Older women's negative psychological and physical experiences with injectable cosmetic treatments to the face

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Abstract

Seven women (43 to 64 years old) who had negative or mixed emotions about having Botox and/or facial filler injections to the face to reduce signs of aging were interviewed about the impact of the procedures. Impacts ranged from disappointment to all-encompassing, lingering physical and psychological effects, and some women felt abandoned by the medical industrial complex when they turned to it for help with their symptoms. A feminist phenomenological analysis focused on corporeal, temporal, and relational existential modes of being. We describe their bodily experiences as (a) *commodified*, (b) *fractured*, (c) *abandoned*, (d) *reflective*, and (e) *transformed*.

Key words: aging, beauty work, body, body image, gender, older women, phenomenology, qualitative

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North American ideals of attractiveness based on young people's bodies are internalized by many older women who engage in *beauty work* to manage, reduce, or hide physical changes that come with aging (Clarke & Griffin, 2008). Much of this work is increasingly carried out on the face, which is a central aspect of one's identity and a visible marker of one's age. Non-surgical cosmetic procedures to reduce signs of aging in the face are considered "minimally invasive," and they include injectable products such as Botox and facial fillers (e.g., Juvéderm). In 2013, more than 2.5 billion dollars were spent on injectables in the United States (U.S.), and this is expected to increase (American Society for Aesthetic Plastic Surgery [ASAPS], 2014).

Beauty work is widely popularized in the media. Yet, apart from the occasional media article discussing the need to choose trained and accredited health professionals to prevent unwanted outcomes such as "hyperinflated faces" and "fish lips," little is known about how these procedures impact women, particularly for those not fully satisfied with the outcomes. Women's "lived experiences in their bodies, or embodied experiences" need to be more fully explored (Hurd, 2000, p. 78). The purpose of this feminist phenomenological study was to explore mid-life women's experiences, feelings, and perceptions related to having injectable procedures carried out on their faces. Mid-life was a focus because this is when women are increasingly bombarded with messages about how to reduce and/or prevent physical signs of aging, and when "life-cycle alarms start to be triggered" (Friexas, Luque, & Reina, 2012, p. 45). Additionally mid-life is the age range of people most likely to participate in Botox and other facial fillers (American Academy of Facial Plastic and Reconstructive Surgery [AAFPRS], 2014). We deliberately sought women with negative or mixed feelings about having participated in such procedures because their voices have seldom been heard.

Theoretical Framework

This research was informed by the political economy of aging framework and a feminist moral framework. The political economy of aging emphasizes structural forces and processes that contribute to negative constructions of old age and aging (Estes, 2001). Powerful cultural, ideological, and historical influences shape aging attitudes through aspects such as the *medical industrial complex*, which refers to the vast health industry and health-related enterprises that include drug manufacturers and the anti-aging industry. Estes (2001) argues that the main function of this conglomerate is pursuit of profits rather than health services delivery. Moreover, the *anti-aging industry* (businesses claiming to slow down, stop, or reverse the aging process with creams, dyes, injections, and other procedures) conceptualizes aging as a disease to be controlled.

This conceptualization increases the pressure to not appear old, which has particular implications for women in ageist and sexist societies (Freixas et al., 2012). The body inevitably becomes a "project to be worked on" and signs of aging in the body are perceived as a failure (Twigg, 2004, p. 61). Older women engage in beauty work to manage the signs of their aging bodies (Clarke & Griffin, 2008; Clarke & Korotchenko, 2011). However, they must increasingly move beyond the relatively benign practices of diet, exercise, and facial creams to engage in practices requiring medical interventions, such as facial fillers (Dolezal, 2010).

Anti-aging messages and products are perpetuated and reinforced through a complex system of *informationalism* involving multiple modes of promotion, such as social media, websites, and reality TV shows. Injectable procedures are assumed to be a matter of preference among consumers, but the cosmetic industry's powerful message convinces women that they need and want anti-aging beauty enhancements (Petersen & Seear, 2009). The phenomenal

growth of cosmetic facial procedures (AAFPRS, 2014) is a reflection of the success of the medical industrial complex's message.

A feminist moral framework (Held, 1993; Jagger, 2000) examines women's experiences and perspectives from a moral lens, exploring how society exerts pressure on women to appear youthful in a society that devalues the second half of life. In this study, ethical perspectives were considered in relation to the "why" behind cosmetic procedures for women, and the subsequent, perceived consequences that followed. Similar to feminist gerontology (Friexas et al., 2012), the focus is on concerned inquiry, understanding from a feminist point of view, and making recommendations on behalf of women.

Literature Review

Beauty work considered "non-invasive" (not involving surgery) and carried out on women's faces is increasing. In the U.S., middle-aged women commonly undergo Botox, chemical peels, and filler injections, which show at least a 5% increase since 2009 (AAFPRS, 2011). Eight-five percent of cosmetic procedures (surgical and non surgical) in Canada were carried out on women (Medicard, 2003). In 2010 in the U.S., 58% of Botox procedures were performed on women aged 35 to 60 and 19% on women aged 61 and over (AAFPRS, 2011).

Botox is the leader of all non-surgical, cosmetic facial procedures (Staffieri, 2010); its use increased by 3387% from 1997 to 2003 (Bayer, 2005). Injected Botox causes muscles to relax, smoothing out vertical lines, and its short-term physiological effects, such as local pain, ruptured blood vessels, short-term skin hyper-sensitivity, and malaise have been reviewed (Singh & Kelly, 2003). A long list of potential side effects are provided on Botox's main website, including a statement that Botox may cause serious, life threatening side effects through the spread of the toxin, and these effects can occur immediately or weeks later (Allergan, 2014).

However, Allergan (2014) states that no cases of serious toxin spread have been confirmed when Botox has been injected at the recommended dosage to treat frown and/or crow's feet lines.

Facial fillers are gels made from naturally-occurring substances such as hyaluronic acid and collagen. They are injected under the skin to add volume to skin and lips and smooth out wrinkles for a more "natural" youthful appearance. In 2013, the number of hyaluronic procedures increased by 31.5% from the previous year, compared to Botox at 15.6% (ASAPS, 2014). Two commonly used products are Juvéderm and Restylane. Juvéderm lists potential side effects such as redness, swelling, and bruising on its website, and notes that "delayed hypersensitivity after injections have been reported" (Allergan, 2011, paragraph 9). Comparable physical common side effects are listed for Restylane. All of the companies' product information statements note that their products should only be injected by licensed healthcare practitioners. As of November 2014, psychological side effects were not listed on any websites.

Two lines of research exist on women's beauty work. One strand (e.g., Brooks, 2004; Polonijo & Carpiano, 2008) has looked at how popular women's magazines portray a variety of cosmetic surgeries and technologies. Magazine advertisements do not challenge the use of such procedures; instead they involve narratives about medical expertise or uplifting personal accounts (Brooks, 2004). Notably, media images only present positive outcomes.

The second strand of research has looked at women's views and experiences of various surgical and/or non-surgical cosmetic procedures (Armstrong, Saunders, & Roberts, 2009; Brooks, 2010; Chasteen, Bashir, Gallucci, & Visekruna, 2011; Clarke & Griffin, 2007; Clarke, Repta, & Griffin, 2007; Delinsky, 2005), although it should be noted that few studies have looked at *older* women's experiences with beauty work (Clarke & Griffin, 2008). Some studies also have not focused on women who actually participated in non-surgical cosmetic procedures

(e.g., Chasteen et al., 2011).

Brooks (2010) investigated 44 mid- to later- life women's attitudes about cosmetic interventions and their experiences of them (16 of whom had engaged in anti-aging procedures). Many of them intensely disliked aging, and they embraced technological advances. Yet, they also felt progressively responsible for how they aged (i.e., if they looked old, it was their fault because they did not take advantage of what was available to them). Thus, they expressed ambivalence about the technology and pressure to use it. Outcomes related to Botox and other injectables were not described.

Clarke, a Canadian researcher, has published work on older women and beauty work (e.g., Clarke & Griffin, 2007, 2008; Clarke & Korotchenko, 2011; Clark et al., 2007), including research focused specifically on non-surgical cosmetic procedures. Clarke et al. (2007) examined mid- to later-life women's perceptions of and experiences with non-surgical cosmetic procedures, including Botox injections and injectable fillers. Of the 44 respondents, five had used Botox and six used other injectable fillers. Women expressed different views. Some felt the procedures were too risky (e.g., being fearful of Botox leaking into surrounding tissues and the unknown long-term effects of using a toxin), noted that such procedures devalued older women, and expressed fears of becoming unnatural looking. However, others used the procedures to feel more attractive and better about themselves. A brief description of those who were dissatisfied with dermabrasion was included, but whether or not participants who participated in Botox or other injectables were dissatisfied and what their experiences were like were unclear.

In summary, Botox and other injectable procedures have dramatically increased in recent years, yet only a few studies have examined older women's attitudes toward such procedures or their actual experiences. We were interested in exploring a wide range of potential outcomes, not

just physical ones. Psychological effects have been largely ignored in the literature, and little is known about women who were "less than satisfied" with the results. Thus, this study examined the experiences of women who participated in facial injections and reported negative or mixed emotions about having done so.

Method

Our approach combined hermeneutical and feminist phenomenology. Hermeneutical phenomenology (van Manen, 1990) is an interpretive mode of inquiry from which the essence or meaning of an experience is elicited. Feminist phenomenology expands phenomenological accounts by drawing attention to the broader "social and cultural world" in which lived experiences are situated (Fisher, 2010, p. 94).

We used purposeful *extreme case sampling*, which selects "cases that are information rich because they are unusual or special in some way, such as outstanding successes or notable failures" (Patton, 2002, pp. 230-231). Women were able to participate if they (a) were between 35 to 65 years old, (b) lived in Canada or the U.S., (c) had received Botox or facial filler injections to reduce signs of aging in their faces, and (d) had either negative or mixed emotions about having done so (the "unusual" part of the criteria).

After receiving institutional ethics approval, recruitment occurred through a newspaper ad and article, TV interview, posting at an online Botox support group, and posters. In-depth, semi structured interviews were carried out by the first author, and two interviews were conducted with each woman, each lasting about one hour. Women expanded on or clarified previous comments in the follow-up interviews. A brief demographic questionnaire was also completed. Two women were interviewed in person and five over the telephone. The women were asked about their thoughts on aging, why they decided to have the treatments, what their

procedural experiences were like, and how they felt afterwards.

In hermeneutical phenomenology, four lived existentials are suggested to be applicable to any phenomenon, regardless of the historical, cultural, or social situatedness (Merleau-Ponty, 1948, trans. 2004; van Manen, 1990): (a) *corporeality* (lived body), (b) *temporality* (lived time), (c) *relationality* (lived human relations), and (d) *spaciality* (lived space). We used these existentials, while keeping in mind our feminist and political economy frameworks. Corporeality was the most central existential, and it brought forth issues around temporality and relationality.

The trustworthiness of the analysis was reinforced through a number of practices, such as checking with participants during the second interview for goodness of fit (Marshall & Rossman, 1999), journaling, and maintaining a qualitative research audit trail. We also incorporate phenomenological literature into our findings, making this study *methodologically congruent* from a phenomenological standpoint (Richards & Morse, 2007).

In terms of ethics, all possible precautions to protect identity and confidentiality were undertaken. Audiotapes were erased following the transcriptions, and transcripts were only shared between the two authors. The women were given pseudonyms. In this article, we deliberately do not connect any woman directly to the type(s) of facial injection she received.

Participants

Seven women between the ages of 43 to 64 were interviewed. Four lived in Canada and three in the U. S., in a range of rural and urban settings. Two women were single, with no children. Two women were married, with adult children and grandchildren, and three were separated or divorced with children. All were White and heterosexual. All except one were in the paid labour force, in areas of business, healthcare, and government. One woman was unemployed due to side effects she alleged developed as a result of her one-time injection.

Facial injections were received between fall 2004 and winter 2011 when the women were 38 to 62 years old. One woman had one Botox injection. Two other women had several Botox injections (the first had them every three to four months for three years, the second had five Botox injections over one year). Two women had Botox and Juvéderm injections carried out at the same appointment, just once. Another woman had two Restylane and three Dysport procedures over a 20-month period. The final participant received two Fortelis injections, followed by two Botox injections over two years. One woman was continuing with injections.

Prior to participating in the facial injection procedures, these women felt they had bodies that were whole in mind, body, and spirit. They participated in the injections because they did not want to look or feel old or they felt it would help them compete with younger women in employment and dating. One woman who was happy with the way she looked thought that having the injections would help her release some muscle tension she was feeling in her face.

Four of the women had life-altering negative side effects, which will be further described in the findings section. Of the remaining three participants, one woman was disappointed that the treatment was so expensive but still had confidence in the product despite having tiny, undissolved granules beneath her skin as a result of the injection. The other two women did not have physical side effects. One was disappointed because she felt the procedure did not work. The other had recently been exploring a yoga-centered lifestyle that changed her view of aging.

Results

Five themes (the commodified, fractured, abandoned, reflective, and transformed body) related to sexism and ageism, physical and psychological effects, questionable ethics and loss of trust, changed views on aging, and views of the future emerged in our analysis. In each theme, we unpack existential modes of corporeality, relationality, and temporality.

"I Finally let my Hair go Grey and I'm Invisible": The Commodified Body

The lived subjective body is experienced as "most intimately 'mine' or 'me', but. . . it is also an object for others" (Merleau-Ponty, 1945/1962, as cited in Finlay, 2006, p. 3). These women described their lived bodies as subjects and objects in a sexist and ageist culture in which they were expected to conform to rigid beauty ideals. Safara said, "It's that old cliché where men's bodies get better as they age, when they have grey hair and fine lines, and women's bodies just get old." Yet, if allowed to age "naturally," women render themselves socially invisible (Dolezal, 2010). Safara added, "I finally let my hair go grey and I'm invisible. Nobody sees me."

The participants realized they were an object of monetary benefit due to the commoditization of their aging bodies. Gabby said, "It's all about the bottom dollar is what it is. . . shame on these doctors for putting the almighty dollar ahead of the patient care. Because that's what it all comes down to. It's a cash cow for doctors." The women experienced the *consumer body* (Csordas, 1994): the creation and commercialization of bodily needs in which doubt about the self is created to sell a product. All but one of them acknowledged the effects of ubiquitous anti-aging messages—ads that promised to improve many aspects of their lives without any serious side effects. Safara said: "I used to think, oh, my gosh, I've got to keep myself up. And Oprah says it is high maintenance when you get older to do everything you need to do to keep yourself up." As Amber stated, "When these messages are so steeped into the culture sometimes you can be more affected than you think you are."

"It's a Poison Travelling Through the Body": The Fractured Body

Prior to having their treatments, the women described their bodies as whole and healthy. Tabia said, "I was just a normal, healthy, active, educated and professional woman who wanted to gently hold off the hands of time." Following the injections, four of them reported serious

physical and psychological fractures, their bodies' taken-for-granted invisibility becoming ruptured (Dolezal, 2010) when illness occurred. Symptoms surfaced two days to two weeks after their last injections, and some women's symptoms had persisted so long (e.g., three years) that they worried the changes were now permanent. Impacts ranged from minor and unwanted physical skin changes to more encompassing physical and psychological impacts.

Reported side effects were pain, panic, anxiety, fear, intense fatigue, insomnia, and heightened sensitivities to noise, lights, and medication. Gabby was now much more sensitive to cold temperatures and suffered muscle and joint pain. She also had become very sensitive to medications, many of which could trigger a relapse, which, in turn, caused additional anxiety for her about her situation. She said, "I've been on probably every anti-anxiety medicine you can try through the course of this, and every one of them made it worse. There's this feeling of desperation! I'll do anything. Just make it stop." Tabia experienced intense anxiety attacks that came on suddenly and could last five minutes or five hours, as well as sensitivity to light.

> I couldn't be outside, I couldn't watch television, and I couldn't sit in a room with any kind of light. I just sat in a dark room for hours on end. I had to leave work. I had to move out of my home, and move in with my mother. (Tabia)

Such anxiety played a key role in the fracturing of their bodies. Heidegger notes that the primordial meaning of anxiety is to feel not-at-home-in-the-world (Watts, 2001). These women lived with bodies that were "separate from the self" (Osborn & Smith, 2006, p. 218), describing their symptoms as all encompassing. Safara, who had her will prepared and made arrangements with a friend to care for her daughter in case she was unable to do so, described the injection as "a poison travelling through the body." Gabby said, "[It's] just [a] complete illness like I've never known. . . Four and a half years ago, I didn't think I'd live another minute."

Participating in beauty work can detrimental to women's bodies and their spirits (Dolezal, 2010). Some suffered from severe depression, and two women had experienced such overwhelming fractures due to their body transformations (and lack of medical support, discussed in the next theme) that they experienced suicidal thoughts. Tabia acknowledged that it "terrified me to know that this horrendous poison that permeates your entire being actually does drive people to the point of trying to end it all."

"The Doctors Aren't Doing it for us": The Abandoned Body

All of the women had gone to qualified physicians for their injections and they had been reassured by their doctors that the products were safe. Gabby said, "[The doctors] make it sound so wonderful—it's temporary and according to them completely safe. Nothing can happen." At this point, trust was straightforward and assumed, with the professional expected to act in the best interests of their patients (Brown, 2009). However, the four Canadian women noted that they were not given an informed consent document prior to having their facial injections. Similarly, the American women reported that they had not been given a consent form, or if one was provided, it did not include any potential side effects. Tabia said:

> I was given a document to sign, which was considered an informed consent. I made an assumption that it was complete but the only side effects that you could have was a little swelling, a little bruising, a little drooping of the eyelids but there wasn't anything on there about the spread of the toxin that could cause these system effects. I mean there was just complete trust, there was complete trust that I was being told of all the possible risks.

In April 2009, the U.S. Food and Drug Administration announced that black box labelling about potential life-threatening toxin spread would be mandatory on botulin toxin injection packaging (it was noted that this potential toxin spread had not occurred with Botox

injections carried out for cosmetic purposes, see Boyles, 2009). Three of the four women who developed the life-altering side effects had their injections prior to this date. For the fourth woman, two of her three injections occurred after it, and she indicated that she was not informed of the new warning during the last two injections. The addition of the black box warning reinforced for several of them the necessity of fully informed consent. Gabby stated:

> I have copies of everything that I signed, all of my disclaimers with the dermatologist's office and I reread all of them. At no point do they indicate any of the side effects that I've had. Now they do. Now when you sign, you sign away your life and it really is more accurate as to what can happen to you from this. But at the time, flu-like symptoms and slight drooping, temporary drooping may occur. Those were the two worst things on the disclaimers that I signed.

Those with unrelenting fractured bodies returned to the medical industrial complex for answers, yet they soon felt abandoned. A person's lifeworld can seem quite different when interpersonal trust is lost (Ratcliffe, Ruddell, & Smith, 2014). These women felt devalued, alone, and demoralized. Doctors told Tabia her symptoms were hormonally influenced. Amber said:

> If you're having a terrible illness, at least, the fact that some doctor cares about you and is willing to say, "this is going to be very bad but I will stay with you, I'll monitor you, I'll watch your symptoms," that's reassuring. But for them just to say, "don't ever call me again, you have a virus," that's really frightening.

It is care that makes human existence meaningful and makes a person's life really matter (Watts, 2001). Helping a demoralized person is the role of health care professionals and is achieved through empathic resonance, good physical care, and symptomatic relief (Clarke & Kissane, 2002), yet this was not evident in these women's lived relational experiences.

By their very nature, physical illnesses can be demoralizing (Clarke & Kissane, 2002), particularly if prolonged or difficult to treat. The women who suffered significant side effects had no proof (e.g., substantiating tests such as blood work) to support their claims. Tabia said, "We have all these symptoms but there's nothing to physically show that we've gotten these symptoms from the injections. This is why the drug companies are getting away with all of this." Gabby reported her experiences on the company website but said she was ignored. Amber noted:

> There has been no documented case of spread of the toxin in cosmetic doses. They're still saying that, right on the advertisement. There has been no documented case. Why has there been no documented case? Because when we all report it, they won't pay attention.

With silence coming from the medical industry, the women started conducting random Google searches to try to find answers or participated in online support groups. The three American participants said it was typical that occasionally a doctor would deny in an open forum that their side effects were related to Botox or other fillers, instead suggesting that their problems had to be related to other issues. Gabby stated, "We are the ones trying to solve this, and trying to cure this and get the word out [to other women] because certainly the doctors aren't doing it for us. They don't care."

"I Would Rather Feel Good Than Look Young": The Reflective Body

Having experienced a fragmented body abandoned by the medical system, these women developed a sense of corporeal resilience and a revised reflective outlook on life. "Understanding always starts with experiencing" (Schuster, 2013, p. 196), and a forced need for reflection can occur when one's healthy, invisible body is suddenly disrupted (Gallagher, 2004, as cited in Dolezal, 2010). Heidegger notes that anxiety has the potential to "enlighten" one's being, helping a person re-evaluate one's existence (Watts, 2001). Gabby said:

> I look in the mirror and I do the makeup and hair and everything, but probably first and foremost, the one thing I learned from this journey from the very beginning is I would rather feel good than look young. And it's something that I hear myself saying all the time. I don't know that I would have said that before this happened.

Tabia noted that previously she had been caught up in the whole aspect of looking good, but it was different for her now, she stated, "It's just being healthy, and being accepting of a gift that I was born with. . . . I'm lucky just getting dressed in the morning." This might be an awakening to authentic existence that Heidegger describes (Warnock, 1970).

Although the three women who did not have major negative side effects did not report the same level of changed worldviews, two of them had changed the way they looked at aging. Lane now believed age was just a number and that eating healthy and being active were paramount to aging well: "[Getting older] doesn't bother me because it is gonna happen. I'm just going to try to do things that will keep me young." She indicated that she would continue with facial enhancements (but planned to reduce the frequency of treatments to protect herself from adverse reactions) because she felt that it could help her feel younger and therefore feel better. Lysandra, was on an evolving "journey to awareness" through an immersion in yoga, and this practice was playing a central role in accepting natural aging. She said, "I see the lines and wrinkles differently now. I don't dwell on them because the more we hang on to our wrinkles the worse our wrinkles are going to be." In contrast, Vivienne, who was disappointed that her injection did not seem to work, still believed in her product's efficacy, and was trying to talk a young niece into the treatments.

"It's all Scary. Where Will I end up?": The Transformed Body

Temporality took on a different meaning for the four women who experienced serious

side effects as a result of a loss of embodied agency or body ownership (Coole, 2005). These women's temporal views of the future were now based on uncertainty about the progression of their side effects and availability of support. The way they related to others was changed (relationality), as they were now emboldened with a sense of responsibility and care to inform others of potential risk. Additionally, all seven women described fears of potential addiction.

Fears were expressed about the future. Amber had never thought she would have medical problems when she got older but now was very worried. She said, "I'm very afraid. My whole image of what my old age is going to be like, in the future, is completely changed because the injection impacted my health so much." Similarly, Gabby expressed fearful thoughts about her future self: "Will I look like the person I always thought I would be and wanted to be?" Several of them shared fears of ending up in nursing homes. Tabia said:

> As far as caretaking where will I end up? Will I end up with family? Will I end up in a nursing home? With society's attitude about the older generation, you know, they're just tossed aside and forgotten. And it's all scary, it's all scary.

The participants had embodied fears of becoming dependent when they contemplated future aging possibilities of their fragmented bodies.

Nevertheless, these same women also found faith and hope. Tabia spoke about having nothing to rely on but faith because her body experienced such a disabling illness that the medical profession then denied. She said, "It's the only thing that really keeps you going. . . . You hang on to that hope; you just hang on to it." These women sought to make meaning out of their experiences. Self-transcendence (transformation) is the capacity to reach out beyond oneself and discover or make meaning of experience through broadened perspectives and behavior (Coward, 1996, as cited in Wiggs, 2010). Incorporated in this concept are triggers or turning

points (corporeal, relational, or temporal modes) that may be transformative, self-renewing (new relational self), and signal change in a person's life course (King, Findlay, Ashworth, Smith, Langdridge, & Butt, 2008). Gabby stated, "There had to be a purpose, you know, why I suffered through this. I'm a religious and spiritual person. I believe there has to be some kind of reason why I had [this experience], why I've gone through this."

The women had changed relationships with others outside of the medical system as a result of their experiences. As can be the case for people dealing with chronic health conditions, Tabia and Gabby noted changes in their friendships—they learned who their real friends were, who supported them versus who judged them. Through her struggles, Gabby commented on the wonderful people she had met along the way, those who cared about her transformed self and supported her unconditionally.

Moreover, some of them had become advocates for the issue, educating and warning other women about possible side effects. Amber had three points to share:

> They need to know how it really works, and they need to know how bad it can really get, and they need to know that there isn't a cure if something goes wrong. Women need to know so they can make a better informed decision.

Gabby explained that she tried to make her advocacy more about a promotion of awareness about the possibilities that could occur from facial injections rather than a complaint about what happened to her body.

Finally, all seven participants believed there was a potential to become addicted to facial injections, and these thoughts added to their fears of the future. Addiction can come from repeatedly performing a custom (in this case, a facial injection), creating a deep change in one's personal identity and altering a person's self-effectivity (Schlimme, 2010). These women framed

addiction as a loss of will (mind, body, and spirit) that could develop over time, and at any time, and which could result in additional significant harm. Several of them described how good they felt after they received the injections, with two of them even describing it as "a high." Safara said, "I think there's a little bit of that element [feeling high afterwards] to it, in terms of people potentially getting addicted to it, even if they don't realize it." Lysandra described the addiction as possibly becoming used to the younger looking self, and then not wanting to lose that look. They cautioned how relational and financial burdens could also occur. For example, affluent women could be at greater risk of this type of addiction; however, women who can not afford the treatments might also go into debt.

Discussion

This feminist phenomenological study demonstrates how negative experiences with injectables can transform women's lives in complex ways. As they reflected on their experiences, these women described their lived bodies as commodified subjects and objects within a culture in which women are expected to conform to rigid beauty ideals. The fractured body represented four women who had serious physical and psychological effects and felt abandoned and demoralized when it was suggested by others that their problems were due to their imaginations or hormones. Such experiences are similar to stories of women with fibromyalgia and chronic fatigue syndrome, whose symptoms were "often belittled or ignored" and characterized as psychosocial in origin (Hart & Grace, 2000, pp. 189-190). As noted earlier, the black box warning came out after all but one of these women's injections had occurred, and its release confirmed several of their concerns. Black box warning concerns have also been raised in the public arena, such as the fact that they only emerge years after widespread use of a drug (Drug Watch, 2012). This study clearly shows the need for more research in this area.

These women's lives became changed through a new vigilance regarding their bodies' functioning, with their bodies' invisibility now ruptured (Dolezal, 2010). Altered corporeal experiences contributed to transformed views of aging for many of them, with revised interpretations of their current bodies (present corporeality) and of aging (corporeality in future time). Such transformations are similar to women with chronic fatigue syndrome and fibromyalgia, who also undergo an identity change as a result of their chronic illness (Asbring, 2001). Finally, they had different views of the future based on unknown symptom progression and the way they related to others was also changed.

Researchers—and women themselves—have debated whether women should be able to modify their aging bodies. On one hand, feminist researchers have pointed out that aesthetic surgery and procedures exist because sexism and ageism are linked to capitalism and the medical industrial complex. Because aging appearances have become pathologized (medicalized), however, women may also report choosing facial injections for health reasons rather than aesthetic concerns. Thus, intelligent, educated, and feminist women may choose facial injections not because they see themselves as duped but because they feel empowered (Dolezal, 2010). Indeed, some women frame such decisions within a narrative of agency (Clarke et al., 2007). On the other hand, others (e.g., Davis, 2003) have pointed out that because being discriminated against on the basis of both gender and age is a real possibility for many older women, engaging in cosmetic surgical and non-surgical procedures may be seen as a way for them to actively control their destinies. This research shows, however, that for some women, participating in such procedures results in a loss of a control.

Moreover, what happens to women who do not engage in these procedures? Would refusing to partake in increasingly available and normalized technological interventions be seen

as “a graceful acceptance of the physical realities of growing older” or as “a graceless management of the aging process” (Clark & Griffin, 2007, p. 194)? As noted earlier, women who *can* partake in such procedures but choose *not* to may be further blamed for their appearances—ageing now viewed as “*their fault*” (Brooks, 2010, p. 247).

This study was intended to highlight the voices of women who have not been heard, rather than generalize to all people who partake in these procedures. It may be that most people who use Botox and facial fillers to reduce the signs of aging are quite satisfied with their experiences, however little research has been done on the topic. Additionally, although data saturation was achieved with seven participants, additional participants may have illuminated further nuances in terms of outcomes. Future research should tease out further the complexities of women’s positive and negative experiences in this realm as well as explore what the growing anti-aging industry means for how older women deal with unavoidable physical signs of aging.

Conclusion

This feminist phenomenological study contributes to ongoing conversations about the anti-aging industry and its impact on women by studying a very specific group of women who have been overlooked—those with negative or mixed emotions about having had non-surgical injectable cosmetic treatments to reduce signs of aging in their faces. Outcomes ranging from disappointment to mild and major physical and psychological responses resulted in lived corporeal, relational, and temporal experiences for these women related to commodification, fracture, abandonment, reflection, but yet also positive transformations for some of them. Older women have the right to choose to take risks in creating or exploring new selves, but it is also important to reflect on and challenge ageist discourses that disproportionally affect them and the ineffective medical systems that, at times, respond to them (Clarke & Korochenko, 2011).

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