

## **‘Small Pricks’ at Lunchtime: Some notes on Botox**

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#### **Abstract**

Cosmetic enhancement technologies have been subject to extended discussion in sociological literature. Botox, however, seems to have been mostly sidelined in this discussion in favour of more ‘extreme’ forms of cosmetic enhancement, such as those performed under general anaesthetic. In this paper, we suggest the need to further examine Botox as a sociological issue. We do this by highlighting some of the disparities and parallels that Botox shares with the existing literature on cosmetic enhancement technologies.

**Keywords:** Botox, botulinum toxin, cosmetic surgery, enhancement technologies

#### **Introduction**

So what? Like most women I care about my appearance, I dye my hair, I do other things, so what? (‘Bligh: I’ve had Botox. So what?’ 2007)

This comment by current Queensland Premier Anna Bligh, represents an increasingly common way of thinking about Botox: as normal and as an extension of existing non-invasive cosmetic enhancements. It is becoming ‘run-of-the-mill’ rather than controversial or extreme. For example, it seems that Botox is a lesser cosmetic ‘evil’ than the leg lengthening surgery reportedly undertaken by Logan Local Councillor Hajnal Ban (Sandy 2009). Even so, Bligh’s story provoked much discussion and appeared in state and national news.

Despite this hype, little empirical research examines the sociocultural factors that shape the use of Botox as a cosmetic practice. Researchers seem to focus on more ‘extreme’ cosmetic enhancement techniques,<sup>1</sup> and have overlooked Botox as a

comparatively harmless, non-invasive procedure. While Botox aligns in some ways with these discussions, there are also some key differences that, we argue in this paper, warrant further sociological investigation. This paper begins to address the shortfall of sociological literature on Botox by providing some initial thoughts on this nonsurgical cosmetic procedure.

### **What is Botox?**

Botox is manufactured by the American pharmaceutical company Allergan, and is the tradename of botulinum toxin A,<sup>2</sup> a strain of botulinum neurotoxin that is produced by the organism *Clostridium botulinum*. Botulinum neurotoxin contracts the muscles and blocks the nerves, resulting in paralysis which lasts typically three to four months. The nerve endings are then replaced and repaired (Lipham 2004: 1-2, 7-8; Ting and Freiman 2004: 258). Due to this effect, botulinum toxins A and B are used for a range of human health conditions, such as hyperactive muscles, involuntary muscle contractions, and tremors and spasms in the face, trunk and limbs (Ting and Freiman 2004: 260).

Despite its fame for treating facial wrinkles, the clinical use of Botox originated with treating strabismus (crossed eyes) and blepharospasm (uncontrolled blinking) (Lipham 2004: 2; Mandeville and Rubin 2004: 194). It was during such use that Canadian ophthalmologist Jean Carruthers discovered a side effect of Botox; it could reduce the appearance of frown lines (Benedetto 2003: 465; Ting and Freiman 2004: 260). This prompted research into botulinum toxin A during the 1990s to focus on its effectiveness in treating various facial lines, particularly those on the forehead and around the eyes (Lipham 2004: 2).

Today, Botox has become a 'cure all' for a variety of health conditions or aesthetic concerns. For example, Botox is used to treat hyperhidrosis (excessive sweating), migraines and tension headaches, torticollis (involuntary contractions of the neck muscles), cerebral palsy in children, multiple sclerosis, anal fissures, various forms of pain, vocal disorders and baldness (Benedetto 2003: 466; Klein 2002: 468; Ting and Freiman 2004: 260). Many of these uses are non-approved by the American Food and Drug Administration (FDA) and performed off-label.

Despite this history of Botox use, little is known about how it works. Furthermore, while the media and public imagination have been captured by the human uses of Botox, botulinum neurotoxins are deadly poisons. For example, paralysis of respiratory muscles is fatal (Mandeville and Rubin 2004: 192). There are also numerous potential side effects from Botox injections, including pain, haemorrhage, infection, drooping eyes, flu-like symptoms, drooling, fever, nausea, severe paralysis and diffusion to adjacent muscles (Lipham 2004: 8; Mandeville and Rubin 2004: 194-6).

Botox use is significant. According to the American Society for Aesthetic Plastic Surgery (2009), approximately 2.8 million procedures were performed in the US in 2007. In the same year, Australians reportedly spent around \$300 million on nonsurgical procedures including Botox (Cogdon 2009: 35).

### **Cosmetic enhancement technologies and Botox: alignments and disparities**

Despite the prevalence of Botox use, the practice has been largely ignored in sociological literature. This gap in the literature is interesting in light of the vast research examining cosmetic enhancement technologies. Research has interrogated cosmetic enhancement technologies as a significant cultural practice (Fraser 2003), as

a practice indicative of disorder (Aouizerate et al. 2003; Bachar et al. 2008), as an oppressive practice (Blum 2003), as an emancipatory practice (Davis 1995) and as a potential practice of feminist resistance and protest (Morgan 1991). While Botox use can be connected to these sociological understandings, there are some significant differences in sociocultural practice and use that suggest Botox requires further investigation.

***Botox as gendered oppression? Feminist accounts of cosmetic surgery***

Feminist critique of cosmetic enhancement technologies highlights an industry dominated by male providers and female consumers. Although feminist theorists are yet to consider Botox in any detailed way, we could argue that Botox usage represents the material practice of women's oppression and represents their desperation to achieve an appropriately gendered body that aligns closely with the dominant Western ideals of feminine beauty. For example, Blum (2003) suggests cosmetic enhancement technologies are oppressive practices that offer women the possibility of achieving gendered bodily aspirations. Cosmetic (male) surgeons 'correct' (female) defective bodies to align with culturally constructed ideals of feminine bodily perfection. Blum and others (Morgan 1991) contend that these ideals are so entrenched in patriarchal societies that women will pay huge amounts of money and endure incredible pain and suffering to achieve them. Empirical research conducted about cosmetic surgery notes that women are ultimately motivated to have such surgeries on the basis that it will make them look more 'normal'; more in line with the feminine ideal: "My eyes had always been alright...but with age, the skin around them started getting puffy. They just didn't look nice anymore. I looked tired, tired and old. That's why I fixed them" ('Sue' in Gimlin 2000: 90).

A focus of feminist critique is the ‘war on ageing’ and how women are encouraged to ‘fight’ ageing so they align with the youthful ideal of Western female beauty. Feminist writers critique how women’s magazines normalise youthfulness, and how this encourages women to consume expensive anti-ageing products to avoid ‘deviancy’ as an ‘aged/ageing’ and therefore ‘unerotic’ woman (Morgan 1991). Ageing is perceived as a social pathology that needs to be slowed, disguised or overcome through technological and medical imperatives (Blum 2003). Botox is one of the latest anti-ageing solutions marketed at women and could be the target of feminist critique on this basis. It controls and corrects the deviant female body in a way that erases the ageing process and increases women’s potential for achieving lifelong youthfulness and normalcy. The temporality of Botox – lasting up to four months – serves to reinforce such social anxieties, whereby surveillance on appearance and ageing must be continually maintained. Some have likened it to addictive, illegal drugs: “Botox is the female yuppie heroin. It’s like electricity: If you want to keep it on, you have to keep paying” (Dr Michael Rose in Singer 2007: G3). Therefore the social, technological and medical perpetuation of bodily disgust and fear, as well as personal insecurities in general, feed the lucrative Botox market, where convenience and affordability is offset by the continued imperative of injections and financial expense. Given the similarities between Botox and other forms of cosmetic enhancement, there is little doubt that a feminist critique of Botox could be mounted. It is, however, a more complicated issue.

### ***Botox as feminine emancipation? Post-feminist accounts of cosmetic surgery***

The counter- or post-feminist argument criticises the feminist argument that women are subjects in their own oppression if they engage in the use of cosmetic

enhancement technologies (Tait 2007). Davis (1995) and Gimlin (2001) have argued that cosmetic enhancement technologies, although already bound up in gendered ideals of feminine beauty, can be liberating for women and emphasise their agency and autonomy. The women interviewed by Davis (1995), for instance, insisted that their cosmetic procedures were cathartic; boosting their confidence and self-esteem, and demonstrating their self-determinacy.

Botox could also be read alongside other cosmetic enhancement technologies as making possible for women an imagined and historically unattainable female body. However, Botox differs markedly from other technologies that attempt to erase 'the years' marked on the face. Botox can literally stop 'the years' from appearing. It actively thwarts the ageing process by disallowing wrinkle-producing scowls, and it does this relatively cheaply, accessibly, and (in comparison with more invasive cosmetic enhancement technologies) painlessly. While most women will still lack the finances to access Botox, it is more financially accessible (\$300-\$600) than the thousands of dollars (and enduring pain) for more invasive cosmetic enhancement technologies (Reel et al. 2008). A post-feminist argument, then, might suggest Botox can offer more women 'liberation' from the 'war against ageing'.

While critics of post-feminist arguments suggest cosmetic surgery is a short term solution that only perpetuates structural gender ideologies (Negrin 2002), Gimplins' (2001) participants suggest female manipulation of such structures to ensure their independence. However, while general cosmetic enhancement technologies have been primarily marketed to postmenopausal women, Botox is now marketed as not only a wrinkle 'cure', something which can rejuvenate and restore the face, but also a wrinkle preventive measure; something that can thwart wrinkles in the first place.<sup>3</sup>

### ***Botox as normal: cultural practice accounts***

Additional to feminist and post-feminist arguments are empirical studies examining cosmetic enhancement technologies in terms of cultural practice (Brush 1998; Pitts-Taylor 2007) and in particular, their normalisation (Hurd Clarke et al. 2007). They argue that cosmetic enhancement technologies have become so popular as to become normal, and that this is the approach used by the media (Brooks 2004). This normalisation of cosmetic procedures is evidently realised in interventions such as Botox and their subsequent public consumption. Those who cannot afford the time and/or financial investment of a face lift, or who are uncomfortable with surgical intervention, can receive Botox without a scalpel carving the skin; without general anaesthetic; without the need for recovery time; in their lunch break; and with less (initial) expense. Ease and availability are therefore important in marketing Botox and only heighten its normalisation.

Although Botox is normalised as ‘just a small prick’ during your lunch break, there remains a focus on desirable and potential outcomes as opposed to the realities and potential medical complications (Lewis 2002). For example, there is limited discussion of so-called ‘muscle recruitment’, where “muscles nearby the frozen muscles compensate for the inaction of their neighbours” (Cooke 2008: 33), which enables facial expression and can create new wrinkles. These physical side effects of Botox highlight cultural issues discussed further by Cooke (2008: 33, original emphasis) who suggests Botox is a sociocultural practice that “*effaces* the face, it produces it by taking it away”:

Botox exists, on the surface, at first sight, to destroy the archive of the face; to delete it, to wipe it clean. Simultaneously, its purpose is to empty out the future, to stop the recording, to project the blank face into the future. And yet, beneath the surface, at second sight, unconscious forces have been put to work; the face fights back, re-surfaces, forces its writing to begin again (Cooke 2008: 35).

Cooke alludes to an interesting future for women and men that use Botox: a face and, indeed, bodies that cannot emote, and a face that then ‘reclaims’ other areas of the face to compensate. Expressions of life experience and understandings are masked by the effaced face; histories are removed and prevented from forming. This marks a significant difference between Botox and other forms of cosmetic enhancement.

There is no doubt that cosmetic enhancement technologies shape the body to align better with Western normalised standards of feminine beauty. Botox does this too by impeding ageing processes in ways that ensure culturally desirable and youthful female bodies. However, Botox also erases these forms of femininity as they are expressed facially. The varied nuances of performing ideal femininity with the face (for example, a flirtatious smile) are erased for Botox users. Moreover, using Botox may ignore how bodily signals are required to communicate with others meaningfully – such as giving someone a disapproving look, or indicating our feelings across a room, or needing to communicate without speech. All these fine-grained social and cultural elements of communication, often taken for granted, are effaced and erased by a small prick; by injecting Botox.

## **Conclusion**

Given the media and public fascination with Botox, it is remarkable that it is absent from feminist examinations of cosmetic enhancement technologies. While Botox seems relatively harmless due to its mode of delivery, temporal effects and biodegradability, it needs to be remembered that Botox is a toxin that must be continually ‘topped up’ to maintain a wrinkle-free, ageless appearance. Furthermore, Botox continues the feminisation of cosmetic enhancement technologies, playing on

the sociocultural need and technological imperative to remain young and beautiful. It creates a mask of youth and beauty. At the same time, Botox can be viewed as allowing women more freedom, more choice and more control over their lives by offering a more accessible and affordable alternative to invasive cosmetic enhancements. It can easily erase a history of suffering and pain caused by a 'deviant' appearance.

Whether or not Botox further suppresses or liberates women from sociocultural norms is not the only question surrounding its use. The social context in which Botox is used differs from existing cosmetic enhancement technologies. Another unexplored phenomena are Botox parties, where medicalisation mixes with being social, drinking alcohol and Botox injections in non-clinical settings. Separating Botox from the clinical environments elevates the normalisation to new levels that cannot be achieved by surgical interventions. Thus, we suggest the need to further explore the similarities and disparities between Botox and other cosmetic enhancement technologies. More importantly, we argue the need to empirically interrogate this significant sociocultural practice to better understand the experiences, perceptions, understandings, uses, and abuses of Botox.

## Notes

- 1 Cosmetic enhancement technologies refer to a range of techniques that modify and change the body. This includes non-invasive aesthetic procedures such as chemical peels and laser resurfacing, injectables such as collagen and Botox, and cosmetic surgeries. Sociological research, like that featured here, predominately focuses on the most extreme and most expensive forms of cosmetic enhancement technologies, namely cosmetic surgery.
- 2 In Europe, botulinum toxin A is commercially available as Dysport (Ting and Freiman 2004: 258). Botox and Dysport contain different concentrations of botulinum toxin A.

- 3 That is, as Botox freezes the face and stops expression lines from forming, it is believed that injections into wrinkle-prone sites before they form will prevent wrinkles from appearing in the future. Hence, it could be speculated that the ideal Botox candidate is interested in preventing the appearance of facial ageing and has no wrinkles.

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