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Reflecting on Female Beauty: Cosmetic Surgery and (Dis)Empowerment

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Abstract
This project aims to unwrap some of the complexities related to female beauty and the body. It reflects on the second wave radical feminist view that beautifying the female body serves to attract male approval via the male gaze, both of which are deeply entrenched in patriarchal power. This perspective positions cosmetic surgery as a disempowering act for women. In riposte, we turn to third wave liberal feminist ideas to engage with the narratives of ten participants who tell of their personal experiences of, and motivations for, undergoing a cosmetic intervention. We undertake an in-depth exploration of these lifeworld experiences and the interplay of subjectivity and intersubjectivity in the women’s encounters. Findings suggest that a cosmetic intervention is often obtained for the self as opposed to satisfying the “other.” Importantly, cosmetic interventions allow a process to occur in which an individual’s physical body becomes better aligned to her sense of self. From this liberal feminist perspective, cosmetic surgery is positioned as an empowering act.

Keywords Feminist Thinking; Cosmetic Surgery; Phenomenology; Lifeworld; Social Constructivist; Embodiment; Self-Empowerment; Femininity

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Plastic surgery can be a life changing medical intervention. Having the ability to reshape a birth defect or the physical scars of a traumatic incident is socially accepted. The individual is normally supported in his/her decision to change the flawed/damaged body via a surgical intervention in order to present a more refined and perhaps socially constructed ideal of “normal.” By permanently correcting the disfigured body, the individual has the opportunity to live a fuller, more ordinary everyday life—physically fitting into his/her lifeworld and everyday social encounters. However, cosmetically reshaping the healthy/undamaged female body for beauty purposes often incurs a different and somewhat negative understanding—particularly from a radical feminist perspective.

Cosmetic surgery in the context of feminist thinking has received much attention and discussion in recent years. Beauty is a socially constructed concept. Early first wave feminist literature traditionally explores the disempowering effects of gender norms on female beautification and body work. Traditional second wave radical feminist frameworks often view women who beautify the body as submitting to patriarchal norms and ideals. These women are subsequently regarded as being vain, superficial, and frivolous.

This article argues for re-negotiating this radical feminist outlook by exploring an individual’s subjective and intersubjective encounters and understandings of her experiences, perceptions, motivations, and desire for employing aesthetic surgery. The article explores the interpretive nature of participants’ everyday experiences by focusing on each individual’s “action and choice” in relation to how her reshaped body influences her lifeworld and sense of self—from her feminine embodiment to her self-empowerment.

**Theoretical Positioning of the Research**

Philosophically, the study is positioned in the theoretical frameworks of Alfred Schütz’s (1967; 1970; Schütz and Luckmann 1973) phenomenology, Peter
Berger and Thomas Luckmann’s (1991) social construction of reality, John Creswell’s (2014) interpretivist methodology, as well as Kathy Davis’s (1995) and Iris Marion Young’s (2005) feminist literature. This theoretical structure enables us to unwrap and explore the complexities related to an individual’s subjective perceptions and experiences of her everyday lifeworld. The focus falls on the interpretive nature of a lived experience.

From a phenomenological perspective, attention is given to the essence and uniqueness of lived experience. Emphasis is placed on an individual’s subjective understanding in relation to socially sanctioned cultural norms and ideals of what is considered desirable or not, as viewed along a continuum of interventions from temporary beautification tactics, such as wearing make-up, to the more permanent strategy of aesthetic surgery. To achieve a deeper appreciation of the phenomenon of cosmetic surgery and female embodiment, the study engages Alfred Schütz’s phenomenological themes of the “life-world,” “stock of knowledge and consciousness,” “subjectivity and intersubjectivity,” “embodiment,” as well as Peter Berger and Thomas Luckmann’s “social construction of reality.” These thematic approaches provide the research a structured context for unwrapping unique moments and understandings within the lived experience—particularly in as far as self-perceptions, emotions, and meaningfulness are concerned.

As meanings are socially constructed, we try to understand the interaction between self, other, and society as manifested in the reasons why a woman opted for a surgical intervention and how this cosmetic “action and choice” influences her self-perception—and more specifically, how it constructs her personal identity, femininity, gendered embodiment, and (dis)empowerment. The cosmetic encounter is subjectively experienced. However, due to processes of social dialectics, intersubjectivity plays a vital role in how the individual views herself, interacts with and understands others, and how she acts to be socially correct. These lifeworld experiences influence how an individual perceives and (re)constructs her sense of self—emotionally and personally. Clandinin (2007:186 and 294) agrees: “Individuals construct their identities through their own and other’s stories...People can control the meanings that others hear in their stories through ‘positioning’ themselves in socially acceptable ways vis-à-vis their narratives.” To present a reflexive methodological account and analysis of the narratives, we apply Bamberg’s (2012:101) “narrative practice perspective” and Creswell’s (2014:197) “six step model” to structure and guide the data processing, analysis, and presentation process.

In keeping with its focus on female experiences, we approach the research from a feminist perspective, notably the third wave liberal feminist ideas of Kathy Davis and Iris Marion Young. Davis (1995; 2003) sees women as conscious and self-determined members of society. To understand why a woman obtains a cosmetic procedure, it is important to explore her narrative in relation to themes of “identi-

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Social dialectics is the mediation of “taken for granted knowledge...This is the knowledge that is learned in the course of socialization and that mediates the internalization within individual consciousness of the objectivated structures of the social world” (Berger and Luckmann 1991:83). In other words, social dialectics represent the subject's internalization of “socially agreed norms, values, and beliefs” (Heggenstaller 2018:15).
Identity deals with how an individual engages her subjective sense of self, including how she perceives herself in relation to her appearance, and the perceived flawed body part (Davis 1995:11). Agency is concerned with how an individual understands her sense of self in relation to her social reality—how she gives shape to her lifeworld within everyday social constraints and interactions (Davis 1995:11). Morality is generally perceived as a concept dealing with right or wrong. However, in Davis’s study, “morality” focuses on a woman’s “action and choice,” which signifies that a cosmetic intervention can be motivated as a legitimate solution to overcome or re-negotiate emotional suffering and pain (Davis 1995:11).

Young (2005:35), on the other hand, views women as limited by their gendered body—in bodily movement, gesture, and posture. She uses the term feminine motility to refer to a woman’s potential for undertaking certain movements which are not, perhaps, associated with normative notions of “femininity.” To unwrap the complexities of feminine motility and gendered embodiment, she proposes a deeper appreciation of three key processes: “inhibited intentionality,” “ambiguous transcendence,” and “discontinuous unity” (Young 2005:36-38). The first modality, inhibited intentionality, explores a woman’s emotional insecurity with her own body in so far as how the gendered body “reaches toward a projected end with an ‘I can’ [attitude, but] withholds its fully bodily commitment to a self-imposed ‘I cannot’ [attitude]” (Young 2005:36). The second modality, ambiguous transcendence, is concerned with how an individual perceives her embodied sense of self while engaging with her social world. This implies that a woman “often lives her body as a burden, which must be dragged and prodded along and at the same time protected” (Young 2005:36). The last modality, discontinuous unity, points to how the female body expresses a sense of disunity between aims and actions. This disunity results in a woman continuously trying to realign her self-perceptions with her everyday lifeworld (Young 2005:38). Therefore, “discontinuous unity” explores the female body as a “thing that exists [to be] looked at and acted upon” (Young 2005:39).

By incorporating the feminist frameworks of Davis and Young, the study analyzes both the emotional, as well as the physical consequences/limitations experienced by the individual. In other words, the study aims to bring new understandings of how body dissatisfaction and its associated emotional pain motivates a woman to permanently change or reshape her perceived body flaw or shortcoming by employing cosmetic surgery.

What Is Beauty?

There are a myriad of positions in relation to the long-debated notion of what is beautiful and what constitutes beauty. The challenge is often encapsulated in the saying: “beauty is in the eye of the beholder” (Margaret Wolfe Hungerford 1878 as cited in Kendall-Tackett and Klest 2013:63). If this is so, then beauty is constructed, negotiated, positioned, and experienced, for the most part, subjectively. Anna Rocco (2015:1) agrees:

Beauty is not objective; there are many definitions. It is the way that one expresses their passions, or the
way that someone can smile or laugh and light up an entire room...This is what true beauty looks like, and this is how we are supposed to redefine beauty, by bringing it back to the true form, which is open for every single person’s individual beauty.

From a radical feminist perspective, beauty is seen as “a cultural practice and one that is damaging to women” (Jeffreys 2005:6). This cultural practice sees a woman adapting to and incorporating various beauty regiments into her everyday lifeworld. According to Bromley (2012:79), such practices “are prescribed by patriarchy [and include but are not limited to]...dieting, wearing makeup, hair styling, plastic surgeries, and shaving various body parts.” Second wave radical feminists argue that such practices are symptomatic of women as “cultural dopes” (Garfinkel 1967:68). They maintain that a woman often thinks that she actively participates in her lifeworld and social reality, (falsely) believing that she has a sense of freedom via her “choices.” However, these “choices” are a myth and, more ominously, a construction mobilized by the patriarchal system to control and oppress women. Jeffreys (2005:1-2) confirms this position:

beauty practices are not about women’s individual choice or a “discursive space” for women’s creative expression, but, as other radical feminist theorists have argued before me, a most important aspect of women’s oppression...beauty [is] identified as oppressive to women.

In our study, this radical point of view is re-negotiated by considering an individual’s unique lifeworld encounters, her agency, identity, and voicing of subjective moments and motivations. Liberal feminism aims to understand the emotional consequences of an experience and does not practice a “one size fits all” approach where “men are the enemy” (Bartlett 2004:105; Jeffreys 2005:26; hooks 2015:78). Rather, third wave feminist thinking probes and unearth thoughts, feelings, meanings, as well as emotions that influence how an individual perceives her sense of self. From a liberal perspective, female “beauty” lies in and is emphasized via an individual’s experience and sense of her “identity,” “agency,” and “morality” (Davis 1995:11). Therefore, feminine “beauty” is unique and reflects an individual’s inner qualities and essence. Thus, the pursuit of beauty may not be predominantly about the suppression of women, but rather an expression of their own free will and liberation. It is from this perspective that the article develops and advances.

**Feminist Thinking and Cosmetic Surgery**

Since the 1830s the feminist movement has gained momentum and popularity. This is due to their success in re-negotiating patriarchal gender norms and advancing their feminine struggle, particularly for the political vote. The significance of obtaining the vote challenged conventional gender roles that were reinforced in common law, as well as in marriage vows. Up until then a woman was considered to be largely the property of her husband and her main duties were to serve and please him. Thus, for women, the right to vote was the first step to gendered empowerment in the form of social equality. It was within this context that first wave feminism was born.
Due to the persistence of deep-seated and socially sanctioned gender inequalities, the feminist movement grew into the second wave struggle of the 1960s. This saw progressive women protesting outside parliaments and redefining traditional gender norms by shaving their heads. It was also this outspoken class of women that drew the gender-based battle lines, positioning men as the cause and catalyst of inequality, and thus the enemy.

For feminists, the obvious and quite legitimate ideological “other” and enemy has been the quintessential dominant class itself—men. [Schacht and Ewing 2004:5]

Second wave radical feminists understand feminine beautification and cosmetic reshaping of the body as forms of patriarchal oppression. Women change their physical appearance—temporarily or permanently—to meet socially constructed ideals of beauty mainly to satisfy patriarchal norms and the male gaze. This perspective implies that aesthetically inclined women are nothing more than subservient individuals. It is this kind of female subservience Ira Levin (1972) had in mind when coining the term the “Stepford Wife” and what is further elaborated on in Harold Garfinkel’s (1967:68) notion of the “cultural dope.” Cosmetic surgery is, therefore, overwhelmingly perceived as a demeaning and disempowering act, to the individual herself and to society as a whole.

Liberal—or third wave—feminists challenge this stigmatized view by redirecting the focus towards understanding change in the everyday lives of women. This change engages notions related to gender equality and liberation over traditional patriarchal ideals (hooks 2000:44 and 47). The underlying aim of feminism is to empower women who are sexually exploited, oppressed, and deserving of equal rights. The philosophy within the liberal feminist movement is focused on gender equality and emancipation in order to move away from male oppression. Liberal feminists recognize that men too can have a feminist orientation and play an important role in bringing about gender equality. The following quotes illustrate that Kathy Davis and Iris Marion Young are not alone in their liberal views. Other feminist thinkers have also challenged the radical perspective:

Those feminist activists who refuse to accept men as comrades in struggle—who harbor irrational fears that if men benefit in any way from feminist politics, women lose—have misguidedly helped the public view feminism with suspicion and disdain...it is urgent that men take up the banner of feminism and challenge patriarchy. The safety and continuation of life on the planet requires feminist conversion of men. [hooks 2000:115-116]

...we do not want you to mimic us, to become the same as us; we don’t want your pathos or your guilt; and we don’t even want your admiration...what we want, I would even say what we need, is your work. We need you to get down to serious work. And like all serious work, that involves struggle and pain...you see, you have all of your work before you, not behind

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2 Stepford Wife—refers to “a married woman who submits to her husband’s will and is preoccupied by domestic concerns and her own personal appearance” (see: http://www.dictionary.com/browse/stepford. Retrieved October 11, 2016).
you. We as feminists need your work...we need you as traveling companions into the twenty-first century. [Jardine and Smith 2013:60]

This inclusive and hospitable re-positioning of feminism not only offers men liberation from the imposition of the one-dimensional role of “oppressor,” it also re-positions women in relation to their own choices and actions, recognizing that they are not mere puppets, but self-actualizing beings. It is within this liberal view that we situate our analysis of participants’ experiences. This is in line with Davis’s (2003:110) notion that “cosmetic surgery [is] a way [for women] to take control over their circumstances over which they previously had no control.”

Liberal feminists such as bell hooks, Kathy Davis, Debra Gimlin, and Victoria Pitts-Taylor (2007) have opened our eyes to an alternative and renewed understanding of women’s rights. They have focused on issues such as body dissatisfaction, cosmetic surgery, identity re-negotiation, media icons, images, and the embodied experience (Snyder 2008). Kathy Davis sought to understand why women undergo a medical intervention for a purely cosmetic purpose. In her findings—not accepted by all feminists—she argues that women who rely on cosmetic surgery often do so to mirror their “true” sense of self or identity. The body becomes a conduit and means of reflecting positive aspects of how the individual sees and feels about herself.

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

Third wave liberal feminist thinking looks at an individual’s subjective experiences and emotionality. Accordingly, we examine the emotional incongruence, and even emotional pain, that is experienced when the physical body is not experienced as a true reflection of how the individual constructs her sense of self.

The Male Gaze

The objectification of women has long been of concern to feminists, one of which was Laura Mulvey (1975:4) who coined the phrase “the male gaze”—a “sexual imbalance” in how men view women. It also denotes the patriarchal dominance that pressurizes women to conform to physical appearances that please the male understanding of beauty. Mulvey (1975:4) elaborates:

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

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

The male gaze does not take into consideration a woman’s “identity” or own idea of herself. Rather, it typifies a simplistic physical sensibility which is aimed at pleasing the male senses (Mulvey 1975; Levine 2005; Kosut 2012). In short, she becomes a sexual object. Wegenstein (2012:152) suggests that through the idolization of celebrities and the insatiable need for fame, “the cosmetic gaze” became an offshoot of “the male gaze” and that this further exemplifies “disarticulated bodies” that are “sutured” together and presented, as well as “experienced as beautiful.” Cindy Davis and Melanie Katzman (1999:58) comment:

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

The message endorsed and reinforced by a plethora of media platforms is that a woman’s identity is linked to, and defined by, that of her male counterpart, who is the main protagonist of his, as well as her lifeworld (Kosut 2012:195). This very one-sided perspective is challenged by Zeisler (2008:7) who notes that it is crucial to reform women’s understandings of popular culture by integrating a strong feminist position into all media messages. Virginia Blum (2003:61) expands this point:

It is the image itself with which we are infatuated... the beauty of images symbolizes what is now experienced as their essential lure, and plastic surgery is the cultural allegory of transforming the body into an image, an allegory that is deeply linked to the effects of celebrity culture.

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

Unfortunately for many women, this remains a utopian ideal. When the individual feels that her body does not accurately represent her sense of self, she may experience emotions of shame, anxiety, and disembodiment. Appearance plays a big role in how
women are perceived, judged, and accepted. George Eliot’s injunction: “don’t judge a book by its cover,” alerts us to the power, yet superficiality, of appearance in shaping everyday encounters.

A different dynamic can occur when an individual strives to obtain a cosmetic procedure under her own volition. According to Featherstone (Gimlin 2002:60), “the body does indicate selfhood, but the link between self and body can be renegotiated through work on the body.” When an individual decides to have a particular body part reshaped, via cosmetic surgery, the intervention is used to “approximate an ‘ideal’ in a reflexive identity project” (Southerton 2011:367). For such an undertaking to have a positive outcome on an individual’s lifeworld, it must be done purely for herself and her own self-esteem (Peacock 2013:1). If the cosmetic intervention is obtained to satisfy or please a significant other, the individual may experience an incongruence between her physical appearance and her true sense of self. This incongruence can fracture the bond between body and identity resulting in trauma, or worse, an identity crisis. A most interesting notion in terms of obtaining such congruence is that for some women the overall goal of cosmetic surgery may not be to become a beauty, but to become “like everybody else” (Davis 2003:77).

Methodological Notes

The study follows a qualitative design and aims to interpretively explore the lived experiences of women who undertook cosmetic surgery for beauty purposes. More specifically, the research follows a narrative approach. Michael Bamberg’s (2012:101) “narrative practice perspective” was incorporated to structure, guide, and situate the data collection and analytical processes. Narrative methodology is ideal for gathering data for this particular topic because the approach allows participants to tell their stories sequentially over time—with each story having a beginning, a middle, and an end. A narrative approach provides participants with a platform to tell their life-stories. For us, narratives were an entry point for in-depth insight into how participants perceive and interpret their lifeworld, their personal identity, and social reality. Data were gathered using semi-structured interviews, led by the interview schedule. The schedule was designed to probe particular experiences and thoughts and to reveal the various subjective and intersubjective positions embraced by the research participants as revealed in their personal and shared emotional meanings, verbal explanations, and word choices.

Interviews were audio recorded (with participants’ consent). The raw data were transcribed verbatim and analyzed in accordance to Creswell’s (2014:197) “six step model,” that is, “organizing and preparing data for analysis,” “reading through all data,” “coding the data,” “themes/description,” “interrelating themes/description,” and “interpreting the meaning of themes/descriptions.” Both Bamberg’s (2012:101) “narrative practice perspective” and Creswell’s (2014:197) “six step model” contributed to ensure the value, validity, and trustworthiness of the study—in data collection, data analysis, and presentation of the findings. The study obtained ethical clearance

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from the Faculty of Humanities at the University of the Free State (UFS-HUM-2014-70).

The research participants are women from a middle-to-upper class White demographic, between the ages of 25 to 67, from the Free State Province, South Africa. This privileged socio-economic status gave the participants access to private medical care, and it was through a registered cosmetic surgeon that they were purposefully selected. Selection criteria were based on participants’ undergoing an elective aesthetic intervention in either abdominoplasty, lipoplasty, blepharoplasty, breast augmentation, and/or breast lift. Interviews were conducted with ten women.

Presenting the Findings

The following discussion explores how the research participants negotiated (consciously, emotionally, and physically) their cosmetic intervention. We incorporate direct quotes, using the participant’s voice, to illuminate why she opted for cosmetic surgery, and how she re-negotiated her feminine sense of self. Moreover, this enabled us to establish if and how her aesthetic encounter submitted to, or disrupted, notions of patriarchal obedience and the male gaze.

Why Rely on Cosmetic Surgery?

Given the negative connotations often associated with cosmetic surgery, a main focus of the study was to understand why women rely on a surgical intervention to reshape a perceived flaw or shortcoming. As second wave radical feminist thinking is positioned in the understanding that women are pressured, mainly by men and society, to meet certain beauty ideals—where cosmetic surgery is seen as an acceptable method to gain social approval and appease the male gaze. However, as argued by theorists such as Kathy Davis, this is a demeaning way to look at how beauty is perceived by the women who rely on various modes of beautification to achieve the look they want. So, to explore this, we engaged the research participants directly to hear first-hand why they decided to obtain cosmetic surgery. In a comment broadly representative of all participants, Eleanor says:

You see, everybody has their own battle with their body...You are going to find a problem with something. And cosmetic surgery has made it possible to adapt and change the stuff that you do not like. [Eleanor—breast augmentation]

When a simplistic view of cosmetic surgery is used, women are often seen as “cultural dopes” (Garfinkel 1967:68) when they change the way they look in pursuit of meeting socially constructed beauty ideals. When probing further, our participants revealed that cosmetic surgery was used predominantly to correct a body part that could not be reshaped/minimized/enlarged through exercise, diet, or dermatological products. They saw their surgical interventions as a last resort, despite the associated dangers of a medical procedure and the inevitability of social stigma, potentially positioning them as vain, unnatural, and fake:

I was struggling to get to the point where I realized that something had to be done...For me, it was...
a personal thing to get over this plastic surgery thing
in my mind. Um...to do it not for the outside but for
the inside, for me. [Georgia—blepharoplasty]

I just fixed something. I didn't change something,
because I was not happy. I fix something, because it
wasn't supposed to look like that. [Bridget—rhino-
plasty and lipoplasty]

After the children it was the sagging breasts and the
floppy tummy. They really stretched me like, till my
limit...For 9 years it bothered me. So, now I am ex-
actly the same...I am just maintaining. [Abby—breast
augmentation, abdominoplasty, and lipoplasty]

I couldn't see anymore. The [eyelid] skin that's hang-
ing here, I always looked as if I had some liquor in.
[Hailey—blepharoplasty]

These extracts reveal that some participants rely
on cosmetic surgery for health-related reasons (for
instance, sagging eyelids impairing vision), while
for others it is about achieving a body more in line
with what they once had (reshaping the body af-
fter pregnancy) or to feel better about themselves
(self-image). None of the participants’ aesthetic
motivations were about attracting a new relation-
ship or saving an existing marriage/relationship,
although some participants did mention a more
positive sexual charge in their relationship after their
interventions. Diane says:

My husband told me the other day: “Some men are
boob men and other men are bum men,” and he’s
a boob guy. He likes boobs. So, he loved it from the
beginning. Since I’ve done this, the second procedure,
he can’t stop giving me compliments. He says it every
day...So, every day is like [makes romantic sounds].
[Diane—breast lift and breast augmentation]

The data show that there are many nuances and
subtleties involved in women opting for a cosmetic
intervention; they should not simply be labeled
“cultural dopes” who strive for social desirability
and acceptance within the patriarchal system em-
bodyed by the male gaze (Garfinkel 1967:68). In re-
lation to participants who did speak of their part-
ners’ approval of their intervention, and the new
sexual charge in their relationship, we ask: would
it not be better to think of sexual partnership and
sexual desire as being mutually constructed and
not just a function of the male gaze and male sexu-
al drive? We argue that participants are self-deter-
mined individuals who actively sought to change
a perceived body flaw/shortcoming with the aim
of experiencing a more embodied and congruent
sense of self. Embodiment reveals how an individ-
ual perceives and engages her gender identity in
so far as her sense of femaleness\(^4\) and femininity is
concerned. Simone de Beauvoir (1956:65) summa-
rizes, “a woman is a female to the extent that she
feels herself as such.”

**Feeling Like a Woman**

Having motivated why cosmetic surgery was a justi-
ifiable solution to reshaping their bodies, the research
participants revealed how they re-negotiated their
emotional sense of self. According to Robinson and

\(^4\) Femaleness “is defined by the apparent outward shape of the
sex organs” (Tyler 2008:90).
Eid (2017:99), when cosmetic surgery is perceived as a surgical success, women are more likely to experience an increased sense of emotional “well-being, life satisfaction, and body image satisfaction.” This emotional re-negotiation further reflects how the individual experiences her femaleness and femininity. This is particularly evident when probing the physical changes of pregnancy:

I think it is very unfair for us, we have babies. Our belly grows 100 times from what it was and then after the children, my body went down and my breasts got saggy. I felt used! After the breast augmentation, I feel feminine again. So, cosmetic surgery does have everything to do with how you feel about yourself and your femininity. [Kim—breast augmentation and breast lift]

Feelings related to femininity play a vital role in how a woman perceives her sense of self and how she engages her everyday lifeworld. When the body is experienced as incongruent and not an accurate reflection of the self, the individual refrains from using her physical body—in movement, gesture, and posture—to its full potential (Young 2005:35). The body then becomes a burden and this influences how the individual experiences her identity as a woman, mother, and lover. Joanne says:

After children, you don’t feel pretty. You don’t have breasts and you don’t feel like a woman… I didn’t want to have sex because my breasts were hanging… I did my breasts, suddenly I feel pretty again and I feel I want to have sex… You feel sexy. I feel like a woman again, I have breasts. [Joanne—breast augmentation]

It seems that the mentioning of “hanging skin” often has a negative association vis-à-vis femininity. Hailey expands on this when describing her facial appearance:

I was always too shy to take my glasses off… It looks as if I was always drunk, really! [Hailey—blepharoplasty]

When a woman comes to the realization that her body displays a shortcoming or flaw, either with drooping breasts or sagging skin, she starts moving to a re-negotiation of her self-understanding in terms of beauty and femininity. This re-negotiation promotes the cosmetic intervention as a plausible and justifiable “action and choice” that could lead to rediscovering congruent gendered embodiment/femininity (Davis 1995:11).

After breast feeding, everything is sagging. You are just one big blob. You feel like this worn out person. You feel old. You’re a mom now, you’re a wife, and you really feel washed out. And after the surgery… I feel younger… It feels like I am finding myself again piece by piece. [Diane—breast augmentation and breast lift]

The study reveals that the inner quality of “self-confidence” is a key characteristic to unlocking a woman’s sense of feminine embodiment.

What makes a woman beautiful is confidence! And with confidence you have confidence in your own body. I would say that if you are confident in your own skin, then the confidence comes out and that’s what makes a woman beautiful. [Eleanor—breast augmentation]
Are beauty ideals socially constructed and promoted for patriarchal approval as exemplified by the male gaze or is the need to feel beautiful a subjective desire that influences how a woman expresses herself physically and emotionally? We should be hospitable to the possibility that when a woman feels good about her looks, it may also influence the eye of the beholder, which, after all, is receptive to more than mere outer beauty. If beauty and femininity are subjective, then it may be altogether plausible that beautification becomes a form of self-empowerment. We continue this discussion by exploring how the research participants experienced patriarchal oppression and how their reshaped bodies influenced their gendered perceptions, understandings, as well as daily actions and interactions.

Re-Negotiating Patriarchal Ideals

From a second wave radical feminist perspective, reshaping or beautifying the female body is seen as complying with the male gaze and with male supremacy as embedded in patriarchal ideals. In this view, women are seen as part of an oppressed class. Any form of beautification—from applying cosmetic/dermatological products to the enlarging/minimizing/reshaping of the female body—is done to enhance, and even benefit, men’s lives. Thus, from this feminist framework, “men are the enemy.” This point is reaffirmed by Redstockings (1969: point III), “all men receive economic, sexual, and psychological benefits from male supremacy. All men have oppressed women...We identify the agents of our oppression as men.” However, third wave liberal feminist ideas were used to guide and structure this research undertaking. According to Heywood and Drake (1997:2-3), third wave liberal feminism is “a movement that contains elements of second wave critique of beauty culture, sexual abuse, and power structures while it also acknowledges and makes use of the pleasure, danger, and defining power of those structures.”

The study finds that sentiments, as expressed in the second wave radical feminist outlook, are not experienced by the research participants. Rather, these women emphasize a more open and equality-based relationship with their male partners. No participant reveals that her partner/lover used verbal intimidation, force, or violence to motivate her to cosmetically change her appearance.

I did this for nobody else. Not at all. [Abby—abdominoplasty and lipoplasty]

The participants are aware of the stigma attached to cosmetic surgery and how reshaping the body is commonly associated with a male partner’s desire or even will. However, it was made clear that the cosmetic “action and choice” was a subjective and personal decision.

My husband just thought: “Why do you want to do it? You are still beautiful!” And I said: “I WANT TO DO IT!...I decided for this a long time ago. You can’t say: “No!” Because I am paying for it myself. I didn’t even ask his permission. [Cate—breast augmentation and breast lift]

He was like: “If you want to change it, then change it.” But, it took him a while to get used to the idea of this. [Isabel—abdominoplasty]
In one of the cases, a participant went against her husband’s will and support when deciding to surgically change her physical appearance.

My husband wasn’t very supportive. From the beginning he said: “No, it wasn’t necessary”…I wanted the breast augmentation, but he said he didn’t think it was necessary! Why do I want to go for it? He thinks I’m fine like I am! He loves me like I am! [Kim—breast augmentation and breast lift]

When one of the participants decided to reshape a perceived flaw or shortcoming, her significant other/husband jokingly requested she also consider a breast augmentation. This can rightfully be interpreted as a negative judgment arising out of the male gaze. What a narrow second wave feminist view of women-as-object does not account for is the potential of women to resist such construction by disrupting male-domination and owning of their own power:

My husband said: “Okay, next thing, boobs!” I asked him: “What’s wrong with my boobs?” There is absolutely nothing wrong with them! They are 48 years old. Even if my husband said he will pay for my boobs to be done, I will not do it…I decide what I do. [Bridget—lipoplasty]

This reveals that some men are aware of and, to certain degrees, are influenced by the stereotypical ideas commonly associated with the male gaze where beauty is directly linked to a generic notion of sexuality as “sameness.” This verbalizing of his subjective desire is an acceptable part of the marriage relationship. Nonetheless, it is also coercive and as such confirms that second wave feminist claims of male superiority and female oppression co-exist in complex interplay with more liberal manifestations of women’s freedom to choose for herself. Given this complex interchange of old and new, of the ever-changing balancing act of gender power and (in)equality, it is important that cosmetic surgery is a topic that is openly discussed in a relationship, but that the ultimate decision to reshape/change the body is made by the woman herself. Georgia emphasizes this principle:

When your husband loves you or you have a boyfriend and he is true of heart, he won’t ask you to do this. [Georgia—blepharoplasty]

Cosmetic surgery undertaken for the self brings a sense of self-empowerment to a woman’s actions and choices. She actively pursues her own desires, sometimes overlooking her husband/partner’s wishes, to experience a renewed sense of femininity and embodiment. The middle-to-upper class White South African women who participated in our research indicated that they re-negotiated the stereotypical notion of the mindless “cultural dope” who presents herself as the proverbial “Stepford Wife” (Garfinkel 1967; Levin 1972). By following their own wants and desires, the research participants re-negotiated their feminine position/status in a predominantly patriarchal South African system—as independent and empowered women.

The Journey to Empowerment

Key points associated with self-empowerment are: “choice,” “subjectivity,” and “motive.” Depending
on how participants managed their emotional incongruence and pain, a cosmetic procedure can be, and in most cases was, undertaken as a “last resort.” Other temporary techniques were pursued, but with little to no success in changing negative perceptions of the body image and the self. In this context, a permanent solution is desirable.

I was exercising very hard. I was very confident in myself. Because I had everything that bothered me fixed by myself…The one problem, after doing a lot of exercise and losing a lot of weight, if I lie on my side, I had this budge moving around with me and when I bent over, it feels like my tummy is just falling out…The tummy tuck. It’s after the children, it’s a change in appearance that you couldn’t have stopped beforehand. Now I’m just reversing it…not changing it. [Isabel—abdominoplasty]

When the cosmetic intervention was approached as a “last resort,” the participants knowingly or unknowingly started a journey towards self-empowerment. They began with the “research phase,” actively seeking additional knowledge on and insight into their desired procedure—by sourcing information from Google, family members, friends and mentors, a general medical practitioner, and/or a registered cosmetic surgeon. This process was termed “doing your homework” and revealed that the acquired information empowered the participants in “action and choice.”

Doing your homework actually makes you feel more comfortable and strengthened. [Georgia—blepharoplasty]

This led to the next phase “finding a cosmetic surgeon.” The participants continued to do their homework by finding a certified and registered plastic surgeon who they felt comfortable within terms of personal appeal and surgical skill. The last phase saw the participants “find the courage” to actively obtain the aesthetic intervention. The process entails: re-negotiating her emotional insecurities in order to experience her femininity and lifeworld with a more congruent sense of embodiment.

When a research participant decides to have her body cosmetically reshaped, social perceptions traditionally favor the understanding that the body work was done for or because of the input of a male counterpart. This view is commonly accepted by second wave radical feminists. However, by personally engaging women who experienced a cosmetic journey—and who perceived their aesthetic journeys as a success—an alternative perspective comes to the fore. Once the participants had decided to employ cosmetic surgery, they informed their husband/significant other of their “action and choice.”

I told him it was for myself…He said he didn’t think it was necessary! Why do I want to go for it? He thinks I’m fine like I am…So, I went through this alone. He never watched or never helped or anything. [Kim—breast augmentation and breast lift]

“[Cosmetic surgery] is not for you, it’s for me!” I couldn’t care less if it bothered my husband, I would do it anyway...It is for me! [Cate—breast augmentation and breast lift]
What we see from these narratives is that negative notions related to body dissatisfaction prompt a disruption in an individual’s sense of self and lifeworld. However, in each of the narrative accounts above, a unified and overwhelmingly positive experience emerges in relation to cosmetic surgery. These participants regard their aesthetic interventions as signs of courage and self-empowerment.

It [cosmetic surgery] empowered my mind and feelings. My procedure empowered me to be a woman again. [Joanne—breast augmentation]

These narratives illustrate that cosmetic surgery and self-empowerment are not one-dimensional but rather multi-faceted experiences that encourage a renewed sense of positive female embodiment, self-worth, and confidence. This challenges radical feminist frameworks that proclaim disempowering notions and effects of aesthetic surgery, and instead, brings evidence to show that cosmetic surgery can be an important way to discover and celebrate the self.

**Conclusion**

We find that when a woman decides to employ cosmetic surgery for herself (with or without her significant partner’s approval), she empowered herself and challenged radical feminist perceptions associated with notions of an all-powerful male control. Confidence is the most prominent change in the participants’ self-perceptions and forms the basis for all other “inner” re-negotiations and transformations. With a renewed sense of confidence, other qualities were transformed: qualities such as femininity, self-worth, self-assurance, gendered embodiment, and self-empowerment. Each of these inner qualities is vital to how participants perceive themselves. In turn, these qualities influence how they experience—physically and emotionally—their lifeworld and social reality.

Participants reported that their cosmetic procedure was a “last resort,” and by following through with it they managed to overcome emotional incongruence in so far as renewing their sense of confidence. It also allowed them to experience themselves as “true”—enjoying an enhanced sense of gendered embodiment (femininity) and self-empowerment (self-confidence). This positions beautification via an elective cosmetic procedure as a solution—albeit potentially risky—to reshaping the rejected body. Undergoing a cosmetic procedure is not experienced as an oppressive act that strengthens ideals based on patriarchal views. On the contrary, participants’ narratives showed that by undergoing their cosmetic procedures, they felt empowered to “action their choice.” Irrespective of the surgical risks and complications, each of the research participants claims that she made the right decision to undergo a surgical intervention to change a part of her body that she disliked and rejected. Thus, this research makes a contribution by exposing the simplistic and stereotypical interpretations of the deep-seated motivations for undergoing a cosmetic procedure as being limited and limiting. A third wave feminist view assists in avoiding “othering” of women who regard cosmetic surgery as an entirely acceptable alternative to enduring an unwanted physical feature that results in them experiencing an incongruent sense of self. Participants in the study demonstrate
that cosmetic interventions are not just about the physical self—they are also, and perhaps even mainly, about an individual renewing her sense of femininity, confidence, embodiment, and empowerment as a woman, a mother, and a wife.

Second wave feminist literature suggests that women disempower themselves by physically altering their bodies to meet socially defined—and often male directed—perspectives of beauty. This feminist perspective is situated in opposition to patriarchal powers, where men are regarded as superior and women as inferior. However, when considering this phenomenon from a third wave feminist perspective, focus is concentrated on the person-centered and subjective nature of the cosmetic experience. This makes it possible to appreciate cosmetic surgery as an “action and choice” that empowers a woman and aids her to re-negotiate her sense of self: to purposefully change her emotional experiences—her self-confidence, self-worth, and femininity. From this perspective, a cosmetic procedure is re-positioned as a means to re-negotiate gendered embodiment and nurture self-empowerment.

References


