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## Mirror, mirror on the wall, who looks the youngest of us all?

An art-based autoethnographic inquiry on beauty, gender and ageism

Visual Ethnography

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### Abstract

In contemporary society, marked by a prevalent emphasis on visual culture, there is a widespread desire to combat the effects of ageing, largely influenced by ageist media portrayals that idealise youthful bodies as the epitome of attractiveness and health. Faced with increased vulnerability due to ageism, sexism, classism and lookism, women often aspire to 'eternal youth' in line with societal norms and aesthetic standards. Centring on the body as it is presented externally, my research adopts a multifaceted approach, employing thorough ethnographic examinations with middle-aged Portuguese women in conjunction with art-based autoethnography. Through this analytical framework, I endeavour to elucidate the intersection of femininity and ageing juxtaposed against the youth-centric, predominantly male gaze prevalent in mainstream cultural contexts. By analysing societal and medical reflections on ageing and engaging in dialogue with women, I aim to unpack perceptions and anxieties around ageing. Anti-ageing messages often reinforce heteronormative beauty standards, dictating physical appearance and expectations of graceful ageing while neglecting underlying structural determinants. Examining anti-ageing practices reveals power dynamics, inequalities and forms of resistance that women encounter in response to ageing. Through anthropological inquiry, the study illuminates the interplay of societal structures, gendered expectations and individual agency in navigating ageing.

### Keywords

*Medical anthropology; Auto-ethnography; Ageing; Gender studies; Beauty studies.*

### The author

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1 The notion of “clinical mirror” refers to the perspective or viewpoint provided by medical professionals when examining the patient’s body. It represents the medical gaze, a concept within anthropology and sociology that describes the way in which medical practitioners scrutinize and interpret the physical characteristics of a patient’s body through their professional lens. In the specific context of this text, the expression “clinical mirror” serves as a symbolic representation of the medical gaze focused on the ageing body, reflecting the perspective and interpretation of age-related changes through a medical lens.

*J’ai pensé à ces femmes, à leur lutte pour tromper la mort, car c’est de cette désespérance qu’il s’agit, j’ai pensé à leur combat perdu d’avance contre les premières rides, les premiers relâchements de la peau, tout ce qui annonce au monde que quelque chose d’elles s’enfuit, irrattrapable, leurs corps fugitifs, leur honte, et j’ai eu envie de crier, hurler que seul ce qui ne dure pas a de la valeur, et que la menace de la perte est justement ce qui nous aide à vivre*  
(Delacourt 2018: 158)

## Making the invisible visible

*I am invisible, understand, simply because people refuse to see me*  
*The Invisible Man, Ralph Ellison.*

This article delves into the feminine experience of ageing and the perception of ageist attitudes towards women in the context of physical transformations resulting from the natural process of ageing. Although ageing impacts individuals of all genders, women often encounter heightened susceptibility due to a convergence of ageism, sexism, classism, and lookism. Notions of perpetual youthfulness, suspended ageing, or timeless beauty are deeply ingrained within gender norms, societal anticipations, aesthetic benchmarks, and moralizing principles, intricately intertwined with the individualistic ethos of accountability and self-restraint advocated by neoliberal ideology. Drawing upon an autoethnographic photographic study and in-depth ethnography, this text explores the feminine experience of ageing and the perception of ageist attitudes towards women in relation to changes in physical appearance due to the natural process of growing old.

By presenting the results of fieldwork carried out over the last thirty-six months in Lisbon, Portugal, and a photographic study of the visible manifestations of ageing on the author’s body in the clinical mirror<sup>1</sup>, the text aims to elucidate the interplay between societal expectations regarding youthful appearance and the lived reality of ageing. Through this multimodal approach, the article sheds light on the complex dynamics of social visibility and ageing, offering insights into the nuanced negotiation of bodily identity and societal perceptions among women in the context of ageing. Exploration of anti-ageing endeavours unveils entrenched power dynamics, disparities, moral ambiguities, cultural complexities, and modes of political resistance inherent in women’s responses to and negotiations with the physical transformations accompanying ageing. Anti-ageing advertisements often reinforce heteronormative, hegemonic beauty norms to propagate an idealized depiction of middle-aged womanhood. Present-day media portrayals of ageing women not only dictate physical appearance but also impose an expectation of gracefully embracing the ageing process, frequently linked to a narrow conception of normative, white, middle-class, heterosexual femininity, thereby disregarding underlying structural determinants. From an anthropological standpoint, the scrutiny of anti-ageing practices sheds light on the intricate interplay of societal frameworks, gendered anticipations, and individual agency, offering insights into the intricate balance between bodily autonomy and societal norms among women navigating the intricacies of the ageing process.

I’ve spent three years observing and accompanying the anti-ageing ‘rituals’ of 42 middle-aged and senior Portuguese women (age range 40-70) in order to gather their perceptions and attitudes towards the ageing body, to collect products and procedures for maintaining youth, and to reveal the role of social media in constructing and promoting positive ageing lifestyles and beauty ideals. Monitoring social media messages is important for research purposes because the media not only prescribe what women should look like, but also imply that there are numerous benefits for those who conform to cultural standards of ‘decent’, ‘positive’, ‘active’ and ‘graceful’ ageing. If autoethnography has shown me how the physical changes associated with the passage of

time are considered defects to be 'corrected' by aesthetic medicine, ethnography has embedded my personal story in a wider network of experiences and practices used by women to regain social visibility by rendering the signs of time invisible.

In an ageist society in which only young and toned bodies are considered attractive and healthy, many of us make great efforts to overcome ageing and its signs. Fantasies of 'eternal youth', 'frozen' or 'sleeping' beauties are firmly rooted in gender norms, reflecting aesthetic ideals and expectations, moralising norms of active ageing and neoliberal ideologies of individual responsibility and self-discipline. Although all people age, women are more vulnerable to a combination of ageism, sexism, classism and lookism. In contemporary Euro-American aesthetic economies (Jarrín 2015: 535), a woman's value depends largely on attributes (beauty, sexual attractiveness, fertility) that irrevocably fade with age. Losing youth means losing beauty and the power of sexual attraction. Beauty and youth are important social resources, and beautification is a significant investment to ensure mobility in the social hierarchy. Especially for women, physical appearance is seen as crucial capital that can be used to gain personal advantages, opportunities and privileges, and for which it is worth investing time, energy and money (Wen 2009; Anderson et al 2010). For this reason, beauty work is seen as a responsibility and moral duty, particularly for women, and there is strong normative pressure for them to invest various resources into their appearance.

Gender differences in the preoccupation with physical appearance have been discussed extensively by feminist theorists: although men are now more concerned with their appearance, there is a clear difference between men and women in the amount of time, attention and money that can legitimately be spent on beauty work (Bartky 1990; Orbach 1988; Carryer 2001; Fuller 2017; Tischner 2013; Wolf 2002; Bordo 1993; Berkowitz 2017; Cameron et al. 2019). The loss of youthful appearance is therefore particularly damaging to women, who are harshly judged on their ability to achieve and maintain the cultural ideal of female beauty, namely a young, thin, smooth, toned, firm and sensual body (Clarke and Griffin 2008; Bartky 1990; Bordo 1993; Cortese 2004; Gimlin 2002).

Ageist stereotypes portray ageing women as ugly, asexual and unattractive, in contrast to young women who are seen as beautiful, desirable and valuable. Ageism refers to the discrimination of people 'because they are old, just as racism and sexism do with skin colour and gender' (Butler 1969: 243). Women embody intersectional discrimination at the intersection of ageism and sexism, being culturally devalued in youth-privileging cultures and the hyper-sexualisation of younger, able-bodied women. As Kathleen Woodward notes in her 1999 book, *Figuring Age: Women, Bodies, Generations*:

"Women today begin to experience ageing around the age of fifty, and this process is viewed in terms of decay and loss of aesthetic and erotic value, rather than in the neutral terms of natural evolution and transformation" (Woodward 1999: 10-13).

I have therefore decided to focus my attention on the female experience and perspectives on ageing, looking in the youth-loving mirror of a society that stigmatises female ageing and despises the appearance of the middle-aged and elderly woman.

I first reflected on the apparent paradox of the excessive attention to the physical signs of age on the one hand, and of the total invisibility of older women's bodies on the other, in a society obsessed with youth and physical attractiveness, and which discriminates against older women. The concept of the social invisibility of ageing women (Biggset al. 2000; Gullette 2004; Hurd Clarke and Griffin 2008) denotes the societal phenomenon characterized by the marginalization, exclusion, or attenuated societal acknowledgment ex-

perienced by older women as they progress in age. The social invisibilization of old women has multifaceted manifestations, encompassing diminished representation within media and popular culture, constrained presence in public spheres, curtailed opportunities for employment or engagement in social activities, and a dearth of recognition or validation regarding their lived experiences and contributions.

The hypervisibility of the signs of ageing in the “aesthetic doctor’s mirror” and the total erasure of the ageing female body in the “social mirror” underlie the economic, physical and emotional investment in aesthetic products and services (hair dye, make-up, cosmetic surgery and non-surgical cosmetic procedures). The mirror, in this discussion, can serve as a powerful metaphor for the concept of “gaze”, representing the act of observation and judgment. When handed over to different individuals, such as medical professionals or society at large, the mirror takes on varying significances and implications. The doctor’s gaze, reflected in the mirror, represents a clinical and objective perspective on the individual’s physical condition. Patients often entrust themselves to the authority of the doctor’s gaze, accepting their judgments and diagnoses as authoritative.

The “society’s mirror” is the gaze, shaped by cultural ideals of beauty, success and conformity, projected onto the individual reflecting societal norms, values, and expectations. Individuals internalize society’s judgments reflected in the mirror, leading to pressure to conform to societal standards. Women, in particular, feel the imperative to adhere to an ideal of perpetually youthful femininity, or at the very least to age with elegance and grace. This pressure is often influenced by societal norms, cultural ideals, and media representations of ageing, which promote certain standards of beauty and behaviour associated with ageing. The imperative of “ageing gracefully” forces ageing women to fight the signs of ageing in order not to disappear socially. There is a strong emphasis on maintaining a youthful appearance, often through the use of cosmetic procedures, skincare products, and fashion choices that conceal or minimize signs of ageing such as wrinkles, gray hair, or sagging skin. The social invisibility to which my interviewees referred is inversely proportional to the social visibility of the signs of ageing. Older women have become socially invisible and their ageing is characterised by resistance, reluctance, sadness, cultural devaluation and shame.

A 2010 study by Margarida de Melo Cerqueira showed that in Portugal, from television (series, game shows), newspapers (news, comic strips), radio to various forms of art (cinema, theatre, dance, painting, sculpture, literature), older characters are referred to in a derogatory way, as having a health problem that weakens them in some way, as being dependent and not very competent (Cerqueira 2010: 339). The sense of invisibility experienced by women in relation to their changing physical appearance in the context of their personal and professional relationships has been referred to as ‘gendered ageism’ (Ginn and Arber 1996), ‘double standard of ageing’ combining gender and age discrimination (Sontag 1972), or ‘sexageism’ (Bouson 2016).

Many of my interlocutors commented on the impact of not being seen by potential sexual partners, as expressed by Susana, a 50-year-old married woman:

“Something not so funny happened to me this summer. I turned fifty. And I became invisible. I never turned heads when I walked into a room, even when I was younger. But I was not completely invisible to men. Suddenly no one sees me, not even my husband. I feel like a piece of furniture. I am invisible. I am not there. I don’t exist. I am finished. I don’t even like to look in the mirror anymore. All I see are my wrinkles”.

Many of the women interviewed confirmed that the visibility of the physical signs of ageing is the reason why they are driven to make their wrin-

kles as unnoticeable as possible through the use of beauty work. Investing in anti-ageing products, treatments, interventions and procedures to disguise the signs of the passage of time feeds the hope of not losing visibility and social value. The visibility of ageing coincides with their invisibility as women, as articulated by Cristina, a divorced, heterosexual, 53-year-old entrepreneur who admitted to investing a lot of time, energy and money in beauty work:

“No one desires us if we are not desirable. And no one wants old bodies. Old bodies are invisible, or at least no one wants to look at them. If you do not look attractive, no one will be attracted to you. And old age is not attractive”.

The struggle against invisibility and devaluation (in the eyes of romantic partners, in relational and professional settings, and more generally in the social mirror) is the main reason why women engage in beauty work. However, we have to consider that none of the women we interviewed on this point declared themselves to be lesbians and, among heterosexual women, more than half of those interviewed were critical of these standards, rejecting the male gaze’s obsession with young women and a femininity that responds to men’s supposed desires.

Social expectations are not only felt as external pressures but also internalised as personal values and desires. This means that women engage in beauty work to meet societal expectations, but at the same time, they feel better about themselves when their reflection in the mirror aligns with societal beauty standards and ideals. Paradoxically, the beauty labour realized to regain social value and visibility in the social mirror ultimately serves to reinforce sexist and ageist notions of physicality and beauty that reduce women to their physical appearance. Women’s rejuvenation work reveals structures of power, inequality, moral paradox, cultural complexity and political resistance in the way women perceive their reality and make choices.

## **The fieldwork**

This article is based on the fieldwork I carried out over thirty-six months, from March 2020 to March 2023, using classic bottom-up, empirically grounded field methods - participant observation, focus groups, life histories, informal and semi-structured interviews. A total of forty-two informal and semi-structured interviews, mostly scheduled and recorded, were conducted with Portuguese women aged between forty and seventy and living in the Lisbon metropolitan area, to explore their perceptions and attitudes towards the ageing body and the anti-ageing practices they choose to age ‘gracefully’. With the exception of three women who identified themselves as lesbian and two Afro-European Black women, all the other women I interviewed are white, middle-class, heterosexual and cisgender Portuguese women. Clearly, ageing is not just an issue for white middle-class heteronormative women. In recent years, I have researched and published specifically on the aesthetic labour of Afro-descendant women in Portugal, and have observed the emergence of a new market for cosmetic products in the Lisbon area, aimed specifically at customers who do not consider themselves white. In other works, I have also explored economic and social class differences, accompanying low-income women in the market for low-cost aesthetic procedures, often outside of the legally constituted clinical circuits, thus increasing the risk of being harmed.

If other aesthetic interventions are much more transversal - in relation to social divisions of gender, class, race, ethnicity, social status, sexual orientation, age or nationality - in the anti-ageing and skin clinics of central Lisbon, I met mainly middle-class women who identified themselves as white. Research participants were identified through participant observation and snowball sampling. Some respondents were already part of my network of personal contacts. Others I met in gyms, beauty salons, hairdressing salons, medical and

2 Funding: This research was funded by the project EXCEL, “The Pursuit of Excellence: Biotechnologies, enhancement and body capital in Portugal” (PTDC/SOC-ANT/30572/2017), financed by the Portuguese Foundation for Science and Technology and coordinated by Chiara Pussetti (website: [www.excelproject.eu](http://www.excelproject.eu)).

3 Ethical guidelines in ethnographic research necessitate rigorous adherence to principles of informed consent and participant anonymity to ensure the protection and respect of research participants’ rights and confidentiality.

plastic surgery clinics, and spas while researching the biopolitics of beauty and normative bodies in Portugal as part of the EXCEL project, which I coordinated at the Institute of Social Sciences at the University of Lisbon<sup>2</sup>. In addition to clients, I interviewed aestheticians, dermatologists and surgeons. I conducted interviews with a total of thirty-two beauty professionals, of whom twenty-six were men. The perspective of those who professionally sell products and procedures that promise or enable individuals to attain hegemonic beauty and wellness ideals is reflected, akin to a mirror game, in the choices and experiences of the women I interviewed.

My main research method was participant observation. Regular, unobtrusive contact with my research participants allowed me to develop intimate bonds of friendship. I accompanied them in their daily body care routines, listened to their experiences and opinions about beauty standards, aesthetic practices, consumption of cosmetic products and procedures. I was often invited to keep them company while they underwent painful cosmetic procedures, to hold their hand or simply to distract them. In each situation, they allowed me to take before and after photographs, recording their feelings and the doctor’s observations. It was through these less formal and spontaneous conversations in the different spaces dedicated to beauty in Lisbon that I gained the deepest insights into the field. This intimacy allowed me to capture a wide range of perspectives, identify different types of experience and uncover contradictory attitudes. I speak of intimacy not only in the sense of constant participation in the daily lives of my subjects, but also to refer to the creation of bonds of friendship: we shared experiences, concerns, advice, life stories, and we experienced aesthetic treatments together<sup>3</sup>.

I spent more than three years talking to customers of Lisbon’s beauty salons, often waiting for the beautician, hairdresser, dermatologist or plastic surgeon. The waiting room of a beauty salon, hairdressing salon or aesthetic clinic is a particularly good place for socialising. It resembles a ‘living room’ where people can chat over a cup of tea in a kind of suspended waiting, away from the activity of the outside world. The interview questions explored a range of issues related to experiences of ageing and the loss of precious time during the Covid-19 lockdowns: feelings about changes in body and appearance due to the restriction of staying at home, values surrounding beauty and youth, thoughts about whether beauty and ageing were under their control, aspirations and fears about the prospect of increased competition in all aspects of social life after the lockdowns, their visions of successful self-care, and the beauty strategies they adopted to survive confinement. While some women spoke of the time of the pandemic reporting feelings of fear and anguish, others recounted that they used the occasion of their confinement to “really” look at themselves in the mirror, with time and contemplation, by choice. For these women, the period of confinement was also a time when they could pamper themselves, away from the hustle and bustle of their work. My field notes were taken on my tablet and smartphone, by voice, talking to myself about my own beauty concerns due to the medical gaze, and recording conversations with the women who were generous enough to share their experiences with me. Many of the people I met during my fieldwork are now my close friends, and I have a duty to tell their stories with care, humility and honesty, and above all with political and ethical sensitivity.

Because of my age (51 years old), which put me in the position of a woman trying to preserve the aesthetic capital she was losing, I was seen as an equal by the other women in the various waiting rooms and as a potential client by the beauty professionals (beauticians, hairdressers, plastic surgeons and aesthetic medicine practitioners). They all showed interest in my research, often asking several questions and wanting to know the preliminary results. The knowledge I gained during my fieldwork about medical aesthetic clinics and beauty technologies led me to become increasingly literate in the field of beauty, and I became a beauty consultant for colleagues and friends who

asked me for advice on treatments and directions to the best clinics in town. Clearly, posing as a beauty consumer and expert proved useful during the fieldwork, both from the phenomenological point of view of sharing experiences with my interviewees, and for the privileged relationships I established in the field. During the research, my research partners and I went on spa days, tried beauty treatments and products, fasted and detoxed to get thin.

During the Covid-19 pandemic, interviews were conducted over the phone or via video conferencing on digital platforms (Zoom, Teams, WhatsApp and Skype). Other data was collected by participating in interactions in Facebook online groups and forums dedicated to beauty and weight loss. Although the pandemic is not a central aspect of this thesis, I cannot ignore the fact that much of the fieldwork took place during an exceptional time. My interviews highlighted how quarantine heightened fears of 'wasting time', of ageing faster, and of losing the wonderful things that used to occupy our time and give meaning to our lives. The sense of lost time during lockdown reinforced the desire to resume a normal life with a younger appearance. If my fieldwork conditions weren't optimal because of the lockdown, the pandemic revealed - among many other things - a veritable epidemic of problematic personal and social issues related to the obsession with appearance and staying or looking young. Many of the women interviewed expressed fears that the stress of the pandemic would make them look and feel older, and claimed that they would be prepared to do anything and pay any price to come out of the pandemic looking younger and better.

I listened to concerns and complaints about wrinkles, sagging breasts and body fat, but also to personal dramas of separation, betrayal, violence and illness. Stories that were at once personal and social, intimate and universal: stories of suffering, of broken hearts, of financial struggle, of resilience and resistance, of humiliation and dreams. Their stories were my stories, their concerns were my concerns, and so they touched me deeply. We shared similar stories: I was an insider and an outsider in the field - a living, embodied intersection of words, senses, emotions, desires and concerns. I was one of them.

### **The ageing body. A photographic autoethnography**

I have never researched a subject that did not tell me something about myself: my tastes, my political positions, my concerns, my fears, my existential questions. All the research I do, all the academic texts I write, also talk about me and change my understanding of who I am. I am very aware of how I enter the field and how the field enters, inhabits and transforms me. I consider my individual experience to be an important part of the social relations I establish in the field, and it seems to me that to focus my attention only on subjects other than myself is to hide my own conditions of knowledge production: the relationship, the encounter, the dialogue. I have never researched from the outside, so I think it is pertinent to be honest with myself about the reasons, mechanisms, impulses, commitments and directions of my intellectual work.

The stories that inhabit me constantly intertwine, merge and collide with other stories, giving rise to untold narratives that I describe ethnographically. By revealing my personal experience and reflexivity in the process of listening, talking, observing and participating in the lives of the people involved in this research, I simultaneously tell their stories and use my experience to create 'a borderland between passion and intellect, analysis and subjectivity, ethnography and autobiography, art and life' (Behar 1996: 174). This means that I accept, as part of this process, the revelation of my vulnerability at all stages of the research, including the writing of the research.

Through my informants' stories, I see my own weaknesses; in their desires, I see my own; in their fear of ageing, I see my own image in the mirror, and our reflection becomes part of a shared story. I am a white, heterosexual, middle-class woman in my fifties: characteristics that immediately place me

in one of the most lucrative niches of the beauty market. With fieldwork that took me through the waiting rooms of plastic surgeons, cosmetic doctors and beauty salons, I had to be rigorously self-aware, meticulously open to my contradictions and, above all, attentive to how the gaze of others changed my perception of myself. By observing my body through the eyes of my interlocutors in the beauty and anti-ageing market, and through a visual research process that involved photographing the changes in my body due to ageing, I gained a deeper, more complex understanding of the changes in my social and self-perception and identity caused by the passage of chronological time.

This article adopts a specific form of visual autoethnography, using photography, self-portraits, drawings on a Barbie doll and field notes as experimental tools to explore the complexities of my personal, embodied, physical experience of ageing. My experience of ageing is presented alongside the voices of my interlocutors and other ethnographic data collected during the fieldwork. Like a mirror, my anti-ageing enterprise reflects like a mirror the experiences of the women I accompanied in the field, their relationship with their appearance, especially their face, hair, skin and weight, and their strategies for slowing down, delaying, mitigating and reversing the effects of time.

Autoethnography is an approach to research and writing that recognises that personal experience informs the research process and uses autobiographical narratives about doing ethnography, as well as self-reflexivity, subjectivity and emotion, to understand social experience (Reed-Danahay 1997; Ellis, Adams and Bochner 2011). Autoethnography is a methodological approach that emerged from the postmodern rethinking of both the aims of the social sciences and their modes of inquiry, challenging the persistent dichotomies of insider versus outsider, emic versus etic positions, and individual versus culture. Autoethnography as an ethnographic method has often been criticised for its focus on the self, and has been described as self-indulgent, not scientific and not objective enough, narcissistic, and too evocatively introspective or unconventional in relation to established academic canons (Anderson 2006). Researchers' emotions and feelings have generally been neglected as a source of data in their own right, or even regarded with a certain reluctance as something to be hidden. In other words, we can talk about 'how to do' research, but never about how the field is a personal, emotional, sensual or even erotic experience.

My way of doing anthropological research, which I have defined as 'visceral and emotional' (Pussetti 2016), firmly grounds my position in the social context I observe, with all that this implies. To better grasp my field, I have used what I have defined as 'sensory devices' (Pussetti 2016): emotional and bodily engagement, as well as improvisation and imagination. Emotions, senses, creative improvisation and inventive activity are an intimate part of my empirical practice. In my other work, I have eloquently expressed my scepticism about the positivist position that sees reality as objective and independent of the researcher's gaze, and the 'double illusion of the neutral observer and the social phenomenon that can be observed and represented' (Morphy and Banks 1997: 13). My critique informs, supports, and encourages a phenomenological or experiential understanding according to which we get a taste of ethnographic things (Stoller 1989) through our emotional and bodily experience (Pussetti 2005, 2011, 2017, 2018). I have also engaged in extensive dialogue with other scholars on epistemological distinctions between art and science, reflecting on the connection between scientific and artistic production and discussing whether and why anthropology seems less scientific when it uses creative research methods and aesthetic communication styles (Pussetti 2013a; 2013b; 2015; 2016a; 2016b).

In her influential book *The Vulnerable Observer*, Ruth Behar predicted that when we challenge the orthodoxies of the academy, we create 'a borderland between passion and intellect, analysis and subjectivity, ethnography and autobiography, art and life' (1996: 174), and argued that 'an anthropology

that doesn't break your heart just isn't worth doing anymore' (1996: 177). This is the anthropology I defend, in which I am part of a shared history and a process of mutual understanding and co-construction of knowledge. When I tell an autoethnographic story, the story is not only mine - it is shared with those in my story who share the same physical and symbolic space: the ethnographic field. I am telling my point of view of a story that I am also a part of, among other people. A story made of contradictions, misunderstandings, empathy, flesh, emotion.

## **In front of the mirror. Ageing in the clinical gaze**

*All mirrors are potentially threatening  
(Kathleen Woodward 1991: 67)*

Ageing is a temporal process. Thinking about ageing and temporality brings me back to an old distinction made by the French philosopher Henri Bergson (1889) between time and temporality: the chronological and mathematical time of the universe (Albert Einstein's concept of time with its socially neutral metric) and the durational and embodied time of human subjectivity (Henri Bergson's phenomenological concept of time) (Canales 2015). According to Bergson, time is spatialized and measurable, whereas temporality is a subjective and fluid experience that manifests in the continuous flow of consciousness. While time can be objectively measured, the temporality of ageing is a subjective and fluid experience that manifests in the continuous flow of consciousness and in the awareness of the passing of time. Ageing is often measured in terms of time, with an increase in chronological age indicating how much time has passed since birth. However, the experience of ageing is much more complex and subjective, influenced by a range of factors that go beyond simple time measurement. With advancing age, people may become more aware of time and its passage. However, this awareness can vary from person to person and can be influenced by factors such as health, relationships, and social environment. As the years pass, the perception of the passage of time changes. Time speeds up, months fly by. If as children we have the feeling that we will never grow up, youth and beauty seem to slip through our fingers. All the women I interviewed reported this feeling of a mismatch between their legal age and their mental age: "It makes an impression on me when they call me 'ma'am': I still feel like a girl and I notice that others don't see me that way anymore'.

Ageing is a fluid, multidimensional and socially constructed concept. According to Peter Laslett (1989), we can distinguish five dimensions of age: the chronological, the biological, the social, the personal and the subjective. Alan Rubin and Rebecca Rubin (1986) distinguish between chronological age (the mathematical calculation of years) and contextual, subjective and contextual age. Peter Öberg (2003) distinguishes between real age (the age one has, the person's chronological age, i.e., the number of years since their birth), feel-age (the age one feels, or perceived age, regardless of the chronological age), and look-age (the age one appears to be, how old one looks, based on their physical appearance). In summary, while real age is an objective fact, both feel age and look age are subjective and depend on individual perceptions and experiences. For example, a person may be 50 years old (real age), but feel and appear younger (feel age and look age) due to a healthy lifestyle and a positive self-perception. Conversely, another person may be the same chronological age but feel and appear older due to factors such as stress, illness, or a negative self-perception. The ageing process is always and everywhere lived within specific boundaries, norms, expectations, structural constraints, cultural beliefs and values. Age is not given meaning in a vacuum; rather, age is best understood as

4 An intersectional analysis of the phenomenological experience of ageing would require a deep understanding of the multiple dimensions of identity (such as gender, social class, ethnicity, sexual orientation, disability, etc.) and of power structures that influence individual and collective experiences and perceptions of ageing.

5 I decided to participate of the beauty rituals I was studying, both as a means of ethnographically engaging with the field I was researching and because I feel the same societal pressures and adhere to the same beauty standards, which I simultaneously reflect on critically.

part of a stratification paradigm that includes gender, class, race, disability and other systems of inequality. In my research, I have analysed the phenomenological experience of ageing in relation to other axes of difference that produce inequality, discussing with my local interlocutors our common fears of losing youth and beauty; our fears of becoming unattractive, unworthy of love, invisible in the eyes of our partner and society at large<sup>4</sup>. The metaphor of the mirror represents these eyes: the gaze of others, the social images and representations that guide our thinking about ageing and direct the way we see age (Bytheway 2011: 86). In particular, my photographic series represents the representation of the ageing body in the 'clinical gaze'. The gaze of medical expertise and power, but also the embodied critical gaze of socio-culturally prescribed (hetero) normative ideals of beauty and health that we turn on ourselves to judge our physical appearance.

To take my experience seriously is to understand the reality of a culture based on appearance, to uncover the entangled relationship between physical attractiveness, youth, femininity, women's social status and interactional power, with all the psychological, social and economic consequences that this entails. By participating as an ethnographer in all arenas of the beauty market, constantly confronted with hegemonic discourses of youth and beauty, I became increasingly attentive and permeable to the ways in which my interlocutors in the field commented on my appearance. During each interview in aesthetic and cosmetic medicine clinics, the professionals held a mirror in front of my face and drew my attention to the imperfections of my skin texture, the enlarged pores, the lack of youthful radiance and glow, the expression lines: the puppet, the bar code, the crow's foot. Gradually, I approached the perspective of my subjects, seeing my body through their lenses. From observer to observed, I began to incorporate a medical perspective that pathologized the signs of my ageing.

My experiences as a beauty salon customer and medical cosmetic patient, as well as the intense dialogue with other middle-aged women, made me increasingly aware of the of the negative social perception of ageing, particularly for women, associated with a sensation of loss of value (aesthetic, sexual, reproductive, professional and so on). Although I was quite critical of all the discourses and normative ideals of beauty that required women to disguise the signs of ageing, I nevertheless began to take more care of my appearance and to participate in the same beauty rituals that I was observing, thus perpetuating the practice of the pursuit of eternal youth<sup>5</sup>. The clinical gaze proved to be an important lens through which to reflect on the intimate and personal ways in which we incorporate conflicting socio-cultural expectations of how our bodies should be. In the medical gaze, my body presented itself as a raw and changeable material on which the surgeons could draw the ideal feminine form - carving the flesh, cutting the excess and redefining the lines, using all the pharmaceutical, medical and surgical tools of rejuvenation to construct an illusion of youthfulness - just as the sculptor shapes his marble. My body provided the canvas or clay for the artist's masterpiece.

Through an approach that combines art and written anthropological narratives, I have conveyed the emotional journey of my fieldwork and reproduced the impact of these beauty standards on my own representation of myself, balancing between what others see and think of me, with what I began to perceive as wrong or ugly and wished to change. Through field notes, the manipulation of a Barbie doll used as an alter ego or avatar according to an artistic methodology I have discussed in other texts (Pussetti, Lavina, Manfredi 2022; Pussetti 2024), and selfies, I illustrated a cosmetic surgeon's authority to define and shape my body in the light of the mirage that is the ideal, hegemonic and erotic female body of the capitalist market. My photographic reflections, using the selfie as a mirror of the photographic self-portrait, also represent the stories I collected in the field, the confessions and anxieties of my friends and colleagues about the ageing process. A combination of photographs, field notes and collage helped me to provide a visual insight into what I understood and

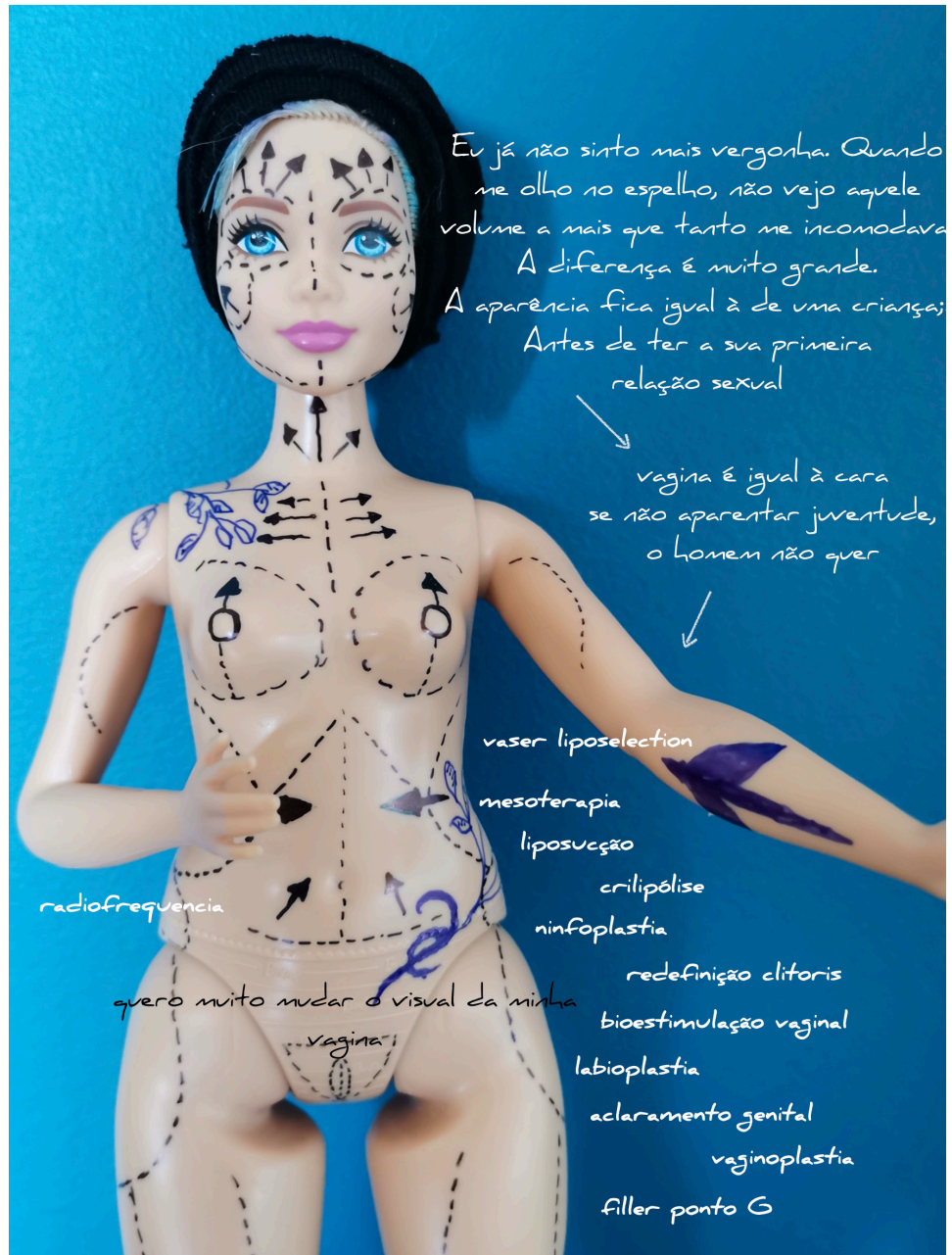
felt as a researcher during the process, with the aim of involving the viewer in the experience of the social actors involved.

The first and second images represent the pressure I experienced during my fieldwork to achieve and maintain the ideal of youthful beauty by masking or altering the physical signs of ageing. During my research, I experienced pressure to maintain a youthful appearance from doctors, beauticians and also from the women I interviewed. For example, Clara, a 51-year-old single woman, said:

“Many intellectual women like you think they are strong and well-adjusted, because they do not do anything about ageing, grey hair, fat, falling face... They even try to be seen as feminists, against the dictatorship of beauty: but it's all a façade! They are lazy, careless, negligent and sloppy women who don't value themselves. They have no self-esteem and no self-respect: they let themselves go; they are real failures”.



Figure 1 © Chiara Pussetti



**Figure 2** © Chiara Pussetti

Ana, a 46-year-old divorced woman, a recognised and successful architect, confirmed this:

“Yes, I spent a lot of money on fillers and Botox and luxury creams like La Prairie, so what? Maybe you spend more on a bag. But you get that bag of lard on your belly, which is an old woman’s belly. Everyone decides how they want to grow old. Don’t you want to try to be better? You don’t want to try to be better? Then don’t do anything. Then you’ll see what your life will be like: old, ugly, sloppy, alone”.

Joana, a 62-year-old university lecturer, agrees:

“The competition is fierce and we women have a short shelf life. We have to take care of our appearance. At your age you can still do something, but you should have already invested in prevention. The beauty

you've already lost will never come back. You should have done something earlier”.

It happened suddenly. Suddenly, I looked at myself in the doctor's mirror and realised that I was no longer young. Still attractive, yes, but “the sell-by date was approaching”, as my former mother-in-law once commented. It was a real shock. Until recently, I found it strange when people addressed me in the street as ‘madam’, because it seemed obvious to me that I was still considered a girl, with the typical naivety of young people who believe they will always be so. During the fieldwork, however, consumers, professionals and colleagues kept reminding me that the time of youth was over and that lost beauty would never return. In the course of the fieldwork, I approached dermatologists, spent a lot of time in aesthetic clinics, and created relationships of trust. I then asked these research subjects what I could do to stop this ageing process. The answers I received from these professionals surprised and frightened me even more:

“I would say that you should have had this concern at least ten years ago. You should have been thinking about prevention. The ideal would be to intervene before the structure collapses. What's more, a woman with your profession: courses, conferences and public appearances. And divorced to boot. You see, competition is fierce at work and in love! Maintaining a youthful appearance is a strategy to maintain a competitive advantage, my dear” (Miguel, dermatologist).

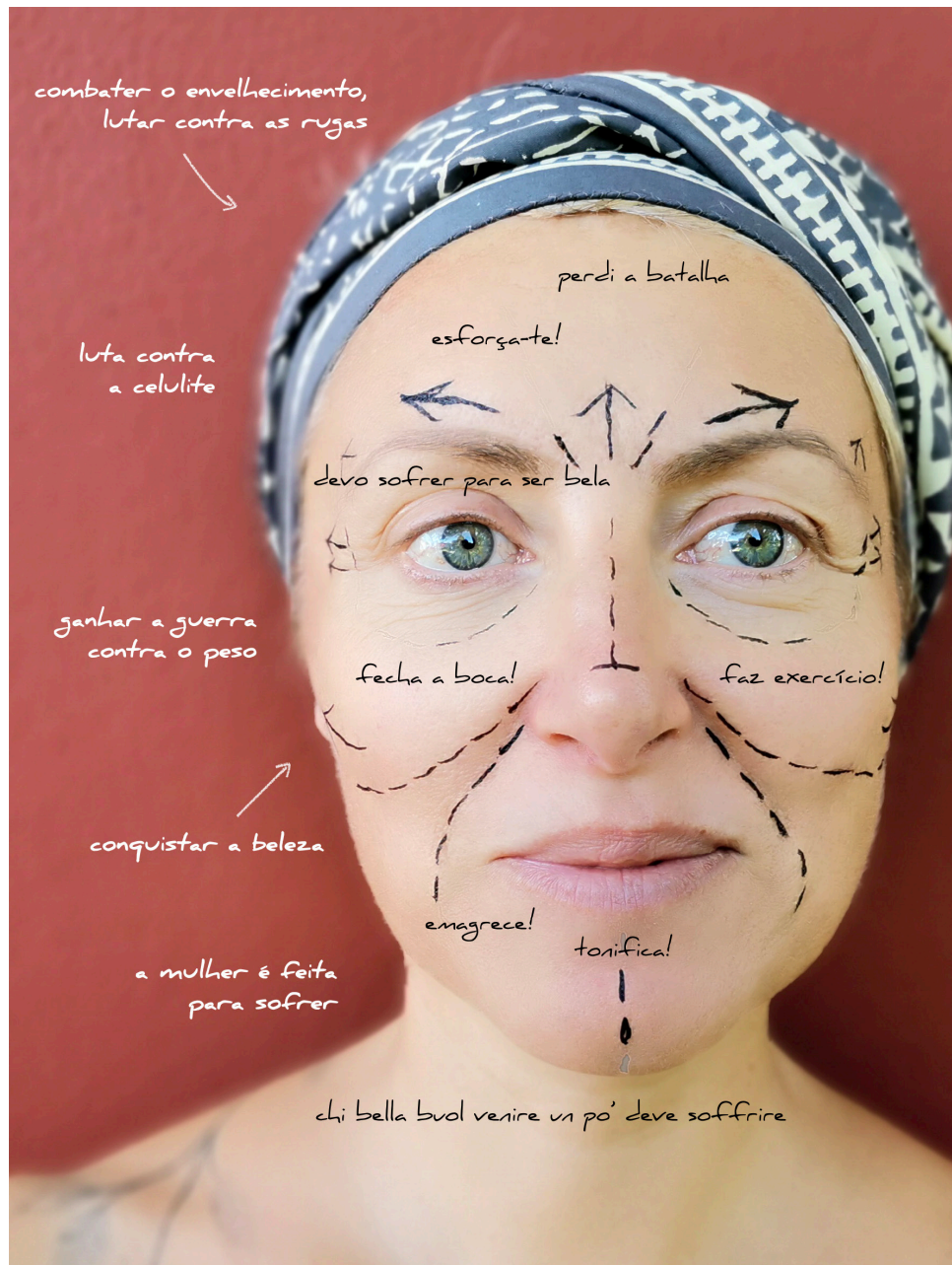
“Chiara, the face... the face is like a business card. You can see that you haven't used sunscreen... you see those little spots? They're not freckles, no. They're age spots. For women, I always say that taking care of the skin on our faces is an obligation. If we want to be accomplices in the shame... that's something else!” (Pierre, dermatologist).

“If you had asked me, I would never have told you not to intervene, even if you had made an appointment at twenty or thirty. It's called prevention, you know what it is, don't you? You should have intervened to prevent the appearance of the first expression lines, before the wrinkles become marks. And then, yes, our work becomes more difficult and we no longer achieve that result. Now we can try to treat, to soften: but the damage is already done” (Sofia, dermatologist).

In the third and fourth pictures, I drew on my face the lines to be corrected and the instructions I received during the research: “Fight the wrinkles! Fight cellulite! Fight age! Win the battle against time! Conquer beauty! Fight the battle against weight! Make an effort! Exercise! Close your mouth!” Wrinkles, body fat, cellulite, sagging skin, greying hair, skin spots, loss of firmness and all the other physical changes associated with ageing should be fought by energetically maintaining the body with the help of the medical aesthetic, cosmetic, fitness and food industries (protein diets, superfoods and supplements). Military metaphors such as, ‘fighting wrinkles’, ‘winning the battle against age’ or ‘conquering beauty’ have punctuated my life, denoting the idea of the effort and suffering involved in the work of preventing, maintaining, delaying, reversing or masking the effects of ageing. The women I interviewed consistently used these martial metaphors to define their struggle against the signs of ageing, making comments similar to those of Maria João, a 51-year-old single heterosexual woman who works full-time, uses hair dye and make-up, and has had a number of non-surgical facial procedures, including Botox, injectable fillers<sup>6</sup> and chemical peels<sup>7</sup>:

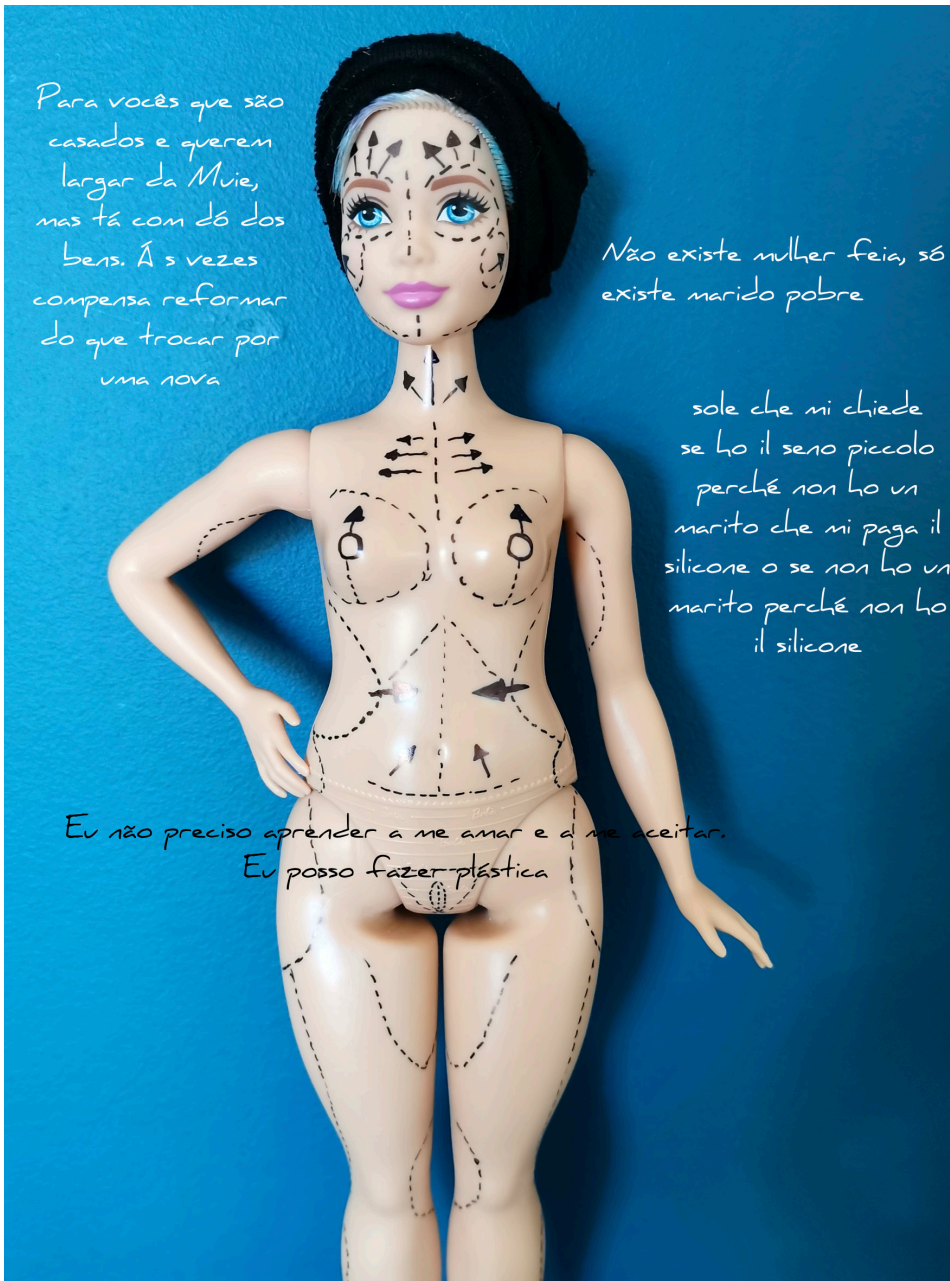
6 Anti-ageing injectable fillers, also known simply as dermal fillers, are substances injected into the skin to restore lost volume, smooth wrinkles, and enhance facial contours. These fillers are commonly used in cosmetic procedures to rejuvenate the appearance of the skin and combat signs of ageing.

7 Anti-ageing chemical peels are cosmetic treatments that involve applying a chemical solution to the skin to exfoliate and remove the outer layers, revealing smoother, younger-looking skin underneath.



**Figure 3** © Chiara Pussetti

"I look in the mirror, I watch and judge myself... my God, I look repulsive! An older woman is so disgusting! I was so beautiful until a few years ago: I would walk into a room and time would stop and everyone would look at me. I would fill the room with my presence. Now nobody looks at me, I feel invisible. Youth is so much more attractive! I wish I looked like I did 10 years ago. I would do anything to be rejuvenated, to be seen again".



**Figure 4** © Chiara Pussetti

Catarina, a single, heterosexual, 56-year-old woman who uses a lot of beauty treatments, expressed it even more strongly in the following remarks:

“I want to stay young! I want my body to slow down! Why should I let myself get old and lose this battle? I am doing everything I can: my life has been a constant battle against nature. Preserving the body is not a desperate search for lost time. It’s more like fighting so that time leaves no traces: it’s a war!”

Many women shared this negative view of age and the ageing body, making statements similar to those of Ana, a married, heterosexual, 43-year-old doctoral student who used a lot of beauty products and had had Botox and preventative fillers since she was 30:

“Look at this photo. Keira Knightley and I have exactly the same facial structure and about the same age, even she must be younger. But she doesn’t have Botox or fillers and she looks so much older. We’re still going to get older, but by taking precautions we won’t: we may look more mature, but at least we won’t look like we’ve been run over by a lorry. I do not believe in miracles, but in effort and commitment. If you want it, you can do it. I’m sure I can manage to stay beautiful and young for as long as possible!”

Women are told that they are unstoppable: they can change or achieve anything they want with sheer willpower. It is all up to them: with resolve and discipline, nothing is impossible. Women can control the tangible, physical, somatic reality, as well as more abstract processes such as ‘ageing’, ‘time’, ‘gravity’ and ‘the future’. The battleground is their body, in a relentless war against themselves and the natural course of life. During the pandemic period, the Portuguese advertisement for L’Oreal’s Age Perfect cream, which contains the slogan “These Days, Age is a Choice”, was widely disseminated throughout the country. The campaign works to equate ageing with the look of ageing, to problematize ageing appearance, and to offer marketized solutions to the ‘problem’ of ageing. According to L’Oreal’s brand ambassador, saying that today “age is a choice” means that women can be beautiful, well groomed, active and confident after 60 years of age, investing in maintaining fitness and beauty as ways to boost their self-esteem. One can claim the appearance of youth until later: it is in one’s hands; it depends on one’s determination not to give up. It means believing that “we deserve it”. If, in the United States, Jane Fonda personified the cream Age Perfect, in Portugal the promoters of the brand were singer and actress Simone de Oliveira, and actress and television presenter Lídia Franco. The two ladies represent the so-called “sexygenarians”, a category that today encompasses one third of Portuguese women, and represents an important market niche. The campaign, accompanied by the slogan “It’s the difference between a Granma and a Glam-ma”, problematizes bodily ageing, and in particular facial ageing (skin, eyes, cheeks, lips), as a serious issue. Beautiful bodies are, overall, presumed to be young bodies, and the look of ageing is considered to be a problem and pathologized. The narrative format of this type of advertising messages is that of ‘problem/solution’, with ageing as the ‘problem’ and technologized/scientized/medical/pharmaceutical (even before than cosmetic (of which, more later)) products as the ‘solution’. The consumer is persuaded of two important things: (1) that it is undesirable to appear to be ageing, and (2) that she/he must assume responsibility to stay young-looking, controlling, slowing or reversing the effects of ageing.

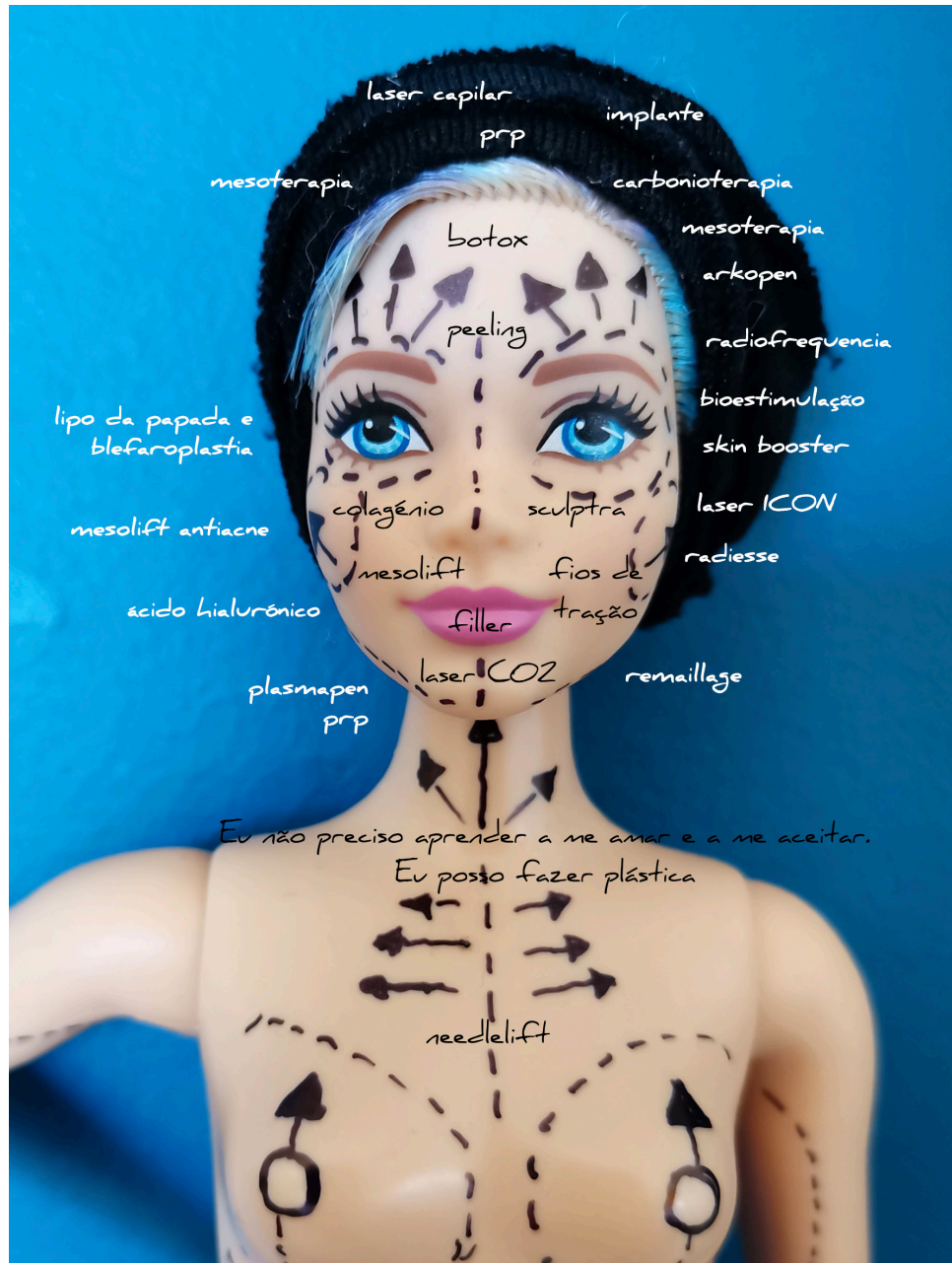
The inspirational women who endorse the brand of anti-ageing worldwide make the moral imperative of ‘take care of yourself because you deserve it’ or ‘because you’re worth it’ (Pussetti 2021), relevant to women of all ages, proposing unrealistic beauty standards that ultimately reinforce feelings of inadequacy and increase women’s insecurities. With their imperative tone and positive verbs denoting transformative actions (‘change’, ‘empower’, ‘decide’, ‘make’, ‘develop’), these messages encourage women to maintain their beauty at all costs (Weitz 1998; Jones 2008; Gimlin 2012). According to these motivational messages, the loss of beauty does not depend on the passage of time, but on desistance, laziness and lack of discipline. Youth and beauty require economic investment, effort, discipline, dedication and perseverance. The age you display is a reflection of your moral qualities, your lifestyle and your life choices. Whatever the circumstances, your appearance reveals your essence.

The fifth, sixth and seventh pictures (the first is a picture of me and the other two are my ‘avatar Barbie’ pics) represent all the beauty treatments, surgical and non-surgical, suggested to me by doctors and by my interviewees during my fieldwork. The cosmetic procedures discussed in this paper include Botox injections, skin boosters, chemical peels, vascular lasers, injectable fillers,

laser hair removal, microdermabrasion and laser skin treatments, biostimulation, thread lifting, microneedling, liquid facelift, mesolift, vaginal rejuvenation, and others. The number of things women are willing to do to their bodies to maintain social value, visibility and credibility is impressive.



Figure 5 © Chiara Pussetti



**Figure 6** © Chiara Pussetti

A divorced, 63-year-old heterosexual woman who had used hair dye and make-up and had Botox and filler injections explained:

“My face is wrinkled, my skin is sagging, my body has lost tone. But I am still alive, I want to fall in love and find a partner to spend the rest of my life with. Most men are looking for young women. That’s why we all lie about our age on Tinder. No one is looking for 60-year-old women on Tinder. That’s why I do aesthetic medicine treatments and surgeries, Botox, hyaluronic acid fillers, lasers, and for the body, radiofrequency and mesotherapy. I am seriously thinking about having a facelift. And maybe vaginal rejuvenation. Finding a man is one thing, keeping him is another.”



**Figure 7** © Chiara Pussetti

Similarly, a 50-year-old heterosexual woman, divorced but recently in a new relationship with a 43-year-old man, said:

“My boyfriend is younger than me and I have to take care of myself or risk losing him. I’m going for rethreading 🧵 It means I need to be repaired. It’s like restoration. But rethreading refers to repairing the surface of worn (car) tyres. I use this term for fun because we sometimes use it in my family. I have already booked a vaginal rejuvenation with the surgeon, then a mini-lifting of the neck and a blepharoplasty. I look at myself in the mirror and examine the ruins. I want to be myself again.”

Cristina, a 62-year-old teacher, said:

“I look old, but I feel like I have thirty years. Sometimes I see my image reflected in a shop window and I think, ‘But who is this lady?’ It feels like

she's not me. I don't recognise myself. I don't look like the image I have in my head. My ideal self is the younger Cristina. My real self is who I am right now. I don't want to look in the mirror and see my mother. I want to see myself. The dissociation I feel is this, between what I think I am and what I appear to be. One day you'll understand: you'll be old enough not to recognise yourself in the mirror."

Maria, a 64-year-old university researcher, confirmed this feeling of gender/body/age dissociation:

"My face is what I see in the mirror. My self-image. That's why I make aesthetic changes to my face: to continue to correspond to the mental state that hasn't changed, because it's my way of being. I want to continue to correspond to myself. To recognise in the mirror the person I think I still am. Try to do something now, while you are still in time to preserve your appearance. Don't wait until you no longer recognise yourself in the mirror. Don't stop looking at yourself if you don't want others to stop looking at you".

## **Feminine beauty and its imperatives**

*Forever young, I want to be forever young  
(Alphaville, 'Forever Young', 1984)*

The beauty industry - with its economic lexicon of expressions such as 'having or losing value, preserving, monetising, betting on, devaluing, enhancing, arresting, developing' - reminds us that if we were thinner, firmer, smoother and younger we would have a more passionate relationship, a better career, more friends and success; in short, we would be happier people. The ideal of feminine beauty that I was taught to cherish includes a slender, delicate and sensual figure, with abundant, shiny hair (as long as it is neat and tied up in elaborate hairstyles), flawless porcelain skin, free of blemishes and imperfections. 'Fat is cute, beauty is thin', my grandmother used to say. She also used to say: 'It's no good to be young without beauty, or beautiful without youth'. Then she'd look at me eating biscuits and say: 'OK, fine, eat your snack! Blessed youth! Youth is beauty itself!' And again: 'Enjoy it, my granddaughter, because the beauty of youth is a gift that nothing can replace'. My parents were proud of me because I was a good student, but also - and perhaps above all - because I was a beautiful child, and their friends praised me.

This is how I learned that being beautiful is a value and an obligation that goes hand in hand with youth. This association is present in many proverbs, popular sayings and other commonplace things that I have collected over the years: 'Youth and beauty are worth their weight in gold'; 'Youth in itself is beauty'; 'Beauty and youth are a woman's most important assets'. The world around me taught me that youth is even more precious than beauty. I often heard it said at home and among my peers: 'Young women are beautiful on their own'; 'When you are young, everyone is beautiful'; 'That woman was a beautiful woman, but her lover was twenty years younger, of course there was no comparison'; 'Marilyn Monroe's luck was that she died young and her beauty remained eternal'; or 'Poor Brigitte Bardot, she should hide'.

According to the women I interviewed, getting fat and getting older are the most dangerous enemies of female beauty. Their interviews reveal a clear discourse on the suffering necessary to maintain a good appearance, along with several martial metaphors, images of restoration and recovery of buildings, as well as aesthetic economies and moral imperatives of beauty. 'A woman must suffer to be beautiful, pain is the price of beauty; a woman is made to suffer, to endure pain, to close her mouth, to shape her body', said Teresa, 42-years-old. Maintaining a youthful, attractive appearance involves sacrifices,

economic efforts, strict rules and routines, even health risks, but it is necessary to avoid disappearing into social invisibility. As in a hall of mirrors, the excess of visibility of time in the mirror of aesthetic doctors and the gaze of patients with whom I spoke in the waiting rooms of clinics came together with the recognition of the invisibility that my interviewees had spoken to me about.

In that mirror, a constant presence in my interviews, I began to examine my face in detail, noticing minutiae in my features that the medical eye, with the force of its authority, had transformed for me into defects in need of correction. I might even have remembered to put on moisturiser or sunscreen, but suddenly I felt irresponsible and careless. I explained that I didn't want to change the way I looked, that I didn't like 'botoxed' faces, 'duck-billed' lips, cheek fillers that gave me a 'cat's cheek' effect. The doctors reassured me about 'natural' results and gave me several alternatives:

"On your face it would just be baby Botox, don't worry, or a bio-revitalisation. It could even be something very gentle like micro-needling. Nothing invasive. Maybe Radiesse or Sculptra. It would just be a softening, you'd still be yourself, but an improved version of yourself. It's like you've had a long holiday". (Manuel, dermatologist)

"It would be to lighten the skin, refresh it a bit, tighten it up. It's just a few injections, it's not difficult. Here we have to replace the lost volume with hyaluronic acid... but you can't get away from Botox (botulinum toxin): you don't want those awful glabellar lines that make you look angry and very masculine. Let's put a little on the eyebrows to open up the eye and take away that tired look". (Miguel, dermatologist)

"None of the hyaluronic acid fillers that make everyone look the same, all puffy. Absolutely not, only collagen stimulators for volume, so your body reacts and does its job again. These are new generation products. Like Radiesse. The name says it all, doesn't it?" (Pierre, dermatologist)

"Fillers and botulinum toxin are the most common, but the last thing I recommend. You can also use your body's own resources, your own blood. Let's do platelet rich plasma, which stimulates cell growth factors and promotes collagen synthesis. In my opinion, it would be radiofrequency before, vitamin mesolift after. And I recommend Botox and hyaluronic acid, in a single session. In winter, think about a good peel or ablative laser resurfacing for the enlarged pores on the forehead, which are really terrible". (Sofia, dermatologist).

I was lost in this array of options and conflicting advice. Only one message came through loud and clear: 'I deserve and must value myself', 'love myself', 'take care of myself' and 'be a better version of myself'. One injection and I look less tired, more relaxed, like I've come back from a long holiday. My life is still stressful, of course, but I can project an air of youthfulness, calm and serenity. When I decided to have my first 'baby Botox', I found myself in an ethical and intellectual conflict. How could I participate in the same discourse that I critically analyse, that of the aesthetic dictatorships over women's bodies, the myth of perfection at all costs? The feminist sociologist Dana Berkowitz, speaking of 'cognitive dissonance' (2017: 95), also reports an analogous reflection on the conflict she experienced between her activism denouncing the dangerous consequences of beauty culture and her consumption of botulinum toxin.

I would say more about the confluence of the different roles required of me. Chiara/anthropologist is the one who discusses the social construction of gender, the power relations implicit in aesthetic hierarchies and the disciplinary practices that shape the female body. Chiara/woman is the one who, in her daily life, nevertheless reproduces all the micro-practices that constitute the performance of femininity, who wants to preserve the beauty and the

power of attraction of youth, who is afraid of losing value with age. Photo 8 shows the moment when the aesthetic doctor, after identifying my main facial expression lines and signs of ageing, marks the points on my face where the botulinum toxin is to be injected. In order for the doctor to mark these points, a mirror is first placed in front of the patient's face so that she can identify her wrinkles.



**Figure 8** © Chiara Pussetti

Then, back in front of the mirror, the doctor asks the patient to wrinkle her forehead and close her eyes and mouth to highlight the areas of contraction and wrinkling. At the same time, the doctor points out all the aspects of the patient's face that show signs of ageing. The skin is lax, tired and dull. The patient enters a process of hyper-consciousness and hyper-visualisation of the ageing process. Photos 9 to 12 are examples of the condensation of messages from the beauty, health and fitness industries about the cosmetic rejuvenation process that I have included in my research. For months, I listened to doctors recommend products that would make my skin 'beautiful', 'perfect', 'better', 'excellent', 'prestigious', 'younger' and 'divine' like 'porcelain'. Of all these, Botox promised a real miracle: freezing my muscles, my expression, my age.

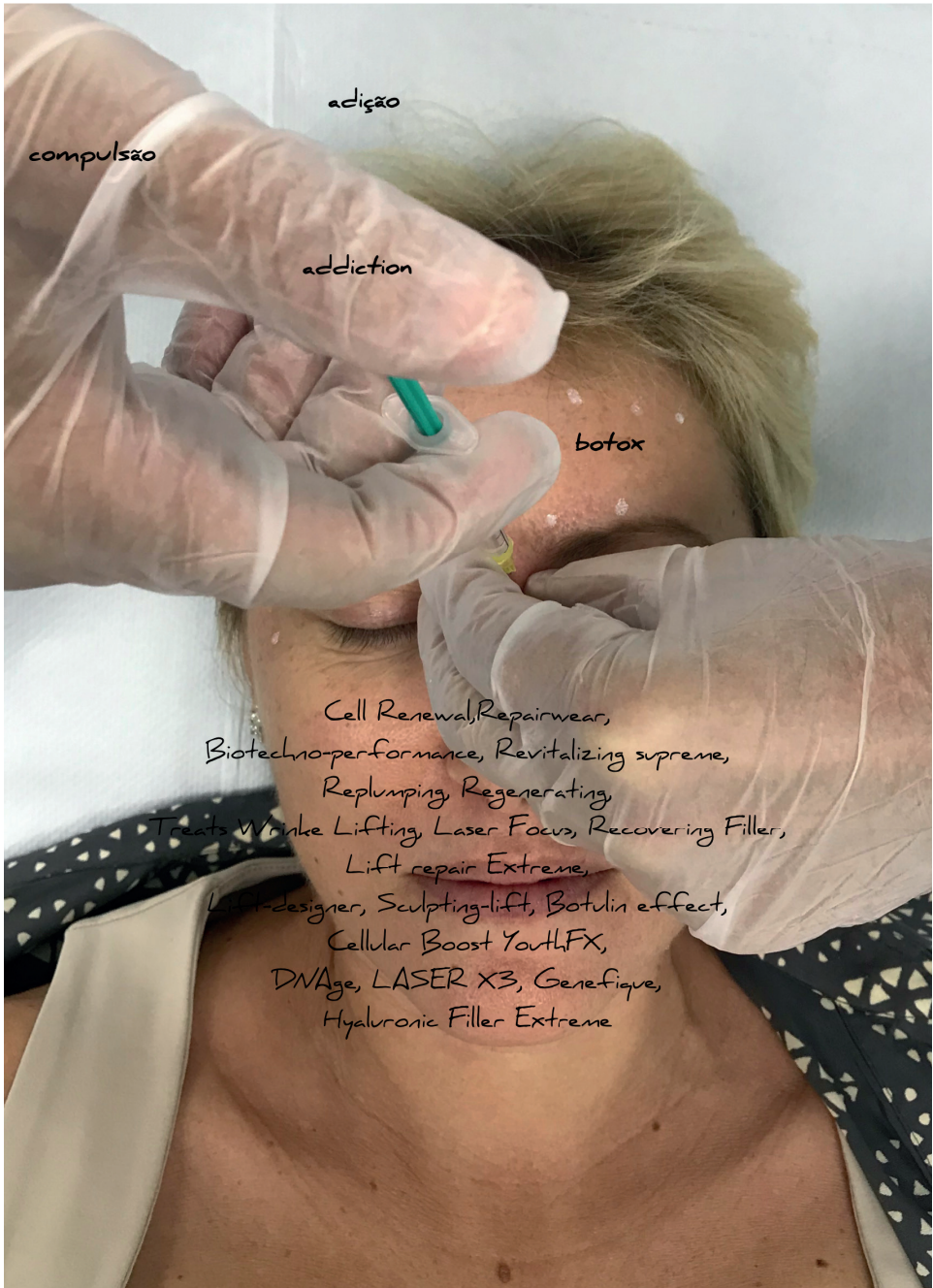


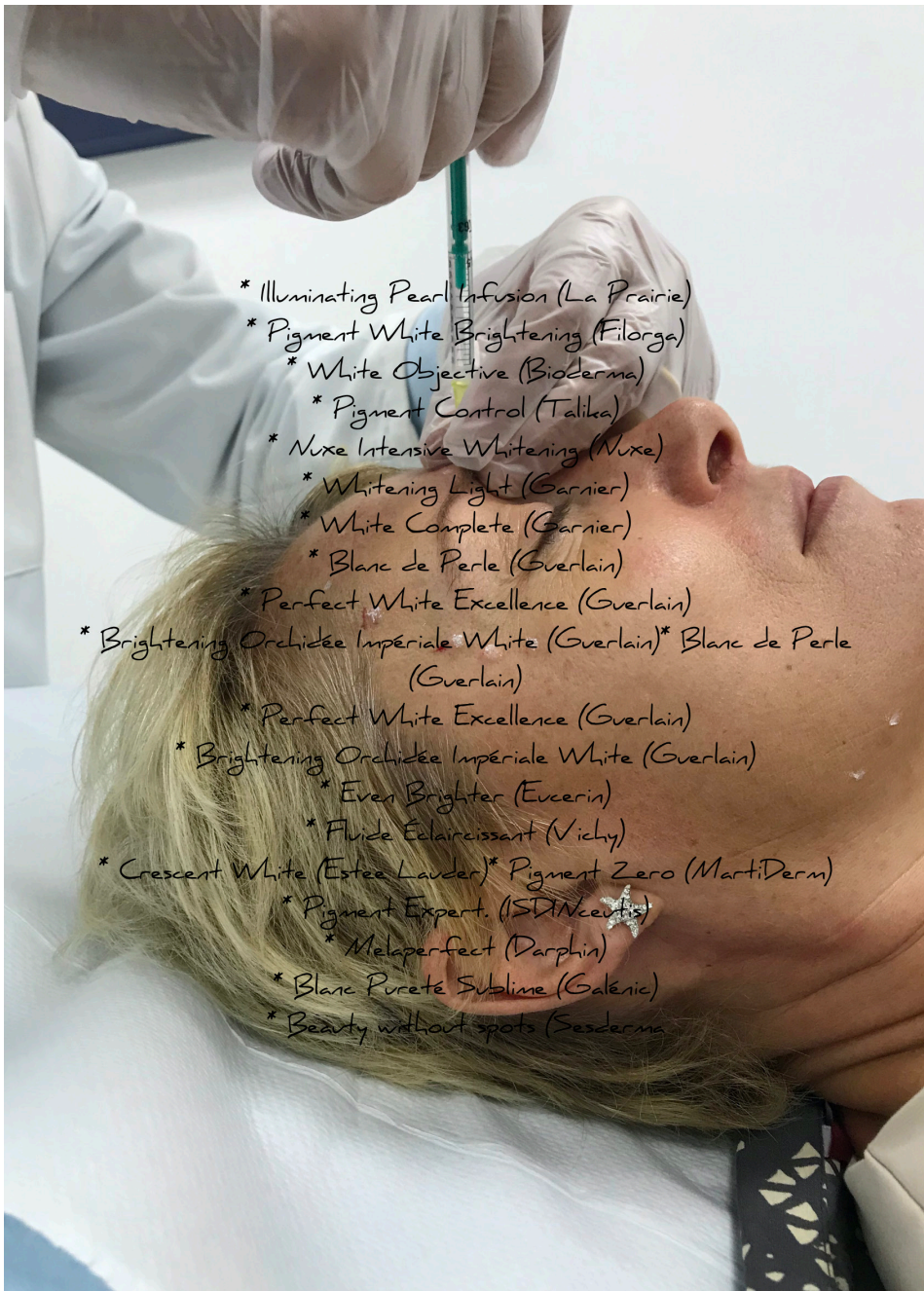
Figure 9 © Chiara Pussetti



**Figure 10** © Chiara Pussetti

All the women I interviewed in cosmetic dermatology clinics, where only minimally invasive anti-ageing procedures are performed, expressed dissatisfaction with one or more aspects of their facial appearance. The most commonly cited source of dissatisfaction was the appearance of wrinkles, which more than half of the women described as 'sad-looking' because they 'indicate age'. For example, Luisa, a 67-year-old divorced and retired woman, said:

"I saw a picture of Sarah Jessica Parker on Facebook the other day. She looks terrible. She's got terrible wrinkles. Why do I get Restylane and Botox injections? For my morale, let me put it this way. I want to look younger. I want to look a lot better than they do".



**Figure 11** © Chiara Pussetti

Maria, a 65-year-old married university professor, agreed:

“Mentally, I still feel young and full of life. Aesthetically, it’s not so easy, not least because I don’t feel so confident anymore... I’ve never had any problems with my body. I like to use my body. But there is a contradiction. I notice that something has changed and now I want less and less light in my room...”

Luísa, a 68-year-old divorced woman in a new romantic relationship, persisted:

“I’ve never liked old people. Imagine what it’s like to look at myself in the mirror and start to look like an old woman. I don’t want to give in to the easy acceptance of old age. Accepting old age means growing old. To

grow old lazily. Like those who always talk about illness. I can't stand it. If there's one subject that's completely unsexy, it's talking about illness. I don't want to associate with people who are completely lazy and relaxed with themselves. And I'm not like that. It's a question of aesthetics, but it's also a question of coherence with who I am."

As much as my interviewees expressed their own internalised ageism, emphasising the value of undergoing procedures to look younger, they also spoke of old age as a privilege. Luisa always maintained:

"I don't want to be just an old lady. At the same time, we are lucky to live long enough to get wrinkles. Some people don't". Recalling a complicated operation she underwent in her youth, she continued, "I almost didn't make it to 25, so every day is a bonus and I'm 68 this year! Just stay positive and continue to enjoy life!"

Botox and hyaluronic acid injections are almost painless procedures that carry some risks and the effects are not immediate. A few days after the injection of this miraculous poison, the face is no longer able to perform the movements that cause wrinkles for a period of up to six months. In urban Portugal, the use of Botox has spread enormously in the last five years and its cultural significance is widespread. While until a few years ago the use of Botox was almost exclusively the prerogative of actresses, models or, in any case, women whose professions required the maintenance of a youthful appearance, today the use of Botox is much more horizontal. Praised for its reliability, relative affordability and convenience, Botox promises youth administered in a syringe over a lunch break, without surgery or downtime. Almost all the women over forty I interviewed in Lisbon now have Botox, or are at least curious and open to the possibility of trying it. Botox is both an insurance policy against future facial wrinkles and a fountain of youth.

Using Botox is not just about appearing in the present in the same form as you appeared in the past; it is also about ensuring that your future appearance is reminiscent of the present. However, the feeling of cheating time is temporary. The effect quickly disappears and everything returns to the way it was before. This is why my interviewees talk about addiction. The result is there and you can see it and like it. But it disappears quickly. A Botox user wants to get it again and possibly for longer. So, she asks for more of the toxin to be injected or for it to be combined with other molecules, such as hyaluronic acid, to try to improve the final result. Botox essentially turns the inevitability of ageing into a quantifiable, technical, predictable and reversible process; quarterly injections to top up the toxin.

In my experience, the first changes appear within a fortnight. I observed the small changes in my face, hardly noticeable, except for the blockage of the corrugator and procerus muscles between the eyebrows (in the glabella). After a week, I felt more rested and relaxed, with a more open and smooth appearance. I wasn't younger, but I was more beautiful and radiant, so much so that I reduced the amount of make-up I used, as I do when I'm on holiday. With a few injections, I had achieved the same effect I was trying to achieve by altering my digital photos with skin enhancing filters to reduce wrinkles and dark circles. The only problem is that the effect is fleeting and temporary, and after four or five months everything returns to its original state.

There is then an immediate desire to re-inject the products in order to restore the tightened aspect of the injection results. I had often heard about addiction and compulsive use of fillers and Botox, and suddenly I realised how difficult it would be for me to stop. I was already in the process of becoming addicted. The "shelf life" of my Botox expired during the period of confinement due to the Covid-19 pandemic. As soon as the deconfinement was announced, I rang my dermatologist to arrange my next treatment. I was told that I could

be put on a waiting list as the number of requests had increased exponentially and the clinic's phone was ringing off the hook. Cosmetics, aesthetic medicine, hairdressing and beauty salons reopened on 4 May 2020, a fortnight before all other services. Everyone I spoke to was eager to get some kind of aesthetic service as the first stage of their return to social life. I immediately confirmed my Botox and filler sessions, the beautician and the hairdresser. Aesthetic medicine had already been incorporated into the normal routines of my beauty regime, such as hair care, waxing, manicures and pedicures. The only question was: would I talk about it publicly or not? Would I admit it, write about it? Would I assume that I have a chemical as well as a digital body, that I embody liquid biotechnologies, along with the models of beauty they represent, underpinned by the aesthetics industry and the multiple power relations involved?

### **The anthropologist in the mirror**

We have a narrow and elusive standard of beauty that marginalizes and excludes older women, and women are shamed when their ageing bodies and faces no longer display qualities of youthfulness and normative sexual attractiveness. Maintaining a capital of beauty associated with the attributes of youth is both an obligation and a necessity for many women, especially my interlocutors. However, they must not be vain or superficial, they must not admit to investing time and money in beauty treatments and cosmetic products, or at least they must find plausible excuses to justify the investment. According to my interviews, women who did not invest in maintaining their youth felt judged: they were labelled 'irresponsible', 'careless', 'unattractive', 'lazy' and 'unfeminine'. Women who fought against time were judged as 'superficial', 'vain', 'unintelligent', 'unfeminist', complicit and slaves to the beauty models of patriarchal society.

Most of the women interviewed hid their use of aesthetic medicine, claiming - even in the face of evidence - that they had never done anything and that perfect skin depends on a balanced diet and a healthy lifestyle. It takes time for them to feel confident enough to confess their sin: the financial investment in maintaining youth and beauty. The reasons for the reluctance to confess to aesthetic procedures are many: from the attempt to create the illusion of total 'naturalness' to the shame of having spent money on 'vanity'; from the embarrassment of revealing one's real age to the stigma that this quest for beauty can create in more critical or militant feminist contexts. Even the few women who spoke calmly about the aesthetic procedures they had undergone always gave 'morally acceptable' reasons to justify this choice: personal and family issues (separation, divorce, illness, the psychological need to take care of oneself, low self-esteem, or even relationships with younger partners); professional issues (the importance of image at work, public relations, media exposure); even clinical reasons (Botox to reduce migraines, laser for sun damage, vaginal rejuvenation to increase sexual pleasure, blepharoplasty to improve eyesight, rhinoplasty to breathe better).

Rather than being ashamed of my perceptions of my own ageing body and my experience of anti-ageing procedures, I found it more analytically productive to use my subjective experience as a resource. I made myself visible and reflexively engaged in the research process and in this text. My decision to reveal the aesthetic manipulations of my face to my research informants obviously had an impact on the fieldwork. Sharing the experience immediately created a greater ease in telling stories and confiding desires, cultivating an atmosphere of community and trust. There were even suggestions and invitations from friends and colleagues to accompany them for various rejuvenation treatments.

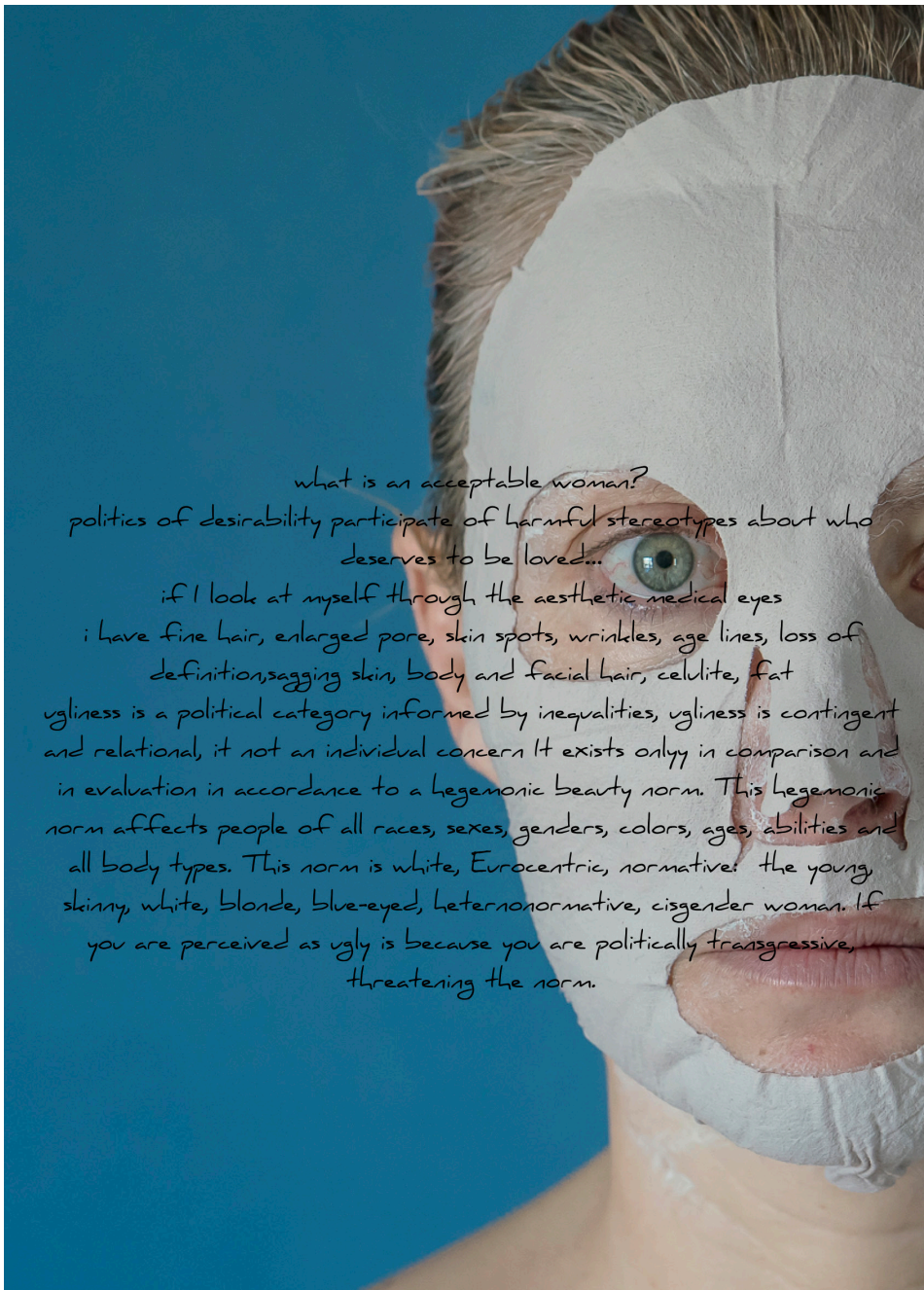
The research process, which involved exposing my face and body to the close and judgmental gaze of aesthetic doctors and beauty clinic patients, and subjecting my face to torturous treatments, drew my attention to my wrinkles. My face and body were defined as flawed by the medical scrutiny of beauty

'experts'. As the research progressed, I grew closer to the perspective of my subjects and began to see my body through their lens. Over time, I came to understand the emotions of the very women I had initially set out to study as a detached observer. However, as a social scientist aware of sexist and ageist social norms, I felt both foolish and guilty for succumbing to the temptation to conform to a doubly discriminatory norm by reproducing in my body the gestures dictated by the consumer culture I was criticising.

Within a week of the procedure, I was satisfied with the results. I feel refreshed, more beautiful and a little younger. I felt both secretly pleased and guilty about my decision. After four months, I began to see the effects of the toxin wearing off and the fine lines on my face reappearing. I found myself at a moral crossroads: on the one hand, my critical feminist ethics, which led me to refuse to become what my interviewees called a 'Botox addict'; on the other, the pleasure of seeing myself younger and more beautiful. In the first case, I would have failed the social prescriptions of femininity. In the second case, I would have failed feminism.

I was aware that Botox produces frozen female bodies, linking body and technology in the construction of an unreal ideal. I was aware that women's appearance can be both a source of their power and a source of their shame, and that ageing is a crucial threat to the embodied cultural capital of beauty. I was aware that I was reproducing a white and upper-middle-class female body associated with a (hetero)normative ideal of femininity and a specific class status marked by the economic possibility of self-production and self-transformation. I was aware that my aesthetic choice was reinforcing the same white middle-class beauty norm that I was critiquing. I was critically analysing the ideals and discourses of a society that defines women's subjectivities, identities and sense of self through their bodies and appearances. At the same time, I could not deny my desire to remain beautiful and young.

Photos 13 to 16 represent my reflections on this process of participant immersion in the field and conscious infiltration of the biotechnology I was studying, deep inside my body. I decided to photograph myself covered by a mask to represent my constant effort to correspond to social expectations, related to the different roles I occupy: mother, wife, lover, friend, intellectual, lecturer and the list could go on. I was interested in showing that we all wear masks, and the time comes when we cannot remove them without removing some of our own skin.



**Figure 13** © Chiara Pussetti

Appearances and social masks allow us to survive in society: we are to be both simple and complex; we can reveal a part of who we are or impersonate someone richer, more attractive, more serious, more eccentric or more conventional. Self-making and self-promotion have never been stronger and desired than our current moment. Ideas of conformity or pressures to fit into the right mould, style or body shape are very present: we are constantly enacting a renovation of ourselves in a process of 'ameliorating' or 'bettering'. Everyone dreams of appearing at their best, may that be: excellent, stronger, leaner, younger, more fashionable, more beautiful or more powerful, or otherwise 'better'.

Driven by fears of becoming invisible and irrelevant as I aged and motivated by a desire to preserve my privilege of beauty, I resorted to Botox. I am an anthropologist and a feminist, as well as a woman with her insecurities and fragilities. I have experienced the allure and benefits of Botox as well as the



**Figure 14** © Chiara Pussetti

shame of using it, the conflict of knowing that I am vulnerable if I succumb to the very pressures I critique, and the complicity with beauty norms that compete not only with a powerful industry that profits from women's quest for physical perfection, but also with a post-feminist narrative that emphasizes beautification practices as a source of empowerment. This text then represents not only other women's experiences of their ageing bodies in the mirror, but also my own.

Do not regret growing older. It is a privilege denied to many. Always remember that.



Everyone dreams of appearing at its best: excellent, stronger, leaner, younger, more fashionable, more beautiful and powerful. We are constantly enacting a renovation of ourselves in a process of 'ameliorating' or 'bettering'. The access to anti-aging technologies is not equal for all, reproducing and contributing to the amplification of social inequalities

**Figure 15** © Chiara Pussetti

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