

George Alexias\*, Georgia Dilaki\*, Charalambos Tsekeris\*\*

## The "Beautiful" pain: cosmetic surgery and the embodiment of pain

### ABSTRACT

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This article focuses on women undergoing plastic surgery operations, highlighting their particular attitude toward pain, which is caused by the desperate pursuit of beauty. Extracting data from semi-structured interviews, it is shown how pain is defied, eliminated or even denied by individuals undergoing cosmetic surgery. Since cosmetic procedures are carried out for aesthetic reasons, people disconnect this process from any negative emotion and ignore pain and trauma yielded from surgical operation. Hence, a special kind of pain embodiment is reflexively emerged. Pain is not a one-dimensional biological stimulus; it is rather associated with how each social group perceives, interprets and reacts to the biological stimulus, producing a particular mode of embodiment.

**Key words:** cosmetic surgery, embodiment, pain, sociology of the body, qualitative methodology

### Introduction

Besides being a natural or biological phenomenon, pain has also a strong social and cultural basis: "As well as being a medicalized phenomenon, pain is, of course, an everyday experience linking the subjective sense of self to the perceived 'objective' reality of the world and other people" (Bendelow and Williams, 1995: 162). Although its "given" biological dimension triggers a form of physical or physiological reaction, we do not react to the same stimulus in the same way: "Pain is never the sole creation of our anatomy and physiology. It emerges only at the intersection of

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\* Panteion University of Social and Political Sciences, Department of Psychology, Greece.

\*\* Correspondence address: Charalambos Tsekeris, PhD, Panteion University of Social and Political Sciences, Department of Psychology, Syngrou Ave. 136, Athens 17671, Greece, e-mail: tsekeris@gmail.com.

bodies, minds and cultures" (Morris, 1991: 1). Various social sub-groups develop different strengths and resistance against the same pain stimulus (Zola, 1966). The analytical challenge here is to understand the reasons and ways in which different stances against pain are developed (Frank, 2001; Smith, 2008).<sup>1</sup>

In recent decades, we experience a culture of commodification and commercialization of the body, with increasing emphasis on the external appearance and the public display of the self. The body is increasingly identified with the self so that the management of public appearance becomes more and more important. In this cultural context, the various body modification practices, which are purposefully performed to improve external appearance, such as the aesthetic plastic surgery, are of particular importance.

The aesthetic or cosmetic surgery enhances body parts, based on aesthetic criteria, and often constitutes a psychological response to modes of frustration one might feel in front of one's body image. But since aesthetic surgery is primarily a surgical operation, it is inevitably linked with intense postoperative pain. The point here is that this pain, as a result of people's attempt to improve their external appearance, is deliberate. In other words, people deliberately undergo these operations and subsequently experience pain. This choice is voluntary because the surgery is not aimed to cure a health problem or to offer a better quality of life.<sup>2</sup> That is, the experienced pain is not "therapeutic" and does not result from the attempt to restore or to maintain health; instead, it emerges as an inevitable "evil" in the attempt to form our body according to accepted standards of beauty.

Therefore, it is expedient to better understand how people who undergo these surgical cosmetic procedures actually experience pain. However, as Bendelow and Williams (1995: 147) rightly point out, for a sociological analysis of pain, we should necessarily begin from the sociology of the body. Within this analytical framework, we use the embodiment approach aiming to understand the exact reasons and ways through which people undergoing plastic surgery operations give meaning to and accept pain.

## The embodiment

The phenomenology of the human body systematically attempts to highlight its empirical or experiential dimension as an active element in the formation of social relationships. Merleau-Ponty's (1962, 1968) main contribution to phenomenology in-

<sup>1</sup> Many useful anthropological insights and perspectives on pain can also be discerned in Good et al., 1992; Brihaye et al., 1987.

<sup>2</sup> Of course, this does not necessarily imply that the aesthetic surgery also leads to "better quality of life".

volves the emphasis given by perception on the role of the "living body", through which we experience and perceive the world. Body has both an object's aspect and a subject's one that sees, listens, touches and experiences the world with its physical presence (Crossley, 1995: 43-63). It is not only a biological objective item, but also a living subjective reality.

According to Merleau-Ponty (1962, 1968), the conscience of the world is actively mediated by the body; we do not passively represent the world, but we demiurgically experience it through our bodies. Consequently, phenomenology features the body as an active and dynamic element in shaping the social behavior and not as a static and unchanging biological entity.

Hence, the phenomenological approach imaginatively highlights the concept of embodiment as a central analytical category for the sociological analysis of modern societies. The rapid development of medical knowledge and technology, in combination with the emergence of a new perception upon which the body is identified with the self and acquires an important role into the formation of each individual, gave a unique impulse to the development of the Sociology of the Body (Featherstone and Turner, 1995; Shilling, 2005a, 2005b; Turner 1997a, 1997b). In this regard, people do not merely have bodies, but they are bodies themselves, since they are dynamically and actively involved in the development and shaping of their bodies into time and space.

Within this sociological context, body is anticipated as an object, "as a project plan to be implemented" by each individual subject (Shilling, 1993). In modern Western societies, body is radically transformed into raw material, which we consider that we can shape over, in order to get closer to the ideal figure that we have formed in our mind (Featherstone, 2010). The identification of the self with the body and its simultaneous commercialization and objectification in the Western societies, illustrates the embodiment of people who undergo aesthetic procedures as an extremely interesting object of study (Balsamo, 1997; Davis, 1995; Gimlin, 2006, 2007; Covino, 2001).

## The pain

Traditionally, pain was considered as a purely *biological phenomenon* in medicine, linked with the reaction mechanisms of the body and independent of any cultural influence or dimension. The experience (aesthesia) of pain was totally ignored by scientific medicine as a kind of *subjectivism* that complicates rather than facilitates the diagnosis and the management of health problems:

In summary, the elevation of sensation over emotion in traditional medical and psychological approaches results in the lack of attention to subjectivity, which in turn leads to a limited approach towards sufferers and a neglect of broader cultural and sociological components of pain. In other words, a far more sophisticated model of pain is needed; one which locates individuals within their social and cultural contexts and which allows for the inclusion of feelings and emotions. (Bendelow and Williams, 1995: 146)

Thus, pain has two dimensions: it is both a natural and a social phenomenon. The crucial thing here is that culture actively mediates between the physical stimulus of pain and its manifestation with the particular historical figure it takes. The embodiment of pain is what ultimately substantiates the (final) form of the manifestation of the pain stimulus. However, this form significantly varies according to the subject. That is, there are important qualitative differences observed in women, who are considered more durable (Bendelow, 1993), in boxers (Wacquant, 1995) or football players (Roderick, 2006), in patients with chronic diseases (Baszanger, 1992; Bury, 1991), in dancers (Turner and Wainwright, 2003; Wainwright et. al., 2005) or other groups, such as professional athletes and laborers who have learned from an early age to accept pain stoically as a part of their daily lives (Kotarba, 1983).

Therefore, understanding pain requires a systematic study on how a group of people experiences it, or on the way in which it is embodied by each group, as well as on the messages a group carries; messages that construct a particular attitude towards body and pain: "...People in pain ... need the legitimacy of their pain and suffering accepted by others, both medically and socially. This search for legitimation is ... involving a process of narrative reconstruction in the face of the biographically disruptive nature of pain and suffering" (Bendelow and Williams, 1995: 162). The point here is that this attribution of meaning to pain, as well as its legitimation and justification escapes from the analysis offered by scientific medicine.

## **The "Beautiful" Pain**

The pain under consideration in this article is the one induced not for medical reasons but for aesthetic ones, by individuals' choice. In particular, we will deal with the embodiment of pain in women (Johansson, et. al., 1999; Bendelow, 1993) who undergo aesthetic procedures. Women of course constitute the vast majority of those who undergo such operations, although in recent years, men undergo similar procedures as well (see Atkinson, 2008).

Holliday and Taylor (2006: 185-189) argue that, although feminists elaborating on cosmetic surgery have reported a variety of incentives for women who have under-

gone aesthetic procedures, there is a general agreement on some key issues. That is, the fact that the misogynistic culture produces aesthetic surgery as an issue that concerns women (since the whole construction of being a patient or a surgeon is gendered), as well as the fact that aesthetic surgery produces normalized bodies and is a normalizing technology.

A third key element in the feminist literature on aesthetic surgery is the issue of pain, both physical and psychological. Holliday and Taylor (2006) refer to Morgan, according to whom we need a feminist analysis to understand why women choose to participate in the "fetishistic" approach of their bodies, as if they purchase a "restored youth" and "permanent beauty", despite the considerable risk of postoperative complications and the discomfort entailed by the whole process of the aesthetic surgery (Morgan, 1991: 26).<sup>3</sup>

Naomi Wolf referred extensively to the concept of surgical pain, toward which it is required from women to be stoic (Wolf, 1990: 254-257). For Wolf (1990), pain constitutes a "reality" when there are other people around to believe the sufferer. When there is no one to believe the woman except herself, her pain is characterized as madness, hysteria, or her own feminine failure. Women have learnt to be submitted to pain, listening to institutional forms – doctors, priests, psychiatrists – who reassure them that what they feel is not pain. Indeed, Wolf reports some cases of women who could say that their pain was not real.

According to her argument, women's pain is contradicted through its trivialization. The trivialization and the childish approach of pain eventually flood the language of plastic surgeons when they talk to women. That is, the pain caused in the pursuit of beauty is considered minimal, since it is supposed that women choose it freely (Wolf, 1990: 257-260). Nevertheless, Wolf believes that women's choices in the Era of Surgeries are not free and, therefore, we have no excuse to refuse to see their pain as real.

Sheila Jeffreys (2005) sees all body modification practices as "culturally harmful" and dangerous for the physical and mental health of women. Furthermore, she argues that, depending on the degree of severity, they ought to be subjected either to penalization or rebuke. Particularly, Jeffreys characterizes aesthetic surgery as the most known form of severe self-mutilation with one's own concurrence being more and more brutal (Jeffreys, 2005: 154).

According to Jeffreys, the message boards and forum discussions, which the industries of aesthetic surgery have established in recent years, vividly show how women's

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<sup>3</sup> See also Gagné and McGaughey (2002) for a clear and succinct overview of the various feminist perspectives on agency, culture, and cosmetic surgery.

forms of interaction that were developed to deal with oppression – that is, the discussion of common experiences, encouragement and support – have become an object of exploitation in order to increase the profits of the industries. Women discuss their pain and despair but, instead of criticizing the procedure in which they are involved, they support each other in undergoing aesthetic plastic procedures (Jeffreys, 2005: 156).

For Ann Cahill (2003), when the woman chooses to use her beauty or to rely on it in order to boost her self-esteem, she significantly risks downgrading herself to nothing more than an object of a man's desire, thus eliminating the possibility of her own free will. The positive dimension of female beauty requires a frank and critical belief that someone gets involved in this procedure for one's own purposes and not only to meet social (and predominantly male) expectations (Cahill, 2003: 59). The process of beautification should be understood and experienced as if it exists for the beautified woman's pleasure and satisfaction.

Only when beautification confronts this situation, it can avoid the "cloak" of social coercion. A good test for determining whether the process of beautification exists to satisfy the woman herself is, according to Cahill (2003), the tolerance to pain, anxiety and discomfort. If there is no limit to those (a woman stands the whole painful recovery required after many aesthetic surgery procedures), we should then be suspicious whether she does it exclusively by her own free will.

The literature on the surgical transformation of the female body grows so rapidly as the surgical operations themselves. One of the main criticisms of the aesthetic surgery points to the multiple dangers linked to surgical operations. Even the anesthesia may pose significant risks to the health of an individual. Aesthetic surgery is undeniably painful and dangerous, and every operation poses its own potential complications (Gimlin, 2000: 79-80). For example, pain, anesthesia, bruising and discolorations, often following a liposuction, usually last up to 6 months after surgery. Similarly, facelifts can cause damage to the nerves, leaving the person's face permanently numb.

More serious complications include infections, dehydration, fat embolisms, blood clots and in some cases death. The most common side effects in breast augmentation include reduced sensitivity of the nipples, swelling, congestion or sclerosis of the breasts that poses difficulty in raising the arms easily without moving the implants. Even more serious is the problem of encapsulation, where the body reacts to foreign materials forming a capsule of fibrous tissue around the implants, which sometimes forces the plastic surgeon to cut off the sclerotic material from the chest wall.

Abigail Brooks (2004) also analyzes descriptions of the print media about the body that undergoes aesthetic surgical operations, focusing on the ways in which they promote normalizing perceptions on aesthetic surgery. These descriptions of the body, along with descriptions of the results of aesthetic surgery, foster new bodily perceptions which are friendly towards aesthetic surgery. Thus, they are able to encourage readers and viewers not to pay attention to the physical pain, the swelling, the bruising and the bleeding, as well as not to realize them as potential warning signs or indications of concern (Brooks, 2004: 225).

In this way, aesthetic surgery causes a growing distrust against physical signs. The pain, blood, bruising, swelling and infections are ignored, even though they cause feelings of anger and rebuttal from clients of the cosmetic procedures (Brooks, 2004: 230). Brooks (2004) also refers to the fact that the normalization of aesthetic surgery has, as a result, the promotion of the "frozen", motionless body. The aesthetically modified bodies may fail to regulate the environmental temperature variations, as in the case of breast augmentation, where the silicone implants often cause numbness or reduced pleasure.

Moreover, some aesthetic procedures, such as botox, often limit the natural mobility of the muscles. To this reduced expressive capability is significantly added up the elimination of the physical proof of the past self-expression activity. The aesthetically modified face and body contain no trace of the uniquely lived history and the complexity of subjective experience, in comparison to an unmodified one (Brooks, 2004: 228-229).

This condition is also theorized by Mike Featherstone, who perceptively notes that the new ideal of the "unmarked" face, with the use of botox injections, has resulted in faces without memory traces of the lived experiences, promoting a "game of masks", where the "mask of aging" is simply replaced by a new one (Featherstone, 2010: 204). In addition, Grayson Cooke emphatically stresses the high risk of "muscle recruitment", namely the emergence of new, secondary lines and wrinkles in the most unexpected areas of the face, while the face tries to "compensate" for the inertia of the paralyzed muscles, recreating the effect of frowning (Cooke, 2008: 33-34).

Sonnie Berry (2007) has also mentioned that there is still the risk that the result does not meet the expectations of the person who underwent the aesthetic surgery. The dissatisfied are willing to undergo repeated plastic operations, to "start from scratch". The repetitive reparative operations – or "remodeling" – are often performed due to a previous failed surgery, which resulted in non-fixed or worse characteristics, or even unforeseen medical complications.

Hence, the individuals may be submitted to multiple repetitive procedures, trying to correct the same part of their body. Things become incomprehensible when an individual submitted to a cosmetic procedure has a problem with its repetition, but still redoes the repetitive procedure, a process resulting into an increase of medical dangers and a reduction of the probabilities of a satisfactory aesthetic result – mainly due to the accumulation of damaged tissues and the loss of cartilage.

Finally, Meredith Jones (2008) refers to the anaesthesia during surgical modifications of the female body, which she parallels with the story of some fairytales, like those of "Sleeping Beauty" and "Snow White and the Seven Dwarfs". The promise of transformation during sleep, according to Jones, has its roots in myth. The anaesthetic is the poisonous instrument that helps women "die" and wake up transformed in a magical way, having "escaped" from their problems (as in fairy tales).

According to Jones (2008), the surgically modified female body experiences a "fake funeral". While aesthetic surgery is presented as a reaction to the fear of aging and mortality, it is exactly the opposite. It involves the killing of a living human body part (skin, muscle, etc) and its replacement with a lifeless part (e.g. implant). Similarities also exist between the processes of preparing the body for embalming and for an aesthetic procedure. Both processes damage the skin of the body to maintain its outer surface (Jones, 2008: 93-96, 99-100).

The main conclusion of the analysis is that, in the context of aesthetic surgery, it has produced a medical discourse that energetically encourages women to ignore or to minimize the pain in a stoic apotheosis of appearance. The prior socialization of women, within the patriarchal society, produces the docile, normalized and sexually attractive body, as well as the necessary form of embodiment. The woman gets identified with the body as a sexual object and thus pain is just an inevitable "evil", which she "should" simply tolerate. The analytical challenge here is to methodologically elaborate on the form this embodiment of pain takes.

## Research

The research was conducted between March and December of 2008, in the region of Athens, Greece. The basic method used for doing this research was the qualitative in-depth interview. The semi-structured interviews were administered to 18 women who had undergone the aesthetic interventions, and they were conducted in various places, face-to-face, with the use of a voice recorder. They had the form of an open discussion, with questions modified or reformulated, even with new ones added during the interviews.

The age of the individuals who were submitted to aesthetic interventions varies between 25 to 65 years. They were submitted into various types of aesthetic interventions, either surgical or non-surgical. The majority of the surgical procedures were liposuctions (7) on various parts of body (legs, arms, abdomen) and breast interventions (6) (breast augmentation, breast reduction and restoring - mastopexy). In addition, there were rhinoplasties (3), otoplasties (3), facelifts (3), blepharoplasties (2), abdominoplasties (2) and one liposculpture, after a loss of massive bodily weight. The majority of the non-surgical interventions concerned various injectable materials, such as botox, hyaluronic acid, mesotherapy, as well as dermabrasion, peeling and laser hair removal.

The women who participated in the interviews had not been submitted exclusively to a single intervention, but in some cases, to more than one intervention. From the 18 women involved in the research, 11 had undergone a mixture of procedures, either combining these procedures under the same sedation or undergoing them at separate times. Six of them had combined surgical procedures with non-surgical interventions. From the 18 women of the research, 8 had needed correctional interventions, due to either unsatisfactory results or ex-post complications.

The questionnaire consists of 70 questions. Each interview lasted on average from 1 hour to 2 hours. During the interviews, participants were encouraged to freely express their thoughts about the questions asked. The participants were registered under a pseudonym in the form of name initials. Participants were informed that the conversations would be recorded for research purposes only, and signed a consent form declaring their agreement. After the conduct of the interviews and the whole process of transferring the recorded material into a written form, it followed a qualitative analysis of their contents consisting into an *overt content* and a *latent content* – that is, the deeper meanings emerged from the answers given.

Content Analysis was used to analyse the qualitative data of the interviews. This study followed the standards for the conduct of good qualitative research as described by Elliot et al. (1999). Triangulation, as an attempt to increase the reliability and validity of qualitative results, was attempted by using the three researchers involved in this study to analyse the data separately, with the aim to ensure that the identified themes were in accordance with the interview material. In order to further enhance the credibility of the data, the text was read multiple times and critically discussed by the three researchers.

In addition, participant theme validation was pursued as participants were offered transcripts and drafts of the thematic analysis throughout the preparation of the report. It is important that qualitative researchers should be self-critically aware of

their own involvement in the analytical processes, constructing contexts for their analysis based on previous literature or existing knowledge, in the pursuit of their own research questions (Krippendorff, 2004).

The researchers/authors of the present article have much experience in critically investigating issues of embodiment, within the theoretical framework of the sociology of the body, and are reflexively aware of their own position in the research process.

## **The embodiment of pain**

During the interviews, we asked those submitted in aesthetic procedures to describe how they experienced pain. Their responses were categorized according to the reported intensity of pain they felt. The main categories in which we were eventually led by the analysis of their answers were three: some women (7) ignore pain, while for most of them (9) pain is minimal to nonexistent, since they "freely" chose to undergo aesthetic surgery. Finally, for a few women only (2), pain is a reality.

## **Defying pain**

Women who defied pain acknowledged its (objective) existence, but they did not give importance to it in order to achieve the desired body image. The 63 years old K., a retired midwife, exemplifies a person who defied pain to undergo the blepharoplasty she desired:

Now, I am a bit tough with pain... I was always tough with myself... my character is a bit tough... and I give no importance to such things. A little pain... minor things, I didn't pay attention to them... that is, they were unnoticeable, yes, little things...

The 36 years old private sector employee N. also mentioned that she is tough with herself:

It wasn't very intense. It had to do with how much pain you can bear. That is, I can bear pain. For me, what I felt was moderate and predictable. No, no, no. Others can't bear this pain. Others might say "I am in terrible pain" for what I call just an annoyance. It has to do with the strengths of each organism.

It is characteristic that pain was defied not only by women whose postoperative course was smooth, but also by many women who had complications or needed re-

constructive surgery after the completion of their aesthetic surgery. The 59 years old salon owner C., who risked losing her life during her abdominoplasty and needed blood transfusion, while she had also been receiving cortisone injections in the abdomen for two years before the reconstructive abdominoplasty, underwent an otoplasty and a mini lifting six years later; not only did she degrade pain and suffering, but also dropped some hints for women who reported pain:

I thought... many people die during surgical operations! I could have died, too. With all that bleeding...it's still a surgery [...] Physically, the pain wasn't so intense [...] My ears had been aching slightly for some hours... Yes, it is hard in this part, when it takes place. I believe that women saying they are in pain are exaggerating.

The same attitude against pain has the 38 years old employee in Greek Public Services, F. who also underwent an abdominoplasty and a reconstructive abdominoplasty one and a half year later:

I can't say that pain was...extreme... There was pain...but it was bearable... I felt as much pain as a surgery induces...

The 34 years old gymnast E. not only exemplifies the defiance of pain, but also feels responsible for her plastic surgeon's discomfort due to the complications and bleeding she had during her breast augmentation and liposuction on her legs (in the course of the same anesthetic period, followed by a reconstructive liposuction three months later). Her words:

[...] Once waking up after everything had gone well, I don't mind the pain or anything else... I put on a corset and that was an unpleasant experience for me, since I am generally claustrophobic and I don't want anything to press me... that was a discomfort, because I was constantly feeling something squeezing me and I didn't like it... I felt really oppressed. I can handle with pain, I have no such problems [...] I was bleeding because I used to work out and my muscles... anyway, my doctor said that I lost too much blood and I was bleeding from my thighs ... afterwards, the only thing you can feel in pain is the legs, the liposuction, because you don't feel it on the breast. At least, I didn't feel the pain at all...

The 37 years old private sector employee O., who underwent a liposuction on the legs and the abdomen, as well as a reconstructive liposuction 3 months later, exem-

plifies a person who defied pain because she had to hide it; and this is because she was in the same hospital room with a young person who suffered from cancer, waking up to her feelings of shame and guilt for this pain:

In the same room there was a young woman, one year older than me, who had cancer in the pancreas. And... you know... this comparison... that is... I was there happy in a manner of speaking, I was swaddled, but I would be discharged from the hospital and I would be a new person, that is, psychologically better... and she was in this situation! And I thought "look at this now"... I felt it was a bit unfair... in the sense that God gives you health and, instead of being happy with this, you enter into a process of operations etc... I was in pain then... And I say how awkward this is. ... I couldn't get up... I said "ouch", she said "ouch"... and after that, I was ashamed to say "ouch" again. Fortunately... they didn't ask me what my problem was... but... I was too ashamed to say... what could I say? That I undergone a liposuction, while the other girl...was dying? I was ashamed to say that, indeed. Confronting the problem this other girl had, she could say... "You asked for it, you got it"... [...] I was in pain and couldn't turn over and... I thought I can't say "ouch" now.

In the same way, the 34 years old shop owner A. described the liposuction on her legs and waist, and argued that she defied pain, although it was obvious for her that "objectively" there was pain:

All the pain and suffering lasted... 5 days. Afterwards, there was nothing else. Of course, the difference was huge from one day to another... On the first day, I couldn't even stand up; I needed help to pull myself up. Well, it took me fifteen minutes to leave the hospital and get in the car. [...] On the fifth day, I returned to work...

## **Elimination of Pain**

There are participants in our study who eliminated pain completely. For instance, the 42 years old public sector employee R. who underwent liposculpture and believes that, if she had undergone that surgery for health reasons, she would have felt more pain:

That was insignificant. Namely, I got over it too fast, because I expected to see the results... In my opinion, if I had to enter such a process for another reason, with so many stitches and such a narcosis and this whole package, I believe that I would have been in greater discomfort... if I had to do it exclusively for health reasons and if the recovery took more time, wouldn't I? Yes, I got over it more easily, because it was my decision; that was what I wanted to do.

The 45 years old gymnast P., who has undergone breast augmentation and non-surgical aesthetic procedures (botox and mesotherapy) on a regular basis, said:

Very little ... Barely ... There is no... there is no pain, nothing. First of all, there are some creams, anesthetic, you can place them on your face half an hour earlier, I don't know if you are aware of them, and... you feel no pain...

The 25 years old beauty salon owner S., who underwent liposuction, breast augmentation and had to undergo a reconstructive procedure on her right breast twice, due to complications and the formation of a capsule, attributes the reduced pain she felt to her toughness:

No... nothing special... Ok, some insignificant pain, due to the stitches etc... yes, but in general, no genuine pain [...] The liposuction wasn't painful. The only problem I had was that I had to wear a corset for one month. That was the only annoying thing. No pain or anything else. Well... ok, I am very resistant to pain.

The 38 years old hairdresser H., who underwent rhinoplasty and reconstructive rhinoplasty one year later, experienced pain as a discomfort, reducing its intensity:

Discomfort yes, pain no. No pain in its real sense ... Swelling yes, but no pain in the sense of suffering. No! This had more to do with my nerves, you know...

## **Denial of Pain**

Besides these subjects, there were women who totally denied pain. One of them is the 65 years old T., a businesswoman and former dancer, who underwent a total facelift when she was 42, that is, 23 years ago (when the methods and techniques of aesthetic surgery were of course not as developed as nowadays). And not only did she deny the pain, but she also presented herself as a hero, dropping hints for

women who reported that they felt pain; she was even introduced by doctors of all medical specialties as an example in the hospital she was admitted:

There was no pain! That wasn't a negative experience... I didn't feel bad... I went there and I just did it; I did it at an age when others don't do it. [...] I was so happy, I was jumping from joy... it was a phenomenon, let's say, that I hadn't complained about anything, I didn't even tell them this bothers me or that hurts... I met surgeons, general physicians, psychiatrists, celebrities, all of them, and they said "look at this girl, she did all these and at this age and she is so funny". [...] That is, when a woman decides to do something like that she should be determined... I didn't feel any discomfort at all...

Similar was the answer of the 28 year old private sector employee L., who underwent liposuction on her abdomen and legs and attributed the absence of pain to her determination and to the fact that it was her choice, also dropping hints to women who report the existence of pain:

I will do that... and I don't care if it's painful, I just don't care... it's not my concern. It wouldn't concern me normally. [...] Pain...nothing... For me, it was painless [...] No, everything was just like...I thought it would be. And I can say that it was even better, because I didn't feel pain... I didn't... that is... when they say that it hurts, I just wonder. Maybe I was really determined. I was so determined ... I said ... I don't care, no matter what... [...] Maybe it was something... something that didn't induce pain and I was forced... it was something... I chose to get through this procedure. There was nothing that made me feel discomfort or pain, as they call it, no... everything was fine.

Next, the 59 years old theatre technician B., who also underwent a facelift, showing us her face, she said:

Look, there are no scars, are there? There is no pain... I didn't feel pain at all... I didn't take aspirins... I did nothing... at all. It doesn't hurt at all... [...] No. Only a discomfort...so... for those 10 days that you are swollen. I went shopping on the third day after the operation. I didn't care, you know. They thought that I might had a toothache or... well, I was in bandages; I was saying "I had a lifting".

Extremely negative about the existence of pain were two other women, the 33 years old private sector employee M., who underwent rhinoplasty and the 45 years old

nurse D. who underwent blepharoplasty and liposuction on her legs; their answers were: "No pain at all" and "no, no, there wasn't (pain)" respectively.

## **Acknowledgment of pain**

Women who admit the existence of pain were very few. The 28 years old police-woman Z., who underwent otoplasty and reconstructive otoplasty one and a half years later, is one of these persons:

[...] Once the anesthesia leaves the body, there is pain. And there is discomfort as well; because... you can't sleep. You can't rest your head on any side of the pillow... You are in bandages and... in pain. You can't sleep with your head upright. This resulted in insomnia for at least one week. I was in pain... I was in pain for a long period of time, approximately for two months. [...] And the second time, for one month. Yes, for one month I was in pain again... I was in discomfort, with bruises...

The 34 years old dietician Th. also acknowledged the suffering and pain, as well as the difficulty to engage in her daily activities, being a mother of two under-aged children:

There was pain about 5 days later... it was intense. [...] It was harder for me because of the kids... well, it was a bit difficult.

## **The aesthetic surgery as a deliberate trauma**

In connection to the question about the lived experience of pain, we asked the women who participated in the survey if there were moments they felt that they deliberately injured themselves in order to achieve beauty. Some women reported that, after having the cosmetic procedures, they felt that they indeed injured themselves. The case of X. is demonstrative; she characterized ex post facto her act as superficiality:

Yes. Not without reason. I injured myself. [...] I was fine. Just, ok... let's say... I got carried away. I thought if there is a way to improve the thing that bothered me so much, then why not? Well, something like that. I was fine. Maybe it was superficiality. [...] It would have been better if I hadn't done it, of course.

A. felt that she injured herself as soon as she came out of the operating room, desperately begging to return to the previous condition:

When I came out I was...terrified. Ah...because I was swollen... and I said... "Oh my God, help me go back to what I was before and ... never mind". [...] That is, I got disappointed. I told you, I was saying "Oh my God, help me go back to what I was before and ... never mind" [...] Eh... I got disappointed at some point, "what did you do" I told myself.

O. told us in many parts of the interview that she has felt she injured herself without any reason, after her liposuction of the legs and abdomen:

I had no problem, that is, a health problem. In fact, I got involved... without reason; only for aesthetic reasons. [...] Well, they say that fat is good; in general, it protects the bones from osteoporosis. So, listening to all these, I thought "did I do a stupid thing? ... Why didn't I leave it as it was?" You know...some uncertainties of this kind.

Furthermore, she mentioned that she still suffers from abdominal pains in the area the plastic surgeon applied the liposuction:

Let me tell you... Yes, I felt that I injured myself. Especially in some abdominal areas, here, because even now I go through some pain, some disturbances, and I think about it sometimes. I say... "What have I done"... On the other hand, I don't know... It's like a stitch, you know. [...] Well, even now, I feel it from time to time... I don't know how I got these surgical incisions, where the stitches were sewed, where the tubes were inserted and everything else... But even after the operation, I remember that I was in severe pain, here, on the side of the body... I can remember the pain... I couldn't turn to the right or to the left.

In addition, there was another moment that O. felt she injured herself without any reason. It was after the lipo-dissolve injection in her legs:

To be honest ... I don't really like injections. That is, I regretted even the one they gave me in the summer. The lipo-dissolve one. Because... you know what? I'm against injecting something in your body. Well, I believe that removing some fat is less dangerous. Adding substances though is... bad. And because...generally... you know, many athletes who were injected in the past... not dopes and other such drugs, just to dissolve the fat locally to reveal

the muscles and such... and afterwards they exhibited many problems; cancer in the liver and many others ... because these drugs are metabolized in the liver. And in general... it all frightens me a bit. [...] I was more frightened and troubled. I was thinking "Did I make a mistake?"... Because that substance entered my organism and I felt...

Also, after the mesotherapy O. felt that she caused a problem to her body: "I had gone mad! I went there with a problem and I left with a bigger one". For Th. as well, there were moments she felt that she had injured herself, especially during those days she was in severe pain:

A couple of times in the first five days... when I was in severe pain... Eh, I was constantly at home... lying down ... I was taking painkillers and thinking "oh my God, all these for bigger breasts?" ... Well, during my recovery, it is true that I thought "Did I do something wrong? What did I do?" seeing myself swaddled like that.

## **Discussion – Conclusion**

Most women defied, ignored or denied pain completely, in order to acquire the big prize of beauty. Namely, since they underwent plastic surgery for aesthetic purposes, they try to disconnect this process from any negative emotion, focusing only on the positive side of their aesthetic surgical procedures, as well as on the benefits they will probably gain.

There were certainly some people who mentioned that they felt they deliberately injured their bodies, due to superficiality or vanity. However, most of those who underwent cosmetic procedures ignored the discomfort. Even those who had complications and underwent reconstructive surgery, or lived the aesthetic surgery as a totally negative experience, described their failure as a statistical exception to the rule, relegating all the problems.

The survey recorded the way in which women experience the pain of cosmetic procedures. Pain is socially fashioned and significantly constrains the expression of biological stimuli (with only few exceptions). In most cases, ignoring pain is considered almost imperative to the woman, who wants to transform herself into a "real" woman, rendering her body as the ultimate standard of female beauty.

Explaining the defiance of pain helps us to understand better the special kind of embodiment all these women actually experience. The effort to achieve the female beauty

standards requires the experience of pain not as an unpleasant feeling but as a necessary ritual process. We could assume that women discipline themselves: while they are in severe pain, they succeed to downplay their feelings for the sake of achieving the desired standard of beauty. In other words, they almost feel that it is a woman's duty to undergo such procedures and thus become the "real" woman, formatting the body in accordance to the accepted standards (the woman as a sexual object).

Those who undergo these procedures and do not express their true feelings of pain are in their minds "real" women. Typical cases are C.: "I believe that women who say that they are in pain are exaggerating", L.: "When they tell me they are in pain, I wonder", T.: "It was a rare phenomenon that I didn't complain about anything", and P.: "I was a pioneer". The important thing here is that, in order to justify the non-expression of pain, they compare cosmetic medicine with the surgeries done to treat a disease. As explicitly stated by T.: "The one is for beauty, for happiness, and the other for disease". In the same context, O. said: "Here you have to do with a beautician... you don't have the stress of illness".

Because aesthetic surgery is a conscious choice, a reflexive way to implement your will and become beautiful (not subjugated as in the case of an illness), women "heroically" bracket pain. As stated by L.: "Maybe I was very determined. It was something... I chose to get involved in this process". In the same spirit, S. stressed: "My will' to do it was so strong, that I paid no attention to it". Finally, R.:

I got over it much easier having in mind doing what I wanted to do and that it was my own decision... I believe I would have been in much more discomfort if I had to do some kind of surgical operation for health reasons...

The very fact that women *ambitiously and self-consciously* chose to undergo these surgical operations probably demands from them to deny pain, in an almost voluntaristic and heroic manner. After all, "Pain is beautiful".

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## About the Authors

George Alexias is a medical sociologist. He is Assistant Professor at the Department of Psychology, Panteion University of Social and Political Sciences, Athens, Greece. His research interests include the sociology of the body, the sociology of genetics and cyber-sociology.

Georgia Dilaki is a sociologist. Her PhD thesis was about cosmetic surgery and the social construction of the body through medical discourse. Her research interests involve the sociology of the body and the sociology of emotions.

Charalambos Tsekeris **graduated with Distinction from Brunel University (West London, UK) and earned his doctoral degree in Reflexivity from Athens Panteion University. He is** Member of the Hellenic Sociological Society **and Senior Researcher** at the Lab of Virtual Reality, Internet Research & E-Learning. **He has more than 50 publications in peer-reviewed journals and edited volumes.** His research interests involve psychosocial studies and sociological theory.