment of the pathologised ageing appearance.

As detailed in the previous chapter women seek anti-ageing treatments for a variety of reasons, from insecurities and anxieties about a particular aspect of their ageing appearance, in response to a stressful or emotional period of their lives, a desire to '*renew*' themselves following illness, a break-up or a 'significant' birthday, to name a few. Practitioners and consumers often combine a range of complementary treatments alongside each other for an extended period of time. This is an interesting device to sell more treatments, and discounts are often offered with a course or package of treatments. Thus many of the consumers I interviewed had experience of a range of anti-ageing techniques and technologies, for instance monthly courses of microdermabrasion alongside six-monthly injectable treatments in addition to daily use of skincare products. This also means that many of the practitioners were experienced in the use of a variety of practices and technologies. Thus I now turn to an examination of the predominant anti-ageing technologies encountered through the research: anti-ageing facials, cosmeceuticals, electrical facials and injectables. It is productive to explore the anti-ageing treatments available as well as the understandings that respondents have of various treatments and devices, particularly with regards to the ways that they are used to frame ageing bodies, and the ageing process, in order to inform geographical understandings

about the role of such technologies in the production and performance of choreographies of anti-ageing.

### ***Anti-Ageing Facials***

Within the aesthetic clinic a suite of technologies are offered, broadly classed as non-surgical, but varying in the duration, invasiveness, associated pain, results, and of course, cost. In terms of the least invasive treatments, many practitioners offer targeted anti-ageing facials. The growing demand for visible results from such treatments has meant that clients are often more interested in *'function'* as opposed to *'relaxation'* (Straughan, 2010). This was discussed by Jennifer, who highlighted the challenges for her business in light of the growing availability of non-surgical treatments in 'high-street salons' like hers, which she was not trained to administer:

*'Women's concerns centre around ageing, there is no in-between thing anymore really, it's not about 'oh I just feel like I'll pamper myself' anymore, which it used to be, it's kind of going down a more functional, more like skin disorders, route really. And medical based, like acne, or mature skin, or premature ageing, and people want non-surgical or electrical facials now, things like that, they need to get results'*

(Practitioner Interview Ten: Jennifer, Beauty Therapist, North Street Salon)

Like Jennifer, many business owners have adapted their treatment 'menus' to include targeted anti-ageing facials, to meet the growing consumer demand for a 'youthful' appearance, and in order to try to compete with the market for more invasive treatments:

*'The Frown Treatment: 'soften lines and reduce muscle tension in the forehead helping to prevent new lines forming. The treatment targets the same chemical complexes as Injectables without the associated risks.'*

(Research Notes, Pure Spa, June, 2012)

*'Stay Younger for Longer Facial: 'For the first signs of ageing to mature skin. An advanced anti-ageing facial designed to plump, renew and revitalise wise, experienced skin.'*

(Research Notes, North Street Salon, June, 2012)

This demand has transformed the treatments offered in spaces of beauty-work. Many practitioner responses highlighted a decline in demand for 'holistic' treatments with regards to anti-ageing, such as aromatherapy and massage facials, the purpose of which are both appearance driven and, often more significantly, therapeutic in terms of relaxation and promotion of a sense of wellbeing. In tandem with this practitioners also discussed how they had tailored their range of treatments to cater to anti-ageing demands, as well as speculating about new technologies and training they were planning to integrate into their practice in order to meet client expectations for 'functional' and 'results-driven' treatments. This draws attention to an issue I addressed earlier regarding the medicalisation of beauty-work practices, and an increasing emphasis on achieving a more 'youthful' appearance as opposed to relaxation and therapeutic 'pampering' treatments (Little, 2013; Straughan, 2010).

Anti-ageing facials involve a combination of various steps, using different processes and products. As discussed in the previous chapter, the process generally commences with a consultation, followed by a diagnosis and prescription of the necessary treatment. I discussed the details of conducting a facial with many of the practitioners, and what follows is an overall summary of the process. The facial itself consists of a combination of all, or some, of the following:

- *Cleansing*: removing make-up, 'pollutants' and 'impurities' from the skin
- *Exfoliation*: removal of dead skin cells from the surface of the skin through mechanical (for instance with a brush, sponge or micro-bead facial scrub) or chemical (for instance using salicylic acid, glycolic acid or products containing alpha or beta hydroxy acids) means, depending on the training the practitioner has completed, and often accompanied by a steam treatment
- *Massage*: specific anti-ageing facial massage techniques using touch to promote 'lifting' of the facial muscles and stimulate blood circulation, clients

are often given an information sheet of 'facial exercises', also known as 'facial yoga', they can perform at home to similar effect

- *Mask application:* tailored to the client's skin type and specific needs (for instance a moisturising collagen mask)
- *product application:* the facial is often concluded with the application of a final skincare product tailored to the client's specific needs.

Straughan has drawn attention to the ways that facial treatment in the clinic enacts multiple corporeal scales, and:

'directs attention beyond the visible surface of the skin to the sub-molecular level; here, beauticians try to unpack the biological structure of each individual's skin so that a 'correct' diagnosis and helpful prescription may be applied.'

(2010: 654)

Anti-ageing facials are used to treat the visible 'markers' of ageing, which I identified and discussed in the previous chapter. Many practitioners emphasised however that in comparison to more invasive treatments, the anti-ageing capacity of such facials was minimal, and although they were effective in stimulating blood flow to the skin and temporarily reducing signs such as puffiness and dullness, they were more of a 'maintenance' practice and best used alongside, and in-between, other anti-ageing treatments:

*'if you are serious about anti-ageing, a facial is more of a regular maintenance thing or a top-up to other things, there are better, more targeted treatments people should also be having really'*

(Practitioner Interview Thirteen: Kath, Aesthetic Nurse, Hill Road Clinic)

The processes of consultation and diagnosis of ageing were discussed in the previous chapter. Moving onto a technological focus it is pertinent to consider the practice of 'prescription', a process prior to the facial which was heavily emphasised by practitioners

as ways in which their expertise, of the ageing skin, and products and treatments associated with anti-ageing, could be used effectively by clients to improve their appearance. Here it is pertinent to consider the ways that corporeal knowledges, particularly with regards to ageing, are taught, practiced, experienced, and transferred within the treatment space, and the ways such knowledges are translated and incorporated into client's beauty routines and regimes of self-care in domestic space, which I explore in more depth later in the chapter.

### ***Cosmeceuticals***

Demand for 'visible results' and 'function' has not only influenced the ways that therapeutic or holistic treatments are practiced and experienced, but has also fuelled the growth and development of 'solution-based skincare', particularly evident in the anti-ageing market (Neilson, 2006, 2012; Mykytyn, 2010). Many anti-ageing treatments include the application of cosmeceuticals to the face, usually at the end of a treatment. Cosmeceuticals have been innovated over the last twenty years, drawing on medical research knowledges for instance in the field of skin cancer (Kligman, 2000). They are a hybrid skincare product, combining cosmetics and pharmaceuticals, and the principles of both health and beauty to enact therapeutic and medical knowledges of the body.

Cosmeceuticals include skincare products such as facial serums, moisturisers and cleansers, incorporating all recommended steps of an anti-ageing skincare regime. These products contain active ingredients such as vitamin C or peptides, and are marketed as having a significant anti-ageing effect (Bowes, 2013; Rona et al., 2004). The products are often used during treatments, such as at the end of an anti-ageing facial, or as part of a micro-needling procedure, and are also retailed to clients following a treatment, promoted as a means of prolonging the effects of treatments and practicing 'proper' after-care in a domestic context. Cosmeceuticals are generally not available to purchase in high-street shops, and are sold through aesthetic clinics and medi-spas by trained practitioners,



although an online market has emerged which sells discounted, and sometimes counterfeit products, as several respondents informed me. They require a 'trained expert' to *diagnose* the skin and *prescribe* the most appropriate course of treatment. Practitioners highlighted the value of medicalised knowledges in recommending these products and using them to treat clients:

*S: 'They're the new thing, wonder-products I guess you could say...what is great about cosmeceuticals is that all that medical research, the dermatology experts people like that, that's all gone into these products, so you are getting medical-grade effects but in a cosmetic way*

*K: And can anyone sell them?*

*It's like a prescription, you need to get it from someone who knows what they are doing. A lot of the products contain really, really powerful active ingredients, sometimes light acids which resurface the skin, and if you use them incorrectly, or on the wrong skin type the effects can be really negative'*

(Practitioner Interview Nine: Susan, GP, Advanced Aesthetic Practitioner and Clinical Director of Injectables Training Company, Simply Beautiful)

*'this is the only brand of cosmeceuticals I would offer to my clients, because I know that it works, I have been trained in how to get the best out of it, and I want to make sure that I offer the very best. My previous background [as a GP] means that I have real knowledge when it comes to skin health and I want to be able to share that with the clients, which is why the Piori range is so good, it's designed by doctors'*

(Practitioner Interview Four: Hazel, Ex-GP and Advanced Aesthetic Practitioner, Radiate)

Discussion of the use and value of cosmeceuticals highlighted a productive tension between the cosmetic and the medical (one of the cosmeceutical brands used by practitioners is called 'Cosmedic'). The emergence of cosmeceuticals as a way to treat pathologised ageing skin, demonstrates the enactment of hybrid medical, therapeutic and aesthetic knowledges. Their use also raises ethical questions about the application of medical knowledges for aesthetic purposes, and through their use of 'natural' active ingredients, can also be held in productive tension with the harnessing of nature through holistic practices of massage or acupuncture for instance, as I explore later in the chapter.

### ***Electrical Facials***

Electrical facials, sometimes referred to as 'non-surgical face-lifts' are also an increasingly popular anti-ageing facial treatment technique, fuelled by the demand for more targeted treatments and visible results. This category includes electrical facial treatments such as Galvanic facials, which use electrical current to draw out impurities from the skin before reversing the current to pump active ingredients, often collagen, into the skin. These processes are known as '*desincrustation*' (a cleansing process) and '*iontophoresis*' (a nourishing process) and the treatment involves the use of ionised water soluble gels, serums and creams accompanied by negatively and positively charged facial electrodes topped with a metal roller or wand using a repeated series of strokes to remove impurities and blockages from the skin, and push 'prescribed' products into the skin (See Figures 10 and 11). The treatment stimulates blood flow, rehydrates the skin tissue and balances moisture levels, improves skin texture and firms and refines skin tissues, all of which are suggested to reduce the visible signs of ageing and give a more youthful appearance.

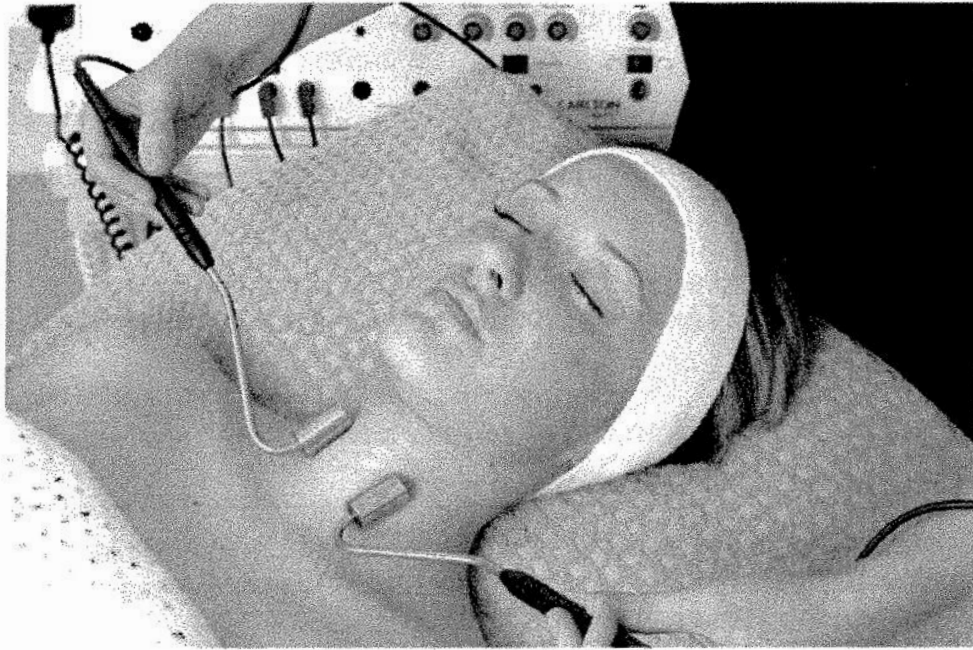


Figure 10: Galvanic Facial Treatment Strokes, reproduced (with permission) from South West Training College Handout

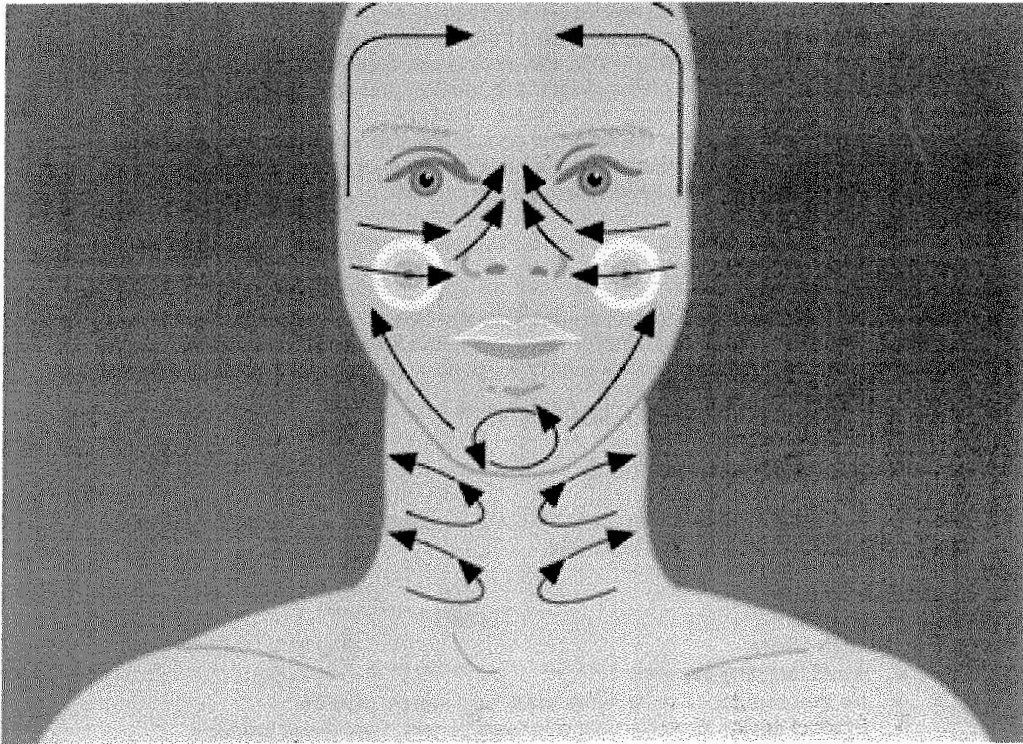


Figure 11: Client receiving Galvanic non-surgical face-lift, reproduced (with permission) from South West Training College Handout

Electrical facial treatments, or non-surgical face-lifts, were favoured by clients who wanted a non-invasive treatment, and were committed to a course of treatments; these facials were often performed on a monthly to six-weekly basis for an indefinite period of time. One respondent stated *'it's a bit like a workout for your face...I always tell my friends it's like one of those abdominal belts, you know like a Slendertone'* (Consumer Interview Fourteen, Jackie, 45, Care Assistant). Interestingly, for this consumer, the experience of an electrical facial was framed in terms of exercise, and part of a broader regime of health and fitness with regards to the body and the skin, indicating the 'expansive' notions of health and wellbeing within which anti-ageing practices are conducted, and emphasising gendered discourses of individual responsibility and idealised corporealities.

During a period of ethnographic research at the South-West College of Hair and Beauty, I was asked to be a model for this treatment, so that the students could observe. This raised interesting questions around the different ways in which corporeal knowledges are learnt and practiced, the value of observing, as well as the embodied experience of *feeling* a treatment for oneself, which was the second part of the session in which students practiced treatments on each other (Buckingham and Degan, 2012; Lea, 2009a; Wainwright et al., 2010, 2011). I addressed this in depth in Chapter Three, and develop analysis of the experiential context of corporeal knowledges later in the thesis in Chapter Six. Anna, a trained beauty therapist who had left her job in a London spa to work as a Lecturer in Beauty Therapy at the South-West Training College, described the electrical facial treatment as part of a broader process of 'educating' clients:

*'So if the client comes in concerned with ageing and contours dropping then we would expect the student to do a non-surgical face-lift and explain why that treatment would be best for the client. But also the student will educate the client on why she should have a course of treatments, discuss skincare routine and discuss why, with the ageing process, the contours drop and you get your fine lines and wrinkles, and what you can do to deal with it with your skincare routine which is where the products and the up selling comes in'*

(Practitioner Interview Five: Anna, Lecturer in Beauty Therapy, South West Training College)

Here, the term 'up selling' refers to beauticians encouragement of clients to purchase one (or more) of the products used during the facial, as part of consumption practices of 'aftercare' and the 'prolonging' of the effects of an anti-ageing facial, as introduced in the previous section. Up selling was a way for the Faculty of Hospitality, Hair and Beauty to increase profit on the relatively cheap facials they were providing clients due to the treatment being conducted by trainees who needed a number of hours of experience to complete their BTEC (Diploma and Levels One to Three) beautician training. 'Sales technique' was one of the assessment criteria for the BTEC, and was something most practitioners discussed explicitly or alluded to during interviews and/or ethnographic visits, with all but two practitioners retailing a range of skincare products by one or more brands. This discussion with Anna raised some interesting questions about the educational aspects of anti-ageing body-work, and the importance practitioners placed on encouraging their clients to enact '*positive*' lifestyle and '*healthy*' or '*good*' skincare changes in order to maximise effects beyond the treatments. Important relationships and emotional labours associated with trust and the informal sharing of 'tips' and recommendations were also invoked here, promoting consideration of the translation of lay and professional corporeal knowledges and anti-ageing expertise, which I develop in Chapter Six.

## ***Non-Surgical Procedures***

The non-invasive treatments detailed above are generally available in beauty salons and spas, as well as in aesthetic clinics which often offer a spectrum of treatments. The following non-surgical procedures tend to be available in aesthetic clinics and ‘medi-spas’ only, and are treatments with greater capacity for results, as well as greater risks and at a higher financial cost. As such they require more specific and extensive training. These practices are generally carried out on the face and neck, but can also be used on other parts of the body, such as the back of the hands in the treatment of pigmentation and loose skin. As discussed in Chapter One, innovation and consumption of non-surgical anti-ageing treatments has grown significantly in the last twenty years, and such treatments have become integral parts of many women’s cosmetic responses to ageing (Hurd-Clarke, 2011). Non-surgical treatments encountered during the research included ‘Laser Rejuvenation and Advanced Treatments’, and ‘Injectables’, and I address both in depth to consider the ways that the ageing body is framed, and understandings of nature and science are invoked through such technologies.

### *Laser Rejuvenation and Advanced Treatments*

In addition to anti-ageing facials and the use of ‘solution-based’ skincare which is aimed at targeting the visible signs of ageing, a range of other devices are used to treat the signs of ageing. This includes the use of medical-grade equipment such as lasers and light-therapy, micro-needling, chemical peels, and microdermabrasion by aesthetic practitioners. Chloe is an Advanced Skincare and Laser Practitioner, and was one of the first practitioners I interviewed during my research. She works for Devon Medical, a private practice situated on an industrial estate. The practice houses a range of practitioners from cosmetic surgeons, cosmetic dentists, aesthetic nurses, skin and laser specialists and beauticians. When I initially made contact via telephone, I was told they offered the ‘*whole package*’ and were a ‘*one stop shop*’ for all cosmetic needs. The centre also offers

nutritional advice by an in-house dietician, fitness training, hypnotherapy, and image consultancy. This is characteristic of several of the businesses I visited, who were seeking to diversify the treatments and services they offer in order to address the 'whole package', reflecting broader trends within the 'body industry' to attend the maintenance and management of every aspect of corporeality. Other businesses for instance offered NLP, physiotherapy, acupuncture, and one-to-one fitness training, in addition to an array of anti-ageing body-work. Again, this highlights the expanded notion of health and wellbeing to incorporate beauty practices (Edmonds and Van Der Geest, 2009). I met Chloe in her treatment room where she worked full-time. It was a sanitary, clinical looking space, with white shiny surfaces punctuated by chrome and glass. In the centre of the room was a cream-coloured treatment couch, which looked like a reclined dentist's chair and pushed against one wall was a range of equipment and machines on wheels. Chloe described some of the non-invasive treatments she regularly performs:

*'There's the DiamondTome, that's really good because it just, it's not an injectable treatment, it's micro-dermabrasion, which basically it uses a diamond tip wand, and it has a vacuum on it as well, which sucks the skin, so that takes away any dullness, any dead skin. Really, really nice treatment. And then there's also IPL, which is Intense Pulsed Light, which we use to rejuvenate the skin...that stimulates collagen so that helps to produce new skin cells. We also have the Soprano for skin tightening, and also hair removal, and that heats the skin up to forty degrees, and basically that tightens your skin. So we can use that on loose areas of the body, mostly we use it on the neck and the face upwards because you kind of massage it up to get a good lift. And that's mostly for ladies that don't want to go down the Botox® route or fillers or anything'*

(Practitioner Interview One: Chloe, Advanced Skincare and Laser Practitioner,  
Devon Medical)

Chloe presented these treatments as an alternative to more 'invasive' treatments such as injectables, and stated that this was one of the main sources of appeal to clients, who were wary or anxious about 'taking the plunge' into injectables. She also informed me that several clients, after receiving a course of these treatments, would then 'progress' or

'graduate' onto injectables in search of more visible results, stating that '*these treatments introduce them gently*'. This reflected an interesting dynamic of the role of the practitioner, not only in educating clients as mentioned earlier, but encouraging and initiating them into more invasive, and more expensive, practices. As Chloe highlighted, some clients were opposed to more invasive procedures on ethical grounds, or due to concerns around cost, pain, 'downtime', and the perceived risks. Some clients may progress over time onto more invasive treatments, in pursuit of better results, however some continue to consume the same treatments on a regular basis for years, expressing no desire to pursue anything more invasive.

Furthermore, through discussions of these treatments with clients and practitioners it became clear that the array of anti-ageing body-work treatments offered in places like Devon Medical demonstrate the technological harnessing of multiple corporeal scales and processes; the face, the surface of the skin, skin cells, the processes of collagen production and cell renewal, increased blood circulation and the lifting of the facial muscles. Some anti-ageing body-work practices also involve 'stripping away' the top layer of skin, rejuvenating the face and in a sense acting as a way to renew the self, to shed the manifestation of stress, poor diet and dehydration for instance, and, as one respondent put it, '*start afresh*'. This fragmentation of multiple corporeal sites, scales and processes further highlights the manner in which the disciplinary cultures of anti-ageing not only frame, but also constitute particular embodied identities.

### *Injectables*

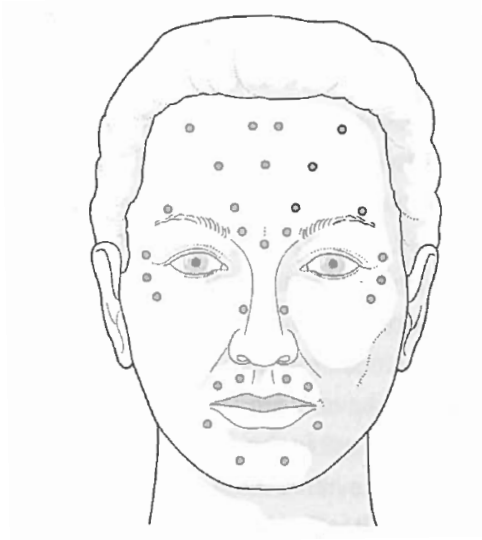
Having outlined the 'less invasive' non-surgical anti-ageing technologies and treatments enacted in the management and modification of the ageing body, attention now turns to the non-surgical, more invasive procedures practiced and consumed by the respondents involved in my research. I discuss the anti-ageing industry and the emergence of these treatments in Chapter One. Primarily these injectables are botulinum toxin injections and



cosmetic facial filler injections. These treatments are offered in a variety of spaces, from private cosmetic surgery hospitals, aesthetic clinics and medi-spas, to mobile treatments and hairdressing and beauty salons.

Botulinum toxin is commonly referred to as 'Botox' although is commercially available through two main brands, Botox® or Dysport®. Produced by the bacteria *clostridium botulinum*, or 'Botulism', Botox® is a neurotoxin and causes temporary paralysis of the facial muscles in order to prevent contraction, smoothing the facial skin (BAAPS, 2013). The effects of Botox® are temporary, and last approximately three to four months. Botox® was originally developed for clinical use in the treatment of muscular conditions such as cerebral palsy, and can also be used in the treatment of excessive sweating, chronic migraine and bladder weakness (Dressler, 2012), and is currently used experimentally for the treatment of depression (Treacy, 2013).

Botox® is intended to minimise movement in particular parts of the face in which the signs of ageing are most 'undesirable' (See Figure 12). This relates to the fragmentation of the face discussed in the previous chapter, in which lines and wrinkles in particular areas connote the materialisation of negative emotion or experience, such as frown lines, and are thus targeted by treatments. Many practitioners reported that Botox® is also increasingly being used by younger patients, from as young as teens in some cases (ASPS, 2013; DoH, 2013) to *prevent* the development of facial wrinkles. As one practitioner stated, '*if you can't move that area then you can't develop lines*' (Practitioner Interview Nine: Susan, GP, Advanced Aesthetic Practitioner and Clinical Director of Injectables Training Company, Simply Beautiful). As I discuss later in the thesis, the use of treatment such as Botox®, raises some important and provocative questions regarding the temporalities of the body, and practice of manipulation and reframing of 'biological' time, felt' age and body image.



*Figure 12: Facial Injection Sites for Botox® Treatment (Stanek, 2007)*

Cosmetic facial injections, or dermal fillers as they are more commonly referred to, are used to 'plump up' facial wrinkles. Biocompatible fillers are temporary treatments and after approximately six months are absorbed into the body. This includes collagen fillers which can be derived from human collagen from screened donors, bovine sources or through autologous preparation (BAAPS, 2013). Hyaluronic acid is another type of biocompatible filler which is derived through either bacterial synthesis or from an avian source, its effects last between three and nine months and it is used in a clinical context to treat the symptoms of arthritis. The alternative to biocompatible fillers is synthetic dermal filler, which are permanent. These injectables include silicone injections and methylmethacrylate, which is also used as cement in joint replacement surgery. In addition to use in anti-ageing treatments, dermas fillers can also be used to plump up lips to provide a fuller, 'more youthful' appearance. The risks associated with these fillers are more significant than those associated with biocompatible fillers, as the substance remains in the body and therefore is unable to be changed as the face ages. Synthetic fillers are

also more frequently associated with rejection and formation of granuloma and in this instance removal is almost impossible.

In this chapter I have addressed the specificity of some of the anti-ageing devices used by respondents in order to contextualise the following discussion. I have also begun to consider the ways in which these technologies frame and constitute the ageing body in different ways. I now turn to an analysis of the ways in which such technologies are used to medicalise the ageing process, and are symbolic of medical expertise and practices of disciplining and monitoring the body.

### ***Medicalised Technologies of Anti-Ageing***

Building on these observations of anti-ageing technologies, it is productive to examine such discussions in more depth with a focus on the techniques and technologies employed in anti-ageing body-work, building on analyses of diagnosis and fragmentation from the previous chapter.

The use of anti-ageing technologies frames the ageing body as problematic, as embodying a pathology which requires treatment. Facial treatments and products are promoted as a means to 'fix', 'repair', or 'heal' the ageing body, framing the aesthetic markers of ageing as 'wounds' which require treatment. Cosmeceuticals, medical-grade lasers, and needles of various kinds are presented as having the potential to transform ageing appearance, enacting a range of medical knowledges. This medicalised notion of treating, healing and curing the ageing skin also resonates with cosmetics intended for personal use in the home as part of daily beauty regimes, with products such as Revitalift *'Deep-Set Wrinkle Repair'* (L'Oreal, 2012) implying that the ageing face is 'broken' and requires a technological fix, and *'Rapid Wrinkle Repair Night'* Moisturiser (Neutrogena, 2012), which promises to cure the 'docile', sleeping body.

Moreover, the translation of medical technologies into the domestic sphere, such as at-home micro-needling treatments, non-surgical face-lift machines and weakly concentrated chemical peels illustrates the translation and enactment of medicalised knowledges and treatment of the ageing body into the domestic sphere, as discussed earlier in the chapter. These technologies promote and facilitate vigilant self-surveillance of the ageing body at all times, as well as enabling the development of lay expertise around the medicalised techniques of corporeal modification and management. As MacKendrick states:

'In general body modification is in an interesting tension with medicine. Like medicine, it turns the use of technology to the body...many modification techniques and instruments were originally medical. But medicine too functions to normalize, in harmony with the ways in which we live our bodies, limited to the productive and efficient and predictable- medicine tells us we can *know* and, in accordance with well-established standards, *fix* the body; it tells us how to live our bodies *properly*.'

(1998: 6 Emphasis original)

The medicalised performance of anti-ageing technologies can also be extended to consider the ways that the practitioner and consumer embody particular identities. This includes the power-knowledge relationship in the treatment room which reflects a dynamic more commonly found between doctor and patient in a GP surgery, and the use of medical language, clothing and equipment to denote, and perform, medical expertise; such as latex gloves, a stethoscope and fob-watch. Furthermore, the language used, such as referring to wrinkles in specific areas of the face using medical terminology, for example 'glabellar lines' and 'nasal-labial folds', serves to perform authority and expertise about the ageing body across uneven power geometries. Drawing on Foucauldian perspectives (2008; Martin, 1988), I argue that these technologies, in the broadest sense, serve to create distance between practitioner and client, denying the client expert knowledge of their own corporeality, and elevating this power and knowledge in the practitioner.

To interrogate the notion of medicalisation further, the management of pain in the treatment of the ageing body is a productive area to examine. As Dworkin (1974) states,

'beauty hurts', and pursuing a youthful appearance in response to ageing is no exception. Practitioners spoke about some of the treatments they perform as inevitably involving pain, although emphasised that it was '*minimal*' or '*manageable*'. This invokes the notion that pain or discomfort is perceived as a necessary part of a treatment which offers functionality and results, and as one respondent put it '*no pain no gain*'. Pain was expressed in a variety of ways, from '*pressure*', '*flashing*', '*stinging*', '*tingling*' and '*discomfort*', reinforcing the subjective, temporally specific embodied experience of pain and the problematic articulation of such corporeal sensibilities. Such language also demonstrates practitioner attempts to minimise or '*play down*' the pain of a treatment, in attempts to reassure clients. This resonates with the work of Bissell (2008, 2009) and Ahmed (2004) who have examined the bodily configurations of pain and (dis)comfort and inter-corporeality.

In order to achieve a desired youthful appearance, 'coping' with pain was required body-work for consumers, and the management of pain, discomfort, or anxiety during a treatment was a form of body-work and emotional labour exercised by practitioners in order to help their patients, or clients, feel as comfortable as possible (See Gimlin, 2007; Wolkowitz, 2006). As discussed in Chapter Four, such body-work is also intended to ensure clients have realistic expectations about what to expect from the processes of treatment, recovery and after-care. The importance of such emotional labour was reflected during an interview with Hazel, an Advanced Aesthetic Practitioner who had left clinical practice in the NHS as a GP to pursue her aesthetic clinic business. Her clinic is situated in a converted barn in rural Devon, and she offers a range of treatments including micro-needling therapy, chemical peels and injectables. At the time I interviewed her she was preparing to open a city-centre medi-spa, offering non-surgical and beauty treatments, nutrition and fitness advice, as well as life-coaching, providing what she termed '*a one stop*

shop for mind, body and spirit'. Hazel discussed the issue of pain in the practice of advanced skin rejuvenating treatments:

*'Have you heard of the derma-roller, it's awesome, absolutely awesome! It's a time consuming thing to do, it's quite bloody to do. I've got one to show you [shows me a small roller with needles attached, see Figure 13 for example]. So that's what we roll into the skin. It will hurt, so we put local anaesthetic on the skin beforehand. I'll show you on my arm. Even that little amount that I've done, that will come up red in a couple of minutes. That's foul, so you can imagine that being done all over your face, about ten times as much. So we put local anaesthetic gel on, sit them for half an hour, then I roll like mad. And it comes up red, they have pin-pricks of blood all over, we go right over the eyelids, and up to there [gestures to just below eyes]. They will be bright red after this is finished. They can't go back to work that day, but the next day they're back to work. And also, when they go out of the clinic, because it's uniform all over the face, they look like they've either been sunburnt, had a reaction to the product, or just been to the gym because it's all over redness. So it really isn't tell tale that they've had something done.'*

(Practitioner Interview Four: Hazel, Ex-GP and Advanced Aesthetic Practitioner, Radiate)



Figure 13: Micro-needling procedure following application of topical local anaesthetic

This graphic description about a micro-needling procedure is, to the uninitiated, rather gruesome. However, for Ruth, this was a 'normal' if not positive, part of the process of rejuvenating ageing skin, and the discomfort and initial 'bloody' appearance were worth enduring for the overall results of the treatment. The practice of derma-rolling involves piercing the skin with thousands of 'micro-medical needle columns', approximately 0.1mm

in width and between 1.5-3.0mm in depth. Rollers with shorter needles, from 0.2mm-1.0mm long, are also available for home use as an after-care procedure, to prolong the effects of the treatment. Originally used only in a medical context, for the treatment of scarring, micro-needling has been introduced as an anti-ageing treatment, stimulating the natural production of collagen and elastin, prompting cell generation and enabling more effective absorption of products (including cosmeceuticals) into the skin. In effect, this treatment stimulates the skins 'natural' healing processes to 'regenerate' the skin and materialise a more youthful appearance. The embodied experience of pain in a treatment like micro-needling emphasises the functional medicalised treatment of anti-ageing within the clinic and domestic space.

The inherent contradiction within this however, and what makes this empirical area so fascinating, is that simultaneously many of the practitioners I interviewed seek to create an atmosphere of relaxation, a therapeutic environment which promotes healing and care for the 'whole self'. I touch on this earlier in a research diary extract which describes the contradictory space of an aesthetic clinic, the sanitary, clinical environment interspersed with touches more reminiscent of a spa; plush towels, candles, soothing music and 'calming' images of sunsets and lotus flowers. Such contradictions, tensions and ambivalences can also be found not only spatially, but also in the performance of anti-ageing practices and technologies themselves.

This tension is illustrated most effectively by my research encounter with Peter, an acupuncturist who runs his own 'natural health centre', the Devon Body Clinic in a market town in the South West. I use this example because it emphasises the overlapping practices enacted in the treatment of the appearance of ageing. Peter treats clients on a regular basis, interspersed with leading an international training program in 'Facial Enhancement Acupuncture', teaching his patented cosmetic technique. He is trained in five-element acupuncture, a tradition form of Chinese acupuncture that, in his words, aims

to *'balance health and prevent illness'*. Peter uses acupuncture to treat a diverse range of health-related issues as well as carrying out cosmetic acupuncture facial treatments, and micro-needling techniques using derma-rollers and a product he has recently developed, the Facial Enhance Dermal Pen® which uses a sterile head containing twelve micro needles, with an adjustable insertion depth of between 0.25mm and 2.0mm, depending on the treatment being carried out (See Figure 14). In a similar way to the practice of micro-needling, the Dermal Pen punctures the skin, stimulating the production of collagen through the 'natural' healing process, resulting in healthier looking, pumper skin, filling out lines and wrinkles.



*Figure 14: Using the Facial Enhance Dermal Pen on a client during a facial rejuvenation treatment*

I interviewed Peter in his treatment room, one wall was lined with bookshelves containing titles such as *'The Acupuncture Response: Balance Energy and Restore Health'*, *'Acupuncture for Fertility: From Conception to Delivery and Everything In-between'* and *'Trim and Slim: Help from Chinese Medicine'*. In the corner was a glass case on a plinth which contained a set of, what I later learnt to be, traditional jade rollers displayed across two shelves alongside a series of different grades of micro-needling rollers and several



dermal pens. Paul told me that he was a practising Buddhist and that he would describe himself as a *'highly spiritual person'*. I was interested to explore the way that his holistic approach to the body, inspired by ancient practices and traditions, worked with the contemporary technologies and corporeal framings he enacted through cosmetic treatments:

*'I'm a great believer that a lot of what we think about how we look is deeper, and a lot of the women I see look fantastic, and they don't need anything, but they just don't feel right and they would probably benefit from, and I have said this to some of them, from a course of acupuncture- let me get you feeling more confident first...and then I move onto the facial stuff, or not, because after that sometimes it stops being an issue...What it often comes down to is if you feel good, you look good.'*

(Practitioner Interview Fourteen: Peter, Cosmetic Acupuncturist, Devon Body Clinic)

Here Peter highlighted his perception of the strong connection between the way that a client looks and the way a client feels, inverting the common trope that if you *look* good you will *feel* good. I discuss this in depth in the previous chapter, but it is relevant to extend this to consider the ways that Peter then seeks to treat this complex dualism, working on the self, *'confidence'* before addressing the materiality of ageing, the *'facial stuff'*. Rather than a clash of holistic, therapeutic practices with the clinical or medical he perceived these approaches to work harmoniously. The discussion later turned to the ways that he carries out the cosmetic acupuncture treatments:

*'...if I do a derma roller treatment and then I go back onto the dermal pen, I put the plastic gloves on, it takes it to the next league, but all you are doing is medicating it a little bit...now I can do cosmetic acupuncture with or without gloves on because there's no blood or anything like that, and also it's all about feel and touching, but the moment you start putting rubber gloves on, making it medical, they [the client] think they're getting more for their money, you know what I mean...and that's weird because it takes it into that medical realm.'*

(Practitioner Interview Fourteen: Peter, Cosmetic Acupuncturist, Devon Body Clinic)

Interestingly, here Peter invoked contradictor logics of holism and fragmentation with regards to the body, recognising the medicalising tendencies of the 'distancing technologies' he used, and the 'medical authority' performed through such technologies. This demonstrates the contradiction between particular technologies, those which afford intimacy, and those which create distance, the latter of which are primarily more medicalised, such as '*plastic gloves*', but also as discussed in the previous chapter the illuminated magnifier, for instance, used to conduct a consultation which affords the practitioner a detailed, intimate view of the clients pores, whilst also creating a physical barrier between the client and practitioner. Furthermore, the consultation process itself uses technologies of distance (facial scanner, protective eye wear) and intimacy (touch, in-depth conversation about lifestyle and sense of emotional wellbeing, humour) necessarily medical and therapeutic technologies used alongside each other. Drawing on this encounter enables consideration of the ways in which the performance of medicalised practices and technologies is entangled with therapeutic approaches, at once fragmentary and holistic, distant and intimate.

This section has examined in detail some of the anti-ageing treatments and technologies practices and consumed by respondents. It has addressed the varying ways in which the ageing body, and more specifically the face, is framed by such technologies through varying levels of invasiveness and pain. I have outlined the complex ways in which medicalised devices, practices and performances are entangled with more therapeutic, holistic approaches to the body, illustrating the inherent contradictions in this area through the example of cosmetic acupuncture. This raises questions regarding the complex hybrid practices and spatialities which are associated with the management and modification of the ageing body, and the gendered identities through which they are enacted.

## ***Anti-Ageing Technologies and 'Nature'***

Having outlined some of the devices used in the treatment of the appearance of ageing, in this section I address the ways in which broader disciplinary technologies of the ageing body invoke particular conceptualisations of 'nature' and the 'natural', and the ways in which these are framed and enacted in terms of the ageing body. In the previous chapter I touched on the socio-cultural value-laden and moralised imperatives and pressures respondents felt to age 'well' and 'acceptably', and I extend this to consider such constructions in relation to ideas around the natural body. I argued that ageing skin is framed as a materialisation of 'natural forces' of time and gravity, and that the technological practices carried out to 're-naturalise' the skin, and the ageing body more generally, raise complex questions around conceptualisations of nature, and the consequences regarding gender and identity in relation to this. As I discussed in the Chapter Two, such conceptualisations shape understandings and assumptions about naturalised femininity in terms of youthful bodies and identities, and are implicated in the socio-cultural 'coding of femininity with corporality' (Grosz, 1994; 14) regarding norms and expectations of 'appropriate' or 'acceptable' ageing.

## ***Ageing Well, Ageing Naturally***

In this section I explore the role of technology in more depth with regards to nature and the body, beginning with an examination of feminised expectations around ageing 'naturally', from the perspectives of both practitioners and respondents. I then examine the role of anti-ageing technologies in (re)producing 'natural' ageing corporealities, and the ways in which particular aspects of nature and the 'natural' body are invoked in such practices.

As discussed in the previous chapter, the desire for a 'natural' anti-ageing result is prevalent, and practitioners and consumers throughout the research process were keen to

emphasise the importance, both personally and professionally, of any anti-ageing body-work producing a 'natural' appearance:

*'We go for the natural look, I mean some people...we've done one pair of lips once because it was someone who wanted great big huge lips, so we've done it once, I didn't like doing it. We go for natural. We go for the 'nobody would know you've had it done' look'*

(Practitioner Interview Two: Ruth, Aesthetic Nurse, Timeless)

*'And it's got to be natural, I will not do...if anyone wants something that's not natural they don't come here. So, a lot of people have filler in here and here [gestures to nasal-labial folds and around lips] and then Botox® here [gestures to forehead], but if they don't look after their skin, then they look aged. It's a mismatch, and its...it's horrible.'*

(Practitioner Interview Four: Hazel, Ex-GP and Advanced Aesthetic Practitioner, Radiate)

Such perspectives were also reflected in consumer responses, many of whom highlighted a 'natural' look as a key driver in their selection of treatment and practitioner, and their choice to pursue non-surgical techniques, reflecting Hurd-Clarke and Griffin's (2007) attention to 'natural ageing' through practices of cosmetic intervention:

*'I always get them to leave the eyebrows moving up and down because I don't want the frozen look!'*

(Consumer Interview Nineteen: Angela, 27, Hairdresser)

*'I wouldn't want to look like I have had anything done, I am researching fillers at the moment but I have my concerns about them, last time I had Botox® it was wonky and it looked awful and so obvious, so that would make me think twice about who I let near my face next time'*

(Consumer Interview Twelve: Joss, 28, Legal Secretary)

Respondents reported seeking anti-ageing treatments in order to look 'fresher', 'rejuvenated', like they had been on holiday or were 'well rested'. They compared the

desire for such results with negative images of looking *'fake'*, *'abnormal'* or *'unnatural'*, often referring to celebrities to illustrate what they perceived as *'too much'*, or the *'wrong kind'* of aesthetic result. Celebrities such as Katie Price, Lesley Ash, the female cast of *'The Only Way is Essex'* and Anne Robinson, amongst others, were referred to as having had treatments such as Botox® and fillers in ways in which they deemed to be undesirable. This resonates with the work of Jones (2008) who addresses the ways in which notions of the *'monstrous'* and *'grotesque'* are invoked in descriptions of *'botched'*, extreme or undesirable cosmetic procedures, and the often perverse fascination with which people regard such *'deviant'* cosmetic consumption.

A majority of respondents stated that they wanted to *'correct'* or *'reduce'* the signs of ageing, rather than *'enhance'* or *'transform'* their faces. This was emphasised as *'subtle effect'* and *'being the best version of yourself that you can'* as opposed to creating a *'new'* or *'transformed'* face:

*'What they want is they want people to say, you know someone who hasn't seen you for a while 'ooh you look good', you know. And yeah we do get people saying 'they're convinced I've had surgery and I keep saying no I haven't', and with a lot of these non-invasive treatments it isn't about making you look twenty years younger, it's about looking after yourself and maintaining a good skin, a good colour, skin working better. Because we're getting older, and all of our functions slow down [Laughs] and so ingredients and treatments can help sort of get your skin working as it was five or ten years ago, and keep it at that level. So yes, you'll still have wrinkles, but we can certainly reduce pigmentation, we can plump up the skin, we can make it feel better, we can make it look better, and then that just makes you feel a lot better'*

(Practitioner Interview Two: Ruth, Aesthetic Nurse, Timeless)

Terms such as *'rejuvenation'*, *'renewal'* and *'refresh'* all indicated a sense that respondents were seeking to return to the appearance they had previously had. Such statements reflect a medicalised framing of the *'well'* or *'healthy'*, the *a priori* pre-aged, body which one can *'return'* to through technological means. The recourse to wellbeing was also reinforced by

notions such as *'ageing gracefully'*, with consumers situating themselves as differentiated from those who consume cosmetic surgery, positing the practices as opposed and motivated by different desires. For many of the consumers I interviewed, and as I have discussed earlier, engagement with anti-ageing technologies was part their broader health and wellbeing regime, whereas more invasive surgical techniques were framed as *'frivolous'*, *'fashionable'*, *'unnecessary'* and attributed to vanity.

They also situated their appearances, and the anti-ageing practices they engage in, as more *'authentic'*, *'real'*, *'less dramatic'*- and therefore more natural- than the more transformative and invasive procedures associated with cosmetic surgery (See Gimlin, 2010; Hurd-Clarke, 2011). Many respondents therefore positioned their engagement with anti-ageing practices as distinct from surgical practices, further complicating the aesthetic and moral judgements associated with modification and management of the ageing body. Interestingly, not only was this judgement fuelled by aesthetic values, there was also a sense in which classed and moralised identities were enrolled through consumption of particular corporeal management and modification practices:

*'those girls who get the massive fake boobs and the big pouty lips, it's just so silly, so fake, what do they think they look like?!'*

(Consumer Interview Fourteen: Jackie, 45, Care Assistant)

*'the people I treat, they're just looking a bit tired or haggard, my clients aren't the type who would go and have plastic surgery you know, they're not that type of person. They're just somebody who feels that they want to do something and they've heard this is quite good. But they're not into plastic surgery, although come to think of it if they were thinking about it they might not tell me because they probably think of me as being a bit holistic and I wouldn't be interested. I think there's an element of that.'*

(Practitioner Interview Thirteen: Kath, Aesthetic Practitioner, Hill Road Clinic)

Such judgements are also central to the performance of particular gendered identities in terms of consuming technologies and practices of the 'body industry'. Gimlin (2013) has

discussed this in terms of breast augmentation, and the valorisation of the 'artificial' in the consumption of breast enlargement surgery. Sanchez Taylor has also examined the consumption of breast augmentation as a practice through which gendered and classed identities are performed. Here, analysis of working class women's understandings, experience and motivations to engage in the *visible* alteration of their bodies found that the research participants 'did not want to come out of surgery looking like a naturally big breasted woman, instead it was important to them that their breasts were visibly 'fake' (2012: 463). This analysis can also be considered in terms of the consumption of non-surgical procedures such as injectables, with smooth foreheads and plump lips desired by some, and less noticeable results preferred by others. As Sanchez-Taylor states:

'...the market for cosmetic surgery is differentiated, not simply in the sense that there is a difference between what is consumed in terms of invasiveness of the procedures and the motivations for undergoing them, but also in the sense that the way *the same* procedure is consumed can differ.'

(Ibid: 464-465)

In contrast to the 'conspicuous consumption' of working class women's breast augmentation, the respondents in this research were more discrete about their practices, and desired results which did not explicitly reveal they had '*had work done*'. This included some women not telling their partners about having treatments, and other only confiding in a close friend or female family member. Such discretion sometimes involved making secretive financial arrangements to pay for treatment; one practitioner described how she had a cash machine installed in her treatment clinic so that clients could pay by cash rather than have a card payment appear on a bank statement, and another consumer described how she got 'cashback' on the weekly supermarket shop over a period of a couple of months to save up and pay for the treatment, without it being traceable.

This argument prompts consideration of the problematic binaries emerging around particular consumption practices with regards to gender, identity and class. Perspectives

which value one kind of body-work, type of consumption of the 'body industry', or corporeal capital as more 'authentic', more 'natural', or more 'necessary' than others serves to reinforce the 'agents-dupes' conflict which more recently feminist perspectives of the body have sought to overcome (Jones, 2008; Pitts-Taylor, 2007). Legitimising one form of cosmetic modification of the body validates the behaviours of one group as 'well-researched', 'empowered', 'knowledgeable' agents while castigating another group as naïve 'dupes', exercising 'false consciousness', raising interesting questions about agency and power. Furthermore, such an argument also renders static particular identities, consumption patterns and bodies, where in reality individuals more often than not elude, or transgress, both categories.

### ***Working with the Body, Working with Nature***

These perspectives on the ageing body in terms of gender and identity, reinforce normative ideals that the 'natural' appearance for women is one of youthfulness and that the materialisation of signs of ageing is demonstrative of a lack of bodily control, unruliness, or deviance. Extending these understandings, it is valuable to explore in more depth the way that nature, and the natural, are invoked in the use of anti-ageing technologies. This section examines the ways that corporeal processes perceived as 'natural' are harnessed, simulated and synthesised and reflected in some of the corporeal disciplinary practices associated with anti-ageing. The section also acknowledges the ways that broader health and wellbeing practices are often incorporated into individual's narratives of anti-ageing as part of the spectrums of self-monitoring and care in which they participate.

In discussions of corporeal habits, routines, and regimes with regards to anti-ageing, attention often turned to broader frameworks of corporeal surveillance and discipline, such as diet and exercise, as part of individuals' pursuit of a more youthful appearance. This



reflected complex interpretations of corporeal boundaries, of the inside and outside, feelings and flesh, mind and body, and pertinent statements were made about the ways in which bodies were framed in this way:

*'I think you have to listen to your body...it's about toxins, it's not just about what you put on your face it's what's going on inside your body. However much you spend on products, if you aren't healthy on the inside then they aren't going to work.'*

(Consumer Interview Two: Caroline, 65, Artist)

*'I like having facials more in a self caring relaxation kind of way rather than...I mean personally I don't think a facial makes that much difference to your skin, but its relaxing and its nice, and if I'm relaxed I usually look better and my skin is better when I'm not stressed, so I guess I like it for relaxation rather than aesthetic reasons but indirectly there are benefits to how I look'*

(Consumer Interview Six: Hannah, 26, Postgraduate Student)

Interestingly, respondents often discussed their use of anti-ageing treatments alongside discussions of other, not strictly appearance-work, medicalised age-related technological interventions they engaged with. These related to lifestyle; such as not smoking, reducing alcohol intake, wearing SPF and carrying out a rigorous twice-daily facial skincare routine, to diet choice; such as avoiding processed foods, reducing consumption of sugar, and exercise regimes; for example running, practicing yoga and meditation and walking regularly. Such practices were framed by respondents as being 'healthy', and therefore 'natural', and as such integral to helping them to embody a more youthful appearance.

One of the health-related practices several respondents argued was also central to their anti-ageing body-work was Hormone Replacement Therapy (HRT). Respondents referred to the benefits of taking HRT ostensibly for health reasons, in 'relieving' the 'symptoms' of the menopause, such as '*hot flushes*' and '*loss of sex-drive*', and restoring the '*balance*' or '*natural rhythm*' of their bodies. Additionally however, they also commented on the ways in which HRT enabled them to enact more youthful embodiment, managing their energy

levels and improving their appearance; *'it has made my hair thicker and fuller'*, *'my skin looks so much better now I'm on the HRT, it's not playing up anymore, its positively glowing'*. This demonstrates an interesting tension between the perceived 'unnaturalness' of the menopause in terms of femininity, with HRT acting as a 'solution' to the denaturalising processes and appearances of ageing. Thus by 'correcting' medicalised hormonal 'deficiencies' and restoring normal and natural function, respondents also experienced appearance related benefits, and argued that that *felt* younger. One respondent also commented that HRT in terms of sexuality, *'it's a Godsend!'*, arguing that it enabled her to transgress socio-cultural constructions of ageing femininity and participate in an active sex-life which *'people don't expect from someone my age'*. HRT has been discussed within feminist literatures regarding the biopolitical regulation and disciplining of gendered performances of ageing (Bell, 1987; Harding, 1997; Lupton, 2012; Oakley, 1998). Sexuality has also been explored in terms of ageing and medicalised treatment to restore 'natural function', for instance in the case of impotence in older men (Katz and Marshall, 2003, 2004). This techno-medical intervention in managing the ageing process reflects interesting ideas about the natural function of the body, and the perceived benefits of working to restore the rhythms and configurations of a more youthful body, and working in 'harmony' and 'synchronisation' with physiological processes (Horani and Morley, 2004; Morley, 2003). Thus technologies such as HRT enact particular embodied identities with regards to ageing, with consequences not only for how the ageing body appears, but also the felt geographies of ageing.

Another way that respondents considered their health practices as playing a role in promoting a more youthful appearance was through diet. Food and the body have been addressed in various ways within geographical perspectives, in terms of regimes of discipline and self-surveillance (Harbers et al., 2002; Lupton, 1996; Valentine, 1999). Respondents discussed a 'healthy diet' as significant in contributing to a more youthful

appearance, through consumption of particular foods, such as Omega 3-rich fish and avocados containing 'good fats' which were perceived to be vital for a healthy looking skin, and avoidance of processed foods, sugar and 'too much' dairy. Many of the respondents reported taking supplements in order to improve the appearance of their skin, such as 'Hair, Skin and Nail' vitamin supplements, fish oils and cosmeceutical supplements, sometimes referred to as 'nutriceuticals', purchased from aesthetic clinics which were purported to have an anti-ageing effect:

*'The other side of what we do is supplements, vitamins and minerals...because it's actually what you put into your body that makes things better and does improve the skin. So there's certain, you know, a lot of people, especially on the low fat diets their skin is very dry'*

(Practitioner Interview Eight: Charlotte, Advanced Skincare and Laser Practitioner, Zen Skincare Clinic)

*'Your skin is kind of a barometer for everything else that's going on in your body...if you aren't eating healthily or you are neglecting yourself that will show on your skin'*

(Practitioner Interview Six: Tanya, Lecturer in Beauty Therapy, South West Training College)

*'I like my skin to look healthy, if I don't eat right, or sleep right, or drink enough water, all those things, it shows on my skin. And I try to minimise the damage caused by the weather and my lifestyle. Like smoking [laughs] I always say I'll stop but...I mean the other things I do in some way make up for it, I always take my make-up off before bed, that kind of thing, now that my skin is ageing I do try to keep it looking as good as possible'*

(Consumer Interview Twelve: Joss, 28, Legal Secretary)

Collagen supplements were also consumed by several respondents, in liquid or tablet form. Collagen acts as the 'scaffolding' of the skin, and its production is depleted over time and through exposure to UV light. Respondents who consumed collagen supplements believed that stimulating the body's production of collagen, a natural process already taking place within the cells of the skin, could improve the appearance of ageing and help to regenerate the skin with, as one respondent put it, a 'firmer, brighter more youthful

*texture*'. There was an interesting sense here that respondents felt they could work on their appearance 'from the inside out', at once transcending and reinforcing the boundary of the skin, the binary of inside and outside.

In addition to medication and diet, the most frequently referred to health practice which both practitioners and consumers argued as having significant positive impacts on the appearance of ageing was the consumption of water. Maintaining 'good' or 'healthy' levels of hydration was perceived as being important to enabling a more youthful appearance, with the natural function of the skin being aided by being well hydrated, and the benefit of water for 'plumping' up the skin cells perceived as significant. Drinking water regularly throughout the day was also perceived to flush out toxins in the skin, aid lymphatic drainage and remove impurities from the body which could cause the skin to look dry and dull. In the same way respondents felt it important to remove their make-up at night, or apply moisturiser twice a day, drinking water on a regular basis was not only perceived as part of a 'healthy' lifestyle, but also an important aspect of respondents' beauty regimes. This understanding of consumption of water as a health and beauty practice enacted lay expertise about the benefits of water on the body:

*'If I could give one piece of advice to people it would be drink more water, people don't drink enough and it's not some mysterious secret, drinking water is key to hydrated skin, and hydrated skin looks younger, it's more important than any other anti-ageing treatment you could possibly have'*

(Practitioner Interview Six: Tanya, Lecturer in Beauty Therapy, South West Training College)

*'I try to stay hydrated but I do like my coffee and the odd glass of wine, if I lift up my arm up [gestures to skin above armpit], its very slightly crepey, but I lift my arm up every morning and I can tell if I'm dehydrated because it isn't plumped up, so I can tell that I need to drink more water, you have to listen to your body'*

(Consumer Interview Two: Caroline, 65, Artist)

Following public health advice regarding recommended quantities and regularity of water consumption, a lucrative industry has emerged from the promotion of drinking water regularly. Consumption of bottled water growing dramatically over the last decade, and the availability of specially designed water bottles with their own filtration systems, and others indicating recommended consumption over the duration of the day, as well as mobile apps to monitor and regulate consumption, drawing together logics of health and wellbeing with lifestyle and consumption in an interesting manner. The bottled water brand Evian uses the notion of regular consumption of (bottled) water and 'good' levels of hydration as promoting 'youthfulness' in its advertising campaign, with the slogan '*Evian: live young*', claiming that '*Ageing well is drinking well*' (Evian, 2013. See Figure 15). The consumption of water has been examined in depth by Race (2012) who examines the biomedical framing of hydration as a technology of 'biological citizenship'. Government health advice about water consumption enacts a regulatory framework in which individuals monitor and adjust hydration levels in response to perceptions of health and wellbeing, as well as part of broader appearance-work strategies. It also invokes recognition of the healing capacities of water, and frames 'healthy' water consumption in terms of therapeutic practice, translating the work of Gesler (1996,1998) into a contemporary context.

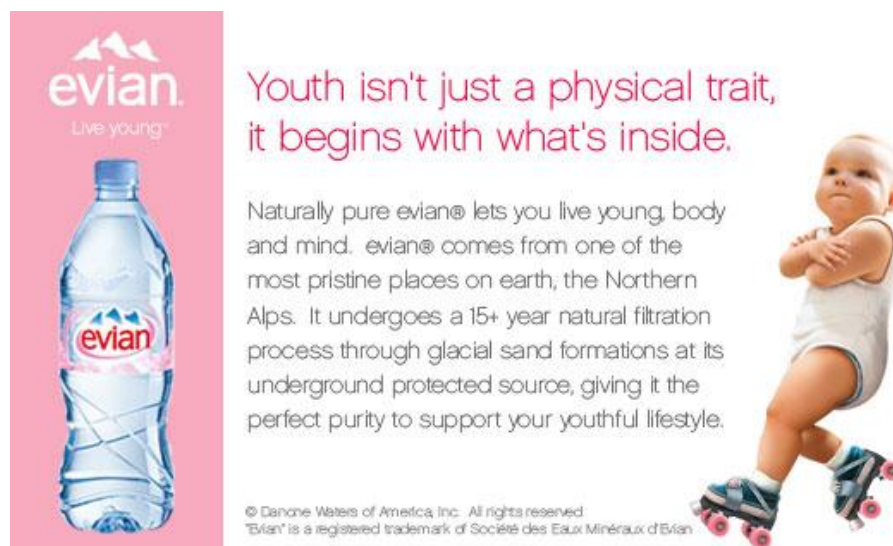


Figure 15: 'Evian. Live Young': 'Youth isn't just a physical trait, it begins with what's inside.' (Evian, 2013)

The consideration of the corporeal disciplinary technologies of HRT, dietary supplements and hydration, raises questions around the ways that the healthy body is framed in terms of youthfulness and socio-cultural expectations around appearance. It also prompts consideration of *which* bodies are involved in these regulatory practices, and the conceptual framings of the body that such practices enact. Working in synchronisation with the purportedly 'natural' process, products and rhythms of corporeality promotes a sense of a universal, coherently functioning body as the ultimate example of health, beauty and youthfulness, and that through engaging with such practices one can come closer to achieving this ideal. It also relies on a sense of corporeal integrity, of the pursuit of authenticity. Thus is it pertinent to recognise that anti-ageing body-work practices are situated within a gendered framework of technologised monitoring, disciplining, regulating and normalising with regards to 'expansive' notions of health and wellbeing.

### ***Harnessing and Synthesising Nature***

Having examined perceptions of 'natural' ageing in terms of gender and identity, and considered the ways that engagement with broader health and wellbeing practices is perceived as working with the natural functions of the body to improve appearance, attention now turns to the ways in which ideas of nature and the natural are enacted through anti-ageing technologies. I consider this in terms of skincare, focussing on the ways that physiological processes and products are 'harnessed' and 'synthesised' through discourses of anti-ageing.

During the research process, respondents often emphasised the value of using 'natural' or 'naturally derived' products on their skin, and/or the skin of their clients. They emphasised the importance of working *'in sympathy'* or *'in harmony'* with the body's natural processes. These views reinforce notions that the power and purity of nature were the solutions to the materialisation of ageing, the complexities and stresses of life and negative emotional

experiences could be, in a sense, cured by the restorative, therapeutic power of nature. Thus many treatments enacted in the clinic are performed with the purpose of stimulating the 'natural' age defying processes of the skin, such as collagen production, cell hydration and muscle stimulation, as discussed earlier in the chapter.

In addition to stimulating and simulating corporeal function to promote a more youthful appearance, respondents also drew on the use of 'natural' ingredients to facilitate this process. This includes ingredients which were framed as '*already occurring*' in the body, natural physiological 'products', that could be '*topped up*' or '*boosted*', in order to restore the normal function of the skin:

*'Using only the freshest and most active forms of vitamin A, C, lactic acid. This treatment gives the greatest penetration through the skin to stimulate collagen production. The other benefits are skin hydration, a reduction in pigmentation and a normalisation of skin cells.'*

(Research Notes, Devon Body Clinic, September, 2012)

*'Hyaluronic acid is a skin renewal serum. And you'd use this probably with the rolling as well because it's very intense. So it's the stuff you find in all the top make up and moisturiser things but this is neat, so its vitamin B5...it promotes skin growth, so when you've injured the skin this will promote quick healing, and then that's what you want because you want it to heal really quickly. So this stuff is quite intense, you'll just use two or three droplets of it. And then rub it into the face. It's quite expensive...really potent. Yeah but...its natural, it's all natural stuff.'*

(Practitioner Interview Eight: Charlotte, Advanced Skincare and Laser Specialist, Zen Skincare Clinic)

The notion of restoring a more 'natural' youthful body through the use of naturally derived ingredients is reinforced by one of the skincare brands I encountered during my research. Origins (See Figure 16), market their products in terms of a '*Plantscription*', playing on medicalised notions of ageing as discussed earlier in the chapter in terms of processes of diagnosis and prescription with regards to pathologised ageing alongside invocations of the 'natural'. The brand also markets its products in terms of offering a therapeutic, healing

alternative to the chaos and stress of everyday life; *'Life puts the wrinkles in. Now nature helps take them out'*. Furthermore, the products are offered as *'88% of the visible wrinkle-reducing power of a prescription, 0% irritation'*, suggestive of a natural, non-toxic treatment containing only ingredients which work with the skins natural function, as opposed to containing anything 'alien' that the skin might reject, or which might cause discomfort.



## Youthtopia™

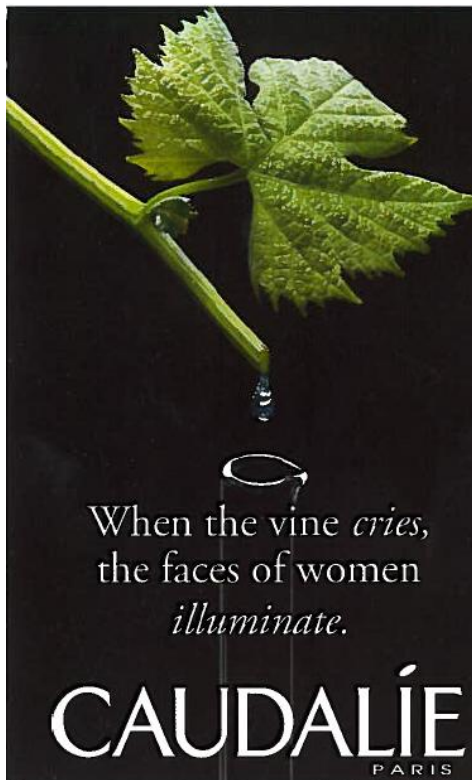
**Firm, Lift & Tighten**  
Help skin look & feel  
tighter, tauter & younger.



**Life puts the  
wrinkles in.  
Now nature  
helps take  
them out.**

88% of the visible  
wrinkle-reducing  
power of a prescription  
0% irritation

[SHOP NOW](#)



When the vine *cries*,  
the faces of women  
*illuminate.*

**CAUDALÍE**  
PARIS

**Plants.**  
*Our science.*

Discover Clarins Skin Care.  
A force of nature.



**CLARINS**

Figure 16: Invoking nature in the marketing of anti-ageing skincare (Origins, 2013; Research Diary, June 2013)

Building on this discussion it is pertinent to consider the ways that anti-ageing technologies are presented in terms of nature and the natural body. There is not the space here to perform an in-depth visual analysis of all the advertising, promotional materials and packaging which surrounds these products, that could be an entire thesis in itself, it is however worth making some brief observations (See Jones, 2008; Mykytyn, 2010). Much of the imagery around anti-ageing products and practices emphasises the notion of the appearance of ageing as being undesirable, and that participating in anti-ageing practices can return the body to a more 'natural', and therefore desirable, state. Such imagery of nature, and the presentation of the idealised 'natural feminine body, more often than not the symmetrically, probably airbrushed, face and neck of a woman, hair pulled back, with 'natural- looking' makeup, endorses socio-cultural aesthetic ideas (Bordo, 2003). These ideals are highly gendered, as I have addressed earlier in the thesis, and resonate with the concept of the ageing female body as unruly, out of control and deviant, and a youthful female body as representing a purer, more natural corporeality. To restore the body to a more youthful state, to be 'vigilant' in 'battling' the signs of ageing, is to regain control over one's body and oneself, to exercise the disciplinary anti-ageing gaze on oneself is to be a moral, responsible 'biological citizen' (Rose, 2006). Moreover, youthfulness is conflated not only with beauty, but also with 'good' health and wellbeing, further reinforcing the imperative to participate in anti-ageing corporeal modification and management practices.

Technological 'solutions' to health problems, some age-related, have been considered elsewhere, such as in attention to organ donation (Parry and Gere, 2006; Parry, 2008), Viagra (Del Casino Jr., 2007; Potts, 2004) and gene and stem cell therapies (Cooper, 2012; Lafontaine, 2009; Latimer, 2013). This can be considered in terms of the 'more than human' ways in which a youthful body is performed/enacted via technological means. From the development of skin regeneration techniques informed by stem cell research, and the derivation of treatments serendipitously discovered through research into the

treatment of skin cancer to the extraction, treatment and reintroduction of patient's blood via injecting the face in 'vampire facial' treatments, synthesising human body parts and processes also provokes complex questions about subjectivity and the (un)boundedness of the body. From biomedical research, experimentation, clinical trials, consumer surveys and practitioner training, a number of performances and identities around corporeal expertise are enacted. Furthermore, the use plant and animal 'parts', such as salmon roe enzyme, copper, placental cells from lambs, bee-sting enzymes and botulism, in synthesising anti-ageing effects also prompts interesting questions, for instance in terms of allergy and immunity. Such ingredients and practices blur the boundaries of the human non-human, natural and synthetic, dichotomies which the anti-ageing industry simultaneously relies on and transgresses. The 'socio-natures' (Swyngedouw, 2006) or 'cyborg identities' (Haraway, 1991) which are enacted through processes and practices of anti-ageing involve the coalescing of a range of complex spaces and identities. Using technologies in various ways to reclaim, regenerate and renew ageing corporeality indicates the play on impermanence and possibility with regards to altering and rematerialising the boundaries of the body, and what it means to have a 'youthful' body.

Developing the idea of synthesis with regards to the (anti-)ageing body, it is worth considering the ways that anti-ageing technologies seek to harness, or transgress, the 'inevitability' of the naturalised effects of time and gravity on the body. In the previous chapter I briefly referred to the ways in which time is framed in terms of a natural, inevitable driver of the ageing process, and I developed this point in more depth in order to expand the notion of synthesis. As discussed in the previous chapter, time was framed by respondents as being manifested in appearance related changes, particularly facially. This was demonstrated in statements such as '*time has taken its toll on my body*', '*the lines [wrinkles] of time*', and reference to '*my time-worn face*'. Such corporeal narratives are interesting ways to consider the materialisation of time as 'natural' and 'inevitable' with

regards to ageing embodiment. Respondents were also keen to discuss the ability to refresh, renew and regenerate this materiality of ageing to enact a more youthful appearance. In many ways, the use of anti-ageing technologies is all about time, adjusting the temporalities of the body through a framing of human flesh in terms of malleability and plasticity. Synthetic body modification 'plays on the permanence of the body as well as its fluidity' (MacKendrick, 1998: 9). The dislocation, or defiance, of the temporality of the body raises complex questions about the integrity of corporeal matter, about futurity, possibility and immortality (Parry, 2004; Rose, 2006), and warrants further academic attention.

Such discussion also raises some important questions around the biopolitical frameworks in which anti-ageing body-work is situated. Drawing on the work of Evans (2010) and Anderson (2010), anti-ageing technologies can therefore be framed as anticipatory practices of prevention or pre-emption, with increasingly younger consumers seeking to begin the anti-ageing process before the visible signs manifest themselves:

*'we really target the younger crowd, because from thirty at the latest, you should really be starting to think about it, because prevention is better than cure'*

(Practitioner Interview Eight: Charlotte, Zen Skincare Clinic, Advanced Skincare and Laser Practitioner)

*'I think I will get to an age where I start to think yeah I need to do this, I need to start taking care of my skin because I'm not getting any younger'*

(Consumer Interview Six: Hannah, 26, Postgraduate Student)

The use of Botox® is a pertinent example through which to consider the issue of time in more depth. As discussed earlier in the chapter, it is used to paralyse the facial muscles, to prevent movement and therefore inhibit the development of lines and wrinkles. The treatment plays with the temporality of the body in complex ways, temporarily freezing the materialisation of time on the face, and slowly weakening to enable the reintroduction of movement. The process then recommences if a subsequent treatment is received.

*'Of course every aesthetic treatment has its benefits and side effects, for example if too much Botox® is injected into an area it can immobilise that area and create an unnatural look, such as no ability to raise ones eyebrows, however most experienced practitioners will under inject in order to avoid this side effect. The most popular of anti-ageing treatments, wrinkle relaxing injections and dermal fillers, naturally disappear into the body after a maximum of six months so it is important to remember that most side effects will only be temporary'*

(Practitioner Interview Thirteen: Kath, Aesthetic Nurse Practitioner, Hill Road Clinic)

Innovation and technological development in this industry require that the ageing body is constantly reframed in terms of corporeal affordances, capabilities and potentialities with regards to a more youthful appearance and function. This also engenders a sense of the body as a site of experimentation. Trying different products, techniques and devices is a way of mobilising hope and anticipation around the body one desires or might achieve. Experimenting with anti-ageing technologies was also framed by respondents in terms of a responsibility to embrace any available opportunity (Smirnova, 2012), in order to demonstrate care of the self;

*'I just think if someone has invented it, if it's available, you might as well try it, you might as well make the best of yourself'*

(Consumer Interview Six: Hannah, 26, Postgraduate Student)

Practitioners also experiment on each other, extending corporeal knowledges and expertise with regards to ageing. Building on formal knowledge gained from training courses, expertise is developed through experimentation, through embodied experiences of the *feeling* of having a treatment, and the results it offers. For some practitioners, scepticism about investing in a new treatment needed to be allayed through experimentation, with the conviction that *'seeing is believing'*:

*'People want visible results and if they are given the right treatment and we sell them the right products then that will happen. We've tried and tested the products and treatments ourselves. And if we haven't got the condition, like none of us have got rosacea, but when we had a new product for treating rosacea, and also one for stretch marks, we have got other regular clients to trial it for us. We know that we're not going to say something is good unless we've seen it work. Because even if there is science behind it, I still want to see for myself'*

(Practitioner Interview Three: Helen, Advanced Skincare and Laser Practitioner, You-nique Clinic)

Thus engaging with anti-ageing technologies can be seen as experimenting with the body in a playful, exciting way. Resonating with the work of Hurd-Clarke (2011), to give the ageing body over to technology is to self-define as forward-looking and cutting-edge performances of 'youthfulness' in themselves. This pressure is also exerted on practitioners, to be providing the 'next big thing' with regards to treatments and products;

*'Don't be left behind by modern technological advancements...Increasing numbers of salons are seeking to move away from the traditional beauty treatments into more anti-ageing aesthetic treatments. The progressive salons are looking for more medical based equipment that provide more opportunity for better results.'*

(Beauty Guild, 2013)

Such experimentation does however raise questions around the risks of engaging in the use of un-regulated technologies, and also provokes consideration of training, expertise and the spaces in which such risk is enacted, issues which I examine in depth in the following chapter.

As discussed in the previous section, the enactment of these technologies is predicated on framings of the body as whole and bounded, reliant on the belief of a more natural, more youthful *a priori* 'version' of corporeality which can be returned to through processes of renewal and rejuvenation. The enactment of anti-ageing technologies is also

fundamentally contradictory. The natural, youthful body and the medicalised, scientifically manipulated anti-ageing body are at once idealised, with tensions inherent in practices of managing the ageing body, such as the medical and the therapeutic, the boundaries of the body inside and outside, and the technologies and practices of distance and intimacy.

## **Summary**

In this chapter I have provided an in-depth examination of the technologies involved in the management and modification of the ageing body. I have highlighted the tensions between the medical and the therapeutic enacted through spatialities and practices of anti-ageing body-work. I have also examined the ways that knowledges and practices of such technologies contribute to particular framings of ageing and the ageing body, which I have argued are strongly gendered and inflected with identity politics. In particular I have considered the ways in which ideas of nature, and the natural, are enacted through anti-ageing technologies. I have highlighted the ways that femininity are performed through the management and modification of the body, reinforcing the work of Twigg who argues:

‘the body itself is constituted through the processes of display, manipulation, and inscription. There is no ‘natural’ body...if there is no natural body, then there is no natural way to age.’

(2004: 63)

I have also considered the ways in which gender and technology are complexly related, and the ways in which these relations are ‘materialised in tools and techniques’ of anti-ageing (Wajcman, 2010: 147). This analysis has provoked complex questions around the boundaries and capacities of the body, as well as the tensions at the heart of anti-ageing practices; between the natural and synthetic, the intimate and the distant, the medical and the therapeutic, and the technological means through which these dichotomies are held in tension. I have also examined the ways that treatments enacted through formalised

spaces have bled into the 'privacy' of domesticity for self-monitoring and regulation, and the complex ways the inside and outside of the body are enfolded in the broader regulation of health and wellbeing.



# Chapter Six:

## Enacting Corporeal Knowledges of Anti-Ageing

---

### *Introduction*

Having explored the emotional and embodied experiences of ageing (Chapter Four), and the technologies used to manage and modify ageing corporeality (Chapter Five), this chapter examines the ways that corporeal knowledges of (anti-)ageing are produced, performed and circulated. The chapter explores how knowledges of the corporeal, emotional and technological are developed, enacted and negotiated, and the ways that such knowledges influence decisions with regards anti-ageing body-work. Examining the decisions women make with regards to self-care, the consumption of technological practices and the ways that such decision-making is influenced by practitioners speaks to the ways that knowledge and expertise of anti-ageing body-work is situated within broader understandings of health and wellbeing. As detailed in Chapter Two, it is also productive to draw together understandings of technological mediation of corporeality with emotional and embodied experiences, generating more nuanced understandings of the ways that the ageing body is framed, mediated and modified.

Later in the chapter, I also examine the ways that practitioners are implicated in processes of influencing consumer choice around participation in anti-ageing practices, and the corporeal and technological knowledges they are involved in co-producing. I address the ways that practitioners seek to 'educate' clients with regards to scientific and medicalised knowledges about ageing, and the broader production of frameworks of knowledge of gender and the body in which such knowledges are situated. Finally I bring together these perspectives to consider more abstractly the ways that lay and expert understandings and experiences of technology and emotion are situated in, and constructive of, broader frameworks of knowledge around the ageing body, in complex intersections of understandings of health, wellbeing, science and medicine.

### ***Consuming Embodied Knowledges of Anti-Ageing***

In order to develop in-depth understandings of the ways that women experience and understand the treatment and management of the ageing body it is pertinent to examine the knowledges produced and consumed in association with such practices. By engaging with the ways that women negotiate imperatives around 'youthfulness' it is possible to develop more thorough understandings of the corporeal knowledges produced and enacted through anti-ageing body-work more broadly.

With this in mind it is productive to begin by addressing the ways that consumer culture, and the anti-ageing 'body-project' in particular, has encroached into the territory of healthcare. As I have already highlighted, this comes with an emphasised sense of personal responsibility. Here, the individualised, neoliberal subject is not only accountable for making the *right* choices with regards to health and wellbeing, but also

for ensuring they are 'well-informed', making the 'correct' choices in negotiating the complex private, and often under-regulated, anti-ageing industry. As I discussed in Chapter Two the pursuit of a more youthful appearance is situated as part of broader 'body-project' practices, which are highly feminised and predicated upon individualised notions of responsibility, in terms of health, wellbeing and morality. To engage with management and modification of the body in the context of anti-ageing is thus perceived by many of the respondents as a 'duty', or significant in terms of '*making the best of yourself*', with emotional and technological connotations:

*'If something is available to improve the way you look and the way you feel then you might as well try it'*

(Consumer Interview Five: Megan, 41, Teacher)

*'I really believe that we, well women I guess, and increasingly men, but it still is mostly focussed on women, we, um you, should do what you can to make yourself look good'*

(Consumer Interview Four: Mel, 33, Trainee Beautician)

This resonates with the work of Doel and Segrott who, in examination of intersections of self, gender and health in the context of CAM highlight the ways that women, primarily, perform the role of 'smart consumers', ensuring they are well-informed with regards to health and keep 'up to date' with opportunities and technological developments. They draw on the work of Bauman to articulate the late capitalist 'displacement of health into consumer culture' (2003: 133) emphasising the significance of 'individual' decision-making and the feminised responsibilities this entails, not only for women themselves but often their families as well. This is an argument which has been examined conceptually by Moore (2010) and Lupton (2012) and through specific empirical contexts such as pregnancy (Nash, 2012), pampering and therapeutic landscapes (Little, 2013) and cosmetic surgery (Sanchez Taylor, 2012), as I addressed thoroughly in Chapter Two. This 'commercialisation' of health (Bunton et al., 2003), and the subsuming of narratives of appearance, body-image and self-care into discourses of health and wellbeing has

provoked a range of different strategies and negotiations for consumers of anti-ageing practices, to which I now turn.

### ***'Responsible' Consumption***

Resonating with interpretations of health consumerism, respondents frequently emphasised the significance of 'responsible' consumption behaviours with regards to anti-ageing technologies. Through this articulation of themselves as responsible consumers (and also practitioner articulations of 'responsible practices' which I address later in the chapter), consumers situated themselves in comparison to behaviours and practices they perceived as *'irresponsible'*, *'risky'* or even *'dangerous'* in physical terms with regards to aesthetically undesirable or unsafe outcomes, and also emotionally, with regards to *'disruptive'*, or *'extreme'* or *'dependent'* patterns of behaviour, further emphasising the complex physical and emotional entanglements enacted through anti-ageing practices. Pitts-Taylor (2007) has developed some interesting work in this vein, exploring 'pathological' cosmetic surgery consumption, and practitioner assessment of the 'suitability' of candidates in terms of 'appropriate' levels of body image anxiety in comparison to medicalised notions of body dysmorphia.

One of the ways in which consumers articulated responsible consumption was through reference to the time they had taken to come to a decision about pursuing a treatment, emphasising that it was thoroughly considered and not something they had *'rushed into'* or decided *'on a whim'*, having committed to 'educating themselves' about the risks and benefits of treatments. Here consumers recognised some anti-ageing treatments, predominantly injectables and laser treatments, as requiring a more 'invasive' level of medical intervention in comparison to anti-ageing facials and peels for instance, and thus required more thorough consideration regarding making a decision to engage in

such practices. This performance of 'responsible' consumption emphasised the individualising discourses surrounding such practices, that it was '*their duty*' to choose the appropriate treatments, find a suitable practitioner, and ultimately make the '*correct*' decision for themselves. Thus many consumers discussed the decision to undergo non-surgical treatments as a thoroughly considered, time-consuming process, which they had researched thoroughly:

*'It's something I've been thinking about for so long, I have asked a few people about their treatments and I have been looking up stuff online for ages. It's not something I have just rushed into, it's too important for that, I mean it's your face at the end of the day...so I would say about two years I have been mulling it over'*

(Consumer Interview Five: Megan, 41, Teacher)

*'I had been wanting it for ages, and eventually I just thought ok I have looked into this enough, I know what I want, I'm doing it for me...and then I just went for it'*

(Consumer Interview One: Bea, 70, Retired Nurse and Part-Time Actress)

Practitioners reinforced these understandings of the importance of research and self-education, suggesting that it was often months, if not years, before clients would '*make the move*' to actually arrange an appointment, and these clients would often begin by consuming less invasive treatments as an introduction, before moving onto more transformative anti-ageing procedures:

*'I think sometimes people will look in the mirror and they will notice something maybe for the first time, and then it will bug them, they will think about it, they will look online, make a couple of phone calls, they might ask a friend if they are sure of positive reinforcement. Like they will tentatively say 'oh what do you think about'...you know they might start off with facials, then move onto fillers or something. For myself, it took a few months to decide to have treatments and what I would have and in my experience with clients that's pretty typical.'*

(Practitioner Interview Nine: Susan, GP, Advanced Aesthetic Practitioner and Clinical Director of Injectables Training Company, Simply Beautiful)

*'I suspect, it may well be that I have a self selecting group of patients who want it to be treated as a medical procedure and they have done their research, they come to me say actually I have looked into it and I have come to see you because you are a doctor, I'm taking this very seriously and I have considered going elsewhere, or I have BEEN elsewhere and I don't like a) their attitude or b) their results. And of course it may well be that my patients go elsewhere after a consultation...it's a two way process, and it may be that some go to their hairdresser and have it done and think I'm too expensive for instance'*

(Practitioner Interview Fifteen: Nigel, NHS Reconstructive Surgeon and Private Cosmetic Surgeon and Advanced Aesthetic Practitioner, South West Hospital. Emphasis original)

This 'responsible' and 'well-informed' performance of consumption was characterised dichotomously with the '*walk in walk out*' practices of some clinics, or '*sub-clinical*' standards carried out in some locations, identified in terms of poor record-keeping, poor hygiene, lack of training, misuse of products, and lack of 'appropriate' after-care by practitioners. These factors were also prominent in the Keogh '*Review of the Regulation of Cosmetic Interventions*' (DoH, 2013) as I discuss later in the chapter. Practitioners suggested that some businesses offered a more 'casual' approach to treatments, for instance hairdressing salons, and treatments taking place in the domestic sphere via 'mobile' services. These spatialities were associated with particular identities of 'vulnerable', 'ill-informed' consumers, and 'un-professional' practitioners who were '*giving the industry a bad name*', to quote one practitioner. Several practitioners also characterised the identities of those who consume treatments in more informal, less regulated spaces as, to quote an aesthetic nurse '*probably not the kinds of people who would come here*'. There was, therefore, an association between particular (un)regulated spaces, practices, identities and responsibilities, and these perspectives were often imbued with gendered assumptions about class and power (Sanchez Taylor, 2012; Skeggs, 2003). There is an important methodological dimension to this. As I discussed in Chapter Three, my role as researcher will have impacted the recruitment process and the practitioner responses. There is, inevitably, a dimension to these practices which I

have not accessed, reflecting issues of legality as well as the difficulties I outlined in Chapter One about ascertaining precise data about consumption of anti-ageing techniques in the UK, due to the 'hidden' nature of some of their practices and labours.

Interestingly, such perspectives identified and valorised 'well-informed' consumers, emphasising individual responsibilities for researching and negotiating the risks and potential outcomes of anti-ageing treatments. It is therefore pertinent to interrogate more closely the ways that knowledges of the risks of anti-ageing practices and treatments are understood and enacted.

### ***Negotiating Risk***

I have provided an overview of the risks of each of the technologies and treatments which featured in the research in Chapter Five (See also Appendix One). Generally, risks were framed by consumers and practitioners in terms of '*health risks*', such as infection, allergic reaction and burns, and '*aesthetic risks*', such as an 'unnatural' appearance, facial asymmetry and hyper-pigmentation. The '*emotional risks*' of a treatment were also discussed in some depth, for instance anxieties or fears regarding the potential for a treatment to go wrong and produce an '*unnatural*' or '*undesirable*' result, to look '*worse than before the treatment*', and these were strongly linked by respondents to emotional dangers of addiction, negative body image and body dysmorphia (Pitts-Taylor, 2007). This reinforces earlier discussions in the thesis about the significant ways that the physical, material signs of ageing appearance are entangled with emotional aspects of self-perception, confidence and sense of wellbeing (See Chapter Four).

Perceptions of risk were one of the ways that consumers decided whether to opt in or out of particular treatments. This included respondents who firmly situated their own consumption practices as separate from those they perceived as 'expensive' or 'invasive' procedures, choosing only to proceed with procedures they framed as 'safe' and 'unobtrusive':

*'I don't understand why people have even the non-surgical stuff, it's a medical procedure, it can go wrong, why put yourself through it?'*

(Consumer Interview Sixteen: Katrina, 46, Retail Assistant)

*'I would never want Botox® or fillers or surgery, I wouldn't want the pain and I can't afford it and I don't think it ever looks completely natural'*

(Consumer Interview Seven: Liz, 61, Foster Carer)

*'It wears off, none of these things are permanent really and I would rather spend my money on nice things, clothes and holidays, than fighting a losing battle and spending so much money and putting myself in danger in the process'*

(Consumer Interview Eighteen: Carly, 33, Market Researcher)

Others took more complex positions, for instance subscribing to the benefits of non-surgical treatments, whilst situating themselves as 'against' cosmetic surgery:

*'Fillers is one thing but [cosmetic] surgery no way, I have had surgery in the past for actual health reasons and its traumatic on your body, its dangerous and I wouldn't want that again unless it was absolutely necessary. I think if you can get up and leave after the treatment and go about your daily life then it's not exactly the same, it's a more gentle thing'*

(Consumer Interview Nineteen: Angela, 27, Hairdresser)

*'There is no way I would have [cosmetic] surgery, no way at all. I think it is entirely appropriate for people like...for people suffering from disfigurement say, or as a result of injuries. They should have the benefit of such a skill. But there are lots of things about myself that are imperfect and I am happy to try and make the most of what I've got rather than change anything permanently. I have that fear as well, that maybe I'm not the only one who has this, you might have had other women say this too, but the fear that if I started on that path I would end up being even more dissatisfied, miserable and aware of my appearance than is healthy'*

(Consumer Interview Twelve: Joss, 28, Legal Secretary)



Interestingly these quotes reinforce the medicalised nature of cosmetic procedures, and highlight the views of several other respondents who were concerned about the moral and ethical implications of seeking a treatment which is used in a medical setting out of necessity, as opposed to what they situated in terms of *'vanity'* or *'purely aesthetic reasons'*. The latter quote also highlights the risks perceived by other respondents, that to embark on a process of changing one's body *'too much'* was to provoke a more negative sense of self-image, that procedures could highlight flaws and create a cycle of dissatisfaction. This was pathologised in terms of psychological health, in reference to *'negative body image'* and *'self-esteem problems'* by other interviewees. Some respondents were outspoken about their desire for surgery, often in medicalised terms to *'fix'* or *'repair'* aspects of their body, drawing on medical justifications and the necessity for particular surgeries, perhaps situated in comparison to choices around cosmetic surgery they perceived as purely *'aesthetic'*, and therefore less *'legitimate'*:

*'I have considered getting surgery but only to repair my damaged skin on my stomach and to reshape my saggy boobs, that's due to getting massive when I was pregnant and then losing all the weight'*

(Consumer Interview Ten: Dee, 38, Special Needs Worker)

The medicalised logic of *'repair'* is pertinent here, in terms of framing the body as pathological, in need of fixing, and denaturalised through the processes of weight-gain and pregnancy. Others highlighted all the surgical procedures they wanted, explaining that it was a lack of money that meant they could not pursue this option:

*'I would have cosmetic surgery if I won the lottery, first job is boob-lift then tummy tuck then bottom lift'*

(Consumer Interview Thirteen: Helen, 52, Community Centre Manager)

These various perspectives on what constitutes risky, affordable and morally legitimate consumption of different cosmetic procedures evidences the complex ways that consumers structure and negotiate motivations and decision-making, and how they

situated themselves in comparison to practices and identities they perceive as 'other'. These understandings around risk strongly resonate with conceptualisations of medicalisation discussed in the previous chapter, and further reinforce notions of health and consumption in the context of anti-ageing practices.

In addition to these perceptions of risk, understandings of risk, health and wellbeing, and the body are mediated through strategies of governmentality (Peterson and Bunton, 1997). The NHS, CQC and professional regulatory bodies, such as BAAPS, BAPRAS and TYCT (Treatments You Can Trust, a strategy by the IHAS Register of Cosmetic Treatment Providers) provide information about the risks associated with particular treatments, and the ways in which consumers can make informed and responsible choices about the treatments they seek, the location they receive the treatment in, and the practitioner they select. For BAPRAS this includes the 5 C's- 'Think about the *change* you want to see, *check out* potential surgeons, have a thorough *consultation*, *cool off* before you commit and *care* about your aftercare' (BAPRAS, 2013 Emphasis original). The NHS also suggests a similar checklist which focuses upon gathering as much information as possible about the procedure with regards to 'qualifications...title...training...location...[and] substance' (NHS, 2013). Such frameworks offer an insight into the formal structures through which anti-ageing body-work has been medicalised.

**Child health**

- › Babies and toddlers
- › Your child's health 6-15

**Men's health**

- › Teen boys 15-18
- › Men's health 18-39
- › Men's health 40-60
- › Men's health 60-plus

**Women's health**

- › Teen girls 15-18
- › Women's health 18-39
- › Women's health 40-60
- › Women's health 60-plus

**Do I need to see a doctor before I can get Botox?**

**What if I feel unwell after a procedure?**

**What non-surgical treatments are there?**

There are various procedures available, including:

- muscle paralysis, such as injections of botulinum toxin (Botox) to relax facial muscles and make lines and wrinkles less obvious
- dermal fillers, injected into wrinkles or creases to fill them out
- chemical peels, which use chemicals to remove the outer layer of skin cells
- microdermabrasion, which uses fine crystals and a vacuum to remove dead skin cells
- non-surgical laser and intense light treatments, such as laser hair removal

Some treatments can leave the treated area sensitive or red for days or weeks.

**Where can I get a non-surgical procedure done safely?**

Procedures such as teeth whitening can be safely carried out in dental clinics. You can find a dentist near you.


Cosmetic injectable treatments (such as Botox) should only be carried out by an appropriately trained doctor, dentist or registered nurse in a clinical environment. They shouldn't be carried out by beauty therapists who lack the necessary clinical background.

**How can I find out whether the provider is safe?**

Providers of cosmetic treatments that do not involve surgery don't


**Non-surgical cosmetic procedures**

Non-surgical cosmetic procedures, such as botox and fillers are becoming increasingly popular. Find out more about some of the most common treatments, including the risks involved




**Stop smoking**

Help with quitting, including what your GP can do, local services and nicotine replacement therapies



**Keep skin healthy**

Keep skin healthy in all weathers. Plus common skin conditions and treatments, including acne



**Stress management**

Learn to spot symptoms of stress and get practical tips on keeping stress under control




Figure 17: Non-surgical cosmetic procedure advice alongside health information about stopping smoking, keeping skin health and managing stress (NHS, 2013)

These guidelines place the emphasis on the consumer to make the 'correct' decision, emphasising that responsibility for an aesthetically undesirable or unsafe result is in the hands of the individuals, depicting negative treatments outcomes as a result of 'poor' decision-making, or the behaviour of an ill-informed consumer. This highlights the way that the practice of anti-ageing treatments transgresses the boundaries of health and beauty, cosmetic and medical, and resonates with Lupton's discussion of individualised risk and the ways in which:

'Citizens are urged to turn the medical gaze upon themselves, and engage in such technologies of the self as monitoring their own bodies and health states and taking preventative action in accordance with medical and public health directives.'

(2000: 57)

One of the reasons for this may be the perceived expense, or 'pressure', on the NHS to attend to patients who have had poor outcomes from treatments in terms of infection, vision problems and granuloma, for instance. This negotiation of public and private responsibility for the risks and consequences of cosmetic modification of the body has been addressed to some extent in existing research. Ackerman (2010), Bell et al (2011), Connell (2013) and Jones (2011) have highlighted the ways in which multiple actors and organisations become implicated in the care of private cosmetic patients, and at various scales, as detailed in Chapter Two. This includes, for instance, the role of the NHS in treating problems incurred through cosmetic procedures obtained abroad through medical tourism (Boseley, 2013).

Recently, this blurring of private and public responsibility has been brought closely into view through the PIP scare, in which privately administered breast implants manufactured in France were found to be prematurely prone to rupture, this led to calls for screening or, and removal of, dangerous implants, with the NHS responding to errors in private cosmetic care (Aktouf et al., 2012; Cawrse and Pickford, 2011; Heneghan, 2012). The scare prompted the formation of consumer and campaign groups through social media, to campaign for rights to NHS screening and removal of faulty implants. The emergence of these 'communities' of experience and political action requires further examination in terms of health knowledges, gender identities and the body, but is beyond the focus of this thesis. The PIP scare does however further demonstrate the complex public and private spaces and practices in which anti-ageing treatments are enacted, and brings to the fore broader questions around risk, and gendered responsibilities and knowledges with regards to the 'healthy' body. Interestingly, during the research interviews, only one consumer respondent actually mentioned using the NHS or professional regulatory bodies' advice in terms of informing her decision to

pursue a treatment, suggesting that this kind of information is not necessarily privileged by consumers who, as I go on to discuss, are perhaps more concerned about practitioner knowledge and competency, and the experiences of other clients who have had treatments by a practitioner.

Several consumers referred to the significance of training and experience with regards to mediating the risks of a treatment. Many stated that they would prefer to be treated by an experienced practitioner, for fear of being a 'guinea pig' or 'experiment' by a more recently qualified practitioner:

*'The lasering can go wrong and you need to have somebody that's skilled, you don't want someone who is practicing or doesn't know a lot about it. And some of the salons that do lasering, the technicians that are doing it, they don't actually know much about it. So you have to be ever so careful, that's why I use Devon Medical, is very professional, its lovely'*

(Consumer Interview One: Bea, 70, Retired Nurse and Part-Time Actress)

'Experience' was often highlighted as more significant in terms of consumer priority than training. One of the reasons for this might be that the expectations of training and qualification of aesthetic practitioners remain poorly regulated and lacking clarity, therefore consumers have relatively little comprehensive information from which to negotiate knowledge of this. Experience was also valued in embodied terms, with respondents suggesting that they wanted a practitioner who was familiar with treating the signs of ageing, and would therefore be able to achieve the kind of result they were seeking, and who was 'used to', 'had a feel for' treating women with whom they could identify. One of the ways this knowledge was ascertained was through the 'before and after' images on practitioners websites or displayed in their premises (See Figure 18).

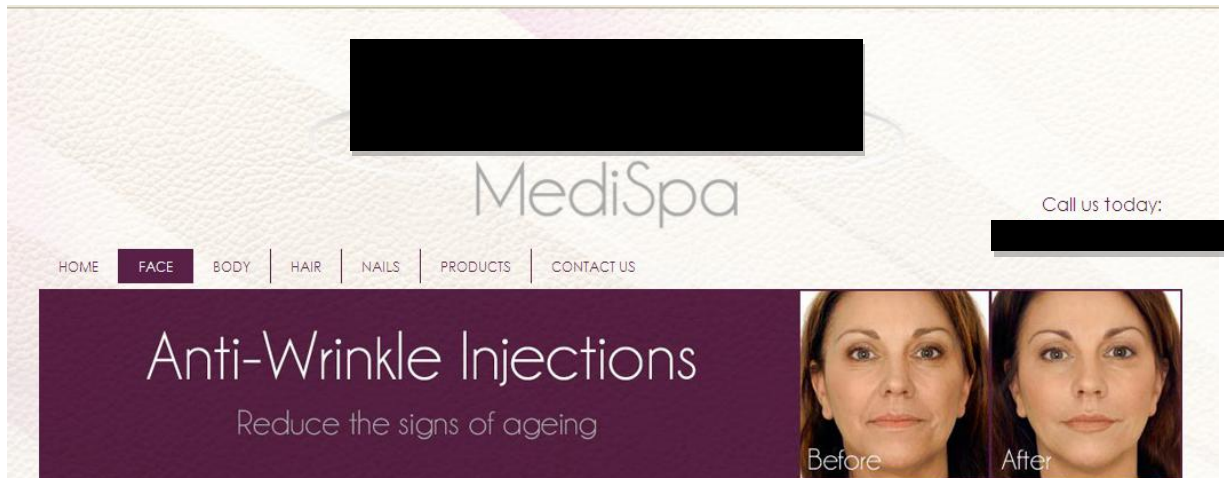


Figure 18: Homepage of the Radiate Medi-Spa website, use of before and after images (Research Notes, April, 2012)

In this context this understanding can be extended to consider the ways in which embodied experience comes to be interpreted in terms of skill, authority and trust, mobilising both embodied and emotional expectations about the potential outcome of a treatment. In a sense, patients who practitioners had previously performed treatment on became an embodied *representation* of the skill, experience and competence of a practitioner, as one stated '*my clients are my walking advert*'.

Practitioners also reflected on the ways that they could inform patient understandings of risk with regards to treatments. Whilst some patients were framed as simply wanting to '*lie back*' and receive a treatment, rather than performing a normatively privileged role of 'active' consumption, others were framed as 'seeking' or 'demanding' more information. Some practitioners also highlighted the importance of explaining the potential risks of a treatment to a patient, in order for them to make 'informed consent' (all patients are legally required to sign a consent form before a procedure) and in order to manage the patient's expectations. Thus this process not only served a medicalised purpose with regards to safety and regulation, but was also a form of emotional labour in ensuring that

the patient's expectations were realistic and mediating against a negative emotional or psychological response to a treatment. As Nigel, a cosmetic surgeon and injectables specialist stated:

*'Well it's all about communication and discussion and I usually don't do an injection on a first visit, I will go through it in some detail and I will explain how it works, how long it will last and that there is a variation in that and that there is no guarantee it will work altogether. Some people it doesn't work very well at all, and you can overdo it, under-do it and so on and so forth. And I talk about potential complications, like going into the wrong place or immobilising the wrong muscle, and I also talk about potential for viral transmission'*

(Practitioner Interview Fifteen: Nigel, NHS Reconstructive Surgeon and Private Cosmetic Surgeon and Advanced Aesthetic Practitioner, South West Hospital)

Nigel invoked assumptions about hygiene and contamination in this statement, and also highlighted consumer and practitioner negotiations of the risks associated with treatments. Such negotiations raise some pertinent questions regarding the ways that health and medical knowledges are communicated and enacted in the treatment space across asymmetrical power geometries, and the performance of patient/professional identities in such spaces, as well as the potential for disruption and contesting more established forms of corporeal expertise. I develop this understanding in more depth later in the chapter in examining the tensions between notions of 'lay' and 'expert' embodied knowledges with regards to treating ageing. This discussion also situated anti-ageing body-work practices within a blurry, unclear regulatory framework, which is currently under reform, highlighting the contemporary relevance of the research and the importance of attending to the practices, knowledges, and experiences of such technologies and techniques.

## ***Consumer Research into Anti-Ageing Practices***

In performing, or fulfilling, the role of 'responsible' consumer and negotiating the risks associated with treatments, respondents also discussed the lengths they went to explore their options prior to a treatment. This included discussion of the options of a treatment with a '*sympathetic*' or '*experienced*' close friend or family member, however as discussed in the previous chapter, consumers are often very secretive in pursuing treatment. With this in mind, the virtual space of the internet has not only become a valuable source of information for consumers, but also a space where individuals can discuss their desires, anxieties or hopes for a treatment without the fear of embarrassment, derision or confrontation they may receive from speaking to a friend or family member.

In order to develop understandings of individual engagement with anti-ageing practices, and health and wellbeing decisions more broadly, I develop these perspectives through exploration of the ways in which respondents engage with decision-making around participation in anti-ageing practices, and the tensions they often negotiate. I examined in depth the motivations, or 'symptoms', which prompt consumer engagement with anti-ageing body-work. One of the primary ways in which respondents explained their decision-making to participate in anti-ageing practices, and choices around treatments, products and technologies, was through research. Many respondents discussed the ways they had performed in-depth research online, using information to learn about available procedures, the risks, the origins of the products and the aftercare. According to respondents this includes the use of business websites, YouTube videos of consultations and treatments (some practitioners have their own channel and some consumers post videos documenting their procedures and the results), the NHS Website



and consumer websites. These sites are either run on a not-for-profit or privately funded basis and are a virtual space for people to share their experiences of a treatment, to seek or offer informal support, and to discuss their plans to pursue a treatment. They predominantly focus on cosmetic surgery procedures, but a range of forums exist for the discussion of non-surgical and anti-ageing procedures. Several consumer respondents discussed their experiences of researching procedures:

*G: 'My 40<sup>th</sup> is approaching and I have been doing a lot of research online, like looking at forums and things of other people who have had it done, seeing the before and after, that kind of thing, and trying to work out the best person to go to for a reasonable price...also I know a few people who have had it and so I have been asking them*

*K: What kinds of questions have you asked?*

*G: you know, what the procedure actually involves, if it hurts, how long it takes to have an effect, whether they are pleased with the results, just trying to get as much information as possible really because it's quite a big decision for me'*

(Consumer Interview Three: Gill, 40, Mature Student)

*'I always research products first, I like to try new products but I'm cost conscious so I have to really think about it...I read tons of reviews and I'll only buy something if the reviews are favourable, I try different anti-ageing products all the time in the hope that eventually one will make a huge difference'*

(Consumer Interview: Jackie, 45, Care Assistant)

Consumers seek a range of information through online research; what a procedure or treatment involved, the time it would take, the devices used, the risks and expected outcomes, as discussed in more detail in Chapter Five. For some of this was motivated by the desire to know *'all the facts'* before they went for a consultation, others out of curiosity for something that they were maybe only partially entertaining the idea of pursuing, and for some even a perverse fascination with practices they had no intention of seeking, particularly tabloid attention to *'horror stories'* or *'botched treatments'* (See Jones, 2008, and a more thorough discussion in the previous chapter). In addition to researching treatments, respondents also drew on reviews of products, online and in

magazines, to inform them in making a decision about whether to purchase a new product or treatment.

There was a sense in which, through these research strategies, consumers understood the process of researching treatments as serving to 'arm' themselves with information prior to a consultation, and that to be well-informed was not only their responsibility, but also served as protection from the perceived 'persuasive' nature of a cosmetic consultation:

*'Before I went to meet him [the dentist who performed Bea's Botox®] I looked up everything online, I wanted to know my rights and I wanted to know the risks, it can be difficult when you are actually there to know your own mind, like when you are at the hairdresser and they suggest something and you never would have dreamt of it before but then suddenly it seems like a good idea...I wanted to know the risks, know the dangers, know where I wanted it and things and to not be easily led by him saying 'oh have a bit more here' or whatever.'*

(Consumer Interview One: Bea, 70, Retired Nurse and Part-Time Actress)

This raises interesting questions about choice and ultimately agency with regards to consumption behaviours. Feminist discussions around agency remain problematic, as discussed in depth in Chapter Two, but it was clear throughout the data collection process that respondents associated being well-informed with a greater sense of empowerment. I develop a broader feminist analysis of these practices in the following chapter.

In addition to researching the 'facts', notably several respondents who were in the process of '*seriously considering*' or '*genuinely thinking about*' injectables, and one who was looking into having a face-lift, reflected on the significance of the emotional support they could access through the process of researching treatments. Gill who stated that '*increasingly I'm noticing more and more lines which didn't used to be there, and sometimes I feel like I don't recognise my reflection when I look in the mirror*' was

researching injectable Botox® and fillers, and frequently observed/participated in ongoing discussions on online forums. She highlighted the value of these forums for *'support and advice from people in the same boat as me'*, and was engaged in ongoing discussion threads about the experience of treatment, the effects and the problems, practicalities (for instance, can you drive, shower, eat, work after the treatment), pain or risks of such treatment (See Figure 19).

**Forum** *Information is wealth or so the saying goes. Give your feedback, express views and get advice in this forum by staying in touch with people who've walked in your shoes.*

new thread ·

<b>FORUM TITLE</b>	<b>POSTS</b>	<b>LAST UPDATED</b>
<b>Looking for revision rhinoplasty surgeon in south wales</b> I would love to find out about how this went for you.ive	3 posts	12 Aug 2013
<b>I don't know who to trust?!!</b> Befuddled! Hello, Wow, so were all in the same boat! Thanks so much for	5 posts	11 Aug 2013
<b>I still look like miss piggy after 5 weeks</b> Don't worry	2 posts	11 Aug 2013
<b>Can anyone reccommend a good rhinoplasty surgeon in the uk? preferably london</b>	4 posts	08 Aug 2013
<b>My life-changing rhinoplasty experience, please read if you considering rhinoplasty</b>	22 posts	08 Aug 2013
<b>Dr lahoud - transforming lives</b> I had a rhinoplasty with Dr Lahoud, and I hate it, he has taken to much off the bridge of ...	5 posts	07 Aug 2013
<b>Take part in before and after botox</b>		

Figure 19: Screenshot from discussion forum used by consumers, this section is for the 'face' and features a combination of surgical and non-surgical discussion topics; 'Information is wealth or so the saying goes. Give your feedback, express your views and get advice in this forum by staying in touch with people who've walked in your shoes'. (The Good Surgeon Guide, 2014)

This reflected other respondents' discussion of online forums, and highlights the desire for consumers to pursue not only *technical understandings* of treatments, but often more significantly the *emotional support* or information about the embodied experience of a treatment. The discussion forums on Good Surgeon Guide for instance, which one of the respondent's used, provides information about cosmetic surgery and non-surgical treatments features forum discussions such as 'I don't know who to trust', 'Unhappy with consultation' and 'I'm scared I've ruined my face' (Good Surgeon Guide, 2014). Such discussions highlight the emotional significance of anti-ageing treatments, and the embodied knowledges through which they are pursued and enacted. I develop this

argument further later in the chapter through attention to the ways that practitioners articulate understandings of the 'emotionally prepared' patient. This analysis is usefully informed by the work of Parr, who addresses online health and wellbeing information in terms of the body-project and the ways that such knowledges 'enact bodily transformations in 'real space' (2002: 76).

Furthermore, such virtual spaces enable communities of knowledge and embodied experience to emerge around health issues which may not easily (or acceptably) discussed on a 'face-to-face' basis with friends and family. Social media is also used in this way, for instance in the promotion of the awareness of risks associated with PIP implants, here the technological specificity of technology such as Twitter enables the 'formation of different types of communities, ones which are formed and sustained through the sharing of embodied experience' (Ibid: 86). Opportunities for resistance and campaign are also opened up (and sometimes foreclosed) through the communities and practices enacted in virtual spaces. The emergence of communities of knowledge with regards to broader issues relating to the body and health, for instance in terms of food 'scares' (such as in relation to horsemeat, avian flu etc.) and the 'viral' dissemination of information, also warrant further attention. There is also much to be explored further with regards to the gendering of such community formation through virtual spaces, for instance with regards to the collective identities of motherhood which are enacted and (potentially subverted) through forums such as 'Mumsnet'. This includes, for instance, gendered responsibilities of parenting practices in relation to health such as immunisation, and the contested knowledges produced through discussion forums regarding, for instance, the MMR vaccine, breastfeeding and the 'correct' ways to 'do' pregnancy and labour (Boyer, 2011; Burrows et al., 2000; Lindsay, 2004; Longhurst, 2008; Madge and O'Connor, 2005, 2006; Pedersen and Smithson, 2013).

Such interpretations strongly resonate with the work of Parr who, in her examination of embodied spaces of health and medical knowledge on the internet states that:

‘Such sites make available expert medical knowledges (previously shared only between medical experts in medical institutional geographies) which serve to facilitate mores sophisticated lay knowledges and strategies for the surveillance of bodies for signs and symptoms as they relate to specific biomedical disease categories...The internet can hence facilitate a new medicalised surveillance in which individual bodies are understood through specialised ‘reading’ of the bodily text, and this helps to advance the idea that a new and more generalised medial gaze is being facilitated by this media.’

(2002: 83)

Drawing on this interpretation, the ‘bodily topographies’ of anti-ageing enacted in virtual space can be theorised in Foucauldian terms as practices of self-monitoring and self-surveillance. They also speak usefully to notions of relationality, the self and the collective, in the production of corporeal knowledges, and the capacity for regulatory powers to be contested through this ‘fourth spatialisation of the medical gaze’ (Ibid: 86).

### ***Practitioner Knowledges of Anti-Ageing***

Having explored some of the key embodied and emotional negotiations made by consumers in decision-making in relation to anti-ageing practices and treatments, it is relevant to extend understandings to consider the role of practitioners in terms of knowledge formation. In this section I begin by addressing the notion of embodied ‘skill’ with regards to practitioner training, before exploring perceptions of professionalisation and regulation with regards to the anti-ageing industry more broadly. I then direct the focus to the micro-practices and microgeographies of client/patient education in the space of the clinic, and explore the informal ways in which knowledges of the ageing body health and wellbeing are developed here.

It is pertinent to address the notion of skill in light of the attention I have paid to the embodied ways of working on the ageing body in Chapters Four and Five. This attention has been situated broadly within understandings of body-work and emotional labour, and such perspectives can be extended through the specific consideration of skill with regards to working with the ageing body. There are tensions at the heart of the skills used by practitioners in the treatment of the ageing body, between the medical and therapeutic, the functional and the pampering, as discussed in Chapter Two (Little, 2013). I have indicated these tensions earlier in the thesis, but it is valuable to extend these understandings to consider the ways that knowledges of the ageing body are produced and enacted through embodied skill, and the 'fleshy corporeal geographies of the 'doing' of learning' (Lea, 2009a: 465). Building on Lea's work, this research productively develops approaches to skill in terms of medicalised and 'intuitive' knowledges and practices, in terms of feminised skills that women are 'naturally' capable of. This raises questions about the contradictions between essentialised skills 'possessed' by, predominantly women, service sector workers, and the learning and training associated with the practice of 'intuitive' body-work and emotional labour; 'skills in relation to bodies and emotions are perceived as natural and intuitive at the same times as in need of learning' (Wainwright et al., 2010: 81).

The consultation, diagnosis and treatment of the ageing body in the spaces of aesthetic clinics, beauty salons and spas is a form of ordering the body, or disciplining and regulating the corporeal matter of ageing within socio-cultural frameworks of 'acceptability' and gendered ideologies. As I discussed in the previous chapter, the medicalisation of such process and practices in relation to the ageing body featured strongly during practitioner interviews. The privileging of medical knowledge was clear, and respondents emphasised the significance of such knowledge in enabling them to

work effectively and safely. This invocation of medical knowledges is interesting, as not all treatments and practices require medical training. For treatments such as chemical peels, electrical facials and laser therapy, no formal medical training is required, however:

*'You have to be a doctor, a dentist or a nurse to do the Botox®, so you've already got a lot of skills behind you, you have good injection technique, I think people worry because it's someone's face, which is completely understandable. So although it sounds like not a great deal of training when you say it's a two day course, you have got to remember that there are a lot of skills those people already have. You know, I train surgeons, dentists, they are very good at what they do, it just a new skill that they have to learn. It is necessary, you have to get the certificate to get insurance, and you can use the insurance that you have with your day job in the NHS or you can use particular cosmetic insurance, it's up to them which way they do it.'*

(Practitioner Interview Nine: Susan, GP, Advanced Aesthetic Practitioner and Clinical Director of Injectables training company, Simply Beautiful)

Problematically, and as I address in the following sections, the regulation for dermal fillers is different, no professional medical background is required, and anyone over the age of eighteen is eligible for enrolment into a training course. Practitioners who had experienced formal medical training perceived themselves to have greater authority and more reliable knowledge of the anatomy, the structure of the face, and therefore a more 'professional' identity and less potential for risk than non-medical professionals. Several of the interviewees combined private aesthetic work with working in the NHS, as a GP, nurse or surgeon. This further reinforces the complex negotiation of private and public professional identities and responsibilities that are enacted in the practice of cosmetic treatments.

Within the responses from trained medical professionals there were contested and fragmentary understandings of ability and expertise. The nurses I interviewed for instance, perceived themselves as more competent in managing the emotional aspects



of a treatment than a doctor or surgeon. They saw themselves as having a more nuanced understanding of patients' needs, and felt that they were '*naturally more sensitive to clients' needs*' and could attend to the '*whole person*', rather than '*just get in and get out*', as one nurse framed the practice of a GP she had previously worked with in an aesthetic clinic. Practitioners also highlighted the importance of a relationship of trust between the client/patient and the practitioner, facilitated through more formalised medical practices such as the explanation of the risks of the treatment and the signing of a patient consent form, but also through more fluid and flexible practices. These included building intimacy between themselves and the patient, through discussion of relationships, work and children for instance. This was further highlighted as a feminised skill, with several practitioners saying that as women they were more able to emotionally engage with a client than a male colleague. Men were characterised as essentially less caring and therefore less competent in terms of emotional labour, as well as being situated as tending to occupy more senior professional positions; nurses contested the professional hierarchy arguing that although they were more 'junior', they had more appropriate skills for conducting aesthetic treatments. This resonates with research highlighted in Chapter Two which addressed the gendered identities and feminised skills associated with body-work and emotional labour (Dyer et al., 2008; Gimlin, 2007; McDowell, 2011; Sharma and Black, 2001; Twigg et al., 2011).

The ability to engage with the emotional experiences of clients was framed as a skill which also enabled practitioners to select clients '*safely*' and '*appropriately*', and thus carry out more ethical practices. This was framed by some in terms of the 'psychological risks' of anti-ageing treatments, in addition to the management of expectations and patient emotional wellbeing; '*ultimately you are assessing an anxiety level, so it's a psychological thing*' (Practitioner Interview Twelve: Kaitlin, Aesthetic Nurse, Renew).

Interestingly some clients referred to the risks of *not* carrying out a treatment, the psychological impact of remaining unhappy with appearance when it was so simple to improve/reduce the appearance of ageing, for instance Kaitlin also stated ‘ultimately it is a confidence and self-esteem booster’. This has been touched on by Mello (2012) with regards to the way that Botox® is marketed. Practitioners highlighted the ways in which they determined if a patient was ‘suitable’ or ‘appropriate’ for a treatment according to their assessment of the levels of anxieties of a patient, the extent to which a patient was suitably informed and accepting of the risks of a treatment and the realistic nature of a patient’s expectations. This resonates with the work of Heyes (2009) and Pitts-Taylor (2009), who have both addressed the ways in which practitioners select clients based on a suite of emotional and physical characteristics, avoiding ‘risky subjectivities’ who may be prone to unrealistic expectations, or potential ‘addiction’ to treatment. Furthermore, several respondents also discussed pathologised levels of anxiety with regards to body image, in terms of body dysmorphia. Interestingly, the treatment of the signs of ageing relies upon *some* level of anxiety or dissatisfaction with appearance, however practitioners subjectively pathologise ‘extreme’ or ‘excessive’ levels of anxiety, approaching it as a psychological ‘problem’ and requires ‘treatment’ that they cannot provide. Ruth for instance discussed a male client she had held a consultation with:

*‘We had one chap who had a deep furrow in his labella line, and he thought if he got rid of that his girlfriend would come back to him with his baby, that sort of thing. You can’t treat someone like that. You have to say ‘It’s not going to sort your life out, coz all its going to do is take that crease away between your eyes’. So we have to be a bit careful with that. And you get some people when you start to treat, and they want more and more and more and you have to sort of say ‘No, I’m not going to treat you.’*

(Practitioner Interview Two: Ruth, Aesthetic Nurse, Timeless)

Other practitioners also explained situations where they had decided not to treat a client, deferred a treatment, or had referred someone elsewhere. This was framed by many as something that contradicted the business-like mentality with which they were perceived

to operate, and was significant in their emphasis on situating themselves as ethically, legally and technically skilled:

*'For me, I do turn people away if I think a treatment is inappropriate, it's about looking natural not looking overdone. And you know we all know of celebrities who have been a bit overcooked, so for me it's about a natural refreshed appearance not a false appearance...and if someone asks for a treatment that I think is inappropriate or it won't suit them or it might look like it been overdone then I will turn them away. But they will probably go somewhere else but that's not my responsibility anymore.'*

(Practitioner Interview Nine: Susan, GP, Advanced Aesthetic Practitioner, Injectables Trainer and Clinical Director for training company, Simply Beautiful)

*'There is this whole business of body dysmorphia, whereby somebody gets a fixation with part of their body and then you do something to it and they fix onto some other part and everybody talks about it and you have to worry about it. In my experience I do actually get patients who want something done to this part of their body, and then that part of their body, and whatever, and when I look at them I think 'you're bloody right you do need something to do with x, y and z!' and I'm happy with that because they are objective. The red lights flash when somebody comes in and says 'I want you to fix my nose' and you say 'well what's wrong with it' and they say 'well I just don't like it, I just want to look like THAT' and you say 'well what specifically don't you like about it?' and they can't list it, and then I say 'no'.*

(Practitioner Interview Fifteen: Nigel, NHS Reconstructive Surgeon and Private Cosmetic Surgeon and Advanced Aesthetic Practitioner, South West Hospital)

*'People come in through death, divorce, whatever...and even if you treat them with care, sometimes they are not ready, even psychologically. Whatever they are going through they are just not ready, so you say come back in a year's time, but they will remember that and they will come back. You know...you have got to be humane whoever you are doing these procedures, they will have a definite impact, but not everybody is quite ready at the time to be treated and you must recognise that'*

(Practitioner Interview Twelve: Kaitlin, Aesthetic Nurse, Renew)

Such responses emphasised emotional labour as a vital skill for professional conduct, were framed as ethical responsibilities as practitioners, and were compared with the 'unprofessional' and 'irresponsible' practices they had observed by others working in their field, who they felt had treated vulnerable patients, or had 'over-treated', producing 'unnatural' results at the request of the patient, that did not conform to professional

guidelines. Extending the examination of this tension it is productive to explore the ways in which embodied skills in treating the ageing body are developed, with particular emphasis on emotional labour and touch in the consultation, diagnostic and treatment aspects of anti-ageing practices. The ethnographic research I undertook at the South West Training College offered particular insights into these areas. Lea highlights the value of 'paying close empirical and conceptual attention to the practical process of learning an embodied skill, and the interaction and tensions between cultural and corporeal geographies in this.' (2009: 473).

Many practitioners placed on the emotional wellbeing of the patient being critical in contributing to a more youthful appearance, reinforcing the suggestion that the materialisation of signs of ageing are socially and culturally associated with gendered notions of sadness, anger, stress and overall lack of control (as discussed in Chapter Four). Practitioners highlighted the ways in which emotional intimacy could also be complemented physically, for instance through touch. The therapeutic capacity of touch was framed as 'healing' and 'beneficial' to clients, with one practitioner referring to the significance of touch stating that '*you have to work on the mind as well as the body and they whole package needs to be in balance*' (Practitioner Interview Three: Helen, Advanced Skincare and Laser Practitioner, You-Nique Clinic). Such understandings of touch were framed in terms of a holistic approach, working in 'harmony' and 'synchronisation' with the rhythms of the body which, if restored to 'balance', could not only have beneficial emotional effects, but these would be manifested both physically and aesthetically:

*'Quite often, while I am waiting for a product or treatment to work, say like if I have put on the anti-ageing collagen mask and I'm waiting for it to soak in, I'll do a hand or a foot massage, it's relaxing for the patient, they feel like they are getting more for their money and to be honest if you can relax them they*

*are probably going to look better for it anyway, so the treatment will be more successful'*

(Practitioner Interview Seven: Mel, Beauty Therapist, Pure Spa)

This resonates with the work of Lea, whose attention to learning and teaching Thai Yoga Massage (TYM) highlights the role of diagnostic touch as framing the body specifically in terms of the site of physical and emotional experiences and problems:

'The physical body is believed to be an archive of past practices and experiences; physical effects that might result from physical stresses or strains, and the effects of stored emotions or feelings'

(Lea, 2012: 36)

In the context of the aesthetic clinic, the face is primarily framed as an archival record of a patient's lifestyle practices, health and consumption, as well as emotionally. For instance, using diagnostic touch, and through observation of the skin, practitioners can identify a range of health and lifestyle behaviours, such as smoking, alcohol consumption, diet, and presence of, or efficacy of, skincare regime, as discussed earlier in the thesis. During my ethnography of the College, I was interested to learn how the skills of attending to the physical and emotional experience of the client were taught, learnt and assessed. This was through a combination of workshops, lectures, demonstrations, practicing on class-mates and treatments on 'real' clients in the college salon, I discussed my embodied experience of this in Chapter Three. Students had to complete a minimum number of hours practice in order to qualify for assessment, and then had a range of treatments observed, both in terms of technical skill, and with regards to their emotional interaction and care demonstrated with their clients. One of the ways this emotional labour was articulated was as the 'client journey', this was a way of teaching and assessing students on the overall way in which they managed their clients, not only their technical competence and the outcome of a treatment, but also their abilities in terms of emotional labour to manage the client's expectations, to be

sensitive to their needs (See Black, 2002; Paulson, 2008; Toerien and Kitzinger, 2007a, 2007b; Wainwright et al., 2010). Anna highlighted that this meant that practitioners needed to be flexible in their professional identities, adapting the way they performed their role accordingly:

*'Some people just want to be left alone, they don't want to talk, they want you to do your thing and let them relax, but for other people really they actually do want to talk, the treatment is a kind of side thing to the talking and they need to off-load on someone and you have to be that someone, and so that's the consideration you have to make, you have to sense that when they come through the door, how they want you to be'*

(Practitioner Interview Five: Anna, Lecturer in Beauty Therapy, South West Training College)

Amanda described the 'vibes' she could pick up from a client, and she was trying to teach this to the students, she highlighted various aspects from their gait, their expression, their posture and the way they sat or lay on the treatment couch as embodied signs that she could read and adapt role accordingly. Interestingly, Amanda highlighted a key tension in this kind of work, that such professional attributes were something she was teaching her students, yet also acknowledging that she had learnt how to 'read' clients in this way over time and through experience. Thus, the ability to interpret a client's emotional or physical state through seemingly inconsequential mannerisms and deportments was a form of 'tacit knowledge'. Amanda also asserted that the main goal of a treatment was to enable a client *'to leave feeling good about themselves'* and so it was important for practitioners to work out how to achieve this and carry it out, further reinforcing the treatment as a consumption 'experience', as well as a medicalised 'treatment'. This was also reflected in the ways in which clients framed the treatments, as both functional and results driven, as well as a relaxing encounter, blurring the lines of emotional wellbeing and medicalisation of ageing appearance.

This section has shown the complex ways in which emotional and technical skill are invoked in the practice of anti-ageing treatments, and the tensions central to such practices in the ways corporeal knowledges are enacted. These treatments work on 'both the body and the mind', and as such call to attention at times contradictory knowledges of the body, as at once fragmented and holistic, for instance through the use of touch and needles in the same treatment. This also highlights tensions in terms of learned skills and the enactment of skill in a workplace context, highlighting the disjuncture between what can be learnt from the textbook, and the tacit, or experiential knowledges developed over time.

### ***Regulation and Professionalisation***

Following discussion of the medicalised and emotional skills which practitioners drew attention to during interviews, a logical progression is to consider the regulation and professionalisation of the anti-ageing industry. With a lack of clarity about the training requirements, delivery mechanisms and spaces in which anti-ageing treatments can be carried out, concerns have been raised with regards to the way the industry is regulated, as discussed in Chapter One (BBC, 2012, 2013, 2014; Campbell, 2012; Mercer, 2010). This concern over regulation, in conjunction with broader concerns with the cosmetic surgery instigated the nationwide '*Review of the Regulation of Cosmetic Interventions*' in August 2012, chaired by NHS Medical Director Professor Sir Bruce Keogh, with the final report published earlier this year (Benedictus, 2013; Boseley, 2013; DoH, 2013). The report highlighted the normalisation of cosmetic intervention and identified three key areas in which change was required; '*high quality care*', '*an informed and empowered public*', '*accessible resolution and redress*' (DoH, 2013).

All of the practitioners were aware of the review taking place during the time I was conducting data collection for this research, it was interesting to be performing research in an area which was under regulatory review and this has a range of methodological considerations which I addressed in Chapter Three. A response many practitioner interviewees made to discussions of the review was that they supported tighter regulation of the industry, for instance:

*'There is less regulation around fillers and personally I would like to see that change, I think a lot can go wrong with dermal fillers and some people do use them who aren't a doctor, dentist or a nurse, and they don't know the anatomy of the face, it's very easy to hit a vessel, and those clinicians, or whatever you want to call them, haven't got adequate insurance, and they probably haven't because they can't get insurance for it because they've got no real qualifications behind them. So if something goes wrong, that patient's going to be in trouble really. A lot of people have brought things over the internet, but you don't know the quality, particularly if it has coming from abroad because the rules can be different in different countries.'*

(Practitioner Interview Twelve: Kaitlin, Aesthetic Nurse, Renew)

Practitioner concerns regarding regulation included attention to the training and qualifications required to perform aesthetic treatments such as injectables, laser therapy and IPL. They also discussed a need for more stringent regulations around the manufacturing of products and technologies, and in relation to the processes of prescribing such products, including mitigating against the opportunity for remote prescription (GMC, 2012). Current approaches to prescription, particularly for injectables, are complex and can be performed in a number of ways. Several practitioners felt that the process should be made clearer and be more closely monitored. It was evident from practitioner responses that the practice of prescription occupied a number of contradictory legal, ethical and medical frameworks of understanding. Practitioners placed emphasis on the value of medical knowledge with



regards to the consent procedure, treatment contraindications, taking a medical history and advising on/performing appropriate aftercare:

*'The regulation is there but people always find a way around it, and I would like to see dermal fillers as a prescription item, because I think that it would be regulated better. It worries me that beauticians and hairdressers are getting into it, they don't have the training or the right knowledge. The thing is if you occlude a vessel when you inject, there is a risk of that vessel dying, of necrosis. If they can't recognise the signs and symptoms then what are they going to do? When everything has gone well its fantastic, but you have got to know what to do when something happens that is untoward, and it can happen to the best of people, and it worries me to be honest'*

(Practitioner Interview Four: Hazel, Ex-GP and Advanced Aesthetic Practitioner, Radiate)

*Well it is seen as a beauty practice and I think that has got to change because potentially these things can cause quite significant...well certainly Botulinum Toxin is, as its name implies, a potentially toxic substance, and if you get it in the wrong place, and that can happen to anybody, you do enough injections you will have problems. I have had a couple of patients with droopy eyelids as a result of the Botox® creeping down into the Laviator muscle which is an eyelid muscle, it is generally recognised. But an awful lot of the practitioners wont explain that to their patients and the potential for it happening is probably less than 1%, but when it does happen its irreversible for three to four months, and unless the patient has realised that beforehand, well you could end up with double vision because of the effect on the muscles. Now, I operate in these areas regularly and I know the anatomy like the back of my hand, but it can still happen to me, and for somebody who has no real in-depth, I mean they may have a superficial knowledge of the anatomy, but it's scary! I think there should be much greater regulation and much greater concentration on who should be doing this.'*

(Practitioner Interview Fifteen: Nigel, NHS Reconstructive Surgeon and Private Cosmetic Surgeon and Advanced Aesthetic Practitioner, South West Hospital)

These discussions also indicated a desire for a greater level of professionalisation across the aesthetic industry. As Davies et al state, 'professionalisation is an ambivalent process, yet is one that is difficult to ignore as demands for more effective regulation, public protection and consumer accountability increase' (2004: 294). Here there was a sense that the materiality, and potentiality, of anti-ageing technologies demanded a

greater level of expertise and knowledge than the current classification suggested, thus practitioners reinforced the desire for further medicalisation of the procedures and their professional practice. Discussion also reflected a demand for greater stringency with regards to ethical and moral procedures and decision-making, with many practitioners, despite leaving the NHS to work privately, situating themselves as outside the *'market-driven world of aesthetics'* to quote one practitioner, which they associated with a professional identity. Such notions of professionalisation reflects Foucauldian conceptions of 'the art of self-government', particularly with regards to codes of conduct and ethics (2008). This also resonates with the work of Clarke et al. (2004) in their examination of the regulation and professionalisation of complementary and alternative medicine in the UK.



Figure 20: 'This is not a Beautician...This is a Skin Therapist' (Beauty Guild, 2013)

In addition to greater regulation around the training and professional capacity of practitioners to administer treatments, the reclassification of particular anti-ageing technologies was advocated, specifically injectables, lasers and chemical peels. Many practitioner respondents argued that these are '*medical procedures*' and therefore should be treated as such, by both practitioners and consumers. Fears around the 'trivialisation' or casual nature in which some treatments are administered, for instance Botox® parties, non-surgical procedures as competition prizes, buy one get one free offers and personal finance strategies to fund treatments have been highlighted as problematic, both by respondents and identified by a broad range of agents and organisations involved in the governance of such procedures (APPG 2012; BAAPS, 2013; DoH, 2013). This section has highlighted the situated and contextual nature of knowledges of ageing in terms of regulation and professionalisation, prompting consideration of the complex nature of politics and power enacted through the anti-ageing industry. Professionalised medical identities connote expert corporeal knowledges and mobilise emotional associations of trust and authority, which raise critical questions about empowerment and agency with regards to consumers. Furthermore, the legal frameworks<sup>16</sup> in which the aesthetically modified body are situated prompt consideration of the multiple, contested governmental spaces in which the body is represented and mediated.

### ***Educating Patients/Clients***

One of the interesting, more subtle, themes I picked up on through the data collection process, particularly through the ethnographic research I carried out, was the role of

---

<sup>16</sup> This includes the recent emergence of legal firms dedicated to fighting cases of undesirable and unsafe outcomes from cosmetic procedures, as well as medical negligence branches of law firms which have become heavily involved in the regulation of governmental frameworks of cosmetic intervention.

practitioners in seeking to 'educate' their patients, not only with regards to anti-ageing practices, but also more generally about health. This was closely linked to aesthetic outcomes, with practitioners arguing that the healthy body was more aesthetically pleasing and would have a more youthful appearance. Education was framed as important in ensuring clients were well-informed about a procedure, including the treatment process, risks and aftercare. As I addressed earlier in the chapter, some patients actively research treatments beforehand over an extended period of time and are extremely well-informed, whilst others, usually those who do not frame the procedure in medicalised terms, tend not to be as aware:

*'...you have also got to get their learning, get their knowledge up, because some people will come in thinking Botox® is a dermal filler, and vice versa for instance, and it's not! So if I ever get people like that I know I am not going to do a treatment on the day'*

(Practitioner Interview Twelve: Kaitlin, Aesthetic Nurse, Renew)

In addition to educating clients about the treatments they were to undergo, practitioners also used the consultation as an opportunity to recommend other treatments or products, to 'up sell' and generate more income and interest. Additionally, as I observed during ethnographic research, and as discussed in several practitioner interviews, practitioners tend to use the treatment to educate clients further. This was often discussed in the context of 'aftercare', with practitioners making recommendations about consumers broader practices of self-care, identifying aspects which they could 'improve' in order to be 'healthier' and also look 'healthier'. This included advice about diet, exercise and hydration (for more on this see Chapter Five), with emphasis placed on the individual responsibility of the patient to make 'healthy choices' to ensure they could maintain the effects of a treatment, or prolong it for as long as possible.

The emotional labour associated with the consultation and treatment process discussed earlier in the chapter, and also in Chapter Four, was situated as a vital means for

practitioners to have ‘difficult’ or ‘sensitive’ conversations with regards to health with consumers. The rapport built up between consumer and practitioner was thus framed as enabling such conversation, for instance with regards to ‘bad’ or ‘lazy habits’ which patients might have. This included smoking, which almost all of the practitioners independently raised as an unhealthy habit which was not only dangerous but also cause negative aesthetic effects with regards to ageing:

*‘Sometimes I can tell just from their skin and I know that not smoking will help their skin so much, far more than any of the treatments they can get. I do tell people, especially when they always moan about their skin, like the peri-oral lines around their mouth, and I say the best thing you can do is to quit the fags, and they look at me and say ‘I know, and I say well a) you will save money and that will pay for more treatments, and b) your skin will just look so much better and c) its healthier, that’s the GP in me coming out I suppose. But giving up would be the best thing they could ever do for themselves.’*

(Practitioner Interview Nine: Susan, GP, Advanced Aesthetic Practitioner, Clinical Director of Injectables Training Company, Simply Beautiful)

‘Public Health’ information was also issued informally with regards to mole checking for signs of melanoma, breast checking and promotion of sun protection. The latter was frequently framed by practitioners as an essential part of an anti-ageing beauty regime, and leaflets were provided with information about sun protection in several clinics in conjunction with the British Skin Foundation (Banwell, 2014). Such recommendations were also made alongside provision of information about the dangers of sun bed use, and the promotion of self-tanning products.

This informal nature of education with regards to corporeal knowledges of health and wellbeing reflected the contradictory framings of the body enacted in the treatment space, often at one holistic and fragmentary as I touched on earlier. This also provokes consideration of the conflicting ‘lay’ and ‘expert’ corporeal knowledges in terms of science and medicine, and the ways in which ‘meanings and bodies get made’

(Haraway, 1991: 187) in relation to anti-ageing practices. Such discussion has highlighted the constellations of lay and expert knowledges<sup>17</sup> which are enacted in relation to the ageing body, encompassing medical and scientific discourses, asserting the relevance of 'public' understandings of the ageing body. This includes the ways in which anti-ageing practices are performed in terms of legitimacy and authenticity through alignment with health and medicine, and their association with scientific innovation and genetic research (for instance the proposed use of stem cells in anti-ageing techniques); constellations of knowledge emerge through the spatialities of research institutions, laboratories, clinical trials and manufacturing plants (Greenhough, 2007, 2012). This is also reflected in advertising, with the invocation of 'objective' and authoritative notions of science, for instance the tag-line *'I trust science not miracles'* in a recent skincare advertisement (L'Oreal, 2013), and the medicalised professional identities of aesthetic practitioners connoting a *'safe pair of hands'*, to quote from one consumer interview.

The emotional consequences of this are a greater sense of authority and trust in practitioners, and conflicting notions of empowerment, agency and constraint with regards to individuals' abilities to modify and reshape their bodies, within particular socio-cultural parameters of gendered acceptability. This also raises questions about the conflicting and contested knowledges of the ways individuals understand their own bodies, skin and their anti-ageing desires, in tension with 'professional' recommendations about treatments, aftercare and products. Furthermore, this intersection of health and wellbeing, concern for the aesthetic and psychological, the body and emotion raises tensions between desire for function and youthful results, and

---

<sup>17</sup> I am aware of the problematic assumptions the use of terms such as 'lay' and 'expert' knowledges engenders. This has been explored for instance by Durant, 2008; Irwin and Michael, 2003; Irwin, 2001 and also within feminist perspectives of science and technology (See Haraway, 1991; Keller and Longino, 1996; Wajcman, 2010, 2004, 1991) I intend to explore this further with regards to feminist perspectives, cosmetic technologies, health and the body in future research.

the more therapeutic landscape and emotional practices enacted in such spaces. As discussed in Chapter Four, this is evidenced in the equipment, decor, practices and professional identities enacted in such spaces, but this is worth exploring in more depth, extending this interpretation to consider the complex corporeal knowledge enacted through such practices.

To conclude this section it is pertinent to consider what it means spatially that aesthetic clinics are enacting multiple conflicting practices, which simultaneously value an aestheticised ideal of corporeality, and as well as a 'healthy' emotional state, well-balanced, rational, well-informed consumer. The frameworks of knowledge which are enacted in such spatialities encompass medicalised notions of physically and psychologically healthy bodies and scientific and technologised notions of the body as a site which can be fixed, reordered and resistant to temporality.

## ***Summary***

This chapter has examined the complex corporeal knowledges produced and enacted through anti-ageing practices. I have brought together understandings of emotion and embodiment with technological framings of the ageing process to consider the ways these multiple meanings are negotiated, and the consequences of such negotiations. This has prompted some interesting observations of the ways in which 'knowledge emerges as hybrid, embodied and historically and spatially contingent' (Davies et al., 2004: 293) for instance through embodied skills and inhabiting the virtual spaces of online health information.

I have also questioned the production of knowledges of ageing corporealities, examining the gendering of such knowledge. This has included the individualised, gendered

responsibilities of the healthy consumer, and the professional identities of practitioners, where skills such as emotional labour and care are feminised. Such gendering of knowledge also further reinforces framings of women as '*more*' emotional than men, and thus legitimises the controlling tendencies of anti-ageing technologies to discipline their 'unruly' bodies. This attention to gender is also informed by the intimate corporeal nature of the management and modification of the body, and the emotional and technological imbrications in such constituting hybrid knowledge of health and the body (Hall, 2004). I have also considered the regulation of the anti-ageing industry, and the frameworks of governmentality in which such practices are situated. This has prompted considerations of the multiple, conflicting and contested lay and expert knowledges which are emergent in the area of aesthetic corporeal modification, and the regulatory frameworks which they constitute.

In a broader context, what do the ways in which practitioners and consumers manage and negotiate the complexities of anti-ageing treatments and knowledges of the ageing body say more generally about geographies of the body, gender and identity, and the collective and intersubjectivite relations which are implicated in the production of corporeal knowledges? This chapter speaks more broadly to social and cultural geographies of gender, health and the body, provoking consideration of the ways in which health knowledges function as a form of power, and issues of agency and empowerment, conflict and contestation. I now turn to a more conceptual examination of the key themes of this thesis in the concluding chapter.



# Chapter Seven:

## Conclusions

---

### *Introducing the Chapter*

Through this thesis I have addressed the embodied and emotional dimensions of women's experiences of managing the ageing process through anti-ageing body-work, examining women's perceptions and experiences of technologies of cosmetic intervention in pursuit of a more youthful appearance. Through an embodied qualitative research strategy I have explored the spaces, practices, and knowledges of consumers and practitioners involved in anti-ageing body-work in various ways. The empirical area of cosmetic intervention is presented within existing literature as a fairly cohesive one. However, what has emerged from my research is the recognition that it involves a plethora of issues, tensions, and contradictions. As such I have addressed a range of foci throughout the thesis, with the fieldwork, analysis and writing processes proving to be generative in developing some distinct, but interrelated, areas of human geography.

The main contribution of this thesis is to feminist geographies of the body, revealing the complexities of women's engagement with cosmetic intervention in relation to issues of agency, choice and empowerment. I explore this contribution in more depth through an evaluation of the more specific insights the thesis has offered in the following section. Through this attention I disentangle the major contributions of the thesis by responding

to each of the research aims in turn, as well as identifying the broader conceptual contributions that the thesis makes.

In this final chapter I summarise the thesis findings in relation to the research aims, before focussing on three conceptual themes which have been central to the thesis as a whole: 'spatialising anti-ageing practices', 'corporeal temporalities', and 'regulation and control'. Discussion of these conceptual themes is followed by attention to the methodological limitations of this thesis, and recommendations for future research.

### ***Summary of Chapters***

The central focus of the thesis was an in-depth examination of women's embodied and emotional experiences of ageing, in the context of spaces, practices, and knowledges of anti-ageing body-work. In Chapter One I introduced the research context and research aims, situating the thesis within contemporary cultures of body modification and management. In Chapter Two I reviewed existing geographical and broader social science literatures relevant to the research, situating the aims within three core geographical areas; gender and identity, health and wellbeing, and emotion and embodiment. I concentrated on the tensions and connections between these areas, and the ways that they productively coalesce in consideration of socio-cultural norms and pressures around ageing, and the ways these norms are enacted through anti-ageing body-work. This chapter highlighted the lack of geographical attention to corporeal management and modification strategies in relation to aging, and the need to draw together feminist geographies of embodiment and emotion with contemporary perspectives on health and wellbeing. I emphasised that existing attention to these issues is sparse in the context of ageing, thus this thesis makes an important contribution to an under-researched area given the popularity, predicted growth, and

highly gendered nature of anti-ageing body-work. I also focussed on the spaces through which these practices are carried out, and emphasised that despite their ubiquity there has been almost no geographical attention to the practices and identities through which they are enacted (with the exception of Straughan 2010, 2012).

In Chapter Three I focused on the practices and significance of embodied methodologies, having argued that existing attention to cosmetic modification of the body has been surprisingly *disembodied*. I focussed in particular on the work of feminist geographers who have highlighted the importance of the body as a 'tool' in research (Longhurst et.al., 2008) and the significance of the emotional dimensions of the research encounter. Drawing on my experiences of researching women's experiences of, and attitudes to, anti-ageing practices I discussed some key research moments which brought my body, and the bodies of my research participants, into particularly sharp focus. I used these discussions to inform ongoing interest in the embodied and emotional dimensions of feminist geographical research.

In Chapter Four I turned my attention to discussion of the empirical findings of the research. I examined women's narratives of the ageing process, and explored embodied and emotional experiences of engagement in anti-ageing body-work. I considered the ways that women identify and biographically narrate corporeal changes with regards to ageing, emphasising the significance of the appearance, or *visibility*, of ageing with regards to understandings and experiences of body image, identity, and the self. In this chapter I emphasised the ways that women's narratives of ageing are entwined with experiences and life-course changes or events, such as pregnancy and motherhood, illness, and the breakdown of relationships, as well as contexts such as the workplace. With this in mind, I articulated the emotional dimensions of the changing body, both in terms of perceptions of the visible materialisation of experience with age, and the

emotional responses women have in relation to their changing appearance and body image. I included attention to perceptions of 'loss' and 'decline' in relation to the latter, drawing connections between appearance and identity to highlight the ways that some of the research participations perceived the visible of signs of ageing as 'erosion' of identity, with particular emphasis on the face. I concluded that for many of the research participants, ageing was perceived as a 'materialisation', or 'visible accumulation', of emotional experience.

In Chapter Five I focussed on technologies of anti-ageing body-work, providing an in-depth account of their practice and consumption, with particular attention to non-surgical techniques, and the ways that they are used to frame the body and the ageing process. I also considered the ways that these practices are understood by consumers and practitioners, addressing tensions between medical and therapeutic rationales and knowledges through technologies and techniques of the treatment of ageing. I analysed the ways that practitioners seek to harness, stimulate, and synthesise physiological processes through technologies of cosmetic intervention, and the inherent tensions in these de-and sometimes re-naturalisations of ageing. Through this analysis I also highlighted the complex ways that discourses of 'nature' and 'science' are invoked through treatment of the signs of ageing. I concluded this chapter by stating that the spaces, practices, and knowledges enacted through anti-ageing body-work involve contradictions around medical and cosmetic motivations; attention to the 'inside' and 'outside' of the body, the public and private, and the natural and synthetic.

In Chapter Six I developed an analysis of the corporeal knowledges and expertise produced and enacted in the practice and consumption of anti-ageing body-work. I considered the construction of embodied knowledges of ageing, analysing entanglements of the 'signs' and 'symptoms' of the materialisation of ageing with

perceptions of self-esteem, body image and identity. I also addressed strategies of consumer decision-making and negotiations of risk, responsibility, and care in the selection of 'safe' treatments and 'competent' practitioners. Such attention highlighted the necessity for more cohesive regulation of the industry, particularly with reference to the use of non-surgical technologies and the training of practitioners. I extended this perspective by considering the spaces of professionalisation associated with 'care' and 'skill' with regards to anti-ageing, focussing on practices of teaching and learning emotional labour and body-work. I concluded this chapter by highlighting the multiple meanings, identities, and corporealities negotiated through anti-ageing practices in the aesthetic clinic, articulating the ways that health knowledges function as a form of power, examining the productive tensions between lay and expert knowledges of the ageing body, and highlighting the '*doing*' of anti-ageing practices as a way of '*knowing*' the body.

### ***Revisiting the Research Aims***

In Chapter One I outlined three research aims guiding the thesis. I now return to these aims in order to build on the detail of the previous section in a more conceptual manner. In doing so I draw attention to some of the main points of the thesis in relation to existing literatures in which the research is situated, highlighting the contributions that the thesis makes to wider geographical discussions of gender and identity, health and wellbeing, and emotion and embodiment. Rather than rehearsing the arguments already made in the previous chapters, this section is intended to provide a more holistic discussion of the key research findings in the context of existing literatures, with a view to how these findings might be developed through future research.

**Research Aim One: To contribute to theoretical and empirical understandings of women's management of the ageing process,**

**examining experiences and knowledges of the body in the context of anti-ageing body-work.**

First and foremost, this thesis has provided a detailed account of the practice and consumption of anti-ageing body-work, contributing data on an area which has received very little academic attention. Not only have I offered a critical insight into this area, I have also developed geographical work on the embodied and emotional dimensions of corporeal management and modification, in terms of lived experiences, emotions, and understandings related to the ageing process. The key research findings which emerged in relation to this aim can be approached through the following issues; 'realignment of subjectivity and appearance', 'ageing as materialisation of emotion', 'enhancement and corporeal norms', and 'life-course and anti-ageing'. I discuss each of these in turn in relation to Research Aim One.

***Realignment of Subjectivity and Appearance***

One of the central concerns of Research Aim One was to explore the meanings women attribute to the ageing process; in order to develop understandings about anti-ageing practices, it was necessary to establish *why* women participate in them. Here I attended to the socio-cultural norms and expectations associated with ageing femininity as well as the ways that the ageing process is understood and experienced as tightly entwined with identity, self-esteem, and body image. Thus I identified an interesting connection between the ways that the women who participated in my research perceived not only their changing bodies, but changing subjectivities, through the ageing process; they experienced the ageing process within the context of socio-cultural pressures and norms, which not only reinforce gendered expectations, but also privilege youthfulness as 'beautiful' and 'natural'. As Hurd-Clarke summarises, 'youthfulness is attractive, sexy,

healthy, and normative while agedness is quilted with ugliness, asexuality, loss of health, and deviance.’ (2011: 133). Such attention showed that corporeality and identity are intimately connected, with women often feeling a *growing sense of incoherence* between their appearance and their identity as they age. Thus anti-ageing body-work practices can be theorised as an effort to realign an individual’s subjectivity and appearance.

### ***Ageing as Materialisation of Emotion***

This analysis also revealed a further complex connection between appearance and visible signs of ageing, and the felt and experiential dimensions of the ageing process. Here anti-ageing body-work practices complicate understandings of appearance, body image, identity, and emotion. I argued in Chapter Four that the visible signs of ageing can be theorised as materialisations of emotion, with signs inscribed with particular emotions; for instance frown lines with negativity, anger and stress. Thus the visibility of ageing was not only framed in material terms, but also relationally, as affecting personal and professional interactions, and thus self-esteem; too *look* ‘old and sad’, as one participant put it, was to *feel* ‘old’ and ‘sad’. The inverse of this is that some practitioners, particularly those whose professional training was founded on a more holistic understanding of the body (such as CAM), argued that if clients felt well and positive then this was materialised on their face as a more youthful appearance, thus the emotional wellbeing of a client was crucial to their appearance. With this in mind, anti-ageing practices were pursued through the connection of feminised discourses of confidence, emotional wellbeing, and ‘positive’ body image, with a more youthful appearance. Thus anti-ageing body-work practices not only promise a more youthful

appearance, but also a new 'you', a new outlook and the potential for 'better' or 'more successful' relationships.

### ***Enhancement and Corporeal Norms***

In order to address the first Research Aim I was also interested in the ways that women make decisions about engagement, or 'extent' of engagement, with anti-ageing body-work. Unsurprisingly, the research findings suggested that the field of anti-ageing body-work is incoherent and often contradictory in its framing of the body and the ageing process. At once fragmentary and holistic, de-and re-naturalising ageing, the disciplinary frameworks of anti-ageing problematise some taken for granted assumptions about corporeality. At times anti-ageing practices, including non-surgical treatments, were framed as extensions of beauty-work, or a cheaper, safer, and more 'socially acceptable' alternative to cosmetic surgery. With this in mind, participation in anti-ageing practices was often framed as driven by the desire for a 'fresher', 'rejuvenated', or 'more awake' appearance, terms connoting enhancement which have to some extent become synonymous with the aesthetics of youthfulness. These rationales for treatment were counterposed with narratives of transformation, perceived by many respondents as 'vain' or 'unrealistic'. Here consumers were framing their engagement as an effort to be 'the best version' of themselves, as opposed to seeking dramatic aesthetic change. Furthermore such narratives of engagement were inflected with an identity politics through which individuals legitimised their own practices and contrasted them with practices of 'others' they perceived as grotesque, unnatural, excessive, or incompatible in relation to their corporeal 'tastes'. These normative corporeal expectations were bound up with gendered discourses of morality, responsibility, and control, with anti-ageing practices situated as part of broader corporeal management strategies and consumption behaviours related to the body-project.



### ***Life-course and Anti-Ageing***

Finally in relation to this aim I considered the significance of the life-course. Different temporalities of the body were alluded to through discussion of engagement with anti-ageing technologies. This included regret about past 'irresponsible' practices and behaviours in relation to the appearance of ageing, such as sun-bed use, to projections of future corporeality and the framing of anti-ageing practices as a means of 'future-proofing' the self and the body, not only from an ageing appearance but also as a way of promoting health and wellbeing. In this regard, management and modification of the body was perceived as a way of coping with, and developing resilience to, challenges and difficult situations in the future, and as a necessary response to the materialisation of past emotional experiences. Anti-ageing body-work was thus framed in terms of individual responsibility for appearance and broader health and wellbeing, as well as investment not only in terms of appearance but also self-esteem. There was an interesting and productive temporal dimension to this which I explore in the following section.

#### **Research Aim Two: To explore the spaces and practices through which ageing bodies, gendered identities and subjectivities are reimagined and remade**

To address this aim I focussed in the first part of Chapter Five on the spatialities of anti-ageing body-work, before examining the technologies and techniques enacted in such contexts. The key research findings which emerged in relation to this aim can be considered in terms of: 'cosmetic intervention as technology of the self', 'anti-ageing as therapeutic and medical', 'professionalism and anti-ageing body-work', and 'disciplinary spaces of anti-ageing body-work'. I discuss each of these in turn in relation to Research Aim Two.

### ***Cosmetic Intervention as Technology of the Self***

I found technologies of cosmetic intervention to be crucial in pathologising the ageing process, enacting practices of surveillance in the diagnosis, monitoring, and visualisation of ageing, for instance through the technologies of the face scanner, skin magnifier, and client record card. These technologies were employed not only to alter the appearance of the body- plumping wrinkles, tightening skin, and evening out tone- but were also central to the re-imagination of the self. Throughout the thesis I have shown that appearance work is integral in the negotiation and formation of contemporary self-hood. Through anti-ageing practices respondents felt that they could achieve a closer alignment between how they *felt* and how they *looked*, as well as enacting more youthful identities, demonstrating complex connections between the material and symbolic context of the ageing body. I have also shown these disciplinary practices to be relational, reinforcing normative feminine corporealities not only on the self, but through expectations of, and interactions with, others.

### ***Anti-Ageing as Therapeutic and Medical***

One of the key tensions at the heart of this aspect of the research was the contradictory discourses enacted through practices of anti-ageing body-work. Such body-work illustrates a convergence between restorative, relaxing, pampering purposes of therapeutic treatments such as massage, with the functional, enhancement potential of targeted beauty treatments. Therefore practitioners work not only on the appearance of ageing, but also on the emotional wellbeing, confidence, and body image of their clients. As such, anti-ageing body-work can be theorised as redefining the connections between the body and the self. This therapeutic element appeared to be at odds with the ostensibly aesthetic purposes of anti-ageing, but it came through in the research findings

as a crucial aspect of treatments. Despite treatments involving pain and discomfort, consumers and practitioners often framed anti-ageing treatments as relaxing and as 'taking time out' from the stresses and demands of everyday life. This demonstrates the ways that women are encouraged to pursue improvements to the 'body-project' as practices of leisure and consumption, with anti-ageing practices framed as part of the maintenance of healthy bodies and subjectivities. Similarly, practitioners discussed anti-ageing body-work in terms of attending not only to 'the 'improvement' of appearance and function of client's skin, but also 'working on' their confidence, self-esteem, and emotional wellbeing. Enacted through these motivations were also contradictory framings of the body, as at one holistic, and fragmented as individual parts at various scales to be treated. Contradictory chronologies of the body were also enacted through these practices, with past client behaviour analysed as a means for gauging knowledge of projected ageing appearance, and advising on ways to mitigate against future visible signs of ageing. These contradictory spatio-temporal framings of the body can be theorised as part of 'expansive' notions of health and wellbeing, drawing on Edmonds coining of the term 'aesthetic health' (2010), I develop analysis of this in the next section of the chapter.

### ***Professionalism and Anti-Ageing Body-Work***

The research findings drew attention not only to the consumer, or client/patient, identities co-constituted through anti-ageing body-work, but also demonstrated that the embodied identities of practitioners were crucial in considering the practice of anti-ageing body-work. Practitioners reflected on the pressures to maintain a 'professional' looking body and a youthful appearance in order to perform their jobs with credibility, legitimise treatments, and to convey an embodied authority and experience of the treatments they were providing. Interestingly, in comparison to the practice of cosmetic surgery, anti-

ageing body-work is largely carried out by women, with more invasive treatments, such as face-lifts, carried out by men. Thus not only in the consumption of such practices gendered, but the labour is also. Female practitioners were framed as being more effective aesthetic practitioners, perceived to possess naturalised 'feminine' skills such as being more 'artistic' and more 'sensitive' to emotion.

### ***Disciplinary Spaces of Anti-Ageing Body-Work***

In the second half of Chapter Five I addressed the spaces in which anti-ageing body-work is practiced and consumed. The thesis has examined the space of the aesthetic clinic as a site in which discourses of health and beauty are complexly interwoven, and certain corporealities are deemed to be in, or out, of place. The aesthetic clinic is a site in which the disciplined, 'maintained', ageing body is privileged, youthfulness is valued, and the potential for 'age defiant' corporeality is pursued. Such expectations have been shown to be highly gendered, with anti-ageing body-work in such spaces performed primarily by female practitioners, and consumed primarily by female clients, or 'patients'. Indeed, even the signs of ageing being treated amongst men were distinguished from the reasons women sought treatment. Men were purported to require treatment for sun damage, too much time outdoors or in the sun, or needing to keep a 'fresh face' for work to maintain a 'competitive edge', requiring more Botox® as their faces are 'more resistant' and have 'stronger' facial muscles. These reasons were framed in more practical, instrumental terms whereas women were deemed to require treatment not only on an aesthetic level but also for emotional reasons, such as 'stress' or 'sensitivity' to particular aspects of their ageing appearance.

This thesis has also offered insights into a number of spatialities in which anti-ageing body-work is carried out; the home, the beauty salon, the medi-spa and the aesthetic clinic. I concluded that within these spaces the enactment of an anti-ageing disciplinary

gaze serves to reinforce normative conceptions of youthful feminine embodiment. Here, individualised discourses of responsibility for the self-care, control, and normalisation of the 'unruly' ageing body are enacted through a range of medicalised practices, technologies, and corporal knowledges. Such spaces are of particular relevance in the expansion of geographical perspectives of health and wellbeing, as spaces in which tension between rationales of the cosmetic and the medical, discourses of health and beauty, are performed. Thus such spaces can be considered in hybrid terms invoking medical and cosmetic imperatives, enacted through therapeutic landscapes and discourses of aesthetic health.

**Research Aim Three: To examine the ways that lay and professional knowledges and expertise about women's bodies and anti-ageing body-work practices are produced, experienced and understood.**

The final aim of the research was to address the formations, performances, and experiences of knowledges and expertise regarding the ageing body and anti-ageing body-work. To address this aim I considered the ways that technological and corporeal knowledges are co-produced in relation to anti-ageing. I argued that the treatment space is one of multiple, and sometimes competing, discourses and knowledges of health and beauty. The key research findings which emerged in relation to this aim can be considered in terms of the following themes: 'conflicting knowledges and expertise', 'incoherent professional identities' and 'negotiating feminist perspectives of anti-ageing'. I discuss each of these in turn in relation to Research Aim Three.

### ***Conflicting Knowledges and Expertise***

One of the central ways that I addressed the third, and final, Research Aim was through articulating the conflicting corporeal knowledges and expertise at work through practices of treating ageing. I considered such conflicting knowledges within the context of

growing commodification and medicalisation of anti-ageing and beauty practices, emphasising that norms and pressures regarding anti-ageing are increasingly incorporated into everyday bodily practices. Here I highlighted gendered responsibilities to engage with technologies and treatments associated with bodily- and self-‘improvement’, reflecting Rose’s (2006) theorisation of the ‘customisation’ of the body as part of the contemporary body-project.

One of the key tensions here is the entwining of scientific and medical knowledges of the body with therapeutic, holistic, and aesthetic motivations. Such conflicting knowledges enact not only a disciplinary, fragmentary gaze, but also an ethic of care, an attention and attunement to the emotional wellbeing and physical comfort of the client/patient. Additionally at times there are also conflicting knowledges between the practitioner and consumer, for instance between professional perception of a client’s aesthetic requirements, versus lay perceptions of what treatments are required, and what outcomes can be expected. This tension draws attention not only to the manipulation of corporeal materiality through anti-ageing body-work, but also the emotional labour enacted through negotiations of required treatments, management of expectations, and the emotional wellbeing component of client/patient after-care. This was particularly prominent in discussions of ‘pathological’ negative body image, addictive behaviours or deviant/grotesque aesthetic desires of clients, and practitioner screening of clients and rejection of those perceived as having ‘unsuitable’ or ‘unrealistic’ requirements. These knowledges were held in tension with lay expertise about the body. Clients discussed their experiences, knowledges and expertise of the ageing process in highly personal and emotional ways, contrasting with the medicalised detachment of practitioners- who interestingly reverted to these types of explanations when discussing their own feelings and behaviours regarding ageing, but maintained a ‘medical’ distance when discussing

the body-work they were carrying out on others. Individual understandings, intuitive knowledges and felt geographies of the body were crucial in informing consumer choices about engagement with anti-ageing technologies.

These contradictions raise some interesting tensions about the natural and medicalised, the boundaries of the body and the pleasurable and functional purposes and experiences of anti-ageing body-work. They also blur the boundaries between narratives of self-care and improvement, maintenance and transformation, as well as health and beauty. What is perhaps most significant here is the management of the ageing process as both an intensely private experience, but also the body made public through the scrutiny not only of practitioners but in everyday life.

### ***Incoherent Professional Identities***

Such incoherence within the knowledges and expertise enacted through anti-ageing practices is also demonstrated by the professional identities of practitioners; from beauty therapists, to aesthetic clinicians, aesthetic nurses, and GPs. Both medical and non-medical practitioners were involved in the research, and are embedded in cultures of cosmetic intervention. Some practitioners had extensive medical training, and remained actively employed in a public health context as nurses, GPs and consultants, whilst also offering private cosmetic treatment, as discussed in Chapter Six. This highlighted the complex intersections of public and private care for the body, of medical and therapeutic knowledges of the body, and the spaces, practices and embodied identities through which they are enacted and performed. It also raised some interesting questions about the enactment of scientific and medical expertise, negotiations of risk and responsibility, and the authority of such knowledges in shaping the power relations of the treatment setting.

### ***Negotiating Feminist Perspectives of Anti-Ageing***

In addressing this aim it was also pertinent to consider the troubling of feminist perspectives through examination of anti-ageing cosmetic intervention. In responding to the ageing process through techniques and technologies of cosmetic intervention, women make and understand their choices in various ways, as discussed in Chapter Four. Addressing decision-making and rationales for engagement with these practices drew attention to complex, and often contradictory, framings of agency and power. Some respondents commented on prevailing social and cultural norms of feminised youthfulness as a source of frustration, despite being enrolled in various anti-ageing practices, and sought to 'contradict' or 'subvert' the performativities of idealised femininity, for instance aesthetically and sexually. I also highlighted that these practices are not performed in a political vacuum, and almost all of the participants reflected on the political, bioethical and moral debates associated with anti-ageing technologies such as injectables. Yet respondents also spoke of the sense of empowerment, freedom and control they gained from engaging with such treatments, illustrating experiences of ageing as 'deeply personal, intensely political, and fraught with contradictions' (Hurd-Clarke, 2011: 138). Thus this work contributes to feminist discussions within human geography, but more often the social sciences, of tensions between articulations of body-work as creative, pleasurable, and liberating (See Gimlin, 2007; Negrin, 2002), or as oppressive practices of patriarchy which render women's bodies docile (See Bordo, 2003; Bartky, 1999).

By drawing together multiple theoretical perspectives on ageing, gender and health and wellbeing, the thesis has made a significant contribution to feminist geographies of the body. The thesis has opened up empirical attention to an area which, to date, has largely been neglected from academic attention despite the growth of the industry. In addition to



this, the thesis has made a significant contribution to feminist geographical understandings of agency, power and choice with regards to individual negotiations and decisions regarding engagement with cosmetic intervention. In doing so, I have unsettled the boundary between (dis)/empowerment, questioning what empowering women to 'take control' of their bodies actually *means*. What has been highlighted here is that empowerment is not simply about avoidance, or lack of engagement with these technologies. Rather the thesis has revealed more complexity into issues of choice, empowerment and cosmetic intervention, highlighting complex connections between wellbeing and empowerment, and interrogating what engagement with such practices involves. Future research should be attentive to these more nuanced accounts of women's choices with regards to self-care practices, acknowledging this disruption of binaries of empowerment and control.

### ***Key Conceptual Contributions of the Thesis***

Moving beyond the research aims to synthesise the thesis findings more cohesively, this thesis has developed three broader conceptual geographical contributions. I identify these as 'spaces of corporeal modification and management', 'corporeal temporalities', and 'regulation and control', and will address them in turn.

#### ***Spaces of Corporeal Modification and Management***

Through this thesis I have drawn attention to the multiple and complex spaces and scales through which the ageing body is mediated, modified, and managed. In Chapter Two I established that within human geography, and the social sciences more broadly, attention to cosmetic practices has tended to obscure the spatialities of such body-work, and thus one of the contributions this thesis makes is to examine the contradictory

spaces in which the ageing body is reimagined and remade. In terms of spaces of corporeal modification and management, I have explored processes and practices of surveillance, diagnosis, visualisation and treatment, and the youthful corporeal imaginaries enacted through such spaces. I have highlighted these treatment spaces as sites in which a complex discursive interweaving of health and wellbeing, cosmetic and therapeutic rationales and interventions are performed. Through this attention I have also examined the micro-geographies of these spaces, and the ways that particular feminised models of caring, intuitive, and intimate body-work and emotional labour are enacted in tension with professionalised and distanced modes of medical and scientific practice.

Within these spaces of corporeal management and modification various tensions are enacted. This includes spaces and scales of the body, simultaneously targeting treatments at a cellular level and seeking to treat the 'whole self', enacting both fragmentary and holistic corporeal logics. Similarly private and public corporeal performances and understandings are enacted through these spaces; here ageing is at once an incredibly personal and private, yet also visible and public experience. Clients are assured discretion, confidentiality and protection of 'modesty', yet these treatments also open the body up for comment, scrutiny, and judgement. The negotiation of the public and private in such spaces can also be considered in terms of responsibilities, for client/patient wellbeing, safety and efficacy of treatments, and the regulatory challenges these negotiations pose. This was particularly pertinent in discussions of 'botched' or unsatisfactory treatments, with some practitioners problematising the responsibility of the NHS to treat patients with health problems caused by cosmetic treatments, as well as bioethical discussions about the commercial use of treatments developed in a public

health context, for instance the use of Botox® in the treatment of cerebral palsy, migraines and bladder weakness.

The research has also drawn attention to the spaces and scales of the ageing body which are enacted through anti-ageing cosmetic intervention. Thus this thesis has made some productive insights into the various ways that norms and pressures regarding gendered identities and corporealities are performed through spaces of cosmetic intervention, through regimes of anti-ageing self-care and the management and maintenance of 'healthy', youthful subjectivities. The research findings from this thesis inform geographical understandings of the spatialities through which bodies and identities are disciplined and regulated, and the corporeographies of anti-ageing.

### ***Corporeal Temporalities***

'Decline is a metaphor as hard to contain as dye. Once it has tinged our expectations of the future (sensations, rewards, status, power, voice) with peril, it tends to stain our experiences, our views of others, our explanatory systems, and then our retrospective judgements.'

(Gullette, 2004: 11)

In addition to consideration of the spaces through which ageing bodies and identities are managed, modified, and maintained, it is productive to also consider temporal dimensions. Early on in the thesis I highlighted Hopkins and Pain's (2007) call for a more relational approach to age. Through the thesis I have focussed on the embodied context of ageing with emphasis on the dynamism and flexibility of corporeality. One of the interesting tensions, or themes, which has prevailed throughout this research is that of temporality; the defiance of the 'biological' temporalities of the ageing body, the reframing and realignment of corporeal temporalities through anti-ageing treatments, and the emotional context and consequences of the materialisation of time on the body.

Temporality is, inevitably, of critical importance when considering ageing. What this thesis has developed is an attention to the corporeal temporalities associated with the ageing process, and the technologies, practices and techniques pursued to alter, re-imagine, and remake the embodiment of time; anti-ageing practices are pursued to reverse, slow or halt the *appearance* of time, and its effects on corporeality. Such a focus also highlights the importance of temporalities of the body in relation to experiences and perceptions of the self.

Through practices of anti-ageing contradictory chronologies of the body are enacted. Consumer's past behaviours with regards to skincare, diet, exercise, health and wellbeing are interrogated and analysed as a means of 'explaining' the visible materialisation of ageing, of gauging knowledges of projected ageing appearance, and as a tool for advising on strategies of anti-ageing. There is an important emotional dimension to this, with clients experiencing 'shame' and 'regret' for past care of the self, as well as a future-oriented 'hope' and 'aspiration' about the potential body and self that can be achieved through cosmetic intervention.

One of the ways corporeal temporalities in this context can be considered is in terms of the non-linearity of embodied experience. Rather than the imagined linear progression of 'chronological' or 'biological' time, experiences of ageing and anti-ageing are somewhat messier. In many ways, the encounter of treatment involves complex folding, traces, and realignments of corporeal temporalities which are enacted in the pursuit of 'youthfulness'. In comparison to cosmetic surgical procedures, the outcomes of anti-ageing treatments are predominantly temporary, or a gradual accumulation of more youthful looking skin and features; for instance Botox® wears off, laser tightening needs to be repeated monthly, and biocompatible fillers will eventually be absorbed into the body. The 'excessive' and 'unfolding' (Neilson, 2012) nature of corporeal materiality, and the

inevitability of the ageing process, mean that the process or practice of anti-ageing will always *fail* to completely control the body. A further temporal dimension that can be held in tension with the interim effects of technologies on the materiality of the ageing body, are the long-term emotional effects, surpassing the 'life' of the treatment, to generate more permanent 'improvements' in confidence, body-image and emotional wellbeing.

Another interesting way that corporeal temporalities were invoked throughout the thesis was through women's relational understandings of their corporeality, body image and self through intergenerational, and intersubjective, understandings. They often referred to the ways that their female relatives had aged, that they did/did not want to end up looking their mother, and how this might shape their responses to the ageing process and their ageing appearance. This also included reference to family 'genes' or aesthetic qualities they might have 'inherited' particularly from older female relatives, and aspects of their appearance they might pass down to their children, specifically their daughters, highlighting a convergence of multiple corporeal temporalities in a particularly gendered manner.

In attending to the future-oriented narratives of pre-emptive and preventative practices of anti-ageing in relation not only to the body but also the self, these practices can be considered in terms of geographical attention to 'preparedness' (Anderson, 2010), and theorisations of 'anticipatory biopolitics' (Evans, 2010). Ticieto Clough and Willse (2011: 2) frame the present as 'a preemption of future potentialities' and through anti-ageing practices projections not only of future bodies, but also future *selves*, are enacted through processes of bodily transformation and enhancement. This attention gets at the existential questions at the heart of anti-ageing practices, seeking not only to defy the temporal 'unfolding' of life in terms of decline and mortality, but also to reimagine and remake ageing performativities, identities, and corporealities. Crucially the thesis has

provided an insight into industries that work on the anxieties of ageing, demanding vigilance and intervention and, by extension, the anxieties of finitude and mortality, the vulnerability of human existence. This attention reinforces the need to take a relational approach to age(ing), emphasising the dynamic and flexible nature of corporeality, as well as questioning the material and temporal assumptions of the body and the self.

### ***Regulation and Control***

This thesis has demonstrated the growing normalisation and accessibility of anti-ageing cosmetic intervention. I have shown that these techniques and technologies are not only available in a growing number of spaces, but also that innovative synthesis between the beauty industry and biomedicine means that new practices continue to be developed. With a growing number of technologies available, women's anxieties and fears associated with ageing are heightened, as discussed in Chapter Four, prompting further engagement with such practices. This thesis has also demonstrated the difficulty in defining non-surgical anti-ageing practices. They occupy an unstable, and often incoherent, territory between 'beauty' practices and cosmetic surgical intervention, as well as discursively seeping into other aspects of the body-industry including diet and exercise, make-up, skin-care and fashion.

With the prevalence of discourses of youthfulness firmly embedded in corporeal management and modification strategies it is therefore productive to consider the research findings in terms of regulatory frameworks and practices. As I discussed in Chapter Six, there are significant health and wellbeing consequences of an industry which promotes images of youthfulness that fuel corporeal anxieties, and also offers a solution, or 'cure'. Some of these issues were outlined as fuelling negative body image by the APPG on Body Image Inquiry (2012), specifically in relation to cosmetic surgery,

and also through the Keogh Review (DoH, 2013, 2014) as I discussed in Chapter Six. Arguably non-surgical techniques have tended to be ignored within these agendas, in favour of a focus on the risks of surgical practices, and attention to younger people, particularly adolescent girls, in considerations of body image (See for instance Ashikali et.al. 2014; Swarmi, 2009; Zuckerman and Abraham, 2008). Bringing together attention to two important governmental reviews into different, but related areas, has shown the complex ways that the cosmetic industry and public health concerns regarding negative body image interact, the multiple actors involved, and the challenges of creating effective and cohesive regulatory strategies.

The thesis findings have also demonstrated the importance of attending to body image in women of all ages. In Chapter Two I highlighted that discussion of body image and socio-cultural norms and pressures has tended to be framed as an issue affecting young people (See for instance Evans, 2006a). Here I have demonstrated the ways that body image pressures affect women across the life-course, and that prevailing youthful ideologies may impact women's self-perception in a range of complex ways.

In addition to this, I have also drawn attention to the regulatory frameworks in which technologies of cosmetic intervention are situated. Geographical attention to the regulation and control of biomedicine and technologies of 'life' has tended to examine the spaces, flows, and practices associated with these technologies in a fairly disembodied manner. Dixon's (2014) recent analysis of the geopolitics of circulations of human 'body parts' is an excellent example of this, and despite providing a valuable feminist materialist analysis of the unruliness of flesh she fails to engage with the corporealities or subjectivities enacted through these contexts. Thus, this thesis has provided a unique contribution to geographical approaches to the body, technology, and identity, elucidating an in-depth analysis of anti-ageing technologies in the context of the

embodied emotional experiences of practitioners and consumers. Thus feminist geographical approaches have much to offer attention to biomedical technologies, bringing together these perspectives can extend and enrich understandings of the governance, status, and materiality of life.

This thesis has also raised crucial questions about the professional identities associated with the practice of these technologies. As I discussed in Chapter Six, there was a distinction primarily based on training in this regard; medical professionals who combine NHS work with private practice, or have moved solely into private work argued that their medical experience ensured they were safer and more credible practitioners than those who were non-medically trained, or those who had been on short courses. Interestingly there was also a hierarchy within this, with GPs and consultants stating that they were better qualified to provide non-surgical treatments than nurses. In contrast with this nurses and other non-medically trained aesthetic practitioners argued that they were more competent in managing and supporting client's emotional needs, seeing the 'whole person', to quote one practitioner, and offering a service beyond simply the delivery of a procedure.

Thus this thesis has revealed the complex, and at times contradictory, professional identities associated with anti-ageing body-work. It has developed some productive insights into perspectives on body-work and emotional labour, making a useful contribution to these literatures. I have considered the regulation and control of not only the consumer body but the professional body in the treatment of ageing, encompassing medicalised knowledges of authority, expertise, and corporeal fragmentation, with more holistic and emotionally attentive caring practices. Thus I have shown anti-ageing body-work to take place on the margins of several contradictions: bodily 'interiors' and 'exteriors', proximity and distance, medical and cosmetic logics, the public and private.



This thesis has also raised important questions about bioethics, responsibility, and transparency in the practice of medicalised caring practices in a relatively unregulated market. More conceptually the thesis has contributed to literatures around the biopolitical regulation of the body, examining the ways the ageing body is disciplined in terms of gender and identity politics, within intertwining and often unclear bioethical, legal, and moral frameworks. I have extended Foucauldian analyses of an emergent area of corporeal regulation, demonstrating an innovative context in which gendered expectations of anti-ageing self-care and responsibility are enacted across multiple spatio-temporal contexts.

Furthermore, in terms of the knowledges and expertise associated with these body-work practices, two critical policy contributions can be made. Firstly regarding the regulation of the cosmetic surgery industry more broadly, my research has been timely in its focus on the area of non-surgical techniques and technologies. With the PIP breast implant scare, and subsequent government reviews into the regulation of cosmetic surgery (DoH, 2013) and Body Image Anxiety (APPG on Body Image, 2012), cosmetic procedures have been shown to be lacking in rigorous and consistent regulation. As such I make the following two recommendations regarding the regulation of the non-surgical industry in relation to ageing and body image:

- *More research is required to extend the focus beyond cosmetic surgery to consider the role of ageing in shaping consumer demand for non-surgical procedures, and the body image anxieties associated with ageing throughout the life-course.*
- *Given the growing number, and availability, of technologies, tighter regulation on training, prescription, after-care, and patient screening processes is required.*

## ***Thesis Limitations***

I have touched on some of the limitations of this thesis throughout, particularly in terms of methodology. I now draw these limitations together for consideration in the broader context of the thesis findings, before highlighting avenues for future research in this area.

As I discussed in Chapter Three, there are some limitations to the methodological approach taken to conduct this research. As with all qualitative research, the fieldwork I performed provided a situated, partial insight into women's experiences of the ageing process, and their anti-ageing responses, addressing the dearth of attention to 'embodied fieldwork' identified by Longhurst and Johnston (2014). The in-depth findings produced through this research are useful in illuminating some of the embodied and emotional experiences of women with regards to (anti-)ageing, as well as practitioner accounts of caring for, and treating, the ageing body. Methodologically it is important to consider the participants involved in the research. The 'sample' was relatively homogenous, featuring predominantly white, middle-class, heterosexual women. As discussed in Chapter Three, this sample was never intended to be a universal representation of 'all' women's perspectives, rather the focus here was on individual knowledges and experiences, allowing 'bodies to emerge from talk and experience' (Colls, 2006: 534). It is however important to consider intersectionality in this context, and I have highlighted the ways that consumption of anti-ageing technologies is inflected norms and ideals of class, race, and sexuality in Chapter Five. The fieldwork I conducted was to some extent dictated geographically and financially by the circumstances of my funding, however a more long-term and substantially funded research project could consider a more diverse group of women, perhaps carrying out research in a number of locations. Furthermore, as work by Holliday and Elfving-Hwang (2012) and Edmonds

(2010) demonstrate, there are complex global and national identities, attitudes, and aesthetic health practices to take into account, and I have simply provided a detailed insight into one area. Although I have argued that anti-ageing practices are heavily imbued with feminised discourses of youthfulness, it would also be pertinent to consider the ways that masculinities are enacted through such practices, and the embodied identities associated with such consumption.

Another methodological issue, which I briefly touched on in Chapter Six, is that the practices, spaces, and professional identities I had access to throughout the research were those operating *within* the legal and regulatory frameworks of the non-surgical cosmetic industry. Accessing practitioners operating on the margins of legality would have not only been challenging, but would have prompted some complex moral and ethical questions about their involvement in the research process. The desk-based survey and follow-up emails, as well as the snowballing method I used to initiate contact, meant that accessing unregulated practitioners would have been improbable, and practitioners of this kind would have been unlikely to want to disclose details of their practices. Thus there are complex power relations bound up with the research process and the data produced.

To develop this research, it could also be productive to incorporate a more longitudinal approach to the collection of qualitative data, acknowledging the significance of the life-course in shaping women's experiences of, and responses to, the ageing process in the context of broader corporeal management strategies. Thus it would be pertinent to conduct repeat interviews, with women over a longer period of time, to further understand the changing attitudes and experiences women might have when it comes to managing the ageing process, and their altering opinions and perceptions of anti-ageing treatments. Interestingly, with the increasing availability and normalisation of cosmetic

modification of the body that I discussed in Chapters One and Two (Brooks, 2004; Tait, 2007), perceptions may well change over time as the use of non-surgical techniques becomes more accessible, affordable, and acceptable (BAAPS, 2013). An extended, life-course perspective could also enable a more thorough analysis of anti-ageing practices as part of the broader context of self-care strategies and attitudes towards health and wellbeing.

It is also pertinent to acknowledge my presence in the research, and the ways that this may have limited, and also enabled, aspects of the research process. As a relatively young, white, middle-class heterosexual woman my embodied identity was in some ways closely aligned with the practitioners and consumers involved in the research and enrolled in spaces of corporeal aesthetic modification. This possibly afforded me particular privileges when conducting this research in terms of access to certain spaces and individuals. My presence in these spaces was fairly normalised; although I was generally younger than the clients of many of the businesses I was not perceived as 'out of place' in the treatment spaces, despite feeling so on many occasions. I discussed the importance of attention to positionality and reflexivity in Chapter Three, but it is also worth reinforcing that in embodied approaches the 'researcher' body is, of course, an unavoidable presence. Holliday et.al. (2013:4) reflect on this, highlighting through their own research that the interpretations 'are contingent on our own cultural, social and class positions, that is as middle-class, educated researchers who are (probably!) not going to have cosmetic surgery.' Throughout the research process my perceptions of practices of cosmetic intervention were both challenged and reinforced. As I discussed in Chapter Three, many aspects of my body, and practices of self-care and appearance-work were scrutinised. On the other hand I engaged with the moving and often reflexive accounts of women's participation in these practices, and heard their descriptions of the

ways that these technologies has transformed not only their appearance, but also their self-esteem and body image. This remains one of the core challenges of conducting research of this kind; remaining 'faithful' to participants' truths about their practices, whilst also maintaining a critical interpretation of the political and ethical challenges such practices pose.

Another aspect of the embodied nature of this research which has proven particularly significant is the effect it has had on me. It has undoubtedly shaped my feelings and choices about getting older. This was not something I had considered in detail prior to conducting the research, but having my appearance scrutinised and commented on in so many ways, hearing women's accounts of ageing, as well as receiving unsolicited advice about taking a 'pro-active' approach to resisting the ageing process has undoubtedly altered my perceptions. Tips and recommendations have tacitly found their way into my daily routines. I have, for instance, initiated a more rigorous skincare routine; I apply facial moisturiser using different hand motions than I previously used in to avoid 'dragging' the skin as recommended by a practitioner I interviewed, I have started using an SPF each day, and consciously make the effort to drink more water to keep my skin hydrated. In a corporeal sense I have been changed by this research, and have (un)intentionally enrolled myself in some of the practices and spaces associated with anti-ageing. Hurd-Clarke writes perceptively on this, stating that:

'My own journey into the study of aging, beauty work, body image, and embodiment has been an ambivalent one. Witnessing my loved ones age, attending to the voices, appearances, and experiences of aging women, and watching my own body change has often been a difficult task that has forced me to confront my own mortality, humanity, contradictions, and ideological assumptions.'

(2011: 4)

Similarly, in her autobiographical account of weight-loss, Longhurst (2012) writes in a thought-provoking manner about the inherent contradictions at play in feminist

geographical approaches, highlighting the inescapable embodied nature of research of this kind, and the ethical, political, and emotional challenges it can pose.

### ***Future Research***

In addition to considering the limitations of my research it is also pertinent to address future avenues for research which were beyond the scope of this thesis. I have identified three areas of future research which, building on this attention to anti-ageing technologies and practices, would extend geographical intersections of gender and identity, health and wellbeing, and emotion and embodiment. These are 'anti-ageing, the life-course and the body-project', 'body-work and the commodification of care', and 'technologies of life', and I address them in turn. I have already begun to address some of these areas, examining 'emerging geographies of disciplining the ageing body' in the context of the aesthetic clinic (Morton, forthcoming).

### ***Anti-Ageing, the Life-Course and the Body-Project***

This thesis has drawn attention to practices which, for the participants involved, are perceived as crucial in the maintenance of youthful corporealities and identities. Women who participate in anti-ageing body-work are enrolled in particular consumer spaces related to the body-project. Like them, many others are involved in practices oriented towards prolonging life, promoting more youthful bodies and identities, but through different means. The spectrum of technologies and practices implicated in the body-project opens up some productive questions about the ways that women 'do' gender in relation to maintaining and managing particular bodily processes and appearances. To usefully extend this thesis would be to consider other practices women pursue as strategies of anti-ageing, such as through exercise, meditation, CAM, diet, and fashion. In Chapter Six I highlighted some of the contradictions at play in the ontological framing

of the body both holistically and in fragmentary terms, for instance delivering hypnotherapy and NLP alongside non-surgical techniques. Practices oriented around appearance and improved self-esteem, body image, and sense of wellbeing raise some very interesting questions in this regard. As I also examined in Chapter Six, individual's understandings of these practices are also of importance, with productive tensions between lay and professionalised knowledges of the ageing body.

It would therefore be productive to examine the broader anticipatory biopolitical frameworks in which women's bodies are reimagined and remade. Consideration of other strategies of corporeal management and modification could usefully be considered from a life-course perspective. *What shapes women's choices to commence involvement with particular anti-ageing strategies? What other factors influence these choices? How do these choices change over time? How are they understood as practices of health and wellbeing?* These questions could all be addressed through more long-term research into women's engagement with strategies of anti-ageing as part of an examination of the relationship between ageing, the body-project and the life-course, developing productive geographical insights into the body, gender, and identity.

### ***Body-work and the Commodification of Care***

Another productive direction in which to extend the thesis would be to develop further understandings of body-work and the commodification of care. I have shown that anti-ageing body-work involves a complex array of professionalised embodied identities, skills, and interactions. I have also contributed to literatures about body-work and the commodification of care by highlighting an emergent area in which feminised skills are valued in the context of the coalescence of medicalised and aesthetic knowledges of the body. To develop this future research could examine in further depth the training associated with aesthetic body-work. Here I would consider more thoroughly the

processes of training to perform anti-ageing body-work in a range of settings. Engaging with the practices of *learning* to be 'attuned' or 'attentive' to the emotional and embodied dimensions of the ageing process could offer some productive insights, and would enrich the interpretations I made in Chapter Six of the thesis.

It would also be timely to explore other spaces and practices through which medicalised and aesthetic knowledges of the body are enacted through caring body-work. This could include for instance the operating theatre and the cosmetic surgery hospital- whilst the consumption of cosmetic surgery has received extensive attention, the spaces in which it is performed, and the types of labours associated with such practices, have not received substantial consideration. Extending attention to treatment spaces and also domestic spaces of 'maintenance' of anti-ageing treatments would illuminate other spatialities in which intersections of health and wellbeing and beauty and cosmetic practices, rationales, and discourses are enacted beyond the aesthetic clinic. This would also provide the opportunity to interrogate more critically not only the increasingly medicalised role that practitioners in the body-industry occupy, but also the tensions between professionalised, medicalised knowledges of the body and lay, experiential knowledges.

Further research in this area would also pose some productive questions regarding gender and identity in the context of body-work and commodified care. Feminist geographical approaches to these issues could be usefully extended to consider alternative spatialities and professional identities associated with body-work and care, particularly with regards to emotional labour. Furthermore, extending this area more theoretically could also be productive in thinking through, and articulating in more depth, ideas around individualism and subjectivity in terms of humanity and care.



## ***Technologies of Life***

Finally, extending this research to consider the role of technologies in governing, reshaping, and reimagining life would offer some productive insights for the discipline. Drawing on the work of Greenhough, who asserts the vital role that geographers have ‘in mapping out how intersections between biomedical technologies and health care ‘take place’ in different contexts’ (2011: 165) there is much potential for further exploration of the multiple technologies, practices and spatialities contingent to the mediation of ageing embodiment. Building on the expansive notion of ‘aesthetic health’ I have established in the thesis, it would be timely to examine the role that other technological developments play in redefining our understandings of the status and materiality of life.

This could include attention to the appropriation of novel biomedical interventions from an explicitly ‘medical’ context to use in alternative treatment spaces in relation to ageing, health and beauty; for instance of the use of skin culturing techniques which are beginning to be incorporated into cosmetic treatments, blood extraction, treatment and reinjection techniques (such as the ‘vampire facial’ as mentioned in Chapter Five), and use of cord blood/stem cells (Dixon, 2014) to treat not only the visible signs of ageing but which are also used to ‘improve’ sexual function in the growth of skin, organs and blood (A4M, 2014). Attention to such techniques prompts further consideration of the ways that explicitly ‘medical’ techniques become subsumed into the practices and identities associated with cosmetic body-work, and the bioethical implications of this. Such attention could extend theoretical understandings of synthesis, biocompatibility, and vitality, issues which I addressed in Chapter Five but which certainly warrant further attention. More broadly, it would also be productive to examine technologies which are practiced at the indistinct boundaries of healthcare and aesthetics, such as the

burgeoning market for private gastric-band/-sleeve/-bypass operations to assist weight-loss.

In addition to consideration of the spaces through which anti-ageing technologies are enacted, it would also be productive to explore the spaces and practices through which these technologies are *developed*. Thus it would be pertinent to consider the 'laboratory' and 'clinical trial' as spaces of innovation, product development, and experimentation, and their role in framing and reimagining the body, and the ageing process, in particular ways. There is much to be gained from future research taking into account the multiple identities, corporealities, and spaces implicated in cultures of anti-ageing, exploring the anticipatory frameworks of discipline and care of the ageing body, and the multiple sites of engagements in which both practitioners and consumers idealise youthful corporealities. Here it would also be timely to conduct more substantial research on the instability of regulatory frameworks in place of the moral, bioethical, and legal governance of novel technologies which manipulate, (re)imagine and (re)make life in various ways. As I argued in the previous section, current systems of regulation do not necessarily have the capacity to effectively manage the challenges posed by such technologies.

Future research attending to technologies of life should be oriented to corporeal futures, or 'ageless futures' as I refer to in Chapter Six. Pervasive discourses privileging youthfulness are enacted in multiple, complex ways. It would be productive to consider other contexts, beyond the realms of this thesis, in which such ideologies are enacted, and the status of the body, gender, and identity in such settings, prompting reconsideration of the ways in which the 'boundaries, thresholds and capacities' of corporeality can be theorised (Abrahamsson and Simpson, 2011).

## ***Concluding Remarks***

Through analysis of the corporeographies of anti-ageing cosmetic body-work I have opened up attention to novel spaces, practices, and technologies which to date have not featured prominently in a geographical context. I have interrogated the spatio-temporalities and regulatory frameworks through which ageing bodies are disciplined, and the often complex and contradictory negotiations women make with regards to socio-cultural norms of youthful femininity. This work has highlighted the importance of ongoing feminist geographical attention to the relationship between the body and subjectivity, speaking more broadly to geographies of gender and identity, health and wellbeing, and emotion and embodiment.

By drawing on a wide range of ideas which have not previously been brought together in this way, I have synthesised geographical approaches to the body, technology and gender identity within the context of health and wellbeing. There are multiple critical approaches that are relevant to the practices and technologies of cosmetic intervention, and I have developed coherence around these approaches, highlighting the tensions and overlaps between existing theorisations of corporeal engagement with technology in the context of health and wellbeing. In doing so I have made significant contributions to feminist understandings of the body within the context of health and wellbeing. This work responds to a lack of attention to the differentiated gendered identity experiences associated with therapeutic landscapes and body-work within the context of gendered norms and pressures.

I have demonstrated the increasing capacities for the body to be modified, manipulated, remade, and reimagined in the context of the aesthetic clinic, and highlighted some of the critical questions that anti-ageing body-work raises with regards to corporeal futures.

I have held in tension individual practices, experiences and knowledges of the body with socio-cultural constructions of feminine corporeal ideals, and emphasised the importance of recognition of agency and choice as well as the constraints of the contemporary body-industry. Future research will be vital in building on this work and developing more nuanced understandings of the spaces and practices through which idealised youthful feminine corporealities are managed, maintained, and modified. I have argued that geographical approaches to ageing in this context require further attention, and intend to pursue these avenues.

## ***Appendix One: Table of Treatments***

---

Non-Surgical Procedure	Description	Average Cost (in research area)	Total number of procedures performed in the UK (2011)
<b>Injectables</b>			
<b>Autologous Fat Transfer</b>	A process which uses the patient's own fat to fill out facial grooves and wrinkles, such as in the lines running between the nose and the corners of the mouth, and loss of fullness, for instance in the cheekbones. Also a common method used in lip enhancement. Fat is 'harvested' from patient's abdomen/inner thigh using a cannula, processed through centrifuging, filtering, or rinsing, and the resultant pure liquid fatty tissue is injected into the face. The treatment takes around two hours, and is carried out using local anesthetic. Potential side-effects include bruising, swelling and tenderness. Risks include asymmetry, irregularities and infection. Recovery takes 3-7 days and results are permanent.	<b>£2000-4000</b>  depending on amount of fat to be extracted	<b>7,079</b>
<b>Botulinum Toxin Type A</b>	Botulinum toxin A is the most potent toxin produced by the bacteria Clostridium botulinum. It is commonly provided through the brand Botox®. It is injected into the facial muscles, particularly the forehead and around the eyes. The treatment prevents the contraction of facial muscles, creating temporary paralysis, thus reducing facial wrinkles. The treatment is carried out without local anaesthetic. Potential side-effects include bruising, bleeding and headache. Risks include asymmetry, brow-drop and eye-lid dropping. The treatment takes around one hour, results take between 24 hours and 2 weeks to develop, and generally last for around 3-4 months before fading. It also has a number of medical applications including treatment for excessive sweating, overactive bladder, migraine and cerebral palsy.	<b>£175 - £300</b>  per treatment area	<b>45,464</b>
<b>Calcium Hydroxylapatite</b>	Calcium Hydroxylapatite is a synthetic facial filler containing calcium and phosphate ions which occur naturally in the human body. It is most commonly marketed as Radiesse™, and injected into lines and wrinkles on the face to 'plump' out the skin, particularly in the lines between the nose and the corner of the mouth, or to fill scarring (caused for instance by acne). The treatment takes around one hour, and can also be used to treat the signs of ageing on other parts of the body. This filler provides longer term results than Hyaluronic acid-based fillers (see below), as fibrous encapsulation takes place and the filler is gradually replaced by the body's own tissue after around 18 months. Side-effects include swelling, pain and tenderness. Lumpiness can also occur at the injection site due to incorrect placement. In severe cases granuloma can form.	<b>£150 - £450</b>  depending on how much filler is used	<b>1,238</b>
<b>Hyaluronic Acid</b>	Hyaluronic acid is a biocompatible facial filler, and is naturally occurring in the body. Most frequently marketed as Juvéderm® or Restylane®, it is injected into facial lines, wrinkles and areas with volume loss such as the cheeks and lips. Treatment can also be used to reduce appearance of sagging skin on other parts of the body including the hands, knees, etc. The treatment takes around one hour, and provides results for around 6-9 months, although deeper cheek filler can last for up to 18 months, depending on the amount of muscle movement in the area. Side-effects can include swelling, pain, itchiness, and tenderness. In severe cases granuloma can form. It is also used in a medical context in the treatment of joint disorders, such as arthritis.	<b>£275- £350</b>  depending on how much filler is used	<b>36,891</b>

## Facial Rejuvenation

<b>Chemical Peel</b>	<p>Chemical peels are used as a resurfacing treatment, involving the application of a chemical solution to the skin's surface in order to remove the outer layers of the skin. Treatments are classified in terms of the depth of the effects; superficial, medium and deep. The type of acid used and treatment duration determine the amount of skin removed. Acids used include alpha hydroxyl acids, such as naturally occurring lactic acid, beta hydroxyl acid which can penetrate the skin more deeply, and trichloroacetic acid which is used for a more superficial peel. Chemical peel treatments are predominantly used on the face and the backs of the hands to improve the appearance of fine lines and wrinkles, hyperpigmentation, scars or acne. The treatment lasts up to an hour, and recovery can take a few days up to several weeks depending on the depth of the peel. Side-effects include itching, and redness and risks include scarring, infection and hyperpigmentation. Chemical peels can be used as a course of treatments over a period of several months.</p>	<p><b>£65-£150</b> for light peels, deep peels can cost up to <b>£2000</b> depending on acid type used</p>	<p><b>4,883</b></p>
<b>Dermabrasion</b>	<p>A form of skin resurfacing which uses a scraping/abrasive action to remove the upper layers of skin. Treatments are performed using a rough brush or an electronic hand-held tool. The treatment targets facial wrinkles and hyperpigmentation and can also be used to treat scarring from acne. This treatment is rapidly being superseded by laser treatments, and as such is declining in popularity. The treatment is performed under local anesthetic, taking around an hour. The side-effects often include a lot of bleeding, as well as pain, swelling, redness and occasionally infection. The healing process takes around 9-10 days, however redness can take up to 3 months to fade.</p>	<p><b>£1000</b></p>	<p><b>779</b></p>
<b>IPL Laser Treatment</b>	<p>Intense Pulsed Light (IPL) is a form of light energy used to rejuvenate the skin. This technique is non-ablative, meaning that no skin is removed during the procedure. It is used to treat the appearance of lines and wrinkles, scarring and broken capillaries, and stimulates the production of collagen. Treatments take less than an hour. Side-effects include mild stinging, redness, and scaling of the skin, which usually fades within a few weeks. The full effects of the treatment may not be visible for up to 6 months, and a course of treatments is often recommended. IPL is also used for hair removal and tattoo removal.</p>	<p><b>£60-£100</b></p>	<p><b>5,130</b></p>
<b>Laser Skin Resurfacing</b>	<p>Laser skin resurfacing involves the use of a high-energy beam of light directed to certain parts of the facial skin. The laser can be adjusted to treat at various strengths, and to target different types of tissue. The treatment can be used to reduce the appearance of fine lines, hyperpigmentation, sun damage and surface irregularities. Treatments take around half an hour, and recovery can take from a day to a week depending on the type and extent of treatment. Side effects include swelling, a 'sunburnt' appearance, and in very unusual cases infection or scarring or blistering. A course of treatments is often recommended. Lasers can also be used for tattoo removal.</p>	<p><b>£125-£150</b>  for treatment of the whole face</p>	<p><b>2,268</b></p>
<b>Micro-dermabrasion</b>	<p>This is a milder form of dermabrasion. The process involves firing tiny crystals at the skin through a vacuum tube, achieving a 'sandblaster' effect in order to remove the upper layer of skin. This is a deep exfoliation treatment used to treat sun damage, mild scarring and facial lines and wrinkles, it cleanses the skins, improves skin tone and texture and stimulates the production of collagen. Treatments take around an hour, recovery is immediate and mild redness is generally the only side-effect. A course of treatments is usually recommended.</p>	<p><b>£65</b></p>	<p><b>1,314</b></p>

<b>Non-invasive Tightening</b>	Non-invasive tightening uses radio frequency energy to heat up the water in the skin, causing contraction and tightening of the collagen to produce a tightened appearance in the skin. The treatment, most commonly marketed as Thermage™, works effectively to treat loose skin on the face and neck, and can also be used to tighten loose skin on the body, for instance on the thighs, abdomen and underarms. Immediate results are usually visible, and improve over the course of 2-6 months through the healing process triggered via collagen stimulation, the results can last for years depending on the skin type and ageing process. Side-effects include mild swelling and redness which usually resolves within 24 hours, there is a slight risk of small blisters or burns appearing on the skin, particularly where the treatment has taken place over bone.	<b>£1290</b> Depending on area treated	<b>2,745</b>
<b>Other</b>			
<b>Laser-Assisted Lipoplasty</b>	Laser-assisted lipoplasty is liposuction, a surgical procedure, assisted with laser or ultrasound techniques which liquefy the fat prior to removal. A laser probe is inserted into the target area, for instance the thighs, abdomen, below the jaw. A laser probe ruptures or 'melts' the fat cells, which are then suctioned out. The procedure lasts between 1-3 hours, and is performed under local anesthetic. The side-effects are bruising and swelling and the results develop for several weeks after the treatment, in rare cases risks include infection and blood or fat clots.	<b>£2500</b>	<b>770</b>
<b>Laser hair removal</b>	The use of low-energy laser on the skin to permanently remove unwanted facial/body hair. For 1-2 days after a treatment this skin can appear sunburnt, and within a month of the treatment the treated hair will fall out. Side-effects can include swelling, redness and scarring. The treatment is usually carried over 3-5 sessions.	<b>£50</b>	<b>6,422</b>
<b>Sclerotherapy</b>	Sclerotherapy is the process of injecting thread veins, or 'spider veins', with saline solution which causes them to collapse and disappear. The procedure takes around half an hour minutes to perform. Side-effects can include itching, redness and bruising. This treatment is often used as a non-surgical alternative to removal of varicose veins.	<b>£150-£250</b>	<b>1,364</b>
<b>Total Non-Surgical Procedures</b>			<b>116,343</b>

Table 3: Summary of non-surgical treatments available in the UK (BAAPS, 2014b; ISAPS, 2012; Stanek, 2007; The Consulting Room, 2014)



## ***Appendix Two: Participant recruitment email/letter***

---

University of Exeter  
College of Life and Environmental Sciences  
Room 357A  
Amory Building  
Exeter  
EX4 4RJ  
6<sup>th</sup> February 2012

To Whom It May Concern,

### **RE: Participation in Research into Anti-Ageing Treatments**

I am a second year PhD Geography student at the University of Exeter. I am currently carrying out research into people's experiences of ageing and use of anti-ageing treatments. My aim is to investigate the ways in which people feel their appearance has changed with age, and look at the steps they take to counteract such changes. I am particularly interested in the important role of cosmetic clinics in offering these treatments.

I noticed that at the Exeter Clinic you offer a range of non-surgical cosmetic treatments, and this is something I am keen to learn more about. I would be really interested in coming to talk to you at some point in the next few weeks about this in more detail, as well as hearing about your experiences of carrying out anti-ageing treatments. This would only take about an hour, and all information would of course be treated confidentially. My research is being carried out in accordance with the University of Exeter Ethics Committee Protocol.

I really hope this is something you might be interested in participating in, and if you would like to discuss it further, please contact me on 07952 678\*\*\*, or via email [kjpm\\*\\*\\*@exeter.ac.uk](mailto:kjpm***@exeter.ac.uk). I will contact you again shortly by phone, and hopefully arrange a time to come and talk to you.

I look forward to hearing from you,

Kind Regards

Katherine Morton

**Appendix Three: Participant information sheet  
and consent form**



**‘Experiencing Anti-Ageing: The Body and Cosmetic Technologies’**

Hi, my name is Katie and I am a PhD student at the University of Exeter. My research explores people’s experiences of ageing and the choices they make regarding cosmetic technologies such as anti-ageing creams and beauty treatments.

I would be really grateful if you could take a few minutes to fill out the questions below

- Age Group (Please tick):**
- |       |       |       |       |
|-------|-------|-------|-------|
| 20-30 | ..... | 51-60 | ..... |
| 31-40 | ..... | 61-70 | ..... |
| 41-50 | ..... | 70 +  | ..... |

**- I use/have used the following (Please tick all that apply):**

Make-up	<input type="checkbox"/>	Electrical/Laser Therapy	<input type="checkbox"/>
Face Cream	<input type="checkbox"/>	Botox/Fillers	<input type="checkbox"/>
Anti-Ageing Products	<input type="checkbox"/>	Cosmetic Surgery	<input type="checkbox"/>
Facial Treatments	<input type="checkbox"/>	Other:	<input type="checkbox"/>

**- Approximately how much do you spend monthly on the above?**

£.....

**I am currently recruiting participants for informal interviews as part of my research. I would be really grateful for your time if this something you would be interested in being involved with. The interviews will last for about an hour and will be treated confidentially:**

**Name:** .....

**Telephone:** .....

**Email Address:** .....

*For more information please ask, or call me on 07952 678733 or email*

*kjpm\*\*\*@exeter.ac.uk*

## Participant Information Sheet

### *'Experiencing Ageing: The Body and Cosmetic Technologies'*

#### Information for Participants

---

You are invited to take part in a research study to examine people's experiences of ageing and use of cosmetic technologies. I would like to hear about your views and experiences around this subject in a research interview. This research is part of my PhD thesis at the University of Exeter. Before you decide whether or not to take part it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information. If you decide to take part you will be asked to sign a consent form. Any information you provide will be dealt with confidentially, and if you change your mind you can withdraw from the project at any point. Please feel free to contact me if you would like more information.

#### Project Explanation

---

The project explores people's experiences of ageing and how they perceive changes in their body, as well as examining the choices they make with regards to cosmetic technologies. This includes a range of things; from products used as part of a daily beauty regime such as make-up and moisturiser, to spa and salon treatments including facials, Botox and electric therapies. The study is aimed at gaining a greater understanding of *why* people choose to use certain treatments, the *effects* of these treatments upon the body, and the way such treatments impact on how people *feel* about their body. These issues will be considered further within the context of media and advertising, and the impact they have upon people's attitudes towards ageing bodies.

#### What will I be asked to do?

---

Participation will involve attending a one-hour research interview. You will be encouraged to share your views on ageing and cosmetic technologies in a friendly environment, as well as drawing on personal experiences if you wish to.

The discussion will be audio recorded and, following transcription, a written summary of the findings will be available should you wish to verify the content.

#### Ethics and Funding

---

This research project has been approved by the University of Exeter Ethics Committee. I am conducting the research as part of the Human Geography Department at the University of Exeter, and am funded by the Arts and Humanities Research Council (AHRC).

Thank you for taking the time to read this information sheet.

#### To participate or for further information

---

*Please contact:*

Katherine Morton, PhD Researcher, University of Exeter

Email: [kjpm\\*\\*\\*@exeter.ac.uk](mailto:kjpm***@exeter.ac.uk)

Telephone: 07952 678\*\*\*

## Participant Consent Form

### *'Experiencing Ageing: The Body and Cosmetic Technologies'*

#### Contact Details

---

Katherine Morton, PhD Researcher, University of Exeter  
Email: kjpm\*\*\*@exeter.ac.uk  
Telephone: 07952 678\*\*\*

---

*Please Initial*

- I. I have read and understand the information sheet for the above study and have had the opportunity to ask questions.
- II. I understand that my participation is voluntary and that I am free to withdraw from the project at any time.
- III. I agree to participate in the above study

### **Appendix Four: Table of ethnographic visits**

<b>Date</b>	<b>Site</b>	<b>Duration</b>	<b>Purpose</b>
28.10.11	South West Training College	1 hour	Introduction and tour
31.10.11	South West Training College	3 hours	Observation of body treatment workshop
28.11.11	Portcullis House, Westminster	3 hours	APPG Evidence session: <i>Academic, Psychology, Psychiatry</i>
09.12.11	Portcullis House, Westminster	3 hours	APPG Evidence session: <i>Education and Youth Sector</i>
16.01.12	Portcullis House, Westminster	3 hours	APPG Evidence session: <i>Diet and Cosmetic Industry</i>
24.01.12	South West Training College	7 hours	Top to toe day
30.01.12	Portcullis House, Westminster	3 hours	APPG Evidence session: <i>Media and Advertising</i>
01.02.12	South West Training College	7 hours	Top to toe day
07.02.12	South West Training College	4 hours	Observation of teaching
20.02.12	Portcullis House, Westminster	3 hours	APPG Evidence session: <i>Fitness and Fashion</i>
21.02.12	South West Training College	7 hours	Top to toe day
23.02.12	South West Training College	7 hours	Top to toe day
27.02.12	South West Training College	7 hours	Top to toe day
03.03.12	You-nique Clinic	3 hours	Introduction to business and team. Tour of clinic and systems
07.03.12	South West Training College	7 hours	Top to toe day
09.03.12	You-nique Clinic	3 hours	Observation of treatments
12.03.12	You-nique Clinic	4 hours	Observation of treatments
14.03.12	Radiate	2 hours	Introduction and tour
16.03.12	Radiate	4 hours	Observation of Treatments
12.04.12	South West Training College	5 hours	Observation of facial treatment workshop
17.04.12	Radiate	4 hours	Observation of Treatments
20.04.12	Radiate	4 hours	Observation of Treatments
04.05.12	You-nique	7 hours	Observation of treatments
08.05.12	South West Training College	4 hours	Observation of teaching
10.05.12	South West Training College	2 hours	Observation of teaching

17.05.12	South West Training College	7 hours	Top to toe day
18.05.12	You-nique Clinic	2 hours	Observation of treatments
24.05.12	South West Training College	3 hours	Observation of assessment session
25.05.12	You-nique	4 hours	Observation of treatments
28.05.12	Bella	1 hour	Introduction and tour
28.05.12	Bella	4 hours	Observation of treatments
29.05.12	South West Training College	3 hours	Observation of assessment session
30.05.12	South West Training College	4 hours	Observation of facial treatment workshop
11.06.12	South West Training College	4 hours	Observation of spa treatment workshop
12.06.12	South West Training College	2 hours	Observation of assessment session
14.06.12	Bella	4 hours	Observation of treatments
07.08.12	Bella	3 hours	Observation of treatments
03.09.12	South West Training College	7 hours	Top to toe day

### *Appendix Five: Table of practitioner and consumer interviewees*

<b>Practitioner Interview Record</b>								
<b>Interview Number</b>	<b>Pseudonym</b>	<b>Pseudonym</b>	<b>Organisation Type</b>	<b>Interview Date</b>	<b>Occupation</b>	<b>Treatments Provided</b>	<b>Location of Interview</b>	<b>Recruitment Method</b>
1	Chloe	Devon Medical	Cosmetic Treatment Centre	14.03.12	<b>Advanced Skincare and Laser Practitioner</b>	Laser Hair Removal, skin tightening and tattoo removal, and skin rejuvenations treatments. Cosmeceutical retail	Laser Treatment Room	Email/Telephone
2	Ruth	Timeless	Mobile Injectables	16.03.12	<b>Aesthetic Nurse</b>	Injectables	Cafe	Email
3	Helen	You-nique Clinic	Laser and Skincare Clinic	22.03.12	<b>Advanced Skincare and Laser Practitioner</b>	Laser hair removal, skin tightening and tattoo removal, skin rejuvenation treatments, derma-rolling, micro-dermabrasion. Cosmeceutical, mineral make-up and skincare retail	Treatment Room and Office	Letter and Ethnographic Site
4	Hazel	Radiate	MediSpa	03.04.12	<b>Ex-GP and Advanced Aesthetic Practitioner</b>	Botox, Fillers, Laser skin tightening, hair removal, skin rejuvenation, chemical peels, life-coaching, NLP and hypnotherapy. Cosmeceutical and skincare retail	Treatment Room	Email
5	Anna	South West Training College	Beauty Training College	24.05.12	<b>Lecturer in Beauty Therapy</b>	Non-surgical face-lift, electrical facials, facial beauty treatments, skin care retail	Office	Email and Ethnographic Site
6	Tanya	South West Training College	Beauty Training Facility	24.05.12	<b>Lecturer in Beauty Therapy</b>	Non-surgical face-lift, electrical facials, facial beauty treatments, skin care retail	Office	Email and Ethnographic Site
7	Mel	Pure Spa	Boutique Spa	20.06.12	<b>Director/Beauty Therapist</b>	Facial Treatments, beauty treatments, cosmeceutical, makeup and skincare retail	Office	Telephone

8	Charlotte	Zen Skincare Clinic	Skincare and Laser Clinic	14.06.12	Advanced Skincare and Laser Practitioner	Laser skin tightening, hair removal and skin rejuvenation. Skincare retail. Visiting injectables practitioner	Treatment Room	Telephone
9	Susan	Simply Beautiful	Aesthetic Clinic	19.06.12	GP, Advanced Aesthetic Practitioner and Injectables Trainers (Clinical Director)	Injectables	Cafe	Email
10	Jennifer	North Street Salon	Beauty Salon (and Hairdresser)	26.06.12	Beauty Therapist	Facial beauty treatments, skincare retail. Visiting injectables practitioner	Treatment Room	Telephone
11	Kirsty	Bella	Beauty Salon	07.08.12	Beauty Therapist	Facial Beauty treatments, skincare and make up retail	Treatment Room	Telephone
12	Kaitlin	Renew	Aesthetic Clinic	17.08.12	Aesthetic Nurse	Laser hair removal and skin tightening and injectables	Office	Email
13	Kath	Hill Road Clinic	Aesthetic Clinic	10.09.12	Aesthetic Nurse Practitioner	Injectables	Treatment Room	Email/Telephone
14	Peter	Devon Body Clinic	Acupuncture and Natural Health Centre (Holistic Health, Beauty and Wellbeing Therapies)	25.09.12	Acupuncturist/ Cosmetic Acupuncturist	Holistic and cosmetic acupuncture, skin rejuvenation. Cosmeceuticals retail	Treatment Room	Email
15	Nigel	South West Hospital	Cosmetic Surgery and Non-surgical	02.10.12	NHS Reconstructive Surgeon and Private Cosmetic Surgeon and Advanced Aesthetic Practitioner	Cosmetic/reconstructive surgery, Laser Rejuvenation, Injectables	Office	Letter
16	Donna	Cosmetic Coach	Counselling Online and Face to Face	18.04.13	Counsellor	Counselling pre/post cosmetic procedure	Telephone	Email



## Consumer Interview Record

Interview Number	Pseudonym	Interview Date	Interview Location	Age	Occupation	Make-up	Hair Dye	Anti-ageing cream/serum	Cosmeceuticals	Anti-ageing facials	Botox	Injectable Fillers	Chemical Peels	Microdermabrasion	Intense Pulsed Light (IPL)	Laser Treatment
1	Bea	08.05.12	Boston Tea Party	70	Retired Nurse and Part-time actress	•	•	•	•	•	•	•	•	•		•
2	Caroline	02.07.12	Interviewee Home	65	Artist	•	•	•	•	•	•	•		•	•	•
3	Gill	11.06.12	SW College	40	Mature student	•	•	•		•					•	•
4	Mel	11.06.12	SW College	33	Trainee beautician	•	•	•		•						
5	Megan	12.06.12	Telephone	41	Teacher	•	•	•	•	•	•	•				
6	Hannah	12.09.12	Interviewee Home	26	Post-graduate student	•	•	•								
7	Liz	07.09.12	Interviewee Home	61	Foster carer			•								
8	Jan	27.04.13	Café Rouge	55	Human Resources Manager	•	•	•		•						
9	Jenny	04.09.12	Interviewee Home	52	Cleaner	•	•			•						
10	Dee	06.09.12	Interviewee Home	38	Special needs worker	•	•	•		•						
11	Natalie	10.09.12	SW College	20	Trainee hairdresser	•	•	•		•						
12	Joss	04.09.12	SW College	28	Legal secretary	•	•	•	•	•	•		•		•	

13	Helen	24.09.12	Telephone	52	Community centre manager	•	•	•		•				•	•	
14	Jackie	27.09.12	SW College	45	Care assistant	•	•	•	•	•						•
15	Laura	05.04.12	Remedies	32	Trainee beautician	•	•	•	•	•		•		•	•	•
16	Katrina	17.04.12	Remedies	46	Retail assistant	•	•	•	•	•				•	•	
17	Rebecca	05.04.12	SW College	21	Swimming instructor	•		•		•						
18	Carly	28.05.12	SW College	33	Market researcher	•	•	•	•	•			•	•		
19	Angela	29.05.13	Boston Tea Party	27	Hairdresser	•	•	•	•	•	•					

## ***Appendix Six: Practitioner and consumer interview schedules***

---

### ***Practitioner Interview Schedule:***

#### **General/Background Information**

- How and why did you come to be involved in the beauty/cosmetic industry?
- What training have you pursued/undergone in order to work in this profession?
- Could you just tell me a bit more about this company?
  - o How big is it?
  - o How many people work here?
  - o What are the main products that you offer?

#### **Technology**

- What anti-ageing treatments do you offer?
  - o And are these one-offs or are they recommended as a course of treatments?
- How central are anti-ageing treatments to your work? (expressed as a percentage if this is easier)
- What are your most popular treatments?
- How effective are the treatments? What is most/least effective?
- Are there any risks associated with the treatments?

#### **Clients**

- How would you describe your typical client?( Age, gender, profession, race)
- And do you have an ideal type of client? (do certain treatments work especially well in particular cases? e.g. on younger skin?)
- Could you outline the reasons your clients choose to have non-surgical/anti-ageing treatments?
- Do these motivations vary by age/gender/race/profession? If so, how?
- How do you manage client expectation before and after the treatment?
- What kind of responses do you get from clients who have had treatments?
  - o Are they ever disappointed? If so, how do you deal with this?

- And what is the average spend per customer when they come to visit? How much are clients prepared to spend (most expensive treatment?)

### **Conceptions of Ageing and Beauty**

- Could you outline what you define as the signs of ageing which you seek to treat?
- What do you think is the ideal age to begin treatment, for the best effects?
- How do you achieve a natural look with your treatments? How important is this to clients?
- Do you ever recommend a client reduces, or stops any treatments?

### **Change in the Industry**

- What changes have you seen in the industry since you began this career?
  - o How has the technology developed in recent years?
  - o Types of treatments offered
  - o Cost of treatments
  - o Way things are done
  - o Types of clients
  - o Age of clients
- What do you think are the reasons for growing demand for anti-aging/non-surgical treatments?

### **Concluding**

- How do you see do you see the technology/ industry developing in the future?
- Are there any new technologies you are planning to use to treat patients?
- Is there anything I have not covered that you would like to add?
- Do you have any questions for me?
- Email Address/Can send transcript for them to verify/add any further information
- Thanks

## ***Consumer Interview Schedule:***

### **General/Background Information**

- How did you find out about the research?
- Why were you interested in participating?
- Is there anything you would like to ask before we begin?

### **Beauty Regime/Routine**

- How do you care for your hair?
- Do you use hair dye, makeup, skin/body lotions, perfume, tanning/skin bleaching creams?
- How do you care for your nails?
- What about clothing, do you like shopping/fashion?
- Do you diet? If yes, what do you do?
- Do you exercise? If yes, what do you do?
- And do you have a skin care routine? Describe
- And just thinking about the reasons why you do these things?
- What are the most/least important aspects of your beauty routine?
- How much time do you invest in these practices daily?
- How much money do you invest in these practices monthly?
- Do you use a specific range/brand of products?
- Do you pay attention to ingredients, are you interested in natural products?
- How have your beauty practices changed throughout your life?

### **Wider Influences**

- How are your beauty practices influenced by the cost of beauty products and services?
- And what about the availability of products and services?
- Are you influenced by your friends or family with regards to product/practice choices?
- Do you buy things if they are featured in adverts/magazines/celebrity endorsements? Why/why not?
- Do you think the media impacts upon how you present yourself? If so, how?

### **Specific to Anti-ageing Routine**

- What do you define as the signs of ageing?
- How do you feel your body is changing as you age?
- Do you think ageing is something that concerns women more than men?
- What anti-ageing products do you use?
- Have you considered Botox, or fillers? Why/ Why not?
- Have you considered cosmetic surgery? Why/ Why not?
- Can you see a time when you would consider using them?
- Do you think there has been a cultural change about this kind of thing over the years?

### **Concluding**

- Are there any new technologies you are planning to use in the future?
- Is there anything I have not covered that you would like to add?
- Do you have any questions for me?
- Email Address/Can send transcript for them to verify/add any further information
- Thanks

## References

---

- A4M (2014) *Certifications: Sexual Health and Treatment* [Online] Available at: <http://www.a4m.com/sexual-health-and-treatment.html> [Accessed 1 May 2014].
- Abrahamsson, A. and Simpson, P. (2011) 'The limits of the body: boundaries, capacities, thresholds', *Social and Cultural Geography*, 12(4), 331-338.
- Ackerman, S.L. (2010) 'Plastic Paradise: Transforming Bodies and Selves in Costa Rica's Cosmetic Surgery', *Medical Anthropology: Cross-Cultural Studies in Health and Illness*, 29(4), 403-423.
- Ahern, A. et.al. (2011) 'A Qualitative Exploration of Young Women's Attitudes towards the Thin Ideal', *Journal of Health Psychology*, 16(1), 70-79.
- Ahmed, S. (2004) 'Collective Feelings: Or, the Impressions Left by Others', *Theory, Culture and Society*, 21, 25-42.
- Ahmed, S. and Stacey, J. (2001) *Thinking Through the Skin*. London: Routledge.
- Aktouf, A., Auquit-Auckbur, L., Coquerel-Beghin, D., Delpierre, V. and Milliez, P.Y. (2012) 'Breast augmentation by Poly Implant Protheses silicone implants: retrospective study about 99 patients. Rupture analysis and management', *Annales de Chirurgie Plastique et Esthetique*, 57(6), 558-566.
- Anderson, B. (2010) 'Preemption, precaution, preparedness: Anticipatory action and future geographies', *Progress in Human Geography*, 34(6), 777-798.
- Anderson, B. and Harrison, P. (2010) *Taking-Place: Non-Representational Theories and Geography*. Farnham: Ashgate.
- Anderson, T.L., Grunert, C., Katz, A. and Lovascio, S. (2010) 'Aesthetic Capital: A Research Review on Beauty Perks and Penalties', *Sociology Compass*, 4(8), 564-575.
- Andrews, G.J., Adams, J. and Segrott, J. (2009) 'Complementary and Alternative Medicine (CAM): Production, Consumption, Research', in Brown, T., McLafferty, S. and Moon, G. (eds) *A Companion to Health and Medical Geography*. Wiley-Blackwell: Oxford. Pp 587-603.
- Andrews, G.J., Chen, S. and Myers, S. (2014) 'The 'taking place' of health and wellbeing: Towards non-representational theory', *Social Science and Medicine*, 108, 210-222.

- Andrews, G.J., Cutchin, M., McCracken, K., Phillips, D.R. and Wiles, J. (2007) 'Geographical Gerontology: The constitution of a discipline', *Social Science and Medicine*, 65(1), 151-168.
- Andrews, G.J., Kearns, R.A., Kontos, P. and Wilson, V. (2006) 'Their finest hour': older people, oral histories, and the historical geography of social life', *Social and Cultural Geography*, 7(2), 153-177.
- Andrews, G.J., Sudwell, M.I. and Sparkes, A.C. (2005) 'Towards a geography of fitness: an ethnographic case study of the gym in British bodybuilding culture', *Social Science and Medicine*, 60(4), 877-891.
- Antoninetti, M. and Garrett, M. (2012) 'Body capital and the geography of aging', *Area*, 44(3), 364-370.
- APPG on Body Image (2012) *Reflections on Body Image* [Online]. Available at: <http://www.ymca.co.uk/bodyimage/report> [Accessed 20 June 2014].
- Ashikali, E.M., Dittmar, H. and Ayers, S. (2014) 'Adolescent girls' views on cosmetic surgery: A focus group study', *Journal of Health Psychology*, Epub ahead of print 3 March 2014. DOI: 10.1177/1359105314522677.
- ASPS (2013) *Plastic Surgery for Teenagers: Briefing Paper* [Online]. Available at: <http://www.plasticsurgery.org/news/briefing-papers/plastic-surgery-for-teenagers.html> [Accessed 12 January 2014].
- Atkinson, S. (2011) 'Scales of care and responsibility: debating the surgically globalised body', *Social and Cultural Geography*, 12(6), 623-637.
- Atkinson, S., Lawson, V. and Wiles, J. (2011) 'Care of the body: spaces of practice', *Social and Cultural Geography*, 12(6), 563-572.
- Atkinson, S., Fuller, S. and Painter, J. (2012) *Wellbeing and Place*. Farnham: Ashgate.
- Atwood, M. (2009) *Cat's Eye*. London: Bloomsbury.
- BAAPS (2013) *Britons raise a few eyebrows: The UK gives good face as anti-ageing soars, with male brow lifts up 19%* [Online]. Available from: <http://baaps.org.uk/about-us/press-releases/1558-britons-raise-a-few-eyebrows> [Accessed 29 January 2013].
- BAAPS (2014a) *Britain Sucks: Over 50,000 cosmetic surgery procedures in 2013- Liposuction up by 41%* [Online]. Available at: <http://baaps.org.uk/about-us/press-releases/1833-britain-sucks> [Accessed 3 February, 2014].
- BAAPS (2014b) *UK cosmetic surgery statistics 2013: which are the most popular* [Online]. Available at:



- <http://www.theguardian.com/news/datablog/2014/feb/03/uk-plastic-surgery-2013-most-popular> [Accessed 4 February 2013].
- Bain, A.L. and Nash, C.J. (2006) 'Undressing the researcher: feminism, embodiment and sexuality at a queer bathhouse event', *Area*, 38(1), 99-106.
- Bain, A.L. and Nash, C.J. (2006) 'Undressing the researcher: feminism, embodiment and sexuality at a queer bathhouse event', *Area*, 38(1), 99-106.
- Balsamo, A. (1999) *Technologies of the Gendered Body: Reading Cyborg Women*. London: Duke University Press.
- Banet-Weiser, S. and Portwood-Stacer, L. (2006) '“I just want to be me again!” Beauty pageants, reality television and post-feminism', *Feminist Theory*, 7(2), 255-272.
- Banwell, P. (2014) 'Aesthetic nurses can prevent skin cancer rise', *Journal of Aesthetic Nursing*, 3(5), 216.
- BAPRAS (2013) *The Five Cs-A Cosmetic Surgery Checklist* [Online]. Available at: [http://www.bapras.org.uk/baprasvoice/media\\_resources/the\\_five\\_cs\\_\\_\\_a\\_cosmetic\\_surgery\\_checklist](http://www.bapras.org.uk/baprasvoice/media_resources/the_five_cs___a_cosmetic_surgery_checklist) [Accessed 2 February 2014].
- Barnett, C., Cloke, P., Clarke, N. and Malpass, A. (2005) 'Consuming Ethics: Articulating the Subjects and Spaces of Ethical Consumption', *Antipode*, 37(1), 23-45.
- Barratt, P. (2011) 'Vertical worlds: technology, hybridity and the climbing body', *Social and Cultural Geography*, 12(4), 397-412.
- Barratt, P. (2012) '“My magic cam”: a more-than-representational account of the climbing assemblage', *Area*, 44(1), 46-53.
- Bartky, S. L. (1999) 'Unplanned Obsolescence: Some Reflections on Ageing', in Walker, M.U. (ed) *Mother Time: Women, Ageing and Ethics*. Oxford: Rowman and Littlefield. Pp 61-74.
- BBC (2012) *Botox prescriptions over phone or internet should be banned* [Online]. Available at : <http://www.bbc.co.uk/news/uk-england-london-18772674> [Accessed 10 July 2012].
- BBC (2013) *New cosmetic rules 'are appalling'* [Online]. Available at: <http://www.bbc.co.uk/news/health-26151061> [Accessed 10 January 2014].
- BBC (2014) *Breast implants register aimed at cleaning up industry* [Online]. Available at: <http://www.bbc.co.uk/news/health-25462949> [Accessed 15 February 2014].
- Beauty Guild (2013) *Peeling Back the Years* [Online]. Available at: <http://www.beautyguild.com/Guild-Gazette/View.aspx?vcabid=ehSeehjScIgcgcpna> [Accessed 5 January 2014].

- Bell, D. and Valentine, G. (1995) *Mapping Desire: Geographies of Sexualities*. London: Routledge.
- Bell, D., Holliday, R., Jones, M., Probyn, E. and Sanchez-Taylor, J. (2011) 'Bikinis and Bandages: An Itinerary for Cosmetic Surgery Tourism', *Tourist Studies*, 11(2), 139-155.
- Bell, S.E. (1987) 'Changing ideas: The medicalisation of menopause', *Social Science and Medicine*, 24(6), 535-542.
- Benedictus, L. (2013) *Fillers: the cosmetic surgery techniques that have the NHS fretting* [Online] Available at: <http://www.theguardian.com/lifeandstyle/shortcuts/interactive/2013/apr/24/fillers-cosmetic-surgery-techniques-nhs-fretting> [Accessed 30 April 2013].
- Berg, M. and Akrich, M. (2004) 'Introduction-Bodies on Trial: Performances and Politics in Medicine and Biology', *Body and Society*, 10(2-3), 1-12.
- Berry, M.G. and Stanek, J.J. (2012) 'The PIP mammary prosthesis: A product recall study', *Journal of Plastic, Reconstructive and Aesthetic Surgery*, 65(6), 697-704.
- Binstock, R.H. (2004) 'Anti-ageing Medicine and Research: A Realm of Conflict and Profound Social Implications', *Journals of Gerontology Series A- Biological Sciences and Medical Sciences*, 59, 523-33.
- Bissell, D. (2008) 'Comfortable bodies: sedentary affects', *Environment and Planning A*, 40, 1697-1712.
- Bissell, D. (2009) 'Obdurate pains, transient intensities: affect and the chronically pained body', *Environment and Planning A*, 41, 911-928.
- Black, P. (2002) ' "Ordinary People Come Through Here": Locating the Beauty Salon in Women's Lives', *Feminist Review*, 71, 2-17.
- Black, P. (2004) *The Beauty Industry: Gender, Culture, Pleasure*. Routledge: London.
- Blum, V.L. (2003) *Flesh Wounds: The Culture of Cosmetic Surgery*. Berkeley: University of California Press.
- Bondi, L. and Domosh, M. (1992) 'Other figures in other place: on feminism, postmodernism and geography', *Environment and Planning D: Society and Space*, 10, 199-213.
- Bondi, L. (2002) *Subjectivities, knowledges, and feminist geographies: the subjects and ethics of social research*. Oxford: Rowman and Littlefield.
- Boots (2013) *No7: Anti-Ageing* [Online]. Available at: <http://www.boots.com/en/No-7/No7-Anti-ageing/> [Accessed 22 March 2013].

- Bordo, S. (2003) *Unbearable Weight: Feminism, Western Culture, and the Body*. Berkeley: University of California Press.
- Boseley, S. (2012) *PIP breast implant scandal may involve 7,000 more British women* [Online]. Available at: <http://www.theguardian.com/world/2012/mar/15/pip-breast-implant-scandal-7000-more> [Accessed 16 March 2012].
- Boseley, S. (2013) *Cosmetic surgery crackdown in needed, says NHS medical director* [Online]. Available at: <http://www.theguardian.com/lifeandstyle/2013/apr/24/cosmetic-surgery-crackdown-needed-nhs> [Accessed 25 April 2013].
- Bourdieu, P. (1984) *Distinction: A Social Critique of the Judgement of Taste*. Oxon: Routledge.
- Bowes, L. (2013) 'The science of hydroxyl acids: mechanisms of action, types and cosmetic applications', *Journal of Aesthetic Nursing*, 2(2), 77-81.
- Boyer, K. (2010) 'Of care and commodities: breast milk and the new politics of mobile biosubstances', *Progress in Human Geography*, 34(1), 5–20.
- Boyer, K. (2011) '“The way to break the taboo is to do the taboo thing” breastfeeding in public and citizen-activism in the UK', *Health and Place*, 17(2), 430–437.
- Braun, B. and Castree, N. (2001) *Social Nature: Theory, Practice and Politics*. Oxford: Blackwell.
- Braun, V. (2005) 'In Search of (Better) Sexual Pleasure: Female Genital 'Cosmetic' Surgery', *Sexualities*, 8(4), 407-424.
- Braun, V. (2009) ' 'The Women Are Doing It For Themselves': The Rhetoric of Choice and Agency around Female Genital 'Cosmetic Surgery', *Australian Feminist Studies*, 24(60), 233-249.
- Brooks, A. (2004) ' "Under the Knife and Proud of It": An Analysis of the Normalisation of Cosmetic Surgery', *Critical Sociology*, 30(2), 207-239.
- Brooks, A.T. (2010) 'Aesthetic anti-ageing surgery and technology: women's friend or foe?', *Sociology of Health and Illness*, 32(2), 238-257.
- Buckingham, S. and Degen, M. (2012) 'Sensing Our Way: Using Yoga as a Research Method', *The Senses and Society*, 7(3), 329-344.
- Bunton, R., Burrows, R. and Nettleton, S. (2003) *The Sociology of Health Promotion: Critical Analyses of Consumption, Lifestyle and Risk*. London: Routledge.

- Burrows, R., Nettleton, S., Pleace, N., Loader, B. and Muncer, S. (2000) 'Virtual Community Care? Social Policy and the Emergence of Computer Mediated Social Support Information', *Communication and Society*, 3, 95-121.
- Butler, J. (1990) *Gender Trouble*. Oxon: Routledge.
- Butler, J. (1993) *Bodies that Matter*. London: Routledge.
- Calasanti, T. (2005) 'Ageism, Gravity, and Gender: Experiences of Aging Bodies', *Generations*, 29(3), 8-12.
- Calasanti, T. and King, N. (2005) 'Firming the Floppy Penis: Age, Class, and Gender Relations in the Lives of Old Men', *Men and Masculinities*, 8(1), 3-23.
- Campbell, D. (2007) *Beauty Surgery's ugly secret* [Online]. Available at: <http://www.theguardian.com/lifeandstyle/2007/nov/25/healthandwellbeing.health> [Accessed 12 June 2014].
- Campbell, D. (2012) *Cosmetic treatment industry faces tough regulation over "grubby" tactics* [Online] Available at: <http://www.theguardian.com/lifeandstyle/2012/dec/31/cosmetic-industry-regulation> [Accessed 3 January 2013].
- Carter, H. (2008) *Nip, tuck, hard sell: don't let ads seduce you, plastic surgeons warn* [Online]. Available at: <http://www.theguardian.com/society/2008/sep/19/cosmeticsurgery.advertising> [Accessed 12 June 2014].
- Cawrse, N.H. and Pickford, M.A (2011) 'Cutaneous manifestation of silicone dissemination from a PIP implant- a case for prophylactic explanation?', *Journal of Plastic, Reconstructive and Aesthetic Surgery*, 64, 208-209.
- Chapkis, W. (1988) *Beauty Secrets: Women and the Politics of Appearance*. London: The Women's Press.
- Clarke, D.B., Doel, M.A. and Segrott, J. (2004) 'No alternative? The regulation and professionalization of complementary and alternative medicine in the United Kingdom', *Health and Place*, 10, 329-338.
- Clifford, N., French, S. and Valentine, G. (2010) *Key Methods in Geography*. London: Sage.
- Coffey, J. (2013) 'Bodies, body work and gender: Exploring a Deleuzian approach', *Journal of Gender Studies*, 22(1), 3-16.

- Colls, R. (2004) '“Looking alright, feeling alright”: emotions, sizing and the geographies of women's experiences of clothing consumption', *Social and Cultural Geography*, 5(4), 583-596.
- Colls, R. (2006) 'Outsize/Outside: Bodily bignesses and the emotional experiences of British women shopping for clothes', *Gender, Place and Culture: A Journal of Feminist Geography*, 13(5), 529-545.
- Colls, R. (2012) 'Feminism, bodily difference and non-representational geographies', *Transactions of the Institute of British Geographers*, 37(3), 430-445.
- Colls, R. and Evans, B. (2009) 'Critical geographies of fat/bigness/corpulence. Introduction: questioning obesity politics', *Antipode*, 41(5), 1011-1020.
- Colls, R. and Evans, B. (2013) 'Making space for fat bodies? A critical account of 'the obesogenic environment'', *Progress in Human Geography*. DOI: 10.1177/0309132513500373.
- Connell, J. (2006) 'Medical tourism: Sea, sun, sand and...surgery', *Tourism Management*, 27(6), 1093-1100.
- Connell, J. (2013) 'Contemporary medical tourism: Conceptualisation, culture and commodification', *Tourism Management*, 34, 1-13.
- Conradson, D. (2003) 'Spaces of care in the city: the place of a community drop-in centre', *Social and Cultural Geography*, 4(4), 507-525.
- Conradson, D. (2005) 'Landscape, care and the relational self: Therapeutic encounters in rural England', *Health and Place*, 11(4), 337-348.
- Cooper, M. (2012) 'The Pharmacology of Distributed Experiment- User generated Drug Innovation', *Body and Society*, 18, 18-43.
- Covino, D.C. (2004) *Amending the Object Body: Aesthetic Makeovers in Medicine and Culture*. Albany: State University of New York Press.
- Crang, M. (2003) 'Qualitative methods: touchy, feely, look-see?', *Progress in Human Geography*, 27(4), 494-504.
- Crang, M.A. and Cook, I. (2007) *Doing Ethnographies*. London: Sage.
- Crang, P. (1994) 'It's showtime': on the workplace geographies of display in a restaurant in southeast England', *Environment and Planning D: Society and Space*, 12(6), 675-704.
- Crewe, L. (2001) 'The besieged body: geographies of retailing and consumption', *Progress in Human Geography*, 25(4), 629-640.

- Cronin, A. (2000). 'Consumerism and Compulsory Individuality: Women, Will and Potential', in Ahmed, S., Kilby, J., Lury, C., McNeil, M. and Skeggs, B. (eds) *Transformations: Thinking through Feminism*. London: Routledge. Pp 273-287.
- Crooks, V.A. and Chouinard, V. (2006) 'An embodied geography of disablement: Chronically ill women's struggles for enabling places in spaces of health care and daily life', *Health and Place*, 12(3), 345-352.
- Davidson, J. (2000) "...the world was getting smaller': women, agoraphobia and bodily boundaries', *Area*, 32(1), 31-40.
- Davidson, J. and Milligan, C. (2004) 'Embodying emotion sensing space: introducing emotional geographies', *Social and Cultural Geography*, 5(4), 523-532.
- Davidson, J., Bondi, L. and Smith, M. (2007) *Emotional Geographies*. Aldershot: Ashgate.
- Davies, G. (2012) 'Caring for the multiple and the multitude: assembling animal welfare and enabling ethical critique', *Environment and Planning D: Society and Space*, 30(4), 623-638.
- Davies, G., Day, R. and Williamson, S. (2014) 'The geography of health knowledge/s', *Health and Place*, 10, 293-297.
- Davies, L. (2012a) *Breast implant scandal: 3,500 private clinic patients referred to NHS* [Online]. Available at: <http://www.theguardian.com/world/2012/feb/24/breast-implant-scandal-patients-nhs> [Accessed 25 February 2012].
- Davies, L. (2012b) *Health regulator must learn lessons of breast implant scandal, report warns* [Online]. Available at: <http://www.theguardian.com/world/2012/may/14/regulator-lessons-breast-implant-scandal> [Accessed 14 May 2012].
- Davis, K. (1995) *Reshaping the Female Body: The Dilemma of Cosmetic Surgery*. Oxon: Routledge.
- De Beauvoir, S. (1997) *The Second Sex*. Vintage: London.
- Del Casino Jr., V.J. (2007) 'Flaccid theory and the geographies of sexual health in the age of Viagra™', *Health and Place*, 13(4), 904-911.
- Dewsbury, J.D. and Naylor, S. (2002) 'Practising geographical knowledge: fields, bodies and dissemination', *Area*, 34(3), 253-260.
- Dewsbury, J.D., Harrison, P., Rose, M. and Wylie, J. (2002) 'Enacting geographies', *Geoforum*, 33, 437-440.

- Dixon, D.P. (2014) 'The way of the flesh: life, geopolitics and the weight of the future', *Gender, Place and Culture: A Journal of Feminist Geography*, 21(2), 136-151.
- Dixon, D.P. and Straughan, E.R. (2010) 'Geographies of Touch/Touched by Geography', *Geography Compass*, 4, 449-459.
- Dixon, D.P. and Whitehead, M. (2008) 'Technological trajectories: old and new dialogues in geography and technology studies', *Social and Cultural Geography*, 9(6), 601-611.
- Doel, M. and Segrott, J. (2003) 'Self, Health, and Gender: Complementary and alternative medicine in the British mass media', *Gender, Place and Culture: A Journal of Feminist Geography*, 10(2), 131-144.
- Doel, M. and Segrott, J. (2004) 'Materialising complementary and alternative medicine: aromatherapy, chiropractic, and Chinese herbal medicine in the UK', *Geoforum*, 35(6), 727-738.
- DoH (2012) *Review of the Regulation of Cosmetic Interventions: Call for Evidence*. London: The Stationery Office.
- DoH (2013) *Review of the Regulation of Cosmetic Interventions: Final Report*. London: The Stationery Office.
- DoH (2014) *Government Response to the Review of the Regulation of Cosmetic Interventions*. London: The Stationery Office.
- Domosh, M. (1991) 'Toward a feminist historiography of geography', *Transactions of the Institute of British Geographers*, 16, 95-104.
- Domosh, M. (1998) 'Geography and gender: home, again?', *Progress in Human Geography*, 22(2), 276-282.
- Dressler, D. (2012) 'Clinical applications of botulinum toxin', *Current Opinion in Microbiology*, 15(3), 325-336.
- Durant, D. (2008) 'Accounting for expertise: Wynne and the autonomy of the lay public actor', *Public Understanding of Science*, 17, 5-20.
- Dworkin, A. (1974) *Woman hating*. New York: Plume.
- Dyck, I., Kontos, P., Angus, J. and McKeever, P. (2005) 'The home as a site for long-term care: meanings and management of bodies and spaces', *Health and Place*, 11(2), 173-185.
- Dyer, S., McDowell, L., and Batnitzky, A. (2008) 'Emotional labour/body work: The caring labours of migrants in the UK's National Health Service', *Geoforum*, 39(6), 2030-2038.

- Edmonds, A. (2010) *Pretty Modern: Beauty, Sex, and Plastic Surgery in Brazil*. London: Duke University Press.
- Edmonds, A. (2011) ‘“Almost Invisible Scars”: Medical Tourism to Brazil’, *Signs*, 36(2), 297-302.
- Edmonds, A. and van der Geest, S. (2009) ‘Introducing ‘Beauty and Health’’, *Medische Antropologie*, 21(1), 5-19.
- Ekinsmyth, C. (2002) ‘Feminist cultural geography, in Shurmer-Smith, P. (ed) *Doing Cultural Geography*. London: Sage. Pp 53-66.
- Elliot, A. (2008) *Making the Cut: How Cosmetic Surgery is Transforming our Lives*. London: Reaktion Books.
- Emerson, R.M., Fretz, R.I. and Shaw, L.L. (2011) *Writing Ethnographic Fieldnotes*. 2<sup>nd</sup> edn. London: University of Chicago Press.
- English, J., Wilson, K. and Keller-Olaman, S. (2008) ‘Health, healing and recovery: Therapeutic landscapes and the everyday lives of breast cancer survivors’, *Social Science and Medicine*, 67(1), 68-78.
- Evans, B. (2006a) ‘I’d feel ashamed’: Girls’ Bodies and Sports Participation’, *Gender, Place and Culture: A Journal of Feminist Geography*, 13(5), 547-561.
- Evans, B. (2006b) ‘“Gluttony or sloth”: critical geographies of bodies and morality in (anti)obesity policy’, *Area*, 38(3), 259-267.
- Evans, B. (2010) ‘Anticipating fatness: childhood, affect and the pre-emptive ‘war on obesity’’, *Transactions of the Institute of British Geographers*, 35(1), 21-38.
- Evans, B. and Colls, R. (2009) ‘Measuring Fatness, Governing Bodies: The Spatialities of the Body Mass Index (BMI) in Anti-Obesity Politics’, *Antipode*, 41(5), 1051-1083.
- Evans, B., Colls, R. and Horschelmann, K. (2011) ‘Change4life for your kids?: Embodied Collectives and Public Health Pedagogy’, *Sport, Education and Society*, 16(3), 323-341.
- Evian (2013) *Ageing Well is Drinking Well* [Online]. Available at: [http://www.evian.com/en\\_int/26-seniors](http://www.evian.com/en_int/26-seniors) [Accessed 15 February 2013].
- Faircloth, C.A. (2003) *Ageing Bodies: Images & Everyday Experience*. Oxford: Rowman and Littlefield.
- Fannin, M. (2007) ‘The “midwifery question” in Quebec: new problematics of birth, body, self’, *Biosocieties*, 2, 171–191.



- Featherstone, M. and Hepworth, M. (1991) 'The Mask of Ageing and the Postmodern Lifecourse', in Featherstone, M., Hepworth, M. and Turner, B.S. (eds) *The Body: Social Process and Cultural Theory*. Sage: London. Pp 371-389.
- Featherstone, M. and Wernick, A. (1995) *Images of Ageing: Cultural Representations of Later Life*. Routledge: London.
- Featherstone, M., Hepworth, M., Turner, B. (1991) *The Body: Social Process and Cultural Theory*. Sage: London.
- Fleuret, S. and Atkinson, S. (2007) 'Wellbeing, health and geography: A critical review and research agenda', *New Zealand Geographer*, 63(2), 106-118.
- Foley, R., Wheeler, A. and Kearns, R. (2011) 'Selling the colonial spa town: The contested therapeutic landscapes of Lisdoonvarna and Te Aroha', *Irish Geography*, 44(2-3), 151-172.
- Foucault, M. (1988 [1984]) *The Care of the Self*. Trans. Hurley, R. London: Penguin.
- Foucault, M. (2003 [1999]) *Abnormal: Lectures at the Collège de France 1974-75*. Translated by Burchell, G. New York: Picador.
- Foucault, M. (2008 [2004]) *The Birth of Biopolitics: Lectures at the Collège de France 1978-1979*. Translated by Burchell, G. Basingstoke: Palgrave Macmillan.
- Friedan, B. (1993) *The Fountain of Age*. Random House: London.
- Furman, F.K. (1997) *Facing the Mirror: Older Women and Beauty Shop Culture*. London: Routledge.
- Gale, C.R., Dennison, E.M., Cooper, C. and Aihie Sayer, A. (2011) 'Neighbourhood environment and positive mental health in older people: The Hertfordshire Cohort Study', *Health and Place*, 17(4), 867-874.
- Gale, N.K. (2011) 'From body-talk to body-stories: body-work in complementary and alternative medicine', *Sociology of Health and Illness*, 33, 237-251.
- Garnier (2013) *UltraLift Wrinkle Reader* [Online]. Available at: <http://www.garnier.co.uk/> [Accessed 7 April 2013].
- Gatens, M. (1996) *Imaginary Bodies: Ethics, Power and Corporeality*. New York: Routledge.
- Gesler, W. (1996) 'Lourdes: healing in a place of pilgrimage', *Health and Place*, 2(2), 95-105.
- Gesler, W. (1998) 'Bath's Reputation as a Healing Place', in Kearns, R.A and Gesler, W.M. (eds) *Putting Health Into Place: Landscape, Identity, and Well-Being*. New York: Syracuse University Press. Pp 17-35.

- Gesler, W. (2005) 'Therapeutic landscapes: and evolving theme', *Health and Place*, 11(4), 295-7.
- Gesler, W.M. and Kearns, R.A (2002) *Culture/Place/Health*. London: Routledge.
- Gibson-Graham, J.K. (1994) ' 'Stuffed if I know!': Reflections on post-modern feminist social research', *Gender, Place & Culture: A Journal of Feminist Geography*, 1(2), 205-224.
- Giddens, A. (1991) *Modernity and Self-Identity: Self and Society in the Late Modern Age*. Cambridge: Polity Press.
- Gilleard, C. and Higgs, P. (2010) 'Aging without agency: Theorising the fourth age', *Aging and Mental Health*, 14(2), 121-128.
- Gillespie, R. (1997) 'Women, the Body and Brand Extension in Medicine: Cosmetic Surgery and the Paradox of Choice', *Women and Health*, 24(4), 69-85.
- Gilman, S.L. (2000) *Making the Body Beautiful: A Cultural History of Aesthetic Surgery*. Woodstock: Princeton University Press.
- Gimlin, D.L. (2002) *Body Work: Beauty and Self- Image in American Culture*. London: University of California Press.
- Gimlin, D.L. (2007) 'What is "Body Work"? A Review of the Literature', *Sociology Compass*, 1(1), 353-370.
- Gimlin, D.L. (2012) *Cosmetic Surgery Narratives: A Cross-Cultural Analysis of Women's Accounts*. Basingstoke: Palgrave Macmillan.
- Gimlin, D.L. (2013) ' "Too Good to Be Real" The Obviously Augmented Breast in Women's Narratives of Cosmetic Surgery', *Gender and Society*, 27(6), 913-934.
- GMC (2012) *Doctors must not prescribe Botox by phone, email, video-link or fax* [Online] Available at: <http://www.gmc-uk.org/publications/13687.asp> [Accessed 25 July 2013].
- Greenhough, B. (2007) 'Situated knowledges and the spaces of consent', *Geoforum*, 36(6), 1140-1151.
- Greenhough, B. (2011) 'Citizenship, care and companionship: Approaching geographies of health and bioscience', *Progress in Human Geography*, 35(3), 153-171.
- Greenhough, B. (2012) 'Room with a rhinovirus? Blurring the boundaries between research and therapeutic space', *Transactions of the Institute of British Geographers*, 37(3), 402-417.
- Greenhough, B. and Roe, E. (2006) 'Towards a geography of bodily technologies', *Environment and Planning A*, 38(3), 416-422.

- Greer, G. (1992) *The Change: Women, Ageing and the Menopause*. Penguin Books: London.
- Greer, G. (2004) *The ageing body* [Online]. Available at: <http://www.theguardian.com/culture/2004/apr/22/germainegreer.guesteditors> [Accessed 21 June 2014].
- Gregson, N. (2000) 'Taking Butler elsewhere: performativities, spatialities and subjectivities.', *Environment and Planning D: Society and Space*, 18, 433-452.
- Gregson, N. and Rose, G. (2000) 'Taking Butler elsewhere: performativities, spatialities and subjectivities', *Environment and Planning D: Society and Space*, 18, 433-452.
- Grosz, E. (1994) *Volatile Bodies*. Bloomington: Indiana University Press.
- Grosz, E.A. (1987) 'Feminist theory and the challenge to knowledges', *Women's Studies International Forum*, 10(5), 475-480.
- Gullette, M.M. (2004) *Aged by Culture*. London: University of Chicago Press.
- Guthman, J. and DuPuis, M. (2006) 'Embodying neoliberalism: economy, culture, and the politics of fat', *Environment and Planning D: Society and Space*, 24, 427-448.
- Haiken, E. (1999) *Venus Envy: A History of Cosmetic Surgery*. Baltimore: The John Hopkins University Press.
- Hakim, C. (2011) *Honey Money: The Power of Erotic Capital*. London: Penguin.
- Hall, E. (2000) 'Blood, brain and bones': taking the body seriously in the geography of health and impairment', *Area*, 32(1), 21-29.
- Hall, E. (2004) 'Spaces and networks of genetic knowledge making: the 'geneticisation' of heart disease', *Health and Place*, 10(4), 311-318.
- Hall, E. and Kearns, R. (2001) 'Making space for the 'intellectual' in geographies of disability', *Health and Place*, 7(3), 237-246.
- Haraway, D. (1988) 'Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective', *Feminist Studies*, 14(3), 575-599.
- Haraway, D.J. (1991) *Simians, Cyborgs, and Women: The Reinvention of Nature*. London: Free Association Books.
- Harbers, H., Mol, A. and Stollmeyer, A. (2002) 'Food matters: Arguments for an Ethnography of Daily Care', *Theory, Culture and Society*, 19(5/6), 207-226.
- Harding, J. (1997) 'Bodies at risk: Sex, surveillance and hormone replacement therapy', in Bunton, R. and Peterson, A. (eds) *Foucault, Health and Medicine*. London: Routledge. Pp 134-150.

- Hayes-Conroy, A. and Hayes-Conroy, J. (2008) 'Taking back taste: feminism, food and visceral politics', *Gender, Place and Culture: A Journal of Feminist Geography*, 15(5), 461-473.
- Hayes-Conroy, J. and Hayes-Conroy, A. (2010) 'Visceral Geographies: Mattering, Relating, and Defying', *Geography Compass*, 4(9), 1273-1283.
- Heneghan, C. (2012) 'The saga of Poly Implant Protheses breast implants', *British Medical Journal*, 11(344), 306.
- Herrick, C. (2007) 'Risky bodies: Public health, social marketing and the governance of obesity', *Geoforum*, 38(1), 90-102.
- Herrick, C. (2013) 'Comparative urban research and mass participation running events: methodological reflections', *Qualitative Research*, Epub ahead of print 2 November 2013. DOI: 10.1177/1468794113509260
- Heyes, C.J. (2006) 'Foucault Goes to Weight Watchers', *Hypatia*, 21(2), 126-149.
- Heyes, C.J. (2007) *Self-Transformations: Foucault, Ethics, and Normalised Bodies*. Oxford: Oxford University Press.
- Heyes, C.J. (2009) 'Diagnosing Culture: Body Dysmorphic Disorder and Cosmetic Surgery', *Body and Society*, 15, 73-93.
- Heyes, C.J. and Jones, M. (2009) *Cosmetic Surgery: A Feminist Primer*. Farnham: Ashgate.
- Hinchliffe, S. (2007) *Geographies of Nature: Societies, Environments, Ecologies*. London: Sage.
- Holliday, R. and Cairnie, A. (2007) 'Man Made Plastic: Investigating men's consumption of aesthetic surgery', *Journal of Consumer Culture*, 7(1), 57-78.
- Holliday, R. and Elfving-Hwang, J. (2012) 'Gender, Globalisation and Aesthetic Surgery in South Korea', *Body and Society*, 18(2) 58-81.
- Holliday, R., Bell, D., Jones, M., Hardy., K., Hunter, E. and Probyn, E. (2013) 'Beautiful face, beautiful place: relational geographies and gender in cosmetic surgery tourism website', *Gender, Place and Culture: A Journal of Feminist Geography*, Epub ahead of print 8 October 2013. DOI: 10.1080/0966369X.2013.832655
- Holliday, R., Bell, D., Jones, M., Probyn, E., Sanchez-Taylor, J., Cheung, O., Cho, J.H., Hardy, K., Hunter, E., Lewis, H., Casas, A. and Koscianczuk, M. (2014) *Sun, Sea, Sand and Silicone: Mapping Cosmetic Surgery Tourism: Key Findings*. Swindon: ESRC.

- Holt, L. (2011) *Geographies of Children, Youth and Families: An International Perspective*. Oxon: Routledge.
- Hopkins, P. and Pain, R. (2007) 'Geographies of age: thinking relationally', *Area*, 39(3), 287-294.
- Horani, M.H. and Morley, J.E. (2004) 'Hormonal fountains of youth', *Clinics in Geriatric Medicine*, 20(2), 275-292.
- Hubbard, P. (1998) 'Sexuality, Immorality and the City: Red-light districts and the marginalisation of female street prostitutes', *Gender, Place and Culture: a Journal of Feminist Geography*, 5(1), 55-76.
- Hurd-Clarke, L. (2011) *Facing Age*. Plymouth: Rowman and Littlefield.
- Hurd-Clarke, L. and Griffin, M. (2007) 'The body natural and the body unnatural: Beauty work and ageing', *Journal of Ageing Studies*, 21(3), 187-201.
- Hurd-Clarke, L. and Griffin, M. (2008) 'Visible and invisible ageing: beauty work as a response to ageism', *Ageing and Society*, 28(5), 653-674.
- Hurd-Clarke, L. and Korotchenko, A. (2010) 'Shades of grey: to dye or not to dye one's hair in later life', *Ageing and Society*, 30(6), 1011-1026.
- Hurd-Clarke, L., Griffin, M. and Maliha, K. (2009) 'Bat wings, bunions, and turkey wattles: body transgressions and older women's strategic clothing choices', *Ageing and Society*, 29, 709-729.
- Hutson, D.J. (2013) '“Your body is your business card”: Bodily capital and health authority in the fitness industry', *Social Science and Medicine*, 90, 63-71.
- IHAS (2013a) *Clinical Guidelines: Good Medical Practice in Cosmetic Surgery* [Online]. Available at: [http://www.independenthealthcare.org.uk/cat\\_view/85-workstreams/103-cosmetic-surgery-treatments-workstream/menu-id-571](http://www.independenthealthcare.org.uk/cat_view/85-workstreams/103-cosmetic-surgery-treatments-workstream/menu-id-571) [30 April 2014].
- IHAS (2013b) *Injectable Cosmetic Treatments: Training Principles* [Online]. Available at: [http://www.independenthealthcare.org.uk/cat\\_view/85-workstreams/103-cosmetic-surgery-treatments-workstream/menu-id-571](http://www.independenthealthcare.org.uk/cat_view/85-workstreams/103-cosmetic-surgery-treatments-workstream/menu-id-571) [30 April 2014].
- Irwin, A. (2001) 'Constructing the scientific citizen: Science and democracy in the biosciences', *Public Understanding of Science*, 10-1-18.
- Irwin, A. and Michael, M. (2003) *Science, Social Theory and Public Knowledge*. Philadelphia: McGraw Hill Education.
- ISAPS (2012) *ISAPS Global Statistics 2011* [Online]. Available at: <http://www.isaps.org/news/isaps-global-statistics> [Accessed 4 Feb. 2014].

- ISAPS (2013) *ISAPS Global Statistics 2012* [Online]. Available at: <http://www.isaps.org/news/isaps-global-statistics> [Accessed 4 Feb. 2014].
- ISAPS (2014) *Barbed Suture Lift* [Online]. Available at: <http://www.isaps.org/procedures/barbed-suture-lift> [Accessed 12 June 2014].
- Jacobs, J.M. and Nash, C. (2003) 'Too little, too much: Cultural feminist geographies', *Gender, Place & Culture: A Journal of Feminist Geography*, 10(3), 265-279.
- Jones, M. (2008) *Skintight: An Anatomy of Cosmetic Surgery*. Oxford: Berg.
- Jones, M. (2011) 'Clinics of Oblivion: Makeover Culture and Cosmetic Surgery', *PORTAL: Journal of Multidisciplinary International Studies*, 8(2), 1-17.
- Katz, S. (2000) 'Busy Bodies: Activity, aging, and the management of everyday life', *Journal of Aging Studies*, 14(2), 135-152.
- Katz, S. and Marshall, B. (2003) 'New sex for old: lifestyle, consumerism, and the ethics of ageing well', *Journal of Ageing Studies*, 17, 3-16.
- Katz, S. and Marshall, B. (2004) 'Is the Functional "Normal"? Ageing, Sexuality and the Biomarking of Successful Living', *History of the Human Sciences*, 17(1), 53-75.
- Kearns, R. and Moon, G. (2002) 'From medical to health geography: novelty, place and theory after a decade of change', *Progress in Human Geography*, 26(5), 605-625.
- Keller, E.F. and Longino, H. (1996) *Feminism and Science*. Oxford: Oxford University Press.
- Kligman, A.M. (2000) 'Cosmetics: A Dermatologist Looks to the Future: Promises and Problems', *Dermatologic Clinics*, 18(4), 699-709.
- Kristeva, J. (1982) *Powers of Horror: An Essay on Abjection*. New York: Columbia University Press.
- Kwan, S. and Trautner, M.N. (2009) 'Beauty Work: Individual and Institutional Rewards, the Reproduction of Gender, and Questions of Agency.' *Sociology Compass*, 3(1), 49-71.
- L'Oreal (2012) *Skincare: Revitalift* [Online]. Available at: <http://www.loreal-paris.co.uk/skin-care/revitalift.aspx> [Accessed 20 July 2012].
- L'Oreal (2013) *Skincare: Revitalift Laser Renew* [Online]. Available at: <http://www.loreal-paris.co.uk/skincare/face-care/revitalift/laser-renew-advanced-rejuvenating-moisturiser.aspx> [Accessed 15 November 2013].
- Lafontaine, C. (2009) 'Regenerative Medicine's Immortal Body: From the Fight against Ageing to the Extension of Longevity', *Body and Society*, 15, 53-71.

- Latham, A. (2013) 'The history of a habit: jogging as a palliative to sedentariness in 1960s America', *Cultural Geographies*, Epub ahead of print 22 July 2013. DOI: 10.1177/1474474013491927
- Latimer, J. (2013) 'Rewriting Bodies, Portraiting Persons? The New Genetics, the Clinic and the Figure of the Human', *Body and Society*, 19(4), 3-31.
- Lea, J. (2008) 'Retreating to nature: rethinking "therapeutic landscapes"', *Area*, 40(1), 90–98.
- Lea, J. (2009a) 'Becoming skilled: The cultural and corporeal geographies of teaching and learning Thai Yoga massage', *Geoforum*, 40(3), 465–474.
- Lea, J. (2009b) 'Liberation or Limitation? Understanding Iyengar Yoga as a Practice of the Self', *Body and Society*, 15(3), 71-92.
- Lea, J. (2012) 'Negotiating Therapeutic Touch: Encountering Massage Through the 'Mixed Bodies' of Michel Serres', in Paterson, M. and Dodge, M. (eds) *Touching Space, Placing Touch*. Farnham: Ashgate. Pp 29-46.
- Lea, J., Cadman, L. and Philo, C. (2014) 'Changing the habits of a lifetime? Mindfulness meditation and habitual geographies', *Cultural Geographies*, Epub ahead of print 29 May 2014. DOI: 10.1177/1474474014536519.
- Limb, M. and Dwyer, C. (2001) *Qualitative methodologies for geographers: issues and debates*. London: Arnold.
- Lindsay, S. (2004) 'The influence of the "spaces of everyday life" on pregnancy health', *Canadian Geographer*, 48, 35-41.
- Little, J. (2012) 'Transformational Tourism, Nature and Wellbeing: New Perspectives on Fitness and the Body', *Sociologia Ruralis*, 52(3), 257-271.
- Little, J. (2013) 'Pampering, well-being and women's bodies in the therapeutic spaces of the spa', *Social and Cultural Geography*, 14(1), 41–58.
- Longhurst, R. (1994) 'Reflections on and a vision for feminist geography', *New Zealand Geographer*, 50, 14-19.
- Longhurst, R. (1995) 'VIEWPOINT The Body and Geography', *Gender, Place and Culture: A Journal of Feminist Geography*, 2(1), 97-106.
- Longhurst, R. (1996) 'Refocusing groups: pregnant women's geographical experiences of Hamilton, New Zealand/Aotearoa', *Area*, 28(2), 143–149.
- Longhurst, R. (2001) *Bodies: Exploring fluid boundaries*. London: Routledge.
- Longhurst, R. (2002) 'Geography and gender: a 'critical' time?', *Progress in Human Geography*, 26(4), 544-552.

- Longhurst, R. (2008) 'The Geography Closest In- the Body...the Politics of Pregnability', *Australian Geographical Studies*, 32(2), 214-223.
- Longhurst, R. (2012) 'Becoming Smaller: Autobiographical Spaces of Weight Loss', *Antipode*, 44(3), 871-888.
- Longhurst, R. and Johnston, L. (2014) 'Bodies, gender, place and culture: 21 years on', *Gender, Place and Culture: A Journal of Feminist Geography*, 21(3), 267-278.
- Longhurst, R., Ho, E. and Johnston, L. (2008) 'Using "the body" as an "instrument of research": kimch'i and pavlova', *Area*, 40,208-217.
- Lorimer, H. (2008) 'Cultural geography: non-representational conditions and concerns', *Progress in Human Geography*, 32(4), 551-559.
- Lupton, D. (1996) *Food, the Body and the Self*. London: Sage.
- Lupton, D. (2000) 'The Social Construction of Medicine and the Body', in Albrecht, G.L., Fitzpatrick, R. and Scrimshaw, S.C. (eds) *The Handbook of Social Studies in Health and Medicine*. London: Routledge. Pp 50-63.
- Lupton, D. (2012) *Medicine as Culture: Illness, Disease and the Body*. London: Sage.
- MacKendrick, K. (1998) 'Technoflesh, or "Didn't That Hurt?"', *Fashion Theory: The Journal of Dress, Body and Culture*, 2(1), 3-24.
- MacKian, S. (2000) 'Contours of coping: mapping the subject world of long-term illness', *Health and Place*, 6(2), 95-104.
- MacKian, S. (2012) *Everyday Spirituality: Social and Spatial Worlds of Enchantment*. Basingstoke: Palgrave Macmillan
- Madge, C. and O'Connor, H. (2005) 'Mothers in the making? Exploring liminality in cyber/space', *Transactions of the Institute of British Geographers*, 30, 83-97.
- Madge, C. and O'Connor, H. (2006) 'Parenting gone wired: empowerment of new mothers on the internet?', *Social and Cultural Geography*, 7, 199-220.
- Marshall, B.L. and Katz, S. (2012) 'The Embedded Life Course: Post-ageism or the Renaturalisation of Gender?', *Societies*, 2, 222-234.
- Martin, L.H., Gutman, H. and Hutton, P.H. (1988) *Technologies of the Self: A Seminar with Michel Foucault*. Amherst: The University of Massachusetts Press.
- Martinson, J (2014) *Cosmetic surgery and teenagers- a disaster waiting to happen* [Online]. Available at: <http://www.theguardian.com/lifeandstyle/womens-blog/2014/apr/28/cosmetic-surgery-and-teenagers-disaster-waiting-to-happen> [Accessed 30 April 2014].



- Mavin, S. and Grandy, G. (2013) 'Doing Gender Well and Differently in Dirty Work: The Case of Exotic Dancing', *Gender, Work and Organisation*, 20(3), 232-251.
- McCormack, D. (1999) 'Body Shopping: Reconfiguring geographies of fitness', *Gender, Place and Culture: A Journal of Feminist Geography*, 6(2), 155-177.
- McCormack, D. (1999) 'Body Shopping: Reconfiguring geographies of fitness', *Gender, Place and Culture: A Journal of Feminist Geography*, 6(2), 155-177.
- McDowell, L. (1992) 'Doing Gender: Feminism, Feminists and Research Methods in Human Geography', *Transactions of the Institute of British Geographers*, 17(4), 399-416.
- McDowell, L. (1992) 'Doing Gender: Feminism, Feminists and Research Methods in Human Geography', *Transactions of the Institute of British Geographers*, 17, 399-416.
- McDowell, L. (2011) *Working Bodies: Interactive Service Employment and Workplace Identities*. Oxford: John Wiley & Sons.
- McDowell, L. and Sharp, J. (1997) *Space, Gender, Knowledge: Feminist Readings*. London: Hodder.
- McMorran, C. (2012) 'Practising workplace geographies: embodied labour as method in human geography', *Area*, 44, 489-495.
- McNay, L. (1992) *Foucault and Feminism: Power, Gender and the Self*. Polity Press: Cambridge.
- McRobbie, A. (2004) 'Post-feminism and Popular Culture', *Feminist Media Studies*, 4(3), 255-264.
- Mello, S. (2012) 'Selling a super cosmeceutical: Contextualising risk in direct-to-consumer advertising of BOTOX® Cosmetic', *Health, Risk and Society*, 14, 385-398.
- Mercer, N. (2010) *Dangers of "lax" cosmetic surgery rules* [Online]. Available at: <http://news.bbc.co.uk/1/hi/health/8484665.stm> [Accessed 31 January 2013].
- Merchant, S. (2011) 'The Body and the Senses: Visual Methods, Videography and the Submarine Sensorium', *Body and Society*, 17(1), 53-72.
- Miller, T., Mauthner, M., Birch, M. and Jessop, J. (2012) *Ethics in Qualitative Research*. 2<sup>nd</sup> edn. London: Sage.
- Milligan, C. (2003) 'Location or dis-location? Towards a conceptualisation of people and place in care-giving experiences', *Social and Cultural Geography*, 4(4), 455-470.

- Milligan, C. and Wiles, J. (2010) 'Landscapes of care', *Progress in Human Geography*, 34(6), 736-754.
- Milligan, C., Bingley, A. and Gatrell, A. (2007) 'Healing and Feeling': The Place of Emotions in Later Life', in Davidson, J., Bondi, L. and Smith, M. (eds) *Emotional Geographies*. Aldershot: Ashgate. Pp 49-62.
- Mintel (2013) *Facial Skincare: UK- May 2013* [Online]. Available from: [http://oxygen.mintel.com/sinatra/oxygen/list/id=638082&type=RCItem#0\\_1\\_\\_\\_page\\_RCItem=0](http://oxygen.mintel.com/sinatra/oxygen/list/id=638082&type=RCItem#0_1___page_RCItem=0) [Accessed 4 June 2013].
- Mol, A.M. (2002) *The Body Multiple: Ontology in Medical Practice*. Durham, NC: Duke University Press.
- Moore, S.E.H. (2010) 'Is the Health Body Gendered? Towards a Feminist Critique of the New Paradigm of Health'. *Body and Society*, 16(2), 95-118.
- Morgan, K.P. (1991) 'Women and the Knife: Cosmetic Surgery and the Colonisation of Women's Bodies', *Hypatia*, 6(3), 25-53.
- Morley, J.E. (2003) 'Hormones and the Aging Process', *Journal of the American Geriatrics Society*, 51(7), 333-337.
- Morton, K. (2014) 'Emerging Geographies of Disciplining the Ageing Body: Practicing Cosmetic Technologies in the Aesthetic Clinic', *Gender, Place and Culture: A Journal of Feminist Geography*, DOI: 10.1080/0966369X.2014.939151
- Moss, P. (1997) 'Negotiating spaces in home environments: Older women living with arthritis', *Social Science and Medicine*, 45(1), 23-33.
- Moss, P. (2002) *Feminist Geography in Practice*. Oxford: Blackwell.
- Moss, P. and Dyck, I. (2000) 'Body, Corporeal Space, and Legitimizing Chronic Illness: Women Diagnosed with M.E.', *Antipode*, 31(4), 372-397.
- Moss, P. and Dyck, I. (2003) *Women, Body, Illness: Space and Identity in the Everyday Lives of Women with Chronic Illness*. Oxford: Rowman and Littlefield.
- Moss, P. and Falconer Al-Hindi, K. (2008) *Feminisms in Geography: Rethinking Space, Place, and Knowledges*. Plymouth: Rowman and Littlefield.
- Mott, C. and Roberts, S.M. (2014) 'Not Everyone Has (the) Balls: Urban Exploration and the Persistence of Masculinist Geography', *Antipode*, 46(1), 229-245.
- Mykytyn, C.E. (2006) 'Anti-aging medicine: A patient/practitioner movement to redefine aging', *Social Sciences and Medicine*, 62(3), 643-653.
- Mykytyn, C.E. (2008) 'Medicalising the optimal: Anti-ageing medicine and the quandary of intervention', *Journal of Ageing Studies*, 22, 313-321.

- Mykytyn, C.E. (2010) 'A history of the future: the emergence of contemporary anti-ageing medicine', *Sociology of Health and Illness*, 32(2), 181-196.
- Nash, M. (2012) 'Working out' for two: performances of 'fitness' and femininity in Australian prenatal aerobics classes', *Gender, Place and Culture: A Journal of Feminist Geography*, 19(4), 449-471.
- Nast, H. and Pile, S. (1998) *Places through the body*. London: Routledge.
- Negra, D. (2009) *What a Girl Wants?: Fantasising the Reclamation of Self in Postfeminism*. Oxon: Routledge.
- Negrin, L. (2002) 'Cosmetic surgery and the eclipse of identity', *Body and Society*, 8(4), 2-42.
- Neilson, B. (2006) 'Anti-ageing Cultures, Biopolitics and Globalisation', *Cultural Studies Review*, 12(2), 149-164.
- Neilson, B. (2012) 'Ageing, Experience, Biopolitics: Life's Unfolding', *Body and Society*, 18(3-4), 44-71.
- Nelson, L. and Seager, J. (2005) *A Companion to Feminist Geography*. Oxford: Blackwell.
- Neutrogena (2012) *Anti-Ageing: Rapid Wrinkle Repair* [Online]. Available at: <http://www.neutrogena.com/product/rapid+wrinkle+repair+-+night+moisturizer.do> [Accessed 20 July 2012].
- NHS (2013) *Botox, peels, fillers and dermabrasion* [Online]. Available at: <http://www.nhs.uk/Livewell/cosmeticsurgery/Pages/Non-surgicalprocedures.aspx> [Accessed 2 February 2014].
- NIAR (2013) *The National Institute of Aesthetic Research* [Online]. Available at: <http://www.niar.org.uk/> [Accessed 10 June, 2014].
- Oakley, A. (1998) 'Science, gender, and women's liberation: an argument against postmodernism', *Women's Studies International Forum*, 21, 133-146.
- Öberg, P. (2003) 'Images versus Experience of the Aging Body', in Faircloth, C.A. and Wernick, A. (eds) *Images of Ageing: Cultural Representations of Later Life*. Routledge: London. Pp 103-139.
- Obrador-Pons, P. (2007) 'A haptic geography of the beach: naked bodies, vision and touch', *Social and Cultural Geography*, 8, 123-141.
- Oerton, S. (2004) 'Touch talk': the problems and paradoxes of embodied research', *International Journal of Social Research Methodology*, 7, 305-322.

- Olay (2014) *About Total Effects* [Online]. Available at: <http://www.olay.co.uk/skin-care-products/total-effects> [Accessed 1 May 2014].
- Orbach, S. (2009) *Bodies*. London: Profile Books.
- Origins (2013) *Plantscription* [Online] Available at: <http://www.origins.co.uk> [Accessed 16 February 2013].
- Pain, R. and Bailey, D. (2004) 'British social and cultural geography: beyond turns and dualisms?', *Social and Cultural Geography*, 5, 319-329.
- Parr, H. (2000) 'Interpreting the 'hidden social geographies' of mental health: ethnographies of inclusion and exclusion in semi-institutional places', *Health and Place*, 6(3), 225-237.
- Parr, H. (2001) 'Feeling, Reading, and Making Bodies in Space', *Geographical Review*, 91(1-2), 158-167.
- Parr, H. (2002a) 'Medical geography: diagnosing the body in medical and health geography, 1999-2000', *Progress in Human Geography*, 26(2), 240-251.
- Parr, H. (2002b) 'New body-geographies: the embodied spaces of health and medical information on the Internet', *Environment and Planning D: Society and Space*, 20, 73-95.
- Parr, H. (2004) 'Medical geography: critical medical and health geography', *Progress in Human Geography*, 28(2), 246-257.
- Parr, H. (2008) *Mental Health and Social Space: Towards Inclusionary Geographies*. Oxford: Blackwell.
- Parry, B. (2004) 'Technologies of immortality: the brain on ice', *Studies in History and Philosophy of Science Part C: Studies in History and Philosophy of Biological and Biomedical Sciences*, 35(2), 391-413.
- Parry, B. (2008) 'Entangled exchange: Reconceptualising the characterisation and practice of bodily commodification', *Geoforum*, 39(3), 1133-1144.
- Parry, B. (2012) 'Domesticating biosurveillance: 'Containment' and the politics of bioinformation', *Health and Place*, 18(4), 718-725.
- Parry, B. and Gere, C. (2006) 'Contested bodies: property models and the commodification of human biological artefacts', *Science as Culture*, 15(2), 139-158.
- Paterson, M. (2009) 'Haptic geographies: ethnographies, haptic knowledges and sensuous dispositions', *Progress in Human Geography*, 33, 766-788.
- Paterson, M. and Dodge, M. (2012) *Touching Space, Placing Touch*. Farnham: Ashgate.

- Paulson, S. (2005) 'How various 'cultures of fitness' shape subjective experiences of growing older', *Ageing and Society*, 25(2), 229-244.
- Paulson, S. (2008) ' "Beauty is more than skin deep": An ethnographic study of beauty therapists and older women', *Journal of Ageing Studies*, 22, 256-265.
- Pecot-Hebert, L. and Hennink-Kaminski, H. (2012) 'I Did it For Me: Negotiating identity and agency', *Health, Culture and Society*, 3(1) Epub. DOI: 10.5195/hcs.%y.88.
- Pederson, S. and Smithson, J. (2013) 'Mothers with attitude- How the Mumsnet parenting forum offers space or new forms of femininity to emerge online', *Women's Studies International Forum*, 38, 97-106.
- Peterson, A. and Bunton, R. (1997) *Foucault, Health and Medicine*. London: Routledge.
- Phoenix, C. and Sparkes, A.C. (2009) 'Being Fred: big stories, small stories and the accomplishment of a positive ageing identity', *Qualitative Research*, 9(2), 219-236.
- Phoenix, C., & Smith, B. (2011). Telling a (good?) counterstory of aging: natural bodybuilding meets the narrative of decline. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 66(5), 628–639.
- Pitts-Taylor, V. (2007) *Surgery Junkies: Wellness and Pathology in Cosmetic Culture*. New Brunswick: Rutgers University Press.
- Pitts-Taylor, V. (2009) 'Becoming/Being a Cosmetic Surgery Patient: Semantic Instability and the Intersubjective Self', *Studies in Gender and Sexuality*, 10, 119- 128.
- Pitts-Taylor, V. (2009) 'Becoming/Being a Cosmetic Surgery Patient: Semantic Instability and the Intersubjective Self', *Studies in Gender and Sexuality*, 10, 119-128.
- Popke, J. (2006) 'Geography and ethics: everyday mediations through care and consumption', *Progress in Human Geography*, 30, 504-512.
- Potts, A. (2004) 'Deleuze on Viagra (Or, What Can a "Viagra-Body" Do?)', *Body and Society*, 10, 17-36.
- Race, K. (2012) ' "Frequent Sipping": Bottled Water, the Will to Health and the Subject of Hydration', *Body and Society*, 18, 72-98.
- Roe, E.J. (2006) 'Things Becoming Food and the Embodied, Material Practices of an Organic Food Consumer', *Sociologia Ruralis*, 46(2), 104-121.
- Roe, E.J., 2006. Things Becoming Food and the Embodied, Material Practices of an Organic Food Consumer. *Sociologia Ruralis* 46, 104–121.
- Rona, C. Vailati, F. and Beradesca, E. (2004) 'The Cosmetic Treatment of Wrinkles', *Journal of Cosmetic Dermatology*, 3(1), 26-34.

- Rose, E. (2012) 'Encountering place: A psychoanalytic approach for understanding how therapeutic landscapes benefit health and wellbeing', *Health and Place*, 18(6), 1381-1387.
- Rose, G. (1993) *Feminism & Geography: The Limits of Geographical Knowledge*. Cambridge: Polity Press.
- Rose, G. (1997) 'Situating knowledges: positionality, reflexivities and other tactics', *Progress in Human Geography*, 21, 305-320.
- Rose, N. (2006) *The Politics of Life Itself: Biomedicine, Power, and Subjectivity in the Twenty-First Century*. Woodstock: Princeton University Press.
- Rose, N. (2007) *The Politics of Life Itself: Biomedicine, Power, and Subjectivity in the Twenty-first Century*. Princeton: Princeton University Press.
- Rudman, D.L. (2006) 'Shaping the active, autonomous and responsible modern retiree: an analysis of discursive technologies and their links with neo-liberal political rationality', *Ageing and Society*, 26(2), 181-201.
- Sanchez-Taylor, J. (2012) 'Fake breasts and power: Gender, class and cosmetic surgery', *Women's Studies International Forum*, 35(6), 458-466.
- Saville, S.J. (2008) 'Playing with fear: parkour and the mobility of emotion', *Social and Cultural Geography*, 9(8), 891-914.
- Segrott, J. and Doel, M.A. (2004) 'Disturbing geography: obsessive-compulsive disorder as spatial practice', *Social and Cultural Geography*, 5(4), 597-614.
- Sharma, U. And Black, P. (2001) 'Look Good, Feel Better: Beauty Therapy as Emotional Labour', *Sociology*, 913-931.
- Sharp, J. (2009) 'Geography and gender: what belongs to feminist geography? Emotion, power and change', *Progress in Human Geography*, 33(1), 174-180.
- Shilling, C. (2012) *The Body and Social Theory*. 3<sup>rd</sup> edn. London: Sage.
- Simonsen, K. (2000) 'Editorial: The Body as Battlefield', *Transactions of the Institute of British Geographers*, 25(1), 7-9.
- Skeggs, B. (2003) *Class, Self, Culture*. London: Routledge.
- Smirnova, M.H. (2012) 'A will to youth: the woman's anti-ageing elixir', *Social Science and Medicine*, 75(7). 1236-1243.
- Sontag, S. (1972) The Double Standard of Ageing. *Saturday Review of the Society*, 23 (September), 29-38.

- Spencer, T. and Whatmore, S. (2001) 'Editorial: Bio-geographies: putting life back into the discipline', *Transactions of the Institute of British Geographers*, 26(2), 139-141.
- Stanek, J. (2007) *10 Years Younger: Cosmetic Surgery Bible*. London: Transworld Publishers.
- Straughan, E. (2010) 'The salon as clinic: problematising, treating, and caring for skin', *Social and Cultural Geography*, 11(7), 647-661.
- Straughan, E. (2012) 'Facing Touch in the Beauty Salon: Corporeal Anxiety', in Paterson, M. and Dodge, M (Eds) *Touching Space, Placing Touch*. Farnham: Ashgate. Pp 89-102.
- Swarmi, V. (2009) 'Body appreciation, media influence, and weight status predict consideration of cosmetic surgery among female undergraduates', *Body Image*, 6(4), 315-317.
- Swarts, E., Kop, A.M., Nilasaroya, A., Keogh, C.V. and Cooper, T. (2013) 'Rupture of poly implant prothèse silicone breast implants: an implant retrieval study', *Plastic and Reconstructive Surgery*, 131(4), 480-489.
- Swyngedouw, E. (2006) 'Circulations and metabolisms: (Hybrid) Natures and (Cyborg) Cities', *Science as Culture*, 15(2), 105-121.
- Tait, S. (2007) 'Television and the Domestication of Cosmetic Surgery', *Feminist Media Studies*, 7(2), 119-135.
- The Consulting Room (2014) *Non-surgical Treatments* [Online]. Available at: <http://www.consultingroom.com/treatments/non-surgical.asp> [Accessed 12 June 2014].
- The Good Surgeon Guide (2014) *Forum; Cosmetic Surgery: Face* [Online]. Available at: <http://www.thegoodsurgeonguide.co.uk/forum/subcategory/cosmetic-surgery-face~5/> [Accessed 12 February 2014].
- Thien, E. (2005) 'After or beyond feeling? A consideration of affect and emotion in geography', *Area*, 37(4), 450-454.
- Thorpe, H. (2008) 'Foucault, Technology of Self, and the Media: Discourses of Femininity in Snowboarding Culture', *Journal of Sport and Social Issues*, 32(2), 199-299.
- Throsby, K. (2013) '“If I go in like a cranky sea lion, I come out like a smiling dolphin”: marathon swimming and the unexpected pleasures of being a body in water.', *Feminist Review*, 103, 5–22.

- Ticiento Clough, P. and Willse, C. (2011) *Beyond Biopolitics: Essays on the Governance of Life and Death*. London: Duke University Press.
- Toerien, M. and Kitzinger, C. (2007a) 'Emotional Labour in the Beauty Salon: Turn Design of Task-directed Talk', *Feminism and Psychology*, 17, 162-172.
- Toerien, M. and Kitzinger, C. (2007b) 'Emotional Labour in Action: Navigating Multiple Involvements in the Beauty Salon', *Sociology*, 41, 645-662.
- Treacy, P. (2013) The 'BOTOX paradox': is it effective for depression?', *Prime*, 3(4), 66-71.
- Tulle, E. (2008) *Ageing, the Body and Social Change: Running in Later Life*. Palgrave Macmillan: Basingstoke.
- Twigg, J. (2004) 'The body, gender and age: Feminist insights in social gerontology', *Journal of Ageing Studies*, 18, 59-73.
- Twigg, J. (2006) *The Body in Health and Social Care*. Basingstoke: Palgrave Macmillan.
- Twigg, J. (2007) 'Clothing, age and the body: a critical review', *Ageing and Society*, 27(2), 285-305.
- Twigg, J. (2010) 'Clothing and dementia: A neglected dimension?', *Journal of Ageing Studies*, 24(4), 223-230.
- Twigg, J., Wolkowitz, C., Cohen, R.L. and Nettleton, S. (2011) 'Conceptualising body work in health and social care', *Sociology of Health and Illness*, 33, 171-188.
- Valentine, G. (1999) 'A corporeal geography of consumption', *Environment and Planning D: Society and Space*, 17(3), 329-351.
- Vincent, J. (2006) 'Ageing Contested: Anti-ageing Science and the Cultural Construction of Old Age', *Sociology*, 40(4), 681-698.
- Vincent, J.A., Tulle, E. and Bond, J. (2008) 'The anti-ageing enterprise: Science, knowledge, expertise, rhetoric, values', *Journal of Aging Studies*, 22, 291-294.
- Wainwright, E., Marandet, E., and Rizvi, S. (2011) 'The means of correct training: embodied regulation in training for body-work among mothers', *Sociology of Health and Illness*, 33(2), 220-236.
- Wainwright, E., Marandet, E., Smith, F. and Rizvi, S. (2010) 'The microgeographies of learning bodies and emotions in the 'classroom-salon'', *Emotion, Space and Society*, 3(2), 80-89.
- Wajcman, J. (1991) *Feminism confronts technology*. Cambridge: Polity Press.
- Wajcman, J. (2004) *TechnoFeminism*. Cambridge: Polity Press.



- Wajcman, J. (2010) 'Feminist theories of technology', *Cambridge Journal of Economics*, 34(1), 143-152.
- Wakefield, S. and McMullan, C. (2005) 'Healing in places of decline: (re)imagining everyday landscapes in Hamilton, Ontario', *Health and Place*, 11(4), 299-312.
- WGSG (2013) *Feminist Geographies: Explorations in Diversity and Difference*. 2<sup>nd</sup> edn. Oxon: Taylor and Francis.
- Whatmore, S. (2002) *Hybrid Geographies: Natures Cultures Spaces*. London: Sage.
- Williams, A. (2007) *Therapeutic Landscapes*. Aldershot: Ashgate.
- Wilson, K. (2003) 'Therapeutic landscapes and First Nations peoples: an exploration of culture, health and place', *Health and Place*, 9(2), 83-93.
- Wiseman, E. (2014) *Is cosmetic surgery now a normal part of modern life?* [Online]. Available at: <http://www.theguardian.com/lifeandstyle/2014/feb/09/is-cosmetic-surgery-normal-modern-life> [Accessed 12 June 2014].
- Wolf, N. (1991) *The Beauty Myth: How images of beauty are used against women*. London: Vintage.
- Wolkowitz, C. (2006) *Bodies at Work*. London: Sage.
- Wolkowitz, C., Cohen, R.L., Sanders, T. and Hardy, K. (2013) *Body/Sex/Work: Intimate, embodied and sexualised labour*. Basingstoke: Palgrave Macmillan.
- Woodyer, T. (2008) 'The body as research tool: embodied practice and children's geographies', *Children's Geographies*, 6(4), 349-362.
- Worth, N. (2009) 'Understanding youth transition as 'Becoming': Identity, time and futurity', *Geoforum*, 40(6), 1050-1060.
- Zuckerman, D. and Abraham, A. (2008) 'Teenagers and Cosmetic Surgery: Focus on Breast Augmentation and Liposuction', *Journal of Adolescent Health*, 43(4), 318-324.