

Beautifying Istanbul: on neo-liberal selves and aesthetic body modification as a form of Surveillance Medicine

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Abstract

With an estimated total of over 1,000 plastic and aesthetic surgeons, Turkey recently ranked among the top ten of countries worldwide with the highest number of plastic surgeons per capita, and its cultural capital Istanbul has become a regional center for cosmetic surgery tourism, as well as for the fashion and beauty industry. Drawing on anthropological research on aesthetic body modification and femininity in Istanbul, my paper looks at aesthetic body modification and surgery as a form of ‘surveillance medicine’ (Armstrong 1995), which, alongside so-called corrective measures, seeks health and wellness through ‘preventive’ measures that are tied to wider consumption practices. While in contrast to Beirut or Teheran, post-surgery pride is still rare in Istanbul, against the background of neoliberal urban restructuring, the feminization of the urban service sector and the expansion of the urban middle classes, aesthetic surgery has become ever more normalized and is seen as a form of investment in bodily capital by an increasing number of (working) men and women. Finally, with beauty therapists and aesthetic surgeons musing on the specificities of the Turkish body and ‘race’ in private TV make-over shows and other media, aesthetic medical practices are becoming intricately linked to specific imaginations of modernity, glamour and the beautifying nation on the margins of the Middle East.

I. Introduction: Beautifying Istanbul

When, in 2011, in one of my first interviews on the topic of femininity and aesthetic body modification in urban Turkey, the well-known aesthetic surgeon Dr Oskui responded to my question as to why aesthetic surgery and beauty services had recently become so popular in Istanbul, his answer came as a surprise:

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As the city becomes more beautiful, its inhabitants also want to be more beautiful. This is why aesthetic surgery in Turkey is becoming ever more widespread.¹

The longer I studied aesthetic body modifications in Istanbul, however, the more the link between the transformations of urban bodies and urban space started to make sense. Thus, the beginning of the commercial beauty boom dates back to the early 1980s, when, following a violent coup d'état, the Turkish economy was restructured in accordance with global neoliberal policies, a process accompanied by rapid urbanization and privatization.

In this process, Turkey's largest city, Istanbul, home to an estimated 12-15 million residents, developed a specific culture of consumption that was directed at women and that expressed itself in numerous flashy mega malls, an increasing number of hair and beauty salons – over 7,000 are organised in the Istanbul Chamber for Women Hairdressers alone – private beauty clinics, cosmetic firms, nail bars, fitness and dieting centres, and women's magazines. While in the early 1960s, when the Turkish Chamber for Plastic and Reconstructive Surgeons was founded, there were only a handful of surgeons performing aesthetic surgery, the number of surgeons organised in the Chamber alone rose to over 1,000, and in 2010 Turkey was ranked twelfth of countries with the highest number of plastic surgeons world-wide. Perhaps it should be noted that, while the number of men undergoing aesthetic surgery is increasing, the vast majority of operations in Turkey are undertaken by women – 80-95 percent according to different estimates.² Given the focus of my research, in this paper I will focus on women's experiences and narratives.

At the same time, Istanbul witnessed processes of social and economic transformation manifested in an enormous extension of the service sector, an increasingly female work force and, as a consequence, the feminisation of the working class. The urban sociologist Ca_lar Keyder describes the recruitment of young, typically unmarried women in Istanbul's new service sector as a massive change in the urban labour market, 'from manufacturing to services, from male to

¹ Interview with Ibrahim Oskui, 23 September 2011. The names of research participants have been replaced with pseudonyms throughout this article, except for those who, like Dr Oskui, were interviewed in their role as experts filling a public position.

² Cf. Yenal, Merve 2004, Benim Güzel müdürüm [My Pretty Boss], *Hürriyet*, June 5 [in Turkish].

female, from brawn to cultural capital, and from local to global' (2005: 129). Turkey, according to Gül Özyegin, saw the emergence of a new female subjectivity 'that is centered on the body' (2001: 46).

The boom in the urban beauty industry is closely linked to these phenomena; its services are especially attractive to female professionals, many of whom are among the first generation of Istanbul-born and female wage-earners in their families. As elsewhere, their fantasies and imaginations are fuelled by the mass media, and Dr Oskui is one of many aesthetic surgeons who are present on private channel TV shows like Seda Sayan's *Elite Life* (aired on early Sunday afternoons on Show Türk) to present their latest spectacular, typically consisting of combined surgeries and advertisements for themselves. However, the consumption of beauty services is not restricted to younger and upwardly mobile women, as is often suggested by the literature on beauty (work) and aesthetic body modification. Indeed, the beauty practices of older middle-aged or elderly women are surprisingly absent from the literature, in spite of the fact that experiences of aging form a major motivation for many aesthetic surgery patients, and 'rejuvenation' products form a major segment of the beauty and cosmetics market. In my paper, I therefore wish to focus on a specific type of elderly middle-class patient, someone medical practitioners in Turkey commonly call the 'informed menopausal woman' (*bilinç sahibi menopozlu kadın* in Turkish).

Introduced as a medical concept in the Netherlands in the 1930s, in Turkey the idea of the menopause entered the public sphere in the late 1980s (Erol 2011: 137). According to Maral Erol, who studied the social construction of the menopause in Turkey, it took at least another decade for it to become common knowledge in the country beyond a small circle of medical practitioners and their patients, and even longer before it was widely debated, with numerous media publications appearing between 2005 and 2008. The public debates of these years dealt with the phenomenon as a medical condition and framed it in a narrative of women's 'second spring' (*ikinci bahar*, in Turkish). It stressed the fact that, with the right medical treatment – and in contrast to cultural conceptions of aging – women's social and sexual lives were 'not yet over' just because their menstrual periods had come to an end (cf. *ibid.*).

Drawing on participant observation in a private beauty clinic and interviews with aging middle-class women in Istanbul, my paper looks at aesthetic body

modification and surgery as a form of ‘surveillance medicine’ (Armstrong 1995). In what follows, I will first of all introduce the concept of surveillance medicine in its relation to aging and bodily aesthetics. I will then go on to talk about my methodology and present ethnographic material from a day of participant observation in the private beauty clinic mentioned above. From the perspective of surveillance medicine, my data suggest, aging itself becomes a risk to health or even a disease to be treated by, among other things, rejuvenation procedures.

II. Aesthetic Rejuvenation as a Form of Surveillance Medicine

Derived from the French word *surveiller*, ‘to watch over,’ surveillance can be defined as ‘the focused, systematic and routine attention to personal details for purposes of influence, management, protection or direction’ (Lyon 2007: 14). It includes a vast variety of social and mediated interactions that depend on an ever-increasing range of information and digital technologies. Surveillance studies often present surveillance as intrinsically ambiguous in that it may entail the care and safety of the surveilled on the one hand, and their control and discipline on the other (cf. Lyon 2007). This aspect also relates to what the medical sociologist Armstrong (1995, 2008) has described as ‘Surveillance Medicine.’ Proposed in an attempt to analyze the process of a ‘fundamental remapping of the spaces of illness’ (Armstrong 1995: 395), Surveillance Medicine describes a new form of medicine that begins in the early twentieth century and extends the medical eye over the entire population, targeting ‘everyone’ (ibid.). Drawing on Foucault’s concept of ‘political anatomy,’ Armstrong proposes a shift of the medical gaze from the interior of a patient’s body to its relationship with its exterior, as well as with the collective body.

Within Surveillance Medicine, tools such as socio-medical surveys and profiles, height and weight growth charts etc. are employed to measure the health and determine the characteristics of a ‘normal population,’ thereby dissolving distinct boundaries between the clinical categories of health and illness, as well as of the normal and the pathological. The result is the creation of a world in which all bodies are relative to each other and ‘everything is normal and at the same time precariously abnormal’ (ibid.: 400).

The surveilled subject’s participation in the surveillance is complex and subject to much debate within the emerging field of Surveillance Studies (cf. Lyon 2007). Thus, those monitored are subject to the gaze, but they may also resist and, perhaps

most importantly, they typically reconfigure their identities within the process of surveillance, whether consciously or unconsciously. Under the regime of Surveillance Medicine, this reconfiguration of identity manifests itself in ‘the dissolution of the boundary between health and illness,’ in which specific risk populations are identified and spatially mapped. Thus, the ordinary categories of health and illness are reworked into a scale in which ‘the healthy can become healthier, and health can co-exist with illness’ (Armstrong 1995: 400). Within this regime, everyone, especially those ‘at risk’, are expected to engage in self-surveillance, and the ultimate triumph, writes Armstrong, ‘would be its internalisation by all the population’ (ibid.).

As will become clear from the presentation of my ethnographic data below, this conceptualization of a ‘risk factor’ within the medical practice opens up a space for patients and medical practitioners alike to promote and consume all kinds of treatments that focus on specific (‘healthy’) lifestyles, as well as *preventive* treatments. The aspect of prevention adds a temporal axis to the medical practice. It points to the fact that the future of bodies is clearly envisaged in this process. More specifically, it is envisaged as a process of ‘deformation’ that, at least at this stage, cannot (yet) be halted or reversed, but nevertheless can be ‘slowed down.’ Similar to the transhumanist conception of aging as a disease (Hainz 2014), from the perspective of Surveillance Medicine aging becomes a risk, an aesthetic-medical one, to be treated by ‘rejuvenation.’

III. Methodology

This paper is part of an ongoing research project on femininity, beauty work and aesthetic body modification in Istanbul that draws on fifteen months of field research, including five short field trips since 2011 and an uninterrupted period of fieldwork in 2013 and 2014. I conducted some one hundred ethnographic guideline interviews, mostly scheduled and recorded, with customers and patients of hair and beauty salons and clinics; beauty salon owners and workers; aesthetic surgeons and other experts, among them tattoo artists; activists in various feminist organizations; a fashion photographer; and an Islamic scholar who rules on the permissibility of beauty treatments. Moreover, the project employs media analysis, including the systematic analysis of newspaper archives, online forums (*Kadinlar Kulübü* and *Fetva Meclisi*) and so-called makeover shows on private television. In 2013 and 2014 I attended the

annual Istanbul Beauty and Care Fair and distributed questionnaires among its visitors. I also distributed questionnaires among participants in two municipal training courses on make-up and facial care.

Multi-sited ethnography was used to follow beauty practices in different hair and beauty salons and clinics in the city, with a focus on residential and commercial sites in politically diverse middle-class neighbourhoods, namely, Ba_ak_ehir, Fatih, Ni_anta_1, Beyo_lu, Moda/Kadıköy, and Etiler. I selected one or two hair and beauty salons or clinics in each of these neighbourhoods in which to observe participants during regular ongoing visits. I strategically chose the neighbourhoods as highly contested urban areas for various reasons. Among them, Etiler is a central, (upper) middle-class, rather ‘secular’ neighbourhood. The site and persons selected for presentation are not representative, but they do draw attention to some common themes and issues with regard to aesthetic body modification.

IV. Waiting for Rejuvenation in Etiler

Arriving one Thursday morning in early April 2015 for another day of interviews and participant observation at Ilke and Serhat’s private beauty clinic in Etiler, my research assistant and I were greeted by the carefully made-up doctor’s receptionist in a white tunic. We slipped over disposable overshoes from a box next to the entrance and settle in the large, white waiting room decorated with a Greek-style female nude sculpture beneath a wall of medical diplomas, collected by Ilke and Serhat over the past three decades, to wait for their patients, our prospective interviewees, to arrive.

Both medical practitioners, Ilke and Serhat, a married couple in their early fifties, first opened their clinic in 1994, after Ilke, a trained dermatologist, returned from additional training as a cosmetologist in Germany. Back then, similar professional training opportunities were not yet available in Turkey, and the clinic, located on two upper floors of a residential building, soon gained a reputation as one of the first professional beauty clinics in this central, upper middle-class neighbourhood. When I was first introduced to Serhat and Ilke by a family friend, Ilke’s sister, and visited the clinic in 2010, patients arrived for treatments from all over Istanbul, Turkey and indeed the entire Middle East and Europe to choose from a long list of aesthetic services, including facial rejuvenation treatments, ‘Botox’ and

other cosmetic injections, fillings, eyelid surgery, laser depilation, and, in another location operated by the couple, hair transplants. When I returned there for more detailed research in the spring of 2015, several other clinics had opened up in its vicinity, including a large private hospital for plastic and aesthetic surgery. The most common treatment at the clinic was clearly the injection of botulinum toxin.

Indeed, the regular injection of the neurotoxic protein botulinum toxin (“Botox”) to treat and prevent the development of wrinkles by paralyzing facial muscles was quite common among specific segments of middle-aged to elderly (upper) middle-class women whom I researched in Istanbul. It was commonly seen as one of the first steps undertaken by aging middle-class women to deal with the visible signs of aging. First documented in 1989 by an American plastic surgeon, since 2002, following clinical trials and approval by the American Food and Drugs Administration, botulinum toxin has become a popular cosmetic treatment worldwide, marketed by several pharmaceutical companies under various brand names, including ‘Botox’ by Allergan, a global pharmaceutical company headquartered in Dublin. In Istanbul and elsewhere ‘Botox’ has become a generic name for the treatment, and patients and doctors alike talked about ‘doing Botox,’ rather than employing the correct medical term.

In 2014, the ISAPS global statistics listed 59,685 botulinum toxin injections as having been performed in Turkey in 2011, alongside more than 70,000 other non-surgical facial rejuvenation treatments and injections, including the injection of hyaluronic acid and autologous fat, so-called fillings.³ In Istanbul medical doctors only are allowed to administer ‘Botox’ injections, and patients usually have them performed in commercial beauty clinics every five to six months. In 2015, facial botulinum toxin injections cost between 3-500 TL (100-170 EUR) per session in Istanbul. Accordingly, beauty therapists often criticised the treatment as expensive, with only limited and temporary effects, and recommended their own, cheaper rejuvenation treatments instead.

At the beauty clinic in Etiler that day, a woman in her early sixties, a regular patient of Ilke and Serhat’s, arrived with her 37-year-old daughter shortly before noon. While Serhat administered the injections into the daughter’s face, the latter’s

³ See the ISAPS website at <http://www.isaps.org/news/isaps-global-statistics> (accessed 16 March 2016).

mother told us that she had been ‘doing Botox’ for almost ten years to alleviate the glabellar frown lines between her eyebrows that run in the genes of her maternal line. After menopause, when her body started ‘deteriorating’, she began to be bothered by these lines and was haunted by the vision of ending up with the same stern facial expression her mother had. When she noticed the same lines develop in her daughter’s face a few months ago, she persuaded her to get the injections ‘as soon as possible’ to prevent them from developing further.

After the treatment with botulinum toxin, the two women were in a hurry to leave because they were already late for a lunch with friends in a nearby shopping mall. As soon as the door shut behind them, Serhat came to join us in the now empty waiting room and asked the receptionist to serve us tea. He complained about the patient, telling us that she insisted on having botulinum toxin injections between her eyebrows only, out of a concern to ‘look natural’. Serhat found this strange, because ‘she is already doing something.’ According to him, she clearly was not doing enough to prevent visible aging, and whenever he met her, he suggested treating other facial wrinkles with botulinum toxin injections too. In addition, her sagging eye bags and a deepening nasolabial fold also needed urgent treatment, preferably with fillings. Nevertheless, the patient remained what Serhat describes as ‘fixed on her frown lines.’

Those who ‘did Botox’ in Etiler and elsewhere were typically concerned about looking natural. Thus, due to the treatment’s high costs and limited availability in the first years after its discovery as a cosmetic product, for many years it was, and in some respects still is, regarded as a *sosiyété* (high society) procedure in Turkey, one that celebrities, public personalities or those who wish to be recognized as belonging to this exclusive social group regularly undergo. Thus, ‘doing Botox’ has a certain chic to it, which makes it attractive beyond its actual bodily effects. On the other hand, those publicly known for their botulinum toxin injections are often described as ‘exaggerating’ its use, and the Turkish gutter press abounds with images of celebrities with awkwardly swollen faces bereft of the ability to mimic, or with pouty lips obviously resulting from recent injections. Accordingly, when I asked Sakine, a secretary aged sixty, who regularly underwent botulinum toxin treatments, whether she was happy with the outcome of the treatment, she responded: ‘Yes, because they

didn't turn me into a monkey.'⁴ Her expression obviously referred to a remark by a well-known aesthetic surgeon during a private TV channel talk show several weeks earlier, describing Turkish superstar Ajda Pekkan, a singer in her late sixties known for multiple aesthetic procedures, as having 'no mimic in her face' and with lips that looked like 'a monkey's bum' due to her allegedly excessive use of the drug.⁵

The next patient at the clinic that day was a woman called Günay. She arrived at 3 pm from nearby Sisli for botulinum toxin injections. Günay was born in Azerbaijan in 1973 and moved to Istanbul in the early 1990s. She was married to a Turk with whom she had a teenage son and managed a wig store in the upper-class neighbourhood of Ni_anta_1. More than four years ago and inspired by the owner of this store, a fashionable older woman of whom she spoke highly, Günay started to regularly 'do Botox.' Around the same time, she started having 'problems around the eyes,' with lines developing between her eyebrows and on her forehead, which she attributed to her genes. In our interview, she explained:

After I had it treated, my face looked much nicer, my eyebrows were lifted, and this really opened up my facial expression. When the effect started to show [several days after the injection] I felt extremely happy, and that's why I continue doing it.⁶

Wearing black leather boots, tight black jeans and a white cashmere pullover, Günay looked stylish and well-groomed, with her long, black hair tied up in a ponytail, her eyes and lips carefully made up, and her long, manicured nails polished a bright red. This, she claimed, was important when you are the manager of a store in Ni_anta_1. While we chatted with Günay, her close friend Miray arrived alongside her older sister Tülin to have botulinum toxin injections as well. The women gave each other a warm welcome, and the newcomers apologised to Günay for arriving late from their Pilates class at a nearby fitness studio. This was Tülin's first time to 'do Botox', and Günay, who introduced Miray to the clinic several years ago, now introduced Tülin to Serhat. While Serhat left to treat Günay on the clinic's upper floor, Tülin was handed

⁴ Interview with Sakine, 26 December 2013. The following quotations by Sakine are also taken from this interview.

⁵ Pekkan later filed a lawsuit against the surgeon to claim compensation for reputational damage (A.A. 2013. A Penalty of 6,000 TL for these Words. [O sözlere 6 bin TL ceza]. *Hürriyet*, July 18).

⁶ Interview with Günay, 2 April 2015. The following quotations by Günay are also taken from this interview.

out a patient questionnaire and information sheet about Botox to read, fill in and sign. The receptionist also took a picture of her face, the 'before' photograph, to be compared later with the photograph to be taken a week after the treatment, when the result is expected to show. Checking his photographic files, Serhat later presented us with Günay's before-and-after-photograph, which was commented on by the sisters as 'not looking like Günay at all', especially in its 'before' version.

While waiting for Günay to return, the sisters started chatting about Tülin's recent stay in a luxury hotel on the Mediterranean coast with her family. It became clear that both women were married housewives with children. Tall and fit-looking, both of them were dressed in designer jeans and elegant tops, and wore their high-lighted hair shoulder-length. Miray was an attractive woman in her early forties, with tanned skin and a bird tattoo showing on her chest. Tülin, about ten years her senior, carried herself with upper middle-class chic. She was wearing gold jewellery, shouldered an Yves Saint Laurent handbag, and possessed the latest model of an expensive smart phone. She agreed to be interviewed after Miray's phone rang and she walked out of the room to answer it.

In the interview, Tülin told us about her anxiety regarding the injections, which she felt were long overdue. All her friends did these injections, and she had been reluctant for 'too long.' She was especially concerned with the facial wrinkles on her forehead, her crow's feet wrinkles and her upper lip, which recently started looking like 'an old lady's lip.' Other than that, and with the exception of some excessive fat on her belly, she was rather satisfied with her body. She talked at length about the different kinds of classes she took in her fitness salon to stay in shape. Like Günay, and in fact many other interviewees, Tülin did not usually tell her husband about the aesthetic treatments she was planning to have and had not told him about her appointment today. Moreover, she was prepared to cover the treatment from her own savings, in contrast to products for the family's day-to-day needs, which she paid for with her husband's credit card. Telling us about this, Tülin realised that she had not even inquired about the costs of the treatment; however, she trusted her sister and Günay to bargain a good price for her.

In the meanwhile, Serhat had finished Günay's injections, and she re-emerged, only to disappear again into Ilke's office to discuss another treatment Serhat had suggested. The receptionist called up Tülin, and she agreed that I could accompany

her to watch. In the treatment room, Serhat asked her to lie down on a chair that bore a resemblance to a dentist's chair, and without further ado started with three injections each into Tülin's left and right temples. Every time he pulled out the syringe, he quickly pressed a cotton ball on to her skin; after the first round of injections, he showed the cotton ball to Tülin to indicate that there had not yet been any blood. Then he went on to make a few more injections between Tülin's eyes, on her forehead and upper lip. Blood exuded after the injections into the upper lip, but Serhat quickly changed the cotton ball, and Tülin didn't seem to notice. Instead, he reprimanded her for smoking, telling her that smokers' lips always looked 'worse' than non-smokers'. After less than five minutes the procedure was finished, and Tülin sighed with relief. 'It wasn't such a big deal,' she said. 'Of course not', responded Serhat. 'What about this one', Tülin asked him, pointing to her nasolabial fold. 'It's still okay,' he said, adding, 'we will treat it with a filling once it's become deeper, in about five years from now.' Telling her not to massage her face in the next 24 hours or to sleep on either side of her face for the right result to show in a few days, he then told her to return for a check-up the following week and left downstairs to call up Miray.

Back in the waiting room, Günay told Tülin her about her meeting with Ilke, whom she had consulted about the hair loss she has recently been experiencing. Tülin in turn told her about the cortisone treatment her youngest son had undergone to cure his hair loss, to which Günay replied that she preferred the transplant because she was scared of the weight gain that might come with a cortisone treatment. The women then moved on to talk about Günay's reasons for moving away from the conservative neighbourhood of Basaksehir and from there started talking politics. In particular, they were indignant about the conservative government and what they saw as the creeping Islamization of society.

Finally, Miray returned to the waiting room from a rather lengthy session with Serhat, telling us that he had made her watch a promotional video for a new kind of fillings treatment. Also, it apparently took a while to bargain the price for her injections. In the end, they agreed on 500 TL to be paid in two instalments. Paying at the reception on their way out, there was a brief dispute between them and the receptionist about the conversion rate between the Turkish lira and the US dollar, the currency in which the clinic charges its patients.

The final patient to arrive at the clinic that day was Ayzer, a stylish blonde in her late fifties made up with lipstick and eyeliner and dressed in tight black pants, high-heeled boots and a red lady's suit jacket. Ayzer had been a regular of the clinic for ten years, from when her menopause began. She reported having regular botulinum toxin and/or vitamin injections twice a year, apart from occasional fillings and eyelid surgery to treat her drooping eyelids. That day at the clinic, Serhat treated her with hyaluronic wrinkle-fillers to reduce her facial lines, which cost about 500 TL. During our waiting room conversation, Ayzer told us that the treatments she had at the clinic and their results made her happy (*mutlu*), while the thought or sight of her own aging appearance usually made her feel depressed (*umutsuz*) and sad. Facing the mirror naked these days, she confided, she hardly remembered her former attractive and fit self, and especially detested the flabby skin and excessive fat on her thighs and belly. Like many other female patients at the clinic, Ayzer seemed anxious about her attractiveness as the wife of a public figure (in agreement with Serhat's insinuations after she left) and as someone whose identity had for many decades been tied to being considered a beautiful woman.

V. Discussion

To sum up, many of the regular female patients at this private beauty clinic formed a specific type of middle-aged to not so elderly patients who were concerned about their looks and bodily 'deformation' and well informed about the latest trends and treatments. While generally fit and healthy, they arrived at the clinic for regular check-ups and the latest (preventive) treatments, closely monitoring their bodies and – setting aside their own money, and in spite of bargaining hard – investing 'as much as it cost' to reduce the visible signs of aging. These women clearly rejected the idea of just fatalistically accepting 'old age,' which they attributed to a more conservative or earlier cohort of women in Turkey, and they used aesthetic body modifications to assert their (postmenopausal) identities as women in their 'second spring.' They did so in contrast to an earlier generation of women, including their mothers, whom they often described or remembered as well-groomed and proper looking, but rarely or never entering a beauty salon when they had been their age. In contrast to them, and in spite of their different conceptualisation of the end of their menstruation, their

mothers had come to downplay their sexual identities in this life period, which for some was symbolized by their adopting a loosely tied headscarf. By the time my research took place, the discourse of menopause as a major marker of bodily changes – that is, bodily deformation, in the language of beauty therapists and medical practitioners specialized in aesthetics – had been firmly established in elderly women’s body-centred life-course narratives. Many of the post-menopausal women of the higher social strata I was commonly referred to by acquaintances or else encountered in beauty salons and clinics in the urban centre like that described above chose to invest in aesthetic body modifications to treat subjective feelings of ‘ugliness’ and ‘depression’ that for them were tied to the menopause.

To sum up, the women who entered the clinic in Etiler in search of rejuvenation and beautification demanded respect due not so much to their maturity, but to their ongoing attractiveness and competitiveness with other women, including those younger than themselves.

Against the background of a wide range of standard routines of keeping the body fit, healthy and attractive, they obviously felt the need, to quote Ajda Pekkan, to ‘pull themselves together’ (Turkish *toparlanmak*) once in a while with more or less invasive aesthetic procedures. Thus, the aging yet never aging celebrity, who came to be associated with aesthetic surgery like no other in Turkey, talked about her presumably post-menopausal surgery on the *Beyaz Show*, a talk show on the Turkish private Channel D, in the following fashion:

We are considerate people; we should take care of ourselves. There was a particular time when I told myself: ‘I should pull myself together’ and underwent some aesthetic surgery. [...] Of course, you will do everything you can to take care of yourself. This is not just a matter of aesthetic surgery. Women my age should take care of their health, do sports, have a positive outlook on life. Of course, people may also choose more radical interventions [such as aesthetic surgery]. Once in a while, an upgrade is necessary. (A.A. 2009)

The notion of a post-menopausal aesthetic ‘upgrade’, as well as an effort to retain or regain one’s attractiveness as a woman alongside one’s health and a positive outlook towards aging, was a rhetoric I typically encountered in conversations and interviews with (post-)menopausal women in secular upper middle-class contexts, the group implicit in Ajda Pekkan’s ‘we.’

VI. Conclusion

Confronted with the first negatively viewed signs of aging during Istanbul's beauty boom in the late 1980s and 1990s – a period in which the menopause became public knowledge and soon afterwards was medially invented as marking women's 'second spring' – the so-called informed menopausal women described in this paper chose to invest actively in rejuvenation and beautification. While some women are ready to do 'whatever is needed' by following the advice of commercial beauty therapists and medical experts in private salons and clinics, others are troubled by very specific aesthetic signs of aging, for example, those they find disturbing in their mother's aging bodies.

As a social practice, the injection of botulinum toxin and similar (often presumably 'bloodless') aesthetic body modifications observed at the clinic described above offer an interesting example of what has been called 'surveillance medicine' (Armstrong 1995). Within the shift from hospital medicine to surveillance medicine described by Armstrong, an increasingly informed and self-conscious patient, who enjoys a certain level of disposable income and is strictly speaking healthy, no longer relies on public health provision but pays for his or her own treatments, which are often provided by private medical institutions. Treatments are undertaken not necessarily to improve one's health, but to prevent it from deteriorating. From such a perspective, it is aging itself that is considered a health risk or even a disease, to be treated by rejuvenation procedures, as part of a lifestyle that includes a 'healthy diet', sports, recreation and wellness – things all widely talked about in the waiting room area of the clinic described.

Looking at their mothers and grandmothers, who were unable to consume similar kinds of aesthetic treatments due to the shame associated with investing in one's (sexual) attractiveness as an elderly person and the unavailability of such measures, a new cohort of middle aged and younger elderly women in Turkey sees in their faces their own futures in the form of aesthetic 'deformation.' Much in contrast to cultural conceptions of aging as a process of accomplishment and increasing authority for all genders (cf. Delaney 1991), it seems that the patients of private beauty clinics have internalised a conceptualisation of aging as risk, not least an aesthetic one.

As elsewhere, imaginations of bodily aesthetics in Turkey are historically produced and tie a specific bodily appearance to certain imaginations of modernity, morality and citizenship. In Turkey, women's bodily appearances have been analysed as a marker of the degree of modernity, urbanity and Europeaness in the nation,

especially with regard to the headscarf debate in the 1990s and beyond (cf. Çınar 2005; Gökarıksel 2009, 2012; Gökarıksel and Secor 2009, 2010; Navaro-Yashin 2002: 78-113; Secor 2001; White 2002). In Istanbul, where, so a common saying in hair and beauty salons goes, there are no ugly women anymore, those who do not take proper care of themselves and thus fail to fulfil the aesthetic norm of freshness and youth embody an almost inexcusable lack of discipline and (cultural) capital. To paraphrase the quotation from the interview with one aesthetic surgeon mentioned in the beginning, such unkempt individuals are out of place in a ‘beautifying’ Istanbul, where ever more of the remaining green areas and communal spaces are being turned into concrete spaces of commerce and consumption.

VII. References

- A.A. 2009. Ajda: I Underwent Aesthetic Surgery a Couple of Times. [Ajda: bir kaç kez estetik yaptırdım]. *Hürriyet*, May 25 [in Turkish].
- A.A. 2013. A Penalty of 6,000 TL for these Words. [O sözlere 6 bin TL ceza]. *Hürriyet*, July 18 [in Turkish].
- Armstrong, D. 1995. The Rise of Surveillance Medicine. *Sociology of Health and Illness*, 17: 393-404.
- Çınar, A. 2005. *Modernity, Islam and secularism in Turkey: Bodies, Places and Time*. Minneapolis, MN: The University of Minnesota Press.
- Erol, M. 2011. Neoliberalism's Second Spring: The Social Construction of the Menopause in Turkey [Neoliberalizmin _kinci Baharı: Türkiye'de Menopozun Toplumsal _n_ası]. In: Özbay, C., Terzio_lu, A. and Yasın, Y. (eds.), *Neoliberalizm ve Mahremiyet: Türkiye'de Beden, Sa_lık ve Cinsellik*. Istanbul: Metis [in Turkish].
- Gökarıksel, Banu 2009. Beyond the Officially Sacred: Religion, Secularism and the Body in the Production of Subjectivity. *Social and Cultural Geography* 10 (6): 657–74.
- Gökarıksel, Banu 2012. The Intimate Politics of Secularism and the Headscarf: The Mall, the Neighborhood, and the Public Square in Istanbul, *Gender, Place & Culture: A Journal of Feminist Geography* 19(1): 1-20.
- Gökarıksel, Banu, and Anna J. Secor 2009. New Transnational Geographies of

- Islamism, Capitalism, and Subjectivity: The Veiling-Fashion Industry in Turkey. *Area* 41(1): 6–18.
- Gökarıksel, Banu, and Anna J. Secor 2010. Between Fashion and *tesettür*: Marketing and Consuming Veiling-Fashion. *Journal of Middle East Women's Studies* 6(3): 118–48.
- Gökarıksel, Banu, and Anna J. Secor 2012. 'Even I Was Tempted': The Moral Ambivalence and Ethical Practice of Veiling-Fashion in Turkey. *Annals of the Association of American Geographers* 102(4): 847-862.
- Hainz, Tobias 2014. *Radical Life Extension: An Ethical Analysis*. Münster: Mentis.
- Keyder, Çağlar 2005. Globalization and Social Exclusion in Istanbul. *International Journal of Urban and Regional Research* 29(1): 124-34.
- Lyon, David 2007. *Surveillance Studies: An Overview*. Oxford: Polity Press.
- Navaro-Yashin, Yael 2002. *Faces of the State: Secularism and Public Life in Turkey*. Princeton et al.: Princeton Univ. Press.
- Ozyegin, G. 2001. *Untidy Gender: Domestic Service in Turkey*. Philadelphia: Temple University Press.
- Özyürek, E. 2006. *Nostalgia for the Modern: State Secularism and Everyday Politics in Turkey*. Durham NC and London: Duke University Press.
- Secor, Anna J. 2001. Toward a Feminist Counter-Geopolitics: Gender, Space and Islamist Politics in Istanbul. *Space and Polity* 5(3): 191-211.
- White, Jenny B. 2002. *Islamist Mobilization in Turkey: A Study in Vernacular Politics*. Seattle and London: University of Washington Press.
- Yenal, Merve 2004. Benim Güzel Müdürüm [My Pretty Boss], *Hürriyet*, June 5 [in Turkish].