In Pursuit of Beauty Within the Ageing Body: Voices from Older Korean Women in New Zealand

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ABSTRACT

Researchers have attempted to explore the experience of ageing bodies and the use of beauty and anti-ageing practices among older women. However, an insufficient number of such studies have focused on women from diverse ethnic groups, particularly older Asian women. Furthermore, even though some researchers have debated whether beauty practices are a form of oppression, these debates usually obfuscate the unique experiences of older women. These deficiencies result in a scarcity of discussions on anti-ageing practices and health management among older Asian migrant women.

This study, using intersectionality as a conceptual lens, explored how older South Korean (Korean, hereafter) women in New Zealand who are located at the intersection of age (ageing) and gender perceived their ageing bodies and engaged in beauty, anti-ageing and health practices within diverse social positions and identities. The method involved conducting semi-structured individual interviews with thirty-one Korean women aged 50 to 84 living in Auckland, Christchurch, Dunedin, Hamilton, and Queenstown.

The findings were merged into two major themes: 1) the inevitable and unacceptable ageing body and 2) the tensions between choice and oppression. The first theme elucidates how attitudes towards the ageing body were paradoxical. On the one hand, the ageing body was something my participants understood as part of a natural/irresistible process. On the other hand, they consistently intervened in the natural process of ageing to transform their ageing bodies into more acceptable forms: healthy, functional, and feminine bodies with youthful and attractive appearance. They also adopted diverse lifestyles: active, productive, and successful later lives through health practices, life management, and beauty and anti-ageing practices. The second theme describes how power over their ageing bodies was exercised when they intervened at the intersection of age, gender, and/or race/ethnicity. The findings uncover how the interaction of biological attributes of the ageing body and socio-cultural climates of age and gender influenced my participants’ perceptions of their bodies. Additionally, the findings indicate how their engagements in beauty, anti-ageing, and health practices became complicated as they positioned themselves at the intersection of age/ageing, gender, race/ethnicity, and migration.
The significance of this thesis lies in its contribution to illuminating the concept of the biosocial ageing body. Furthermore, it intends to challenge binary perspectives of the body, namely that between nature and culture, and to supply further knowledge to current discussions on whether women’s beauty practices are a form of oppression or choice. Lastly, this thesis discusses the implications of this research and recommendations for future research on the ageing body (ageing) and beauty practices.
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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT</td>
<td>II</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>IV</td>
</tr>
<tr>
<td>TABLE OF CONTENTS</td>
<td>VII</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>XIV</td>
</tr>
<tr>
<td>LIST OF FIGURES</td>
<td>XV</td>
</tr>
<tr>
<td>LIST OF APPENDICES</td>
<td>XVI</td>
</tr>
<tr>
<td>CHAPTER 1 INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>1.1 Background of the Problem</td>
<td>2</td>
</tr>
<tr>
<td>1.2 Purpose of the Study, Research Questions, and Significance</td>
<td>6</td>
</tr>
<tr>
<td>1.3 Outline of the Thesis</td>
<td>6</td>
</tr>
<tr>
<td>CHAPTER 2 THE AGEING BODY</td>
<td>9</td>
</tr>
<tr>
<td>2.1 Body</td>
<td>9</td>
</tr>
<tr>
<td>2.1.1 The Body: Nature vs. Culture</td>
<td>9</td>
</tr>
<tr>
<td>2.1.1.1 The gendered body</td>
<td>10</td>
</tr>
<tr>
<td>2.1.1.2 Ageing body</td>
<td>14</td>
</tr>
<tr>
<td>2.1.2 Beyond the Binary of Nature and Culture</td>
<td>17</td>
</tr>
<tr>
<td>2.2 Ageism and Anti-Ageing</td>
<td>19</td>
</tr>
<tr>
<td>2.2.1 Anti-Ageing</td>
<td>22</td>
</tr>
<tr>
<td>2.2.2 Paradigms of Ageing: Healthy, Successful, and Active ageing</td>
<td>25</td>
</tr>
<tr>
<td>2.3 Body Image and Beauty Practices Within the Ageing Body</td>
<td>30</td>
</tr>
<tr>
<td>2.3.1 Women’s Body Image in Old Age</td>
<td>30</td>
</tr>
<tr>
<td>2.3.2 Body Image and Asian Ethnic Women</td>
<td>33</td>
</tr>
<tr>
<td>2.3.3 Beauty Practices and Anti-Ageing Practices in Old Age</td>
<td>37</td>
</tr>
<tr>
<td>2.4 Summary of Chapter</td>
<td>40</td>
</tr>
<tr>
<td>CHAPTER 3 BEAUTY AND BEAUTY PRACTICES</td>
<td>41</td>
</tr>
<tr>
<td>3.1 Transitions in Beauty Standards and Beauty Practices Through the Times</td>
<td>41</td>
</tr>
</tbody>
</table>
3.1.1 The Prosperity of Cosmetics: Ancient Egypt

3.1.2 The Golden Ratio: Classical Greece

3.1.3 Abstinence: The Medieval Period

3.1.4 The Silk Road and Social Class: The Renaissance period

3.1.5 The Invention of the Corset: The Victorian Period

3.1.6 A Brief History of Plastic Surgery (or Cosmetic Surgery)

3.1.7 Industrialisation and the Women’s Movement: The Twentieth Century

3.1.8 Consumerism and Globalisation: The End of the Twenties to the Present

3.1.9 Summary

3.2 The Feminist Critique of Beauty Practices

3.2.1 Second-Wave Feminists: False Consciousness and Oppression

3.2.2 Third-Wave Feminists: Free Will and Choice

3.2.2.1 Aesthetic capital, beauty premium, and their limitations

3.2.3 The Debate About Cosmetic Surgery: Harmful Practices vs. Self-Realisation

3.2.4 The Dilemma of Choice

3.2.4.1 Self-Policing

3.2.4.2 Self-help, care of the self, and care for others

3.2.4.3 The entrepreneurial subject (aesthetic entrepreneur)

3.2.5 Conclusion

3.3 Summary of Chapter

CHAPTER 4 THE KOREAN CONTEXT: IN KOREA AND IN NEW ZEALAND

4.1 A Brief History of Korean Beauty and Economic Growth

4.1.1 The Choson Dynasty (1392–1910): Confucianism (Neo-Confucianism)

4.1.2 The Modernization Treaty

4.1.3 Westernisation and the Wars

4.1.4 Economic Growth, Changes in Women’s Social Status, and the Beauty Industry

4.1.5 Korean Perspectives on Korean Women’s Body and Beauty Practices in the Modern Korean Society

4.1.5.1 Confucianism and women’s beauty practices in the contemporary Korean society

4.1.6 Ageing in Korea
4.1.7 Summary ................................................................................................................................. 99

4.2 Korean Immigrants .................................................................................................................. 99
  4.2.1 Korean Immigrants in New Zealand ..................................................................................... 100
    4.2.1.1 Social networks of Korean immigrants in New Zealand ................................................. 103
    4.2.1.2 The language barrier and employment of Koreans in New Zealand ............................. 104
  4.2.2 Older Korean Immigrants in New Zealand ........................................................................... 105
  4.2.3 Summary .............................................................................................................................. 107

4.3 Conclusion ............................................................................................................................... 107

CHAPTER 5 METHODOLOGY AND METHOD .............................................................................. 108

5.1 Conceptual Framework: Intersectionality ............................................................................ 108
  5.1.1 Intersectionality of Gender and Race .................................................................................... 108
  5.1.2 Intersectionality of Age and Gender ...................................................................................... 112
  5.1.3 Intersectionality for This Research ....................................................................................... 114
  5.1.4 Intersectionality in Qualitative Research ............................................................................ 117

5.2 Qualitative Research Method ............................................................................................... 117
  5.2.1 Semi-Structured Interview .................................................................................................. 118
  5.2.2 Analysis of Data: Thematic Analysis Approach ................................................................. 118
  5.2.3 Applying Thematic Analysis’s Different Levels of Approach Within Intersectionality .......... 119

5.3 Data collection ....................................................................................................................... 120
  5.3.1 Recruitment ........................................................................................................................ 120
    5.3.1.1 Recruitment process ....................................................................................................... 121
    5.3.1.2 Privacy and confidentiality ............................................................................................. 123
    5.3.1.3 Ethical approval ............................................................................................................. 123
  5.3.2 Sample .................................................................................................................................. 124
    5.3.2.1 Age ............................................................................................................................... 125
    5.3.2.2 Geographic location ...................................................................................................... 125
    5.3.2.3 Length of residence in New Zealand ............................................................................. 125
    5.3.2.4 Marital status and living arrangements ......................................................................... 126
    5.3.2.5 Social engagement and contribution ............................................................................. 126
  5.3.3 Conducting Interviews ....................................................................................................... 126
    5.3.3.1 Field notes .................................................................................................................... 128
    5.3.3.2 Places for interview ...................................................................................................... 129
5.4 Applying the Six Steps of Thematic Analysis ............................ 129
  5.4.1 First Stage: Familiarising Myself With the Data ....................... 130
  5.4.2 Second Stage: Generating Initial Codes ................................ 130
  5.4.3 Third Stage: Searching for Themes ..................................... 132
  5.4.4 Fourth Stage: Reviewing Themes ....................................... 132
  5.4.5 Fifth and Sixth Stages: Defining Themes and Reporting ............. 133

5.5 Translation and Trustworthiness ............................................. 133
  5.5.1 Korean Vocabulary in This Study ....................................... 135
    5.5.1.1 Halmoni, agassi, and ajumma .................................. 135
    5.5.1.2 Maum .................................................................. 136
    5.5.1.3 Chujaphada and chuhada ....................................... 136
    5.5.1.4 Chemyon ........................................................... 136

5.6 Self-Reflection ...................................................................... 137
  5.6.1 Interviewing Korean Older People as a Younger Korean Researcher ...... 137
  5.6.2 Lessons from My Journey .................................................. 142

5.7 Summary .............................................................................. 142

CHAPTER 6 THE INEVITABLE AND UNACCEPTABLE BIOSOCIAL AGEING BODY ................. 143

6.1 The Ageing Body as Natural Process and the Cultivation of Ageing 144
  6.1.1 The Natural Process of Ageing ............................................ 145
  6.1.2 Healthy Ageing and the Functional Body ............................... 146
    6.1.2.1 Necessity of health for older migrants ......................... 149
  6.1.3 Active, Productive, and Successful Ageing ............................ 151
  6.1.4 Summary ....................................................................... 153

6.2 Gendered Ageism: Beauty and Health Practices for Beauty, Youth, and Health ................................................................. 154
  6.2.1 Intervention in Signs of Ageing Through Normative Beauty Practices ... 155
  6.2.2 Reproduction of Femininity in Old Age Through Engaging in Beauty Practices ........................................................................ 156
  6.2.3 Healthy Body as Youth and Beauty ..................................... 160
  6.2.4 Summary ....................................................................... 163

6.3 Ambivalent Attitudes Towards Anti-Ageing Products and Practices ....................................................................................... 163
  6.3.1 Unnatural and Fake ........................................................... 164
6.3.2 Disapproval of Botox Injections and the Use of Other Anti-Ageing Products and Practices ..........................................................165
6.3.3 Natural Look and Natural Ageing .............................................166
6.3.4 Cultural Influence: Korea vs. New Zealand ................................168
6.3.5 Summary ..................................................................................168

6.4 Redefinition of Natural Ageing ....................................................169
6.4.1 The Absence of Medical Intervention .......................................170
6.4.2 Use of Natural Ingredients ......................................................172
6.4.3 A Natural Look ........................................................................173
6.4.4 Healthy Ageing ........................................................................175
6.4.5 Postponing Ageing and Slow Ageing .......................................176
6.4.6 Restoration ................................................................................177
6.4.7 Summary ..................................................................................179

6.5 Summary of Chapter: The Inevitable and Unacceptable Biosocial Process of Ageing ..........................................................179

CHAPTER 7 TENSIONS BETWEEN CHOICE AND OPPRESSION .................................................................181

7.1 ‘I Might Get a Botox If…” ..............................................................182
7.1.1 From the Gaze of Others to Self-surveillance: Navigating Proper Beauty in Old Age .................................................................183
7.1.2 The Paradoxical Use of Anti-Ageing Cosmetic Products: Invisible Effectiveness .................................................................185
7.1.3 Estimating Risks and Effectiveness: The Neoliberal Subject and the Aesthetic Entrepreneur .................................................................189
7.1.4 Self-Management: A Well-Lived and Managed Later Life ............191
7.1.4.1 Beauty practices for dying well .............................................194
7.1.5 Youthful Appearance: Adherence to Beauty Norms, Aesthetic Capital, and Authentic Self .................................................................195
7.1.6 Self-Satisfaction, Self-Esteem, Enjoyment, and Vital Activity .........197
7.1.7 Summary ..................................................................................198

7.2 “Because I am a Korean” ...............................................................198
7.2.1 The Neoliberal and Entrepreneurial Subject: Consistent but Sensible Consumption .................................................................199
7.2.2 The Docile Body and Self-directed Rational Choice: Beauty Practices for Cultural Adaptation and Assimilation .............................................201
7.2.3 Beauty Premium and Aesthetic Capital: Beauty Practices with Intention. 206
7.2.4 Self-Policing to Avoid Being the Subject of Gossip......................... 208
7.2.5 Beauty Practices with Responsibility for Family and by Family’s Governance: Confucian Practices................................................................. 210
7.2.6 Health Practices through Self-responsibility and Self-help .................. 214
7.2.7 Summary .......................................................................................... 216

7.3 Summary of Chapter............................................................................ 216

CHAPTER 8 DISCUSSION AND CONCLUSION.................................217

8.1 Theme One: The Inevitable and Unacceptable Biosocial Ageing Body ...................................................................................................................... 217
8.1.1 Healthy Practices and Healthy Ageing .................................................. 219
  8.1.1.1 Health as normative femininity at the intersection of age and gender.. 220
  8.1.1.2 Distinctions and overlap between anti-ageing, beauty and health practices .............................................................................................................. 222
8.1.2 Beauty Practices and Navigating Proper Degree of Beauty in Old Age.... 223
  8.1.2.1 Maintaining femininity within the ageing body through the use of beauty practices ........................................................................................................ 225
8.1.3 Anti-Ageing Practices and Products ................................................. 226
8.1.4 Natural Ageing: Biosocial Concept ................................................. 228

8.2 Theme Two: Tension Between Choice and Oppression ................. 230
  8.2.1 The Docile Body Through Self-Surveillance vs. Cultural Assimilation Through Self-Direction .................................................................................. 231
  8.2.2 Beauty Premium and Aesthetic Capital: Beauty Practices with Intentions 233
  8.2.3 Cultural Dupe vs. Aesthetic Entrepreneur ....................................... 234
  8.2.4 Use of Beauty Practices and Anti-Ageing as Restoring Authentic Self .... 235
  8.2.5 Confucian Practices: Family Governance, Responsibility, and Self-Help 236
  8.2.6 Overarching Choice and Oppression ............................................. 239

8.3 Conclusion............................................................................................ 240
  8.3.1 Summary .......................................................................................... 240
  8.3.2 Limitations ....................................................................................... 241
    8.3.2.1 Methodological limitations ......................................................... 241
    8.3.2.2 Conceptual limitations .............................................................. 241
  8.3.3 Contribution and Recommendations.............................................. 242
    8.3.3.1 Contribution to research on ageism and discourses of ageing ....... 242
8.3.3.2 Contribution to debate and research on women’s beauty, anti-ageing, and health practices .................................................................245
8.3.3.3 Implications for future research .........................................................249
8.3.3.4 Implication for future policy and practice ........................................250
8.3.3.5 The broader contribution of the study to the nexus of gender, ageing and ethnicity ........................................................................251
8.3.4 Closing Thoughts .............................................................................252

REFERENCES ................................................................................................253

APPENDICES ..............................................................................................292
LIST OF TABLES

Table 4.1 Korea GDP Growth (Source OECD, 2015) ................................................. 85
Table 4.2 Growth of the Cosmetic Market in Korea .................................................. 87
Table 4.3 The number of foreign patients at plastic surgery by year ........................... 91
Table 5.1 Table of Participant Demographics ......................................................... 125
Table 5.2 Sample of Developing from Codes to Categories .................................... 131
<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>Duck-shaped Kohl spoon.</td>
<td>43</td>
</tr>
<tr>
<td>3.2</td>
<td>1st-century Silk Road.</td>
<td>45</td>
</tr>
<tr>
<td>3.3</td>
<td>Ideal Female Body during the Renaissance.</td>
<td>46</td>
</tr>
<tr>
<td>3.4</td>
<td>Corset in 1883.</td>
<td>48</td>
</tr>
<tr>
<td>3.5</td>
<td>Tagliacozzi’s early &quot;nose jobs&quot; by taking skin grafts from the upper arm and attaching the flap to the nose.</td>
<td>51</td>
</tr>
<tr>
<td>4.1</td>
<td>Geographical Location of Korea.</td>
<td>78</td>
</tr>
<tr>
<td>4.2</td>
<td>Portrait of a Beauty by Shin Yun-bok (1758–?).</td>
<td>79</td>
</tr>
<tr>
<td>4.3</td>
<td>Woman with a jangot by Shin Yun-bok (1758–?).</td>
<td>80</td>
</tr>
<tr>
<td>4.4</td>
<td>Modified hanbok.</td>
<td>82</td>
</tr>
<tr>
<td>4.5</td>
<td>Marilyn Monroe Visiting Korea During the Korean War.</td>
<td>83</td>
</tr>
<tr>
<td>4.6</td>
<td>Advertisement of plastic surgery centre in Seoul.</td>
<td>90</td>
</tr>
<tr>
<td>5.1</td>
<td>Intersectionality.</td>
<td>116</td>
</tr>
</tbody>
</table>
LIST OF APPENDICES

Appendix A: The Venus of Willendorf ................................................................. 293
Appendix B: Recruitment Advertisement.............................................................. 294
Appendix C: Ethical Approval.................................................................................. 296
Appendix D: Research Consultation with Maori..................................................... 297
Appendix E: Information Sheet ............................................................................. 299
Appendix F: Consent Form.................................................................................... 302
Appendix G: Interview Guide.................................................................................. 307
Appendix H: Transcribing using Express Scribe.................................................... 308
Appendix I: Reading Process.................................................................................. 309
Appendix J: Follow-up Process .............................................................................. 310
CHAPTER 1 INTRODUCTION

Human beings have always desired beauty and fought against ageing. The earliest African homo sapiens existed from 195,000 B.P.\(^1\) to 160,000 B.P. (approximately 193,000 B.C. to 158,000 B.C.), and even these early humans engaged in beauty practices, as indicated by findings of beads and pierced shells for body decoration (Morris-Kay, 2010). Archaeological evidence has also suggested that people one hundred millennia ago engaged in practices such as skin colouring with ochre and wore beads (Morris-Kay, 2010). In addition, scholars suggest that the Venus of Willendorf\(^2\) (Appendix A), which is the oldest known representation of the human female form, (dated between 23,000 and 25,000 years ago) may have symbolised the “hope for survival and longevity, within well-nourished and reproductively successful communities” (Dixson & Dixson, 2012, p. 1). These artefacts indicate that throughout human history, beauty is regarded as something we need to pursue and achieve whereas the ageing process is something we should oppose. Furthermore, such artefacts also suggest that the female body was objectified and used to symbolise the wishes of human beings.

People in the 21\(^{st}\) century still put great effort into overcoming ageing and its signs, especially given today’s beauty ideal that promotes youthful, thin, and toned bodies, and the ageist message from the media that only youth is attractive and healthy. This leads to the notion that the signs of ageing need to be hidden in order to achieve ideal beauty standards in contemporary ageist society. Indeed, this notion has been borne out by the fact that the global anti-ageing market is continuously increasing (Transparency Market Research, 2014). In addition, as magazines, commercials, TV dramas, and movies have unceasingly produced and publicised perfect bodies since the twentieth century, the global beauty market has thrived, with annual growth rates ranging from around 3% to 5.5% over the last 20 years (Łopaciuk & Łoboda, 2013). These statistics indicate that people are passionate in resisting the ageing process and in their pursuit of beauty.

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\(^1\) Before Present (BP) years is a time scale used mainly in geology to identify when events in the past occurred and for dates established by means other than radiocarbon dating, such as stratigraphy (AAPG Bulletin, 2005.). BP is” used mostly by archaeologists to avoid the AD/BC split altogether, substituting a single BP age estimate (with AD1950 arbitrarily selected as the zero point)” (R. L. Kelly & Thomas, 2013, p. 3).

\(^2\) Also called the Woman of Willendorf or Venus figurine. Venus figurines range from 6 cm to 11 cm high but are relatively small, portable objects.
Although both women and men are subject to ageing, women are more vulnerable in contemporary ageist and sexist societies to pressure in coping with their signs of ageing. Women’s conceptions of beauty and ageing have interfaced in a multitude of ways, as exemplified in today’s diverse discourses of ageing including healthy, active, successful, and anti-ageing. Such discourses encourage women to age in certain ways and inculcate in them the values of having healthy, functional, and thin bodies, along with a youthful and attractive appearance. Many women are compelled to put great effort into preventing physiological changes as a result of the natural process of ageing in order to “age well” and to achieve beauty standards at the same time. Such pressure stems from the socio-cultural atmosphere regarding beauty, social norms, and stereotypes of age and gender. Consequently, while attractiveness, youthful appearance, slimness, and a healthy body are regarded as components of the feminine beauty ideal, neither beauty nor health is associated with the ageing body. Rather, women in old age are exposed to a “triple jeopardy” combination of ageism, sexism, and appearance obsession (Granleese & Sayer, 2006). In this respect, it is curious how older women perceive their ageing bodies and how they intervene in them. I intend to investigate the perceptions of ageing bodies and the engagement of beauty, anti-ageing, and health practices specifically among Korean women over the age of 50 living in New Zealand.

This chapter addresses the background to the problem, the study’s research question, and its purpose and significance. Lastly, I shall outline the plan for each chapter.

1.1 Background of the Problem

The human body has been much studied in a diverse range of academic disciplines including biology and medical sciences and the social sciences. Since the scientific revolution in the seventeenth century, the body has been predominantly perceived as a material object. Cartesianism has supported the concept of the human body as Korper (physical body in the German language), regarding it as the general category of physical form (Leder, 1990). Conversely, social constructionists have identified the body as a “locus of social praxis, as cultural text, as social construction” (Jaggar & Bordo, 1989, p. 4). Further, feminists have much dealt with the body as “a cultural medium…on which the politics of gender are inscribed with special clarity” (p. 5). In this regard, the body is also looked upon as “both a cultural text and a site of practical social control, in the reproduction of femininity” (p. 5). However, despite numerous explanations on the
concept of body, what the ageing body is in ageist and sexist societies has been relatively less discussed.

Also, while there has been some research on older women’s perceptions of ageing bodies and their engagement in anti-ageing practices, beauty practices, and health management, there remains much to be explored. First, research on age and ageing has been conducted by many researchers from diverse academic areas including anthropology, biology, sociology, gerontology, philosophy, and psychology. Such research has been scarcely interested in beauty and instead is confined to topics involving social welfare systems, income support, psychological aspects, health and social care, and patterns of family relationships (Twigg, 2011). Recently, some research has focused on older women’s experiences with ageing bodies, including signs of ageing. However, most of this research has focused exclusively on Caucasian women or middle-class women (e.g., Ballard, Elston, & Gabe, 2005; Clarke, 2000; Dumas, Laberge, & Straka, 2005; Ogle & Damhorst, 2005). Additionally, although some researchers have underscored the importance of the intersection of ethnicity/race, gender, age, and class, they have only compared White males with White females (e.g., Pliner, Chaiken, & Flett, 1990) or Black women with White women (e.g., Milkie, 1999). Consequently, we have barely any research knowledge about older Asian migrant women—and in particular Korean migrant older women—regarding their experiences with their ageing bodies and engagement of anti-ageing practices, beauty practices, and health management.

Most research about women’s body images and body dissatisfaction has been conducted in North America, and recently Australia. Only a few research projects relating to women’s perception of body and beauty ideals have been conducted in New Zealand (Miller & Halberstadt, 2005; Talwar, Carter, & Gleaves, 2012). As Miller and Halberstadt (2005) pointed out, older women have generally been excluded from the limited research on body image and body dissatisfaction conducted in New Zealand. Furthermore, research relating to the perception and experience of body and beauty ideals of the different ethnic groups in New Zealand is extremely limited (Talwar et al., 2012). While some research has addressed differences between Maori and Pacific Island women and Pakeha women regarding women’s attitudes towards their body size (Ngamanu, 2006; Tassell & Flett, 2005), scholarship on Asian older women is rare. There has been no examination of how
Asian older women including Korean women experience and engage in anti-ageing practices, beauty practices, and health management since migrating to New Zealand.

Second, women are valued based on their appearance (Furman, 1997), which requires them to keep their bodies sexy, attractive, and young (Twigg, 2004). In order to achieve such bodies, some women engage in practices such as cosmetic surgery and weight management. Further, women seem more vulnerable to ageism than men because older women are more likely to be stigmatised and marginalised by their appearance than men. Considering this, it is not surprising that women of all ages have put effort into achieving standards of feminine beauty whose tenets are attractiveness, youthfulness, slimness, and having a toned and healthy body (Bordo, 1993; Gimlin, 2002; Wolf, 1991). Physical changes such as signs of ageing and weight gain are considered obstacles to ideal feminine beauty. Hence, some women endeavour to manage their appearance so that they can remain physically attractive in their old age (Montemurro & Gillen, 2013). Although most studies are conducted on older women from White and middle-class backgrounds (Slevin, 2010), research seldom pursues the question of how a combination of diverse social locations such as age, gender, and/or race/ethnicity influence the ageing bodies of older Asian female migrants.

Third, although there has been substantial debate about whether beauty practices are a form of women’s choice or oppression, there nevertheless remains much to be discussed. For instance, most of the research referenced in this debate has centred on the beauty practices of young women rather than older women. Also, the discussion revolves mostly around the practices of using makeup, fashion, hairdos, exercise, and cosmetic procedures (e.g., Bartky, 1990; Bordo, 1993; Davis, 1995; Sontag, 1972), but is less focused on the use of anti-ageing practices and products despite an increase in the anti-ageing market (Binstock, 2004). By focusing on how my participants who, at the intersection of age and gender, engage in anti-ageing practices, and their reasons for doing so, I intend to discuss a tension between this binary distinction of choice and oppression.

Furthermore, many discussions on women’s beauty practices have focused on gender but are less concerned with a woman’s diverse social positions and identities, and the social, cultural, and economic environments that might have influenced her decisions about beauty practices, anti-ageing practices, and health management. In particular, such studies have paid insufficient attention to the effects of beauty practices on migration
experiences such as language differences, economic changes including loss of social status and unemployment (J. W. Berry, 1997; De Jong & Madamba, 2001; Hamilton, 2011), and changes in women’s interpersonal relationships, connections, and networks (J. W. Berry, 1997). Considering these aspects, it is curious how immigrant women perceive their physical features in their host country, adjust to and adopt different beauty norms, beautify themselves given their new social dynamics, and purchase beauty products.

Much of the research from North America and Europe and some from New Zealand regarding Asian older migrant groups focuses heavily on acculturation (e.g., Lee & Holm, 2011), psychological and mental health (e.g., Park & Roh, 2013; Jang, Chiriboga, & Allen, 2010), and family relationships (e.g., Sung, 2000). However, there have been barely any inquiries as to how older migrants transform their ageing bodies while possessing diverse identities, or how they engage in anti-ageing practices, beauty practices, and health management while dealing with cultural differences due to migration. Furthermore, even though some research has examined how acculturation influences Asian women’s body image and body dissatisfaction, most has been conducted with Asian adolescents and college women but not with older Asian women (e.g., Evans & McConnell, 2003; Miller et al., 2000).

Furthermore, Korea is a well-known for its prosperous beauty industry. Compared to Korea, New Zealand is less obsessed with beauty practices such as plastic surgery. For example, The Economist (2013) listed top the 20 countries by procedures per 1,000 population by using the report of the International Society of Aesthetic Plastic Surgery's world statistics 2011. Korea was number one in the world while New Zealand was not in the list of top 20 countries. This implies that there is a difference between Korea and New Zealand in terms of beauty culture and norms. As such, it is curious how Korean older women living in New Zealand dealt with differences of socio-cultural environment regarding beauty norms and how they used anti-ageing, beauty, and health practices within such circumstances. Moreover, it is of interest to explore how older Asian migrant women—who possess diverse social positions and identities—encounter social, economic, and cultural differences as a result of migration, perceive their ageing bodies, and engage in anti-ageing practices, beauty practices, and health management. Considering that Korean society has a stronger cultural pressure towards youth and beauty as compared to New Zealand, it is also interesting how Korean women immigrants in New Zealand
experience their ageing bodies and how they use anti-ageing and beauty practices. With this aim in mind, this study will focus on Korean migrant women over the age of 50 living in New Zealand, and who were at an intersection of age, gender, ethnicity/race, and class. I investigate how their position as an older female Korean minority influenced the importance of health and independence; to what extent gendered ageism motivated them to engage in anti-ageing and beauty practices; and how they used these practices to deal with the cultural differences between New Zealand and Korea.

1.2 Purpose of the Study, Research Questions, and Significance

This research study aims to explore the perception of the ageing body and the engagement of anti-ageing and beauty practices among Korean women over the age of 50 living in New Zealand. This study is conceptually framed by intersectionality and involves qualitative research using semi-structured individual interviews. The following questions guided the research process:

1. How do Korean women over the age of 50 living in New Zealand perceive their ageing bodies?
2. How do they resist the ageing processes of their bodies?
3. What are their opinions on anti-ageing products and practices?
4. What are the motivations behind their engagement in beauty practices?

The significance of this thesis lies in its possibility to extend our understanding of the experiences of ageing bodies among older women from different ethnic groups and to shed light on the discourses of natural ageing, anti-ageing, and healthy ageing. Further, it intends to supply further knowledge to the current discussion on whether women’s beauty practices are a form of oppression.

1.3 Outline of the Thesis

This thesis has eight chapters which consist of the introduction, literature review (Chapters 2, 3, and 4), methodology (Chapter 5), findings (Chapters 6 and 7), and discussion and conclusion (Chapter 8). I shall now outline the structure of the thesis.

Chapters 2, 3, and 4 review related literature and research on ageing bodies, beauty practices, and Korean immigrants. Through these literature chapters, I attempt not only to
expand our knowledge pertaining to the subjects of this study but also delve deeper into the background of the problem and the significance of the study.

Chapter 2 begins by reviewing the literature on the body, the ageing body, and older women’s body images. It then deals with ageism and anti-ageing practices. It also includes the development of the anti-ageing industry and the paradigms of ageing: successful ageing, active ageing, and healthy ageing.

Chapter 3 presents a brief history of beauty standards and beauty practices including plastic surgery from ancient times to the 21st century. It also discusses the conflicting perspectives on beauty practices in terms of whether they are forms of oppression or choice in order to explore my participants’ motivations for engagement with anti-ageing practices, beauty practices, and health management.

Chapter 4 briefly explains the history of the Korean conception of beauty and Korea’s beauty industry. It also reviews the literature on migration experiences among older Korean immigrants. This chapter aims to provide a background of Korean social and cultural circumstances and Korean immigrants to help us understand Korean beauty practices and the unique aspects of the lives of Korean immigrants.

Chapter 5 describes the methodology of this study. It also explains intersectionality and describes the rationale for adopting it as the theoretical framework for my study. It then presents the qualitative research methods, semi-structured interviews, and thematic analyses used in this study. The chapter then details the recruitment process, data collection procedure, and data analysis. It further describes translation and ethical considerations. Lastly, it provides my self-reflection on this research journey.

Chapter 6, the first of two chapters on the findings of the study, is concerned with the first theme: inevitable and unacceptable biosocial ageing body. The chapter begins with the explanation of ageing as a natural/biological concept. I then describe how my participants transformed their ageing bodies to conform to diverse forms of bodies and lifestyles. Proceeding on, the findings present how gendered ageism influenced my participants’ use of beauty practices and engagement in health practices. By delving into my participants’ varied opinions and their use of anti-ageing products and practices, the meaning of ‘natural ageing’ is revealed. Next, by summarising these findings, I discuss a paradox of ageing as something being both biologically inevitable and socially
unacceptable. Lastly, I further question how power over the ageing body is exercised when my participants attempt to come to terms with their biologically inevitable and socially unacceptable ageing body.

Chapter 7 deals with the second theme: tensions between choice and oppression. In considering the intersection of age and gender, this chapter investigates to what extent the participants exercised agency when they engaged in beauty practices and anti-ageing products. It also explores whether they compulsorily or voluntarily engaged in beauty and health practices at the intersection of age, gender, and race/ethnicity.

Chapter 8 presents the implications of this research and synthesises the findings of this study. This chapter attempts to answer each research question and further investigates whether beauty practices and anti-ageing practices are a form of oppression or choice. In its conclusion, this chapter reviews the research scope, summarises the contributions of this research, accounts for the methodological and conceptual limitations, and provides recommendations for future research.
CHAPTER 2 THE AGEING BODY

In order to explore how my participants perceive and engage in anti-ageing, beauty, and health practices, delving into the literature on the body, ageing, and beauty practices is essential. I begin this chapter with a brief review of literature on the body, through which I attempt to stretch our understanding of the body to that of the ageing body. I then account for how ageism, gendered ageism, and ageing are described in the media. Further, I discuss the development of the anti-ageing industry and the paradigms of ageing: successful ageing, active ageing, and healthy ageing. I also deal with research on body image within age and gender. I then continue by reviewing research on beauty practices and the use of anti-ageing practices among older women. This laying out of the context of the ageing body and beauty practices will help us understand my participants’ engagement in beauty practices and anti-ageing practice.

2.1 Body

The human body as a popular academic subject has been discussed not only in biology and medical science for centuries but also in the social sciences for last decades. Along with this great attention, the body has been discussed within a wide range of perspectives. What is the body? This section briefly reviews many different perspectives of the body such as via nature and culture.

2.1.1 The Body: Nature vs. Culture

According to the Oxford Dictionary, a body is defined as “the physical structure, including the bones, flesh, and organs, of a person or an animal” (“Body,” n.d.). This definition resonates with the essentialist view of the body. The essentialist perspective conceptualises “the body as a pre-social, biological basis on which rest the superstructures of self-identity and society” (Shilling, 2012, p. 18). Essentialists have also regarded the body as real, pure, and un-coded—as a pre-social, pre-cultural, pre-political, and pre-discursive site (Fuss, 2013). Nature is also considered a pure condition, where no explanation is needed, and free from historical change. Nature, as something purely self-evident, neither accepts

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3 Gendered ageism can take place when gender discrimination intersects with ageism. Gendered ageism often refers to women’s experience of “the double jeopardy of being discriminated against on the grounds of their age and gender in a way that men do not experience” (Granleese & Sayer, 2006, p. 500).

4 Body image refers to “a person’s perceptions, thoughts and feelings about his or her body” (Grogan, 2008, p. 3).
culture and science including medicine and technology nor is controlled by other forms of power such as patriarchal invasion (Leng, 1996). If both the body and nature are considered as real and pure, the natural body is understood as a pre-cultural body, or a pre-existing entity, free of cultural pressures and influences (Fraser, 2001), without any intervention such as using drugs and medicine.

In contrast to the essentialist view, social constructionists assert that “the body is shaped, constrained, and even invented by society” (Shilling, 2012, p. 75), and is “a product of social processes of interpretation and fabrication” (Turner, 2008, p. 12). In short, the body is a socially constructed object (Grosz, 1994). Poststructuralists further state that our bodily knowledge and experience are shaped by linguistic categories. For example, Foucault (1980) focused on expounding how bodies can be governed. In other words, through disciplining, surveillance, and punishment, diverse institutions such as schools, hospitals, and prisons produce “docile bodies” in order “to discipline the body, optimize its capabilities, extort its forces, increase its usefulness and docility, integrate it into systems of efficient and economic controls” (p. 139). Symbolic interactionists have argued that “relatively autonomous human agents manage their own bodies on the basis of shared cultural meaning” (Shilling, 2012, p. 75) and paid attention to the body’s actions within social relations. Bourdieu (1978) considered the body as a form of physical capital including physical attributes and abilities, thus the body is “a processor of power, status, and distinctive symbolic forms integral to the accumulation of resources” (Shilling, 2012, p. 134). Although these scholars seem to provide different approaches to explain the body, their understandings of the body support the idea that the body is a site in which gender, race, age, sexuality, and class interact and manifest themselves (Carter, 2016), thus helping us to examine how social forces construct the body.

2.1.1.1 The gendered body

Feminists using the essentialist approach understand the female body as a “virtue” naturally given to women and engender ideas such as “the power inherent in the female body, the creative power that is associated with female biology, and the native talent and superiority of women” (Shilling, 2012, p. 66). Especially, feminists in the late 1970s asserted that women’s biologically inherent reproduction capabilities should be appreciated and rewarded so women could achieve social equality through more rights and freedoms (Shilling, 2012).
However, in the 19th century, several medical professionals and scholars maintained that women’s intense or prolonged intellectual participation would cause themselves harm including the general deterioration of health and gynaecological disorders (Shilling, 2012). Even advanced medical technology has been recruited as an instrument of patriarchies through which women are subjected to social control, in particular women’s reproduction (Moore, 2010). In addition, medicalisation5 which alters the female body into an object of medical surveillance has reinforced the concept of feminine vulnerability and the instability of female subjectivity; thereby, it reproduces patriarchy (Moore, 2010). Put differently, women’s bodies have become “docile” through self-disciplinary practices (Bartky, 1990), which legitimised and reproduced women’s subordinate positions (Weitz, 2001).

Essentialist views were not popular prior to the 18th century but became dominant in the 18th and 19th centuries, while the development of science was used to differentiate women from men based on inherent biological differences (Shilling, 2012). Emphasising such biological differences reinforced a patriarchal view and increased a division between the structure and functioning of women’s and men’s bodies. For instance, science regarded menstruation as a diseased determinant of women’s behaviours such as kleptomania, characterising such behaviour as a result of suppressed menstruation (Shuttleworth, 1990) and engendered the idea that women have a lack of control over their bodies (e.g., menstruation and menopause). This scientific explanation seemed to support the suppression of the female body by forcing it to abstain from overeating and sexual activity; thereby, the “good woman” was someone who practised self-denial (Dijkstra, 1986). Also, Gustave Le Bon asserted that women’s brains are “the most inferior forms of human evolution” (Gould, 1981, p. 104) based on the results of examining 13 female skulls in 1879 in order to support the opponents of women’s education entry (Shilling, 2012). Therefore, men (and men’s bodies) are considered superior and women (and women’s bodies) inevitably inferior (Weitz, 1998).

Social constructionists have extensively criticised the essentialist view of the body. Some have pointed out that a discourse of the natural body or understanding of the body in essentialist terms reproduces “normative and dichotomous categories of sex and gender

5 Medicalisation can be defined as the process through which a previously normal human condition comes to be regarded as a medical problem which needs the prevention and professional medical treatment.
thereby privileging what is male over what is female” (Clarke & Griffin, 2007, p. 188). The notion of the female body as something close to nature has also engendered the idea that the female body is governed by biological cycles, hormones, cravings, and emotional sensitivity and is thus beyond control (Moore, 2010), while the male body is not and is thus superior (Clarke & Griffin, 2007). Thus, this conception has legitimised the dominion of men over women.

According to social constructionist views, “gender is one of the most significant factors in the transformation, via social construction dynamics, of physical bodies into social bodies” (Lorber & Martin, 2007, p. 230) and is thus a social institution rather than a biological property of a person. Furthermore, they suggest that the body is an important site in which power is structured between men and women (Weitz, 2001). For instance, Simone de Beauvoir (2011) claimed that “man’s body does not seem to him an object of desire; while woman, knowing and making herself object, believes she really sees herself in the mirror” (p. 643). Men perceive their bodies as dynamic, active, functional, and competitive and so learn their bodies in terms of “body-as-function.” Women perceive their bodies in aesthetic terms and as a tool of sexual interest for men and the admiration of other women, and so learn in terms of “body-as-object” (Franzoi, 1995, p. 418). In this regard, a woman’s body has been considered as an object, to be observed, watched, and evaluated not only by others (Bartky, 1990; Bordo, 1993; Franzoi, 1995; Wolf, 2002) but also by women themselves through self-objectification, self-monitoring, surveillance, and self-scrutiny (Tiggemann, 2004; Twigg, 2004).

West and Zimmerman (1977) claimed that “gender is not a personal trait. Rather, it is an emergent feature of social situations: both as an outcome of and a rationale for various social arrangements, and as a means of legitimating one of the most fundamental divisions of society” (p. 126). They coined the term “doing gender,” which means that people express ideal images of masculinity or femininity through the performing of gender roles that are considered “natural” (p. 128). In other words, individuals construct their gendered identities through obedient behaviours in order to comply with culturally normative forms of being while concerning themselves on how their actions will be observed and understood by others (Clarke & Bundon, 2009).

Additionally, feminists have increased the awareness of the social construction of “gendered bodies” by marking visible cultural and social dynamics, which shape the social
structures, values, and cultural beliefs. The institutionalisation of gender has been highlighted by Judith Lorber and Patricia Yancey Martin (2007) who explained that

As a social institution, gender produces two categories of people, “men” and “women,” with different characteristics, skills, personalities, and body types. These gendered attributes, which we call “manliness” or “masculinity” and “womanliness” or “femininity,” are designed to fit people into adult social roles, such as “mother,” “father,” “nurse,” or “construction worker.” (p. 231)

In this respect, gender expectations about how a man or a woman looks determine how they manage their bodies. As John Berger (1972) pointed out that “men act and women appear” (p. 47), women come to see themselves through the eyes of others or “women watch themselves being looked at” (p. 47). Such perceptions have influenced how men and women engage in body management in different ways. For instance, on one hand, women have transformed their bodies to fit ideals of beauty and femininity through dieting and cosmetic surgery including breast enhancement and facelifts (Lorber & Martin, 2007). On the other hand, men’s efforts to achieve strong gym-built bodies which require physical exertion could be a symbol or image of hegemonic masculinity which legitimizes men’s power over women and through which they even exercise physical powers over women to oppress them.

Anne Balsamo, in her book Technologies of the Gendered Body: Reading Cyborg Women (1996), suggested that women’s bodies become the place where women accept the meanings which are permeated in popular culture about ideal beauty no matter whether they are conscious of it or not (p. 78). For women, the body is a location in which they learn and attempt to conform to feminine ideals that prioritise attractiveness and appearance within the society to which they belong (Carter, 2016). Wittig (2012) argued that “women are culturally imagined and not born” (p. 103). From her perspective, gender is “the working of “sex,” where “sex” is an obligatory injunction for the body to become a cultural sign” (Butler, 1999, p. 139).

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6 R. W. Connell (1995) associates hegemonic masculinity with “the current configuration of practice that legitimizes men's dominant position in society and justifies the subordination of women (p.75).” As such, hegemonic masculinity explains how and why men maintain dominant social roles over women, and other gender identities, which are perceived as “feminine” in a given society.
More radically, in her book *Gender Trouble*, Butler (1999) defined gender as “the repeated stylization of the body, a set of repeated acts within a highly rigid regulatory frame that congeal over time to produce the appearance of substance, of a natural sort of being” (p. 25). Butler (1999) claimed that “gender identities are constructed and constituted by language, which means that there is no gender identity that precedes language” (Salih, 2007, p. 56). She also asserted that “sexed bodies never exist outside social meanings and how we understand gender shapes how we understand sex” (p. 139). In other words, “there is no sex that is not always already gender” (Salih, 2007, p. 55). Although Butler was concerned with how linguistic performativity is associated with gender, she also valued feminist biologist Anne Fausto-Sterling’s “interactive” models of biology/culture (Segal, 2008). However, the theory of performativity has been criticised in that it tends to lead to “the foreclosure of certain possible gendered identities” (Schep, 2012, p. 864). In *Extraordinary Body: Figuring Physical Disability in American Culture and Literature* (1997), Rosemarie Garland-Thomson suggested that the female body is comparable to the disabled body in Western thought in that “immense social pressures enforce practices that shape and regulate both female bodies and disabled bodies” (Garland-Thomson, 2001, p. 10). She further considered medicine and appearance as the major classifications, which were merged from a wide range of practices used for female and disabled bodies to achieve cultural expectations (Garland-Thomson, 1997). I shall deal with women’s beauty practices in detail in Chapter 3.

### 2.1.1.2 Ageing body

Ageing is generally defined as a kind of biological change over time. The ageing process includes a wide range of physical changes and appearance such as an increase in body size and weight, the appearance of wrinkles, loss of skin elasticity, loss of hair (Andres, 1989; Chrisler & Ghiz, 1993), loss of joint mobility, deteriorating posture (Chrisler & Ghiz, 1993), memory loss, menopause, and decreasing physical strength (Ballard et al., 2005). Three major ageing theories based upon biology are often used to explain how ageing happens to the human body. First, “programmed longevity” states that “ageing is the result of a sequential switching on and off of certain genes, with senescence being defined as the time when age associated deficits are manifested” (Jin, 2010, p. 72). Second, endocrine theory explains that the body has a biological clock which works through hormones to control the ageing process (Jin, 2010). Third, according to immunological theory, the
The immune system is designed to deteriorate over time, which causes an increased risk of infectious disease and eventually leads to ageing and death (Jin, 2010). According to these theories, ageing is an irrepressible natural process.

The essentialist perspective claims that individuals are determined by biological attributes (Kramarae & Spender, 2004). Within this perspective, “many of our cultural understandings of old age and the consequent identities of older people are grounded in our perceptions about the frailty of the physical body, and this, in turn, results from ageing as an immutable biological process” (Priestley, 2014, p. 54). Due to dramatic changes as a result of ageing, older people often experience being treated as though they were physically less competent and more dependent than they once were, even though their bodies are not disabled (Chivers, 2006). Rosemarie-Garland Thomson (1997) argued that both the female and the disabled body are cast within cultural discourse as deviant and inferior; both are excluded from full participation in public as well as economic life; both are defined in opposition to a valued norm which is assumed to possess natural corporeal superiority. (p. 279)

Put differently, Thomson understood the ageing body as something distant from femininity but close to disability (Chivers, 2006). When women experience menopause, which usually happens at the age of 50 years (Chiu et al., 2008), they encounter psychological and physiological changes, as well as changes in their weight and appearance: more rounded shape, larger breasts and waist, and increased fat at the upper back (Lewis & Cachelin, 2001; Tiggemann, 2004). Loss of functional ability influences one’s appearance when such changes require using certain devices such as glasses, hearing aids, and walking canes (Chrisler & Ghiz, 1993). In this regard, women’s perceptions of their bodies are highly likely to be affected when they turn 50 (Chrisler & Ghiz, 1993). In addition, physicians advanced the idea that older women need to refrain from active society as women’s post-menopausal bodies became medicalisation, where their loss of reproductive ability led to them becoming a symbol of disability, inactivity, and asexuality (Cobrin, 2012). Women are valued only when they are capable of reproduction and raising children (Gullette, 1995). The female ageing body is often regarded as unattractive, useless, dysfunctional, asexual (see Calasanti & King, 2005; Furman, 1997; Slevin, 2010), and genderless (O. Davis, 2006).
Although ageing is regarded as an already biologically scheduled destiny, social constructionism emphasises that “the meaning of ageing derives not from innate biological processes but is socially determined” (Powell & Hendricks, 2009, p. 85). Put another way, “the ‘constructedness’ of ageing is made invisible by the normal workings of social life, so that it appears ‘natural’ rather than ‘artificial’” (Powell & Hendricks, 2009, p. 85). For example, the age of 65 has been taken for granted as the time of retirement in many societies. Estes (1979) states:

The experience of old age is dependent in large part upon how others react to the aged; that is, social context and cultural meanings are important. Meanings are crucial in influencing how growing old is experienced by the aging in any given society: these meanings are shaped through interaction of the aged with the individuals, organizations, and institutions that comprise the social context. (p. 14)

The invention of specialised social structures based on age-segregated concepts such as retirement communities and geriatric medicine has categorised older adults as “others” and separated them from the majority of population (Talarsky, 1998).

Shilling, a sociologist of ageing, has stated that “social definitions of bodies have entered into conceptions of ‘youth’ and ‘aged’ which have attached to them different symbolic values” (Shilling, 2012, p. 38). Within an ageist society with advanced anti-ageing medical technology, an ageing body is equated with ugliness, unattractiveness, sickness, and weakness whereas contemporary culture values the young, slim and sexual body. Furthermore, the increase in the older population is mentioned as a global social issue. Many societies have become aware of changing demographic trends due to higher ratios of older people needing social services and state expenditures including pensions and medical provision (Cameron & McDermott, 2007). As a result of viewing the ageing population as a problem, (bio)medicine has been legitimised as a means of fighting against the ageing process. Talarsky (1998) explained the medicalisation of the ageing process as follows:

Medication means individuals may view normal ageing processes as pathological, giving rise to the need for medication or medical treatment.
The medicalization of the aging process and the ageing population has given rise to a large body of medicine consumers. (p. 102)

The older population has been construed as “medicine consumers” within the anti-ageing and pharmaceutical industries that are fostered by medical discourse, which regards ageing bodies as something to be treated or fixed, reshaped, remade, and repaired through machines and/or technological devices (Biggs, 1999). Although the innovation of medical technology has allowed human beings to enjoy increased life-expectancy (Turner, 2008), older adults are given “prolonged” lifetimes to manage their bodies (Twigg, Wolkowitz, Cohen, & Nettleton, 2012). Considering this, it is not surprising that anti-ageing discourses and practices are enormously popular in the ageing society. I shall deal with ageism and anti-ageing in detail in Section 2.2.

2.1.2 Beyond the Binary of Nature and Culture

The essentialist approach argues that “society springs from the body and is constrained by the body that is, in turn, formed by the unchanging realities of nature” (Shilling, 2012, p. 18). Diverse social inequalities are not socially constructed but are rather determined by the biological body. Therefore, the essentialist view of the body faces the criticism that it “can be legitimised with reference to the determining power of the biological body” (p. 45). However, constructionist perspectives of the body raise several questions regarding “what the body is, why does it possess such importance in society, and whether different dimensions of embodiment are open to different degrees of construction by society” (p. 76). In other words, the body remains unexplored despite its central positioning in social contexts.

Norbert Elias took an evolutionary and developmental approach that links movements, changes, and patterns in emotional and physical expressions to long-term civilising processes in the individual and society (Shilling, 2012). Elias’s theory of civilising processes also had a great influence on the sociology of the body by urging sociology to take into account that the human organism possesses not only a material but also a biological dimension (N. Elias, 1978). This has led to the emergence of the concept of the techno-body, which is the concept of the body as a cybernetic synthesis of the organic and the technological (Haraway, 2013). As Haraway stated in her book Simians, Cyborgs, and Women: The Reinvention of Nature (2013), dualistic ideas between human and machine,
nature and culture, and male and female which have been historically widespread are mitigated through the mixing of human with nonhuman material. What might be called the “cyborg body” can not only be a way of breaking normative gender dualisms but can also be an approach of reconstructing power relations through demolishing the masculine master narratives and epistemologies of science, religion, politics, and technology (Balsamo, 1996; Clarke & Griffin, 2007). That is, “the ‘natural’ body has been dramatically re-fashioned through the application of new technologies of corporeality” (Balsamo, 1996, p. 215).

In fact, there was a shift of the idea of the body in the late 1980s and early 1990s in “third-wave” feminism. Third-wave feminism arose as the reaction to the postmodern deconstruction of second-wave feminist terms, especially regarding “the body” (Lam, 2015). Instead, third-wave feminists have introduced the concept of a “post-natural body,” where the “post-natural is determined by a more complex interaction between genes and social mores, rather than merely one or the other exclusively” (Lam, 2015, p. 102). Balsamo (1996) stated that the

“technological human” merger relies on a re-conceptualisation of the human body as a “techno-body,” a boundary figure belonging simultaneously to at least two previously incompatible systems of meaning—the “organic/natural” and the “technological/cultural.” At the point at which the body is reconceptualised not as a fixed part of nature, but as boundary concept, we witness an ideological tug-of-war between competing systems of meaning which include and in part define the material struggles of physical bodies. (p. 215)

Such an integral concept of the body has been manifested by many scholars. For example, Shilling (2012) argued that the body is “an unfinished biological and social phenomenon possessed of its own emergent properties” (p. 15). Mary O’Brien has also regarded reproduction as a “material and historical process” (O’Brien, 1979). More specifically, new materialists regard bodies neither as a simple biological fact nor a socially constructed artefact. Rather, they perceive bodies as the products of “complex

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7 According to Chris Shilling (2012), “properties include those that enable individuals to talk, think, supplement themselves with technological additions, and alter their environment and can also be transformed, within certain limits, as a result of its participation in society” (p. 15).
biosocial processes” (Lam, 2015, p. 113). Approaching the new materialistic idea of a body as a complex biosocial process allows me to explore dimensions of an ageing body as encompassing both the complexities of biological attributes and the effects of social phenomena.

2.2 Ageism and Anti-Ageing

While racism and sexism have long been discussed as academic subjects, ageism, which was coined by the American scholar Robert Neil Butler (1969), has been paid less attention. Although the concept of ageism is now broadly defined as “any prejudice or discrimination against or in favour of an age group” (Palmore, 1990, p. 4), it was initially defined as discrimination against people based on their age, especially old age (Butler, 2008). In this study, I use ageism in the latter sense.

Indeed, in most prehistoric societies, older people were regarded as teachers, wise with greater experience, and custodians of the transitions and history and thus highly respected (T. D. Nelson, 2005). However, the invention of the printing press and the industrial revolution, two significant transitions in civilisation, dramatically influenced attitudes towards older people (T. D. Nelson, 2005). Books and documents replaced the social positions of older people as teachers and historians. Older people were less mobile than younger people to go anywhere the jobs were available. The jobs under industrialisation required long and difficult manual labour, which was more advantaged for younger and fitter workers. Also, when social policy was not prepared for the large population of older people, society began to regard them as burdens and treated them as “second-class citizens” (T. D. Nelson, 2005, p. 209).

The negative attitudes toward older people also include the ageist perception that they are unattractive, narrow, fixed, and one-sided and as persons who think and move slowly, are unable to change and grow, and are often perceived as backwards-thinking (Kite & Johnson, 1988; Mandell, 2004). Ageist attitudes are not only towards older adults but also towards the ageing process. Bunzel (1972) called such an attitude gerontophobia, a fear of ageing. Also, the negative images of older adults seem to have resulted from a fear of the ageing process. Martens, Goldenberg, and Greenberg (2005) pointed out that young people perceive older adults as reminders of mortality, loss, and dependence; therefore, young people have hostility towards and prejudice against older people, and so they are unwilling
to age (Levin & Levin, 1982). Further, according to terror management theory, older adults present an existential threat for the non-elderly because they remind us of two major ideas: “death is inescapable; and the body is fallible” (Martens et al., 2005, p. 223). Older people defend themselves from ageism while focusing on its positive aspects such as acquiring wisdom, dis-identifying themselves as older adults by distancing themselves from other older adults, and maintaining a youthful appearance (Kite & Wagner, 2002).

Older adults are often described negatively, and ageing is regarded as something to fight against. Many studies have shown that older women are more often portrayed in negative ways than older men. For instance, Baumann and de Laat’s (2012) content analysis of Canadian television commercials indicated that older men were often portrayed on the job and with more occupational authority as they age while older women were often represented as a group having no specific roles in jobs or the family. Also, older women were more represented either as traditional “grannies” or as classy and seemingly ageless. In other words, the representation of older women was either extreme or unrealistic.

Children’s animation shows have also negatively portrayed older women. For example, the findings of Robinson, Callister, Magoffin, and Moore’s (2007) content analysis of 34 Disney animated feature films showed that older male characters played a role of authority, e.g., clergy, ruler, or mentor, while older females played a role as a villain. In terms of personality, the female characters were described as grumpy, evil or sinister, helpless, crazy, and an object to be ridiculed. Similarly, Perry’s (1999) analysis of popular Disney films indicated that older women have mostly been described as inactive, unhealthy, asexual, ineffective, ugly, toothless, sexless, incontinent, senile, confused, and helpless. Such unattractive and miserable images of older women in such animation films seem to generate a message that once older women have lost their youth and beauty they are denied, rejected, and isolated from society. These findings support the claim that older women are more vulnerable to ageist perceptions because of the intersection of gender and age, called gendered ageism (Ginn & Arber, 1996), and a double standard of ageing.

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8 Double standard of ageing involves applying two different standards for men and women in their old ages. Susan Sontag (1972) argues that ageing has more serious consequences for women than it does for men because throughout their lifespan women are judged more by physical appearance than are men, so the diminishing of physical beauty is more painful for women.
discrimination and power inequalities based on both age and gender (e.g., Halliwell & Dittmar, 2003; Sontag, 1972).

Some researchers have analysed advertisements for anti-ageing products and found indications of gendered ageism. For instance, LaWare and Moutsatsos (2013) investigated advertisements for anti-ageing cosmetics, particularly those targeted at women over 40. L’Oreal advertisements used words and sentences such as the following:

“Every morning, I fight age with everything I’ve got,” “RevitaLife Deep-Set Wrinkle Repairs,” “Stop living with your wrinkles, start seeing smoother, younger skin,” “Fighting deep eye wrinkles is a 24 hour job,” “whiteness,” “Every Day, I Look Age Right in the Eyes,” “Sometimes I look in the mirror and say, Aaah! Jeez! Whose skin is that? And then I get it…it’s mine.” (p. 199)

From these findings, the authors explained that the language and messages used in such anti-ageing advertisements lure women into exercising their agency to actively fight against their own signs of ageing (LaWare & Moutsatsos, 2013). In other words, women are urged to become “participants in the cultural circulation of meanings preferred by advertisers, even those to which we object, without opportunity to generate our own meanings” (Rakow, 1992, p. 134). Such language and messages not only shape the idea that ageing is the enemy but also engender a belief that women’s skin can be separated from the self and thus can be removed, altered, and even replaced (LaWare & Moutsatsos, 2013).

Similarly, the results of Ellison’s (2014) analysis of North American print advertisements indicated that advertisements for anti-ageing skin products used the ageist term “agelessness”, which involves the concept of being forever young to emphasize youthfulness while devaluing ageing, older adults, and their age. The author suggested that such advertisements proposed that the signs of ageing can be controlled, maintained, neutralised, and conquered by science, such that agelessness is an achievable scientific goal. The agelessness often represented in advertisements is based on the notion that ageing does not exist or that ageing hides the real self and is consistent with Featherstone and Hepworth’s (1991) description of the ageing process as a mask or disguise which conceals the essentially “youthful self beneath” (p. 379). Within the concept of the mask
of ageing, there is a distance between the outer self which is looking old due to signs of ageing and the inner self which remains young (Featherstone & Hepworth, 1990). I also look into how my participants perceive a distance between their ageing body and a youthful identity and what happens to my participants when the ageing body and young mind come across each other.

The concept of the mask of ageing stems from the Cartesian dualistic perspective which posits that mind and body are separate (Twigg, 2004); “the self is seen as radically separate from the body, something that rises above it and remains disassociated from the body's corporeality” (Twigg, 2004, p. 64). Cartesian dualism regards the body as a machine which can be repaired and recoded (Leeuwen, 1987). Consequently, the ageing body is regarded as something able to be fixed, reformd, and recreated through biomedical technology (Biggs, 1999; Featherstone & Wernick, 1995). The idea that “age is an enemy of beauty, but it need not be. If we discipline ourselves…we too will preserve the source of our beauty, a youthful body” (Seid, 1989, p. 17) has been aroused. Also, within this increasingly biomedical technology, looking old with signs of ageing can be equated with being behind, sick, unhealthy, and devalued, and also the ageing body is seen as a disease. In other words, exercising, dieting, beauty practices and cosmetic surgeries are used not only to hide signs of ageing (Gilleard & Higgs, 2000) but also to look healthy and fit (Slevin, 2010), active and productive (Öberg & Tornstam, 2001), which are central to successful ageing, active ageing and healthy ageing. Below, I present the development of the anti-ageing industry and deal with the paradigms of ageing such as successful ageing, active ageing, and healthy ageing. Also, I discuss how these approaches to ageing have also influenced older women’s perception and management of the ageing body.

2.2.1 Anti-Ageing

Practices and products that aimed to combat the ageing process and signs of ageing have been used since early civilisation (Gruman, 2003). Anti-ageing, which refers to the prevention, delay, or stopping of the process of ageing, includes diverse approaches such as:

alchemy, the use of precious metals (e.g., as eating utensils) that have been transmuted from baser minerals; “shunamatism” or “gerocomy” (cavorting with young girls); grafts (or injected extracts) from the
testicles, ovaries, or glands of various animal species; cell injections from the tissues of newborn or fetal animals; consumption of elixirs, ointments, drugs, hormones, dietary supplements, and specific foods; cryonics; and rejuvenation from devices and exposure to various substances such as mineral and thermal springs. (Fishman, Binstock, & Lambrrix, 2008, p. 295)

In ancient Egypt, many anti-wrinkle remedies and creams made with wax, olive oil, incense, milk, juniper leaves, and crocodile dung were used (Hays, 2008). Anti-ageing practices were also used throughout ancient Rome (753 B.C.–27 B.C.), where women used cosmetics which contained metallic and even poisonous substances such as lead, silver, and arsenic so that they could maintain their youth (Santoni-Rugiu & Sykes, 2007). During the Roman Empire (27 B.C.–476 A.D.), women used donkeys’ milk to whiten and soften their skin and to smooth out their wrinkles (Watson, 2013). Also, stools from crocodiles and lizards were used as cleansers and to get rid of skin spots (Stewart, 2007).

Paulus Aegineta, a Byzantine Greek physician (625–690 A.D.) renowned for his surgical procedures for both therapeutical and aesthetic purposes (Diamandopoulos, Kassimatis, & Goudas, 2007), greatly influenced cosmetic surgery and in particular anti-ageing practices. He wrote The Epitome of Medicine (which consisted of seven books), which was published in Venice in 1528 and introduced a variety of surgical methods including the treatment of nasal injuries, jaw fractures, ruptures of the mandible, the nose and the ear, and operations for gynaecomastia, excision of ganglions, and hermaphroditism (Diamandopoulos, Kassimatis, & Goudas, 2007). Paulus Aegineta also explained how to repair the excessive wrinkling of the scrotum and recommended the use of a lozenge made from shavings of ivory, fish gelatine, and frankincense for aged faces (Santoni-Rugiu & Sykes, 2007).

Binstock (2004) explained that today anti-ageing markets have broadly expanded from cosmetic treatments, plastic surgery, and cosmeceuticals, which are used to improve one’s appearance, to include exercise and therapy, food and beverages, and vitamins, minerals, and supplements, which are used for health management. As a consequence of advanced medical technology and health supplementation, human life expectancy has significantly increased from about 47 years in 1900 to about 80 years in 2000 (Wick, 2002), and to approximately 86 years in 2013 (United Nations, 2013). Along with the increase in human
life expectancy, the ageing population has rapidly grown as well. Globally, in 1950, older persons (aged 60 years or over) increased from 1.5% in 1950 to 9.2% in 1990, and to 11.7% in 2013 and will continue to grow up to 21.1% of the world population by 2050 (United Nations, 2013). Fishman, Binstock and Lambrix (2008) pointed out that human beings have already achieved “prolongevity” (p. 295) in that the average human life expectancy in “good health” has increased. On the other hand, the large population of older adults who live longer than ever before are targeted by consumer cultures and the expansion of the anti-ageing industry (Smirnova, 2012).

A huge amount of anti-ageing products including nutritional supplements and testosterone or human growth hormones have been sold, and a significant number of people exercise at the gym and undertake cosmetic surgery to hide and remove signs of ageing (Slevin, King, & Calasanti, 2006). For instance, in 2013 the global market for dietary supplements such as vitamin supplements, mineral supplements, botanical supplements, fatty acids supplements, and others supplements was valued at USD 109.8 billion and is expected to reach an estimated value of USD 179.8 billion in 2020 (Persistence Market Research, 2015). Also, Botulinum Toxin (including BOTOX®, Dysport and Xeomin, simply called “Botox injections” hereafter), which is commonly used to get rid of wrinkles, was ranked the most popular cosmetic surgery overall in 2014 by the International Society of Aesthetic Plastic Surgery (Taylor, 2014). In addition, according to Anti-ageing Products and Services: The Global Market reported by BCC Research (Elder, 2013), the total global market for anti-ageing products and services was valued at USD 249.3 billion in 2012. This is expected to increase to nearly USD 345.8 billion in 2018. From these statistics, we might assume that the ideal body shape increasingly skews toward youthfulness and/or the increased market, possibly due to the growth of the older population.

While anti-ageing practices have become even more variable with the advent of medical technology capable of subduing age-related pathology and other adverse age-related changes (Gruman, 2003), whether anti-ageing practices have potential physical and financial harms has been questioned. Some studies have suggested that some of the ingredients used for anti-ageing creams and products are effective in reducing wrinkles (Pena Ferreira, Costa, & Bahia, 2010) and improve skin viscoelastic and hydration properties (Langton, Sherratt, Griffiths, & Watson, 2010). Other studies have indicated
that a high-priced luxurious anti-wrinkle cream was no different from other regular, cheap moisturisers in terms of its effectiveness (Watson et al., 2009). Skin care with facial masks and massages with exfoliants had no long-term positive benefits, and studies found that erythema, oedema, dermatitis, and acneiform eruptions may occur after such treatments (Holck & Ng, 2003). Notably, very few botanical-based cosmeceuticals proved effective in evidence-based scientific testing (Chondrogianni et al., 2010). On the other hand, several studies have pointed out that anti-ageing products were harmful to health. For instance, the properties of nanoparticles made them potentially harmful to the environment and the human body (Abramowitz, 2008). Also, alpha Hydroxy Acids A and retinoids can be irritating to the skin, particularly when users are exposed to the sun (Bronaugh & Katz, 2010).

Knowing the growth of the anti-ageing market despite the uncertainty of its effectiveness, I investigate how my participants perceive anti-ageing products and practices, in particular anti-ageing cosmetic creams and Botox injections; what alternative approaches they used to manage their signs of ageing without using anti-ageing products; and why they chose such approaches.

### 2.2.2 Paradigms of Ageing: Healthy, Successful, and Active ageing

In the previous section, I dealt with anti-ageing as a process and practice of combating the ageing process. In this section, I further discuss a diverse range of ageing discourses such as healthy, successful, and active ageing which are products of the “increasing cultivation of ageing in our societies” (Wahl, Deeg, & Litwin, 2016, p. 2).

There are alternative paradigms of ageing such as successful, active, and healthy ageing which have tried to reform our understanding of ageing. Moody (2005) explained that the main idea behind successful ageing is the emphasis on “life satisfaction, longevity, freedom from disability, mastery and growth, active engagement with life, and independence” (p. 59). However, those who are perceived as having aged successfully are those who have no disease, disability, and risk factors such as high blood pressure, smoking, or obesity; those who maintain physical and mental functioning; and those who actively engage in social activity (Rowe & Kahn, 1997). In other words, the common messages of these paradigms imply that if you remain active and fit, you will be happy in
later life (Andrews, 1999), and that older people can provide economic benefits to society by maintaining their health, vitality, and independence in old age (Martin et al., 2014).

From such expressions of successful ageing, alternative forms of ageing paradigms using positive terms have emerged: vital ageing, active ageing, productive ageing (Achenbaum, 2001; Butler & Gleason, 1985; Martin et al., 2014), or positive ageing, optimal ageing, effective ageing, independent ageing and healthy ageing (Katz & Calasanti, 2014). More specifically, active ageing has also become popular discourse since the World Health Organisation (WHO) (2002) referred to active ageing as follows:

Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. Importantly “active” was defined as “continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force. (p. 12)

According to this definition of active ageing, a healthy body is a prerequisite for taking part in social activity and improving one’s quality of life. This seems to resonate with Grossman’s notion of “health capital” (Grossman, 1972): health provides utility and productivity, and healthy individuals have greater earnings. Also, healthy ageing is defined as “a lifelong process optimising opportunities for improving and preserving health and physical, social and mental wellness, independence, quality of life and enhancing successful life-course transitions” (Peel, Bartlett, & McClure, 2004, p. 115).

The successful ageing paradigm is often expressed in progressive terms such as health, vitality, and independence, and so it seems to mitigate the ageist perceptions which equate ageing with loss, decline, and dependence (Brooks, 2010). Nevertheless, successful, active, and healthy ageing seem to leave the door open to ageism and discrimination. For example, ageing successfully, living healthy and actively, and being independent in later life depend on older individuals’ choices, responsibilities, and abilities (Dillaway & Byrnes, 2009; Katz & Calasanti, 2014). Given that successful ageing emphasises individual choice and responsibility, older adults could be at risk of being blamed and shamed when they cannot remain active, independent, and healthy in later life (Brooks, 2010).

Foster and Walker (2015) pointed out that even though the concept of active ageing seems to liberate people from ageist perceptions of older age such as passivity and
dependency, it also demands the individual’s responsibility, independence, and social contribution. Healthy ageing is defined as “a lifelong process optimising opportunities for improving and preserving health and physical, social and mental wellness, independence, quality of life and enhancing successful life-course transitions” (Swedish National Institute of Public Health (SNIPH), 2007, p. 8). As such, the value of health seems to (re)produce normative expectations about what individual older adults ought to do in later life.

Successful ageing, active ageing, and healthy ageing become “the moral compass of citizenship, central to the expression of self and one’s individual responsibility” (Carter, 2016, p. 4). Such paradigms of ageing seem to be maintained and fortified by the modern subject which is generated from two technologies: “technologies of power and technologies of the self” (Foucault, 1988, p. 18). While Foucault defined “power as directing the conduct of others” (Foucault, 1989, p. 11), technologies of power (which he compared to the Panopticon) work through practices such as “surveillance and normalization” in which individuals are made objects of control who are submitted to certain ends or objectives” (Coveney, 1998, p. 461). Achieving such paradigms of ageing not only reproduces self-regulation by encouraging individuals to participate in health monitoring and health checking but also constitutes a “technology of the self” through permanent self-maintenance (Coveney, 1998).

The discourses of successful ageing and active ageing are often used for political strategy and the profits of biomedical networks (Dillaway & Byrnes, 2009). This is because the ageing population is often projected as a threat to younger people who then feel pressure to take care of older adults through paying taxes to finance health and social services (Raisborough, Barnes, Henwood, & Ward, 2014). Some scholars (e.g., Boudiny, 2013; Dillaway & Byrnes, 2009; Raisborough et al., 2014) asserted that developed countries have tried to reduce the economic costs of the ageing population while adopting the concept of successful ageing and active ageing to promote older adults to engage in social participation and health maintenance. In addition, the attention of public health has shifted from curing illness to the prevention of illness and the promotion of health, and the

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9 “Normalization is a set of techniques of power which posit a standard or norm against which subjects are measured and thereby come to be defined as individuals. The idea comes from Foucault’s work on disciplinary power, where he introduces the notion of normalizing judgment as a central disciplinary technique” (Dean, 2014, p. 129).
reason given for this is that treatment is expensive and it is more cost effective to enforce the idea that health is the duty of individual citizens (Moore, 2010). Such a transition of public attention from treatment to prevention is a result of political stratagem and can be discerned from WHO’s First International Conference on Health Promotion which emphasised individuals’ obligation for taking care of their own health (Nettleton, 2006). Considering that a healthy body is a prerequisite for successful ageing and active ageing as well as the individual’s responsibility, health management seems to be a necessary practice in old age. Along with such an ideology of health, being overweight in particular is often considered in terms of disease, something due to lack of self-control, greed, unattractiveness (Clarke, 2002), laziness, and lack of intelligence (Savacool, 2009). In this respect, weight control would be necessary in old age to look active and healthy.

The idea that the healthy body is an obligation that the individual bears complete responsibility for can be traced to healthism, which is the idea that health is central to all aspects of life and that self-care for health is a morally obligatory practice (Cheek, 2008) thus underlining “the privatisation of the fight for generalised well-being by raising health to a priority, a metaphor for all that is good in life” (Crawford, 1980, p. 365). Thus, this seems to insinuate that healthy ageing has become a normative form of later life and health management has become a normative practice. It is worth noting the striking similarities between these paradigms of ageing and the beauty ideals for women. Successful ageing, active ageing, and healthy ageing require the individual’s effort and self-discipline for their achievement, and this is analogous to the kind of social pressure on women to comply with beauty ideals through effort and self-discipline throughout their lifetime (Bartky, 1990; Bordo, 1993; Brooks, 2010). Healthy ageing or health require the individual’s effort and self-discipline for their achievement, and this is similar to the kind of social pressure on women to comply with ideal feminine beauty through their efforts and self-policing throughout their lifetime. We can also imagine that women have learnt over their lifetime that their bodies can be controlled and fixed through beauty practices including cosmetic surgeries. Through their experiences, they in later life might think that their ageing bodies could be improved and repaired and achieved healthy body through healthy lifestyle which requires self-policing that they have practised over their lifetime to achieve beauty ideals. Moore (2010) stated,
In the current model of health, we are urged to make the body a task, a project, an object: whether it is devising a fitness regime, watching what you eat, or monitoring the body’s functions, the practices recommended in the new paradigm of health involve seeing the body as an object that in and of itself deserves our attention and cultivation. This conception of the body may particularly resonate with women, who, historically at least, have been subject to precisely this discourse of body-consciousness. (p. 111)

Older women who have learnt that their bodies can be controlled and fixed seem to be more vulnerable to such discourses of ageing which pressure women to achieve health through the self-discipline and efforts that they have practised over their lifetime to achieve beauty ideals and standards (Carter, 2016). Similarly, Slevin, King, and Calasanti (2006) claimed that the successful ageing paradigm forces women to put a tremendous amount of effort into achieving a youthful appearance and maintaining a slim and toned body throughout their middle and later years. Further, Arthurs and Grimshaw (1999) suggested that health can be replaced by slimness, which in turn can be replaced by beauty and success, and vice-versa:

Discourses of health, fitness and beauty have become scarcely separable from each other….Being slim and toned is “healthy”; diets are recommended in the name of “health” rather than simply thinness…. Success is something you can dress for, and the workout becomes a symbol of the way in which your life as a whole might work out. (p. 5)

Understanding that health, beauty, slimness, and successful ageing are parallel with each other, having a healthy and slim body in old age can be used to illustrate the goal of successful ageing. Put differently, successful ageing and healthy ageing can be achieved by health management but simultaneously requires the surveillance of body and practices such as exercise and diet, and are equated with the “doing of femininity” (D. E. Smith, 2002). Also, considering Butler’s (1999) gender performativity, which explains that gender is not natural or pre-cultural but rather is determined by what one does, and by a “process of acts” (Salih, 2007, p. 55), gender is performed and reproduced by daily routine body practices (Weedon, 1997). Thus, women’s gender identity can be reproduced in old age by daily performance of health management while older women’s health management
is regarded as doing femininity, as Moore (2010) suggests that “doing health” may become a means of “doing gender” (p. 112). In this study, I explore not only how health, youth, and beauty intertwine with each other but also how “doing gender” such as “using” beauty practices maintain one’s womanhood within the ageing body. The following sections focus on the ageing body as dealing with body images among older women, older women’s beauty practices, ageism and gendered ageism, and paradigms of ageing.

2.3 Body Image and Beauty Practices Within the Ageing Body

Interest in the body has risen in diverse academic areas, but less attention has been given to older women’s perceptions and experiences of the ageing body. Most studies on women’s bodies have focused on the experiences of younger women, teenagers, and girls, where the samples usually consist of university or college students (e.g., Altabe & Thompson, 1996; Fardouly & Vartanian, 2016; Furnham, Badmin, & Sneade, 2002; Weaver & Byers, 2006). Although considerable research has been done in recent years, little is known about the perception of the ageing body and experiences of beauty and anti-ageing practices among Asian migrant older women. Below, I aim to discover what we do know about older women’s perception of the ageing body by reviewing existing studies.

2.3.1 Women’s Body Image in Old Age

Some studies have found that there was no difference in body image and body dissatisfaction across age groups and others have shown that body dissatisfaction was positively correlated with age. For instance, the results of Stokes and Frederick-Recascino’s (2003) study using a survey with a sample of 144 women whose average age was 40 showed that happiness was significantly and positively correlated with body esteem regardless of age group. Similarly, the results of Mangweth-Matzek et al. (2006), in which 1,000 women between the ages of 60 and 70 completed a questionnaire survey covering current eating behaviour, weight history, weight control, body attitude, and disordered eating (DSM-IV) showed that more than 80% controlled their weight, more than 60% stated body dissatisfaction, 18 met the criteria for eating disorders, and 21 reported single symptoms of an eating disorder. Further, Lewis and Cachelin’s quantitative

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10 Body dissatisfaction can be defined as “a person’s negative thoughts about his or her own body” (Grogan, 2008, p. 4).
11 Body esteem (BE) can be defined as “self-evaluations of one's body or appearance” (Mendelson, Mendelson, & White, 2001, p. 90).
research (2001) with a sample of 375 women over the age of 50 indicated that there were positive correlations between fears of ageing and disordered eating behaviours. Additionally, McKinley’s (2006) longitudinal analysis of 10 years of follow-up data with 74 middle-aged women and 72 young women showed that women’s dissatisfaction with body fat increased with age. These studies suggest that body dissatisfaction among women seems pervasive across their lifetime without significant changes as they age.

However, some opposing quantitative research has indicated that women’s concern about their body decreased as they aged, and age and body satisfaction was positively related. Other studies have shown more complicated results. For instance, the results of Tunaley’s (1999) study using in-depth interviews with 12 women aged between 63 and 75 suggested that “body size has a complexity of contradictory meanings for older women which are shaped in relation to social discourses surrounding beauty ideals, gender identity and constructions of age and ageing” (p. 741). Also, several studies have shown that midlife women did not think that they were expected to achieve the ideal body size. Tiggemann and Lynch’s (2001) cross-sectional study with a sample of 322 women ranging in age from 20 to 84 years showed that self-objectification, habitual body monitoring, appearance anxiety, and disordered eating symptomatology all significantly decreased with age even though body dissatisfaction remained stable across the age range. Similarly, Ross et al. (1989) showed that although older participants (ages 62 to 79) were more conscious of their physical appearance than 30 younger people (ages 17 to 28), older participants evaluated their bodies more positively than the younger people did.

Other research has suggested that not only body appearance but also body function influenced body satisfaction in old age. Reboussin et al.’s (2000) quantitative research with 471 middle-aged men and 383 women indicated that older adults may value body function more than body appearance. Orth, Trzesniewski, and Robins’ (2010) study using a cohort-sequential longitudinal study which includes 4 assessments in a 16-year period with a sample of 3,617 individuals aged 25 years to 104 years suggested that unfavourable changes in health such as decline in physical functions and chronic health conditions accounted for the decrease in self-esteem that occurs in old age.

Several studies (e.g., Clarke, 2002; Jankowski et al., 2014; Johnston, Reilly, & Kremer, 2004; Winterich, 2007) have indicated that for some older women, health and/or weight management were more important than maintaining an attractive appearance. Johnston,
Reilly, and Kremer’s (2004) qualitative research using individual interviews with 32 women aged from 16 to 77 indicated that these women perceived controlling the body including body size and shape and maintaining health as a personal responsibility and obligation. Further, the results of Brooks’ (2010) qualitative study using interviews with 44 women between the ages of 47 and 76 suggested that these women were committed to maintaining a healthy body condition through healthy eating and physical exercise and, thereby, embody key aspects of the successful ageing paradigm.

Although both men and women face signs of ageing, men and women experience and perceive their ageing body differently in that women are more vulnerable than men to the pressure to conform to the ideal body (Saucier, 2004). In other words, women are more likely than men to be preoccupied with the fear of signs of ageing because the ageist and sexist culture equates feminine ideal beauty with youthfulness. For example, older women engage in anti-ageing practices and beauty practices including cosmetic surgery to achieve their feminine beauty ideal while older men are not expected to intervene in or change their bodies (de Beauvoir, 2011).

Some research has explored differences in men’s and women’s perceptions of their ageing bodies. For instance, Pliner, Chaiken, and Flett’s (1990) survey research with 639 subjects aged between 10 to 79 indicated that women were more concerned than men about diet, body weight, and physical appearance. Feingold and Mazzella’s (1998) meta-analysis using 222 studies from the past 50 years highlighted that women’s body satisfaction remained the same or decreased as they aged while men’s body satisfaction increased as they aged. In addition, the results of Öberg and Tornstam’s (1999) quantitative research with a sample of 1000 Swedish women and 1000 Swedish men showed that regardless of age, physical appearance was more important for women than for men; women worried somewhat more than men about how their looks would change when they grew older; but men in all age groups were generally more satisfied with their bodies than women. In short, these studies suggested that women in old age are more pressured to comply with social expectations regarding the body and old age than men.

In short, some studies have indicated a relationship between age and body image and/or body satisfaction while others have proposed no significant relationship between age and body image and/or body satisfaction. Other studies have suggested that health became more important in old age than having an attractive appearance. While assimilating such
inconsistent results, Tiggemann (2004) highlighted three points. First, it is certain that women move far away from the youthful and thin ideal as they age; second, there are no significant differences between age groups in terms of body dissatisfaction; third, body appearance became a less central priority for women as they age.

Tiggemann (2004) pointed out why the results from the studies on body image among older women were varied and inconsistent. First, most studies in this area have compared body image between age groups (i.e., cohort differences) rather than examining the body image of older adults per se. Also, inconsistency in the use of measurement and variability of ages sampled across the studies brought inconsistent results (G. S. Jankowski et al., 2014). Therefore, some researchers have claimed that existing studies on older women’s body image have been “deficient in fully uncovering the nuances of diversity and the ways that intersectionality informs older adults’ embodied experience” (Clarke & Korotchenko, 2011, p. 504).

2.3.2 Body Image and Asian Ethnic Women

So far, I have pointed out that both qualitative and quantitative studies on older women’s experience and their perception of the ageing body are limited to white women, women of European descent, and women who are heterosexual and middle class (e.g., Ballard, Elston, & Gabe, 2005; Clarke, 2000; Dumas, Laberge, & Straka, 2005; Ogle & Damhorst, 2005).

Below, I shall show that even though recent studies have investigated body images and body dissatisfaction using a sample of Asian ethnic women, these studies are limited to young Asian women such as teenagers, adolescents, and college students (e.g., Akan & Grilo, 1995; Cash & Henry, 1995; Evans & McConnell, 2003; Miller et al., 2000; Mintz & Kashubeck, 1999; Mumford & Choudry, 2000; Wardle, Bindra, Fairclough, & Westcombe, 1993). That is, older Asian ethnic women are overlooked for study, and so we barely have any information about them—in particular, Korean women—in terms of their experiences and management of an ageing body. Nevertheless, reviewing research related to body images among Asian ethnic young women is helpful to expand our knowledge and to develop discussions on older Asian women’s experiences of the ageing body.

The results of research on body image among Asian ethnic young women are inconsistent. Some studies have indicated there are no differences in body satisfaction/dissatisfaction
among various races/ethnicities while others have indicated significant differences. An example of a study of the first kind is Mumford and Choudry (2000), who conducted quantitative research using a survey questionnaire with a sample of women attending slimming and fitness gyms in London and Lahore. Their sample was composed of twenty-nine South Asian women in London (mean age 29.6 years) and 40 White women in London (mean age 36.1). The results indicated that there were similar associations between body mass, body dissatisfaction, and eating attitudes in these two ethnic groups. Also, Frederick, Forbes, Grigorian, and Jarcho’s (2007) quantitative study using a sample of 1,303 female undergraduates (98% were between the ages of 18 and 25) in the United States showed that there were no significant differences in body satisfaction among White, Asian, and Hispanic participants. Forbes and Frederick’s (2008) quantitative research using a sample of 237 Asian, 196 White, 109 Hispanic, 58 Black college women from the University of California, Los Angeles showed that ethnic differences in body dissatisfaction were not significant even though Asian college women reported lower global body satisfaction than Black, White, or Hispanic women. Also, Grabe and Hyde’s (2006) meta-analysis study which examined differences among Asian American, Black, Hispanic and White women showed that the differences in body dissatisfaction were not significant and close to zero.

While such studies suggested that there was no difference in body dissatisfaction across racial/ethnic groups, they indicate that there were such differences between genders. Mintz and Kashubeck (1999) investigated gender differences within race and race differences within gender in regards to body image and eating disorders in two groups: 185 White students (80 men and 105 women) and 67 Asian American students (34 men and 33 women) aged from 17 to 28 years (mean age 18.6 years). The results showed that women were more likely to experience eating disorders than men regardless of race. Also, the results of Kennedy, Templeton, Gandhi, and Gorzalka’s (2010) quantitative study with a sample of 1472 Canadian undergraduates including 890 Chinese, 452 White, and 130 Indo-Asian showed that the body satisfaction of women was lower than that of men across all groups.

On the other hand, some studies have shown differences in body satisfaction among races/ethnicities. For instance, the results of Wardle, Bindra, Fairlough, and Westcombe’s (1993) study using a sample of 148 White and 125 Asian British participants aged between 14 and 22 showed that compared to Asian British participants, White participants were
more likely to see themselves as too fat, have the desire to lose weight, and be more dissatisfied with their body size. Although Asian British participants were on average slimmer than White participants, the women had a slimmer ideal body size than White women. Akan and Grilo (1995) compared 36 Black (mean age 20.28 years), 34 Asian (mean age 20.11 years), and 28 White (mean age 20.3 years) college women in terms of eating patterns, body image, and psychological functioning. The results showed that White women displayed a higher level of disordered eating and dieting patterns and higher levels of body dissatisfaction than Asian and Black women. Similarly, Evan and McConnell (2003) recruited 54 Asian women, 52 Black women, and 64 White women from Michigan State University to explore whether racial minorities such as Asian and Black women responded in the same way to mainstream beauty standards. The findings showed that Black women reported positive self-evaluations about their bodies, as they did not consider mainstream standards as appropriate to themselves. However, Asian women were also more likely to experience higher levels of dissatisfaction with their bodies. Also, the result of Gillen’s (2013) quantitative study using a sample of 254 college students (mean age 19.26 years) showed that Black women had a higher level of positive views of their appearance and were more satisfied with their bodies than both White and Asian women.

More specifically, some studies have found several factors that influenced higher body dissatisfaction and eating disorders among Asian ethnic women (including Asian immigrant women). For instance, Iyer and Haslam’s (2003) study surveyed 122 college women (mean age, 20.6 years) of South Asian descent (i.e., born in or with at least one parent from the subcontinent) in New York, New Jersey, California, and Florida, and showed that a history of hurtful racial teasing was associated with disturbed eating and body image. A small number of studies have shown how acculturation has influenced body image among immigrants although the results were varied. Geller and Thomas’s (1999) literature review study indicated that “the experience of rapid culture change through immigration increased the vulnerability of adolescent and adult women to developing eating disorders” (p. 295). On the other hand, Haudek, Rorty, and Henker’s (1999) study of 25 Asian American (mean age 18.80 years) and 26 White women (mean age 18.81) who participated in both survey questionnaires and interviews indicated that acculturation was not related to eating disorders among Asian American women. Rather, the results suggested that parental bonding seemed to be an important variable influencing the kinds and amounts of eating concerns experienced by Asian American and White women. That
is, low maternal warmth seemed to affect both Asian and White women’s attitudes about eating, dieting, shape, and weight in similar ways. Further, the results of Smart and Tsong’s (2014) study, which conducted quantitative research using online surveys with a sample of 354 Asian American women (mean age 29.31 years) and open-ended questions with 109 of those who completed the online survey, indicated that body dissatisfaction was related to Asian cultures’ emphasis on thinness, family criticism of weight, developmental events, and comparisons to other Asian women. Also, Sabik and Cole’s (2017) study conducted a survey with 115 White women and 100 Black women aged over 65 to assess whether patterns of association between age, age discrepancy, and body satisfaction vary by ethnic group. The results showed that Black women reported higher than average satisfaction compared with White women. The authors suggested that White women may be more vulnerable to the negative impacts of the ageing process on the body.

Interestingly, Smart, Tsong, Mejia, Hayashino, and Braatten (2011) interviewed 10 psychologists and two marriage and family therapists on the West coast of the United States (seven Asian American, four European American, and one Latina) who had worked for Asian American clients aged between 18 and 25 years old who had suffered from an eating disorder (ED). The findings showed that most therapists highlighted the importance of conforming to the norm and asserted that thinness in women was in itself part of conformity. Additionally, nine therapists stated that Asian American women were held to higher standards of thinness than were White women. On the other hand, therapists also emphasised cultural factors such as family dynamics, developmental processes (e.g., individuation), and intergenerational conflicts. All the therapists described family dynamics as relevant to their clients’ EDs. That is, their clients often struggled with trying to be pleasing to their family members (especially parents) and meeting expectations to be selfless, accomplished, and have dates with proper mates because of the perception of the family as a collective unit where family members could gain pride through each member’s achievements and appearance. Ten of these therapists also reported that their client tried to cope with the stresses of biculturalism, achieving, individuation, or, in rare cases, abuse through EDs.

Some scholars have explained how Asian ethnic women experienced and perceived their bodies at the intersection of gender and race/ethnicity. Kaw’s (1993) qualitative research conducted individual interviews with 11 Asian women aged between 18 to 71 to
explore the trend of cosmetic surgery among Asian American women. The results showed that these women had either or both blepharoplasty (double eyelids surgery) to recompose their eyelids, and rhinoplasty to make their nose bridges higher and to fix the tips of their noses. The author indicated that Asian American women who went under the knife internalised not only a gender ideology that validated their monetary and time investment in the alteration of their bodies, but also a racial ideology that associated their natural features with dullness, passivity, and lack of emotion.

Similarly, Frederick, Kelly, Latner, Sandhua, and Tsong (2016) conducted quantitative research with a sample of 376 White women and 303 Asian American women (including 31 Korean American women) aged 18 to 30. The results showed that Asian American women reported lower appearance evaluation and satisfaction with their face. In particular, they were less satisfied with their eye appearance. The authors suggested that Asian American women could become more concerned with their appearance than White women when they faced comparisons with both in-group (Asian culture) and out-group appearance. They also indicated that Asian American women’s strong dissatisfaction with their faces and eyes could be related to exposure to European American aesthetic ideals facial features. The importance of media influence on body image was emphasised by Asian American women who reported that they were exposed to both U.S. mainstream media and media images from Asia (e.g., Japanese, Chinese, Korean), but they felt less distress and pressure around non-Asians but more pressure around Asians because the Asian standards were seen as more severe.

Such a wide range of findings on young Asian women could be arranged into several categories: acculturation, belonging both to their own ethnic group and the White mainstream group, family structure, and racial features. Being familiar with these aspects will aid in the understanding of the reasons for participants’ engagement in managing their appearance while embracing the identity of a migrant minority.

2.3.3 Beauty Practices and Anti-Ageing Practices in Old Age

Knowing that women of all ages are constantly judged by the dimensions of youth and beauty (Dychtwald, 1997) ageing itself becomes a barrier to women in old age when they try to achieve ideal beauty. In fact, several researchers have indicated that older women possessed ageist attitudes toward their own ageing bodies. For instance, Clarke’s (2000)
qualitative research using interviews 22 women aged 61 to 92 found that participants showed negative attitudes towards their ageing bodies such as using disrespectful words when they talked about a typical older woman’s body image. Likewise, the results of Montemurro and Gillen’s (2013) research involving interviews with 95 women aged between 20 and 68 indicated that most participants perceived themselves as undesirable and unattractive and seemed to have a negative self-image. In addition, these women were displeased and dissatisfied with physical changes and signs resulting from ageing and described their bodies as being curvy, heavy, “lumpy,” or old and so deviating from beauty standards. These findings support the idea that age-related physical changes such as hair loss, weight changes, wrinkles, and skin elasticity (G. S. Jankowski et al., 2014) distance a woman’s body from the ideal body. Also, the results of Slevec and Tiggemann’s quantitative study (2010) with a sample of 108 women aged between 35 and 55 years showed that body dissatisfaction was a significant and positive predictor of consideration of cosmetic surgery among these women. Additionally, the results of Winterich’s (2007) qualitative study using interviews with 30 women aged from 46 to 71 suggested that women were encouraged to spend time and money to overcome ageist perceptions by hiding their signs of ageing. These findings resonate with the idea of a “persona” or “social mask” that Biggs (1997) proposed for noting how older individuals mask (or disguise) signs of ageing to protect themselves from ageist culture. Under social masking theory, diverse signs of ageing such as wrinkles, sagging, and grey hair are used to determine one’s identity. Hence, wearing youth through using beauty practices and anti-ageing practices helps older women to look young so as to protect themselves from ageism (Woodward, 1991). In this study, I also look into how ageist perspectives influenced when my participants engaged in the use of beauty practices and anti-ageing practices.

Recently, Berwicka and Humble (2017) interviewed four Canadian women and three American women between the ages of 43 and 64 who had negative or mixed emotions about having Botox and/or facial filler injections to the face to reduce signs of ageing concerning the impact of these procedures. The authors described these seven women’s bodily experiences as commodified, fractured, abandoned, reflective, and transformed. Bennett, Clarke, Kowalski, and Crocke (2017) interviewed 21 women aged 65 to 94 to explore how physically active women perceived, experienced, and coped with their ageing bodies, and examined their perceptions of the utility of self-compassion to manage ageing body-related changes. These women engaged in physical activity and healthy eating to
maintain their health and body functionality. Also, they used dieting, hair styling, anti-ageing creams, makeup, physical activity, and clothing to retain their youthfulness and femininity. The authors highlighted the importance of health and body functionality in influencing the cognitive, emotional, and behavioural management of the ageing body. Meanwhile, the findings of Lövgren’s (2016) study which interviewed with Swedes women aged between 62 to 94 to explore their choice of dress showed that the word ‘comfortable’ was the most often used by these women when describing their style. More specifically, the meaning of ‘comfortable’ included practicality, convenience, mobility, and referred to garments that did not expose the body but hid bodily flaws. Although these women were pleased with their garments they also felt upset because they became more laid-back and prioritised convenience in selecting their outfits. The authors highlighted that the style of dress among their respondents had gradually changed as they slowly adapted to changes in their bodies.

A few researchers have started conducting their studies with men and Asian older adults as participants to explore the perception of bodily changes and the use of anti-ageing practices. For instance, Calasanti, King, Pietilä, and Ojala’s study (2016) conducted semi-structured, in-depth interviews with 10 women and 9 men and women aged 42–61 years. Topics included their perceptions of bodily changes and their responses to these perceptions. The findings showed that both female and male respondents regarded anti-ageing products and services as related to acquiring beautiful appearances and thus as a feminised activity. Both female and male respondents were concerned about appearances, but in gendered ways. For instance, while both male and female respondents talked about anti-ageing strategies in relation to their appearances, the women were concerned with appearance in terms of beauty, but the men cared their bodies to show that they could perform. Overall, respondents conflated bodily appearance, health, and ageing in their constructions of anti-ageing. Moreover, a study by Glen, Phillippa, Heidi, Gary, and Diana (2016) conducted six focus groups with a UK community sample of 16 women and 12 men aged 66–92 years. Twenty were White British and eight were South Asian. The findings showed that appearance was important to older adults and some of the participants regarded appearance as a conveyor of respect, social status and capability. Additionally, some of them prioritised physical ability over appearance due to linking declining health and ability with older age. Many participants reported concerns around the stereotypes associated with looking older and felt pressured to age ‘gracefully’ while resisting changes.
in their appearance. Some felt that women were more concerned with their appearance than men. The findings of the study indicated that participants’ accounts of body image, ageing and sociocultural pressures were also very similar across gender and cultural groups, especially with regard to the importance and meanings of appearance and physical abilities. Elfving-Hwang’s study (2016) using the interviews with twenty elderly women living in the greater Seoul metropolitan area explored the role of appearance, beauty practices, and the presentation of self in their daily lives. The findings of her study highlighted that beauty practices on aged appearances was used strategically and in highly personalised ways. For these elderly women, providing attractive appearances and engaging in beauty practices helped them preserve their positive selves. Also, beauty practices for maintaining positive appearances could be considered as a way of showing respect to others and it was a form of practicing ritual citizenship. Considering the findings of her study, I also explore how my participants who used to live in Korea and were still exposed to Korean beauty culture used beauty practices and anti-ageing practices in their daily lives.

2.4 Summary of Chapter

I reviewed the literature regarding a variety of perspectives on the female ageing body. Further, I dealt with ageism, anti-ageing, and paradigms of ageing such as successful ageing, active ageing, and healthy ageing, thereby expanding our understanding of how the world and the older individual perceives their ageing body and discovering the reasons and messages behind the paradigms of ageing. By looking into the research on older women’s body images, perceptions of their ageing bodies, and the use of beauty practices and anti-ageing practices, I pointed out that although there have been studies regarding the experiences, perceptions, and management of the ageing body among older women, the samples are mostly from White and middle-class women. In the next chapter, I aim to present how women have attempted to achieve ideal beauty through diverse means and practices by tracing the brief history of beauty standards and the origin of beauty practices from the prehistoric period to ancient times and through to the 21st century.
CHAPTER 3 BEAUTY AND BEAUTY PRACTICES

In the previous chapter, I discussed essentialist and social constructivist views of the body. Not only is the body a biological organism, but it is also something that projects social and cultural meaning (Thesander, 1997) and a site through which an individual expresses their ideas and perceptions. Consequently, the body is a place of negotiation of the tensions between what is morally acceptable and what is not, between the attractive and the repulsive, and between liberation and oppression (Thesander, 1997). In this chapter, through tracing the brief history of beauty standards and the origin of beauty practices from the prehistoric period to ancient times and through to the 21st century, I describe how the corporal body has been transformed through diverse processes and according to beauty standards. Familiarity with the historical transition of beauty standards and beauty practices will guide us to understand the diversity in perceptions of beauty between cultures and societies and the development of beauty practices through human history. Further, this journey will expand our lens to look at how my participants react to different beauty norms between Korea and New Zealand, how they adjust their beauty practices within diverse social positions and identities, and how they apply their know-how to improve their appearance, facial skin condition, and health.

The second part of this chapter is concerned with the conflicting perspectives on beauty practices between second-wave feminism and third-wave feminism, namely oppression and choice. I shall compare and discuss their views on beauty practices and cosmetic surgery. For further discussion, I also deal with self-policing, self-help, and the dilemma of choice. Reviewing diverse stances on women’s engagement in beauty practices is necessary to explore whether my participants’ engagement in beauty practices, anti-ageing practices, and health promotion is expressive or oppressive.

3.1 Transitions in Beauty Standards and Beauty Practices Through the Times

What is considered beautiful varies between times, cultures, and societies. Human beings across the world and throughout the ages have used a variety of practices to improve their appearance and to achieve their beauty standards. Given this, it then seems reasonable to ask, since when have human beings adjusted the appearance of their bodies in the pursuit of beauty? Many archaeology sources have confirmed that our ancestors engaged in beauty
practices such as body decoration. For instance, female Homo sapiens in 100,000 B.C. advertised their fertility by painting their bodies from head to toe with red ochre (Long, 2010). Following body painting, the oldest known beauty products and beauty practices included piercing teeth and making a pendant or necklace with shells and bones, and stringing them, singly or multiply (Morriss-Kay, 2010).

Additionally, archaeologists unearthed a variety of relics such as textiles, baskets, and netting items, which were used not only for household and hunting needs but also for clothing from at least 25,000 B.C. in Upper Palaeolithic Europe. Also, during the Palaeolithic period, people displayed themselves after taking into account their gender, social status, wealth, and age (Soffer, Adovasio, & Hyland, 2000).

I briefly outline below how beauty standards have varied and how beauty practices have developed. I begin with the explanation of the origin of beauty practices. I describe the use of beauty products and cosmetics during ancient Egypt and continue to the 21st century by focusing mainly on Europe and the United States of America. I will concentrate on Korean beauty standards and practices in Chapter 4.

3.1.1 The Prosperity of Cosmetics: Ancient Egypt

The world’s earliest civilisation began in about 3000 B.C. as populations increased and agriculture thrived, leading to the accumulation of surpluses (Anawalt, 2007). This transformation in production might have freed human beings to develop an interest in beauty and beauty practices, thus planting the seeds for beauty practices, products, and cosmetics to flourish.

Today, many women possess a variety of cosmetics, makeup tools, fashions, a furnished makeup table in their room, and often go shopping for beauty items. Surprisingly, the use of cosmetics today can be traced to the ancient Egyptians (Lucas, 1930). For instance, ancient Egyptian (3100 B.C.–332 B.C.) women put on makeup and used beauty items such as mirrors, hairpins, makeup containers, brushes, application spoons, vases, flacons, unguents, boxes of eye shadow, and combs made by fish bones, and also possessed makeup tables. Further, beauty shops and perfume factories operated in ancient Egypt (Hays, 2008).
Egyptian women often used natural pigment, which was powdered finely and mixed with water then applied with a brush to the lips and face (Jackson, 2015). Also, eye-painting with malachite (a green ore of copper) and galena (a dark grey ore of lead) was commonly used (Lucas, 1930). Kohl\(^\text{12}\) (See Figure 3.1) was used similarly to today’s eyeliner (Jackson, 2015). Ancient Egyptians of all social classes used kohl daily not only as a form of religious obligation but also as a way of beautifying (Kreston, 2012). Sheep fat and blood or henna were used to colour nails (Kuchinsky, 2007a). Also, Egyptian women shaved their eyebrows and applied false eyebrows (Hays, 2008).

![Figure 3.1 Duck-shaped Kohl spoon.](image)

The use of cosmetics was also aimed towards improving facial skin condition. In particular, face powders made from chalk or white lead were used to brighten skin colours and cover flaws (Kuchinsky, 2007a). Face masks with mixed milk and honey were also used for moisturising (Jackson, 2015). The use of soap-like material is estimated to date back to 2800 B.C. among the ancient Babylonians. The use of soap became popular among the ancient Egyptians, who were highly concerned with cleanliness and hygiene (Jackson, 2015; Kuchinsky, 2007a). Some papyrus specimens apparently show that the ancient Egyptians (in about 1500 B.C.) had made soap-like products by mixing alkaline salts with olive oil (Mandal, 2016).

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\(^{12}\) Kohl powder was derived from soot, antimony, ashes, or saffron and applied with a stick dipped in water or scented oil.
3.1.2 The Golden Ratio: Classical Greece

During Classical Greece (510 B.C.–323 B.C.), many scholars such as Plato and Pythagoras suggested that there were proper proportions in human forms, architecture, city planning, art, and nature. Euclid provided the idea known as “the golden ratio: a mathematical formula based on the principles of symmetry that finds the ideal distance between two points” (Savacool, 2009, p. 9), according to which the ideal ratio is 1:1.618 which is known as phi in Greek. This “golden ratio” influenced the Greeks’ understanding of the beauty of human bodies, architecture, painting, and nature. Interestingly, today, the pursuit of the perfect body has revived the ancient Greeks’ golden ratio. Today, the golden ratio is often used to evaluate a female body. For instance, a famous actresses, Scarlett Johansson is well know for her perfect body due to its conformity to the golden ratio. Scarlett’s bust-to-waist compared to her hip-to-waist measurement was estimated to be at 1.560 (out of 1.618) which means that she has a 96.4% golden ratio accuracy (Young, 2015).

3.1.3 Abstinence: The Medieval Period

After the fall of the Roman Empire, the Catholic Church became the most powerful institution of the medieval period (5th–15th centuries). Not surprisingly, religious creeds influenced women’s beauty practices and fashion. For example, the Church’s decrees urged married women to hide their hair so that the only visible hair was at the forehead. Women also should wear their hair in nets that gathered from the back of the bonnet or another headpiece (Dowdy, 2014). Women should cover their bodies with a variety of gown styles, including sideless surcoats over cotehardies and the V-necked, high-waisted gown. Women dressed either in different fashions of wimples or wore veils to cover the head, neck, and the sides of their faces. However, after the Catholic Church period, women started using cosmetics again made with wheaten flour and lead-filled to paint their faces (Alpert et al., 2007) and applied coloured makeup on their cheeks and lips (Dowdy, 2014).

3.1.4 The Silk Road and Social Class: The Renaissance period

The Renaissance is known as the Cultural Revolution that spread from Florence, in 1400, throughout Italy and into the rest of Europe. It emphasised “the philosophy of humanism, which strove to resurrect and emulate the literature and art of the ancient Greeks and Romans” (Haughton, 2004, p. 229). Innovations in transportation and technology during the Renaissance led to growth in the use of beauty practices and products. In particular,
trade on the Silk Road (114 B.C.–1450s) was a significant role in “the development of the civilisations of China, the Indian subcontinent, Persia, Europe, the Horn of Africa and Arabia, opening long-distance, political and economic relations between the civilisations” (Bentley, 1993, p. 32). By virtue of the Silk Road (See Figure 3.2) the merchants, pilgrims, monks, soldiers, nomads, and urban dwellers from China, India, the Mediterranean Sea traded by travelling through regions of the Asian continent connecting the West and East (Elisseeff, 1998).

![Figure 3.2 1st-century Silk Road.](image)

The Silk Road enabled ancient China to import beauty products such as jasmine-scented sesame oil from India, rosewater from Persia, aromatics such as cloves, gum benzoin, ginger, nutmeg and patchouli from Indonesia (Jain & Chaudhri, 2009). After 1300, choices of products and goods including textiles, furnishings, and items of apparel became greatly varied. New materials and new techniques in cutting and sewing improved tailoring methods and provided diverse accessories such as hats, bags, gloves, and hairpieces including even beards and long braids. Moreover, as the use of mirrors increased, more people were interested in their self-image and the way how they looked to others (Rublack, 2011).

During the Renaissance, the ideal female body was different as compared to beauty standards held today. Women during the Renaissance period were not concerned about gaining weight because having a voluptuous and rounded body (See Figure 3.3) was considered ideal (Kuchinsky, 2007b).
Clothing and fashion became diversified depending on social class during the Renaissance. The women of lower social class and servants normally wore high-waisted garments, and bodices were usually loosened and dipped a bit at the neckline to show their voluptuous curves. For working-class women, the garments were designed for functionality and comfortability to improve movement in their daily chores. For instance, gathered skirts, close fitting sleeves, and ankle-length rather than fully floor-length garments were preferred (Kuchinsky, 2007b). Women of higher social class and rich women wore garments made of finer fabrics such as silks, brocades, and velvets, and adorned with expensive laces, precious jewels, and fur trims.

Today, luxury brand handbags such as Chanel, Hermes, and Louis Vuitton have become symbols of wealth and high class. Likewise, during the Renaissance period, the ruff was regarded as a luxurious fashion item because having a head that was held high was a symbol of dignity, authority, and well-being and the neck was considered as a place to drape prestigious representations of wealth and authority (Koda, 2004).

### 3.1.5 The Invention of the Corset: The Victorian Period

The Victorian era lasted the length of Queen Victoria’s reign (between 1837 and 1901). While Victorian society highly valued domesticity, family, and motherhood, women were forced to devote themselves to housework such as looking after their husbands, raising their children, keeping the house clean, and bringing food to the table for their family.
(Buckner & Francis, 2005). Roberts indicates how the ideals of masculinity and femininity influenced designs on men’s and women’s garments and clothing:

Men were serious (they wore dark colours and little ornamentation), women were frivolous (they wore light pastel colours, ribbons, lace, and bows); men were active (their clothes allowed them movement), women inactive (their clothes inhibited movement); men were strong (their clothes emphasised broad chests and shoulders), women delicate (their clothing accentuated tiny waists, sloping shoulders, and a softly rounded silhouette); men were aggressive (their clothing had sharp definite lines and a clearly defined silhouette), women were submissive (their silhouette was indefinite, their clothing constricting). (Roberts, 1977, p. 555)

Also, the Victorian upper class were elaborate and had their clothes tailored from rich, luxurious fabrics such as heavy taffetas, thick silks, and plush velvets. However, the garments for mid-lower and working-class women were designed for functional and practical purposes. Materials of clothing for working-class women consisted of muslins, linens, calicos, and ginghamks (Kuchinsky, 2007c).

The invention of the corset originated in either Spain or Italy in the first half of the sixteenth century (Koda, 2004). The corset (See Figure 3.4), one of the most significant examples of items which moulded and modified the female body, was used only among women in the wealthiest class during the Renaissance period (Kuchinsky, 2007b). However, in the Victoria era, the corset became a significant fashion item for women regardless of social class (Aspinall, 2012). The popularity of corsets seems to reflect the ideal female body during the Victorian era, which emphasised a curvy figure by reducing the waist and thereby exaggerating the bust and hips. According to Anna Krugovoy Silver (2002) in her book Victorian Literature and the Anorexic Body, while a skinny and wasp waist was desired as the cultural ideal of middle-class womanhood in Victorian Britain, eating disorders such as anorexia nervosa were also first diagnosed in 1873. The tight-laced corset to change female body was “a complex of control and meaning systems connected to women’s ‘frozen’ position in society; not surprisingly it was thus regarded as a symbol of women’s oppression” (Thesander, 1997, p. 12). Despite such negative aspects of corsets, they rocketed in popularity as they became the most advertised female
item in women’s magazines in Victorian England as these magazines played an important role in the representation of beauty, fashion, and gender role (Boardman, 1998).

Further, the Victorian upper class and middle class, who were preoccupied with individual ownerships, wealth, and property, tried to distinguish themselves from the lower class by showing off their luxurious lifestyles including leisure activities, overconsumption, and engagement with beauty practices and fashion (Boardman, 1998). In Victorian England, middle-class women also used fashion accessories such as gloves, fans, parasols, and hats as outward symbols of their rank. Wearing fashion accessories helped them to present pride in their social status and wealth and perform their gender roles (Marzel, 2015). For facial skin care, Victorian women used facial masks and packs made from honey, eggs, milk, oatmeal, fruits, vegetables, and other natural ingredients (Alpert et al., 2007).

### 3.1.6 A Brief History of Plastic Surgery (or Cosmetic Surgery)

Practices for reshaping one’s body and face have a history longer than the birth of Christ (Altman, 2015). In general, plastic surgery refers to the procedure to repair defects to

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13 There were a wide range of women’s magazines such as *The Ladies’ Gazette of Fashion* (1834–1894); *The World of Fashion* (1824–1879); *Le Follet* (1846–1900) *The Family Herald* (1842–1939); *Myra’s Journal of Dress and Fashion* (1875–1912); *The Englishwoman’s Domestic Magazine* (1852–1879); *The Young English woman* (1864–1877); *The Queen* (1861–1922); *The Ladies’ Treasury* (1858–1895); *The Lady’s Own Paper* (1866–1872); and *The Ladies* (1872–1873) (Boardman, 1998).
reconstruct a normal function and appearance, while cosmetic surgery aims to enhance one’s physical appearance. Despite this difference in definition, in my thesis, I used the terms of plastic surgery and cosmetic surgery interchangeably. The reason why I do this is due to the issue of what normal appearance is and what defect is and who defines what is normal or defective. For instance, do we need to consider hair planting as either a plastic surgery or a cosmetic surgery? If we consider having hair as part of a normal appearance, we can refer to hair planting as a form of plastic surgery. However, if we consider having hair as part of an attractive appearance, we can refer to hair planting as a form of cosmetic surgery. Similarly, if we consider having smooth facial skin as part of a normal appearance but wrinkles as defects, then we can consider having Botox injections to reform one’s facial skin as a kind of plastic surgery. However, if we consider a smooth facial skin as part of physical attractiveness, then we can consider having Botox injections as a form of cosmetic surgery. Also, whether a surgery is a plastic surgery or a cosmetic surgery depends on one’s intention. If a woman wants to have a breast implant because she conceives that having a voluptuous and symmetric breast as normal, a breast implant can be considered as a plastic surgery. However, if a woman wants to have a breast implant to enhance her physical attractiveness because she conceives sagging and asymmetric forms of breasts as unattractive, then a breast implant can be considered as a cosmetic surgery. Because of such complications, I used the terms of plastic surgery and cosmetic surgery interchangeably. I now briefly outline the development of plastic surgery from ancient times to modern society.

Some painted skulls dating from 7000 B.C. that were found around Jericho presented evidence of trephining practice, probably to repel devils. From the Ebers Papyrus, it is assumed that surgical interventions for dislocated and fractured jaws and noses were also practised in ancient Egypt about 1600 B.C. (Hays, 2008; Wallace, 1964). Also, childhood skull shaping seemed to be performed by the ancient Egyptians, Minoans, Britons, Mayans, and New Guinean tribes (Hays, 2008).

The first recorded documents of reconstructive surgery go back to ancient India in the 6th century B.C. (Haiken, 1999; Hearsey, 2015). At that time, the Indian penal system

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14 The Ebers Papyrus, considered “the oldest preserved medical document dating from 1552 B.C., contains chapters on helminthiasis, ophthalmology, dermatology, gynaecology, obstetrics, dentistry, and surgery” (Loriaux, 2006, p. 55)
decreed that nose amputation would be the punishment for adultery (Richard & Anna, 2005). Because of this penalty, ancient Indian surgeons had procedures to remould a nose through the use of a flap of skin from the patient’s cheek (Hearsey, 2015). This practice became the root of modern rhinoplasty, which later uses tissue from the patient’s forehead (Richard & Anna, 2005). In particular, Sushruta in ancient India is regarded as one of the first cosmetic surgeons in the world, having performed nose jobs as well as skin grafts on people with disfigured or damaged skin (R. C. Robinson, 2015).

By 1000 A.D., many surgeons around the world performed rhinoplasty to repair “missing noses.” Many soldiers needed new noses because many kingdoms adopted the barbaric custom of cutting off the upper lips and noses of the enemy soldiers (R. C. Robinson, 2015). Plastic surgery was used to fulfil the loss or defect of body parts and tissues from the adjoining parts, and to fix the face damaged by sword injury, gunpowder and rifle injury, and burns. Abu al-Qasim Al-Zahrawi, also known as Albucasis (936–1013), was regarded as one of the prominent pioneers of cosmetic surgery in Cordoba. He developed the skills of plastic surgery and valued the aesthetic results of his operations. His textbooks include illustrations of over two hundred surgical instruments and surgeries of the nose, lips, and ears. These textbooks made profound contributions to surgery in Europe (Santoni-Rugiu & Sykes, 2007).

Surgeons after the 13th century concentrated more on removing ugly scars and wounds and improving the outcomes of their operations on the appearance (Santoni-Rugiu & Sykes, 2007). Medical history identifies Gaspare Tagliacozzi (1545–1599) from Italy as the father of plastic surgery (R. C. Robinson, 2015). He organised plastic surgery on a scientific basis and wrote the first proper textbook on it (Tomba, Viganò, Ruggieri, & Gasbarrini, 2014). He first started nose grafting with an innovative surgical method that reconstructed parts of the face including the nose, the lip, and the ear (Tomba et al., 2014) with the help of skin flaps of the upper arm (Figure 3.5) (R. C. Robinson, 2015).

Although the techniques of “reforming” surgery had been gradually improved and developed, such surgical interventions were considered therapeutic surgeries until 1798, when Pierre Desault of Greece defined such surgical treatments as plastikos, which means “to mould” or “to give form” (Richard & Anna, 2005; R. C. Robinson, 2015).
Breast implants seem to have a significantly shorter history than rhinoplasty. Interestingly, reduction mastoplasty might have been performed in the 7th century by Paulus Aegineta for male gynaecomastia. Although breast implants were performed for females at the beginning of the 17th century, it seemed to be done with the aim of curing cancer (Santoni-Rugiu & Sykes, 2007). Additionally, there may have been little need for such procedures, as many women seemed to try to uphold their breasts by wearing corsets (R. C. Robinson, 2015) in the first half of the sixteenth century (Koda, 2004).

From the 19th century, plastic surgeries became safer and easier with the invention of anaesthesia and antiseptics (R. C. Robinson, 2015). Also, plastic surgeries using paraffin reduced pain and scars (Santoni-Rugiu & Sykes, 2007). The first documented breast augmentation surgery was implemented using artificial implants made from rubber, paraffin, ivory, and glass (R. C. Robinson, 2015), and was performed by Vincenz Czerny in Germany in 1895 to remove an adenoma or massive benign tumour (E. Kelly, 2016). In 1903, Charles Miller introduced breast augmentation surgery in the U.S., using silk floss and silk, celluloid and many other foreign materials for the implants (R. C. Robinson,
While plastic surgery surged in popularity and safety due to the use of anaesthesia, antiseptics, and paraffin, it also gave rise to “quacks” or beauty doctors who performed plastic surgeries without basic medical knowledge. At the end of the 19th century, many quacks and beauty doctors tried different materials for the procedure: Vaseline, olive oil, white wax, and glycerine. Occasionally, they boiled these materials in carbolic acid which caused infection (Santoni-Rugiu & Sykes, 2007). Not surprisingly, many patients suffered from side effects of plastic surgeries performed by non-professional surgeons. Nevertheless, with the advent of such medicine and materials, plastic surgery (or cosmetic surgery) grew more focused towards aesthetic purposes. For instance, the first cosmetic rhinoplasty was performed by John Orlando Roe (1848–1915) in America. From the late 19th century, plastic surgery became popular among Americans as they sought to conform to contemporary beauty standards by repairing socially undesirable features such as large noses and undistinguished jaw lines (Hearsey, 2015).

The two world wars fuelled the development of techniques for plastic surgery as surgeons sought new skills and used innovative techniques to help discharged soldiers who suffered severe wounds on their faces and physical deformity (Richard & Anna, 2005; R. C. Robinson, 2015). When the American Association of Plastic Surgeons was established in 1921, plastic surgery had become a reputable profession, and consequently the number of unregulated plastic surgeries rapidly decreased (Hearsey, 2015). An example of how the profession persecuted unqualified surgeons can be noted from how the Journal of the American Medical Association released a list of “quacks” in 1939 (Santoni-Rugiu & Sykes, 2007). Cosmetic surgery became popular and fashionable among the middle classes in post-war Europe and America of the 1920s (Santoni-Rugiu & Sykes, 2007). In addition, cosmetic surgery rapidly proliferated by virtue of the enhancement of a consumer culture that welcomed the exchange of currency for beauty (Hearsey, 2015).

3.1.7 Industrialisation and the Women’s Movement: The Twentieth Century

Since the 20th century, there has been a dramatic change in beauty standards and beauty practices. World wars, economic depression and growth, and advancement of medical technology have dramatically influenced women’s beauty practices. Analogous to the effects of the Silk Road from 114 B.C. to the 1450s, the 20th century’s innovations in
communication and transportation such as colour television and the Internet have rapidly
delivered the image of perfect bodies of celebrities to each home.

During the First World War (WWI) from 1914 to 1918, women’s movements in the U.K.
and U.S. fought for the promotion of gender equality. Also, women’s roles became diverse
as a large number of women started entering the workforce. Such changes in women’s
roles and social status affected women’s clothing. For instance, between 1910 and 1920,
women who worked in the war hospitals and factories began to discard uncomfortable
clothing such as corsets, which constituted part of their daily ensemble. Instead, they wore
shorter, fuller skirt styles and trousers that allowed easier and greater range of movement
and they cut their hair short so that they could care for it more easily (Hibbert & Hibbert,
2005).

After WWI came the 1920s, which were called the Roaring Twenties, referring to how
this was a time of sustained economic prosperity with a distinctive social, artistic and
cultural dynamism in the U.S. (History.com, 2010b). During the 1920s, low-waist dresses
with fullness at the hemline called the flapper style became remarkably popular
(Kuchinsky, 2008). Women often wore bold and flashy jewels designed with art deco
shapes and colourful brooches to give accent (Kuchinsky, 2008). Long beads or pearls and
evening purses decorated with tassels were also trendy for ball parties (Hibbert & Hibbert,
2005). Especially, upper-class women favoured expensive lace and silk for dress material
(Hibbert & Hibbert, 2005).

Before the 20th century, upper-class women could enjoy indoor life while lower-class
women worked outdoors under the sun. Because of this spatial separation between women
of the upper and lower classes, a pale skin tone symbolised wealth while a tanned skin
reflected poverty. In this sense, having a bright skin colour was preferred until the 1900s.
By contrast, since the early 20th century, a pale skin tone became a symbol of working in
a factory and poverty while a tanned skin became a symbol of wealth due to enjoying
outdoor leisure and vacations (Hibbert & Hibbert, 2005). Thus, during the Roaring
Twenties, sportswear and beachwear became symbols of being “well-off” while leisure
and outdoor sports such as beach vacations and suntans were regarded as the purview of
the noblesse. Although the female swimsuits in the 1920s looked like tunic long drawers,
these were considered extreme designs at the time (Hibbert & Hibbert, 2005).
In the 1930s, the fashion and makeup industry faced recession due to the Great Depression\(^{15}\), which led numerous people to unemployment and poverty. For instance, women could not afford beauty products and practices, instead seeking to look after and provide for their families. Women tried to cook with cheap ingredients such as soups, beans, and noodles and with the cheapest cuts of meat. Women minimised the use of materials for clothing as they sewed and patched clothing, and they traded with their neighbours for outgrown items. Colours for clothes were toned down as black, grey, navy, and brown were mainly used (Baillargeon & Klein, 1999). During the late 1930s as the Great Depression came to an end, the fashion and makeup industries started reviving with the advent of the silver screen that marketed chic and stylish celebrities such as Marlene Dietrich and Greta Garbo. Many women started manipulating their appearance in order to look similar to these female celebrities. For instance, women plucked eyebrows into thin arches like Dietrich. Rouge, lipstick, eye shadows, pencils, and mascara were widely used (Hibbert & Hibbert, 2005).

During the Second World War (WWII) from 1939 to 1945, gender roles seemed to be indistinctive in the U.S. Approximately 400,000 American women served in the armed forces (History.com, 2010a). Women worked in the war industries and munitions factories building ships, aircraft, vehicles, and weaponry in roles that were previously regarded as men’s occupations. Women not only drove trucks and provided logistic support for soldiers but also volunteered as nurses serving in the Allied countries.

During WWII, the government limited the consumption of materials for industrial products in order to maximise military supply. The U.K. in 1941 and the U.S. in 1942 passed bills limiting fabric usage and rationed clothing items (Olds, 2001). For instance, in the U.K., double-breasted jackets were banned; skirts used less than 2.5 yards of fabric; hems were no greater than two inches deep; and sleeve circumferences could be no greater than 14 inches at the wrist (Olds, 2001). Women wore mass-produced and factory-made clothes and military patterns because materials such as wool and silk were reserved for uniforms and parachutes (Olds, 2001). This led to nylon becoming popular and the first polyester fibre being invented in 1941 (Hibbert & Hibbert, 2005).

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\(^{15}\) The Great Depression was a severe worldwide economic depression in the 1930s. The timing of the Great Depression varied across nations; however, in most countries it started in 1929 and lasted until the late 1930s.
The 1950s was known as the post-World War II era and the period of the Cold War. Many American women who had served in the military industries during WWII were forced to return to their families and to be good housewives whose duties included housework, childbirth, and child-rearing (M. Miller, Moen, & Dempster-McClain, 1991). In other words, distinctive gender roles seemed to be revived during this time.

Most American women in the 1950s tried to achieve the image of the ideal woman through maintaining their house, preparing meals, and looking after their children (V. M. Lamb, 2012). In addition, labour-saving home appliances enabled women to cook with a “highly-equipped kitchen, to do the laundry with the most modern washing machine and to clean the house with an extremely powerful vacuum cleaner while wearing high heels and pearls and with an intact hairstyle” (V. M. Lamb, 2012, p. 17). Women’s magazines primarily printed articles instructing women on how to manage the family and care for family members through managing social and family relations, well-being, purchasing things for the house, organising activities for the children, recipes, health, and beauty practices (Walker, 2000). That is, the perfect housewife became the ideal of femininity during the 1950s.

In 1954, the advent of colour television enabled the clear visual reproduction of perfect female bodies and ideal facial angles such as those of Marilyn Monroe who was considered “the standard of voluptuous beauty” (Sheehan, 2004, p. 97) and became a symbol of sexiness and beauty. Female sexuality with glamorous images became widespread due to the development of colour printings including pin-ups, magazines, newspapers, calendars, and advertisements (V. M. Lamb, 2011). The push-up bra, which was made of nylon and rayon, helped women to achieve the desired bust size and shape (Hibbert & Hibbert, 2005; Koda, 2004).

Indeed, the 1950s was a time when slenderness and youthfulness became highly prized, and the 1960s saw a movement towards the craze for extreme youth since the invention of the Barbie doll and the increase in the use of mannequin (Thesander, 1997). Barbie, launched by the American toy producer Mattel in 1959, represented the ideal feminine beauty: the long-legged, slender, and youthful body was both an expression of and a catalyst for the commercial fashion and “youth” industry (Thesander, 1997). Also, since the 1950s and 1960s mannequins which were widely used in many shops for window
display started becoming taller, their legs made longer, their waists circumference decreased, and their bust was higher than the average woman (Thesander, 1997).

In the 1960s, clothing, makeup, and hairstyle became varied. The mini-skirt was introduced by Mary Quant and became popular. The pillbox hat also became trendy after Jackie Kennedy wore it (Hibbert & Hibbert, 2005). On the one hand, older women started wearing elegant clothing such as Chanel suits (or copies of these) that were designed with a collarless cardigan jacket, with a contrasting border and a knee-length skirt. On the other hand, the miniskirts, short pants and knee-high boots were popular among younger women (Hibbert & Hibbert, 2005). An androgynous aesthetic emerged at the end of the 1960s (Koda, 2004) when the British model Twiggy, who was boyishly thin, hipless, and slim, became a fashion symbol and the new ideal beauty (Lamb, Jackson, Cassiday, & Priest, 1993).

The 1970s was a time of social and political change during which the women’s movement and activism continued to struggle for the rights and equality of women, minorities, and homosexuals. Similar to the 1960s, there was no typical fashion style, no flair, and no beauty slogans during the 1970s because people disagreed about where fashion should go (Steele, 1997). Instead, diverse fashion categories were acceptable: punk, disco, hippie, bohemian, and casual. Women’s outfits ranged from granny dresses, miniskirts, A-skirt, flared skirts, to jeans (Hibbert & Hibbert, 2005). Fashion journalists started using words like “freedom” and “choice.” For example, journalist Clara Pierre in her 1976 book, Looking Good: The Liberation of Fashion described the seventies as anti-fashion, which emphasised the freedom to choose what, where, and when we want to wear (Pierre, 1976). Further, in the 1980s, the concept of “power dressing” can fit with the notions of enterprise culture and neo-liberalism in that power dressing could be considered “as a method for dressing which aims to disavow fashion and which also necessitated the use of experts and expert knowledge for calculating what to buy” (Entwistle, 1997, p. 312).

3.1.8 Consumerism and Globalisation: The End of the Twenties to the Present

Since the late twentieth century, the beauty industry has flourished with consumerism. As Naomi Wolf (1991) has stated, “beauty is a currency system like the gold standard” (p. 12). That is, beauty is regarded as a “form of capital” (B. Berry, 2007, p. 101) and
determined by “industrial political economy” (Vacker, 2010, p. 126). Indeed, in the late 20th century, there has been a great deal of attention paid to the relationship between the “body” and the “self” under the cultural milieu that emphasises personal appearance, self-display, and self-management (Featherstone & Hepworth, 1991; Shilling, 2012). Many theorists have argued that people face diverse uncertainties, including the rapid forces of globalisation and changes in institutions and in response to such changes they actively construct identities to maintain control over their lives (Paris, 2013).

Moreover, a dominant message fashioned by capitalism and consumerist culture is that people regardless of age, gender, race/ethnicity, sexuality, class, career, and religion, can and should become beautiful (Berghoff & Kühne, 2013). The cosmetic industry and beauty magazines have fostered increasingly unattainable beauty standards and stimulated women to purchase different beauty products and cosmetics to achieve the unblemished and perfect body (Paris, n.d.). While individualism and free market culture were emphasised in the 1980s, having a beautiful appearance and body along with fashion items including clothes and accessories was a means of showing off wealth, power, and success. The beauty market prospered while female celebrities and supermodels like Cindy Crawford and Claudia Schiffer incited female customers to shop for fashion and beauty products (Hibbert & Hibbert, 2005). The beauty practices in the eighties can be characterised by the catchphrase “greed is good.” Hairstyles became bigger, curly and over-styled (Kuchinsky, 2009) and makeup was bolder, brighter and more colourful, with light-coloured lips, dark and thick eyelashes, and pink or light blue rouge (“Makeup through the decades,” 2010).

Since the beginning of the 21st century, the global beauty market has continuously increased. For example, global beauty retail sales were 166.1 billion USD in 1998 (Dutton, 1999) and in 2010 this more than doubled to 382.3 billion USD. Such sales in 2010 consisted of skincare (23%), hair care (17.3%), colour cosmetics (12.3%), fragrances (10.4%), and toiletries (30.6%) (Barbalova, 2011). In particular, there has been a rapid increase in cosmetics sales over the Internet. About more than USD 11 billion worth of sales were online transactions in 2010 (Łopaciuk & Łoboda, 2013). This seems to indicate that consumers could access any beauty product and fashion item all over the world through interconnected economies. Łopaciuk and Łoboda (2013) indicated that the global beauty market is a remarkable, fascinating field of global consumption which reflects the
various economic, social, and cultural transformations taking place in different parts of the
global world in modern society (p. 1080).

According to global statistics on cosmetic procedures released by the International
Society of Aesthetic Plastic Surgery, at least 20 million surgical and nonsurgical cosmetic
procedures were performed worldwide in 2014. More specifically, there were 4,207,148
face & head procedures (ear surgery, eyelid surgery, facelift, facial bone contouring, fat
grafting, hair transplantation, and rhinoplasty), 2,952,502 breast procedures, 2,485,746
body and extremities procedures (abdominoplasty, buttock augmentation, labiaplasty,
liposuction, penile enlargement, upper arm lift, and 10,591,506 non-surgical procedures
or injections (Botulinum Toxin, Calcium Hydroxylapatite, Hyaluronic Acid, Poly-L-
Lactic Acid, facial rejuvenation, hair removal, sclerotherapy) (Taylor, 2014). Women had
more than 17 million surgical and nonsurgical procedures, which comprised 86.3% of the
total (Taylor, 2014). The rise of cosmetic surgery procedures seems to indicate that a huge
number of women are willing to spend their money to improve their appearance.
Furthermore, the popularity of luxury brands, diets, and fitness has expanded the beauty
industry. Julia Savacool (2009) indicated that

A woman’s body size and shape, in every country around the world, has
become the most visible display of financial and social status—her own
and her family’s. Like designer jeans and luxury cars, the shape of a
woman’s body in any culture has been commoditized as an immediate
indication of class and wealth. (p. xii)

As luxury brands became a way of projecting wealth and a luxury lifestyle (Dauriz &
Tochtermann, 2013), the global demand for such brands has been growing steadily (Wang,
2015 Engaging the Future Luxury Consumer (Deloitte, 2015), the world’s 100 largest
luxury goods companies generated luxury goods sales of $214.2 billion in 2013. This
resulted in an average company size of $2.1 billion.

The 2014 IHRSA Global Report: The State of the Health Club Industry released by the
International Health, Racquet & Sportsclub Association (IHRSA) announced that in 2013,
the global health club industry totalled $78.1 billion in revenue as more than 165,000 clubs
attracted 138.7 million members (Ablondi, 2014). Although this statistic does not
explicitly claim that people join these clubs for health or an ideal body, such large membership numbers seem to suggest that people are interested in achieving certain forms or sizes of body. In fact, in many countries and societies such as Europe, America, China, and Korea, a slim body is typically considered the ideal body shape as such a body has become a symbol of health, education, willpower, and discipline, along with economic advantage (Savacool, 2009). An overweight body has become less acceptable because being overweight is considered a symbol of the working class that has less financial resources to achieve slimness (Savacool, 2009). However, a number of women have also suffered to control their body size from adopting eating disorders (Wolf, 2002). Bartky (1998) stated that “under the current ‘tyranny of slenderness,’ women are forbidden to become large or massive; they must take up as little space as possible” (p. 73).

Interestingly, however, the ideal body among rural Jamaicans is one that is plump as they believe that vital fluids and maintaining the flow of substances through the body are essential for good health (Sault, 1994). A large body size, particularly for women, is regarded positively in terms of beauty and wealth. Additionally, in Ghana, a fat body is favourable because a skinny and slim body is associated with poverty and AIDS (Hirsch, 2012). Due to such perceptions, fattening practices are common in West Africa and southern Nigeria (Brink, 1989) and also found in Pacific societies, Tahiti, and Nauru (Pollock, 1995). The purpose of fattening practices is to increase body size and weight. While fattening, selected men or women are fed plenty of food, and their physical activity is limited (Williams & Ricciardelli, 2004, p. 306). Women in Tahiti and Nauru engage in fattening practices to enlarge their body because a fat body is considered beautiful with healthy reproductive capacity and longevity (Williams & Ricciardelli, 2004). This provides the insight that regardless of different ideal sizes of body, both slimness and fatness were aimed at achieving beauty standards and providing an image of wealth, health, and well-being.

3.1.9 Summary
So far, I have traced how human beings have endeavoured to achieve beauty. The seeking of beauty practices such as cosmetics, perfumes, fashion items (heels, underwear, bags and so on), hair styles, and cosmetic surgery has been diverse and steadfast while social structures increased in complexity since civilisation and the advent of capitalism, consumerism, and the development of medical technology. The following section deals
with the controversial debate on women’s beauty practices on whether they promote choice or oppression.

3.2 The Feminist Critique of Beauty Practices

Much has been discussed about whether women’s beauty practices such as hair removal (Gimlin, 2002), makeup (Dellinger & Williams, 1997), body size (Bordo, 1993), eating disorders (Brumberg, 1997; Morgan, 1991), plastic surgery (K. Davis, 1995; Negrin, 2002), and fashion (Jeffreys, 2005; Savacool, 2009) are oppressive or expressive. More specifically, some feminists associated with “second-wave” feminism have resisted and condemned normative beauty practices and regard beauty practices and the commercialised beauty industry as oppressive against women (Lazar, 2011). In contrast, many third-wave feminists16 (or those amicable to the notion of post-feminism) have embraced beauty practices by challenging victimhood and prioritising women’s autonomy, choice, and agency (Holliday, 2006). Hence, they perceive beauty practices as a form of empowerment and women’s choice. According to many second-wave feminists, using beauty practices can be understood as one’s reaction to self-hatred of one’s body, while for many third-wave feminists such practices can be experienced as a source of positive feelings such as pleasure, enjoyment, and self-satisfaction (Jha, 2015).

Several scholars (e.g., Clercq, 2013; Muise & Desmarais, 2010) have pointed out that the polarisation of these two opposing points of view hampers us in understanding the diversities and differences of women’s experiences of beauty practices. Rather, technological interventions such as beauty works (plastic surgery), medical innovations, and pharmaceuticals are understood as a critical aspect of embodiment (Haraway, 2013). Thus, the binary approach of oppression and free will has provided inconsistent interpretations and explanations regarding women’s beauty practices (Clarke & Griffin, 2007).

Below, I account for how second-wave feminists and third-wave feminists understand women’s beauty practices. I then focus on their debates about cosmetic surgery. Lastly, I shall present a paradoxical aspect of choice through dealing with self-policing and a

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16 I use the term “third-wave feminism” as a comprehensive term to represent those who reject the feminism advocated by second-wave feminism.
dilemma of choice. In doing so, I try to expand our knowledge regarding the paradoxical tensions between choice and oppression.

3.2.1 Second-Wave Feminists: False Consciousness and Oppression

In the United States during the 1960s and 1970s, there was a feminist movement generally known as the “second wave” of feminism, which challenged the political and cultural systems (Roth, 2004) and fought against discrimination including pay gaps, rape, domestic violence, pornography and sexism in the media, and for reproductive choice (Pilcher & Whelehan, 2004). The rejection of beauty practices was one of the significant voices of second-wave feminism (Hollows, 2000). Many second-wave feminists resisted the use of beauty practices, seeing them as oppressive towards women as such practices were limiting regimes of femininity that reproduced rigorous gender roles and assigned women a second-class status (Jha, 2015). In her book *The Beauty Myth*, Naomi Wolf (1991, 2002) pointed out that

> The growth of women’s newly increased economic means and their excessive energy is rebounded by a beauty myth because the ideology of beauty is the last one remaining of the old feminine ideologies that still has the power to control those women whom second wave feminism would have otherwise made relatively uncontrollable. (p. 10)

According to Wolf, women in the Western societies have broken the inequality of power between men and women and women have attained legal and reproductive rights, higher education, opportunities to enter the trades and professions which women of older generations have not enjoyed before. Nevertheless, women’s perception of their own physical appearance and body images neither changed nor improved. Instead, women have consumed an enormous amount of time, energy, money and emotional effort to achieve a certain criterion of Westernised beauty (Wolf, 1991, 2002). That is, when women seek an impossible body where they remain weak, passive, and subordinate, they cannot fight for political issues that have “real impact on their lives, such as ending discrimination and harassment in the workplace, lack of quality day care, equal pay, and reproductive freedom” (Eskes, Duncan, & Miller, 1998, p. 340).

Many second-wave feminists like Wolf have claimed that women succumb to objectification in a social realm where deficient femininity equals a failure to achieve and
maintain a young, slim, toned, and wrinkle-free body (Bordo, 1993; K. Davis, 1991). Put differently, they argue that women use beauty practices and/or go under the knife under a compulsion to achieve a perfect and ideal body, a youthful look, and persistent beauty through medical technology (Morgan, 1991). In this regard, the beauty industry is also considered as a source a narrow and restrictive definition of beauty, of imposing “lookism” upon women, and of reproducing an unhealthy body image (Lazar, 2011).

Many second-wave feminists have argued that beauty practices “objectified and in the process dehumanised women” (Hollows, 2000, p. 140) as these practices view women as bodies and not human beings (Embree, 1970). Constraints on women include beauty items that women use in their daily lives such as bras (Koda, 2004), girdles, stilettos, and heels (Hollows, 2000)—a form of “bondage” (Hollows, 2000, p. 139)—thus these products are considered symbols of a patriarchal society (Hollows, 2000). In particular, Sheila Jeffreys (2005) disapproved of some liberal feminists in the 1990s who perceived that women adopt beauty practices (e.g., putting on makeup, wearing lipstick, removing body hair, and hair dyeing) by individual choice. Instead, Jeffreys asserted that everyday beauty practices should be understood within the political context of male dominance and thus as harmful cultural practices although these practices seemed normal and routine. She also accounted in detail for how wearing makeup could be parallel with wearing veils, which is regarded as men’s oppression of women from the Western perceptive. That is, putting makeup is analogous to wearing the veil in the sense that both originate from the external compulsion and pressure to respond to men’s needs within male-dominant societies even though women seem to participate in putting on makeup by their own choice. Hence, beauty practices are considered as culturally compelled practices even though external physical violence does not force or oppress women to engage in them (Jeffreys, 2005).

Feminists like Elizabeth Wilson (1985), who advocated for anti-beauty practices, considered beauty practices and fashion as a form of “false consciousness” (p. 57) and rejected the idea of feminine fashion and beauty. Several such feminists suggested wearing masculine dress as a way of rejecting feminine beauty, while others suggested removing all fashion styles including masculine fashion but promoting a “‘natural’ female self” (Barnard, 1996, p. 135). Some second-wave feminists were convinced that there was “the possibility of a ‘natural’ form of femaleness” (Hollows, 2000, p. 156) without fashion and beauty practices. Ironically, while the concepts of “natural” femininity and “natural”
beauty are widely used throughout media, looking “natural” and “natural” beauty have nevertheless become forms of feminine beauty that women are compelled to achieve (Hollows, 2000). Also, the resistance to the use of beauty practices seems to overlook the possibility that women are capable of appropriating beauty practices for pleasure, satisfaction, and self-esteem. So although many second-wave feminists consider beauty practices and fashion to be forms of “women’s oppression” (Hollows, 2000, p. 10) which ought to be met with “resistance by women” (Hollows, 2000, p. 157), many third-wave feminists have seen these practices as a form of feminine pleasure and conducive to free will/choice. Below, I account for third-wave feminists’ critique of beauty practices.

3.2.2 Third-Wave Feminists: Free Will and Choice

Third-wave feminism emerged in the 1990s in part as a response to the backlash against second-wave feminists, who emphasise the experiences of upper- and middle-class, white, and heterosexual women (Pilcher & Whelehan, 2004; Shugart, Egley Waggoner, & Hallstein, 2001). Many third-wave feminists have embraced the use of beauty practices and opposed second-wave feminists who identify with the engagement of beauty and femininity as a form of oppression (Lazar, 2011). As Tait indicates,

Feminist attention to risk, oppressive standards for appearance, and the cultural and discursive location of suffering around the deviant body is displaced by the post-feminist celebration of physical transformation as the route to happiness and personal empowerment. (Tait, 2007, p. 119)

Such third-wave feminists claim that engagement in beauty practices is enjoyable, pleasurable (Heywood, 2008), harmless (Saul, 2003), and self-chosen and skilled pursuits (Lazar, 2011). Further, the third-wave feminist embraces other forms of “girlie” behaviour rather than identifying them as threats (Heywood, 2008), announcing:

We’re not broken, and our desires aren’t simply booby traps set by the patriarchy. Girlie encompasses the tabooed symbols of women’s feminine enculturation—Barbie dolls, makeup, fashion magazines, high heels—and says using them isn’t’ shorthand for “we’ve been duped.” Using makeup isn’t a sign of our sway to the marketplace and the male gaze; it can be sexy, campy, ironic, or simply decorating ourselves without loaded issues. (Baumgardner & Richards, 2010, p. 136)
Indeed, many women feel a strong passion for being slender or dressing up and putting on makeup that magazines and stores display (Saul, 2003). Additionally, shopping for clothes and makeup together is one of the happiest moments for some women (Saul, 2003).

Many second-wave feminists have responded to these contentions by appealing to the notion of false consciousness, often noting that women who put effort into achieving norms of feminine appearance have been brainwashed into completely irrational behaviours. However, this explanation leads in turn to the counter-argument that women who follow dominant ideal beauty standards behave in perfectly rational ways (Saul, 2003). That is, considering that a variety of social forces such as the media and the gaze of others (family, peers, and employers and more) expect women to achieve social norms regarding femininity, living up to these norms is a crucial and calculated move, rather than a result of being brainwashed and/or irrational (Saul, 2003). In other words, using beauty to improve one’s appearance which influences self-esteem can also be considered reasonable (Saul, 2003).

### 3.2.2.1 Aesthetic capital, beauty premium, and their limitations

Bourdieu’s (1984) notion of cultural capital is generally understood in terms of non-financial assets including educational, social, and intellectual knowledge. Given this notion, it seems that beauty could be regarded as form of cultural capital, namely “aesthetic capital,” as those who possess beauty tend to receive better treatment and benefits in society. Thus, one could make the argument that women’s pursuit of beauty is compatible with the exercising of agency, since they pursue beauty in order to achieve certain ends, namely favourable treatment and benefits in society (Anderson, Grunert, Katz, & Lovascio, 2010).

Many third-wave feminists have refused the explanation of women pursuing beauty practices as “the dupes of patriarchal culture and the beauty industry” (Jha, 2015, p. 8), arguing that women can use beauty practices to achieve goals such as pleasure and economic advancement. Stuart and Donaghue (2012) clarified that

> the cultural privilege attached to beauty creates a compelling reason for women to engage in beauty practices, which thus should not be

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17 The notion of capital itself stems from Marx’s ideas of capital, which is understood in terms of wealth such as money, investments, and property (Anderson et al., 2010).
understood as unthinking conformity to externally imposed ideals: whatever else these practices may be, they are a means by which women can enhance their status within the dominant social order. (p. 100)

In other words, engagement in beauty practices is regarded as socially consequential (Stuart & Donaghue, 2012) in that the current prevalent cultural message implies that one who is more beautiful will enjoy more benefits (Kwan & Trautner, 2009). It is generally agreed that looking good often brings significant advantages, both material and symbolic, and thus “beauty and being beautiful is good” (Anderson et al., 2010, p. 564). Regarding the benefits of beauty, much research has shown that attractive appearance brings positive impacts to interpersonal relationships and socialising with other people. For instance, attractive people are more sociable, outgoing, poised, interesting, exciting, sexually responsive, kind, nurturing, modest, strong, and sensitive (Dion, Berscheid, & Walster, 1972). People are more likely to join in play and cooperate with those who are attractive (Mulford, Orbell, Shatto, & Stockard, 1998), and thus attractive people are more likely to be favoured, but also more was demanded of them (Solnick & Schweitzer, 1999). Moreover, some studies have documented that attractive persons experienced benefits in the educational sector. For example, students tended to be more favourable towards good-looking educators such as counsellors (Cash & Salzbach, 1978) and instructors (Hamermesh & Parker, 2005). Therefore, considering beauty practices as a means of acquiring diverse rewards allows me to argue that women are not simply “cultural dupes” but individuals who knowingly and willingly use beauty to acquire their own ends. However, beauty practices constitute a “beauty premium” which enables those considered more attractive to obtain benefits in many ways (G. Jones, 2011), have the possibility of turning out as oppression on women in that beauty premium reproduces and reinforces ideals of beauty and their importance, and also in that beauty premium is effective only when women successfully achieve ideal beauty.

Hilary Radner (1989) also disagreed with the claim that women who engage in beauty practices and fashion are following false promises and are thus cultural dupes. Rather, she

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18 The term “cultural dupe” which was initially coined by Garfinkel (1967) and adopted later by Giddens (1976) was intended as a criticism of functionalist as well as Marxist conceptions of agency where the human actor has so completely “internalised” the norms and values of her society that her activities become limited to acting out a predetermined script. The Marxist variant refers to “internalised oppression.” (K. Davis, 2012, p. 35).
argued that if beauty practices gratify a woman and are primarily performed for the self, then these practices can be regarded as an enjoyable feminine practice. Ironically, despite the benefits of beauty practices, consumption does not necessarily guarantee pleasure and leisure (Hollows, 2000). That is, even though women could experience pleasure or a sense of empowerment through beauty practices and fashion, such gratification can be terrorised by “the possibility that other people might judge them, a situation which produces, and is produced by, an intense sense of pain and injury” (Hollows, 2000, p. 159).

3.2.3 The Debate About Cosmetic Surgery: Harmful Practices vs. Self-Realisation

Cosmetic surgery is a controversial subject that finds second- and third-wave feminists on opposing sides. Second-wave feminists consider it dangerous and harmful, but third-wave feminists regard it as a way of self-realisation. Knowing these two different perspectives on cosmetic surgery will help me to explore the tensions in my participants’ attitudes towards Botox injections.

Some third-wave feminists regard cosmetic surgery as a source of “self-creation and self-realization” (LaWare & Moutsatsos, 2013, p. 194) rather than a “counterfeit or an inauthentic practice” (LaWare & Moutsatsos, 2013, p. 194). Also, “cosmetic surgery, through its legitimation of a particular idealized feminine beauty, is perhaps the ultimate expression of an individual transformation and a kind of empowerment” (Banet-Weiser, 2006, p. 261). In this respect, women can not only achieve self-realisation but also overthrow the dominant patriarchal ideals of feminine beauty through the use of cosmetic practices (e.g., Balsamo, 1996; Davis, 1997).

Much research has shown that achieving physical attractiveness through cosmetic surgery brought various benefits such as an increase in self-esteem. For instance, the results of David et al.’s (2008) two-year multi-site investigation with a sample of 100 female patients who had cosmetic surgery showed that patients reported improvements in their overall appearance and body image. Similarly, Litner et al.’s (2008) three-year study with a sample of 93 patients who underwent cosmetic nasal or facial surgery suggests that quality of life improved after undergoing facial plastic surgery. Also, Tülin and Deniz’s study (2014) using a sample of 91 patients, of whom 43 had aesthetic surgery and 48 had reconstructive surgery, pointed out that facial aesthetic and body transformation through
surgical interventions were positively related to body image perception and self-esteem including positive reflections in emotional, social, and mental aspects. These findings indicated that aesthetic surgery played a role in increasing self-confidence and quality of life of the individual through improving their appearance. Thus, cosmetic surgery does not need to be considered as a form of an oppressed subjectivity, but rather as a way of gaining advantages. I also shall explore how my participants achieve the epitome of beauty—the so-called “beauty premium”—through improving and maintaining their appearance.

Third-wave feminists have argued that women use cosmetic surgery not only for beauty but also for identity (Heyes, 2007). Cosmetic surgery is a journey of becoming one’s true self and of retrieving “the person one feels one is inside, or being normal (rather than exceptional)” (Heyes, 2007, p. 55). For instance, from qualitative interviews with women who undertook cosmetic surgery, Davis (1995) indicated that they longed for cosmetic surgery not because they wanted to change their appearance but because they wanted to be normal and to enhance the quality of their lives. These women also had cosmetic surgery because they felt uncomfortable with their bodies, which were not consistent with their sense of who they were. Rather, they tried to restore their real self by altering their appearance through cosmetic surgery. In other words, for these women, cosmetic surgery functioned as a way of decreasing the gap between the internal and external so that others could see them as they saw themselves. The author indicated that women who had cosmetic surgery did not see themselves as coerced, normalised, or ideologically manipulated. Instead, they considered cosmetic surgery as a strategy to take control over obstacles and circumstances that they previously could not control (K. Davis, 1997). These findings echo what Gimlin (2002) contended: that “cosmetic surgery such as face-lifts and eye-lifts can fix not only the signs of ageing and physical flaws but it also provides the opportunity to display who one really is” (p. 142).

Balsamo (1996) maintained that recreating the face and body through cosmetic surgery enables the recognition of artificially or culturally constructed features of beauty, which mitigates the notion of the body as natural. That is, cosmetic surgery which represents the artificial nature of the body can be used as a revolutionary approach to subvert notions of the subject as fixed and immutable (Morgan, 1991; Negrin, 2002). The notion of the “artificial nature of the body” will help me to discuss artificial interventions such as Botox injections that erase part of the body as a way of achieving the “natural” self.
However, Kathy Davis, who used to claim that women exercise their power in choosing to go under the knife and perceiving cosmetic surgery as self-definition, has recently posited in “Revisiting Feminist Debates on Cosmetic Surgery: Some Reflections on Suffering, Agency, and Embodied Differences” (2012) that “cosmetic surgery should best be viewed as a dilemma: disempowering and empowering, problem and solution all in one” (p. 36). Further, she states that

Based on the interviews with women who had actually undergone cosmetic surgery, it was found that their choices were invariably difficult and always ambivalent. They presented cosmetic surgery not as a perfect solution, but as the only way they saw to alleviate suffering which had gone beyond the point of what they felt a woman should “normally” have to endure. In other words, they presented cosmetic surgery as a choice—not a choice to absolute sense of being free from constraint, but rather in the more everyday sense of choices as messy and contradictory affairs, invariably taken under less than perfect circumstances. (Davis, 2012, p. 36)

In *Beauty and Misogyny*, Sheila Jeffreys (2005) claimed that women still engage in beauty practices with even more extreme approaches although feminist groups have criticised these practices since the 1970s. Jeffreys (2005) used the notion of harmful traditional/cultural practices announced by the United Nations (UN) to claim that beauty practices should be classified as harmful traditional/cultural practices. The UN document *Harmful Traditional Practices* (United Nations, 1995) defined them as practices

- being harmful to the health of women and girls; arising from the material power differences between the sexes; being for the benefit of men;
- creating stereotyped masculinity and femininity which damage the opportunities of women and girls; being justified by tradition. (p. 19)

In general, harmful traditional/cultural practices are practices which are implemented in some countries and communities because of their traditional, cultural, and religious customs such as female genital mutilation/cutting (FGM) and early and forced marriage. However, Jeffreys (2005) explained how beauty practices could fit into the definition of harmful traditional/cultural practices and argued that practices such as cosmetic surgery,
labiaplasty and even wearing makeup should be categorised as harmful traditional practices. In other words, cosmetic surgery is a harmful traditional practice like FGM in that both require removing women’s body parts, which often has negative consequences: infection, bleeding, embolisms, pulmonary edema, facial nerve injury, unfavourable scar formation, skin loss, blindness, crippling, and even death (Morgan, 1991). Jeffreys (2005) also asserted that these practices have strengthened the differences between men and women in relation to power and gender roles. More specifically, even though women seem to choose beauty practices for their own advantage, men can also be beneficiaries when women engage in beauty practices. For instance, beauty practices are often conducted by male designers and photographers in the fashion industry and male surgeons in the cosmetic surgery. Morgan (1991) stated that the ideological manipulation of technology which is used to break down women’s integrity is an example of colonisation. In other words, although women undergoing cosmetic surgery seem to make this choice as part of their agency, they become dependent as they rely on medical services and surgeons.

3.2.4 The Dilemma of Choice
The notions of autonomy, agency, and choice are crucial for feminists in discussing women’s engagement in beauty practices (Virginia Braun, 2009; Pilcher & Whelehan, 2004). “Choice” was intentionally used as a political term instead of “right” when US liberal feminists discussed abortion. Since then, the notion of a woman’s right to her own body has extended from “pro-choice” abortion debates to the pursuit of feminine self-aestheticisation (Lazar, 2011). That is, to choose beauty practices is also to exercise women’s agency, to govern their own lives, and/or to manage their lived experiences (Heyes, 2007). Some third-wave feminists have claimed that women exercise active political agency and subjectivity (Banet-Weiser, 2006). Therefore, women are empowered and discerning decision makers even for medical interventions such as cosmetic surgery through free choice (K. Davis, 1995; Negrin, 2002).

With the notion that women have the choice to do anything they want to their faces and bodies (Wolf, 1991), “choice feminism supports and is supported by a late capitalist culture replete with consumer lifestyle choices” (Lazar, 2011, p. 44). However, some feminists argue that “the simplistic ideas of ‘rational choice’ or ‘free will’ posit human subjects as simply selecting paths of action from a self-evident list of possibilities” (Frank, 2006, p. 298). Instead, the choices given to women are only for them to decide what and
how to consume from a very narrow span of products (Lazar, 2011). More specifically, Susan Bordo (1993) pointed out that advertisements, which often address women’s choices as free and enjoyable, suggest that certain products and particular kinds of appearance are the only acceptable ones. In other words, “the option not offered to women is the one not to consume and, in turn, the freedom not to comply with the commercialised beauty rituals and ideals entailed by the consumption of those products” (Lazar, 2011, p. 45). In this regard, beauty practices through self-surveillance are considered as a political weapon which constrains women’s advancements and forces women to embody a limited notion of beauty (Wolf, 2002).

3.2.4.1 Self-Policing

In his book Discipline and Punish (1977), Foucault claimed that the emergence of disciplinary practices focused on producing “docile bodies,” and such practices bear structural similarities to modern forms of the army, hospitals, schools, or other institutions including the prison and the manufactory. That is, disciplines have a double, paradoxical aspect:

they increase efficiency in their institutional contexts as well as making individual bodies more adept, while at the same time they provide a mechanism for the intensification of power relations. In other words, the very body that develops new capacities and skills also becomes the highly scrutinised subject of the minutest forms of manipulation, or, in some cases, domination. It becomes what Foucault famously called a “docile body.” (Heyes, 2007, p. 57)

Using Foucault’s concept of discipline power, Sandra Lee bartky (2003) explained that such disciplinary practices should be understood in the light of the modernisation of patriarchal control and power. More specifically, under patriarchal domination and male scrutiny, the disciplinary practices lead to a situation where “the feminine body-subject is constructed; in doing this, they produce a ‘practiced and subjected’ body, that is, a body on which an inferior status has been inscribed” (Bartky, 2003, p. 483). Further, she pointed out that in modern society where the invasive apparatuses of power have emerged, the disciplinary power, as the production of an embodied femininity, is dispersed and anonymous. That is, “the anonymity of disciplinary power and its wide dispersion have
consequences that are crucial to a proper understanding of the subordination of women” (p. 485). Bartky (2003) compared a woman’s self-surveillance that is a form of obedience to patriarchy to “the inmate of the Panopticon, a self-policing subject” (p. 490).

Bartky (2003) noted that women know that they are potentially always being observed and judged; thus they persist with monitoring themselves on whether their appearances deviate from ideal standards of beauty. In other words, women engage in beauty practices of femininity in order to achieve ideal beauty and bodies constructed within patriarchal domination even though “no one is marched off for electrolysis at gunpoint” (Bartky, 2003, p. 486). She stated that women cannot be free while they engage in self-policing as a result of the impossible norms that women impose on themselves, and furthermore the effort to live up to them leads to psychological or physical harm. Consequently, women cannot be pleased and content with themselves unless they look the way they want to look (Saul, 2003). The explanation of agency as “double” and “paradoxical” disciplines and the concept of “self-policing” are crucial for my research to argue that my participants’ engagement in beauty practices can be simultaneously autonomous and oppressive.

3.2.4.2 Self-help, care of the self, and care for others
Self-help refers to voluntary and self-directed management to achieve an individual’s goals. The notion of “self-help” (Rimke, 2000) is useful for my research to examine my participants’ efforts to maintain a healthy body in old age. On the one hand, self-help is based on concepts such as choice, autonomy, and freedom that are considered a voluntary and individualistic project for self-modification and “improvement” (Rimke, 2000, p. 62). Not surprisingly, much literature has shown that people who engage in self-help projects, which refers to individuals’ enterprise that is carefully planned to alter, reform, and transform the self (Rimke, 2000), expect to gain diverse benefits such as “good health, positive attitudes, friendships, love, happiness, prosperity, peace, joy, faith and a sense of inner fulfilment” (p. 63) that would “make our lives more manageable and rewarding” (Hamstra, 1996, p. 19). On the other hand, self-help is an activity which also involves “external forms of textual authority and expert knowledge” (Rimke, 2000, p. 62) and the “hyper-responsible self” (Rimke, 2000, p. 61).

The notion of self-help for others resonates with Foucault’s (1986) “rapport à soi” (p. 352), which refers to “how the individual is supposed to constitute himself as a moral
subject of his own actions” (Drummond, 2003, p. 60). Foucault’s notion of the “care of the self” has been influential in the discussion of the therapeutic practices, bodily transformation, and self-management (Little, 2013). Emphasising three aspects to rapport à soi—care of self, reflection, and care for the other—Foucault (1997) argued that “the care of the self is ethical itself: but it implies complex relationships with the other insofar as this ethos of freedom is a way of caring for others” (p. 287). In order to analyse my participants’ care of the self and care for the others in terms of engagement of beauty practices and health care, I take into account the concept of Confucianism. Hahm (2001) stated that within Confucianism, care for the self entails care for others. This is because Confucianism values “harmony in interpersonal relationships” with others and responsibility for “the role of the family, the community, and the state” (Hahm, 2001, p. 315). For good citizenship, “self-discipline” and “cultivating the self” (soo shin in Korean) are important, and thus “cultivating the self” is inseparable from responsibility. Understanding self-help helps me to develop the argument that my participants maintain the health and appearance of their bodies not only for themselves but also for others, especially for their family members. Chapter 4 will deal with Confucianism in greater detail.

3.2.4.3 The entrepreneurial subject (aesthetic entrepreneur)

Within the poststructuralist stance, agency is crucial to the action model, which attempts to grasp individuals’ capacities to act independently of structural constraints, or against them (Davies, 2000, p. 55). Choice rhetoric is widespread within neoliberalism (Virginia Braun, 2009; Stuart & Donaghue, 2012), which foregrounds autonomy and self-responsibility; thus, individuals can refuse a wide range of social influences, institutions, and pressures which force and shape their actions (Baker, 2010; McRobbie, 2007; Stuart & Donaghue, 2012). Considering that “neoliberalism is increasingly understood as constructing individuals as entrepreneurial actors who are rational, calculating and self-regulating” (Gill, 2008, p. 443), the choices that women make could also be considered as the products of rational analysis (Davies, 1991). Using the notion of the “postfeminist agent” and “entrepreneurial subject,” Genz (2006) explained that women are capable of not only embracing the dominant notion of an ideal femininity such as thin and toned body but also achieving their own goals such as social and financial benefits. Thus, it is paradoxical that “the postfeminist sexual agent uses her feminine body in a way that
involves both active and passive forms of recognition and motivation” (Genz, 2006, p. 338).

Similarly, Elias, Gill, and Scharff (2017) underscore the notion of aesthetic entrepreneurship to disagree with accounts of beauty practices as leading to “docile bodies” or “passivity.” Rather, through beauty practices, such aesthetic entrepreneurs could avoid risks, injuries, and insecurity:

“Entrepreneurship” captures not only the labour involved but also the agency and creativity with which people go about styling, adorning and transforming themselves….The neoliberal subject more broadly, and the aesthetic entrepreneur is autonomous, self-inventing and self-regulating in the pursuit of beauty practices. Preoccupations with appearance, beauty and the body are turned into yet another project to be planned, managed and regulated in a way that is calculative and seemingly self-directed. (Elias, Gill, & Scharff, 2017, p. 39)

Thus, the notion of aesthetic entrepreneur is both helpful and relevant for understanding the complexities of women’s subjectivity (A. S. Elias et al., 2017).

3.2.5 Conclusion

Although much has been discussed on whether beauty practices are a form of oppression, such debates seem to have paid less attention to older women’s experiences. Even though women’s beauty practices including makeup, fashion, hairdos, exercise, and cosmetic procedures have been popular subjects for centuries (Bartky, 1990; Bordo, 1993; Davis, 1995; Sontag, 1972), little has been said about anti-ageing practices and Asian older immigrants’ experiences of anti-ageing and beauty practices.

From the second-wave feminism and the false consciousness perspective, anti-ageing practices are a feature of women’s oppression. For instance, Bordo (1993) indicated that women are more likely to be rejected by potential male partners and devalued in their careers if they fail to comply with the dominant standard of beauty: slimness and youth. Because of the emphasis on youth and youthful looks, not only young women but also older women are anxious lest they are ignored, laid off, and mocked when they fail to hide some of the visible signs of ageing (Bordo, 1993). Women are forced to keep looking
younger than they are so that they can look active and visible enough to be seen as romantic partners in old age (LaWare & Moutsatsos, 2013). Older women are under more pressure than men to look attractive and young to keep their position at work (Granleese & Sayer, 2006; Jyrkinen, 2014). Older women engage in anti-ageing practices and use anti-ageing products as the result of the pressure to attain a youthful look.

Jeffreys (2005) mentioned that anti-ageing practices are also a form of harmful cultural practices and oppression of women. Correspondingly, Fishman, Binstock, and Lambrix (2008) claimed that anti-ageing practices are harmful: “Although not universally true, one thing that characterizes both contemporary and previous anti-ageing endeavour is their public perception as something simultaneously seductive and desirable yet also transgressive, suspicious, and even dangerous” (p. 296).

Nevertheless, there are still questions yet to be explored. First, considering Bartky’s (2003) point that “women perhaps live much of their lives with a pervasive feeling of bodily deficiency” (p. 100), it is sensible to conclude that older women also feel this sense of deficiency through physical changes that include signs of ageing, which prompts them to engage in disciplinary anti-ageing practices. More specifically, one might ask if anti-ageing practices could be regarded as empowerment for older women that offers them a way for them to fight against ageist perceptions, especially considering that older women are susceptible to gendered ageism (Ginn & Arber, 1996) and the double standard of ageing (Halliwell & Dittmar, 2003; Sontag, 1972), due to the intersection of two categories age (old) and gender (women) (Clarke & Griffin, 2008), and the cultural norm that beauty is equated with youth and health (LaWare & Moutsatsos, 2013; Muise & Desmarais, 2010).

However, despite the possibility of such practices empowering older women, older women are still likely to encounter contradictions when they engage in the use of beauty practices, anti-ageing practices, and health management. On the one hand, if older women do not succeed in achieving a beautiful and youthful appearance and a healthy body, they are blamed for an unattractive and old appearance, for they are seen as suffering from weakness and dependence. On the other hand, if the outcome of such practices is successful, they are also powerless in a regime that determines their values and worth by their appearance and bodily condition in old age.
In *Gender Trouble*, Judith Butler (1999) argues that “gender is the repeated stylization of the body, a set of repeated acts within a highly rigid regulatory frame that congeal over time to produce the appearance of substance, of a natural sort of being” (p. 25). Put differently, regardless of one’s bodily condition and how one’s body looks, gender is constructed and determined by how one performs. In this respect, no matter if one’s body is ageing, one can maintain one’s gender identity through gender performance. Considering this, I also look into how my participants maintain their womanhood through using beauty practices within an ageing body which is undergoing physical changes and is regarded unfeminine.

Bartky’s (2003) argument that women persistently engage in disciplinary practices regardless of class helps me explore how older Korean women who have experienced changes in social class—a result of migration—(consistently) engage in beauty and anti-ageing practices. More specifically, considering that women’s choices in the use of beauty practices are influenced and constrained by cultural norms and extant social structures (Clarke & Bundon, 2009), I investigate how migration between two societal structures—Korea and New Zealand—brought about changes in the cultural norms my participants encountered, which in turn influenced their choices in their engagement in beauty practices. One might also wonder if the discussion about whether older women use anti-ageing practices can be understood as supplementing their agency has taken into account various intersectionalities such as age, gender, and/or race/ethnicity, given that little research has been conducted on the experience of ageing for women, and that such research has so far been done mostly with white or Caucasian women.

Although many second-wave feminists have emphasised the notion that anti-ageing practices can be perceived as a form of oppression of women, they seem to have overlooked the view that older women feel a “need” for anti-ageing practices in order to overcome diverse social barriers and discrimination. It is questionable whether the use of anti-ageing and beauty practices is necessary for achieving benefits if one is an older woman and/or a minority migrant. Thus, for this study, I explore whether my participants use beauty practices and anti-ageing practices as part of their agency and how they perceived such anti-ageing practices. Considering that my participants are located within a diverse range of identities as Korean, as older adults, as women, and as Asian migrants, I incorporate competing views regarding whether such practices oppress or supplement
their free will. In the discussion and conclusion chapter, to understand the notion of human agency, I consider “the ways that certain power regimes, ways of understanding, and social discourses become psychologically compelling or motivating for individuals” (Frank, 2006, p. 298), and further suggest how to situate women’s beauty practices and anti-ageing practices between the two poles of free will/choice and oppression.

3.3 Summary of Chapter

The history of beauty standards and beauty practices reveals that the definition of beauty differs, and beauty practices are variable. Beauty norms have been shaped and/or changed by historical events, political situations, and economic circumstances. Beauty practices have not only persisted throughout time but also evolved by the development of technology and science. I also dealt with the contrary perceptions of the second-wave feminists and the third-wave feminists on beauty practices, namely whether beauty practices are a form of oppression or a supplement to agency. Through this, I provided overall knowledge surrounding such debates and addressed the missing gaps within these debates. In the next chapter, I will provide a Korean context to related subjects of this study including Korean beauty history and Korean older immigrants.
CHAPTER 4 THE KOREAN CONTEXT: IN KOREA AND IN NEW ZEALAND

In the two previous chapters, I reviewed the literature on ageing bodies and beauty practices. In this chapter, I aim to introduce and analyse the literature in relation to the Korean context. I first briefly trace the history of Korean beauty and its industry and I then deal with the immigrant experiences among Koreans in New Zealand. This will help provide a context within which we can have a better grasp of my participants’ background.

4.1 A Brief History of Korean Beauty and Economic Growth

All my participants were born in Korea, and their times of arrival in New Zealand varied from the 1980s to the 2000s, and they still visit Korea once in a while. Given my participants’ unique demographical characteristics, I shall outline Korea’s significant historical and political events from the Choson Dynasty to the present that have changed women’s social status and shaped its ideals of beauty. I then expound upon Korea’s rapid economic growth and beauty industry from the 1950s to contemporary Korean society. This will enable us to glance at what my participants experienced in Korea before migrating to New Zealand or experience today when they visit Korea. To help illustrate these events vividly, I shall use paintings of historical artefacts and photos.

4.1.1 The Choson Dynasty (1392–1910): Confucianism (Neo-Confucianism)

Korea is one of the oldest countries in the world and has kept its natural identity throughout a 5,000-year history. However, Korea faced massive political turmoil and crisis as it reached the threshold of the modern era. Korea is geographically connected to the north by China, Russia, and nearby Mongolia and to the east and south it is close to the islands of Japan (see Figure 4.1). Historically, these foreign countries have attempted to exploit Korea. For instance, Korea has been invaded by Mongolia, China, and Japan (Hoshino-Browne et al., 2012). Korea has also been damaged by wars between China and Japan, and between Japan and Russia. On the other hand, because of Korea’s geographic position, Korea has been influenced by cultural exchanges with China and Japan such as Confucianism and Buddhism (Yukhoon Kim, 2007). Knowing such historical and geographical background helps us understand how and why other countries initiated
conflicts with Korea, and how various dramatic social, political, cultural, and economic changes influenced in Korea.

Figure 4.1 Geographical Location of Korea.

The historical records explain that women’s social status during the Goryeo (also Koryŏ) dynasty (918–1392) was higher than that of the later Choson (also Chosŏn\(^\text{19}\)) dynasty (1392–1910). According to the historical record, women enjoyed gender equality and freedom during the Goryeo dynasty. For instance, women could freely spend time with men, own possessions, and inherit land (Seth, 2010). However, women’s status significantly depreciated and became subordinated to men during the Choson dynasty (1392–1910). During this period, Confucianism (Neo-Confucianism)\(^\text{20}\) was actively adopted as the official political ideology along with its beliefs, values, and traditions (Yukhoon Kim, 2007), and this led to the proliferation of restrictions on women for 500 years (Seth, 2010).

In modern Korean society, we call the traditional Korean clothing worn in everyday life *hanbok* (Soh, 1992). During the Choson dynasty, specific rules and regulations regarding *hanbok*, its garments, its materials, colours, and its styles controlled one’s physical appearance depending on social status, political power, and gender. For instance, the chima (skirt) has been regarded as a symbol of femininity while the paji (trousers) has

\(^{19}\) Chosŏn, Choseon, Chosun, or Joseon.

\(^{20}\) Neo-Confucianism in general refers to “the revival of the various strands of Confucian philosophy and political culture that began in the middle of the 9th century and reached new levels of intellectual and social creativity in the 11th century in the Northern Song Dynasty.” (Berthrong, n.d., para.1)
been considered masculine because men wore trousers and women wore skirts (Soh, 1992). A famous painting, *Portrait of a Beauty* (see Figure 4.2), painted by Shin Yun-bok during the Choson dynasty, depicts the women’s garment, which is composed of a chima (full, floor-length wrap skirt) and a chogori (a short dress jacket).

![Figure 4.2 Portrait of a Beauty by Shin Yun-bok (1758–?)](image)

Moreover, upper-class women were advised to wear a concealing coat, the jangot (see Figure 4.3), over their head so as to shield their face when they went on outings. Considering that upper-level women of the Choson dynasty were recommended to hide their body and appearance from the public, we can draw two conclusions. One is that given that only upper-level women were recommended to wear a jangot, wearing one could be used to show one’s wealth and social class. On the other hand, a jangot could have been used for men to control women according to the values of Neo-Confucianism.
Neo-Confucianism emphasised collectivism and patriarchal family ideology, which detailed women’s roles and emphasised lineage under the unchallenged authority of the male head of the family (Chung, 1995, p. 760). A case in point is that during the Choson dynasty, Shin Saimdang (1504–1551), the mother of the Korean Confucian scholar Yulgok (1536–1584), was highly admired and named the “wise mother and good wife” (hyeonomo-yang-cheo), the “first woman of virtue,” and one who was devoted to the role and responsibilities of a woman to her son and husband (Soojin Kim, 2014, p. 274). Shin Saimdang was and is still considered the archetype of ideal women in Korea, and she became the first woman to appear on a Korean money bill in 2007. However, feminists have given a sceptical response to her representation on the Korean bill, asserting that depicting Shin Saimdang on the Korean banknote is to underline sexist and gender roles (“‘Best Mom’ Chosen as Face of Currency,” 2007). At the end of this section, I return to Neo-Confucianism to describe how it has influenced women’s roles, the concept of the woman’s body, and Korean women’s beauty practices.
4.1.2 The Modernization Treaty

During the later period of the Choson dynasty, rumours brought by merchants were going around Hanyang (the old name of Seoul). The rumours were that Qing,\(^{21}\) the world’s greatest nation in 1860, had been struck by a barbarian invasion (the Second Opium War) and these barbarians might also invade the territory of the Choson dynasty (Yukhoon Kim, 2007). A prince during the Choson dynasty, Heungseon Daewongun,\(^{22}\) stood firm against the foreign powers and showed an aggressive attitude towards implementing reform.

France, America, and Japan demanded that Prince Heungseon Daewongun engage in cultural and commercial trade and relations with the outside world, but he rejected them because he thought that negotiation with foreign powers meant the loss of national interest. However, in 1876, Choson signed a “modernisation treaty” with Japan and the Western nations by force. Even though Prince Heungseon Daewongun opened the door of the Choson dynasty to other countries via this modernisation treaty, the dynasty did not receive tangible diplomatic or economic benefits (Lew, 2000). On the other hand, Protestant missionaries from America contributed significantly to Korea by promoting modernisation and Western ideas such as political democracy and national independence and built the Protestant educational and medical institutions (Lew, 2000). Female students and Christian women working for the church led the changes in women’s dress style. These women began wearing modified versions of hanbok (see Figure 4.4). This modified hanbok had a slightly shorter (usually ankle-length) and less voluminous tubular skirt, and the jacket was designed to be closed by an ornamental pin in place of the long single-bow tie that improved mobility and possessed a greater range of motion than a traditional classic hanbok. Women who wore the modified style of hanbok were considered as liberal individuals who actively took part in public life (Soh, 1992).

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21 The Qing (also called the Great Qing, the Empire of the Great Qing, or the Manchu dynasty), was the last imperial dynasty of China, ruling from 1644 to 1912 (“The Qing Dynasty — China’s last dynasty,” n.d.)

22 Also pronounced Hu’ngso’n Taewo’ngun.
4.1.3 Westernisation and the Wars

After Japan gained a great victory in the Russo–Japanese War between the Russian Empire and the Empire of Japan in 1904–1905, the Choson kingdom (the last dynasty of Korea) was forcibly dethroned by Japan in 1910. Japan colonised Korea until 1945 when World War II ended (Paik, 2001). On August 15, 1945, after a long struggle for independence, Korea was liberated from Japan by the intervention of Russia and America. However, the foreign intervention also resulted in national division (South Korea and North Korea) and the Korean War (1950–1953) (Yukhoon Kim, 2007). How did such invasions and political turbulence change the ideal images of beauty among Koreans?

As we observed in Figure 4.2, Portrait of a Beauty, a beautiful Korean woman was one who possessed an egg-shaped face, elongated eyes without double eyelids or inner double eyelids, plump lips, and a round nose, and this ideal image of beauty lasted for hundreds of years (Hwang et al., 2013). However, when the Korean government pursued modernisation and Westernisation, not only were Western cultures regarded positively as rational and scientific but the “Western look” also became ideal (S. U. Park, 2007). Since the 1930s, Western culture dissociated Korean traditional standards and values from its people, and the Korean traditional beauty standard was replaced by one that promoted large eyes and an aquiline nose—characteristics of a Western woman’s facial features.
Under this cultural pressure and preference, Korean women were stimulated to attain a “modern” appearance and make themselves up just like modern Western women (S. U. Park, 2007). Further, Korean women were encouraged to keep their faces and skin clean and soft, as Korean society adopted modern standards of hygiene, etiquette, housing, diet, and clothing (S. U. Park, 2007).

During several wars, Korea went through many tragedies and recessions. For instance, during the Second World War (1939–1945), Korea’s government passed bills limiting the use of material, resulting in all women being forced to wear a “national uniform” (S.-J. Lee, 2010). Moreover, the Korean War (1950–1953) contributed to the social, cultural, and economic damage and emotional, physical, and mental loss for Koreans. According to one of the U.S. estimates, about one million South Koreans were killed or went missing in the conflict, 85% of them civilians. South Korea suffered economically and Korea was one of the poorest countries in the world in the 1950s (Yukhoon Kim, 2007). During the Korean War, America supported Korea in many ways by providing direct aid, transfer payments, and loans to the struggling economy (Moodie, 2015).

![Marilyn Monroe Visiting Korea During the Korean War](image)

Figure 4.5 Marilyn Monroe Visiting Korea During the Korean War.

In addition, on February 26, 1954, Marilyn Monroe (see Figure 4.5) visited Korea to comfort the troops at the end of the war. She entertained 100,000 soldiers, giving ten performances and shows over four days (Collis, 2013). From these historical events, we can assume that such economic and cultural support from Western countries during the
Korean War might have had a great influence on the ways Koreans think about Western cultures and countries.

During the adaptation period of 1945 to 1962, the Korean government publicly initiated the adaptation of Western culture (Sunae Park, Warner, & Fitzgerald, 1993), and a rapid expansion of educational opportunities along with increasing contact with Western cultures brought gradual changes to Korean society and culture, especially to Koreans’ dress style. For example, in urban areas, the hanbok was soon replaced by Western clothes among young people, men, and professional women. Although the earliest evidence of hanbok can be traced to ancient wall murals of Goguryeo before the 3rd century B.C. (S. M. Nelson, 1993), it took only 20 years for almost all Koreans to adopt Western-style dress (Sunae Park et al., 1993).

Further, the period of Japanese colonisation of Korea (1910–1945) engendered the “un-Japoneseness” and nationalistic ideology in Korea, leading Koreans to prefer Western culture and resist Japanese influences. The favouring of Western appearance and styles was a form of anti-colonial discourse (Holliday & Elfving-Hwang, 2012). Along with the rejection of Japan, the Korean War also changed standards of ideal beauty in Korea. For instance, the very first Koreans who received plastic surgery were Korean War brides who married American soldiers. These surgery procedures were performed by Dr. D. Ralph Millard, an American military plastic surgeon who was stationed in the country during the Korean War (C. Lee, 2015). In some parts of the U.S., interracial marriages were illegal until the early 1960s, even though the War Brides Act in 1945 allowed American soldiers stationed overseas to bring their wives from different racial groups to the U.S. Consequently, many Korean women in the 1950s, mainly those who married or wished to marry American soldiers, sought to revise the appearance of their eyes (C. Lee, 2015). Although plastic surgery began and developed in the U.S. about 60 years ago, Korea has now claimed the title of the world’s most influential country in cosmetic surgery after its economic explosion in the 1960s and 1970s (Y. B. Kim, 2015; C. Lee, 2015). In the next section, I describe economic growth in Korea and its effect on its beauty industry.
4.1.4 Economic Growth, Changes in Women’s Social Status, and the Beauty Industry

In 1953 when the Korean War ended, Korea remained one of the poorest countries in the world (Yukhoon Kim, 2007) and the per capita income was only 1% of the Organisation of Economic and Comparative Development (OECD) average (Paik, 2001). Nonetheless, Korea soon accomplished remarkable economic growth and cultural revolution after its government publicly commenced industrialisation in the 1960s (Yukhoon Kim, 2007). Once the Five-Year Economic Development Plan was launched by President Pak Chunghee in 1962, Korea started breaking through the economic crisis.

By the late 1980s, Korea had turned into a modern industrial society with a sustainable base of economic self-reliance (Yukhoon Kim, 2007). Table 4.1 below indicates that Korea’s GDP per capita was USD 626 in 1970, but increased to USD 34,356 in 2015 (OECD, 2015). In 2006, Korea was the world’s tenth largest economy, with a GDP of nearly USD 1 trillion, and is the United States’ seventh-largest trading partner, with a two-way goods trade valued at approximately USD 78 billion.

Table 4.1 Korea GDP Growth (Source OECD, 2015)

<table>
<thead>
<tr>
<th>Year</th>
<th>GDP (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1970</td>
<td>$626.00</td>
</tr>
<tr>
<td>1975</td>
<td>$836.00</td>
</tr>
<tr>
<td>1980</td>
<td>$1,056.00</td>
</tr>
<tr>
<td>1985</td>
<td>$1,460.00</td>
</tr>
<tr>
<td>1990</td>
<td>$1,988.00</td>
</tr>
<tr>
<td>1995</td>
<td>$2,736.00</td>
</tr>
<tr>
<td>2000</td>
<td>$3,538.00</td>
</tr>
<tr>
<td>2005</td>
<td>$4,499.00</td>
</tr>
<tr>
<td>2010</td>
<td>$5,798.00</td>
</tr>
<tr>
<td>2015</td>
<td>$7,693.00</td>
</tr>
</tbody>
</table>

Modernisation and economic growth have brought a revolution in the social status of Korean women, directly opposing the Neo-Confucian notions of women’s roles. For example, the total number of Korean women who participated in economic activity reached 10,076,000 in 2009 (Korean Women’s Development Institute, 2010). Also, the proportion of women in professional administration, professional, or management
positions increased after 1980 (Korean Women’s Development Institute, 2010). According to the OECD report The Reversal of Gender Inequalities in Higher Education: An On-going Trend (Vincent-Lancrin, 2008), 47% of Korea’s student population in 2012 was composed of women, but the college entrance rate was 74.3% for women versus 68.6% for men. And among those aged 25 to 34 in 2012, 67.2% of the women had graduated from university versus 60.6% for the men. However, in terms of political participation, only a few women were elected to parliament. For example, on average, only 2.9% of the Korean National Assembly from 1948 to 2004 were women (Resos, 2014). Nevertheless, Korean women’s political participation and empowerment has increased. The percentage of women representation in parliament has significantly increased from 5.9% in the 16th National Assembly of 2000 to 13% in the 17th National Assembly of 2004.

Finally, in 2013, Park Geun Hye was elected as the first female President of Korea. President Park, a 63-year-old, single, never married woman, was also named the world’s 11th most powerful woman in Forbes magazine’s list of the world’s 100 most powerful women (Howard, 2015). President Park is often told that she has contributed to the advancement of women’s social status through her being rather than her political action. Mun (2015) indicated that “Park’s existence, rather than her intention, stimulated the debate on the role and status of women in Korean society and enabled the rise of a number of first females in various sectors” (p. 249). However, there have been criticisms regarding her fashion and appearance. On the one hand, some have criticised that her fashion style is old and stuffy; on the other hand, others have evaluated her style as reminiscent of her mother, Yuk Young-Soo, whom people remembered as an elegant woman (W. Lee, 2013, para. 5). In addition, one recent research on President Park Geun Hye’s fashion and hairstyle pointed out that President Park seemed to intentionally choose products made domestically and intended for the middle class because she cared about the public’s perception and also intended to support the domestic fashion industry (N. R. Yoon, Lim, & Jin, 2013). All this attention suggests that even though she has become a symbol of the conquest of gender discrimination and women’s power in Korea, she is no exception to public gaze and evaluation regarding her fashion style and appearance. This also provides an insight that social norms and expectations of President Park vary depending on her position: as the president of South Korea, as a person aged over 60, as a woman, and as a daughter.
Along with GDP growth, Korea’s beauty and fashion industry has also boomed. Table 4.2 below shows the gradual increase of the cosmetic products market in Korea. According to Kim, Han, Kim, and Paramita (2013), in 2009, the cosmetics products market in Korea became the 12th largest in the world with a worth of USD 5.2 billion.

Table 4.2 Growth of the Cosmetic Market in Korea

<table>
<thead>
<tr>
<th>Year</th>
<th>Growth rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>4.3</td>
</tr>
<tr>
<td>2010</td>
<td>17.2</td>
</tr>
<tr>
<td>2011</td>
<td>16.4</td>
</tr>
<tr>
<td>2012</td>
<td>7.9</td>
</tr>
<tr>
<td>2013</td>
<td>11.5</td>
</tr>
</tbody>
</table>


Along with the growth of cosmetic products markets, the luxury brand industry has become massive in Korea. Even during the recent economic recession in 2008, the three major department stores in Korea reported that there was an increase in the sales of luxury fashion brands (The Ministry of Knowledge Economy, 2008). In 2010, Korea also became a leader in the global luxury brand industry with estimated sales of USD 4.5 billion (A. Kim & Shin, 2011). Julia Savacool (2009) indicates that

A woman’s body size and shape, in every country around the world, has become the most visible display of financial and social status—her own and her family’s. Like designer jeans and luxury cars, the shape of a woman’s body in any culture has been commoditized as an immediate indication of class and wealth. (p. xii)

Likewise, not only wearing a luxury brand but also having a slim and toned body seems essential in Korea, especially for women. Among Korean women aged 20 years and over, the age-adjusted prevalence of being underweight increased from 5.5% in 1998 to 6.7% in
2007. On the other hand, the age-adjusted prevalence of being underweight among Korean men decreased from 4.8% in 1998 to 2.8% in 2007 (Sung Il Park et al., 2013). According to the International Health, Racquet & Sportsclub Association, the revenue of fitness and health club market in Korea was USD 2,880 million in 2011 with 4 million members (Ablondi, 2014).

Wardle, Haase, and Steptoe (2006) examined the associations between body mass index (BMI), weight perceptions, and attempts to lose weight in male and female university students from 22 countries. The results showed that Korean women ranked first in their efforts to lose weight among the 22 OECD countries. The latest report by the OECD on the Body Mass Index in 2009 indicated that Korea was the least obese among the 30 countries, with only 3.5% of the population with a BMI over 30, which is considered obese by the World Health Organization (OECD, 2011). Nevertheless, a recent study conducted by the Samsung Economic Research Institute showed a result that almost 95% of Korean women think they are fat or overweight (Yim, 2012).

According to Global Statistics on Cosmetic Procedures in 2014, Korea is one of the top five countries that perform surgical and nonsurgical procedures along with the United States, Brazil, Japan, and Mexico (Taylor, 2014). A total of 980,313 procedures were performed in Korea in 2014. More specifically, in 2014 there were 341,662 face and head procedures (ear surgery, eyelid surgery, facelift, facial bone contouring, fat grafting, hair transplantation, and rhinoplasty); 58,601 breast procedures; 40,320 body and extremities procedures (abdominoplasty, buttock augmentation, labiaplasty, liposuction, penile enlargement, upper arm lift); and 539,730 non-surgical procedures (Botulinum Toxin, Calcium Hydroxylapatite, Hyaluronic Acid, Poly-L-Lactic Acid, facial rejuvenation, hair removal, sclerotherapy) (Taylor, 2014). Also, in Korea today, it is easy to find cosmetic surgery and skin treatment clinics that provide quick procedures such as laser removal of blemishes to “walk-in” customers in urban shopping malls. Eyelid surgeries (blepharoplasties) and “nose jobs” (rhinoplasties) are the most popular cosmetic surgeries in Korea (Holliday & Elfving-Hwang, 2012).

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23 Surgical procedures include eyelid surgery, liposuction, breast augmentation, fat grafting, and rhinoplasty.
24 Non-surgical procedures include Botulinum Toxin, hyaluronic acid, hair removal, chemical peel, and laser skin resurfacing.
Korean cosmetic surgery is popular not only for local Koreans but also for foreigners who are influenced by the Korean Wave (called *Hallyu*). *Hallyu* refers to the cultural phenomenon (or cultural flow) in which people in the world are fascinated with Korean popular culture including Korean music, dramas, films and games. Korean popular culture has made inroads not only in Asia (Sangkyun Kim & Nam, 2015) and but also in the Middle East (Lyan & Levkowitz, 2015), Europe (Ju & Lee, 2015) and Spain and Latin America (Madrid-Morales & Lovric, 2015).

The impact of *Hallyu* could be observed when Korea’s President Park Geun Hye met United States President Barak Obama at the White House in May 2013. According to the White House Office of the Press Secretary, during a meeting President Barak Obama mentioned Psy’s “Gangnam Style” as an example of how people around the world are being “swept up by Korean culture” i.e., *Hallyu*. President Obama also added that “My daughters have taught me a pretty good Gangnam Style” (White House Office of the Press Secretary, 2013, para. 3). In *Forbes*, an American business magazine, Woyke (2014) described *Hallyu*:

> Along with K-Pop (Korean pop music) and K-Drama (Korean dramatic miniseries), K-Beauty is part of the cultural trend known as *Hallyu*, or the Korean Wave, that has spread to much of Asia as well as North and South America and elsewhere around the world. (para. 5)

However, John Walsh (2014) pointed out that the Korean government has been actively taking advantage of *Hallyu* to facilitate its tourism business and the promotion of Korean products. In fact, the Korean government has strategically propelled the development of the medical tourism through such policy. According to Yu, Lee, and Noh (2011),

the Korean Government has recently designated medical tourism as one of the top priorities of their national tourism development strategy. The Korean International Medical Association (KIMA) was established in March 2007, and comprises 34 private medical institutions and governmental organizations including the Ministry of Health and Welfare, the Korean Health Industry Development Institute, and the Korean Tourism Organization. The aim of attracting foreign patients was
selected as a specific task and entitled “Fostering the Medical Industry as a New Growth Engine.” (p. 860)

Figure 4.6 is an example of the advertisement for a plastic surgery centre that targets foreigners. That is, the location is written in Korean, Chinese, and Japanese. The name of plastic surgery is written in English and Korean. Also, three women’s photos of before and after their treatment are shown to catch viewers’ eyes.

![Advertisement of plastic surgery centre in Seoul.](image)

Korea is renowned for advanced medical treatment technology including a high level of plastic surgery skills, expert medical practitioners, and hospital facilities (Yu et al., 2011). It is estimated that foreigners spent USD 50.9 million on medical services in Korea in 2006 (Yu et al., 2011). Table 4.3 indicates that the number of foreign patients for plastic surgery increased from 2,851 in 2009 to 36,224 in 2014 (Visit Medical Korea, 2015).

For instance, *Tourism Outlook: South Korea*, published by Visa (2012), reported that Japanese tourists contributed to Korea USD 800.5 million in 2011 and spent USD 14 million in the healthcare category. Chinese visitors contributed USD 112.9 million to Korea in 2011 and spent USD 6.2 million in the healthcare category. The amount contributed in the healthcare category indicates that Korea’s strategy of attracting medical tourists has been largely successful in leading to the dramatic growth of tourists’ expenditure on plastic surgery.
Through describing the Korean sociocultural background, I have attempted to introduce the development of Korea’s beauty industry while dealing with its brief history, socioeconomic development, socio-political revolution, and beauty standards. Below I deal with Korean perspectives on beauty practices among Korean women in modern society.

4.1.5 Korean Perspectives on Korean Women’s Body and Beauty Practices in the Modern Korean Society

Several Korean scholars have tried to explain Korean women’s engagement in beauty practices and bodily transformations within Korean historical and cultural contexts. Interestingly, Sang Un Park (2007) argued that the story of Tangun,25 who is the founder of Gojoseon (the earliest Korean kingdom), has been influential in imprinting onto Korean women the idea that bodily transformation can change not only their bodies, appearance, and identities but also their lives. According to Sam-guk-yu-sa, a Korean history record written in the 13th century, Tangun was born between Hwanung (son of heavenly King who came to the human world) and Oongnye (who was transformed from a female bear to a female human being). Samguk yusa also describes why Hwanung came to the human world and how Oongnye, Tangun’s mother, was able to be transformed from a female bear to female human being:

In ancient times, Hwan-in (Heavenly King, Jeseok or Sakrodeveendra) had a young son whose name was Hwanung. The boy wished to descend

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25 The ancient records of Tangun have long been regarded as a legend rather than an historical fact (Yukhoon Kim, 2007; Lew, 2000).
from heaven and live in the human world. His father, after examining three great mountains, chose Taebaeksan Mountain as a suitable place for his heavenly son to bring happiness to human beings. He gave Hwanung three heavenly treasures and commanded him to rule over his people. With three thousand of his loyal subjects Hwanung descended from heaven and appeared under a sandalwood tree on Taebaeksan Mountain. He named the place Sinsi (city of god) and assumed the title of Hwanung Cheonhwang. . . . In those days there lived a she-bear and a tigress in the same cave. They prayed to Sinung [another name for Hwanung] to be blessed with incarnation as human beings. The king took pity on them and gave them each a bunch of mugwort and twenty pieces of garlic, saying, “If you eat this holy food and do not see the sunlight for one hundred days, you will become human beings.” The she-bear and the tigress took the food and ate it, and retired into the cave. In twenty-one days the bear, who had faithfully observed the king’s instructions, became a woman. But the tigress, who had disobeyed, remained in her original form. (S. U. Park, 2007)

In short, while eating only a bunch of mugwort and twenty pieces of garlic in the cave, a bear became a woman and she was able to meet a man who was from the Heaven, and eventually her social status dramatically changed. In her article “‘Beauty Will Save You’: The Myth and Ritual of Dieting in Korean Society,” Sang Un Park (2007) explained that the female bear had to suffer the pains of dieting in order to get rid of her animality and be reformed into a human being. Put another way, the female bear finally became a human being after undergoing a difficult ritual practice which requires her to eat only mugwort and garlic and avoid the sun to liberate herself from animality (p. 46). Consequently, Park criticised the story of the foundation of Korea which has been passed down to Koreans by education as having a hidden message that bodily transformation through beauty practices, plastic surgery, diet, and exercise will save Korean women.

No matter whether the story of Tangun has deceived Korean women to believe that they can change their bodies and identities, it is the current phenomenon that cosmetic (plastic) surgery has become one of the major beauty industries in Korea. Koreans’ attitudes towards cosmetic (plastic) surgery are positive and favourable as they perceive
such medical interventions as a reasonable investment for oneself (Holliday & Elfving-Hwang, 2012). Also, recent Korean literature has pointed out that beauty and appearance are among the most significant socio-cultural values in Korean society (Chan & Glynn Owens, 2006). Korean women are much more likely to be under pressure to achieve the beauty standard than men since physical appearance is the most significant standard in Korea is used to judge others (S. H. Kim, 2012). The advent of Korean neologisms, which describe one’s appearance, is an example of how much South Koreans emphasise beauty and appearance. For example, *eoljang* (“eol” is from a word of eolgul which means face and *jiang* means either king and queen or “super”) is used to describe a person with an attractive or beautiful appearance face and *momjiang* (mom means body) is used to describe a person who has a slim and toned body (S. U. Park, 2007). These neologisms seem to imply that if one is attractive and slim, she or he can be a king or queen or be “super.”

Lookism has also played a role in fuelling and reinforcing the beauty-obsessed culture in Korea. Lookism is defined as “prejudice toward people because of their appearance” (Tietje & Cresap, 2005, p. 31). Lookism is linked to Korean face-saving culture, also called *chemyon*. This face-saving culture (or *chemyon*) is regarded as a set of “principles to follow, obligations to fulfil, or to save face to meet others with a dignified attitude without a sense of shame” (Hann, 2011, p. 38). Lee (1999) stated that “Koreans often use such expressions as ‘saving one’s face,’ ‘losing one’s face’ and ‘maintaining one's face.’ As shown in such expressions, “face-saving is a kind of disguised mask characterized by social collectivity in relationship with others” (p. 187). Put another way, losing *chemyon* equates to one’s loss of social reputation and becoming less socially desirable (Kim, & Yang, 2011). Thus, it is assumed that for a Korean, managing one’s appearance to look good is a way of saving face. Holliday and Elfving-Hwang (2012) maintained that Korean women’s beauty practices should be understood in terms of physiognomy. Even though not everyone trusts in physiognomy, many Koreans believe that “having a ‘lucky face,’ ‘right face’ or ‘best face’ can be of great importance in many practical ways such as reducing the ‘risk’ of giving unfavourable impression” (p. 70). On a similar note, Hartley (2005) stated that the meanings of “lucky face,” “right face” or “best face” do not simply imply a beautiful face. Rather, the main concept of physiognomy is that one’s physical appearance including face and body reflects one’s personality, character, and behaviours.
4.1.5.1 Confucianism and women’s beauty practices in the contemporary Korean society

At the beginning of this chapter, I introduced Neo-Confucianism as one of the most fundamental and important ideologies that have dominated and defined Korean social, political, and family life for over 500 years (D. A. Bell & Chaibong, 2003). Confucians regard family members as one body. In other words, each member of the family represents a distinct part of the human body; thus they could not be inseparable (J.-T. Park et al., 2011, pp. 169–170). Considering the concept of unity as one body, it is not surprising that Confucian precepts have until recently dramatically influenced “the collective consciousness which requires responsibility to family, government, society and Heaven, filial piety and cultivation of the moral self” (M. Lim, 2013, p. 118). Further, Confucian ideas have controlled relations through emphasising hierarchical systems, such as between the government and the family, between the family and its members (between parents and children and between husband and wife and between older sibling and younger sibling) and between men and women (M. Lim, 2013) while emphasising duty and responsibility.

In particular, Korean women’s beauty practices have also been explained as a consequence of Neo-Confucianism. Confucianism precepts reinforced women’s subordination and submissiveness to men: girls belong to their father, wives to their husbands, and widows to their oldest son (Chaibong, 2003); such arrangements emphasised the individual’s responsibility to others, particularly the family (Chaibong, 2003), and social harmony (D. A. Bell & Chaibong, 2003). Until the 20th century, the canon of Neo-Confucianism has firmly founded hierarchies and governed women’s bodies according to strict regulations of morality (M. Lim, 2013). In particular, a woman’s body is considered “a near-sacred vessel of ki”26 (Lim, 2013, p. 118) and this idea has influenced the position of women in family and society (M. Lim, 2013). Ming Lim (2013) expounds how the idea of ki has influenced the concepts and beliefs about women’s bodies among Koreans:

Ki cannot be destroyed and has to be nurtured as well as passed on through the generations. The ki of one’s ancestors flow continuously and powerfully through the ages; one’s body was thus part of the body of the

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26 Ki can be defined as “a material and spiritual energy while flows through all things and bodies and which unites every particle in the universe” (Lee, 1993; DeBary et. al., 1960 as cited in Lim, 2013, p. 118).
family, the community, the state and, ultimately, of the treat universe itself….Women were not supposed to strive explicitly for such self-understanding and self-transcendence; instead, they had the role of instantiating the body of the family, of making it corporeal so that future generations could survive. (p. 118)

In short, Confucian ideas over the last four to five decades have regarded women’s bodies as the vessels of reproduction that delivered “other subjects” (M. Lim, 2013, p. 116). The conventional concept of a woman’s body mutated as Korea went through turbulent social, economic, and political changes that brought rapid industrialisation, modernisation and Western-style capitalism (Jung & Forbes, 2007). Some scholars have indicated that Korean women’s decisions to have cosmetic surgeries were a kind of “family-bonding activity” (Aquino & Steinkamp, 2016, p. 10) because of the importance of familial relations in particular between parents and children (Aquino & Steinkamp, 2016). Further, Taeyon Kim (2003) also pointed out that Neo-Confucian cannon that emphasises collectivism and harmony put pressure on women to follow and fit themselves to the ideal body and to conform to “what is prescribed through fashion” (p. 109). She also explained how the understanding of Korean women’s bodies, which used to be regarded as means of reproduction, maintenance and improvement of the family under Neo-Confucianism, has extended to today’s standards of modern society such as capitalism and consumer culture:

A woman’s primary means of improvement was through the body and for the family. These body techniques and concept of the self-encounter today’s new guidelines based on capitalist consumption, which tell women that their bodies are fluid and plastic object that can be transformed and recreated to adhere with the appearances and shapes that are culturally recognised as desirable….The Neo-Confucian pressure to follow directions concerning the body compels women to conform to what is prescribed through fashion. (p. 109)

Korea is known as a country with a compressed modernity due to its extremely rapid growth and transition of economic modernisation and transformation and changes in gender roles (M. Lim, 2013). Compressed modernity (Beck & Beck-Gernsheim, 2002; M. Lim, 2013) is defined as
a civilizational condition in which economic, political, social and/or cultural changes occur in an extremely condensed manner…in which the dynamic coexistence of mutually disparate historical and social elements leads to the construction and reconstruction of a highly complex and fluid social system. (K.-S. Chang & Song, 2010, p. 544)

Indeed, women in post-industrial nations in East Asia including Korea have also been given a diverse and broad range of choices including beauty, bodily interventions and enhancement, some of which exceed what women can access in the West (M. Lim, 2013). As feminists in the West have come to conclude, debates regarding subjectivity among East Asian women including Korean women are “historically, epistemologically and ontologically situated in ways which make easy assertions impossible” (M. Lim, 2013, p. 115). That is, experiencing compressed modernity, East Asian women have started renegotiating the complex and shifting perceptions of the body where the construction of the “subject” is continuously being transformed and redefined in these societies.

4.1.6 Ageing in Korea

In this section, I outline the various ageing issues in Korea’s society that may have influenced my participants’ perceptions of ageing and later life, such as Korea’s ageing population, socio-economic challenges, changes in family structure, and changes in traditional Korean cultural characteristics.

Korea’s population has been ageing rapidly because of the reduction in both fertility and mortality rates (I. K. Kim, 2015). Even though mortality rates have increased after the Korea War in the 1950s (I. K. Kim, 2015), the crude death rate continuously declined from 33 per thousand in 1955, to 16 per thousand in 1960, and to 5.3 per thousand in 1996 (I. K. Kim, 2015). Also, while the fertility rate increased right after the Korean War from 1950 to 1960 due to the Korean government aiming to achieve economic development through a five-year economic plan and family planning as a national policy in 1962 (I. K. Kim, 1987), the total fertility rate dropped to the level of 1.60 and continually decreased during the 1990s until today (S.-J. Choi, 2009, p. 64). Further, life expectancy at birth sharply increased from 54.2 years in 1960 (I. K. Kim, 1987), to 65.4 years in 1983, and to 77.9 years in 2008 (Kye, Arenas, Teruel, & Rubalcava, 2014). The proportion of older adults aged 65 and over has continually increased from less than 5% in 1960, to 9% in
2005 (Howe, Jackson, & Nakashima, 2007), and to about 12.7% in 2014; it is expected to reach 32.3% in 2040 (Statistics Korea, 2014). The elderly support ratio in Korea which is defined as the number of people of working age (20-64) per person 65 and older is also projected to decrease from 6.3 in 2009 to up to 1.5 in 2050 (Kye et al., 2014).

The United Nations defines an “ageing society” as one in which people aged 65 and over make up at least 7% of the population and an “aged society” as one in which those aged 65 and over make up at least 14% of the population (Howe et al., 2007). Developed countries such as France, the United States, Germany, and Japan have all experienced the transition from an ageing society to an aged society, but Korea will make this transition dramatically faster. For instance, France took 115 years to complete this transition (Howe et al., 2007), and the United States made this transition in 71 years from 1942 to 2013 (Administration on Aging, 2013). However, Korea became an ageing society in 2000 and is projected to become an aged society in 2018—a gap of only 18 years (T. H. Kim, 2006). One of the ramifications of this rapid transition is, as Choi (2009) pointed out, that although Korea has accomplished great economic growth for the last 50 years, Korea’s national pension system is neither affordable nor adequate to meet the demands of its ageing population.

The year 1988 was one of the significant periods in Korean history. In that year the Seoul Olympics was held, and a new democratic government was established. Along with such socio-political transitions, Korea also introduced its National Pension System (NPS) in 1988. The NPS, along with the Seoul Olympics and changes in political flow, were regarded as a starting point for Korea to lobby for membership of the OECD27 (Howe et al., 2007). However, as of the present day, the government has cut NPS benefits once, and the cost of NPS is projected to increase from 1.7% of workers’ taxable earnings in 2005 to 30% by 2050 (Howe et al., 2007). The level of governmental support that Korean older adults can expect through taxes and transfer is also lower than other industrial countries (Oh, 2013). For instance, according to one OECD report, South Korea spent only 1.7% of its GDP on elderly benefits between 2006 and 2008, the second lowest after Mexico which

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27 In 1997, Korea became the 29th member country of the OECD, the second Asian country after Japan (Ministry of Foreign Affairs Republic of Korea, n.d.).
spent 1.1% (S.-J. Hwang, 2016). Thus, Kye, Arenas, Teruel, and Rubalcava (2014) pointed out that

While industrialization and demographic transition took more than a century in Western countries, South Korea has completed both in less than a half century. This compressed process accompanied unexpected and undesirable consequences, including overly rapid population aging. The policies that promoted development, ironically, also contributed to furthering population aging in South Korea. (p. 758)

Recently, Korea’s leaders have focused on issues and challenges regarding ageing. In 2005, the Korean government established the 1st Low Birth and Ageing Society Basic Plan and the 2nd Basic Plan is currently in progress (Choo, Sohn, & Park, 2016). In 2006 a “five-year aging plan” was issued that includes measures such as subsidies for companies that hire or retain older workers and subsidies for families to help pay for day care and education (Howe et al., 2007, p. 4). The Presidential Committee on Aging Society and Population Policy has also published a long-term plan called “Vision 2020” that outlined broad strategic goals aiming to increase retirement ages and increase fertility rates (Howe et al., 2007).

Not only has Korea experienced an ageing population and socio-economic changes but it has also faced socio-cultural transitions. For many decades, Korea, along with China and Japan, practised the moral value of filial piety (Hyo in Korean) (Sung, 1990). Such filial piety imposes upon adult children the expectation that they will care for their parents when their parents are no longer able to take care of themselves (Sung, 2001). However, industrialisation and urbanisation have led to younger generations preferring to enjoy individualistic lifestyles, and thus they are less likely to follow rigid family rules and obligations (Sung, 2001). In particular, Korea’s traditional family structure in which older parents live with their married son’s family has been rapidly replaced with a nuclear family structure (Y Kim & Baek, 2010). The proportion of Korean older adults living alone increased from 8.6% in 1981 to 11.9% in 1994 (I. K. Kim & Choe, 1992). Furthermore, the proportion of Korean older adults aged 65 and over living alone is estimated to be more than 20% in 2012 (Ministry of Health and Welfare, 2011). Thus, the increase in nuclear families means a decrease in the informal support from family members for the elderly on average (Vos & Lee, 1993); thereby, older adults have had less expectation of family care
for their later lives (Kye et al., 2014). Shin, Kim and Kim’s (2003) study which conducted individual interviews with 34 older adults aged from 40 to 80 years living in Seoul, Korea showed that these participants expressed a high level of desire to age in a good manner and in good health because they did not want to bother their children. Considering such dramatic changes in socio-economic changes and socio-cultural values, Korean older adults might have less expectation of filial piety and instead feel that they have more responsibility for their later lives.

4.1.7 Summary

So far, I have introduced the significant events and periods in Korean history from the Choson dynasty to current Korean society. Neo-Confucianism played a role as a political ideology for hundreds of years in Korea, which influenced Korean women’s social status and shaped women’s ideal images and roles. After the Korean War, Korea experienced considerable transformations and changes in politics, cultures, industry, and economy. While Korea achieved rapid economic growth, women’s social status increased with higher economic activity, employment, education, and political participation. Also, the sharp growth of the Korean economy has fuelled a thriving beauty industry comprising of cosmetic products, a luxury brand market, and cosmetic surgery. In particular, Korea, which used to be one of the world’s poorest countries, relying on foreign aid until the 1950s, now captivates many people around the world with Korean pop music, Korean drama, and Korean beauty through Hallyu. I also presented ageing issues in Korea. Providing this Korean socio-cultural background helps us become familiar with what my participants had experienced in Korea before leaving for New Zealand and what they faced in Korea when they returned to visit. In the next section, I present the immigration experiences of Koreans in New Zealand.

4.2 Korean Immigrants

Immigration shapes societies into becoming culturally plural as people from different cultural, racial, and ethnic backgrounds live together (J. W. Berry, 1997). As a result, individual immigrants come to belong to culturally plural communities and societies, and they must learn to adopt cultural changes (J. W. Berry, 2005). Immigrants may also experience cultural distance such as language difference and economic changes including loss of status and unemployment (J. W. Berry, 1997; De Jong & Madamba, 2001; Hamilton, 2011). Further, international migration also causes loss of their interpersonal
relationships such as social connections and networks from their home countries, and consequently they also face challenges in developing new relationships in their new country (J. W. Berry, 1997). Given this, I present how Korean immigrants in New Zealand have experienced and managed cultural differences between Korea and New Zealand including language, socio-economic changes, and changes in interpersonal relationships.

I then focus on the older Korean immigrants by reviewing international and New Zealand literature. This will help us acknowledge what is currently known about older Korean immigrants in New Zealand in general which might be relevant to my participants’ migration experience. Also, reviewing the literature on the living experiences of Korean immigrants in New Zealand will enable us to become familiar with my participants’ stories of their migration experiences.

### 4.2.1 Korean Immigrants in New Zealand

Migration brings about social change (Ahmed, 2015), in particular to the demographics of a country (Bell et al., 2015; Fargues, 2011). The demography of New Zealand has been transformed by the inflow of international migration. The New Zealand population used to consist mostly of migrants from Western Europe including English, Irish, and Scots. However, the demography of New Zealand has diversified since the first dozen Chinese arrived in Otago in December 1865 who were invited to the Otago region by the Dunedin Chamber of Commerce, and a year later more than a thousand Chinese had arrived in Central Otago (Willmott, 2009). Further, New Zealand had rapidly become multi-cultural since the 1950s when a number of people from the Pacific Islands migrated to New Zealand, and also when large Asian populations including Koreans migrated to New Zealand from the mid-1980s (Butcher & Wieland, 2013).

Although most Korean migrants moved to New Zealand since the mid-1980s, 263 Korean students and scholars had already been brought to New Zealand as part of the Colombo Plan in 1950s. These Koreans were sent to learn about the Western system including education, forestry, nursing, and banking with the New Zealand government’s support (H. Kim, 2015). From about the mid-1960s onwards, Korean migrants to New Zealand settled in the South Island, in the Canterbury and Otago regions in particular (S. Chang, Morris, & Vokes, 2006). Most of these early Korean migrants came to New Zealand as employees of Korean shipping companies (I. Chang, 2014). The number of Korean ships visiting ports such as Lyttelton in the South Island gradually increased when
the Korean shipping industry became more significant and influential in the Pacific economy after the Second World War (S. Chang et al., 2006). Nevertheless, the total number of Korean migrants to New Zealand was very small to start off with, even when Korea and New Zealand began the process of setting up diplomatic relationships. During this time the number of Korean migrants in New Zealand increased slightly, from 129 in 1971 (I. Chang, 2014) to 147 in 1976 (Butcher & Wieland, 2013). The total number of Koreans migrants in New Zealand was still less than 1,000 until the end of the 1980s (I. Chang, 2014).

However, at the end of the 1980s, the New Zealand government opened the immigration doors to Asians (I. Chang, 2014) in order to reinforce New Zealand’s international economic competitiveness through demographic diversity, and to “enrich the multi-cultural social fabric of New Zealand society through the selection of new settlers principally on the strength of their potential personal contribution to the future well-being of New Zealand” (McKinnon, 1996, p. 45). As the immigration door was opening, Koreans became the fastest-growing Asian group in New Zealand between 1986 and 1996 (Butcher & Wieland, 2013). Incidentally, this rate of migration across the decades is reflected in this study: only 3 participants migrated to New Zealand in the 1980s, 13 participants in the 1990s, and 15 participants from 2000 to 2007.

In 1991, New Zealand’s immigration policy changed again, greatly easing the entering criteria without discrimination by country of origin, and favouring skilled migrants, professionals, and business-people (Butcher & Wieland, 2013, p. 61). Thus, since the early 1990s, the number of Korean immigrants has grown quickly, and they have become one of the largest minority communities in New Zealand. The immigration criteria were based on a points system, which valued one’s skills more than one’s country of origin, and this seemed to encourage Koreans to migrate to New Zealand. For instance, 3,752 Koreans were granted entry permits to New Zealand in 1994 (Butcher & Wieland, 2013). According to the latest New Zealand census in 2013, the number of Koreans living in New Zealand increased from 930 in 1991 to 30,792 in 2006, but slightly decreased to 30,171 in 2013 (Statistics New Zealand, 2013). Statistics New Zealand 2013 reported that 21,981 Korean immigrants, which is 72.8% of the Korean immigrant population in New Zealand, lived in the Auckland Region, and of these, 89.0% (26,613 people) were born overseas (in
Korea) and only 11.0% (3,294 people) were born in New Zealand (Statistics New Zealand, 2013).

According to Geoffrey and Sibley (2009), migration can be divided into three categories: “the voluntary search for economic improvement, political exile or forced migration, and the choice of a different lifestyle” (Ahmed, 2015, p. 17). Before migrating to countries such as New Zealand, Koreans preferred to migrate for economic reasons to North American countries such as the United States and Canada (D. C. Kim & Yoon, 2003). However, Koreans came to desire a different lifestyle than what they were accustomed to, and this preference became a strong motivating factor to move to countries like New Zealand. Because most Korean migrants got their entry permits to New Zealand under the point system which prioritised education and experience, they were well educated and had been employed in professional occupations in their home country (J. Y. Lee, Kearns, & Friesen, 2010). So instead of economic improvement, what these middle-class Koreans based their decision to migrate to New Zealand on were its education system and improved living conditions (S. Chang et al., 2006), in what has been termed “lifestyle migration” (Benson & O’Reilly, 2009). That is, Korean immigrants to New Zealand sought a higher quality of life and a less stressful education for their offspring, and these goals were different to those of Koreans who emigrated to America in the 1970s and 1980s for economic betterment (Epstein, 2007).

Before Koreans left their home country for New Zealand, they had higher expectations of a better quality of life and education for their children and imagined New Zealand as “a paradise” (S. Chang et al., 2006; D. C. Kim & Yoon, 2003). However, once Koreans arrived in New Zealand, they realised that New Zealand was not the paradise they imagined before their arrival; instead they saw that New Zealand was also part of the “real world” (H. Kim, 2015, p. 40). Chang, Morris, and Vokes (2006) pointed out that even though Korean families migrated to New Zealand with a great sense of hope and expectation, many of them experienced frustration, discrimination, and social exclusion including language difficulties and unemployment. Below, I describe the lack of social networks, language problems, and unemployment among Korean immigrants in New Zealand.
4.2.1.1 Social networks of Korean immigrants in New Zealand

According to the New Zealand Immigration Service (2004), more than half of its Korean migrants reported that even after eighteen months living in New Zealand, they had not had any social interaction or connection outside of the Korean immigrant group, even though they had a strong desire to develop friendships and contacts with New Zealanders (New Zealand Immigration Service 2004). Due to a lack of local information and social networks with local New Zealanders, many Korean migrants have gone through difficult situations while managing their lives in New Zealand (J Kim, Park, & Heo, 2010). One study conducted by Morris, Vokes, and Chang (2007) using interviews with 36 Korean immigrants, consisting of 12 men and 24 women ranging in age between 24 and 68 years, showed that their participants experienced social exclusion in New Zealand. The authors stated:

All of the Koreans we spoke with had looked forward to becoming part of New Zealand society prior to leaving Korea. They had hoped and expected to meet and make friends with those whom they called “Kiwis.” They expected that by virtue of having met the rigorous immigration criteria, by being financially secure, and ably demonstrating their respect for the value of education and the value they placed on hard work, that they would be welcomed into New Zealand, and would be able to participate fully in New Zealand society. However, many people found that this was not the case. Instead of being made welcome and being valued for their potential contribution, they experienced differing degrees of rejection across a variety of sites.28 (p. 16)

However, Korean religious congregations in New Zealand such as Korean immigrant churches have played a role not only as providers of religious services but also as social networks and organisational connections while helping and supporting Korean immigrants to settle in New Zealand (Meares, Ho, Peace, & Spoonley, 2010). Morris, Vokes, and Chang (2007) also indicated that Korean immigrant church networks provided potentially great economic advantages because Korean migrants could find jobs through connections

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28 Using the term “Kiwi” to refer to New Zealanders is not oppressive. Rather New Zealanders call themselves “Kiwis.” According to the New Zealand Immigration website, “Kiwi” is defined as a “colloquial term for New Zealand people, and a Kiwi is a New Zealander or something that is New Zealand” (“Kiwi,” n.d.).
with church members, and they also approached potential customers and clients for their businesses through such churches. But despite such positive aspects of Korean immigrant churches, some Koreans perceived such churches as places where the hierarchical system and social pressures prevalent in their home country were reproduced, even calling such places “hotbeds of gossip” (p. 25).

A few Korean immigrants purposely decided not to go to a Korean church but rather to a “Kiwi” church to become integrated into New Zealand society and to develop their social networks with Kiwis. Thus, the act of attending a Kiwi church has become a symbol of successful migration, language proficiency, and social network within Kiwi society (Morris et al., 2007). Nevertheless, the majority of Korean immigrants have belonged to the Korean community rather than the Kiwi community even though they recognise the potential risks of belonging to Korean immigrant community with its hierarchical system and social pressures.

### 4.2.1.2 The language barrier and employment of Koreans in New Zealand

The demographic profile of the Korean population in New Zealand has been characterised as “well-educated, middle or upper-middle class, and thus relatively affluent” (Epstein, 2007, p. 149) because many Koreans got the entry permit to New Zealand under the point system which favoured one’s education, working experience, and finance. Despite such a well-off background, the greatest challenge that Korean migrants faced since they moved to New Zealand was finding formal and professional careers that were commensurate with their previous occupations. Many became self-employed through running small businesses such as dairies, restaurants, souvenir shops, cafes, travel agencies, and hair salons which they had never experienced before in Korea (Lidgard, 1996). Yoon and Yoon (2014) explained that

In 1996 over 50% of Korean immigrants in New Zealand were either underemployed or unemployed. By 2001 the employment rate had risen, but those in full-time work were still mainly engaged in small-scale businesses serving the Korean community. In 2013, 56% of Koreans were in the labour force (para, 4). In the early 2000s many Koreans were in the process of settling; very few were fully integrated into mainstream society. (para, 6)
According to the Department of Labour in 2006, the Korean population in New Zealand had one of the highest rates of unemployment and the second lowest level of personal median income (Department of Labour, 2006). Meares, Ho, Peace, and Spoonley (2010) also pointed out that the unemployment rate among Korean immigrants in New Zealand was higher than that of other migrant groups, and the income level was lower than that of other Asian groups (Meares et al., 2010; Morris et al., 2007). In 2013, Statistics New Zealand indicated that the median income for Korean immigrants for those aged 15 years and over was $11,500 and the unemployment rate was 11.4%, while the national unemployment rate was 6.2% (Statistics New Zealand, 2013). Further, Song (2013) indicated that Koreans who run Korean businesses in New Zealand face bigger challenges than their counterparts in North America due to the smaller population of Korean immigrants in New Zealand. For example, in New Zealand, more than 2,000 Korean businesses were run by Koreans in 2013, which is a remarkably large ratio considering that there were about 32,000 Korean migrants (Song, 2013).

Language was identified as one of the greatest difficulties for Korean immigrants because they used their own Korean language exclusively before moving to New Zealand (Causley, 2005; S. Chang et al., 2006). The language barrier Korean migrants faced seem to be linked to other areas of immigrant life in New Zealand such as very high levels of both unemployment and under-employment (S. Chang et al., 2006). For example, Meares, Ho, Peace and Spoonley (2010) conducted an interview with 40 Korean immigrants in New Zealand and found that English difficulty and discrimination based on this were regarded as the reasons why these participants mostly worked in either retail or accommodation and food services, which were different from their previous careers in Korea before migration. Below I look into the migration experiences of older Korean immigrants.

4.2.2 Older Korean Immigrants in New Zealand

Only a small amount of research has been conducted on the experience of older Koreans in New Zealand. I searched journal articles on older Korean immigrants in New Zealand, using keywords “older Korean immigrant” with “New Zealand,” from seven databases: Academic OneFile, Academic Search Complete, Google Scholar, Index New Zealand, Ovid, ProQuest Central, Scopus, Te Puna. From this process, only five journal articles
related to the experience of older Korean migrants in New Zealand were found. These were all conducted by the same researcher.

However, the acculturation of Korean older immigrants in North America has become a popular subject of social science and research on migration in that region. Most of this research has focused on depression, social services, mental health including physiological well-being, family relationships among older Korean immigrants, and how older Korean immigrants have experienced, coped with, and adapted to a new culture. The results of these studies showed that older Korean immigrants regarded learning English as the most difficult task during the process of adaptation (J Kim & Kim, 2013; Y. Lee & Holm, 2011; Mui, 1996). In particular, their low level of well-being was significantly related to both English deficiency and financial difficulty while a high level of well-being was related to a higher level of social support and religious practices (K. H. Lee & Woo, 2013; J. Park & Roh, 2013). In relation to mental health, older Korean Americans were described as a high risk group because their rates of probable depression were up to four times greater than those of White or Black (Jang, Chiriboga, & Allen, 2010; Min, Moon, & Lubben, 2005; N. S. Park, Jang, Lee, Haley, & Chiriboga, 2013).

In terms of family relationships and social interaction, many studies have indicated that older Korean immigrants faced a generation gap between their children because of cultural differences, and also older Korean immigrants had fewer expectations of filial piety from their adult children (B. J. Kim, Auh, Lee, & Ahn, 2013; Lan, 2002; Sung, 1990, 2000). In addition, some studies have shown that older Korean immigrants were less likely to interact and have a relationship with non-Korean ethnic groups and thus they tend to obtain services through Korean community agencies or churches rather than general service providers (e.g., Kauh, 1999; B. J. Kim et al., 2013).

Similar to the results from studies on Korean older immigrants conducted in North America, Park and Kim (2013) indicated that older Korean people living in New Zealand also experienced language barriers, changes in family setting, and inaccessibility to social welfare and health systems in New Zealand. Park and Kim (2013) indicated that older Korean people living in New Zealand face these challenges because of many changes in their lives including social activities, societal levels, and relationships between individuals and family members since they migrated. Further, some older Korean people living in New Zealand have dealt with transformation in their families where family members were
scattered across two or more countries, which is called “transnational family” (Park & Kim, 2013, p. 159).

4.2.3 Summary
Although little has been researched about the immigrant experiences of older Koreans in New Zealand, I have attempted to provide a rough illustration by reviewing both international and national literature. However, neither North American and European studies nor New Zealand studies have investigated how older Korean immigrants perceive and experience their ageing bodies and how they manage their appearance after migration, because the research has focused on acculturation including language and cultural differences, social and economic changes, and interpersonal relationship changes. Going forward from such existing research, I shall explore how migration, which is accompanied by changes in social network, downsizing financial resources, and cultural differences, has influenced my participants’ engagement in beauty practices and anti-ageing practices.

4.3 Conclusion
In this chapter, I have outlined various significant Korean historical events, economic growth, social and political issues, and cultural changes which have influenced not only Korean women’s social status but also the development of the Korean beauty industry. Knowing the Korean beauty trends and beauty industry in Korea will enable us to be acquainted with participants’ stories relating to their experiences of engaging in beauty practices when they visit Korea and while they interact with Korean immigrant communities. I also reviewed the literature on the history of Korean immigrants in New Zealand, and the international and national literature on older Korean immigrants in order for the reader to become familiar with the migration experiences of older Korean migrants in New Zealand. Through doing so, I provided a fundamental background that will guide us to reach to a better understanding of my participants’ engagement in beauty, anti-ageing, and health practices.
CHAPTER 5 METHODOLOGY AND METHOD

This chapter presents the conceptual and methodological approach, overall design, and specific procedures applied in this research. I begin with an explanation of the conceptual framework, intersectionality, and a description of qualitative research within this framework. I then continue by describing my recruitment and data collection, namely the semi-structured individual interview, and my thematic analysis. I also present the processes of recruitment, which includes a description of the demographics of my participants. I further account for data collection and then describe the procedures of data analysis and writing, including an explanation of the translation process. The chapter closes with my personal reflections on the research process.

5.1 Conceptual Framework: Intersectionality

The conceptual framework guides the researcher to interpret and explain the meanings of the data (Imenda, 2014). For this research, I used intersectionality as a lens to investigate my participants’ perceptions of the ageing body and their engagement in anti-ageing, beauty, and health practices. Intersectionality, which focuses on “the mutually constitutive relations among social identities, is a central tenet of feminist thinking” (Shields, 2008). Intersectionality can be defined as “the interaction between gender, race, and other categories of difference in individual lives, social practices, institutional arrangements, and cultural ideologies and the outcomes of these interactions in terms of power” (K. Davis, 2008, p. 68). The definition of intersectionality has been extended, and it has been used as analytical tool over the past few decades (Jordan-Zachery, 2007). Below I introduce the theoretical framework, intersectionality, which underpins this research project. I begin this section by tracing the roots of the concept of intersectionality (e.g., Black feminism) and presenting how feminist gerontology uses it. I then account for how intersectionality influenced my reading and interpretation of the data.

5.1.1 Intersectionality of Gender and Race

The concept of intersectionality was developed from the “study of the production and reproduction of inequalities, dominance, and oppression” (Shields, 2008, p. 303). The idea can be traced back to the 19th century when African American women in America fought for both racial equality and women’s rights through emphasising the intersection of gender
and race (hooks, 1981). Sojourner Truth\textsuperscript{29} participated in the struggle for liberation—the abrogation of slavery and equality for women (Avtar Brah & Phoenix, 2013)—and described how sexist subjugation was as real a threat to the liberation of African American women as racial subjugation (hooks, 1981). Truth was outspoken the issue of suffrage:

There is a great stir about colored men getting their rights, but not a word about the coloured women; and if coloured men get their rights, and not coloured women theirs, you see the coloured men will be masters over the women, and it will be just as bad as it was before. (hooks, 1981, p. 4)

This seems to resonate with the notion that “Black women [are] doubly enslaved” as “the word ‘woman’ is synonymous with white women” and “the word ‘black’ is synonymous with black men”\textsuperscript{30} (hooks, 1981, p. 140). Also, Sojourner Truth’s declaration “Ain’t I a Woman?” during her speech at the Women’s Rights Convention in Akron, Ohio in 1851, fuelled the political movement of Black feminists and has influenced other feminists and social theorists since (Avtar Brah & Phoenix, 2013):

And ain’t I a woman? Look at my arm! I have ploughed and planted and gathered into barns, and no man could head me—and ain’t I a woman? I could work as much and eat as much as a man—when I could get it—and bear the lash as well! And ain’t I a woman? I have born thirteen children, and seen most of ‘em sold into slavery, and when I cried out with my mother’s grief, none but Jesus heard me—and ain’t I a woman? (hooks, 1981, p. 160)

Truth’s speech challenged the sexist imagery used by male critics that they used to legitimise the subjugation of women and “deconstructed every single major truth-claim about gender in a patriarchal slave social formation” (Avtar Brah & Phoenix, 2013). In other words, Black women were regarded as something other than real women since their experiences were different from White women and had no bearing on true womanhood (Crenshaw, 1989). bell hooks (1981) adopted \textit{Ain’t I a Woman} as a title for her book and

\begin{flushleft}
\textsuperscript{29} Sojourner Truth was born into enslavement (to a wealthy Dutch slave-owner living in New York).
\textsuperscript{30} “Black” is not an offensive term. Rather, I use “Black” as the term that Black feminists use when they discuss African American’s experiences and lives.
\end{flushleft}
criticised the ways Black women were overlooked between “the situation of women and the situation of Blacks” (Yuval-Davis, 2006, p. 193). hooks (1981) claimed that

We cannot form an accurate picture of woman’s status by simply calling attention to the role assigned to females under patriarchy. More specifically, we cannot form an accurate picture of the status of black women by simply focusing on racial hierarchies. (p. 12)

hooks’ statement also inspired Black and other feminists and social theorists to not only deconstruct the categories of “women” and “Blacks” but also to develop an analysis of the intersection of various social divisions (Yuval-Davis, 2006). In other words, Black women’s experiences were misrepresented by the tendency to deal with race and gender as mutually exclusive categories of experience as well as through what Crenshaw (1989) calls “single-axis analysis” (p. 139). Thus, Crenshaw (1989) argued that it was necessary to explain how gender and race interact to shape the multiple dimensions of Black women’s experiences (K. Davis, 2008).

For instance, racialised imagery has oppressed women of colour. More specifically, Black women have often been masculinised as aggressive, domineering, unfeminine and as Black matriarchs (Collins, 2000; Pyke & Johnson, 2003). Similarly, Asian women have been rendered in the dominant White society as submissive, passive, weak, quiet, slavishly dutiful, sexually exotic (Espiritu, 2008; Nemoto, 2009; Pyke & Johnson, 2003), as obedient, quiet, and powerless (Root, 1990), and as voiceless (Yokoyama, 2007). Asian women’s physical appearance and features have also been considered: soft skin and silky hair which reinforces the images of Asian American women as hyper-feminine and hypersexual, a view Nemoto (2009) called “racialized femininity.” Controlling images of racialised femininity such as exotic geisha (Espiritu, 2008), the fetishized (Durham, 2001) and the exoticised (Root, 1990) have been used to objectify and oppress Asian women (Collins, 2000; Pyke & Johnson, 2003).

Sue, Bucceri, Lin, Nadal, and Torino’s (2009) conducted focus groups with ten participants aged in their mid-20s and one in her early 40s, several of whom revealed that they had had negative experiences with racialised femininity. One Chinese American woman stated, “White men believe that Asian women are great girlfriends, wait hand and foot on men, and don’t back-talk or give them shit. Asian women have beautiful skin and
are just sexy and have silky hair” (Sue, Bucceri, Lin, Nadal, & Torino, 2009, p. 94). One Korean American woman indicated that White men often approached her with the “Asian fetishes” of submission. Also, another participant mentioned that there was a stereotyping of Asian American women as sexual objects, domestic servants, and exotic geishas, which eventually associated Asian women’s identities to that of passive companions to White men. Considering racialised femininity, it is not surprising that some White men conceive Asian women as ideal partners for marriage and romantic relationships (Nemoto, 2009). That is, the prejudice against Asian women seems to frame them as docile domestic wives or sex objects.

Women of colour were marginalised by Caucasian mainstream society, and the racial imperialism of whites enabled scholars to adopt the term “women” even if they were only discussing the experience of white women (hooks, 1981). Put another way, women of colour, including Asian ethnic women, were neglected in feminist theory as “feminist theory remained white, and its potential to broaden and deepen its analysis by addressing non-privileged women remains unrealized” (Crenshaw, 1989, p. 154). Thus, the concept of intersectionality has assisted researchers to understand “complexity and multiplicity in the power relations” (Avtar Brah & Phoenix, 2013, p. 80) of gender and race.

Intersectionality has become a popular conceptual framework of feminist scholarship since it was coined by Kimberlé Crenshaw (1989). Crenshaw (1991) stated that

I consider how “the experiences of women of color are frequently the product of intersecting patterns of racism and sexism and how these experiences tend not to be represented within the discourses of either feminism or antiracism. Because of their intersectional identity as both women and of color within discourses that are shaped to respond to one or the other, women of color are marginalized within both. (pp. 1243–1244)

She further argued that race and gender not only interact to shape the multiple dimensions of Black women’s experiences but also their experiences of racism and sexism cannot be fully understood if the race or gender dimensions are examined separately (Crenshaw, 1991). Since intersectionality was introduced as a heuristic term to deal with the complicated context of antidiscrimination and social movement politics, it has inspired
feminist and antiracist scholars (Cho, Crenshaw, & McCall, 2013). Intersectionality’s passion for exploring the dynamics of difference and sameness has encouraged a wide range of political discussions and academic disciplines to focus attention on gender, race, and other axes of power. Intersectionality has also been regarded as a productive concept as it has been appropriated within diverse disciplines such as history, sociology, literature, philosophy, and anthropology as well as in feminist studies, ethnic studies, queer studies, and legal studies (Cho et al., 2013).

In addition, the starting point of intersectionality recognises the intersections of gender with other dimensions of social identity (Crenshaw, 1991). According to Shield (2008), “since the 1980s feminist critique of essentialist assumptions about gender increasingly has employed an intersectionality perspective to understand gender in relation to other social identities, such as race, class, ethnicity and sexual orientation” (p.303). Intersectionality is also regarded as an appropriate concept for “the disruption of modernist thinking produced by postcolonial and poststructuralist theoretical ideas” (Avtar Brah & Phoenix, 2013, p. 80). Below I further explain how the concept of intersectionality has been used in gerontology.

5.1.2 Intersectionality of Age and Gender

Kathy Davis (2008) explained that intersectionality seemed ideally suited to the task of exploring how categories of race, class, and gender are intertwined and mutually constitutive, giving centrality to questions like how races are “gendered” and how gender is “racialised,” and how both are linked to the continuities and transformations of social class. In a similar way, there have been many attempts to look at how gender can be socioculturally “aged” and how age (or ageing) can be socioculturally “gendered.” In other words, gender expectations about how women look determine how they manage their ageing bodies. Indeed, women engage in beauty practices regardless of age because a woman’s value is determined by her femininity, and her femininity is associated with her youth, and so loss of youthful appearance is equated with social devaluation (Powell & Hendricks, 2009) commented on this imbalance in gender evaluation by indicating that

It is emblematic of contemporary western societies that ageing marginalises the experiences of women more than it does for their male counterparts through an inter-connected oppression of gender and
ageing….Patriarchal society exercises power through the chronologies of employment and reproduction, and through the sexualised promotion of a “youthful” appearance in women while not imposing comparable expectations on men. (p. 91)

This statement resonates with gendered ageism (Ginn & Arber, 1996), with its double standard (Sontag, 1972), i.e., how women are more likely to be devalued and discriminated against as they age than men (Clarke & Griffin, 2008). Gendered ageism and the double standard of ageing are mostly explained within social constructionism which states that “ageing is socially constructed in and through individual and group social relations” (Higgs & Jones, 2009, p. 55), “the meaning of ageing derives not from innate biological processes but is socially determined” (Powell & Hendricks, 2009, p.85), and “gender” is defined as a social institution rather than a biological property of a person (West & Zimmerman, 1977).

The way that Asian ethnic women’s experiences have been under-investigated is comparable to how older women’s experiences have also been given insufficient attention. For example, “women’s studies” have not paid enough attention to the experiences of older women but have only included this population in a long “etcetera” that overlooks the different experiences among women across age (Freixas, Luque, & Reina, 2012). In other words, older women were marginalised by feminists while these feminists focused on improving the quality of women’s lives by fighting for social change and individual empowerment of girls and young and middle-aged women (Garner, 1999). Moreover, neither gerontologists nor feminists have been willing to deal with the ageing body. Instead, gerontologists have focused on the social issues of ageing and have endeavoured to improve the quality of lives of older people by identifying the significance of social services and individual empowerment (Garner, 1999). Even though feminist scholars made great strides in the development of literature on the body, they barely paid attention to the ageing body (Twigg, 2004). Arber and Ginn (1991) pointed out that lack of attention to older women in feminist literature can be construed as evidence of gerontophobia, i.e., fear of ageing.

By applying the concept of intersectionality to research on ageing, feminist gerontologists have explored different experiences among women (Ray, 1996) and promoted new interpretations of older women’s experiences of ageing and later life (Freixas et al., 2012).
Moreover, feminist gerontology has documented the experience of older women, encouraged the development of more complex interpretations of their lives, and discussed the necessity of studying and understanding their life trajectories in greater detail (Fine, 1992). Taking into account diverse social positions and identities, the experience of ageing is entangled with gender, race, and class, as gender inequalities are interrelated with ethnicity, class, nation, and citizenship (Nemoto, 2009). Thus, intersectionality enables us to investigate how gender relations influence men and women over their life courses and in old age, and this perspective leads us to concentrate on interactions between genders and between power relations with other social factors that bear inequalities (T. M. Calasanti, 2005). Further, many of our cultural understandings of old age and the consequent identities of older people are grounded in our perceptions about the frailty of the physical body resulting from the biological ageing process (Priestley, 2014, p. 54). Put differently, the understanding of age and ageing in biological terms might help us examine how older people experience themselves and the world through their ageing bodies. For this reason, I include “ageing” as a biological concept to the category of age to capture the idea that older individuals are also determined by biological attributes that bring signs of ageing and decline in physiological competence.

5.1.3 Intersectionality for This Research

Crenshaw (1989) coined the term intersectionality to suggest how the intersection of racism and sexism factors into Black women’s lives in ways that cannot be captured wholly by looking separately at racial or gender dimensions of those experiences. Likewise, the life of a Korean older migrant woman, who is at the same time a woman, a migrant, a Korean, and an older adult cannot be captured wholly by through the separate dimensions of age, gender, or race/ethnicity. I chose to use intersectionality to examine the interaction between such different elements of identity so I could capture a more comprehensive picture of my participants’ experiences. This focus on intersectionality informed the interpretation of my findings, sampling process, and data collection.

Firstly, the intersection of age and gender was essential for investigating my participants’ engagement in beauty and anti-ageing practices. This was because understanding my participants’ intersectional position as female older adults helped me to see how they experienced their signs of ageing in a sexist and ageist culture. This lead me to try and apprehend how gender and age/ageing intersected within my participants’
perceptions of their ageing bodies and understand why they thought they could maintain their femininity through hiding their signs of ageing.

Secondly, the intersection of age and race/ethnicity played a significant role in assisting my exploration of how older Korean migrants experienced social and economic changes since they moved to New Zealand. By considering this intersection, I was able to examine what kind of inequities they would encounter while living in New Zealand as older migrants (or marginalised groups). Also, my focus on the intersection of age and race/ethnicity allowed me to investigate how social and economic changes influenced their engagement of beauty, anti-ageing, and health practices in later life and in a foreign country.

Thirdly, understanding of the intersection of gender and ethnicity was also crucial for delving into how Korean women’s self-management for providing attractive appearances and maintaining healthy bodies were connected to Korean culture’s emphasis on female responsibilities towards one’s family.

Fourthly, intersectionality takes into account the extension of “other categories” including “not only gender, ethnicity, race, and class but also age/generation, dis/ability, nationality, mother tongue and so on” (Lykke, 2010, p. 50). Given this, I aimed not only to understand how older Korean women living in New Zealand engage in beauty and anti-ageing practices in response to their intersectional positions as Korean women, as Korean older women, as Korean migrants, as Korean older migrants, as Korean migrant older women but also to tie my participants’ engagement in such practices to acculturation, cultural differences from their children’s generation, language difficulties, and family structure. Given that this study investigates the experience of Korean women diasporas, intersectionality is a useful framework for this study as it is conducive with the concept of diaspora, which involves “the mobility of peoples, commodities, capital and cultures in the context of globalisation and transnationalism” (Avtar Brah & Phoenix, 2013, p. 83). As a result, understanding my participants as diasporas through an intersectional approach enabled me to analyse how Korean migrant older women living in New Zealand dealt with cultural differences between two countries; how intersection of gender, age/ageing, and ethnicity/race intertwine when my participants engage in beauty and anti-ageing practices; and how my participants use beauty practices and practices within diverse intersectional positions.
Also, New Zealand can be regarded as a bicultural nation consisting of Maori groups and non-Maori groups. However, the non-Maori group is multi-cultural with people from diverse racial and ethnic groups. Considering this, I focus on the fact that my participants are Korean ethnic migrants in New Zealand and live with people from diverse cultures. In other words, intersectionality is the method from which I attempt to understand my participants’ intersectional positions, their relations to diverse communities including the Korean immigrant community and the New Zealand community, and their social engagements in senior centres, churches, and workplaces, and their experiences of ageism, sexism, and racism (see Figure 5.1).

![Intersectionality Diagram](image)

**Figure 5.1 Intersectionality.**

Lastly, intersectionality was incorporated into my research process including sampling and data collection. As I needed to account for each individual’s intersectional positions and how these positions influenced their perceptions of an ageing body and engagement in beauty, anti-ageing, and health practices, I employed a qualitative research method and an individual interview. Also, in the individual interviews, my interest in intersectionality motivated me to explore how each individual engaged in such practices at the intersection of age and gender; of age, gender, and race/ethnicity; of gender and race/ethnicity; and of age and race/ethnicity. Intersectionality also influenced my sampling; given that I wanted
to investigate how age, gender, race/ethnicity interacted in the perception of one’s ageing body and engagement of beauty, anti-ageing, and health practices, I decided to sample individuals who were located at such intersectional positions, which in turn influenced my decision to sample Korean women over age 50 living in New Zealand.

5.1.4 Intersectionality in Qualitative Research

A primary reason for situating my research within the framework of intersectionality is that it is open to the ambiguous and complex data one would expect to encounter in a research topic exploring new ground such as mine. As Kathy Davis (2008) pointed out, the ambiguity and open-endedness of intersectionality encourages a researcher to embark on “a process of discovery which is not only potentially interminable, but promises to yield new and more comprehensive and reflexively critical insights” (p. 77). Such a research framework embraces complexity and unexpected data in order to obtain comprehensive insights through creative thinking rather than following the normative model of inquiry which often looks for the “correct line” (Davis, 2008, p. 79).

I chose to adopt qualitative research methods to develop “a complex, holistic picture, [that] analyses words, reports detailed views of informants, and conducts the study in a natural setting” (Creswell, 1994, pp. 1–2). Also, this choice was influenced by my understanding that the aim of this research could not be achieved using quantitative approaches. This study did not aim to test predefined categories or hypotheses, but instead to understand the lived experience of its participants. In other words, this project focused on interpretation, descriptions, characteristics, meaning and approaches including the detailed exploration and analysis of a specific topic (Kvale, 1996). Adopting qualitative research methods thus enabled me to fulfil the objectives of my research and obtain rich descriptions of specific experiences from a small number of participants. Qualitative methods are also useful when a topic has not been well-researched (Liamputtong, 2009), I adopted it for this study because there is relatively little that examines the intersections of ethnicity/age/gender the way I conduct. Through the qualitative approach, I attempted to hear participants’ voices and to share their stories (Liamputtong, 2009).

5.2 Qualitative Research Method

The research questions of this thesis are as follows: How do Korean women over the age of 50 living in New Zealand perceive their ageing bodies? How do they resist the ageing
processes of their bodies? What are their opinions on anti-ageing products and practices? What are the motivations behind their engagement in beauty practices? Finding answers to these questions required the adoption of a qualitative methodology. More specifically, I used semi-structured individual interviews to collect data, and I applied a thematic analysis approach to analyse the data. Below I explain qualitative research method including the semi-structured individual interview and thematic analysis approach.

5.2.1 Semi-Structured Interview

Using individual interviews, I attempted to hear participants’ voices and obtain more detailed stories (Liamputtong, 2009). I also sought rich descriptions of specific experiences from a small number of participants rather than looking for occurrence or volume in order to find particular answers to the questions from large populations (J. Smith & Dunworth, 2002). Individual interviews have a diverse range of interview structures: structured, semi-structured, and unstructured. For this study, semi-structured interviews were adopted for its several advantages.

   First of all, semi-structured interviews were scheduled in advance at a designated time and organised around a set of prepared questions so that the researcher can make sure each interview does not go astray (Whiting, 2008). Second, even though the interviewer follows the guide, there is still the opportunity for identifying new ways of seeing and understanding the topic at hand. In other words, semi-structured interviews are flexible and fluid, allowing other discussions to emerge during the interview. They possess flexibility in how and in what sequence questions are asked, and in whether and how particular areas might be followed up and developed with different interviewees (Cohen, 2006).

5.2.2 Analysis of Data: Thematic Analysis Approach

Qualitative research requires the researcher to analyse data from words, narratives, and stories that draw out the results of the research. For this study, I decided on using thematic analysis which is “a method for identifying, analysing and reporting patterns (themes) within the data” (V. Braun & Clarke, 2006, p. 79). Thematic analysis process seeks to identify themes through “careful reading and re-reading of the data” (Rice & Ezzy, 1999, p. 258).
Thematic analysis has several advantages. Firstly, thematic analysis, through its theoretical freedom, provides a flexible and useful research tool that can be used across a range of research questions (Braun & Clarke, 2006). This flexibility in turn produces unanticipated ideas and rich interpretations by helping the researcher to comprehend the potential issues more broadly (Marks & Yardley, 2004). The flexibility of thematic analysis interacts synergistically with the vagueness and open-endedness of intersectionality. As a consequence, the interviews led me to explore unexpected aspects. By analysing data with flexibility, I obtained new insights and a broader picture of the perception of anti-ageing practices. I present in detail how a thematic analysis was applied to this research project in section 5.4.

Secondly, thematic analysis is a useful method for working with participants by assisting the researcher to link the various concepts and opinions of participants (Ibrahim, 2012). Thirdly, a research based on such analysis also highlights similarities and differences across the data set and summarises key features of a large body of data, and/or offer a “thick description” of the data set (V. Braun & Clarke, 2006, p. 97). Thus, using a thematic analysis approach helped me to find patterns and themes within data that were diverse and nuanced, and enabled me to organise the common themes and ideas while exploring the data, and identified the relationships between concepts.

5.2.3 Applying Thematic Analysis’s Different Levels of Approach Within Intersectionality

This section explains the process of data analysis and how different levels of thematic analysis were used for this study using intersectionality as conceptual lens.

I applied an inductive approach to analyse the data. An inductive approach could be defined as a “bottom up” approach, where the themes identified are considerably related to the data themselves so that the approach is data-driven (V. Braun & Clarke, 2006). This allowed me to create meaning by coding and analysing the data that I collected from the interviews (Creswell, 2012). Initial themes were generated without a pre-existing coding frame or analytic preconceptions. Rather, I began with the themes and major patterns that were introduced by my participants. Using inductive thematic analysis, I could not predict what themes would emerge; therefore I also needed to be flexible with what I wanted to find (V. Braun & Clarke, 2006). I approached the data at two levels: semantic and latent.
At the semantic level, themes are come from the apparent meaning of the data. This focuses on what is said, and does not look beyond what participants said or what was written. I used semantic level analysis at the initial stage of coding to find the common ideas and concepts in relation to signs of ageing, types of anti-ageing and beauty practices that my participants used, as well as descriptions of cultural differences they have experienced.

Further, intersectionality informed the latent level of analysis I used to uncover underlying ideas to develop key concepts beyond what my participants said and to identify and interpret nuances and metaphors that my participants used during the interviews. For instance, considering the intersection of age and gender, I was able to find hidden insights concerning the concept of natural ageing, such as how the discourse of natural ageing was used by anti-ageing marketing to lure older women to manage their appearance to attain a so-called natural look in later life. Also, considering the intersection of age, gender, and race/ethnicity, I was able to capture my participants’ ambivalent attitudes towards anti-ageing products and practices. For instance, I discovered that their decisions on using anti-ageing practices were flexible depending on socio-cultural milieu such as the combination of ageist and sexist culture, cultural differences between Korea and New Zealand, and changes in personal financial resources since migration.

5.3 Data collection

This section describes how I collected the data. It presents the recruitment and interview procedures. I also account for how I conducted interviews, what I asked, where I interviewed, and how I stored my data.

5.3.1 Recruitment

My research project was to explore the experience and perception of an ageing body among Korean women over the age of 50 living in New Zealand. Therefore, some criteria for selecting participants were required. I recruited participants who were Korean women over the age of 50 and who lived in New Zealand for at least 5 years. However, I excluded those who immigrated to New Zealand before the age of 15 or who lived in countries other than Korea and New Zealand for more than 10 years. Individuals with cognitive impairment or mental illness were also excluded. I now clarify the reasons behind these exclusion criteria.
Firstly, the reason I intended to exclude those who have immigrated to New Zealand before the age of 15 is that I doubted whether such individuals would have had sufficient exposure to Korean culture to be considered as cultural immigrants. Secondly, the reason I intended to exclude those who had severe cognitive impairment or mental illness is that I was concerned that they might have difficulty paying attention during the interview and/or comprehending the interview questions. Thirdly, the reason behind excluding those who had spent over 10 years living outside of New Zealand and Korea was that it was quite likely that they had their views shaped by cultures other than those of New Zealand and Korea, and thus they would not have the specific New Zealand/ Korea bi-cultural background that this research is interested in.

Secondly, participants were invited to speak in either English or Korean according to their preferences. This was because I thought that there would be some Korean older women who were more comfortable with speaking in their native tongue, and that there might be those who were willing to interview in English since they had lived in New Zealand. Thus, I provided a language choice of either Korean or English for older Korean participants so that they could select one that they felt more confident and comfortable with in order to improve the flow of the interview. As it turned out, all of my participants wanted to interview in Korean.

Thirdly, at the beginning stage of this research, I contemplated using an age range that explored my participants’ experiences, perceptions and management of ageing bodies. By the time they reached the age of 50, most women face physiological (e.g., menopause, loss of sensory functions), physical changes (e.g., weight again), and signs of ageing (e.g., wrinkles, sagging, loss of hair, white hair, dry skin) which can affect their body image (Chrisler & Ghiz, 1993). Hence, I chose to conduct interviews with Korean women 50 and older for my research.

5.3.1.1 Recruitment process
I used four approaches to recruit participants: posters and advertisements, emailing staff and administrators of the Korean immigrant community and churches, visiting the Korean immigrant community including the Korean immigrant church in person, and snowballing and personal referral.
First, I posted posters and advertisements in Korean churches, Korean business sectors such as Korean grocery stores, and restaurants (see Appendix B). Even though no one contacted me through the posters and advertisements, several respondents who decided to take part in the interview through personal referrals told me that they had seen the posters and advertisements. This seemed to have encouraged them to participate in the interview when somebody introduced them to this research project.

Second, approaching potential participants in Dunedin was relatively easy compared to other cities because I lived in Dunedin. I visited the Korean immigrant church in Dunedin and obtained permission to introduce my research topic and recruit potential participants at the after service group for adults. But developing social networks in Auckland, Christchurch, and Hamilton was more challenging. I visited the website of the Korean Association in Auckland, the Korean Association in Christchurch, Korean Presbyterian Church in Christchurch, the Korean Women Association of New Zealand. Through these websites, I contacted the administrator, manager or president by email and introduced myself with the explanation of the purpose of my research. I asked if I could visit and introduce my research topic or if they could introduce my research to their communities. Although I contacted these organisations and associations, I did not receive positive responses. However, when I contacted the Korean senior recreation centre in Auckland, I had a chance to visit and introduce my research topic. This turned out to be the most productive approach to recruit participants for my research. This centre was established and run by one of the Korean immigrant churches in New Zealand. This centre is a type of senior centre for older people aged over 65. Eligibility for membership is for anybody aged over 65. Even though most of the members in this centre were over aged 65 I targeted not only the members but also the staff who were aged over 50s. Additionally, a snowball effect in recruitment was done via one of my Dunedin participants, who was from Auckland.

Third, I recruited participants through snowball sampling. This involves one participant providing the researcher with the name of other potential participants, who in turn provide the name of a third, and so on (Vogt, 1999). Through snowball sampling, I was able to reach to several participants who lived in the cities where I did not have any contacts. This corroborates with Atkinson and Flint’s (2001) statement that the most important
characteristic of snowball sampling is to collect participants “where they are few in number or where some degree of trust is required to initiate contact” (p. 2).

I did not expect to conduct interviews with women living in small cities such as Hamilton and Queenstown. However, I recruited three Korean women in Hamilton through personal referral and snowballing. Furthermore, despite not receiving any positive response from the Korean immigrant associations and the Korean religious congregation in Christchurch, I found two women living in Christchurch who were interested in my research through referrals and connections from people I knew. I contacted them via telephone and recruited them to participate.

5.3.1.2 Privacy and confidentiality
One informant said that the “Korean community in New Zealand is just like a small rural village. So, we (Koreans) can know each other from our connections. Better for me to watch my words.” Another participant also mentioned that “Korean community here in New Zealand…is very small. Korean immigrant society is small so I need to be careful of my language. I can hear what I have said soon because words spread so fast from here to there.” Knowing that my participants who were involved in the Korean immigrant community would be concerned about privacy and confidentiality, I ensured to inform them that the interviews were completely confidential as stated on the consent form. In doing so, I realised that the use of consent forms was not only for my participants but also for me, to clarify the confidentiality of the interview for my participants.

5.3.1.3 Ethical approval
My research is based on data from interviews with my participants, and so it raises ethical issues such as consent, access, and privacy. Ethical approval was granted by the University of Otago Ethics committee (see Appendix C). Through the ethical approval process, I was able to develop and refine my research project and ensure my responsibility as a researcher regarding ethical issues including privacy, safety, health, social sensitivities, and welfare of my participants, and their protection from deception.

In order to protect the privacy of my participants, I used pseudonyms during my research. In order to avoid deception, I provided an explanation of my research and information sheet to each participant. My participants had access to all the relevant information about my research, and were also ensured that their interview data would be
used for no other purpose but for my research purpose, and that no harm would come to them. For the interviews, informed consent was obtained from all participants.

In particular, considering that some participants would be physically weak because of their poor health conditions, I ensured that I gave special consideration to their needs and concerns. For example, I visited their houses for the interview when they were willing to invite me because due to lack of transportation.

Also, I was aware of my responsibility of keeping my participants’ information confidential. For privacy and confidentiality, the recorded interviews and written transcripts were given ID numbers. I stored these data on my password-protected computer in my office located at the University of Otago, Department of Sociology, Gender and Social Work. The transcripts of all interviews were made available to me and to my supervisors. I stored hardcopies of the data and the consent forms in a locked filing cabinet in my office at the University of Otago. I stored audio recordings and any associated files related to the research on my computer which is password-protected, as well as on a password-protected internet data storage account. Further, I stored my participants’ identifying information on my password-protected computer at the University of Otago, Department of Sociology, Gender and Social Work and I used them entirely for administrative purposes (e.g., contacting participants for meetings).

Furthermore, although this research was not conducted with Māori, this research was submitted to Ngāi Tahu Research Consultation Committee to make sure if my research need detailed Ngāi Tahu Research Consultation (see Appendix D). Although there would be a possibility that Māori culture had affected the perception of body and beauty among Korean women living in New Zealand, this research was not required for further consultation in that this research project is based in the Korean community.

5.3.2 Sample
Korean adults in New Zealand aged over 50 numbered 6,357 in 2013; 21.07% of the country’s Korean population (Statistics New Zealand, 2013b). Among these, I met 31 women who agreed to participate in my study. Their demographic features are described below (see Table 5.1).
5.3.2.1 Age

The age range of the participants varied from 50 to 84. Twelve participants were in their 50s, nine were in their 60s, eight were in their 70s, and two were in their 80s. The mean age of the sample was 63.644.

5.3.2.2 Geographic location

All participants lived in New Zealand. Eighteen lived in Auckland, seven in Dunedin, three in Hamilton, two in Christchurch, one in Queenstown.

Table 5.1 Table of Participant Demographics

<table>
<thead>
<tr>
<th>Age</th>
<th>Number of Participants</th>
<th>Geographic Location</th>
<th>Number of Participants</th>
<th>Length of Residence in New Zealand</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>50s</td>
<td>12</td>
<td>Auckland</td>
<td>18</td>
<td>Under 10 years</td>
<td>5</td>
</tr>
<tr>
<td>60s</td>
<td>9</td>
<td>Dunedin</td>
<td>7</td>
<td>11–15 years</td>
<td>13</td>
</tr>
<tr>
<td>70s</td>
<td>8</td>
<td>Hamilton</td>
<td>3</td>
<td>16–20 years</td>
<td>9</td>
</tr>
<tr>
<td>80s</td>
<td>2</td>
<td>Christchurch</td>
<td>2</td>
<td>21–25 years</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>Queenstown</td>
<td>1</td>
<td>26–30 years</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td>Total</td>
<td></td>
<td>Total</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Engagement</th>
<th>Number of Participants</th>
<th>Attendance of Religion Congregation</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>Part-time 3</td>
<td>Korean Immigrant Church* 22</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Full-time 7</td>
<td>Kiwi Catholic Church 4</td>
<td></td>
</tr>
<tr>
<td>Self-employed</td>
<td>5</td>
<td>Korean Buddhism Temple 1</td>
<td></td>
</tr>
<tr>
<td>Regular or full-time housework for adult children’s family</td>
<td>4</td>
<td>Korean Won-Buddhism Association 1</td>
<td></td>
</tr>
<tr>
<td>Volunteering</td>
<td>4</td>
<td>Local Kiwi Protestant Church 1</td>
<td></td>
</tr>
<tr>
<td>Korean Senior Centre</td>
<td>9</td>
<td>None</td>
<td>1</td>
</tr>
<tr>
<td>Korean School</td>
<td>2</td>
<td>N/A (flexible)</td>
<td>1</td>
</tr>
<tr>
<td>Korean Immigration Association</td>
<td>2</td>
<td>Total 31</td>
<td></td>
</tr>
</tbody>
</table>

5.3.2.3 Length of residence in New Zealand

Although all participants were born in Korea and migrated to New Zealand, the length of residence in this country ranged from seven to 30 years. The average length of residence New Zealand was 15.96 years. Only three participants migrated to New Zealand in the 1980s, 13 participants in the 1990s, and 15 participants from 2000 to 2007. The migration circumstances of my participants can be classified into two abroad categories: twenty-one
migrated with their husband and dependent children, while ten migrated to New Zealand to reunite with their adult children or joined their adult children’s migration as dependent family members.

5.3.2.4 Marital status and living arrangements
The marital status of participants also varied: 19 were married, seven were widows, two were separated, one was divorced, one was remarried, and one provided a vague answer. In terms of living arrangements, ten participants lived alone, eleven lived with their husband, six lived with their adult children without a husband, and four lived with their husband and their adult children.

5.3.2.5 Social engagement and contribution
At the time of interview, ten participants worked in paid employment: seven part-time and three in a full-time job. Five respondents were self-employed. Sixteen did not have a job, but out of these sixteen, four took part in volunteering work, four were active in housework and child care for their children’s families, and two were retired.

All participants were involved in the Korean immigrant community. Twenty-nine regularly attended Korean religious congregations. Among these, twenty-three participants attended a Protestant church, four a Catholic Church, one was Buddhist, and one was Won-Buddhist. One participant said she had no religion. Another reported that she visited any type of religious service whenever she wanted to pray. Nine participants joined the Korean seniors’ centre. Two participants taught the Korean language at Korean School. One participant was a member of the executive team of the Korean Immigrant Association.

5.3.3 Conducting Interviews
I conducted semi-structured interviews with 31 Korean women ranging in age from 50 to 84. All interviews were conducted in Korean since that was the participants’ choice. Three were capable of speaking English. Nevertheless, they preferred being interviewed in Korean language. The interview lengths varied between one hour to two and a half hours. The average interview length was approximately 90 minutes. Total number of hours for the all interviews was approximately 59 hours. Before starting each interview, I guided my participants to read the Information Sheet (Appendix E) regarding this research so that they understood what it was about. I also made sure that my participants filled out the
I used an interview guide (Appendix G), which is a list of questions and topics that I wanted to cover during the conversation. During the interviews, I tried to maintain a neutral stance by not inducing my participants to provide specific answers to my questions.

Under my participants’ agreement, all interviews were audio-recorded using a digital MP3 recording application on an iPad. The overall quality of the recording was excellent. I kept notes whenever I needed to during the interview, immediately after the interview, and during transcription. At the beginning of each interview, I asked broad questions about the participant’s lived experiences in New Zealand and what led them to migrate to New Zealand. Interestingly, participants also asked me why I chose to come to New Zealand and study at the University of Otago for my Ph.D.

One of my concerns about conducting interviews was the generation gap. I was afraid my older participants would feel uncomfortable with a younger woman asking about how they experienced and perceived their ageing bodies. So, I started each interview with a conversational opening question such as “How often do you visit Korea?” and “Do you watch Korean drama?” I got the impression that my participants perceived me as a person who shared a common cultural and historical background. Also, some other casual questions such as “What did you do this morning?” or “Where have you been just before coming to this interview” helped me to get to know their daily routines or the social activities, programs, and/or exercises in which they engaged.

The above approach helped the interview to transition smoothly into the questions related to Botox practices and beauty practices because many Korean celebrities undertake Botox injections and cosmetic surgeries. Further, while talking about Korean older celebrities, some of my participants described how much their appearance had changed as a result of ageing. Through this, I was able to introduce the interview questions such as 1) How do you feel when you look at yourself in a mirror? 2) Have you ever heard you look younger than your age? 3) When do you make up? 4) How do you feel about your own ageing process? 5) How do you manage your body health? 6) Do you use any products or techniques to keep yourself young? Which ones? 7) How do you feel about using them? 8) How do you think about anti-ageing products (and/or Botox practice)?
Although no reward was given to participants, I sent a thank-you card to each of them to express my gratitude for them providing their time, energy, and effort.

5.3.3.1 Field notes
During the interviews, I also wrote field notes. My descriptive field notes included descriptions of participants’ appearance, outfits, makeup styles, and hairstyles. When I read the transcribed data, these descriptive field notes helped me to recall the interviews vividly and to relate their appearance and their story to their beauty practices. Also, I decided to include my participants’ appearances such as outfits, makeup styles, and hairstyles in the field notes in case this information would be useful to visualise their daily engagement in beauty practices. For example, one of my participants told me that she did not put on colour makeup everyday but only for special occasions and she told me that she put on colour makeup for the interview. Also, another participant told me that she usually did not dress up at home, but she dressed up because she invited me to her house for the interview. These field notes helped me to connect my participants’ description of Korean immigrant community as a motivation of providing good appearances as part of their culture of “saving face”, and so they made efforts to beautify themselves to meet a Korean researcher for interviews.

In the field notes, I also wrote down my participants’ non-verbal reactions such as smiles, crying, and facial expressions, and the atmosphere of the conversations. For instance, I tried to note my participants’ emotions through facial expressions when they talked about their children or grandchildren, especially the ones who were living overseas. One participant seemed to feel proud of her children who had careers overseas but at the same time she seemed to feel a bit lonely when she talked about the long-distance relationship with her children. So, I wrote down her mixed facial expressions and her voice tone. Such notes assisted me in reflecting on how family structure influenced her later life and why she emphasised taking care of her health.

Further, I made analytic notes which included new ideas, issues, and questions so that I could combine the ideas and issues that I had during interviews when I read and analysed data. Immediately upon leaving each interview, I had some time to review brief notes I took during the interview in order to give myself the opportunity to add my own reflections and interpretations of the meanings of what my interviewee had said.
5.3.3.2 Places for interview

Finding an appropriate place to conduct each interview was important not only to ensure participants’ confidentiality and privacy but also to set a comfortable environment. I attempted to meet participants at a mutually convenient and comfortable location. As a result, I conducted interviews in a variety of locations.

In Dunedin, I conducted the interviews in several different places. Three were conducted in the participant’s house, one in a meeting room at the Marsh Study Centre of the University of Otago, one in a participant’s restaurant during off-hours, one in a motel room with a participant from Auckland who was visiting Dunedin for a conference, and two in a café chosen by the interviewee.

I conducted one interview via Skype with a participant living in Hamilton. I was afraid Skype would be ineffective because it was not a face-to-face interview in person. But as it turned out, the Skype interview was very useful because she was in her house and was able to show her cosmetic products, clothes, and family photos in response to my interview questions. I travelled to Christchurch to interview two participants in their homes.

I conducted seventeen interviews in Auckland. Eight were conducted in participants’ homes, six in cafés, one in a restaurant, and two in the office of a church. I visited Hamilton for two days to conduct two interviews that were done in the participants’ homes.

Some participants preferred meeting in a public area such as a café or restaurant. Initially, I was concerned about whether my interviews could be appropriately conducted in such public spaces. However, the participants who chose to meet at such places seemed to be open and comfortable talking in public places. I got the impression that they felt free to talk in Korean without hesitation because most of the customers in the cafés and restaurants were English speakers. As a result, I did not notice any difference in terms of interview quality between private and public spaces.

5.4 Applying the Six Steps of Thematic Analysis

I did not use qualitative analysis software since available tools do not support the Korean language. Instead, my data analysis was undertaken manually with Microsoft Word. Nevertheless, I was able to obtain rigour in my analysis by following the six phases of analysis developed by Braun and Clarke (2006): “familiarising myself with the data,
generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report” (p. 87). Below I illustrate how I applied these six steps to analyse the data.

5.4.1 First Stage: Familiarising Myself With the Data
To familiarise myself with my data, I transcribed all thirty-one interviews myself. My transcriptions were in Korean. I transcribed them verbatim and typed them using Express Scribe (see Appendix H). An advantage of doing the transcribing myself was that I could recall the atmosphere, environment, the participants’ voices, and their emotional expressions.

I operated on the understanding that a researcher using thematic analysis is required to read all of the transcripts thoroughly and then identify patterns for common interpretation presented by participants (V. Braun & Clarke, 2006). I undertook the reading and re-reading of the transcripts and field notes, wrote down initial ideas, and highlighted and underlined the importance sentences and paragraphs in the transcripts (see Appendix I).

5.4.2 Second Stage: Generating Initial Codes
The transcripts were then subjected to a coding process. I coded the transcripts in English. Codes in the form of short words or phrases were used to highlight words, phrases, sentences, or paragraphs that described essential ideas and stories. I produced initial codes while coding interesting aspects of the data in a systematic approach across the entire data set and compared data pertinent to each code. Line-by-line open coding was used to identify initial categories. I also analysed each statement or narrative to gain a full picture of the data. After I had coded all of my data, data that were identified by the same code were collated together. I reviewed lines, sentences, and paragraphs from the transcripts and field notes to look for patterns in the participants’ ways of discussing their experiences and perceptions of ageing and their engagement in the use of anti-ageing and beauty practices. At this stage, I also applied the codes to the transcripts to categorise them into text segments. Reviewing the text segments under each code helped me to extract the subcategories and then more overarching categories (see Table 5.2). This process let me move to the next step to develop themes.
### Table 5.2 Sample of Developing from Codes to Categories

<table>
<thead>
<tr>
<th>Codes</th>
<th>Sub-Categories</th>
<th>Categories</th>
</tr>
</thead>
</table>
| - Sick and illness  
- Body condition  
- Dress fit  
- White/grey hair  
- Less physical strength | - Pothelly  
- Weight gain  
- Wrinkle  
- Teeth  
- Eyesight | - Physical changes and signs of ageing  
- Ageing as a natural process |
| - Keep busy and active  
- Contribution to others (including family)  
- Working  
- Volunteer | - Be healthy and independent  
- Don’t be burden  
- Exercise  
- Food regulatory  
- Health supplement  
- Healthy food | - Healthy body and healthy ageing  
- Slimness  
- Active and successful ageing |
| - (Dis)/Satisfaction  
- I feel upset  
- Death and oldest old | - Accept as a natural process | - Management of later life |
| - Ageing is ugly  
- Ageing is dirty  
- Desire for youth  
- Ageing is chujaphan  
- Halmoni | - With young people  
- Youth is beautiful  
- Try to look young  
- Ageing body and young maum | - Ageism  
- Youthful appearance  
- Femininity |
| - Accessories  
- Clothing  
- Dying hair  
- Makeup  
- Manicure  
- Massage and Facial mask | - Using luxury or anti-ageing cream  
- Using normal cream  
- Product from Korea  
- Shoes  
- Dislike Botox  
- Caring by not doing (non chemical) | - Beauty practices to signs of ageing  
- Femininity  
- Appropriate degree of beauty in old age |
| - Natural look  
- But not too much in old age | - Look graceful  
- Wisdom and dignity  
- Beautiful maum | - Paradox of using anti-ageing practices  
- Natural look |
| - Anti-ageing expensive  
- Fake  
- Side effects | - Advertisement  
- Effectiveness or ineffectiveness  
- Other medical interventions | - Calculation: Cost and side-effects |
| - English difficulty  
- Finance difficulty  
- Chemyon  
- Korean immigrant society  
- Korean immigrant church  
- Natural beauty as New Zealand beauty norm | - Appearance is priority for Koreans  
- For family members  
- Asian physical features | - Natural look  
- Gaze of other Korean immigrants  
- Cultural adaptation  
- Family pressure |
| | | - Navigating proper beauty in old age  
- Adjusting beauty practices between Korea and New Zealand |

131
5.4.3 Third Stage: Searching for Themes

As mentioned before, my codes were basic concepts used to label a word, phrase, sentence, or even paragraph that was related to the research questions. I gave a name to each code and wrote a memo on some codes that could also be under another code. For example, the code “exercise” could be under both “health” and “slimness.” I was able to obtain my initial themes through organising codes into the categories according to similarity and patterns and identifying logical relations and overlapping ideas among participants. This phenomenon has been attested to by other researchers, where “the groups of codes that recur through being similar or connected to each other” (Buetow, 2010, p. 123) capture a common, repeated pattern across a dataset, organised around a central organising concept (V. Braun & Clarke, 2006). As such, a theme represents “something important about the data in relation to the research question” and the “meaning within the data set” (V. Braun & Clarke, 2006, p. 82).

In the data-driven inductive approach, themes were developed first, then interpreted (Boyatzis, 1998). Initial themes were identified, codes were applied that referred to the themes, and then themes were finalised (Fereday & Muir-Cochrane, 2006). At this stage, the codes were organised and reorganised under themes, after which they were merged into several themes.

5.4.4 Fourth Stage: Reviewing Themes

In order to review themes, I re-read all of my text segments to ensure that all of them fitted into each of their assigned themes and that the data within themes cohered meaningfully. I also returned to my research question and theoretical framework to ensure that the themes reflected the findings of my research. This process was repeated several times until I obtained the salient themes.
At the stage of reviewing initial themes, several themes were combined with other themes due to similarity. I also re-categorised several themes after realising that some themes needed to be changed. At the end of this process, I ensured the validity of themes regarding the entire data set and considered how themes fit the broad stories of my participants.

5.4.5 Fifth and Sixth Stages: Defining Themes and Reporting
I then continued to refine and re-name the major themes. I refined themes by going back to the text segments in the codes and sub-themes and looking at the data-supported themes. I also ensured that the themes were “specific enough to be discrete” and “broad enough to encapsulate a set of ideas” (Attride-Stirling, 2001, p. 392). I also considered what each theme described and what aspects of the data were included in each theme. I then developed an accurate title for each theme. I ensured that the title of each theme was clear and explicit. In order to improve credibility, I had several discussions with my supervisors about the draft reports of the themes. Based on their feedback, I refined and finalised my themes.

In the final phase, I started reporting and writing up a set of the themes. In this stage, I produced my final analysis by writing and reporting themes. While reporting, I ensured that the description of themes was accurate and consistent in order for readers to understand the final report.

5.5 Translation and Trustworthiness
Qualitative research aims to represent a variety of perspectives and to capture the richness of participant experiences (Guba & Lincoln, 1994). It seeks to involve the participant in actively constructing and sharing their own stories (Reason & Rowan, 1981). My participants’ words were the foundation of my research (Schwandt, 2002) and I relied on the “words” or stories they provided during the interview (Liamputtong, 2009). Consequently, from data collection and analysis to the writing process, language played a fundamental role in this work. Considering the importance of language, the choice of which language to use for each step of this research was important.

I interviewed, transcribed, read, and analysed data in Korean but wrote for final dissemination in English. There were no language barriers between us because we were all competent in the language used in the interviews. As a Korean speaker, I was able to
understand certain nuances that a non-Korean might have had difficulty appreciating. By conducting, interpreting, and analysing the interviews in Korean, I attempted to preserve original meanings and to minimise loss of authenticity. I translated selected interview quotations from the Korean language into the English language only at the last stage of writing.

Language differences arising from translation were inevitable as I wrote the results of this research. Crystal (1991) explained translation as a process in which “meaning and expression in one language (source) is tuned with the meaning of another (target) whether the medium is spoken, written or signed” (p. 346). In this respect, the interpretation process “generates additional challenges that might hinder the transfer of meaning and might result in loss of meaning and thus loss of the validity of the qualitative study” (van Nes, Abma, Jonsson, & Deeg, 2010, p. 314).

Translation occurred at two different stages in this research. The first translation was conducted during data collection and in the early of analysis process to share the results of each interview with my English-speaking supervisors. To support trustworthiness and authenticity, I actively shared my participants’ stories with my supervisors. For instance, after each interview, I summarised the overall interview with my reflections and translated the significant stories and quotes in English and sent this to my supervisors. This follow-up process was necessary to communicate and discuss each interview so that they provided me with feedback, comments, and advice for the next interview. Appendix J shows examples of this follow-up process. The names of codes, categories, and themes were also written in English from the first stage of the analysis process for the benefit of my supervisors’ access.

So as to increase the rigour of my study, at the last stage of the writing process, I hired a Korean-English bilingual lecturer in the English literature department of a university in Korea to review all quotes for accuracy. I used a back translation method (Cha, Kim, & Erlen, 2007; Ozolins, 2009) in which the bilingual lecturer verbally translated all English quotes into Korean without reading my original Korean transcriptions. Next, we worked together to examine the extent to which her translation matched my Korean transcriptions. Then we agreed on a consensus English translation of the quotes. I transcribed some Korean words into the English alphabet using English synonyms as it is hard to find English equivalents of certain Korean words. This was because I wanted to preserve the
original senses of the Korean words. She also agreed with me romanising several Korean words.

In addition, the trustworthiness of this research needs to be accounted for, as I was susceptible to being swayed into holding a subjective view of the study and the participants. Karnieli-Miller, Strier, and Pessach (2009) explained that the “interviewer is ‘separated’ from the participants, and the researcher becomes the ‘storyteller’ who recasts the story into a ‘new’ historical, political, and cultural context” (p. 283). Knowing the importance of a researcher’s interpretation, I had to avoid overuse of this power, which could change the meaning of my participants’ stories.

In order to enhance the trustworthiness in my research, I welcomed opportunities to receive fresh perspectives and questions posed by colleagues, peers, and academics during conferences and a poster competition, and when presenting at the department seminar during my research journey. This enabled me to refine my ideas and the interpretation of my data.

5.5.1 Korean Vocabulary in This Study
In this section, I explain some Korean words whose meanings are hard to capture when translated into English. For this reason, I rendered these terms in the English alphabet rather than translating them into English words. The words are halmoni, maum, chujaphada, and chemyon.

5.5.1.1 Halmoni, agassi, and ajumma
The dictionary definition of halmoni is “grandmother.” Instead of using the subject’s name, Koreans use kinship terms (G. Choi, 1997). Therefore, halmoni is used to address an older woman, rather than using her name. If one thinks that a woman is from the same generation as one’s grandparents, one addresses her as halmoni in Korea even if she is not one’s biological grandmother. If one thinks that a woman is as old as one’s parents, then one addresses her as eomeoni, which means “mother,” or ajumma and i-mo, which means “aunt.” If one assumes that woman is young and unmarried, then one addresses her as agassi, which means “young lady.” Considering that the term halmoni is used to replace “old,” how Korean women are addressed either as agassi, ajumma (eomeoni or i-mo) or halmoni reflects how young or old they look. Therefore, being addressed as agassi, ajumma, or halmoni might be a sensitive issue for Korean women.
5.5.1.2 Maum

The term *maum* is comparable to mind or heart or spirit in English. However, mind can be replaced with *jeongshin*, heart with *kaseom*, and spirit with *hon* in Korean. *Maum* has a more complicated meaning in Korean contexts. With reference to *maum*, Yoon (2004) expounded that

Maum is used to describe various psychological activities that cannot be experienced in the body. The symmetry of mom (body) and maum suggests that Koreans think that maum is one of the two parts of a human. The part maum exists exclusively in human beings not in other living creatures. Koreans believe that while mom (body) belongs to the physical, material world, maum is invisible and intangible and exists as a psychological entity. However, maum is conceptualised as being located somewhere inside one’s chest area. (p. 5)

In this thesis, I do not replace *maum* with either mind, or heart, or spirit but transcribe it as *maum*, as it is in Korean.

5.5.1.3 Chujaphada and chuhada

It is also hard to find an appropriate English word to translate the Korean word *chujaphada*. However, “dirty,” “ugly,” or “filthy” can roughly replace it. During interviews, some participants used words like *chuhada* or *chujaphada* more than dirty (*duruown*) and ugly (*mokseangkin*). According to the Korean dictionary, *chuhada*, as an adjective (although it can be used as an adverb with a different suffix), is used to describe one’s dirty and messy clothes and behaviours and also to describe when one looks disgraceful (“Chuhada,” n.d.). *Chujaphada*, as an adjective, is used to describe one whose words or behaviours are dirty and filthy; to describe someone or something that is rough and disorganised and so not clean and neat (“Chujaphada,” n.d.). Since a word stem of *chuhada* is *chuha*, *chuhada* is transformed in many different ways with different endings such as *chuhada*, *chuhan*, and *chuhage*. However, the meanings are synonymous. Likewise, *chujaphada*, *chujaphage*, and *chujaphan* are used synonymously.

5.5.1.4 Chemyon

I dealt with the concept of *chemyon* in Chapter 4. In terms of lexical structure, *chemyon* consists of *che* (body) and *myon* (face) (S.-C. Choi & Lee, 2002). According to this
structural analysis, *chemyon* can be parallel with “face” and/or “body” in English (T.-S. Lim & Choi, 1996). However, *chemyon* is a very complex concept to simply translate as “one’s face (body)” because it implies the social face, prestige, dignity, honour, and reputation (S.-C. Choi & Lee, 2002). In societies such as Korea, Japan, and China, *chemyon* is understood as “one’s social face, influencing the formation or maintenance of social relationships” (Yungwook Kim & Yang, 2011, p. 60). Koreans must consider saving one’s *chemyon* when making daily decisions. They include communicating and socialising with others in public that is understood as “manners,” purchasing products and properties, and choosing a university to attend or selecting which company to work with, which can be understood as a measure of reputation, self-esteem, prestige, dignity, and honour. Saving *chemyon* reflects one’s character and competence (T.-S. Lim & Choi, 1996) so it could be understood as “social skills.” Considering saving not only one’s own *chemyon* but also the *chemyons* of others is important among Koreans as this is often an indication of “solicitude” and “sensitivity” towards others. In Confucian societies, *chemyon* also maintains “harmony” with others and strengthens the relationships between them (S.-C. Choi & Lee, 2002). Therefore, instead of replacing *chemyon* with “reputation” in English, I transcribe it as *chemyon* in Korean.

5.6 Self-Reflection

I would like to describe my research project as a journey, because although it was carefully planned, there were unexpected situations where I encountered difficulties. The issues and dynamics that I was coping with during my journey can be ascribed to several features of this research project. These include the age difference between me and my older participants (I was 33 years old when I conducted the interviews) and Korean cultural characteristics.

5.6.1 Interviewing Korean Older People as a Younger Korean Researcher

You might not understand what I am saying because you are young (Chaerim).

Before undertaking this research project, I wondered whether I was prepared to interview older participants. I thought that age and generational gaps might influence the research process and outcomes. My concern was not uncertainty regarding my academic competence and/or qualification as a researcher, but rather how my participants would
perceive me. Perhaps segregating research ability based on age relies on ageist premises, because it presumes that no matter how learned one is on the topic of ageing, one nevertheless needs to be of a certain age to discuss the topic competently. While thinking over how I should conduct my interviews with older adults as a younger researcher, I was encouraged by Grenier’s (2007) statement that

> Reaching across age and generational boundaries can hold great potential for connection, learning, awareness and reflection. The expected animosity of crossing age and generational boundaries may dissolve when researcher and participant are able to communicate their understandings of events and experiences. (p. 722)

Nevertheless, I could not avoid running into awkward situations resulting from age and generational differences. I found that the most important differences did not relate to age and generation but to a lack of shared historical and cultural experience. Korean society experienced a period of rapid economic development and political turbulence during my older participants’ generation, so there were great differences between our historical and socio-cultural experiences. For example, one participant said

> the younger generation never knows hardship and tough life since the older generation carried the burden of poverty and famine when Korea was a poor country. They never know what happened in the past. They even do not know why and how their parents overcame their poverty.

Whether or not she intended to include me as part of the younger generation who could not understand the older generation, which included her, I felt she differentiated me from her. However, while she identified herself as a person who had more experiences than me, she seemed to be willing to pass down her stories to me.

My experiences led me to question the claim made by some scholars that matched interviews based on age and generation would improve the quality of shared stories (Egharevba, 2001) and provide more reliable interpretations (Aviar Brah, 1992). Some of my participants said they were still young at heart and most seemed at ease being interviewed by a younger researcher. For instance, one respondent said “I like talking to younger people,” and another said, “I prefer hanging out with younger people than older people even though I am an older adult.” In addition, I got the impression that many
respondents found a connection with me and felt comfortable with the interview because I reminded them of their younger family members such as their daughter, granddaughter, or nieces. A couple of participants even showed me photos of their granddaughters and talked about how I reminded them of these family members.

As my participants and I negotiated and navigated a diverse range of identities, the interview became active and dynamic. Below, I explain how my diverse identities functioned during the interviews. During the interviews, some features of Korean social norms and languages seemed to dispel age and generational boundaries. Other features seemed to reinforce such boundaries. I now present how I dealt with certain Korean cultural characteristics during the interviews with my older participants.

First, the age and generational boundaries were unique within the Korean cultural context because of the influence of Confucian culture on Koreans that emphasises a strict age-based hierarchy of relationships and authority (Sung, 1995). Moreover, the characteristics of the Korean language tend to distinguish between younger and older. More specifically, the Korean language requires the use of lexically, morphologically, and grammatically distinct honorific forms that depend on a hierarchy relationship between the speakers (Koo, 1992). Also, when one talks to someone superior in status, one must indicate the subject’s superiority by using special nouns or verb endings. Generally, someone is superior in status if he or she is older, a stranger of roughly equal or greater age, an employer, a teacher, a customer, or the like. Someone is equal or inferior in status if he or she is younger, a student, an employee, or the like (Ri, 2005). Since I was younger than my participants, I was technically inferior in status when I talked to Korean older adults, according to Korean cultural norms. In addition, among Koreans, the conversation style between the young and the old is mostly one-way from the old to the young, usually in the form of the elder teaching or giving advice to the younger. Therefore, although it has been suggested that different styles of speaking between older and younger people affect communication between generations (Coupland, 2004), the issue of communication between generations becomes more complex and sensitive in the Korean language and culture. As a researcher, I tried to use this to my advantage: knowing that the conversation style between the young and the old tends to be that of a listener and speaker, I said things like, “I would like to listen to your stories and experiences.”
With the use of honorifics, the Korean language has another unique characteristic that may affect communication between the young and the old. Koreans use nonpronominal substitutes, also called pseudo-pronouns, instead of personal name and pronouns. It is unusual to call the subject’s name or to use pronouns if she or he is older than the speaker. Therefore, I, as a younger person than my older participants, should use nonpronominal substitutes to address each participant according to her age and/or career. Following Korean socio-cultural norms, I used eomeoni (mother) to address the participants aged over 70, i-monim (aunt) for those aged between 50 and 69, and seonsaeng-nim (teacher), which Koreans use to address one who has a professional career. When I was uncertain how I should address them, I asked “How should I address you?” I never used halmoni (grandmother) for any of the participants. This was because calling them halmoni involved the connotation that they looked as old as my grandmother rather than my mother.

When I asked, “May I ask how old you are?” Some respondents asked in return “How old do you think I am?” This was very an interesting but risky question depending on how I responded to it. I got the impression that they hoped that I would underestimate their age or were confident that I could not guess their age. I hesitated to answer right away, but I could not help thinking how to reply. This was because I knew that my answer would affect their emotions and feelings that would also affect the interview. So, I answered, “It is hard to know how old you are.”

I expected that using semi-structured interviews would be suitable for interviews where the researcher was younger than the interviewees. When deciding on the kind of interview appropriate to the research, I considered how I could balance the power relationship between us because there is a hierarchical structure based on age that is strong among Koreans. This meant that there was some possibility that the interviewees could dominate the interview, for example by telling stories unrelated to the topic. Using semi-structured interviews in appropriate ways brought many advantages in the interview. For instance, even though semi-structured interviews allowed my participants the freedom to express their views in their own terms, I obtained comparable qualitative data by using an interview guide (Cohen, 2006). Applying semi-structured individual interviews enabled me to ask questions according to the natural flow of the interview, based on information provided by the respondent.
Participants were surprised at my age, saying, “You look really young. I thought you are really young. But you’re not!” They seemed to identify me as old enough to approach and interview them when they learned that I was married. This is because, in Korean culture, marriage confers respect, regardless of age. For example, when they learned that I was married, one the participants said, “You are not an agassi! But you are an ajumma too!” As I explained in the previous section, ajumma means middle-aged or married woman while agassi means young woman or unmarried woman. When they perceived me as an ajumma, the age and generational gap between us seemed to diminish.

Koreans tend to respect and admire a person with a higher level of education regardless of age. I also felt that some participants enjoyed contributing to my research project through the interviews. For example, during the interviews, one of my participants learned that I received a full scholarship from the University of Otago (she asked me how I could survive in New Zealand while studying as an international student) and had a degree from Canada and the United States. When the interview was finished, she seemed satisfied with what she had done for my project and felt that she had contributed to “academic” research. So she called her friend and explained how my research topic is interesting and how much she felt fulfilled during the interview. Additionally, she told them it could be a great opportunity for them to contribute and participate in this research. From her referral, I was able to reach out to more potential participants.

So to summarise, due to unique features of the Korean language and culture, the distance between my older participants and I was in danger of expanding. However, I tried to turn this situation by encouraging them to use their own terms, words, and stories during the interview. It was a challenge because the fact that my participants were older than me implied that I was their inferior and they were my superiors according to Korean culture. Nevertheless, knowing that my participants expected Korean cultural awareness, I honoured them as much as I could through using honorifics and appropriate nonpronominal substitutes to show my respect and gratitude. In doing so, I got the impression that they evaluated me as a person who was adept at communicating with older adults. My experience reinforced the idea that maintaining age and generational boundaries as fixed positions could be challenged by understanding identities as multiple, fluid, and differentially experienced (Grenier, 2007).
5.6.2 Lessons from My Journey

This research journey reminded me of my one-day trip to Curio Bay to see the yellow-eyed penguins. There were many tourists including me, waiting for a chance to see these shy creatures. However, the penguins barely moved and stayed on a rock far from where humans are supposed to wait so it was hard to recognise them. I was standing just next to the ranger from the Department of Conservation who was observing them through his binoculars. Luckily, he allowed me to look at the penguins through his binoculars. I was surprised at what I was observing because I was able to see the yellow-eyed penguins very clearly. Compared to the photos and explanation on the information board, the penguins looked more vivid and lively. A few minutes later, the penguins came much closer to the beach and stood only five metres from me. I found that they were much more beautiful and colourful than what I saw on the information board and through the binoculars.

Just as I could see the yellow-eyed penguins more clearly when the boundary between us was open, I was able to explore the experiences of the ageing body among my participants. I am 34 years old. Later life is a bit remote for me at present. I have studied ageing and older adults from books, theories, and research, which were my binoculars to help me see the ageing and older adults. However, the narratives that I have listened to in person helped me explore the experiences of ageing in a way that was more vivid and rich. While listening to thirty-one diverse voices, I was able to imagine myself in old age and ask how I would manage my ageing body and how I would like to look in old age. I felt sad when some participants shed tears while talking about their tough lives and shared laughter when they made jokes. I am still learning and will continue to learn from the experiences and stories of older adults.

5.7 Summary

This chapter introduced intersectionality as the conceptual lens employed for this research. I have detailed the qualitative research approach that I used to conduct this research project including recruitment, data collection (semi-structure interviews), and thematic analysis. I also presented my writing process including translation and self-reflection. In the next chapter, I describe the backgrounds of my participants in order to properly introduce them before moving on to the results chapters.
CHAPTER 6 THE INEVITABLE AND UNACCEPTABLE BIOSOCIAL AGEING BODY

In general, ageing is defined as the natural/biological process of growing older due to the passage of time, where this process leads to physiological changes, deterioration of organs, and loss of cognitive functions, all of which human beings are currently powerless to resist. In contemporary society, however, diverse concepts of “cultivating ageing (ageing body)” (Wahl et al., 2016) subvert this concept of ageing and the ageing body. “Healthy” ageing (Peel, Bartlett, & McClure, 2004) tells us that older individuals can be healthy and independent. Additionally, “active” ageing (Andrews, 1999) seems to suggest that old age and older adults should be happy and productive. Put together, the message is that if you are healthy, independent, and active in your later life, then you have achieved “successful ageing” (e.g., Rowe & Kahn, 1997). Furthermore, the female ageing body is vulnerable to ageist and sexist cultures, which regard the ageing body as unattractive and unfeminine. “Anti”-ageing emphasises that women should fight against the ageing process and eliminate signs of ageing. In other words, such socio-cultural messages seem to demand that female older adults should age in certain socially approved ways by controlling or resisting their ageing bodies despite the fact that ageing is inevitable a biological process (de Beauvoir, 1972).

My participants who grew up in Korea and whose values and beliefs were shaped by Korea’s popular trend of undergoing body transformation to achieve beauty and youth perceived New Zealand as having a milder beauty and youth-obsessed culture. However, their migration to New Zealand did not mean that they discontinued engaging in anti-ageing, beauty, and health practices. Rather, in recognising that their bodies are irresistibly ageing and the disadvantages of biological changes and gendered ageism that are related to signs of ageing, they continued to transform their bodies. More specifically, at the intersection of age, gender, and/or race/ethnicity, their ageing bodies were perceived as being socially unacceptable, and thus they engaged in anti-ageing, beauty, and health practices. In this way, they pursued diverse forms of ageing bodies that are considered to be acceptable in society.
In this chapter, I intend to underscore that the ageing body is a place of dealing with the denial and acceptance of the ageing process, and that the ageing body could be regarded not only as a biological organism but also as a social construct. I shall attempt to do this by presenting my participants’ complicated attitudes towards their ageing bodies and ambivalent opinions regarding anti-ageing products and practices. To begin this chapter, I explain the concept of natural ageing through which my participants have understood the ageing body as part of a natural process accompanying biological changes that are beyond their control. I then present how the biological ageing body is transformed into the “artificial” or socio-cultural ageing body such as a healthy, functional, and active body, and what is considered to be successful ageing. Also, given that biological changes including signs of ageing are looked upon as something that women should hide in the ageist society, I describe how and why my participants used beauty practices and engaged in exercise and dieting. In presenting my participants’ diverse opinions and flexible attitudes towards anti-ageing products and practices, I shall account for what influenced them in altering their preferences towards expected cultural norms and the extent to which they used anti-ageing products and practices. I then return to the concept of “natural ageing” to reveal its hidden meanings. Lastly, by summarising my findings, I illuminate what I consider to be a paradox of ageing—how, ageing is an inevitable process, and yet the ageing body is socially unacceptable. All these findings are then merged into a theme: the inevitable and unacceptable biosocial ageing body.

6.1 The Ageing Body as Natural Process and the Cultivation of Ageing

Geographic migration due to advancement in transportation technology has made it easier for human beings to control and choose the space (or location) they live in. However, time seems to be one thing that human beings cannot control. My participants left behind their family, relatives, and friends in Korea and travelled a tremendously long distance to New Zealand which they imagined as “a paradise” (S. Chang et al., 2006; D. C. Kim & Yoon, 2003) to live in a better place, in a phenomenon called “lifestyle migration” (Benson & O’Reilly, 2009). Contrary to the control they had in deciding “where to live,” the time accompanying the process of ageing was something that they could not control. Rather, they perceived ageing as “destiny.” However, although the process of ageing was something that they could not control, their bodies were something that they could cultivate in diverse forms: healthy and functional body, active, productive and successful
aging. In this section, I describe my participants’ understanding of ageing as a natural process. I then account for how their ageing bodies were transformed into “acceptable” forms of bodies.

### 6.1.1 The Natural Process of Ageing

When I asked my participants what made them feel old, not surprisingly all participants answered that they felt they were old when they faced physical changes including signs of ageing. In other words, they understood ageing as senescence, which means “the decrease in physiological functioning that results in a decrease in age-specific components of fitness (e.g., period survival or reproductive rates) with increasing chronological age” (Abrams, 1993, p. 877). A wide range of physical changes were named: loss of physical strength (n=25), white hair (n=18), weight gain (n=15), wrinkles, belly fat (n=12), weakness and loss of teeth (n=4), menopause (n=3), and presbyopia (n=3). Nine respondents reported that they suffered from age-related diseases such as neuralgia, back pain, osteoporosis, degenerative arthritis, and high blood pressure. One respondent had suffered from breast cancer, and one had suffered from thyroid cancer in their early 50s.

My participants’ lived experiences of their ageing bodies with their accompanying physiological and functional changes seemed to shape their understanding of ageing as an inevitable natural process. The perception of the ageing body as part of nature echoed the essentialist idea that a body is natural and thus could not be controlled by other forms of powers or interventions (Leng, 1996). In other words, in relation to physical changes, most participants understood ageing as part of the natural order that they needed to accept, as noted by Sunhwa when she said: “What can I do for ageing? It happens by natural order.” Hyoree also conceived ageing as a natural process, which was out of her control. During the interview, Hyoree showed me a photo of herself in her twenties and said, “I have changed so much. Look at this. I was like that. I was in my twenties. Can you find this face on me now?” Hyoree used words like, “how dare I stop [the ageing process],” and “last ditch efforts” to emphasise that the ageing process was out of her control. Hyoree’s words “how dare” seemed to come from her recognition of how the passage of time had affected her and that she had no chance nor right to oppose it. Similarly, Boram stated, “It is a natural rule that summer comes after spring. Fall comes after summer. Winter comes after fall. How can we stop it?” Further, Eunha understood human beings as part of “nature”: “I think ageing is a natural process….We are part of nature like grass and flowers are part of
nature.” Put another way, the ageing body was perceived to be a result of natural processes, and so it was something that they could not fully control, thus making the ageing body something inevitable.

Indeed, the notion of ageing as a natural process conveyed the recognition that ageing leads to physical deterioration and loss of functionality and independence. My participants were reminded of the importance of a healthy body when their ageing body brought physiological changes such as menopause, decreasing physical strength, and ageing-related diseases (e.g., neuralgia, back pain, osteoporosis, hypothyroidism, and osteoarthritis), all of which resulted in risks and inconvenience. Several participants pointed out that menopause affected their quality of life because of alterations in hormones, health, and overall physical condition. In Seonghee’s case, after menopause, she often had hot flash symptoms. She said, “It [hot flash symptom] affects me. Sometimes, I feel a hot flash when I talk to people in my workplace…. For me, I can’t control hot flashes.” Some other participants seemed to feel upset when they could not actively socialise as much as they used to after becoming less energetic, forcing them to change their lifestyle. For instance, Doosim realised that she was old when I felt that her energy run out. And, she said that “I am a person who is always energetic. But, now I can’t be like that anymore.” This points out that a natural/biological ageing body could impair physical functionality and thus disturb one’s daily life in old age. Thus, the effort to cultivate the ageing body into a healthy and functional body, as well as to pursue active and successful ageing through engaging in exercise and diet, and keeping their daily lives busy, active, and productive seems necessary. I will explain further below the diverse alternatives to the natural ageing body, its meanings, and functions.

6.1.2 Healthy Ageing and the Functional Body

Considering that the “dangerous age” is characterised by certain biological problems (de Beauvoir, 2011, p. 619), old age has a high chance of producing a “risky body” because an ageing body brings biological and physical changes including loss of strength and age-related diseases that prevent older people from performing their daily activities. For instance, Jinhwa realised that the ageing body became bothersome through observing her father who could not go up and down the stairs in his old age, saying that “My father’s legs became too weak to walk around. My father’s legs did not work well. He couldn’t go up and down the stairs. His legs had no strength.” Thus, Jinhwa, saying “I wish I would
die in old age after lying in bed for three to four days,” emphasised that she would avoid living with a dysfunctional ageing body and dying peacefully would be better. Four more participants learnt that living with the ageing body would be inconvenient and bothersome by observing their older parents. For instance, Hajung had lived with her older parents-in-law before they passed away. She observed that the ageing body challenged one’s daily routines including walking and driving. So she worried about living within an ageing body because she understood the ageing body was needy and required regular family care. Several participants mentioned that how long they lived or whether they lived longer was not important. Instead, how they lived and whether they could manage their daily life in old age seemed more important. As Sunhwa said “living until 90 years old but always lying on the bed is useless.” Put another way, they wish that their ageing bodies would enable them to continue their lifestyles and performing social activities. This underscores that they could not accept their ageing bodies, which impeded their daily lives, although they understood ageing as a natural process they could not resist.

In this respect, we should raise the question of how my participants negotiated with their inevitable and unacceptable ageing bodies. Instead of defying the ageing process, they transformed their ageing bodies into healthy bodies that enabled them to conduct daily activities. Such intervention in the ageing process through health management was an essential and normative practice in later life to gain benefits of health, namely “health capital” (Grossman, 1972) including functionality, productivity, and independence. The common solution to the problems of inconvenient daily living and the high chance of being dependent due to worsening physiological conditions and the urgent need to prevent age-related diseases was achieving a healthy body through diet and exercise. Twenty-nine participants exercised and twenty-two participants engaged in controlling their eating in order to stay healthy or improve their health and/or avoid disease. A diverse range of exercises were reported such as walking, running, swimming, ping-pong, golfing, aqua walking, and stretching. Four major ways of dieting were identified: eating healthy foods, not eating unhealthy foods, fasting, and taking health supplements. For example, Hyoree ate organic home-made breakfasts every day such as healthy juices mixed with blueberries, cherries, dried blackcurrant powder, acai berry powder, nut powder, broccoli sprout powder, oranges, pineapples, and yoghurt as she believed that a “healthy diet is basic to maintain my body healthy.” Also, Yona tried not to eat meat, and instead consumed
vegetables, fruits, fish, and brown rice to avoid age-related diseases. Also, one participant engaged in meditation to refresh her mind and body.

Minhee perceived her ageing body as dysfunctional due to it hindering her from performing daily activities. Minhee indicated that she had suffered from a slipped disc and degenerative arthritis, which made walking difficult and seemed to make her frustrated and dissatisfied with her body. The felt need to avoid having to deal with such age-related physical ailments was what drove people like Misook to exercise to improve their bodily condition:

I go swimming once a week. I get a bit tired after that. Living longer is not a good thing. I don’t want to live longer. If it’s time to die, then dying is better. Living life is difficult for me because my physical condition is not so good. I believe that many older people think like me. Staying at home like today is good and easy. But, going out is too much for me. I heard that the Korean recreation centre will go for a picnic soon. But, I’m not sure if I should go with a cane or not go. I don’t know yet. Walking with a cane is still hard. Being invited for a picnic is not good news but puts pressure on me. (Misook)

Misook was dissatisfied with her ageing body because it could not support her daily functions and instead was a barrier to social activities. Considering that performing her daily life became demanding because of her bodily condition, her statement that she did not want to live but wanted to die soon seemed to mean that she did not want to live with an “inconvenient body.” Thus, she exercised regularly to avoid having such a body. This seems to imply that achieving a healthy body was reasonable and one’s responsibility in order to not lose one’s independence and functionality.

Most participants engaged in health management not only out of their individual desires to prevent age-related complications but also due to social pressures and discourses on health. The health information provided by “others” in such discourses gave them additional ways and motivation to manage their health. Through self-discipline and self-help, they regularly worked towards achieving a healthy body through what they had learnt. Thus, health management as a practice that requires technologies of the self (Foucault, 1988, p. 18) has been a moral practice in old age. For example, Younja’s diet seemed to
be significantly influenced by the health information in the media and the results of her medical examinations. Consequently, she exercised self-help and self-governance in order to maintain her health:

There are some people who can’t control themselves and they get sick. I get my health examinations in Korea every other year whenever I visit Korea. Whenever I get the results, they say that my body is all good. I am still healthy. I don’t want to be fat. Because fat people get many diseases. Of course they have many diseases….I watched a TV show and there was a medical professor who said that eating apples is good for the health and body….Also, drinking water is good for your health. So I try to drink water as much as I can. (Younja)

Younja engaged in dieting because she perceived that being overweight was a result of lack of self-control, which led to her claiming that the reason why people became ill was because they could not control themselves. She understood age-related diseases brought about by being overweight as something that she could prevent through regular health check-ups and disciplined consumption of food. Also, Younja exercised self-help and self-governance in her pursuit of health as she sought information from medical experts concerning what foods to take and she also went for annual medical check-ups to keep abreast of her condition.

6.1.2.1 Necessity of health for older migrants

Most of my participants tried to control their ageing bodies through exercise and diet despite understanding the ageing process as something they could not resist, partly out of fear of being isolated and neglected in New Zealand where they faced insufficient family informal care and lack of social services and encountered racism. In this sense, obtaining a healthy body as an older migrant could be considered the product of self-management and part of one’s responsibility in old age. As Boram stated, “I am responsible for my health. “Ageing in New Zealand as a Korean migrant seems to mean not only “being vulnerable” to ageism but also being isolated from family members; consequently, health management requires a “hyper-responsible self” (Rimke, 2000, p. 63) in order to attain healthy, successful, and active ageing. In other words, my participants’ social position as minority migrants reinforced their individual obligations to achieve health and
independence. For instance, a couple of participants indicated that they faced the risk of being abused and deprived of social services, and so to mitigate their exposure should this risk materialise they disciplined themselves to maintain their own health. Joohyun’s concern about losing health and independence in old age seemed to be attributable to her social position as a member of a minority group who faced language barriers and a lack of social connection, was vulnerable to ageism and racism, and was socially neglected:

Simply, even if a Kiwi nursing home takes care of me with good service, I don’t know if they will treat me well since I am someone who is from a different culture. Even if I am abused in a nursing home, being abused in my home country is better than here in New Zealand where I can’t communicate in English. However, even if I am abused in Korea, at least I can complain about it and try to demand what I need in my language. I think that being abused in old age by Koreans is better than by Kiwis because at least I can fight against them in Korean….So I exercise almost every day. Every day….In order to live without sickness for the rest of my life, I think that I should exercise regularly. (Joohyun)

Joohyun was not sure where she would live if she lost her health and independence. This was because she not only conceived of losing health and independence as linked to the possibility of being abused and victimised, but also she felt that her difficulty with the English language would increase her vulnerability. Her concerns about losing health and independence as a Korean immigrant were more vividly illustrated when she described what would happen to her if she entered a nursing home in New Zealand. She imagined that she would be more vulnerable to neglect or abuse if she lived at a nursing home because she is from a different culture and cannot speak English. Finally, she was thought about returning to Korea if she encountered ageism and racism at the same time. Considering that losing health in old age in New Zealand might have brought a risk of being abused, she disciplined herself to maintain her body. In this respect, Joohyun seemed to perceive health as a source of independence and power with which she could struggle against racism and ageism.

Yona did not mind the idea of living in a nursing home in New Zealand if she became weak and dependent in order not to bother or rely on her adult children: “I don’t want to depend on my children.” However, she seemed to worry about cultural differences and
changes in living circumstances including communication (“I won’t be able to even communicate in English when I feel like I am dying”) and daily meals which would be different if she lived at a New Zealand nursing home (“I won’t be able to eat Korean food. Can you imagine eating bread when you are sick rather than sticky rice?”). In other words, the worry of lack of proper service at a nursing home discouraged her interest in being institutionalised. Thus, Yona pointed out that lack of informal care and appropriate social services for older Korean immigrants in New Zealand motivated her to become responsible for her health.

6.1.3  Active, Productive, and Successful Ageing

My participants’ later life management for active, productive, and successful ageing could be regarded as a form of intervention to prevent the risks of an ageing body. Some of my participants seemed to relate the physiological changes of ageing to negative images of later life such as unhealthy, inactivity, unproductivity, weakness, and dependency. In order to defeat these negative images, they kept themselves busy and directed their efforts to achieve active, productive, and successful ageing. Such management of later life often involved productive social participation such as attending activity classes, attending college, volunteering work, housework for their children’s family, and employment. Nine participants either attended classes offered by the Korean immigrant centre or participated in the Korean senior recreation centre, or both. For example, Samsoon exerted herself to present an active and healthy body even when she was physically tired:

I should be busy. I also feel sick and bored when I just stay at home. Even if I am groaning in pain at night due to fatigue and tiredness after spending time outside, I just try to go out and not stay home….I go to attend the music class at the Korean community centre on Mondays. I go to the senior centre on Tuesdays. I meet my friends regularly on Wednesdays and I instruct on how to use the sewing machine at the Korean community centre once in a while. I go and play ping-pong on Thursdays. I am a bit free on Fridays. I go to church every Sunday. I do volunteer work once a month. My schedule is full. (Samsoon)

For Samsoon, being active was a way of maintaining her health, while being inactive and staying at home made her feel ill. In order to achieve healthy ageing, she aimed to
keep herself busy. Thus, being busy became mandatory for her, and she insisted on performing her weekly schedule despite fatigue and discomfort. Further, all activities she engaged in were a type of social engagement (community centre, Korean church), contributions to her community (volunteering), and health management (ping-pong). Her busy life consisted of plans to perform active, healthy, and productive ageing. Similarly, for Yera, keeping busy was a way of achieving a healthy body, which enabled her to manage her daily life; she narrated that “I wish I would be healthy so that I could do whatever I want.” She even explained that she could take part in the interview because she was healthy enough to put on makeup in the morning and come to the interview venue. That is, a healthy body enabled Yera to lead her daily life and achieve her daily plans. Furthermore, she seemed to connect the loss of health to the loss of authority in the way she lived her life.

Samsoon’s and Yera’s cases are comparable to Paulson and Willig’s (2008) observation that being busy is a technique of managing the ageing body and suggest that a busy body is embedded in diverse cultural discourses of ageing in the form of biological loss and the emphasis on personal agency. More specifically, a healthy and useful body is embodied in the paradigms of ageing such as active ageing and healthy ageing which implies that older people can maintain their health and vitality and thus contribute to society rather than being sick and dependent (P. Martin et al., 2014). For instance, Minhee put her physical effort into engaging with her community, and in doing so she seemed to feel that she was still productive and helpful:

One day, I found that there were so many weeds and flame grass in the garden at the temple….But I just started pulling them out and I finally pulled all of them out. I didn’t realise that I finished it. Other people were very surprised that I had done it and said “incredible.”…There is nobody around my age who works like me but I still help others….Everybody is surprised by me and I am also surprised at myself that I could still do it. I find my life worth living. And I feel that I am still useful. I will stop helping them if I can’t do it anymore. So they just ask me for help and trust me. So I am thankful because they still assign some work to me. Do you think there would be anybody else asking for my help? (Minhee)
Minhee had seemed to overcome the idea that the ageing body is weak and needy. Despite her advanced age, she contributed to her community with her physical labour. Social contributions became a way of displaying her vitality and revealing her healthy body to the world, and in doing so, she differentiated herself from others around her age.

Fourteen respondents were working in paid employment, either part-time or full-time. Chaerim said, “I think that doing work is really important in old age. I believe that human beings need jobs so that we can be active and energetic.” Four participants reported that they contributed to their family by managing their adult children’s housework. Eunha stated, “My daughter-in-law goes to work….If I don’t do housework but loaf around all day, it won’t be good for my health. I think like that.” Also, Soomi said, “I think that being busy is good.” These participants took housework as an “active ageing” type of activity. They tried to remain useful and productive rather than becoming a burden to their families. Additionally, four respondents also partook in volunteering as a way of repaying social benefits to the New Zealand government. Sunhwa said, “I receive social benefits. I expect that I could give back some help too.” As a beneficiary of social welfare, Sunhwa seemed not to want to be regarded as a social burden but to return what she was granted to the New Zealand government.

6.1.4 Summary

My participants understood that ageing is a natural process beyond their control while simultaneously perceiving their bodies as requiring and capable of transformation. In other words, knowing that an ageing body is the outcome of a natural process, my participants did not see themselves as “disobeying” the ageing process but rather as “intervening” in it through cultivating their ageing bodies into diverse forms: acquiring a healthy and functional body and pursuing a lifestyle of active, productive, and successful ageing. Further, health management practices required the practitioner to cultivate attentive and vigilant attitudes towards their bodies as they made themselves responsible for their bodily health. This was especially pertinent for those of my participants who were older migrants that lacked family care and access to appropriate social services. Thus, the intervention and cultivation of their ageing bodies through engaging in routine exercise and diet and in keeping their later lives active, busy, and productive can be regarded as a normative practice. This implies that a “natural” ageing body has become an artificial ageing body as a result of being (re)shaped by health practices and life management.
In the following section, I focus on signs of ageing and account for gendered ageism and present my participants’ motivations for engaging in beauty and health practices. In doing so, I also point out the socio-cultural aspects of an ageing body.

6.2 Gendered Ageism: Beauty and Health Practices for Beauty, Youth, and Health

My participants reported that New Zealand has milder beauty and youth obsessed culture than Korea. Boram said that compared to Korea, New Zealand society is less oppressive in compelling women to adhere to feminine beauty ideals. Nevertheless, they still regarded signs of ageing—the result of a natural process—as unattractive and unfeminine. This seems to indicate that signs of ageing are things that are not easy to accept, regardless of cultural differences that are embedded within the context of beauty. Furthermore, signs of ageing are not simply physiological changes but are also connected to certain emotions and hold cultural meanings. Almost all of my participants described ageing and old age with negative expressions, using words such as “sadness,” “unpleasant,” “dissatisfaction,” and “disgust.” Additionally, they described their ageing bodies with negative words such as “dirty” and “ugly,” which are similar to the results of Clarke’s (2000) study, in which older women participants aged 61 to 92 used disrespectful words such as “ugly,” “sagging,” “yuck,” “disaster” and “awful” when they described the ageing body. In particular, eleven participants often used the Korean word chuhada (or chujaphada). Such words are indicative of ageist perceptions and are usually disparaging in connotation. For instance, Dasom stated, “The older people look chujaphage and just don’t look great.” Some perceived their signs of ageing—white hair, loss of hair, wrinkles, sagging, and freckles—as unclean, smelly, unhealthy, sallow, flabby, deformed, crumpled, collapsed, out of season, and not fresh. Joohyun succinctly expresses this attitude when she asks “Is there anybody who looks beautiful in old age? I think that ageing beautifully sounds nonsense.” Several participants seemed to experience dramatic changes in their appearance due to ageing. Chaerim said, “When I look at myself in the shop window accidentally, I ask myself “Who is she?” I am very surprised at myself.” Furthermore, the ageing body was regarded as something distant from femininity. Younja straightforwardly said that “Getting older means becoming less feminine….Women become like men as they age.” This corroborates the idea that ageism is gendered.
In this section, I shall present how gendered ageism has motivated my participants to adopt beauty practices. I then explain how the ageing body reproduces and maintains femininity through “doing” beauty practices. Lastly, I describe the meanings of a healthy body and healthy look at the intersection of age and gender.

6.2.1 Intervention in Signs of Ageing Through Normative Beauty Practices

In order to achieve attractiveness and femininity within their ageing bodies, most participants contemplated how and to what extent they should use beauty practices to improve their aged appearance. Regarding beauty practices, feminist scholars have discussed how women expend time, energy, and money to achieve feminine ideals of beauty including youthfulness and slimness, and my participants also seemed to spend much effort to conform themselves to such ideals. Not surprisingly, all my participants used at least one of the following beauty practices: face cream, eye cream, face lotion, oil, moisturiser, facial mask, makeup, dyeing hair, clothing, and fashion. They applied beauty knowledge and skills to improve their appearance. Two respondents used homemade cosmetic products. One respondent reported that she gave her face a meditation massage, which is where one massages one’s own body through meditation and hypogastric breathing. Another respondent had cosmetic tattooing for her eyebrows.\footnote{Cosmetic tattooing is defined as “permanent makeup used to enhance facial appearance such as the eyebrows, eyelids, and/or lips by injecting ink intradermally that contains various pigments and suspending agents” (Straetemans, Katz, & Belson, 2007, p. 2753). Medical terms such as intradermal pigmentation, micropigmentation, and dermagraphics are also used for cosmetic tattooing (Saunders & Armstrong, 2005).}

Twenty-two participants got their hair dyed, one wore a hat to hide white hair, and another removed white hairs through plucking. Choyeon would have kept her white hair if it looked gorgeous. However, she got her hair dyed because she felt that white hair looked ugly on her:

I started getting my hair dyed when I was 50 years old. When I was 50 years old, I tried to keep the bits of my white hair. But, it really didn’t look good. This was because black and white were mixed together. There’s nothing more to say. It just didn’t look good at all. So, I got my hair dyed. (Choyeon)

Although Choyeon resisted at first, hair-dyeing became a normative anti-ageing practice to preserve her appearance. Considering what she said, that “there’s nothing more
to say,” she seemed to think that white hair was something that needed to be hidden. Thus, getting her hair dyed seemed not negotiable but mandatory for her. As a result, hair dyeing has been a normative anti-ageing practice to preserve her appearance for the last 16 years. Dasom, aged 82, became too lazy to get her hair dyed every two or three weeks after her 60s. Finally, she felt frustrated when she was struggling with her white hair and hair loss. So, she wore a hat to hide her white hair instead of getting it dyed.

Makeup was also used to cover signs of ageing. Dasom said, “As people are getting older, they need to cover more. Without makeup, I look like a ghost.” Ten participants emphasised that they put on makeup to give colour to their aged faces so they would look active and healthy. They regarded lipstick as a fundamental beauty practice in old age, accentuating the importance of wearing it to look healthy and active. For instance, Jeehyo said “I put on a bit of lipstick. Without wearing it, I might look like a [hospital] patient. So, I wear a bit of it even though I don’t use any other cosmetics.” Also, Chaerim explained that she looked ill when she went without lipstick. So as to have a healthy and active appearance, she puts on makeup and especially lipstick every day. This seems to hint that having a healthy and active appearance could be a way of providing an image of healthy and active ageing. Similarly, the findings of Clarke and Bundon’s (2009) study using data from in-depth interviews with 36 women aged 71 to 93 showed that their participants felt unattractive and uncomfortable when not wearing lipstick, but they felt beautiful, vibrant, normal, and confident when wearing it.

6.2.2 Reproduction of Femininity in Old Age Through Engaging in Beauty Practices

The ageing body which accompanies biological changes such as menopause and physical appearance seems to challenge one’s possession of “feminine qualities” such as reproduction, youthfulness, smooth facial skin, tone and slim body, and the performance of gender roles such as beauty practices. In particular, signs of ageing, which are remote from the current ideal of female beauty, can make some women think that it is difficult to achieve feminine appearances. Tensions surfaced in some participants’ narratives when discussing femininity in relation to their ageing bodies. They experienced physiological deterioration, and this hindered them from engaging in beauty practices that they regarded as part of their gender role. However, such tensions were typically resolved through engaging in beauty practices, and so such practices were used to overcome ageist
perceptions that the ageing body was incompatible with femininity. I explain below how the ageing body reproduces and preserves femininity through “doing beauty practices”; thereby an ageing body entails not only a biological but also a socio-cultural aspect.

Twenty-two participants engaged in beauty practices as part of gender norms and gender roles. Even Misook, the oldest participant in this study (aged 84) said, “I am a woman. So I need to manage my appearance.” Thirteen participants stressed that the beauty practices in which they engaged were heavily gendered in the sense that the ideals of beauty those practices fostered were very different between men and women. Chaerim stated, “Women are different from men. I mean…that women tend to try not to look old by any means.” That is, while men and women are both expected to maintain their appearance, this is more the case for women than men. Likewise, one of the reasons that Yera gave for beautifying herself was that she was a woman, and that this identity is not diminished by the fact that she was turning 80 years old, and she understood beauty practices as a woman’s duty, no matter how old she was:

Yera: We are women. Even if I am turning into my 80s, it doesn’t mean that I am not a woman any more. Right? Older women are still women. It wouldn’t be good to not match colours for your clothes in old age.

Interviewer: So, do you think women need to take care of their appearance?

Yera: We have pride as women. As a woman, it is mandatory. And also it is good to look good as well. Not for others but for myself. If I look at myself in the mirror wearing hideous clothing…oh dear! Life is short….We are women. We are women, aren’t we? We are women and I am still a woman even though I am turning 80 next year. Isn’t it? We are women even in old age. I am a woman rather than an older adult.

Emphasising that she continued engaging in the use of beauty practices in old age, she seemed to prefer to identify herself as a woman rather than as an older adult. That is, her femininity could be manipulated and reproduced in old age depending on whether she performed gender. This implies that one could maintain femininity through “doing beauty practices” regardless of age and bodily condition. Thus, “doing” beauty practices overturns the ageist perception that the ageing body is genderless or asexual.
Likewise, Younja perceived beauty practices as a woman’s role no matter how old she was. While understanding beauty practices as congruent with her gender role, she pushed herself to take care of her appearance. Through the use of beauty practices, she seemed to be able to overcome the feeling having lost femininity due to menopause:

In your 40s…until the age of 40, youth still remains. You are still up and alive. But, in your 50s, as long as I am turning into my 50s, I can’t deceive anybody. My skin…I mean even my shoulders became bent over, and my height is shrinking a bit in my 50s after losing calcium. Those kinds of things happen to my body. And menopause. That’s why I am trying to make frantic attempts because of not wanting to age. I try to eat food that is good for you after I turned 50, I guess. Using good quality cosmetic products is on my mind….I am a woman…woman…woman…it is because I am a woman that it is surely necessary to take care of my appearance. Isn’t it?…It is a privilege to be born as a woman and to take care of my appearance. It is a duty to keep taking care of one’s appearance in old age. I don’t want to let myself be lazy. It is necessary to take care of one’s appearance with a little bit of moral obligation as a woman. A woman is a woman—not a man. It is basic. It is. I can’t imagine women becoming just like men who don’t take care of their appearance. Women experience menopause in their 50s and their hormones change. From this moment, women become like men. Those kind of changes…it sounds very depressing. So what I mean is that I should drink water to keep the skin on my face hydrated. And management. When I say “management,” it doesn’t mean using expensive name-brand cosmetics but just cleansing and washing my face every morning and every night. And using facial masks. (Younja)

While using words such as “privilege” and “moral obligation,” Younja expressed her strong opinion that beauty practices belonged to women rather than men. Her understanding of beauty practices as a woman’s role was maintained or reinforced even after the arrival of menopause, which she regarded as one of the signs of ageing, as an event threatening to her femininity, and as a kind of “disease.” Younja was engaged in fixing and improving her deficient body after menopause by eating nutritious foods and
drinking more water. Also, considering that Younja equated her ageing body with the loss of femininity because of menopause, her insistence to engage in beauty practices could be regarded as a compulsion of maintaining gender role so that she could identify herself as a woman. In other words, her understanding of herself as a woman pushed her to “self-management” and self-surveillance to preserve her femininity through performing gender roles.

Like Yera and Younja, Hyeson seemed to relate femininity to beauty and conceive beauty practices as part of performing gender. At the same time, Hyeson doubted that she could make her appearance look beautiful if she lost her health in old age. She imagined that it might be impossible to look like a woman in her 70s even with beauty practices. Likewise, Jinhwa understood that women are obligated to perform gender to look attractive through the use of beauty practices regardless of age. She said, “I don’t understand the women who do not use any lotion and cream at all….I think that it is necessary to do the basics.” This corroborates that such practices are often perceived as a normative way of being a woman (West & Zimmerman, 1987). Nevertheless, Jinhwa also reckoned that her femininity could be challenged in old age because of her ageing body, which might bring age-related disease and so disrupt her ability to perform the practices she thought essential for a woman. Jinhwa seemed to encounter a gap between her belief in gender roles and the fact that the changes in physical condition as a result of ageing could hamper women performing beauty practices: “I thought to myself ‘Until when can we be women?’ I am turning into my 60s…Women…60s, 70s, and 80s…until when can we be women?” However, she stated that “Maybe…I can be a woman forever. A woman’s desire is to be charming, and being slender. Pretty is better. That kind of desire belongs to women. I think this way” (Jinhwa).

Even if Jinhwa’s ageing body could not perform beauty practices generally associated with femininity, she seemed to conceive that she could maintain her femininity by coupling the essence of being a woman with having a desire to achieve ideal feminine beauty. This provides the insight that not only one’s “doing” (performing) beauty practices but also one’s “will” (desire) to be feminine could be regarded as ensuring one’s femininity regardless of age and/or biological bodily condition.
6.2.3 Healthy Body as Youth and Beauty

The pursuit of a youthful appearance and/or healthy look and a slim body were other reasons for engaging in exercise and dieting. Below I go into detail on how my participants engaged in health management at the intersection of age and gender. Through this section, I account for how the notion of health is connected to beauty and youth among my participants and argue that aesthetic (feminine) body ideals intersect with healthy body ideals (Rysst, 2010).

First, achieving a healthy body was a way of making up for a distance between public ageing and private ageing. For some participants, having a healthy body seemed as important as having an attractive appearance in old age. For example, Soomi tended to be more tolerant of public (visible) ageing such as wrinkles and white hair than of private (less visible to the public) ageing, such as diminished muscle mass, saying that “I don’t care about my wrinkled and crumpled face…as long as I don’t become dependent or disabled because then we would be irritated. Except for that case, I’m okay with my ageing body and white hair.” Also, some participants’ narratives indicated that complicated attitudes towards the ageing body seemed to arise out of different experiences of public and private ageing (Ballard et al., 2005). For instance, Minhee faced a gap between public and private ageing, commenting, “I am often told that I don’t look like my age….But, I don’t feel that I look younger because I cannot work as much as I used to.” That is, Minhee stressed that she knew better than anybody else about her body, being privy to the physiological changes that only she could recognise, such as her physical weakness, which led her to not work as much as she used to. Further, Dasom seemed to emphasise the importance of “real youth” rather than “looking young”:

Since I heard that I have a younger looking face so many times I have gotten bored with being told that. Also, it is no use hearing that I look younger unless I really am young. But, I am old, not young anymore. It is no use that people around me keep saying “You look young.” It is useless being told that because I am not young. It is not good to hear that.

When I heard that I looked young when I was actually young, I could

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32 Ballard, Elston, and Gabe (2005) distinguished two aspects of ageing: “public ageing” which refers to visible changes such as greying and thinning of the hair, wrinkles, and sagging skin, and “private ageing,” which refers to less visible, physiological age-related changes such as increased memory loss, high blood pressure, reduction in libido, menopause, joint stiffness, and increasing tiredness.
accept it. Now I am sad when I hear comments such as I look like I’m in my 70s when I’m in my 80s. But, it is time to die. Sometimes, it is hard to deal with that kind of comment….I felt there was still hope until I was 79 years old but after putting the number 8 in front of my age…oh…I hate it…8…as I expected, 80s is the time everything goes downhill. After putting 8, 80s is entirely different from 70s and I felt I lost my energy. Is there anybody who doesn’t die? If there had been even only one person in history who never died then I might have hope…but everybody dies….It is impossible to have everlasting life without death on earth. (Dasom)

Dasom distinguished between having a younger looking appearance and being truly young. Although she had heard many times that she looked younger than her actual age, she realised that being told that she looked younger than her age only reaffirmed that she was getting old. Her experiences of being complimented on her youthful appearance became evidence for her belief that a younger appearance did not imply youth. Especially after she turned 80, accepting the compliments that she looked younger than her actual age seemed more difficult. Given her ageing body as connecting her chronological age (number) to her biological changes, her acceptance of ageing went further, into the acceptance of death. Minhee saw herself as old based on her physiological condition rather than on her younger-looking appearance, and Soomi tended to be more tolerant of public (visible) ageing such as wrinkles and white hair than of private (invisible) ageing. Considering this, Dasom’s statement that “it is no use hearing that I look younger unless I really am young” seemed to imply that real youth involves a young or healthy body. Indeed, this is confirmed by how Choyeon connected her younger looking appearance to her healthy body condition rather than to her facial appearance, saying “I look healthy and I am healthy. That’s why people tell me that I look younger even though I have many wrinkles on my face.” In other words, Choyeon seemed to connect health to youth. This amounts to the idea that health and youth become synonymous.

Second, Miyeon engaged in exercise to be healthy and to achieve slimness:

So I feel that doing exercise is necessary. I found myself gaining weight as I got older….Then I thought that I needed to keep my body in shape
and needed to lose weight….I guess that I can prevent myself from age-related disease and feel fresh after exercising. (Miyeon)

Miyeon was not accustomed to exercising when she was young, but the physical changes she felt as her body aged motivated her to exercise to improve her physical and mental functions, to relieve her pain, and to increase her physical strength. At the same time, after she gained weight she desired a slim body. This implies that one strives to avoid developing illnesses and/or age-related diseases to simultaneously prevent signs of ageing; in other words, one tries to look ‘younger’ through health practices.

Similarly, for several participants, beauty related and health related motivations to engage in diet and exercise were entangled. Simply, being healthy was a prerequisite to engage in exercise and participate in social activities and even to perform beauty practices. Yera said that “I wish I would be healthy so that I could do whatever I want….I am healthy, so I can put on makeup in the morning and come to this place to meet you.” Yera seemed to understand that health enabled her to be independent and active. She needed to maintain her health to do whatever she wanted, including the use of beauty practices. In other words, health was not the purpose but the means. In addition, for some participants, “health tends to be described as valid justification for being concerned with one’s weight, while an appearance orientation is deemed to be indicative of vanity” (Clarke, 2002, p. 751).

Controlling dietary consumption was performed to achieve normative femininity as well as health. Aekyoung seemed to put lots of effort into managing her weight through exercise and strictly controlling her diet. She weighed herself every day and tried to maintain a certain weight. She also avoided eating high-carbohydrate foods and did not eat anything after 7 p.m. Instead, she tended to eat “one big meal” a day. I asked her if there would be any point in the future when she would not care about her weight anymore and feel free. She answered that “I don’t want to feel free about it.” Considering this, she seemed to sense that she was forced to engage in managing her body not for beauty but also for health. Also, health management seemed not only for health and beauty but also for youth, or at least to look young at least, which was similar to Mijung’s statement “When I hear that I look younger than I really am, I feel that I am not old but healthy.” Further, Dasom clarified that “I do exercise to look young and to be young. Doing exercise improves my health. When I look healthy, I look young and beautiful as well.” In this regard, the ageing body
could be feminine and youthful as long as it is healthy. This underscores that beauty, youth, and health have become interrelated concepts.

6.2.4 Summary
These findings indicate that the ageing body can maintain its femininity by “hiding” signs of ageing and “doing” beauty practices. Also, femininity is compatible with youth and health; thus, the healthy body (or health and healthy look) is a feminine ideal of beauty for older women. In this respect, the ageing body (re)produces femininity through beauty and health practices. This seems to suggest that a biological ageing body can also be considered as a socio-cultural body.

6.3 Ambivalent Attitudes Towards Anti-Ageing Products and Practices
As mentioned above, signs of ageing are regarded as ugly and unfeminine. Women are bombarded with numerous anti-ageing commercials on a daily basis on television programmes, in magazines and newspapers, and even in spam email advertisements that inform us how women should defy the natural process of ageing and appear young and beautiful. On supermarket and shop shelves, a myriad of anti-ageing products is always available for women. This raises the question: how do older women react to anti-ageing products and practices which covertly inculcate in them the desire to control the ageing process of their bodies? In particular, considering that my participants have been exposed to the craze for beauty, cosmetic surgeries, and anti-ageing products and practices, it is curious how they perceived anti-ageing products and practices in New Zealand where the beauty industry is much more muted.

My participants presented various opinions about these anti-ageing products and practices, ranging from their unnaturalness to excessively high prices. Such attitudes and decisions on their anti-ageing practices and products were neither stable nor fixed but were negotiable and malleable. This seems to be attributable to several factors. They were tolerant towards many anti-ageing products, beauty practices and medical interventions but not towards Botox injections. They pursued a natural look and accepted signs of ageing as natural symbols of old age. Their attitudes towards Botox injections varied depending on sociocultural circumstance. These findings indicate that my participants adjusted to the extent of using anti-ageing products and practices by considering ageist perceptions,
beauty standards, and cultural differences at the intersections of age, gender, and race/ethnicity.

6.3.1 Unnatural and Fake

Anti-ageing as a practice was not always viewed positively by my participants. Rather, several participants understood anti-ageing as a practice that went contrary to natural law. For instance, Boram thought anti-ageing “unnatural”:

I think that the word “anti-ageing” itself is unnatural. How can human beings “anti” age? How can we stop winter from coming?…It is better to accept this fact rather than stop it. Acceptance would be more beautiful. I will try to do so myself. (Boram)

Using nature’s four seasons as a metaphor for the ageing process, Boram confirmed that ageing was natural and that resistance to it was unfeasible. In other words, human ageing is part of nature and cannot be reversed. Likewise, Dasom emphasised that the youthful look achieved through Botox injections was abnormal and not suitable for an ageing body, but having wrinkles on one’s face in old age was normal and natural: “faces that are too smooth in the age of 80s and 90s is as unnatural as infants having wrinkles on their faces.” Further, some participants conceived that one’s youthful appearance as a result of the use of anti-ageing products and practices was fake and inauthentic. For instance, Younja understood that there was a “proper appearance” for people according to their age, and older people who try to look much younger than what was appropriate for their age gave off an unnatural and insincere appearance:

I think that people in their 30s are pretty in their own way that is right for their age. Also, people in their 40s are charming in their own way that is right for their age. For example, when actors or actresses who look like they are in their 30s or 40s because of Botox are in a movie, I don’t feel that it is genuine. In the 50s, people are beautiful in their own way as well. (Younja)

Younja seemed to emphasise the importance of a natural look when she claimed that having Botox injections made one’s face look neither natural nor authentic. Also, considering that she stated that one’s face should manifest different images at different
ages, she seemed to regard attempts to remove one’s signs of ageing through Botox injections as “an erasure of one’s personal history” (Andrews, 1999, p. 309). However, her acceptance of her white hair was conditional on her looking good with it; otherwise she would get her hair dyed. This seems to indicate that she regarded both the hiding of signs of ageing and having an unnatural look as counterfeit and fake. By contrast, she associated having a natural look with genuineness.

6.3.2 Disapproval of Botox Injections and the Use of Other Anti-Ageing Products and Practices

My participants also expressed nuanced reactions to the prospect of Botox injections, other types of medical intervention, and the use of anti-ageing cosmetic products. Some participants like Dahye distinguished anti-ageing cosmetic products from Botox injections even though both aimed to control the ageing process, thus creating a dichotomy between two types of practices:

I think that using anti-ageing products is okay. Using anti-ageing products is different from getting Botox….I think that we all have two thoughts. One part of my mind says that using anti-ageing products is okay. But the other part of my mind says that getting Botox injections is not okay. (Dahye)

Dahye explained her different attitudes towards Botox injections and anti-ageing products as “duplicity.” Thus, her definitions of anti-ageing practices and ageing were not fixed, and she differentiated between the use of anti-ageing cosmetic products and having Botox injections. Correspondingly, Jinhwa emphasised that she hated artificial procedures in principle by saying “I don’t want to insert some stuff into my body.” However, she regarded wrinkles as something to hide through the use of anti-ageing cosmetic products: “Doing something is better than doing nothing. Having wrinkles is not something that one can show off.” Also, Kyuree seemed to believe that she did not engage in any anti-ageing practices. For instance, she shunned Botox treatments as unnecessary, saying that “I have no desire to get Botox injections. I am not sure that Botox injections are really necessary.” On the other hand, she used certain products to manage her ageing skin that she explicitly said were not anti-ageing: “I use placenta cream….I also use rosehip oil. Although they are not called anti-ageing creams, they are good for taking care of ageing skin.” Further,
she mentioned that “I like wearing a scarf and a turtleneck more than ever now because I can cover all the wrinkles on my neck as well.” Thus, although she emphasised the avoidance of anti-ageing products and practices, she was nevertheless involved in combating and hiding her ageing process. Why did they disapprove Botox injections but were tolerant toward the use of anti-ageing cosmetic products? This is the question that I shall now attempt to answer.

6.3.3 Natural Look and Natural Ageing

My participants’ use of anti-ageing products and practices at the intersection of age and gender required careful consideration of social expectations relating to older adults, the outcome of practices, beauty standards, and understanding of ageing as a natural process.

No participant had Botox injections. Most participants abhorred Botox, describing in particular the unnatural and unattractive look it often yields. For example, Younja said that “Faces with Botox injections look unnatural.” Hyoree also described faces that have been subjected to Botox injections as looking like “monsters,” and she stated that “accepting ageing is better.” Considering that “monsters” connote something abnormal and miscreated, Hyoree seemed to indicate that Botox injections often backfire against the user’s intentions.

Similarly, Sunhwa addressed that those having Botox injections looked “angry,” “bad,” and “scary” and said that “they don’t look benevolent and generous in old age.” Sunhwa seemed to link having Botox injections to greed but appreciated images such as generosity and grace in old age. A few participants resolutely rejected Botox injections and perceived “accepting (or having) signs of ageing” as a way of exhibiting an “appropriate image” of old age. More specifically, Seonghee’s narrative indicated that older women’s appearance should be congruent with their age. So as to provide the proper appearance of old age including elegance and dignity, having Botox injections should be avoided:

I think that there are appropriate characters for older actors and actresses. When older actors and actresses play older characters, I feel that they look beautiful and they suit that character very well. However, somebody in one’s 60s who plays someone in one’s 40s with a face after getting Botox injections doesn’t match well. When I saw the older lady who played old Kate Winslet in the movie Titanic, I felt that the old
actress looked very elegant and with dignity even though she had lots of wrinkles on her face. (Seonghee)

Likewise, Mijung did not want to undergo artificial interventions including Botox injections because she thought that having facial wrinkles looked elegant. Dasom also associated Botox injections with losing one’s dignity and the rejection of the image of having lived a full life, saying that “having wrinkles on your face is not that bad. It seems to reflect a life full of experience and dignity.” However, the disapproval of Botox injections did not mean they were “intervention-free.” Dasom recognised that the world was not friendly to ageing bodies. Despite understanding ageing as part of the natural order, Dasom did not want to look chujaphan (ugly and dirty). Thus, she allowed herself to reduce the wrinkles on her face using facial massages and by applying eye creams although she strongly expressed her dislike of Botox injections:

I should accept ageing and comply with the natural rule. And imagine a machine that has an old engine but a new cover. Do you think it would work well? Getting Botox is too much. The older people look chujaphage and just don’t look great….I still give myself a facial massage with egg yolk—even in my age. I got so many wrinkles around my mouth. So I put some eye cream around my mouth as well….I heard that Elizabeth Taylor used to apply eye cream to her entire face. I think that it was true and it makes sense. Hahaha. (Dasom)

Dasom thought that Botox injections were not effective even though they removed wrinkles. However, she trusted the benefits of eye creams and facial massages and so relied on them. Considering that she emphasised the image of a life full of experience and dignity in old age, her statement that “Botox injections did not work and it costs too much” seemed to mean that Botox injections were not the best option to balance between “removing” and “preserving” signs of ageing. Instead, she seemed to construct her limit of engagement in such practices and differentiated the use of anti-ageing cosmetic creams from Botox injections while simultaneously trying to abide by her statement that she should adopt ageing and obey the natural order.
6.3.4 Cultural Influence: Korea vs. New Zealand

The cultural differences between Korea and New Zealand seemed to be a factor in my participants’ flexible attitudes towards medical interventions such as Botox injections. Most of the participants agreed that medical intervention is more popularly used in Korea than New Zealand. For instance, Hyunjung thought that although Kiwis also beautify themselves, in general, they tend to remain as they were naturally. This meant that Kiwis were less engaged in medical interventions than Koreans: “I rarely see Kiwis and even young Kiwis who do something special to their faces. I haven’t seen even one Kiwi who has done something to her face.” Preference for “being natural” seemed to be attributed to New Zealand beauty culture. Hyeson clearly reported that “the reason why I don’t like such medical treatments is because I have been living in New Zealand.” Nevertheless, several participants openly admit that they would have engaged in Botox practices if they were to live in Korea. For example, Sunhwa said, “I live as I am in old age. There are younger people. Why do I need to be young?” However, Sunhwa’s opinion on Botox injections is influenced by socio-cultural environment, as she said, “I can’t say that I’m not going to get Botox. There are even so many Chinese and Japanese tourists who visit Korea to go under the knife. It is a trend. Everybody joins this trend.”

Further, Sunhwa said that she would have taken Botox injections if she were to live in Korea because of cosmetic surgery and also its relatively low price compared to New Zealand: “If I were in Korea, I would get Botox injections to fix my wrinkles. It is even cheap.” Similarly, Jinhwa believed that Botox injections and medical interventions were less accessible in New Zealand than in Korea. She observed her Korean friends’ engagement in medical interventions such as Botox and facial fillings along with the popularity and low prices of these treatments. So, although she was not interested in medical treatment, she acknowledged their appeal by saying that “I realised that such medical interventions indeed worked well…and it is easy.”

6.3.5 Summary

I have dealt with diverse opinions on anti-ageing products and practices. The findings indicate that my participants negotiated the use of anti-ageing products and practices instead of resisting the oncoming signs of ageing. Their attitudes towards anti-ageing practices were also flexible because they adjusted to the extent and types of anti-ageing practices while trying to achieve attractiveness and a natural look at the same time. This
supports Clarke and Griffin’s (2007) finding that their participants believed in the importance of acquiring a natural look through their beauty practices. Several participants aimed to provide “good images” of old age by shunning Botox injections. Also, whether they engaged in the use of anti-ageing practices was negotiable depending on cultural norms. That is, they rationalised their anti-ageing practices while rejecting excessive or inappropriate practices by describing their choices in terms of “natural ageing.” In the next section, I unravel the “hidden” meanings contained in the concept of natural ageing.

6.4 Redefinition of Natural Ageing

Since migrating to New Zealand, my participants have lived in a culture that is friendly and places more emphasis on natural beauty. Kiwis are less engaged in body transformation through medical intervention and inhabit a society where fashion and beauty industries are less prosperous than in Korea. For example, Hyunjung said that Korea and New Zealand were total opposites in terms of beauty culture: “I can say that New Zealand is a symbol of natural beauty, but Korea is a symbol of man-made beauty.” This raises the question: what are the meanings of natural ageing for these individuals who crossed over from a society that values “man-made beauty” into a society that prefers natural beauty?

I believe that the answer to this question lies in how my participants attempted to resolve the tension between acceptance and denial of the ageing body. At the beginning of this chapter, I explained how they understood ageing as a natural process. I also presented diverse discourses relating to ageing such as healthy, active, functional, successful ageing and anti-ageing, which required intervention in the ageing process, where I indicated that there was a tension between acceptance and denial of the ageing body. As was observed, most of the participants expressed these tensions in their understanding of ageing as part of the natural order and the pressures they faced to elude signs of ageing. On the one hand, they understood and accepted ageing as a natural and inevitable biological process that brings physical changes beyond their control. On the other hand, they nevertheless wanted to avoid the ageing process due to the physiological changes and age-related diseases that typically accompany ageing, along with ageist perceptions of the ageing body as unattractive.
In their processes of resolving these tensions, my participants turned to the concept of natural ageing, of which they offered various definitions, such as avoidance of medical intervention, the use of natural ingredients but not chemicals, natural look, healthy and functional body, ageing slowly, and restoring one’s original status. Altogether, my findings indicated that for my participants, natural ageing means “intervening” in the ageing process rather than “letting” that process go. This leads to the insight that natural ageing does not entail taking ageing as a “natural process,” but rather the concept has acquired socio-cultural meanings and can be best described as “well-managed ageing.” In this section, through addressing the redefinition of natural ageing, I explain how biological natural ageing entails certain sociocultural aspects of ageing.

6.4.1 The Absence of Medical Intervention

My participants’ conception of natural ageing implied the avoidance of “artificial intervention” or the acceptance of “moderate intervention” rather than the absence of intervention altogether. This contrasted with Clarke and Griffin’s (2007) finding that their participants regarded natural ageing as a lack of intervention and the avoidance of beauty practices. My respondents identified practices that they believed were consistent with natural ageing. Some equated natural ageing with abstaining from cosmetic medical interventions such as Botox injections. For instance, Boram confirmed that ageing was natural and explained how the discourse of anti-ageing itself was unnatural, for human beings are part of nature and time cannot be reversed. Nevertheless, she resisted the ageing process. Boram’s strong belief that ageing was natural and her wish to comply with the rule of nature was challenged when she encountered her own signs of ageing. Although she wanted to accept herself as she was, her attitudes changed when she dealt with others’ reactions to her white hair and her desire to achieve the ideal image of old age, as exemplified from her statements such as “I hope to look generous.” Consequently, she seemed to allow herself to use mild beauty practices such as dyeing hair and meditation instead of avoiding all interventions. She also underscored that she did not engage in any other practices that might be intended to go against the ageing process.

Likewise, although Sunhwa did not resort to external interventions such as anti-ageing products and hair dyeing, she did handstands regularly to slow the ageing process:
Sunhwa: Try do handstands for five minutes every day. You need to start now. It is helpless doing this at my age. But, if you start from now, then it will prevent sagging. But it is also good for your health because it stimulates blood circulation….One day I watched TV and I saw the current Korean president Park doing a handstand in the middle of the room not leaning on the wall but just doing a handstand by herself in the middle of the room! She also does yoga….It showed her doing a handstand at the spot where she was just standing. I thought that she managed her body like that. Anyway, doing a handstand is effective. We are all sagging because of gravity. I am telling you to go against gravity for five minutes every day. Go against gravity while doing a handstand once a day.

Interviewer: Do you do handstands?

Sunhwa: I used to do it very well. But not nowadays….It is not too late to start for your age. But, you need to do it regularly. You can prevent sagging. Doing a handstand might give you back 10 years. It is not only good for preventing sagging but also for refreshing your brain by supplying fresh blood to your brain. It is good for your health and for your beauty. (Sunhwa)

Although she had stopped performing handstands, she suggested that I do so to fight against the ageing process. Her beliefs on the benefits of handstands seemed to be based on her medical and scientific knowledge (gravity and blood circulation) because she was a pharmacist in Korea for 30 years until she retired. Also, her confidence in the benefits of handstands seems to be strengthened by the fact that Korean President Park did them. Because of her intention to reverse the sagging effects of gravity, performing handstands became an anti-ageing practice. Although she seemed to avoid external interventions such as cosmetics, she nevertheless acted to combat ageing.

Another clear example of the fight against the ageing process without external intervention is Hyeson:

Hyeson: I don’t want to do something to my face. I like being natural.
Interviewer: What does being natural or natural ageing mean?

Hyeson: I define it as….I mean that I don’t want to use medical intervention to become young. Also, people who had something done to their faces don’t look natural….Yes, so I apply [wrinkle cream] very diligently.

Although Hyeson used anti-ageing products, she was able to achieve what she thought of as natural ageing by carefully defining it to include the practices she engaged in.

6.4.2 Use of Natural Ingredients

Like Hyeson above, other respondents defined natural ageing to include the use of natural ingredients and/or an approach free of artificial chemicals. For instance, some participants did not use cosmetic products but used other approaches to prevent or slow the effects of ageing, to make good impressions on others, and to manage their facial skin. In other words, they seemed to achieve what they considered natural ageing through the minimisation of artificial interventions and use of natural ingredients. Woori, for example, hated the artificial beauty that was achieved through medical interventions such as Botox injections. However, she also wanted to age gracefully. Consequently, she chose to wear higher-end clothing brands that she did not select when she was young:

I heard that an expert working in the beauty industry said that putting on some cream or lotion before sleeping makes the skin unable to breathe throughout the night. I heard something like that. So, I don’t apply any facial cream or lotion before I sleep. I just wash my face. And, I don’t use facial soap when I wash my face but I wash it only with water. Only in the case when I need to remove my makeup would I then use soap. But otherwise, I don’t use soap. (Woori)

Although Woori abstained from engaging in anti-ageing practices, her purpose in doing so was to improve her facial skin and to maintain a “natural look.” In other words, for her, the avoidance of facial soap and other artificial beauty products became a scheme for improving her skin, an aim that other women seek by using beauty products.

As Woori’s comments illustrate, one’s intention can change ordinary practices that do not seem to explicitly relate to anti-ageing into anti-ageing practices. This also seemed to
be the case with several other respondents who did not “label” the practices they engaged as “anti-ageing,” but they did engage in what they might consider as “mild practices” with the intention of slowing the appearance of ageing. Eating and sleeping, which are natural and basic practices, seemed to become special practices to improve their facial skin condition as they had certain expectations and intentions when performing these activities. For instance, Eunjoo stated that she took to sleeping well rather than using cosmetic products in order to improve her facial skin condition.

6.4.3 A Natural Look

Aforementioned, whether the outcome of an anti-ageing practice guaranteed a natural look seemed to be a high priority when it came to participants’ decisions. For example, Yona objected to artificial interventions including Botox injections and plastic surgery because she was afraid that these practices brought dramatic changes and gave one an unnatural look. She said, “I prefer being natural—just as I am. I don’t think that a face after Botox is pretty. I don’t like it.” Instead, she used cosmetic products to improve her facial skin because they have less chance of giving one an unnatural look. Nonetheless, she added that “some women look beautiful and clean despite having gotten Botox injections.” This implied that she seemed willing to approve of Botox injections if the results looked natural, where another person would find it hard to discern that one had undergone such a procedure. In other words, she permitted cosmetic surgery/Botox injections as long as one does not go too far from one’s original appearance or one gets it done properly. Thus, the basis of her objections to Botox is the unnatural look it tends to lead to, not something inherent in the procedure itself. This seems to suggest that anti-ageing could be regarded as natural and/or acceptable if the result of such practices is a natural look. Such a natural look would then serve as proof that one is ageing naturally.

In another example, Joohyun talked about her decision-making process on Botox injections and the importance of a natural look. From her perspective, having a natural look seemed to mean the maintenance and simultaneous improvement of her original look:

In my opinion, getting Botox is useless. And it is not even natural.
Unnatural. My eyelids are sagging too much. I used to have big double eyelids. But they are all sagging…. Compared to seven to eight years ago, they have changed a lot. They are sagging too much. So the skin around
my eyes look puffy and swollen. So, I am thinking of getting an eyelift in Korea. On the other hand, I think that “is eye lifting any use?” If there is a 100% guarantee that my face will look natural, then I would like to get it done. Hahaha. I tend to accept myself as I am. However, if there is a good surgeon who can make my face look natural after surgery, then I would do it. Otherwise, I won’t do it. (Joohyun)

Although Joohyun worried about the side effects of Botox injections, she seemed simply uninterested in having Botox injections because she did not feel it was necessary for her facial condition. Instead, she was interested in eye-lifts because her droopy eyelids bothered her. However, she would not go under the knife unless there was an assurance that she would look natural after the procedure. She preferred herself as she was, and retaining a natural look after having medical intervention seemed of utmost importance to her. Ironically, the emphasis on a natural look seemed to open up the possibility of using Botox as Joohyun mentioned above that if she had a good surgeon with a 100% guarantee would she go under the knife.

Further, having a natural look seemed equivalent to having a beautiful appearance. Younja stated, “I have both black hair and white hair, it looks very messy. Hmm… however, in old age, having white hair looks very elegant sometimes. It would be good. It looks natural.” Younja thought that the mixed colours of black and white hair might look dirty. Nevertheless, she also conceived that white hair could look natural as long as it looked “good” and “elegant,” namely attractive. Also, Taejung said that “Manicure and rings on young hands look pretty. However, wearing rings in old age looks unnatural and weird.” Considering that Taejung conceived that wearing accessories on wrinkled skin looked “unnatural,” which can be taken to mean “unattractive,” her avoidance of using accessories can be understood as aimed to enhance her attractiveness or at least to avoid looking unattractive. Similarly, Jeayoon connected one’s having a natural look to appearing attractive: “I prefer a natural look because sometimes white hair looks really great on some older people.” To summarise, for these women, an unnatural look meant looking unattractive, but a natural look meant looking beautiful (Barnard, 1996; Hollows, 2000). Considering that a natural look covertly connotes having a “beautiful appearance,” natural ageing, which is related to having a natural look, means “beautiful ageing.” This
seems to imply that natural ageing is part of ideal feminine beauty, as it requires the avoidance of any artificial appearance through delicate and appropriate beauty practices.

### 6.4.4 Healthy Ageing

Most of my participants pursued healthy bodies through exercise and diet even though they understood ageing as a natural process that they could not control. This seems paradoxical. The ageing body brings biological and physical changes including loss of strength and health and age-related diseases, and so such a body has a high chance of becoming a “dysfunctional” and/or risky body. Consequently, my participants could not accept their ageing body but understood it as something risky and flawed, and thus inconvenient. Considering that the dysfunctional body prevents older people from performing daily activities that they used to do without difficulty, such dysfunctionality could be regarded as abnormal and/or unnatural. In other words, a healthy and functional body was perceived as normal and natural. Indeed, a couple of participants were tolerant of their ageing body because it was healthy and optimal enough for them to carry on with their daily lives. More specifically, although Eunha missed her young body, she seemed to be able to accept her ageing body because her physical condition did not interrupt her daily life:

> Even though I miss my young body, I now accept my ageing body. Now, I am in my 70s. I’m healthy enough for someone in her 70s. I just think like that. It is natural for one’s body to be changed like that. So, it doesn’t bother me. (Eunha)

Having a healthy body helped Eunha accept her ageing body as normal and natural. The converse of this, of course, is that if her ageing body resulted in physical changes that caused problems and disturbed her daily life, she would have a harder time accepting her ageing as normal and natural. This implies that an ageing body that hampers one’s daily activities is dysfunctional and defective as well as unnatural. In this respect, it is not surprising that most of my respondents put their efforts into mitigating the “risks” or “discomforts” of their ageing bodies. In other words, having a healthy and physically capable body seemed to be a necessary condition for my participants to feel satisfied with their later lives. As such, the ageing body became something that they should maintain so that they could continue to perform everyday tasks. This implies that working to maintain
a healthy and functional body could be regarded as a practice to maintain the “natural” state of one’s body; thereby, healthy ageing could be a way of achieving natural ageing.

6.4.5 Postponing Ageing and Slow Ageing

Ageing is not only a part of the natural order but also an ongoing process, as Dahye noted in saying that “ageing is a process.” However, although ageing cannot be prevented, as a “process” it could be adjusted. As Hyeson suggested when she said “I use anti-ageing cream. I won’t get any more wrinkles now or later,” the purpose of anti-ageing products was not to remove all of the signs of ageing but to control the pace of the ageing process. Slow changes and mild changes in their appearance seemed easy to accept. Considering that Dahye said that “It is not good to age suddenly; I would be shocked if I suddenly looked older,” ageing could be acceptable as long as there would be no striking changes in one’s appearance:

I mean that anti-ageing products are used to try and age smoothly….It is okay to use them to age slowly. But I feel that getting Botox shows a will to not age. We need to age don’t we? But people that get Botox injections seem to try not to not age. We are in the process. I put on eye cream. (Dahye)

From Dahye’s understanding of ageing, Botox injections used to remove signs of the ageing process implied the denial of the natural order of ageing. However, she did not consider the use of anti-ageing cosmetic products and anti-ageing practice in the same way because she believed that such products did not bring back youth but only adjusted the pace of ageing. In other words, delaying the ageing process is not a denial of natural ageing. Taejung stated that ageing slowly is considered natural ageing:

I think that natural ageing is to age slowly. It’s not a sudden change. For example, children don’t become adults in one night. So it is not good to age suddenly but slowly. Ageing slowly….I don’t want to look awful….If someone has too many wrinkles on their face, it looks awful. I don’t want to look like that but want to age normally. However, who knows what kind of physical changes I will face. But, I don’t want to encounter too many changes….I use eye cream to slow down the process
of getting wrinkles. I mean I want to get wrinkles a bit later on. But, I
don’t try to remove them. (Taejung)

Taejung seemed to accept her ageing as natural on the condition that her ageing process
would not bring dramatic changes in her body or appearance. In other words, there was an
irony in her explanation that having “too many” wrinkles was not normal. Instead, she
seemed to permit only a “just right” or “normal or acceptable” degree of wrinkling. This
understanding of natural ageing was what lay behind her attempts to achieve natural ageing
by using anti-ageing creams. Thus, controlling the pace of ageing process was necessary
to achieve the right extent of signs of ageing.

6.4.6 Restoration

Instead of using words such as “fighting” and “resistance,” many anti-ageing
advertisements and commercials use “restoration” and “authentic self,” which seems to
encourage consumers to return to a “natural” state. Several participants seemed to engage
in beauty and anti-ageing practices to return to “who they were.” For example, Hyunjung
got her hair dyed to reinstate her black hair, which was her original hair colour and also
what she considered as part of an Asian’s physical features:

Our [Asians] hair is black. Hair is black. As the pieces of white hair come
out, black and white hair get mixed up with each other. So, it looks a bit
messy….New Zealander’s have yellow and red hair….Black hair is
better than white hair for Asian skin colour. (Hyunjung)

Hyunjung indicated that black hair is right and natural for Asian physical
characteristics but natural hair colour for Caucasians is bright (white) hair colour. Hajung
also thought that white hairs blurred her Asian identity as she regarded black hair as an
Asian physical feature while regarding bright hair colour as a Caucasian physical feature.
Further, Mijung got her hair dyed because she thought that for Asians, white hair looked
messy and eye-catching because of the contrast with the remaining black hair, saying that
“Asian hair is black so if we have white hair, we look really old.” In other words, the
ageing process causes one to stray from their “natural state” in terms of their ethnic identity.
This provides an insight that beauty and anti-ageing practices could be used to restore
one’s “natural state.” Eunha’s narratives suggest that restoring one’s natural state could be
regarded as natural ageing:
Eunha: Ageing is natural….I know getting older is natural because I am a part of nature. Everybody is ageing. So, I don’t mind that I am ageing….Nature means anything being as they are….When I visited Korea seven years ago, I got eyebrow tattoos. I had little eyebrow hair so I just got a tattoo.

Interviewer: You used to have little eyebrow hair?

Eunha: I used to have very little. No hair.

Interviewer: Really?

Eunha: Yes.

Interviewer: So, what did you do with it before you got an eyebrow tattoo?

Eunha: I drew them every day when I lived in Korea.

Interviewer: That’s why you got an eyebrow tattoo?

Eunha: Yes, that’s why. If I didn’t do it…

Interviewer: Was it annoying?

Eunha: I was annoyed and felt too lazy to draw my eyebrows every day.

Eunha not only accepted ageing as a natural process but also regarded herself as part of nature. She emphasised that she did not put effort into managing her appearance. However, in spite of her definition of nature as something pure and untainted by artifice, she did have her eyebrows tattooed. Considering that having eyebrow hairs is normal and natural, she perceived herself as unnatural because she did not have them. She seemed to try to transform herself from an unnatural state without eyebrow hairs to the appearance of a natural state by having cosmetic tattooing. Before having the tattoos, she used to draw her eyebrows every day, which could be considered a beauty practice. However, she seemed not to have considered her eyebrow-drawing a beauty practice. Rather, she drew eyebrows to shift herself from having the appearance of an unnatural status (not having eyebrows) to having that of a natural status (having eyebrows).
6.4.7 Summary

Natural ageing was not a simple process. Instead, as Sunhwa, noted, “Actually…natural ageing is hard. Easier said than done. Natural ageing? It is difficult.” That is, while most of my participants understood their ageing bodies as the result of natural processes, they simultaneously could not but engage in anti-ageing practices because of their ageist perceptions. This led to a tension between acceptance and denial of their ageing bodies that they attempted to resolve by redefining what natural ageing meant for them. Also, the boundary between natural ageing and anti-ageing became vague because the redefined meanings of natural ageing included anti-ageing practices. “Natural ageing” involves an intention to provide an optimum degree of attractive and youthful appearance and is therefore comparable to resistance to ageing. Considering that natural ageing is related to having a natural look, which is part of ideal feminine beauty in old age, natural ageing can be considered part of ideal feminine beauty in old age. Thus, the discourse of natural ageing should not be understood as an essential term that purely denotes certain biological or physiological processes.

6.5 Summary of Chapter: The Inevitable and Unacceptable Biosocial Process of Ageing

I have dealt with my participants’ various concepts of ageing bodies, their ambivalent opinions on anti-ageing products and practices, and the use of beauty practices and health management. My participants persistently engaged in cultivating their bodies even after they had migrated to New Zealand from Korea because their ageing bodies included signs of ageing that they could not easily accept. Although the ageing body was considered as a natural biological process, it nevertheless entailed risks of becoming unhealthy, dysfunctional, and dependent. The ageing body was often described as unattractive, inactive, and unproductive. In order to prevent the dangers of ugly and problematic ageing bodies, interventions such as beauty practices, anti-ageing practices, exercise and diet were seen as necessary. Beauty practices and exercise were used to provide an attractive appearance and youthful looks, and to maintain femininity. Anti-ageing products and practices could be acceptable depending on conditions such as confidence in attaining favourable results, prices of anti-ageing products, convenience and accessibility of these products, and cultural norms of beauty within the sociocultural environment. Thus, although my participants understood ageing as natural, what they referred to as “natural
ageing” did not mean “ageing as it was” but rather “some degree of intervention” in ageing. In other words, they seemed to age well and gracefully, as Mijung stated.

Hence, there seemed to be a manifestation of a paradoxical attitude towards ageing in which my participants saw their own ageing bodies as something that is both inevitable and unacceptable. They understood their body as something that they should accept and simultaneously as something that they ought to oppose; while they wanted to accept ageing as part of the natural order, the desire to control the process of ageing was present as well. This provides an insight that the ageing body is a place of dealing with the inevitable but unacceptable process of ageing. My participants attempted to resolve this conflict by transforming their ageing bodies, designing their later lives, and redefining natural ageing. While the boundary between “natural” and “artificial” (cultivated) ageing was undefined and the definition of “natural ageing” was malleable, the boundaries between natural ageing and anti-ageing seemed to overlap. Moreover, they seemed to resist the ageing processes of their bodies when they became dysfunctional and inconvenient even though the ageing process was inevitable. In particular, as minority Korean older adults who faced a lack of informal familial care and accessible proper social services, possessing a functional body was seen as a top priority. Achieving a healthy body and maintaining busy lives in old age were perceived to be necessary in order to resolve the problems and ageist perceptions of the ageing body. Thus, the concepts of healthy body, active body, attractive (appropriate) appearance, youthful looks, natural look, and natural ageing seemed to be the outcomes of negotiating between destiny and denial of the ageing body, interrogating the extent to which they resisted and transformed their female ageing bodies. The findings of this research highlight that the ageing body is a place of dealing with denial and acceptance; thus supporting the notion that the ageing body can be regarded as “the product of a complex interplay between bodily and cultural factors” (Twigg, 2011, p. 2), namely the biosocial ageing body. The next chapter presents how my participants engaged in beauty practices at the intersection of age, gender, and race/ethnicity by taking into account their ambivalent reactions to their own ageing bodies.
CHAPTER 7 TENSIONS BETWEEN CHOICE AND OPPRESSION

The previous chapter explained the concept of a biosocial ageing body, showing how an ageing body is perceived as both biologically inevitable and socially unacceptable, which made it a place of dealing with the acceptance and denial of the ageing process. Towards this end of negotiating between these twin poles of ageing, instead of recklessly “defying” the ageing process, my Korean female participants sought to mould their ageing bodies to fit various categories of “acceptable” bodies or ageing, such as maintaining attractiveness, health, and youthful appearance. Indeed, an approximately 10,000 km geographical move from Korea, where beauty and youth are extremely valued, to New Zealand did not necessarily imply the termination of their use of beauty and anti-ageing practices and/or emancipation from pressures to achieve beauty, youth, and health. Instead, migration led them to encounter diverse social positions, the Korean immigrant community, and cultural differences between Korea and New Zealand including a new socio-economic environment of beauty markets. Such migration effects affected and motivated their engagement of anti-ageing and beauty practices. Considering that my participants persistently transformed their bodies regardless of migration from Korea to New Zealand, this chapter is concerned with the question of whether my participants experienced beauty, anti-ageing, and health practices as offering them choices or subjecting them to oppression and how changes in social (interpersonal), cultural, and economic circumstances—a result of migration— influenced their choices on such practices.

I begin this chapter with a description of the extent to which the participants exercised agency when engaging in beauty practices and using anti-ageing products at the intersection of age and gender. I then present how power over their bodies was exercised when they engaged in beauty and health practices as older Korean migrant women. I also attempt to look into how cultural differences between Korea and New Zealand in terms of beauty norms and intersectional positions influenced their decisions on the use of beauty, anti-ageing, and health practices. These findings are then merged into a theme: tensions between choice and oppression. Throughout this chapter, I aim to develop a typology of beauty practices as both compulsory and voluntary.
7.1 ‘I Might Get a Botox If…”

Most of my participants regarded the ageing body as distant from the ideal of feminine beauty and as something that needed intervention. Although they migrated from an environment in which there is a craze for beauty and youth to one where people are less preoccupied with such values, they assumed that personal signs of ageing should be unseen and that aged appearance should be “repaired.” However, this did not mean that they randomly removed or hid their all signs of ageing. Rather, they prudently decided to what extent they would fix their aged appearance and how to beautify themselves. While navigating the “right degree” of beauty in old age, they also negotiated how much and/or whether they used beauty practices through self-surveillance. Some participants’ choices of anti-ageing cosmetic products were paradoxical in that they used these products regardless of their effectiveness. For other participants, whether they engaged in the use of anti-ageing practices was determined by a complicated negotiation that takes into account the results of cost/benefit analysis, risk appraisal, and accessibility. This resonates with the notion of “aesthetic entrepreneurs” (A. S. Elias et al., 2017) which refers to those who could avoid risks, injuries, and insecurity, and the concept of the “neoliberal subject” (Virginia Braun, 2009; Stuart & Donaghue, 2012) as someone who seems to be able to reject diverse social influences and pressures that force and shape their actions at some level (Baker, 2010; McRobbie, 2007; Stuart & Donaghue, 2012).

Others used beauty practices to achieve an appearance they thought would reflect the virtues of old age including wisdom, life experience, generosity, and inner beauty, all of which were intended to showcase a well-managed later life and certain moral attitudes. Three participants seemed to understand beauty as a kind of aesthetic capital through their equating of youthful appearance with material advantages, namely beauty premium. Finally, through using beauty practices, a few sought to present their “authentic self” who they considered as young in maum. Nearly half of my participants reported that they engaged in beauty practices as a means of self-expression and self-enjoyment and for improving self-esteem. In this section, I detail whether and to what extent my participants experienced beauty practices and anti-ageing products as oppressive and/or empowering through supplying choice.
7.1.1 From the Gaze of Others to Self-surveillance: Navigating Proper Beauty in Old Age

Not only youth—but also ageing is beautiful in itself….So, I don’t try to get dolled up….But, I take care of my appearance to keep myself from smelling bad and to be clean. (Eunha)

Eunha reckoned that an aged appearance had its own beauty, so she did not put a lot of effort into enhancing her appearance. Nevertheless, she still maintained herself through persistent self-surveillance and sought to provide a clean and tidy appearance. Similar to Eunha’s case, some participants consistently engaged in beauty practices while negotiating the extent and type of practices they used to present a “proper degree of beauty,” “good appearance,” or “right appearance” in old age. Considering that these women made conscious decisions on how to beautify their appearance and what types of beauty practices they would employ, one could claim that they exercised agency. Their agency would be manifested in their rationalisation and negotiation regarding whether and how much they should conceal the signs of ageing in order to navigate their ageist and sexist society. In this regard, power over their female ageing bodies was exercised not only through the gaze of others and self-surveillance but also through self-directed choice.

To take a specific example, Samsoon negotiated whether and/or to what extent she hid her signs of ageing. However, she seemed to objectify her face, saying “my face does not have clean-cut features.” Also, she observed her appearance through the gaze of others: “Who knows whether wearing makeup would be more ridiculous?” That is, the gaze of others seemed to be internalised into her self-surveillance through which she adjusted the extent to which she hid her signs of ageing and how she displayed herself in old age:

I try to wear eye makeup and use eye shadow and draw my eyebrows. Also, I use lipstick because it is the basic thing to do….Young people can go out without makeup, but I don’t want to look chuhage because I am old. But, who knows whether wearing makeup would be more ridiculous? I just try not to look chuhage so that’s why I apply blusher to my face….I used to get my hair dyed. But it looks chuhage. I mean that it looked chuhage because the white hair came out very soon after getting my hair dyed. Also, I got so annoyed….So, I told myself that it
was just a symbol of ageing and then I stopped getting my hair dyed.

(Samsoon)

Samsoon also judged others’ appearance through her gaze, saying “Even when I observe those who have salt-and-pepper hair, it doesn’t look good,” and she reapplied the gaze to herself: “in the same way, other people would dislike my salt-and-pepper hair.” In other words, there was a continuous feedback between the gaze of others and self-surveillance. For her, using lipstick was a normative practice without definite motivation or purpose, and she called it a practice that is “basic” although she no longer dyed her hair. She was negotiating herself in relation to her ideal image of old age, as evident from her statement that she wore makeup because she did not want to look dirty and ugly in her old age and her acceptance of her white hair as “a symbol of ageing.” That is, her decision to use makeup, in particular lipstick, but not hair-dyeing seemed to be the product of navigating ageist perceptions and feminine beauty ideals and also the product of an interplay between the often sexist and ageist gaze of others, her reapplication of that gaze back onto others, and self-surveillance. This interplay also resulted in Dasom wanting to provide a “good impression” which required self-regulation on her part:

People prefer to look young and fresh. Nobody likes those who look old and wrinkled and with chujaphan faces….A tightened face when someone is in their 80s is ridiculous….It is good to make a good impression on others….I use Shiseido eye cream. (Dasom)

Knowing that neither aged appearance nor extreme or artificial youthful appearance would be acceptable in the ageist and sexist society, Dasom exercised self-regulation while using eye cream but not medical interventions such as Botox injections. So for Dasom, negotiating “right degree of beauty” or a “good impression” for female older adults was the product of the interaction of the gaze of others (often ageist and sexist), self-regulation, and the application of her gaze to others.

Likewise, Dahye seemed to feel pressure to give up her makeup and fashion styles in old age. While she looked at her body through others’ gazes, saying “What if others tell me that I am making a frantic last ditch effort?” she prudently contemplated how others would react if she appeared in fashionable clothes. After negotiating between the social norms and cultural constructions regarding old age, she quit using eye shadow which
highlighted her double eyelids that were now sagging, saying “I felt that putting on eye makeup on my sagging double eyelids made them look worse.” Instead, she gave some colour to her lips to draw attention away from her eyelids or other signs of ageing as she pointed out that “it would be better to give some colour to my lips by putting on lipstick.” That is, for her wearing lipstick everyday became a tactic for managing the signs of ageing. Dahye wished she could continue wearing young fashion styles, but she decided to abandon wearing clothes meant for younger people as a result of criticism by those around her such as her daughter’s gaze and judgment: “My youngest daughter told me ‘Mom, when older people wear clothes like that, it looks so ugly.’ So, I took it off.” Regarding her daughter’s response, Dahye said, “I feel I am losing my confidence a little by little,” which seems to imply that she has lost her self-confidence not only in her ageing body but also in her ability to decide how to present herself to others. This provides an insight that the gaze of others and self-surveillance is capable of both motivating and discouraging women from engaging in beauty practices.

7.1.2 The Paradoxical Use of Anti-Ageing Cosmetic Products: Invisible Effectiveness

Are older women who continue to use anti-ageing products despite believing that there are no guarantees of their effectiveness really cultural dupes? While there were some participants like Jinhwa who accepted anti-ageing cosmetic advertisements as a source of beauty knowledge, others pointed out that advertisements for anti-ageing products exaggerated the impression of their effectiveness. More specifically, fifteen participants chose anti-ageing products when they were shopping for cosmetic products no matter whether such products were effective. Their attitudes and opinions regarding these products were different when they replied to the question of whether they were effective. Some used anti-ageing cosmetic products with confidence in the effects while others used them despite doubt about their effectiveness. For these women, whether their signs of ageing could be eliminated seemed unimportant. Rather, these women seemed to experience anti-ageing as a strong and overwhelming impulse as Seonghee stated: “anti-ageing commercials never allow us any room for thinking.” Nevertheless, they rationally analysed anti-ageing products and used them purposefully. For example, Aekyoung’s attitudes towards anti-ageing cosmetic products were ambivalent, as she convinced herself of the effectiveness of anti-ageing cosmetic products at some level:
Aekyoung: I apply anti-ageing eye cream all the time and facial creams as well.

Interviewer: Was it effective?

Aekyoung: Probably? I hope so. Sometimes, I think…that anti-ageing is just something for marketing and commercials. So I am not into it and I don’t trust it that much. However, it has been scientifically proven at some point, hasn’t it? Everybody is getting younger nowadays because of it. So I think that anti-ageing products may contain good ingredients.

Interviewer: You said that you think it might have some effectiveness?

Aekyoung: I don’t expect that my face will become totally different in a day as in the TV commercials. However, I hope that my facial condition gets better little by little. And I think that using it is better than not using it. I think in that way more or less.

As Aekyoung stressed that she already recognised the deception and exaggeration of anti-ageing advertisements, she wished to affirm that she was not a victim of such overwhelming marketing strategies. Moreover, she seemed determined to keep her agency in using anti-ageing eye creams, only half-believing in their effectiveness.

In contrast to Aekyoung’s defensive attitude towards anti-ageing products commercials, Hyeson said that “Whenever I watch anti-ageing advertisements, I feel that I would like to buy it. Yes, I feel that I want to try it.” That is, Hyeson’s attitudes were tolerant as she had expectations of the effectiveness of the products advertised. Although Hyeson that the anti-ageing products she used were ineffective, she kept using them in the hope that they would be effective. She said, “But I hope that my wrinkles come more slowly.” However, considering that Hyeson already knew there were no “visible changes” from using anti-ageing products, there might have been “invisible” effectiveness. In other words, Hyeson might have kept using anti-ageing products not for visible improvement, but out of hope that she would get wrinkles more slowly than if she did not.

Indeed, for a couple of participants, whether their signs of ageing could be eliminated seemed unimportant. Miyeon seemed to use anti-ageing products regardless of their effectiveness:
Miyeon: I do see anti-ageing products. I was not that interested in anti-ageing products when I went shopping and I only used to look for “dry skin” or “oily skin” when I selected cosmetic products. But nowadays, for everything I look at, the label “anti-ageing” catches my attention.

Interviewer: For everything?

Miyeon: Simply what I mean is that I try to choose anti-ageing even for hand cream. I hadn’t thought of using it (anti-ageing hand cream) before. But, I think I buy such products even though it is more expensive.

Interviewer: Is it effective?

Miyeon: Effectiveness…I don’t know whether they are effective or not. But I just think to myself “Isn’t it effective?” Just like that. But I don’t know whether it works or not.

Interviewer: So if the price is the same as other regular products, the anti-ageing labels lead you to choose it.

Miyeon: I try to pick something labelled “anti-ageing” if they are not much more expensive compared to regular products.

Despite acknowledging that anti-ageing cosmetic products were more expensive than regular cosmetic products and also being unsure of their effectiveness, Miyeon still tended to choose anti-ageing cosmetic products, even for her hands. Considering that she was unsure whether using anti-ageing cream could remove her wrinkles, purchasing and consuming anti-ageing labelled products seemed more important than whether these products would have a positive effect in eliminating her signs of ageing.

Related to this, Jeayoon seemed to use anti-ageing products not for any visible improvement of her appearance, but for a feeling of security:

Jeayoon: I use anti-ageing nutritious cream. If I go shopping for cosmetic products, I always carefully read the cover to see if it is for persons over 50. Age over 50. I check the age on the label….I think that it is because of commercials. They use a psychological approach. I think that the media is very powerful….It is a kind of psychological warfare. I mean
that I just feel better when using anti-ageing cream. I just believe in its effects and so while using it, I feel secure. In other words…just like medicine…

Interviewer: Are you saying there’s a placebo effect?

Jeayoon: Yes. Patients who just take vitamin but are told that it is medicine for them to get well. Likewise, the cosmetic products that I am using are just like that. I think that for women, they enjoy feeling happy and relaxed while using anti-ageing products. So anti-ageing products are effective for women like that. Whether anti-ageing products are really effective or not doesn’t matter. I think that way. Anti-ageing products just make me feel relaxed. It makes women feel secure. Honestly, even if anti-ageing products are not effective, they are good enough because they make women feel satisfied and at ease.

Jeayoon stated that she purchased and used anti-ageing cosmetic products to feel secure, and she also pointed out that marketing for such products used psychological approaches to tempt customers. This corresponds with much research (Goldberg & Folkins, 1974; Noles, Cash, & Winstead, 1985; Sarwer et al., 2008; Yıldız & Selimen, 2014) which has shown beauty practices and cosmetic surgery brought women improved self-esteem and self-satisfaction. That is, no matter whether such products brought visible effectiveness, women perceived anti-ageing products as bringing benefits for them such as feelings of security, happiness, and satisfaction. Put another way, women like Jeayoon seemed to achieve benefits such as a sense of security through using these products with a different intention. Similarly, Aekyoung responded with “I need to do something anyway, don’t I?” when I asked if she used anti-ageing products. While emphasising doing something (anything) to combat the ageing process, Aekyoung used anti-ageing products despite being unsure of their effectiveness. This implied that taking part in the resistance against ageing rather than actually removing signs of ageing motivated these women to use anti-ageing products. These women’s stories presented a prominent tension between a repressive anti-ageing culture on the one hand and the sensibility of these women’s reactions to ageist society on the other. Thus, it is doubtful about that these women were simply cultural dupes.
7.1.3 Estimating Risks and Effectiveness: The Neoliberal Subject and the Aesthetic Entrepreneur

Some of my participants considered anti-ageing products and practices to be expensive, as Miyeon indicated when she said that “any products for anti-ageing in any shops are always more expensive than other regular products.” Due to the higher price of anti-ageing products and practices, some participants had unfavourable attitudes towards them. However, this implies that the cost of such products is merely a barrier and that if the prices of such products and practices lower, they would be more inclined to use them. In addition, most of my participants did not favour Botox injections. However, most of them would consider Botox if they knew that its results were guaranteed to look natural without side effects, if it was affordable, and if its accessibility was convenient. In Jinhwa’s case, she objected to the use of anti-ageing practices such as Botox injections. However, Jinhwa eschewed Botox injections because of her lack of financial resources, time, and concern about potential side effects. Put differently, she might take Botox if it was cheap, convenient, and risk-free. Thus, these women’s decision processes echoed with “aesthetic entrepreneurs” and “neoliberal subject.”

For several participants, the decision of whether to undertake Botox injections depended upon two important considerations: whether a natural look would be preserved, and the cost-effectiveness of the treatment. That is, they calculated risk-appraisal. Doosim also underlined that she would have Botox injections if she had easy access to them, where one might be able to “do it yourself” like the hair-dyeing practices she performed by herself at home:

Doosim: Getting Botox could become a routine practice like getting your hair dyed. If Botox is cheap like hair colour products and if I could give myself Botox at home, I think that I will use Botox. Why not?

Interviewer: Do you think that that can be possible in the future?

Doosim: I think so. I think that it is possible. There must be a Botox cream so that we only have to buy it and apply it on our faces. Or something like a patch so that I only have to place it onto my face to hide facial wrinkles. Hahaha. So I can give Botox to myself at home whenever I need it, just like getting my hair dyed.
As indicated above, Doosim compared the practice of dyeing hair, which one can do by oneself, to potential Botox treatments in the future. Strikingly, she seems to favour the use of Botox injections if Botox would become a do-it-yourself practice that is convenient with quick results (perhaps also with less risk of failure). Thus, she was not absolutely opposed to the engagement of Botox treatments, but instead, her attitudes towards them depended on how convenient it would be to undergo such treatments.

Sunhwa would have used Botox injections if there were guarantees of no side effects and that she would have a natural look. She gave much thought to weighing the benefits and risks of Botox injections: “I think that medical technology will continually improve and advance….Don’t you think that in the near future “Bitox” would replace Botox because of its advanced outcomes without any side-effects? This statement directly showed that she considered the potential outcomes of Botox injections and also estimated the cost of practice. Consequently, her enthusiasm towards having Botox injections seemed to wane with the lack of guarantee of no side effects: “Who knows?…Then, I might go to get it done.” Thus, her attitudes about having Botox injections are shown to be malleable.

Taejung’s narrative reveals her contrasting attitudes towards having Botox injections and removing age spots:

I feel that my face looks awful without makeup because of so many wrinkles. I have been thinking about removing all the freckles on my face. I think that I can ask my friend who works in a dermatological clinic that is famous in Korea. I heard that removing these age spots and freckles is just a piece of cake. In old age, wrinkles on your face is normal….If someone has no wrinkles in old age then people know that they used Botox injections. It is not good….But I have been considering removing all my age spots when I visit Korea next time. I never think of getting Botox injections though. My friend might suggest eye-lifting to me as well. But, I don’t know if I will undergo such procedures. Oh well…try not to go to such clinics. (Taejung)

Taejung thought she looked awful because of wrinkles on her face. However, she would not consider using Botox to remove them as she considered wrinkles normal and
natural while a face without wrinkles after having Botox injection is artificial. However, she perceived age spots and freckles as something she could get rid of without difficulty. Therefore, how she would look after having medical intervention and how convenient the procedure was seemed to influence not only her attitudes towards signs of ageing but also her engagement in such practices. The findings underscored that these women were not purely victims of false consciousness by an exploitative anti-ageing marketing and industry (Petersen, 2007) but rather could estimate the side effects of medical intervention and calculate their viability through cost-benefit analysis. Hence, their engagement of beauty practices can be described as compatible with the actions and thought processes of a “neoliberal subject” and “aesthetic entrepreneur.”

7.1.4 Self-Management: A Well-Lived and Managed Later Life

The beauty of a woman is not in a facial mode, but the true beauty in a woman is reflected in her soul. It is the caring that she lovingly gives the passion that she shows. The beauty of a woman grows with the passing years - Audrey Hepburn

In agreement with what Audrey Hepburn said, my participants accentuated the status of maum in old age. Such emphasis on one’s inner world manifested in two ways: either managing one’s outer appearance or paying less attention to it. For several participants, recognition of the ageing body was embodied in the shifting of perspective on life in response to an old appearance, where one’s values were modified to place less emphasis on appearance. For instance, old age was perceived as a “time to share with others and to give back and no more taking” (Boram) and as a time to turn one’s attention from appearance to wisdom (Eunjoo). Further, Hyunjung stated that one’s inner state was more important than one’s appearance as saying that “I believe that maum is most important. It depends on how young my maum is. Without a young maum, a younger looking face is worthless.” This seemed to mean that a youthful appearance was in vain without youthful maum. In this sense, Hyunjung seemed to pay more effort to keep maum young than to keep looking young. This hints that self-management could be exercised not only to provide attractive appearance but also to cultivate maum.

For other participants, emphasising one’s status of maum or invisible world seemed to return to the management of one’s good appearance or impression, which required beauty
practices. For instance, Jinhwa controlled her *maum* by suppressing wicked and malevolent thoughts in order to give positive impressions of herself because she believed that “a good impression comes from a good *maum*.” Also, Woori said “I mean that not only having generous *maum* but also looking like that. I hope to give a good and graceful impression to others.” Considering that Hyeson stated “it wouldn’t be good if my face revealed my worries and problems to others. I hope to keep my face always looking happy,” she might have used beauty practices to provide a bright and lively image in old age. This seemed to indicate that a well-managed appearance was a way of showing one’s well-managed life. More precisely, Younja emphasised that one’s face in “old age” reflected one’s life history, including thoughts and values:

I can’t judge somebody solely from his or her appearance. However, I can look at older people and guess … what kind of person he or she is from his or her face. I mean that people in old age—their faces seem to show their thoughts and values and how they have lived. Looking good in old age is important. (Younja)

Younja seemed to regard the face in old age as a documentary which recorded and expressed who one really is to the world. In this respect, one might take action to show a successful ageing through looking good in old age.

Further, a couple of participants reported that they did not care how they looked and that they were not interested in beautifying themselves when they were young. However, they paid more attention to their appearance in their old age and eventually believed that it was necessary to use beauty practices to improve their aged appearance. For example, Woori said that

I think the younger always look good even if they don’t use makeup to look better. Young people look good in any clothes even if they wear catchpenny clothes. I find that the older I get, the better the clothes and brands I should wear. I don’t look good in cheap clothes. And, I want to look neat. If I don’t do this, it’s not good. But in young age, it is okay….I don’t want to look *chujaphage* in old age but look graceful. I don’t know what to say. (Woori)
Woori’s statement that “I don’t know what to say” suggests that she found it difficult to find the right word to describe an “appropriate degree of beauty” in old age. However, through observing young and old people, she seemed to have an impression of what was proper appearance in old age. Considering that she discerned the gaze of others and also looked at herself through the gaze of others, one might claim that her attempts to achieve an appropriate degree of beauty in old age through beauty practices seem oppressive. However, knowing that dressing up with high-quality attire could reflect her successful image in later life, and that providing a graceful appearance could be a way of showing her well-managed life, her engagement in beauty practices is arguably reasonable and self-directed.

Similar to Woori, ten of my participants used the Korean word chuhada (unclean, ugly, and unattractive). Jeehyo seemed to feel that having chuhan appearance implied also having chuhan demeanour: “I didn’t [take] care of my appearance that much when I was young. I don’t want to look chuhage to my children and people around me. So, I feel I need to wear clean clothes as well.” However, in Chapter 5, I explained how chuhada and chjuphada are synonymous with the English words “dirty,” “ugly,” and “filthy.” Chuhan is used to portray not only one’s dirty and messy clothes and behaviours but also to describe when one looks disgraceful due to an ugly appearance (“Chuhada,” n.d.), and to portray someone or something that is rough and disorganised and so unclean and messy (“Chujaphada,” n.d.). Considering these connotations of chuhan, having chuhan appearance in old age could be regarded as the lack of manner and organisation and loss of dignity and grace. This bears similarity to the findings of Elving-Hwang’s (2016) study which indicated that her Korean female participants maintained their attractive appearances for “others” and considered putting on makeup as an etiquette. Thus, I suggest that the engagement in beauty practices not only provides an attractive appearance but also represents one’s ability for self-management in later life. Such engagement also exemplifies the concepts of active, healthy, successful ageing, and fulfilling one’s moral obligations where “putting on makeup is an absolutely necessary etiquette” (Soomi). A well-managed later life also includes dying well. Below I further explain how the process of dying well is achieved through the use of beauty practices.
7.1.4.1 Beauty practices for dying well

Ageing can be defined as “a process of unfavourable, progressive change which terminates invariably in death of the individual” (de Beauvoir, 1972, p. 11). Some of my participants recognised ageing as a part of the inevitable process of death, and this association seemed to influence their decision on beauty practices. For example, Minhee seemed to stop getting her hair dyed since she got tired of managing her appearance through engaging in the use of beauty practices since she became physically weak in old age. She said, “No. I will turn into my 80s soon. What else can I do when I am in my 80s? I will just live like this till I die.” That is, Minhee’s decision-making process regarding beauty practices was far from straightforward as she considered her biological changes and decline in her physiological condition. She commented, “I can’t handle [dyeing my hair] every week anymore.” While changes in physiological condition further reminded her that old age was a time when one is getting close to death, she might also have been discouraged to manage her ageing body.

A well-managed later life also seems to be part of the process of dying beautifully. In contrast to Minhee who gradually lost interest in managing her appearance due to her association of ageing with death, Soomi seemed to maintain that beautifying her appearance was a worthwhile endeavour. For Soomi, beauty practices became a tool for dying well and beautifully:

I think that a human being is like a flower. The seed sprouts and buds, then blooms and falls. Falling is death. Even the most beautiful flower does not last forever. You know what? I learnt something from seeing flowers grow and wither. I see some flowers are very chuhage when they wilt. When they are wilting, they appear chuhada with awful smell even though they used to be very beautiful. However, other flowers are still beautiful when they wilt even though they don’t have any water. They look so beautiful when they are wilting. So, I like orchids. Their colours never change even though they fade as time goes by. But, they are still beautiful. So, I realised that even flowers look different when they wilt. I think that people can be compared to flowers. People will look different when they get older….I will use makeup forever unless I have no energy
anymore. But, even if I stay at a hospital at the last moment, I will put on some makeup in case someone visits me. (Soomi)

Soomi used a flower as a metaphor for a human being’s phases of birth, development, maturity, and death. In this metaphor, she associated ageing, dying, and death with ugliness and being dirty and smelly, while one’s birth and youth are the most desirable periods of one’s life. However, she also acknowledged that some flowers like orchids never change their colour and that they could be even more beautiful and noble when they are wilting. From this, she had an insight that she could affect her ageing, dying, and death to be different from stereotypical ideas such as being dirty and ugly. Furthermore, she thought that she could even influence how others would recall and remember her after her death by making sure she looked beautiful until her dying breath. This suggests that women’s beauty practices in old age can be regarded as a tool for managing later life, which includes the pursuit of dying beautifully. Thus, engagement of beauty practices in old age empower women in their later lives.

7.1.5 Youthful Appearance: Adherence to Beauty Norms, Aesthetic Capital, and Authentic Self

Some participants pursued youthfulness as a goal in itself while others pursued a youthful appearance in order to attain what might be described as aesthetic capital. In addition, several participants seemed to seek a youthful appearance because it reflected their “authentic young selves.”

Favourable attitudes towards youth affected how and why my participants used beauty practices. Indeed, twenty-six participants indicated that they felt content when they heard that they had a younger-looking appearance. For instance, while talking about youth, Soomi used words such as “cheerful,” “active,” and “contributing.” Eunha stated, “Youth itself is beautiful and pretty,” and Younja said, “Younger people are all beautiful. Youth is just beauty itself.” With such a preference for youth and associating youth with beauty, some participants directed their efforts to achieve youthful appearance. Jeehyo deliberately chose a youthful style such as jeans and a sports jacket not only to look young but also to differentiate herself from other women her age, saying, “I don’t wear halmoni clothes. My fashion style is young and sporty.” While emphasising that “I haven’t been called a halmoni, yet,” Jeehyo seemed to confirm that her strategy for avoiding an aged appearance
and achieve a younger-looking appearance through dressing young was effective. This seemed to indicate that these women sought to comply with the normative feminine ideal of youthfulness. Such efforts could arguably be considered rational, considering that ageist and sexist societies prefer youthfulness and youth.

Several participants hid their signs of ageing due to recognising that younger looking people and youthful appearance were more acceptable in the workplace than older people and aged appearance. They understood youthful appearance as beneficial for job opportunities. As Miyeon directly stated, “employers prefer younger people.” Mijung—who worked at the dollar shop as a cashier and so was required to interact with customers—seemed to understand that her work could be better secured and performed if she possessed a youthful appearance, saying that “I get my hair dyed because I need to go work.” Thus, her effort to beautify herself was a reasonable choice and a way of obtaining what she needed. This hints that one’s motivation to mask aged appearance is not simply because one prefers a youthful appearance in and of itself. Rather, older women could endeavour to attain a youthful appearance due to being motivated by benefits such as job security and higher chances of employment, which supports the claim that older women can use beauty as aesthetic capital and so engage in beauty practices in their own best interests.

Twelve participants mentioned that they felt still young at maum although their bodies were ageing: “My maum is still so green. Although my body is ageing, my maum is always the same” (Yona). This hints that maintaining youthful appearance through beauty and anti-ageing practices could be understood as a process of preserving and/or providing an “authentic young self” in old age. For example, Samsoon said that her maum at that time was the same as in her 20s and 30s, thus she would like to wear just what she used to wear in her youth. Likewise, Taejung followed her young maum when she decided the colour of her clothing: “I’m 70s and you’re 30s. I don’t think we are different. My maum is still young. I wear red colour even if people think that red colour is generally fit for young people.”

These women might have used beauty practices not only to present an attractive appearance but also to present who they really were, namely, an “authentic self” in old age. This seems to echo third-wave feminism, which regards beauty practices including
cosmetic surgery as a source of “self-creation” and “self-realisation” (e.g., Davis, 1995; Negrin, 2002) rather than as practices that make one counterfeit or inauthentic.

7.1.6 Self-Satisfaction, Self-Esteem, Enjoyment, and Vital Activity

Fourteen participants were forthright in stating that they felt satisfied and content through beautifying themselves, as exemplified in Dahye’s affirmation that “it’s for self-satisfaction.” Similarly, Jeayoon explained that she felt a sense of achievement when she improved her appearance through beauty practices. Two participants used beauty practices as a tool of self-expression. Doosim stated, “I show my colour. I mean my characteristics. I do not dress up the way other people do.” Aekyoung also emphasised that she used beauty practices for herself and not for others: “I express myself and just enjoy it rather than do it for others.” Kyuree used beauty practices as a means of overcoming her short height (under 4.9 feet), which had been a source of inferiority for her entire life: “I like decking myself out because I am short and small. It has been one of my complexes all the time since I was very little.” As a result, she wore short skirts and high heels so as to appear taller. Through such beauty and grooming skills, she seemed to improve her self-esteem. Thus, her engagement in beauty practices was the product of a rational process, a source of happiness, and a means of improving her self-esteem, leading her to conclude, “I enjoy beautifying myself.”

Furthermore, Yera perceived shopping as an enjoyable and healthy activity, and as a judicious process that required discernment and reason:

If you are a bit wise and use your brain, then you can buy something on sale 50% off. Something even around $20 is very good. When I get a good deal on something then I feel good, too….Go with wisdom regardless of age….So I think that if women beautify themselves until they die, it is good for their self-esteem and health as well. (Yera)

Yera seemed to demonstrate that she was wise and able in old age by bargaining and choosing good quality products at reasonable prices, and felt that she had exercised her intellect whenever she got a bargain for a high-quality item. She emphasised how the engagement in beauty practices in old age required a functional and healthy body for shopping, and she felt self-esteem and pleased with her competence. This provides an insight that the engagement in beauty practices as a judicious process that requires
considerable levels of vitality could be regarded as a form of active, successful, and healthy ageing, showing that one is independent and actively engaging with life (Moody, 2005) and capable of engaging in social activity with competent physical and mental functioning (Rowe & Kahn, 1997).

7.1.7 Summary

Beauty and anti-ageing practices were exercised to provide “proper beauty” in old age as a result of the interplay of the gaze of others and self-surveillance, which entailed a tension between oppression and choice. Depending on their intentions and approaches towards beauty and anti-ageing, my participants’ engagement in beauty and anti-ageing practices can be construed as actions of neoliberal subjects, aesthetic entrepreneurs, beauty premium, masters of self-management, seekers of authentic representation, and products of self-directed choices for self-esteem and enjoyment. Considering that beauty and anti-ageing practices included rational decision processes and physical activity, such practices could be used to achieve and/or provide the image of active, healthy, and successful ageing for female older adults. In the next section, I further describe the use of beauty practices and health practices at the intersection of age, gender, and race/ethnicity.

7.2 “Because I am a Korean”

All my participants were born in Korea and lived there until adulthood. This meant they were influenced by Korean historical events, ideology (Confucianism) and socio-cultural environment. In migrating to New Zealand, they experienced changes in their socio-cultural environment including beauty norms, language, economic circumstances, and interpersonal relations including family structures. Also, migration situated my participants within a diverse range of social positions and identities not only as older women but also as Korean migrants, Asians, and as a minority. In particular, their identities as Koreans that would normally go unnoticed in Korea became prominent categories that they were reminded that they belonged to while mingling with other ethnic and racial groups in New Zealand. In this section, considering cultural and financial changes as a result of migration and intersectional positions (as Koreans, as migrants, as women, and as older adults), I describe to what extent they exercised agency when they engaged in beauty and anti-ageing practices and health management.
7.2.1 The Neoliberal and Entrepreneurial Subject: Consistent but Sensible Consumption

Barriers such as social and economic circumstances, language difficulties, and/or personal financial could hinder my participants from beautifying their appearance. They overcame the lack of affordability and accessibility of local New Zealand beauty services by purchasing alternative beauty practices and products. On the one hand, the engagement with beauty practices seemed to be something that they could not relinquish. On the other hand, they achieved beauty standards through changing approaches, scaling such practices down, and obtaining the best alternative through comparing products in terms of quality and price through their agency. This adaptability and resourcefulness seems to uncover a tension between the characterisation of such individuals under the offensive model of the subject as victim of “false consciousness,” “docile subject” or “cultural dupe” (Gill, 2008) and the “postfeminist agent” such as the “neoliberal subject” and the “entrepreneurial subject” (Genz, 2006). For instance, after migrating to New Zealand, Kyuree substantially downgraded the scale of her beauty practices. This was largely due to her financial circumstances, where after arriving in New Zealand her family moved and changed their careers three times before they settled down. Her income seemed not as stable as when she and her husband worked as teachers in Korea. Also, she pointed out that the economic market and industry in Korea and New Zealand were different; the costs of living and prices of beauty products and services in New Zealand were a bit more expensive than Korea. Because of the combination of less income and the higher price index in New Zealand, she could not but cut her budget for beauty practices:

Kyuree: Metaphorically speaking, if I were in Korea, I would have spent $100 to deck myself out, where I would be willing to spend only $10 here in New Zealand. Because, the scale of my financial situation is different.

Interviewer: You mean that you still engage in beauty practices in New Zealand but on a different scale?

Kyuree: Yes, that’s exactly what I mean. It might depend on the individual. Let’s suppose that if I had earned $5,000 per month, the cost to dye my hair is around $10 in Korea. On the other hand, let’s suppose
that I earn $1,000 per month—the cost to dye my hair may be around $50 in New Zealand. Then, I might need to decide whether I should dye my hair myself or not get my hair dyed. My financial circumstance and New Zealand market economy are different compared to Korea. Also, many Korean immigrants used to work in major companies with a good salary or they were professors or teachers in Korea. This means that their financial resources used to be better and big enough to invest in beauty practices in Korea. However, their careers changed since they moved to New Zealand and they have been financially downgraded. I think so….In Korea, relatively, everything is cheaper than New Zealand. If I were living in Korea I might have regularly visited nail shops. But, I do my nails myself in New Zealand.

As Kyuree mentioned above, she cut her budget for beauty practices. However, this did not mean that she disengaged from managing her appearance. Rather, she changed her beauty practices as she mentioned that she could not afford to visit nail shops. Instead, she did her nails herself.

Likewise, Dahye reported that she faced financial crisis because her husband lost his job but could not find another job in New Zealand because of the financial crisis. She stopped having the facial skin care she used to have in Korea: “So I couldn’t do it. I didn’t get any professional skin care in New Zealand. But I used to have it in Korea.” Nevertheless, Dahye persisted in using beauty practices after she migrated to New Zealand by negotiating her expenditures for them. For example, she explained that “I used to use Chanel all the time when I lived in Korea. However, I use Lancôme since I moved here to New Zealand.” She persisted in using cosmetic products through seeking out lower cost brands.

Kyuree and Dahye’s tenacities in using beauty practices seem to indicate that women regardless of class engage in beauty practices. In other words, rich women may buy luxury brands of cosmetic products while poor women will get cheaper products (Bartky, 2003). Nonetheless, this indeed underscored that they were “entrepreneurial subjects” who could calculate, plan, and manage their use of beauty practices in a manner that was seemingly self-directed (A. S. Elias et al., 2017; Genz, 2006).
Moreover, not only social-economic differences between Korea and New Zealand but also language difficulties were identified as barriers to access to beauty information and beauty-related service sectors. Although these women faced a language barrier in the form of the absence of information concerning beauty products and services, they seemed to overcome this through several approaches. Some relied on the Korean products from the Korean markets. Also, Miyeon and Jeayoon explained that they were still able to obtain some information regarding beauty products through their daughters. Miyeon said that “Now, my daughter lets me know what kind of cosmetic products are good.” Jeayoon also purchased Korean products through the Korean Internet shopping mall with her daughter’s help and information. Joohyun and two other participants reported that shopping for fashion items in New Zealand was hard because it was difficult to find the perfect size. Joohyun had to get clothes from relatives in Korea, and Aekyoung went shopping at the Korean clothing shop located in the Korean business district in Auckland. Even though these women seemed to live up to the ideals of femininity through consumer capitalism, they were able to minimise the risks of failure by managing their budgets to find the best choices. Thus, these women were not simply cultural dupes but rather a type of neoliberal and entrepreneurial subject.

7.2.2 The Docile Body and Self-directed Rational Choice: Beauty Practices for Cultural Adaptation and Assimilation

As members of diasporas, my participants faced different beauty norms and standards: those of their origin (Korea) and those of their settlement (New Zealand). Although they perceived New Zealand as a less beauty- and youth-obsessed culture than Korea, most persisted in managing their appearance. In other words, living in a less beauty- and youth-obsessed culture did not imply the termination of beauty practices. Instead of ceasing beauty practices, participants constantly complied with the two different beauty standards of Korea and New Zealand to “harmonise” with both communities through adjusting and changing their use of beauty practices. Considering that beauty practices are a means of cultural adaptation and assimilation, altering their appearance through changing their use of beauty practices as Koreans living in New Zealand seemed reasonable. I shall introduce several participants’ representative stories that indicate that while beauty practices might sometimes turn their bodies into “docile bodies,” such practices were also reasonable and self-directed choices (e.g., Banet-Weiser, 1999; Bartky, 2003; Berry, 2016).
Most respondents equated being natural with the beauty norm of New Zealand and adopted it since migrating. That is, being natural was a form of cultural adaptation. More specifically, Younja related having a “natural appearance” to how well Korean migrants assimilated into New Zealand. She equated getting all dolled up with Korean beauty culture while appearing simple and natural with New Zealand beauty norms:

> If I see one Korean on the street, I can guess how long she or he has been living in New Zealand from his or her outfit. I mean…the Koreans who just arrived in New Zealand…their outfits tell me they are newly arrived. They have the Korean fashion vibe until after one or two years living in New Zealand. Their Korean fashion vibe remains up to one or two years after staying in New Zealand. However, after two or three years, they also seem to follow New Zealand’s beauty trend. (Younja)

Moreover, Younja thought that wearing fancy dresses in New Zealand looked unnatural: “Sometimes, I feel that dressing up too much looks so unnatural.” Because she thought that “New Zealanders are so natural,” her fashion sense and style changed since she moved to New Zealand, and she seemed to adopt a laid-back makeup style and fashion not only to show that she is well adapted to New Zealand culture but also to achieve a newly adopted beauty standard, namely “natural beauty.”

However, such pursuit of “naturalness” in New Zealand did not imply that my participants were indifferent to beauty practices or abstained from self-regulation of their appearance. Rather, adopting New Zealand beauty norms required self-discipline to modify their beauty practices so that they could provide the natural appearance that was more appropriate in New Zealand. For instance, Boram perceived New Zealanders as less beauty-obsessed and a less sexist society than Korea, noting that “In Korea, the concept of a woman is much stronger than New Zealand….There is less pressure here in New Zealand.” She added that “I felt so comfortable in New Zealand because I don’t need to put effort into my appearance that much.” However, this did not mean that she stopped pursuing beauty norms. Rather, she adopted the new beauty norm in New Zealand: “I observe that [Kiwis] are natural. I mean that they seem to accept themselves as they are…my clothing style has changed.” After moving to New Zealand, Boram not only felt liberated from pressure to engage in beauty practices but was also relieved to dress and
look as she preferred, calling this a “natural” state where people accept themselves as they are. Nevertheless, she explained:

But, I think that there is still some kind of etiquette in New Zealand but a different kind. So, my concept of etiquette regarding makeup has changed since I lived in New Zealand. I mean that putting on makeup is for keeping myself looking neat. (Boram)

In order to look neat and clean, Boram still engaged in putting on makeup but not as much as when she lived in Korea. In New Zealand, she reconstructed the ideal beauty in terms of being neat and clean, but the main priority was to accept one’s appearance as it “naturally” is. This provided two explanations for her beauty practices. On the one hand, Boram complied with “being natural” as a form of cultural adaptation and assimilation. On the other hand, her beauty practices also turned her body into a docile one due to her conforming to prevailing norms of feminine beauty in New Zealand.

In addition, Jeayoon embraced the more stylistically laid back culture of New Zealand and adopted a different set of beauty norms rather than abandon norms completely. She said, “I can’t totally ignore beauty practices. Rather, I am totally in the middle. Not too formal but not too casual….I think it is because I am a Korean. Compellingly and fundamentally.” Jeayoon could not take off her identity as a Korean who was born and grew up in Korea and had Korean historical and cultural background, although she felt comfortable with New Zealand’s beauty culture. Rather, she complied with Korean beauty culture to some degree while she was involved in the Korean immigrant community. Outside the Korean immigrant community, however, she seemed barely to sense the gaze of others. As a result, she seemed to balance between the two cultures when she decided how to manage her appearance.

Likewise, Dahye discerned the different gazes of others: Kiwis and Korean immigrants. Dahye worked full-time with local Kiwis on weekdays, whereas in general she spent time with her Korean friends on weekends. Dahye’s engagement in beauty practices was complicated due to her belonging to both the Korean immigrant community and New Zealand community. That is, depending on which community she belonged to, her decision on what to wear was different. Moreover, she seemed to take into account the
gaze of local Kiwis who had different beauty culture when she decided how to manage her appearance:

My Kiwi co-workers know that cosmetic surgery is popular in Korea. I am not that proud of it but they told me that “All Koreans seem crazy about cosmetic surgery.” So I replied, “Not all of them. I am natural.”

(Dahye)

Dahye seemed upset about how her Kiwi co-workers condemned Korea’s cosmetic surgery industry. While it was unclear whether she had been critical of this industry in front of her Kiwi co-workers, she seemed to defend herself from such remarks by pointing out that she is different from the Koreans who are enthusiastic about such procedures. Considering that she mentioned above that she was juggling between two communities, namely Korean immigrants and local Kiwis, she seemed to discourage decking herself out and instead tried to display herself as natural. However, she reported that she changed her style when she met with the Korean immigrant community, and she beautified herself less when she appeared to local Kiwi co-workers than when she appeared in the Korean immigrant community. In this sense, for Jeayoon and Dahye being Koreans in New Zealand required flexibility in transforming their appearance depending in which community they were involved. They endeavoured to make their appearance conform to two different beauty norms and recognised this in their statements “I am in the middle” (Jeayoon) and “I am two-timing” (Dahye). This indicated on the one hand that the gaze of others seemed to force these women to comply with normative cultural norms including beauty standards. On the other hand, they exercised agency in modifying their appearance to save themselves from being isolated from both communities and to be accepted as a member of each community. Thus, I suggest that compliance with beauty norms in the form of cultural adaptation and assimilation through the use of beauty practices cannot simply be understood as oppression, or that women are docile subjects or cultural dupes.

Several respondents experienced reverse cultural shock in terms of beauty norms when they visited Korea. Nevertheless, these participants seemed flexible in taking to different beauty norms while coming and going between Korea and New Zealand. Indeed, eighteen

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33 Reverse culture shock, also called re-entry shock or own culture shock is “the process of readjusting, acculturating, and assimilating into one’s own home culture after living in a different culture of a significant period of time” (Gaw, 2000, pp. 83–84).
respondents were convinced that their anti-ageing and beauty practices would have been drastically altered if they were to live in Korea because of its beauty- and youth-obsessed socio-cultural circumstances in comparison to New Zealand. In dealing with reverse cultural shock, they temporarily re-adopted the Korean beauty norms, their appearance depending on the current beauty norms. For example, Younja described how she would have been different if she were to live in Korea, saying that “If I were living in Korea, I would not have lived like this.” Also, she explained in more detail about what she meant by “circumstance” in that peer pressure from her friends would have led her to change her attitudes and engagement in anti-ageing practices and beauty practices if she were to live in Korea. Similarly, Chaerim flexibly re-adopted Korean beauty norms as part of her dealing with the reverse cultural shock she experienced when she visited Korea. She partook in beauty practices she did not use in New Zealand because of peer pressure while staying in Korea:

If I were living in Korea, I would have already gotten Botox injections. I am really sure about it. This is because my friends and my family members in Korea recommend me to do it whenever I visit Korea. They said “While you are here in Korea, you can get Botox injections. Is Botox not popular in New Zealand?” Something like that. However, in New Zealand, there isn’t anyone who cares whether I get Botox or not…. However, getting Botox injections requires me to get it at least once every six months. So, even if I get Botox injections when I visit Korea, I can’t visit Korea every six months to get a Botox injection. Botox injections do not seem to be a one-time practice. A Botox face needs constant care. So, I can’t afford it. (Chaerim)

Chaerim mentioned that she would have had Botox injections if she were to live in Korea because of pressure and recommendation of her friends and family members who would have forced her to comply with Korean standards of beauty. She seemed to decide to avoid Botox injections not only because of less social pressure in New Zealand but because of the harder accessibility and high price of Botox injections. Although Chaerim did not beautify herself that much in New Zealand, she seemed to try to follow Korean beauty trends, which required more effort while visiting Korea. However, once Chaerim returned to New Zealand she recovered her former self who dressed as she pleased most
of the time except when meeting other Koreans. She said, “While I stay in Korea for one month, I tend to incline to the Korean beauty culture...However, I just forget what I had thought and done in Korea. I just forget it very soon after I come back to New Zealand.” Chaerim seemed to conceive that her double retrieval of engagement in beauty practices between Korea and New Zealand was a cycle as she stated, “But my interest and attention to my appearance come back again when I visit Korea. This is a cycle.” In other words, she was flexible in adapting to different beauty norms and adjusting the use of beauty practices depending on her positioning between Korea and New Zealand.

These findings highlight the fact that the participants discerned the sociocultural climate regarding beauty practices in Korea and made an effort to re-adapt themselves to it; in doing so, they were active agents who flexibly engaged with beauty practices to re-adopt cultural differences relating to beauty norms.

7.2.3 Beauty Premium and Aesthetic Capital: Beauty Practices with Intention

Several participants aimed to achieve diverse goals and benefits through providing an attractive appearance, where such goals and benefits can be understood as “beauty premium” and “aesthetic capital.” Thus, their use of beauty practices can be characterised as reasonable self-directed choice. For instance, Hyunjung said that she intentionally wore a hanbok, a traditional Korean dress, for special occasions not only to identify herself as a Korean to Kiwis but also to inform them about Korea because she thought that “they (Kwis) will see Korea through me.” In this regard, wearing a hanbok, which is a symbol of Korea, was more than simply engaging in a beauty practice. Rather, it was a political and cultural action to promote Korea. Hyunjung also swelled with patriotic pride at Korea’s economic development and youthfulness. Associating beauty and youth with wealth and prosperity, Hyunjung obtained self-esteem and satisfaction from reflecting Korea’s advanced development through her youthful appearance:

When they tell me that I look younger and slim, it sounds to me that Korea is not the poor country they helped during the Korean War anymore. Instead, Korea is a well-developed country when they observe me looking good and young. (Hyunjung)
Hyunjung’s engagement in beauty practices was the consequence of planning and intention to attain certain advantages, rather than merely being an unreflective daily practice. Furthermore, Hyoree’s story also echoed that the “beauty premium” and “aesthetic capital” enables those who are attractive to gain benefits in many ways (G. Jones, 2011), and physical attractiveness increased one’s self-esteem and self-confidence (e.g., Goldberg & Folkins, 1974; Noles, Cash, & Winstead, 1985):

Whenever I have a chance to chat with other Korean immigrant women, I always say “Please, wear any accessories but don’t wear sportswear.” And, also I say “don’t go around dragging your flip-flops even though they (Kiwi local people) wear them like that.” I don’t claim that it is necessary to wear expensive brand names but just insist that they please dress up. I am old now so I don’t spruce up so much. However, when I was young I did not wear pants. Never pants. But only skirts. I used to only wear skirts. So, I became the talk of all my neighbours. They regarded me as very fashionable and stylish person. Even Asian migrants, especially Chinese, thought my family was very rich although I had never talked to them about money. Actually, all of my clothes were just from flea markets. I don’t dress with expensive clothes. But, I just selected good ones at the flea market with my acumen and matched them well. That’s all. We live in New Zealand as migrants…then… I mean….Do you know that there is a Korean proverb: a well-dressed beggar can get food? I reckon that migrant life is similar to it. We moved to New Zealand from out of the country. So, I don’t think wearing running pants and flip-flops are good demeanours. This is because I believe that we should maintain a clean and tidy image. And, even wearing plastic earrings is better than nothing. And, walking on the street with a dignified manner….In doing so, nobody can have a chance to look down on us when we stand up with a dignified manner and full of self-confidence. (Hyoree)

Considering that Hyoree had lived in New Zealand for 30 years at the time of the interview and had the longest immigrant life among my participants, her statement about how other Korean immigrants should dress seemed the product of a history of living as a
member of a Korean immigrant minority. Given that the total number of Korean migrants in New Zealand was still less than 1,000 at the end of the 1980s (I. Chang, 2014), her position could be attributed to the fact that for Korean immigrants, making a favourable impression on Kiwis might have been necessary for economic and political reasons while settling in New Zealand. More specifically, she seemed to link having a “good appearance” with higher job opportunities for Asian migrants, given her claim that even “a well-dressed up beggar can get food.” As beauty has been regarded as a symbol of wealth throughout history in many cultures (Picton, 2013; Sippel, 2015; Synnott, 1989), Hyoree also believed that others would think that she was well-do-to if she was “well-dressed” and so improve her interactions with others. Her engagement in beauty practices was a technique to improve her self-esteem given her status as a member of an ethnic minority within a predominantly Caucasian society. Furthermore, she seemed to regard maintaining her appearance as an etiquette to Kiwis given her self-awareness as an outsider. Instead of wearing running pants and flip-flops in public, she wore formal outfits and accessories with the conscious intention to make a good impression on those around her. So for her, the use of beauty practices was a way of living as a migrant with confidence and manners.

7.2.4 Self-Policing to Avoid Being the Subject of Gossip

Some respondents reported that the gaze of others in the Korean immigrant community influenced when and how to dress up and beautify their appearance. Taejung seemed to identify the Korean immigrant community as the institution oppressing my participants to manage their appearance. I now sketch Taejung’s story, which represented features of the Korean immigrant community:

Koreans here in New Zealand can know about each other from their connections. So word travels very fast from here and there among Koreans here in New Zealand. I need to watch my manners because the Korean immigrant society is small….I am afraid of being noticed. It is not good to be out of others’ favour. Just being average is good….But, I know that other Koreans would talk behind my back if I wear such a dress without any special reasons. Otherwise, they would evaluate me on whether I look good in the dress or not. So, I prefer being average. (Taejung)
Indeed, Taejung reported that she used to enjoy dressing herself up when she lived in Korea. However, she could not maintain her fashionable style in New Zealand. This was because her Korean peers had assimilated some of New Zealand’s laid-back fashion and so if she dressed as she used to in Korea she would look and feel out of place. Her adjustment can be attributed to Confucian precepts, which underline collectivism and harmony and put pressure on women to follow and fit themselves to the ideal body and conform to what is prescribed through fashion (T. Kim, 2003). Ironically, in order to harmonise with her community and mingle with her Korean peers, she needed to look “average” and blend in with her peers in New Zealand. In addition, the pressure Taejung felt on her dress sense in the Korean immigrant community is comparable to what Dasom explained about her wearing hats when she said “But, I felt other Korean older ladies seemed to dislike me wearing a hat. And, they started calling me ‘hat lady.’ Hat lady. So, I tried not to wear my hat.” Considering what Taejung said about word travelling quickly between individuals in the Korean immigrant community, Taejung’s efforts to conform to her Korean peers seemed ascribable to her understanding of the Korean immigrant community as “hotbeds of gossip” (Morris et al., 2007, p. 25).

According to Taejung and Dasom’s anecdotes, failure to conform to the Korean community is a source of blame. Here, the structures and effects of the Panopticon34 (Bartky, 2003, p. 478) resonate throughout the Korean immigrant society. Put differently, Taejung and Dasom (inmate) as Koreans were observed and monitored by the Korean immigrant society (tower); thereby, each became a “self-policing subject” committed to a “restless self-surveillance” (Bartky, 2003, p. 490) as she navigated the Korean immigrant community. This implied that the gaze of other Koreans was very influential although it did not physically harm Taejung and Dasom. Rather, the gaze of other Koreans motivated their self-policing and self-discipline to comply with an “average” fashion style to ultimately avoid becoming subjects of gossip. This provides an insight that women’s self-policing is not always directed towards the engagement of beauty practices but also to abandon their fashion and their ways of beautifying themselves, and that their self-policing is also not always tied to the male gaze.

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34 Bartky (2003) described the Panopticon thus: “At the periphery of the Panopticon, a circular structure; at the centre, a tower with wide windows that opens onto the inner side of the ring. The structure on the periphery is divided into cells, each with two windows, one facing the windows of the tower, the other facing the outside, allowing an effect of backlighting to make any figure visible within the cell” (p. 478).
Moreover, managing one’s appearance was to save family’s *chemyon* which is regarded as a set of “principles to follow, obligations to fulfil, or to save face to meet others with a dignified attitude without a sense of shame” (Hann, 2011, p. 38). Most Korean immigrants to New Zealand got entry permits under a point system (Epstein, 2007). Put differently, Koreans migrating to New Zealand were well-educated and from well-off backgrounds and they moved to New Zealand for an even a better lifestyle in what is called “lifestyle migration” (Benson & O’Reilly, 2009). Dahye also said that “The Koreans who migrated to New Zealand were well-educated. As you know, the elite class in Korea in the past mostly lived their lives in a very ‘face-saving’ manner.” Also, she added that “We (Korean immigrants) don’t know each other’s every nook and corner of their real living standards but only from appearance—which is what is visible. So…they manage their appearance to show off.” Due to this unique combination of having a Korean immigrant background and a “saving *chemyon* culture,” Dahye’s dressing herself up became a way of avoiding shame but showing off to other Koreans how successfully her family had settled in New Zealand, no matter whether it was true. She mentioned that “Although the truth is that I lost almost everything trying to survive living in New Zealand for the last 10 years, I don’t want to show my loss to other Korean immigrants.” If we consider the gaze of other Koreans, her beauty practices seem oppressive. However, considering that her having an attractive appearance saved her family’s *chemyon*, maintained her self-esteem, and prevented her from being talked about behind her back, her beauty practices were not completely oppressive but played the role of aesthetic capital and were self-directed to some degree. This highlighted a tension between oppression and choice in characterising her beauty practices.

### 7.2.5 Beauty Practices with Responsibility for Family and by Family’s Governance: Confucian Practices

Most of my participants seemed to believe that they had authority over their bodies; as Boram said, “My body belongs to me.” Ironically, however, one’s body was something that was both the individual’s property and something belonging to a collective unit, especially the family, and this notion resonates with the Confucian doctrine that perceives family members as one body (J.-T. Park et al., 2011). Consequently, one’s body is in a sense under shared ownership by the family unit and so other family members have a say in governing one’s body.
Almost half of my respondents reported that they engaged in beauty practices to present a good appearance as a responsibility to their family members and because of family pressure. For instance, Yona managed her appearance using beauty practices to protect herself and her family’s chemyon in the Korean immigrant community: “I need to put on makeup to save my adult children’s faces….But, I should wear clean clothes because of my children’s chemyon. Because the Korean immigrant community is very small—like a small rural village where neighbours know a lot about each other.” Yona’s explanation that she engaged in beauty practices out of concern for her reputation in the small Korean immigrant community mirror those of Taejung who said that “word goes very fast from here and there. I need to mind my manners because the Korean immigrant society is small.” Under the gaze of other Korean immigrants, she considered her family members, especially her children. Confucianism emphasises women’s responsibility to the family (Chaibong, 2003), and this tradition seemed to reinforce her willingness to manage their appearance for their family, as Miyeon stated, “I do care about my appearance because I am a ‘mother’ of my family.” Several participants’ attitudes as mothers seemed to mirror Shin Saimdang (1504–1551), the mother of the Korean Confucian scholar Yulgok (1536–1584), who was highly admired and named as the “wise mother and good wife” (hyeon-mo-yang-cheo), the “first woman of virtue,” and the one who was devoted to the role and responsibilities of a woman towards her son and husband (Soojin Kim, 2014, p. 274).

Yona seemed to be forced by her children to hide signs of ageing:

My children sometimes tell me “Mom, don’t wear that, please wear something better,” or “that colour is no good” or “throw away all your old clothes, I will buy you something better.”…I just try to wear clean and neat clothes. Because I hear others ask “Whose mom is she?”… That happens very often. Children…I have four children and also grandchildren here. I told you that even my grandson, an eight-year-old boy, asked me to change my clothes when he needed me to take him to his friend’s house saying my outfit looked like pyjamas even though I was helping him. (Yona)

Both her adult children and her grandchildren pressured Yona to engage in managing appearance, wielding authority over her regarding not only how to make herself up but
also how to dress. Likewise, Samsoon’s children taught her the principal colour for old age and coached her to select bright clothes: “Even my children told me ‘Please, don’t wear dark colours’ whenever I tried on dark colours.” Her free will to choose how to manage her appearance seemed to be deprived: “I try to wear vivid colours and try to buy younger looking clothes—as much as I can—no matter what kind of brands they are.” Given that Yona and Samsoon migrated to New Zealand to reunite with their children, they might have been dependent on their adult children, and their parental authority seemed to shrink. Such shifting in power structure between them and their children enabled their children and even their grandchildren to tell them how to do their makeup and dress. When shifts in power between older parents and adult children in the family combined with children’s ageist attitudes towards ageing and older women, my participants’ children could interfere with how my participants look and beautify themselves in old age. This leads to the insight that being dependent on adult children seemed to mean having risks of losing one’s agency regarding beauty practices.

In contrast, four participants seemed to intervene in their daughters’ and daughter-in-law’s beauty practices and exercised power over their daughters’ bodies. For example, Kyuree coached her daughter on how to put on makeup: “I teach her not to have heavy makeup. Not to look cheap but classy.” Dasom suggested to her daughter-in-law that she undergo blepharoplasty. Such attempts at persuasion by family members correlates with the statement that Korean women’s decisions to go under the knife are regarded as a kind of “family-bonding activity” (Aquino & Steinkamp, 2016, p. 10):

> On my son’s wedding day, I heard at the toilet one of the guest were talking about my daughter-in-law’s appearance. She said “the bride got a small eye.” I felt upset. So, I paid for her [to get] double eyelid surgery.

(Dasom)

Dasom’s story supported Hyunjung’s account that “there are no parents who worry about their children’s ugly faces because they can use cosmetic surgery. I heard that nobody worries about their ugly face.” Having an unattractive appearance was not solely an individual’s issue or responsibility but also a family responsibility; thereby, family or family members seemed to have authority and control over other members’ bodies.
Such family governance regarding one’s beauty practices was also uncovered in my participants’ accounts of their visits back to Korea. For instance, Jeayoon’s and Chaerim’s stories about how their family members pushed them to manage their appearance while they visited in Korea were precisely symmetrical. Chaerim became passive in terms of choice of beauty practices while she visited in Korea. Her sisters forcibly brought her to nail shops and hair salons to make her appearance comply with Korean beauty standards:

When my younger sister picked me up at Incheon international airport, the first words she said to me was that I should drop by the hair salon first….I was almost forcibly taken here and there—such as to a nail shop and to a hair salon and so on…although I didn’t want to go—by force. My older sister also took me to the nail shop and explained that there were no other middle-aged women in Korea who had nails like mine…However, my sister said that I should do it even though I would be staying in Korea temporarily. (Chaerim)

Identically, Jeayoon was also compelled to comply with the current Korean beauty trends by her sister, who told Jeayoon that “Nobody in Korea wears clothes like you.” Moreover, not only did Jeayoon’s sister emphasise the need for Jeayoon to conform, but she also assumed authority in getting Jeayoon to change her appearance. For instance, Jeayoon’s sister prepared a dress suit for Jeayoon and gave Jeayoon a makeover from head to toe. Jeayoon’s and Chaerim’s stories indicate that family’s intervention in one’s engagement in beauty practice seems to stem from Confucianist values such as harmony (D. A. Bell & Chaibong, 2003), the individual’s responsibility to the family (Chaibong, 2003), and the family as the collective unit (Smart et al., 2011). Thus, their responsibility to the family (their sisters might have felt a responsibility to change their family member’s appearance) and their disposition to harmonise with the collective unit (they might have felt that they should follow other family members’ authority) allowed the family to control their body. So although beauty practices driven by family governance could be regarded as a form of oppression, such practices include some level of autonomy as they are practised out of a perceived responsibility for the family unit as a whole.
7.2.6 Health Practices through Self-responsibility and Self-help

In the previous chapter, I explained that the ageing body was inevitable but unacceptable. Negotiating this tension was possible due to the notion that achieving a healthy body and managing a busy life would enable my participants to avoid the problems of the ageing body. I now further describe how maintaining a healthy body in old age became a form of care for the self and care for others that required self-responsibility and self-help at the intersectionality of age, gender, and race/ethnicity.

Twenty-one participants perceived that maintaining their health was their individual responsibility, with such statements as “I don’t want to be a burden” or “I don’t want to bother others,” the latter of which referred in particular to family members such as their children. That is, a healthy body was something that my participants needed to achieve to be independent in later life but also for others, in particular their family members. Hajung, for instance, emphasised that “being a burden to my children shouldn’t happen. Never. Ever.” These statements came from women in all age groups: 50s, 60s, 70s, and 80s. This attitude can also be traced to Confucianism, which emphasises women’s responsibility to the family (Chaibong, 2003). Under Neo-Confucianism, Korean women’s bodies are regarded as a means of reproduction, maintenance, and improvement of the family body. Furthermore, in old age these roles are supplanted by an obligation to remain healthy as part of the family body—a woman’s health is equated with her family health. For instance, Sunhwa narrated that she managed her body through exercise, taking supplements, and eating healthy foods “for her sake.” Sunhwa felt pressure to be healthy and independent due to her concern for her family, especially her children.

Choyeon seemed to imply that she had ownership of her body while also acknowledging that her body belongs to her family:

> Although my body is mine… I think I need to take care of my health and maintain my health. And, if I lose my health and become sick, I won’t be able to do my role as a mother and a wife in my family. Also, losing my health will be a burden to my family. Don’t you think so? That’s why I need to be healthy. (Choyeon)

That is, Choyeon’s body was to function for her family members even though her body was hers. Through maintaining her health, she felt obligated to her family and to take a
role as a mother perhaps through housework and taking care of family members. Moreover, several participants connected being healthy in old age to having a positive relationship with others. Joohyun said, “I think that having a healthy body is the best way to keep a good relationship with the people around me.” Joohyun’s statement not only reflects the Confucian precept of prioritising social harmony (D. A. Bell & Chaibong, 2003) but also corroborates Carter’s (2016) claim that having a healthy body in old age has become “the moral compass of citizenship.” For instance, Joohyun mentioned that “I think that at least two among my three children will move to other countries. I don’t think my adult children feel responsible to take care of me.” Put another way, her expectation of informal care by her adult children, called filial piety, decreased when her family members were separated across two or more countries (H. J. Park & Kim, 2013). Thus, shifts in her family structure due to migration seemed to reinforce the ideology of healthy ageing, which entails individual responsibility for one’s health and independence. She said, “I think that I should be capable of taking care of my body…at least my body and try to do my best to maintain my health so that I won’t be a burden to my children and people around me.”

Correspondingly, Dasom lived alone at the city centre after her daughter’s family left New Zealand and her son also moved to the Auckland suburbs. And, she said that “They are too busy managing their own lives as well. Then, how can they dare to take care of me if I am sick?” Instead, she pointed out that she should maintain her health as long as she could move by herself and could financially afford it. This seemed to indicate that while the expectation of filial piety seemed to decrease because of transitions of family structure and living arrangements due to migration, the canon of Confucianism which has underscored women’s sacrifice for family members was maintained and reinforced in old age through the self-help and self-discipline of health management. Further, they knew that living within the ageing body as part of the Korean migrant minority came with the risk of being vulnerable to abuse and exploitation, so they engaged in health management to mitigate such risks. In this manner, health management was not just care of the self but also care for others, and so the practice of health management can be seen to take on a moral dimension.

35 Although filial piety, which is regarded as one of the significant cultural values, greatly emphasises care for older parents and influenced the parent-child relationship among Koreans (Lew, 1995; Sung, 1999), the values of filial piety have become weak due to rapid industrialisation and urbanisation (Sung, 2001).
7.2.7 Summary
My participants’ multiple identities, changes in social position, and interpersonal relations influenced their decisions regarding beauty and health practices. Some participants’ engagement in beauty practices were neoliberal and entrepreneurial in that they actively adjusted the scale of their practices and sought alternatives upon facing financial and language barriers to accessing beauty practices. In other cases, beauty practices were a form of cultural adaptation and assimilation, and such engagement could be considered the product of reasonable and rational deliberations. Also, beauty practices could be considered in relation to the pursuit of a beauty premium and aesthetic capital, as several participants used beauty practices to gain benefits through acquiring an attractive appearance as minority ethnic migrants. However, a few participants’ use of beauty practices seemed to be not entirely dependent on their own choices but were instead directed by their membership in a family unit, where other family members are capable of exercising authority over their bodies. Finally, health management practices required the practitioner to cultivate attentive and vigilant attitudes towards their own bodies as they made themselves responsible for the health of their bodies.

7.3 Summary of Chapter
So far, I have dealt with my participants’ engagement of anti-ageing, beauty, and health practices at the intersectionality of age (ageing), gender, and/or race/ethnicity. The findings seemed to indicate that regardless of geographical migration and cultural differences, they continued engaging in such practices. Furthermore, I argued that such practices can be regarded simultaneously as women’s choice and subordination due to the effects of ageing in relation to biological attributes, intersectional positions relating to diverse sociocultural factors including ageism, sexism, and perhaps racism/classism, cultural adaptation (assimilation), and intentions to provide attractive and youthful appearance and healthy body. This suggests that their beauty practices could not be fully explained by the binary perspective of choice and oppression. I discuss the meanings and implications of these findings in the next chapter.
CHAPTER 8 DISCUSSION AND CONCLUSION

This research project was designed to explore the perceptions of ageing bodies and the engagement of beauty and anti-ageing practices among Korean women over the age of 50 living in New Zealand. It also intended to expand the concept of the ageing body and also to provide a richer understanding of women’s agency in the engagement of beauty, anti-ageing, and health practices. My participants were not only older adults who were faced with the biological effects of ageing and the ensuing possibility of being unhealthy and dependent, but they were also as females who encountered the oppressive social milieus of ageism and sexism by which women are encouraged to repair prominent signs of ageing. Further, as Korean migrants they had to navigate the extent to which they should resist the ageing processes of their bodies and engage in beauty and anti-ageing practices between two different cultural norms of Korea and New Zealand. Thus, regardless of their migration to New Zealand from Korea where beauty and youth are cultural obsessions, my participants persistently engaged in anti-ageing, beauty, and health practices to transform their bodies into the acceptable forms. These findings were merged into two themes: inevitable and unacceptable biosocial ageing body; and tensions between choice and oppression. I begin this chapter with a discussion of the implications of this research by unpacking two themes. I close by summarising the study, and illuminating the contributions and recommendations for further research.

8.1 Theme One: The Inevitable and Unacceptable Biosocial Ageing Body

How do my participants perceive their ageing bodies? And, how do they resist the ageing processes of their bodies? Most of my participants understood ageing as a biological/natural process that they could not deny but ought to accept. Does this mean that they experienced their ageing body only in terms of its biological nature that could not be regulated by other forms of power (Leng, 1996)? They considered the process of ageing as a natural fate they could not resist but saw their body as something they could transform in diverse forms: healthy and functional body and active, productive, and successful ageing. That is, on the one hand, they perceived their bodies as biological organisms that undergo physiological changes leading to risks of age-related diseases and of becoming unhealthy, dependent, and dysfunctional. On the other hand, they understood
that their ageing female bodies would be regarded as ugly and unfeminine in the ageist and sexist society that they inhabited. Knowing such risks entailed by the ageing body and gendered ageist perceptions, they could not but “do something” to their ageing bodies despite their understanding of ageing as a natural process. Furthermore, they recognised that living in New Zealand as older migrant adults entails the risk of being isolated, neglected, abused, and deprived of appropriate social services; therefore, they saw that being healthy and independent was necessary. To summarise, the ageing body was treated as both biologically inevitable and socially unacceptable, and I have described this as a paradox of ageing. Due to the inevitable and unacceptable ageing body, my participants negotiated to what extent they would resist the ageing processes of their bodies and engage in anti-ageing and beauty practices. More specifically, they were navigating between what was acceptable (e.g., beauty, health, independence, youth, natural) and what was not (e.g., ugliness, sickness, dependence, oldness, unnatural). Instead of “denying” the natural process of ageing, they sought to transform their ageing bodies into healthy and functional ageing bodies, to acquire a youthful and attractive appearance, and also to manage their later lives to be busy, active, successful, and productive. Taking all of this into account, I underscore that the biosocial ageing body is a place of dealing with denial and acceptance of the ageing process, and that the ageing body could be regarded not only as a biological organism but also as a social construct.

In Chapter 2, I explained that the results from the studies on body images among older women were varied and inconsistent. Tiggemann (2004) has also pointed out that methodological problems such as samples and measurements in such studies have led to inconsistent results. I further claim that the varied results of body image among older women could also be attributed to the paradox of ageing. For example, my participants encountered a tension between destiny and denial; their attitudes were ambivalent as they understood their ageing bodies as a part of a natural and/or biological process that they could not resist but also as something in which they needed to intervene. Given that the ageing body is both inevitable and unacceptable, older adults’ attitudes towards ageing bodies could not be anything but varied and inconsistent. Thus, this highlights that the paradoxical perception of ageing as both inevitable and unacceptable will help us further understand ambivalent attitudes towards the ageing body and ageing process.
Below, I continue discussing health, beauty, and anti-ageing practices which are related to my research questions: How do my participants perceive their ageing bodies? How do they resist the ageing processes of their bodies? What are their opinions on anti-ageing products and practices? And what are the motivations behind their engagement in beauty practices? Lastly, putting things together, I shall illuminate the meaning of natural ageing in an ageist and sexist culture.

8.1.1 Healthy Practices and Healthy Ageing

Although they had migrated to New Zealand where people were less obsessed with transforming their bodies, my participants had to cultivate their ageing bodies to achieve healthy bodies (or healthy ageing). I shall argue that, for my participants, intervention in the ageing process is normalised and conducted in the form of health practice and life management.

The ageing body and older adults in general are often considered unhealthy, inactive, dependent, and unproductive. Indeed, more than half of my participants directly stated that they did not want to become a burden and rely on their children when they became weak and dependent due to their ageing bodies. Several participants perceived moving, walking, going up and down the stairs, and driving as demanding tasks for the ageing body. Through health practices and later life management—which required moral citizenship and self-responsibility—they sought to fight against such ageist perceptions to achieve healthy, active, and successful ageing. Further, my participants’ concern for their health was ascribable to the lack of informal support due to a transnational family setting, insufficiency of the appropriate social services, carers, and resources, and the possibility of facing ageism and racism.

Engaging in health practice was the common approach to intervening in the ageing process. My participants made it clear that they were not disobeying the ageing process but instead wished to have healthy bodies to avoid the risks of the ageing body such as age-related diseases and inconvenience performing daily activities and thus becoming dysfunctional and dependent. This seems to indicate that health management is something imperative.

Moreover, some participants contributed to their family by managing their adult children’s housework and taking care of their grandchildren and so proved themselves to
be helpful and productive rather than a burden. For several participants, social participation and contributions such as volunteer work enabled their later lives to remain productive and valuable. Considering that health practices and later life management aimed to manage ageist perceptions through achieving healthy, active, and successful ageing, such practices could be comparable to anti-ageing practices. However, health practices and later life management are barely recognised as types of ageing disobedience practices as disobedience implies going against a norm. Instead, such intervention in the natural process of ageing seems to become mandatory and moral practices in old age. This suggests that the healthy, active, and productive body is a normative ideal body in old age, rather than something that opposes the natural process of ageing. Below I further discuss how healthy ageing and health practices could be considered a gendered concept.

8.1.1.1 Health as normative femininity at the intersection of age and gender
Considering the intersection of age and gender, I argue that health (and having a healthy look) is a feminine ideal of beauty and that health practices are comparable to beauty and anti-ageing practices. In this regard, health practices are a kind of normative beauty practice, and healthy ageing (healthy body) is a gendered concept.

Achieving a healthy body was a way of harmonising public ageing and private ageing. In other words, maintaining a healthy body is as important as (if not more important than) hiding the signs of ageing. As one participant stated, a youthful appearance is of no use unless one’s body is also young. Another respondent pointed out that the reason why she looked younger was her physical condition. That is, these women seemed to imply that having a younger appearance does not make one young and youthful, but one must have a healthy body. Therefore, one must not only manage visible appearance through the use of beauty practices but also improve one’s health. This provides an idea that the intersection of being older and a woman in ageist and patriarchal cultures means that misfits can happen, which also reflects Rosemarie Garland-Thomson’s (2011) feminist materialist concept.

Moreover, the boundary of health, youth, and beauty could overlap as my participants manipulated their ageing bodies within the ageist and patriarchal cultures. Exercise and diet were used to achieve not only health but also beauty and youthful appearance. Also, weight gain was regarded not only in terms of risking age-related diseases but also as the loss of the ideal female body shape. One participant said that “I needed to keep my body
in shape…doing exercise is necessary not only for physical health but also mental health.”

Also, another participant stated that she did exercise to look young and be young and to improve her health. Thus, exercise and diet were performed for the purposes of health, youthful looks, beauty, and slimness. This echoes what Arthurs and Grimshaw (1999) stated in *Women’s Bodies: Discipline and Transgression*: “Contemporary discourses of health, fitness and beauty intersect in powerful new ways…. [They] have become scarcely separable from each other…. Being slim and toned is ‘healthy’; diets are recommended in the name of ‘health’ rather than simply thinness” (pp. 4–5).

While equating beauty with health or vice versa, the beauty ideal for women in old age assumes health as the norm. In this sense, the boundaries of health management, beauty practices, and anti-ageing practices seem to overlap. Several participants emphasised that they wore lipstick to give themselves a healthy look. Although maintaining health was the common and primary motivation for exercise, some participants aimed to look young and beautiful through being healthy. One participant said that if she looked healthy, she could look young and beautiful as well. In this regard, health management was used not only to achieve a healthy body but also to look young and beautiful, so it served as both a beauty practice and an anti-ageing practice.

Further, the notion of health practice is an umbrella concept of normative beauty practices. For example, one respondent claimed that her healthy body condition enabled her to put on makeup in the morning and to participate in the interview. This seemed to imply that attaining a healthy body becomes a prerequisite for her to not only fulfil her daily plans but also to beautify herself. This also seems to indicate that prioritising health and deciding to engage in exercise and diet in old age is a way of achieving standards of feminine beauty. To put it another way, concern with health does not imply indifference to attaining attractive and youthful appearance. Rather, women continue to “do gender” in old age through health management, and this requires self-discipline in their pursuit of health. This resonates with the claim that

it is just such a consideration of women’s historical position that helps us put the “new paradigm” of health into critical focus: urging the adoption of feminine attitudes to the body might increase rates of self-checking, but it also effectively legitimizes the idea that we are nothing more than enfeebled bodies. One of the consequences of this is that
“doing health” may become a means of “doing gender.” (Moore, 2010, p. 112)

Indeed, not only being healthy but looking healthy was important, as my participants equated health with youth and beauty. One participant associated having a youthful and beautiful appearance with not looking aged, and she connected not looking aged with having good health. Also, several participants underscored that they put on colour makeup to avoid looking sick. Another respondent mentioned that without wearing lipstick, she looked just like a “patient.” They seemed to conflate looking old with looking ill. This also echoes the idea that a healthy-looking body has become a way of gaining recognition and social acceptance (Carter, 2016). Considering that health can stand for youth and beauty, healthy ageing also relates to the pursuit of normative feminine beauty. Thus, engagement in health practices for healthy ageing (and a healthy look) is a type of normative beauty practice.

8.1.1.2 Distinctions and overlap between anti-ageing, beauty and health practices

I distinguish anti-ageing practices, beauty practices, and health practices on the basis of an individual’s intention. Anti-ageing practices can be regarded as practices which are conducted with the intention to maintain and/or achieve youthfulness or slow the process of ageing. Beauty practices can be referred to as practices which are performed for the purpose of enhancing one’s appearance. Health practices can be defined as practices which are conducted with the intention to improve one’s health. Considering that today’s female beauty standards are often connected with youth and symbolised by having smooth skin, slenderness, health, and silky and plentiful hair, we can contemplate that anti-ageing practices done with the added intention to achieve beauty standards can also be considered beauty practices. Beauty practices are highly varied due to the notion that any practice can be regarded as a beauty practice as long as it is conducted with the intention of improving one’s appearance. Also, they are something done with the intention of stopping or delaying the process of ageing that causes aged appearances. Further, health practices can be regarded as either beauty practices or anti-ageing practices depending on whether one engages in health practices with the intention of achieving a slim body or appearing youthful.
The findings of this study indicated that sometimes the boundaries of these practices overlap as an individual woman might engage a practice with multiple intentions. For instance, some participants exercised and/or dieted to attain slimness which was part of what they regarded as the ideal feminine body and also to maintain their health. Consequently, exercise and diet in such cases can be regarded as both beauty and health practices at the same time. Secondly, hair-dyeing could be both an anti-ageing practice and a beauty practice. Some participants who wanted to have their hair dyed intended to hide signs of ageing and also to look youthful at the same time. Considering that youthfulness is a highly valued beauty standard, they also intended to provide an attractive appearance by hiding signs of ageing. Put another way, the act of hair dyeing can be considered an anti-ageing practice in that it was done for the purpose of hiding signs of ageing and at the same time dyeing hair can be considered as a beauty practice because these participants aimed to maintain physical attractiveness by maintaining a youthful appearance. Thirdly, one participant explained how doing handstands was effective both for health such as blood circulation and for preventing sagging. In this case, handstands could be considered both a health and an anti-ageing practice. To summarise, the boundaries of anti-ageing, beauty, and health practices can overlap depending on the woman’s intentions.

8.1.2 Beauty Practices and Navigating Proper Degree of Beauty in Old Age

Although they felt comfortable with the beauty culture in New Zealand where people are less preoccupied with beauty practices, my participants still used beauty practices to enhance their appearance. However, this does not mean that they thoughtlessly removed or hid their signs of ageing. Rather, they persistently navigated what appearance would be proper for older women while contemplating ageist perceptions and beauty standards. Most participants equated ageing with ugliness, dirtiness, and illness, and they seemed to avoid being subject to these perceptions and instead tried to present an attractive appearance. For instance, in order to look beautiful, some of my participants hid signs of ageing through the use of beauty practices and anti-ageing practices. Several tried to achieve a youthful and/or healthy appearance because they perceived such appearance as exemplifying beauty. This corresponds to Biggs’s (1997) proposal of a developmental model of social masking which suggests that signs of ageing are hidden to protect the individual from an ageist culture, and that for individuals, the subjective experience and physical experience of ageing are accordant.
Interestingly, there is a salient principle in relation to the use of beauty practices such as the avoidance of extremes: neither too youthful nor too old. In other words, no matter whether they engaged in beauty practices or not, they had the same intention to present the right degree of beauty. For example, some changed their makeup and fashion styles to provide “proper appearance.” One participant tried not to dress according to “young styles” but to wear something appropriate for her age. Also, several worried about whether they could maintain the fashion styles they wore when they were younger. One participant mentioned that cosmetic surgery such as double eyelid surgeries worked for those at younger ages, but it made older faces look worse. Likewise, ageist perceptions seemed to lead a couple of respondents to give up using certain beauty practices. Another participant thought that manicures and wearing accessories were appropriate for young women but not for older women.

Additionally, emphasis on the beauty of *maum*, thoughts, values, and social expectations of old age such as wisdom also influenced participants’ decisions on beauty practices. For instance, one participant indicated that one’s face in “old age” reflected one’s life history including thoughts and values, and she felt it necessary to display a successful or appreciative life history in later life via certain beauty practices. So, managing one’s appearance in old age could serve as means of displaying how successfully one has aged. Interest in beauty did not dissipate in later life. Rather, my participants tried to achieve beauty in old age, where the definition of beauty was extended and relevant. In old age, beauty stands not only for attractiveness, youthful appearance, and a healthy look, but also for having an elegant and graceful image, successful ageing, and a gentle mind. This provides an insight that being a female older adult requires a delicate sensitivity to a standard of beauty set by ageist perceptions, along with acquiring certain techniques and making the right choices in the use of beauty and anti-ageing practices.

Now, I delve into the meaning of “navigating proper degree of beauty”. While navigating proper or right degree of beauty at the intersectional positions, my participants pondered how and to what extent they ought to beautify themselves. Also, for my participants, achieving such “correct” degrees of beauty required understanding of cultural differences in terms of beauty norms, capability of choice on suitable makeup styles, clothes, and accessories, and adjustment of the scale of using beauty practices after
considering changes in financial resources. This seems to indicate that my participants could not but persist in using beauty practices to achieve the right degree of beauty in later life and in a foreign country. However, it also hints that they could choose how to age and how to display themselves to the world.

Further, the meaning of proper degree of beauty varied. For instance, some of my participants considered a clean look as the proper image in later life, for others it was a healthy look, and for a couple of participants the proper look consisted of looking not too old nor too young. Also, several participants regarded inner beauty, warmness, gentleness, wisdom, generosity, elegance, and having lived a life full of experiences as appropriate image of older adults. This implies that proper level of beauty is diverse and dependent on individuals. Thus, navigating proper or right degree of beauty illuminates a possibility that women can age in their own ways while designing their own beauty in later life.

8.1.2.1 Maintaining femininity within the ageing body through the use of beauty practices

What determines femininity in old age? How could one’s ageing body be gendered? Several respondents were discouraged from engaging in beauty practices due to believing that femininity could not be harmonised with an ageing body. For instance, one participant stated that she would get her hair dyed until she was 65 years old because she wanted to live as a woman until then. She also imagined that it might be impossible to look like a woman in her 70s even if she managed her appearance through beauty practices. The concepts of gender roles and femininity influenced when and to what extent my participants decided to engage in beauty practices. For instance, some participants engaged in beauty practices as a result of perceiving their womanhood being threatened by their ageing bodies and others engaged in such practices because they viewed such practices as gender-appropriate. Through persisting in the use of beauty practices in old age, these women challenged the notion that womanhood is the exclusive provenance of the young body. One respondent enthused that she was a woman no matter how old she was. Rather, her proclamation “We are women, aren’t we?” reminds us of what Sojourner Truth declared in 1851: “Ain’t I a Woman?” Regarding this statement, bell hooks (1981) asserted that “racist and sexist socialisation had conditioned Black women to devalue their femaleness and to regard race as the only relevant label of identification” (p. 1). Using hook’s argument, I point out that my participant’s proclamation implies that ageist and
sexist socialisation have belittled older women’s femaleness and resulted in age becoming a linchpin of older women’s identities. Further, through partaking in beauty practices, my participants seemed to struggle for liberation from as the notion that “the older, the less feminine,” which another participant mentioned. Thus, my participants maintained and reproduced their femininity in old age through affirming statements such as “I am a woman rather than an older adult.” Women can determine and preserve their gender identity no matter how old they are through “doing gender.” As Butler suggests in Gender Trouble, “Gender is the repeated stylization of the body, a set of repeated acts within a highly rigid regulatory frame that congeal over time to produce the appearance of substance, of a natural sort of being” (J. Butler, 1999, p. 25).

We thus have two ideas in opposition. One is the ageist notion that an ageing body is genderless and that femininity is incompatible with an ageing body. The second is the argument that femininity can be maintained in old age through beauty practices. According to gender performativity, femininity could be maintained regardless of age and/or bodily condition through “doing” beauty practices. Thus, the concept of gender performativity seems to subvert the ageist perception that an ageing body is genderless or asexual.

8.1.3 Anti-Ageing Practices and Products

My participants had lived in Korea where the beauty market (including anti-ageing products) is thriving and medical intervention such as cosmetic surgeries is enormously popular. Since migration, they have lived in New Zealand where the beauty industry is less robust than Korea. Also, considering that they visit Korea regularly to see their family, relatives, and friends, they faced a different cultural environment in relation to anti-ageing and beauty practices including cosmetic surgery. The findings showed that my participants’ opinions and choices of anti-ageing practices and products were varied and flexible. Their responses ranged from identifying anti-ageing products and practices as expensive, fake, ineffective and effective, and as risks (such as Botox injections) that entail harmful side effects.

Considering that most participants subscribed to the view that ageing is part of the natural order, it was not surprising that they displayed negative attitudes towards Botox injections, which aimed to remove signs of ageing such as wrinkles. However, most participants seemed more tolerant of other types of beauty practices and anti-ageing
cosmetic products. For instance, those who loathed Botox injections but preferred natural ageing were actively getting their hair dyed to hide white hair. Indeed, these participants seemed to regard dyeing hair as a normal and routine beauty practice rather than an anti-ageing practice, and one respondent thought that dyeing hair was mandatory and basic. Similarly, although several participants regarded having Botox injections for wrinkle removal as a strong denial of the ageing process, they tended to embrace other medical interventions and plastic surgeries including eye-lifts, face-peeling, and double eyelid surgeries, considering them beauty practices rather than anti-ageing practices.

In particular, interest in acquiring a natural look was a key determinant when my participants chose whether to engage in certain beauty or anti-ageing practices. Most participants disliked Botox injections because they resulted in an unnatural look, and one participant described a swollen face after Botox injections looking like a “monster.” Instead, they were willing and interested in having Botox injections on the condition that the results look “natural.” Indeed, a couple of respondents seemed to be interested in having Botox injections if the cost was affordable and results guaranteed. Participants who strongly disapproved of Botox injections and preferred natural ageing were getting their hair dyed and using anti-ageing cosmetics. Their unwillingness to undergo Botox injections is attributable to the notion that Botox injections are risky and costly and require medical intervention. Their negative attitudes towards Botox injections and other types of beauty practices seemed to be attributable to a preference for a natural look and a cost-benefit appraisal. In this regard, those who combated their signs of ageing through the use of anti-ageing practices also mentioned that they accepted ageing as a natural process, equating natural ageing with risk-free practices, where there is minimal chance to dramatically alter one’s appearance.

Several participants perceived a face that has had Botox injections as detrimental to the social expectation of older adults and old age as someone with wisdom, full of experience, generosity, and concerned with inner beauty. They adjusted the use of anti-ageing practices while navigating how to display to the world in their ages, and one participant clearly said that the use of anti-ageing products is “okay.” However, having Botox injections showed a determination not to age. Therefore, she emphasised that anti-ageing products were different from Botox injections. Further, the side effects of Botox injections such as unsuccessful outcomes corrupted one’s natural look, as one participant...
described faces that had undergone such injections as looking greedy and inauthentic. In other words, while resisting the process of ageing could be acceptable, *looking* like one is trying to resist the process of ageing would be unacceptable. This brings us to the insight that to achieve a natural look which preserves one’s authenticity requires sophisticated skill and elaborate technique. Given that such effort and artificiality is highly counterintuitive for achieving a state regarded as “natural,” one might call this preference for a natural look paradoxical.

Two of my participants tried to remain in what they regarded as a natural state and did not oppose the ageing process. They used natural ingredients (e.g., eating organic foods and using herbal products) and avoided chemical products (e.g., soap). Instead of using anti-ageing products, a few managed their ageing bodies through exercise and meditation. Although such attempts seemingly did not intervene in natural processes, they were nevertheless products of the intention to counter the effects of ageing (and gravity). In addition, several participants perceived natural ageing as the avoidance of medical intervention. In contrast with medical intervention, these nature-friendly approaches and chemical-free practices were not regarded as anti-ageing but as natural ageing. Here, I argue that the use of any products and practices which are not labelled “anti-ageing” but that one nevertheless uses with the intention to control signs of ageing are indeed a type of ageing resistance. In other words, not using anti-ageing label products does not imply that one has made peace with the ageing process. As such, the discourse of “anti-ageing” ironically facilitates older women’s belief that they do not disobey the natural process of ageing as long as they avoid “anti-ageing” products, and so conceive that they are thus ageing naturally. Therefore, the discourse of anti-ageing extends the meaning of natural ageing. Below I further discuss natural ageing.

8.1.4 Natural Ageing: Biosocial Concept

The path of aging “naturally” is highly problematic. Feminists were early in showing how we as humans are self-fashioning, and how the body is itself constituted through the processes of display, manipulation, and inscription. There is no “natural” body….If there is no natural body, then there is no natural way to age. (Twigg, 2004, p. 63)
This statement parallels a statement by one of my participants: “Actually…natural ageing is hard. Easier said than done. Natural ageing? It is difficult.” A question arises: Why is natural ageing, which is supposed to happen without artificial forces, so difficult? The simple response is that natural ageing does not occur in a vacuum, but is heavily influenced by cultural pressures, personal experiences, and other influences (Fraser, 2001). Understanding ageing as a natural process does not mean that one feels at ease with it. Rather, my participants readily used anti-ageing practices, even as they ironically noted that they could not fight an ageing process they considered natural. This illuminates paradox of ageing: inevitable and unacceptable and tensions between denial and acceptance of the ageing body. The tension between the understanding of ageing as a natural process and willingness to control the ageing process was solved by transforming their ageing bodies into healthy and functional bodies, having a youthful and attractive appearance, and designing active, productive, and successful later lives rather than absolutely “denying” the ageing process.

Also, they dealt with the tension between denial and acceptance of ageing by extending and redefining the concept of natural ageing. Natural ageing involved: a healthy and functional body; active, productive, and productive ageing; avoidance of medical intervention; the use of natural ingredients but not chemicals; beautiful ageing; slow ageing; and restoring one’s original status. In particular, natural ageing involves a “natural” appearance that does not result from medical intervention or artificial chemical ingredients. The notion of natural ageing extends beyond simply allowing the ageing process to progress to include engaging in “natural” practices that help maintain an attractive appearance in old age. This echoes Clarke and Griffin’s (2007) definition of a “natural look” in terms of “what it was not, specifically an obviously and extensively intervened body” (p. 198). Here, I suggest that natural ageing ultimately implies having a “good-looking” appearance in old age rather than literally ageing without intervention. That is, ageing naturally can be taken to mean “naturally attractive in old age.” In this sense, what most respondents said about one’s face after Botox injections sometimes looking unnatural seems to imply that the results are unattractive. Eventually, “unnatural look” becomes equated with “unattractive.” Considering that a natural look is categorised as part of the ideal feminine beauty and also closely associated with natural ageing, I argue that “natural ageing” could be comparable to “beautiful ageing” and or acquiring a “beautiful appearance” without artificial looks. Put another way, natural ageing refers to the
attainment of ideal beauty in old age and requires “proper levels of beauty practices.” Thus, natural ageing is a gendered discourse. Furthermore, natural ageing is ageing “well” and/or good appearance in old age, which requires delicate techniques and management. This also provides the idea that natural ageing is not an essentialist discourse but rather a complicated concept as the product of the interaction of biological ageing and sociocultural factors.

The findings of my study showed that while my participants perceived their ageing bodies as biologically inevitable and socially unacceptable they extended the concept of natural ageing, of which they defined natural ageing in various ways, such as avoidance of medical intervention, the use of natural ingredients but not chemicals, natural look, healthy and functional body, ageing slowly, and restoring one’s original status. That is, natural ageing means “intervening” in the ageing process through using “appropriate” anti-ageing practices or well-managed ageing with proper methods rather than letting the process of ageing follow its natural course. This seems to imply that the meaning of natural ageing is not so different from the meaning of anti-ageing. Considering this, I wish to argue that avoiding using anti-ageing labelled products does not imply that one has made peace with the ageing process. Rather, the discourse of “anti-ageing” ironically might facilitate women’s belief that they are complying with the natural process of ageing as long as they avoid “anti-ageing” labelled products, and so conceive that they are thus ageing naturally. Indeed, many commercials and advertisements for anti-ageing products use the term “natural-ageing” instead of “anti-ageing”. Put differently, the discourse of natural ageing used in the media indeed is a softer and milder expression of anti-ageing. Thus, the natural ageing label can be a popular marketing jargon for anti-ageing products because it can entice women who are struggling with the tension between acceptance and resistance of the ageing process.

8.2 Theme Two: Tension Between Choice and Oppression

Theme one describes the acceptance and denial of the ageing body. In coping with the inevitable and unacceptable ageing body, my participants transformed their ageing bodies into healthy and functional bodies with attractive and youthful appearance. A question now arises: how is the power over the ageing body exercised when they engage in beauty, anti-ageing, and health practices? Are such practices forms of oppression or choice? Overall, my findings indicated that my participants’ beauty practices developed
complications at the intersection of age, gender, and ethnicity/race (cultural difference). Nevertheless, they consistently pursued beauty and health. At the same time, their use of beauty practices was flexible and negotiable depending on the socio-cultural climate and their identities and social positions: as an older adult, a woman, a Korean, and a migrant. Thus, the findings highlighted that engagement in beauty practices and exercise and diet had two aspects—they were oppressive and also expressive; each allowed them to both defy and be restricted by the norms of ageing. Through this section, I aim to expand our knowledge regarding women’s agency regarding their engagement of beauty, anti-ageing, and health practices.

8.2.1 The Docile Body Through Self-Surveillance vs. Cultural Assimilation Through Self-Direction

I wish to argue that self-surveillance involves the indistinct boundary between choice and oppression. This is because beauty practices are not only the means of compliance with normative feminine beauty but also the means of assimilation into social and cultural norms. In this respect, beauty practices could be regarded as a form of choice and oppression at the same time.

First, at the intersection of age, gender, and race/ethnicity, the gaze of others was not necessarily the male gaze. Rather, the gaze of others including family members, peers, Korean immigrants, and Kiwis, and it influenced when my participants engaged in beauty practices. The gaze of others was internalised (Montes Sánchez, 2015) through self-surveillance (Vaz & Bruno, 2003). That is, my participants managed their appearance using “self-policing” and being “committed to a restless self-surveillance” (Bartky, 2003, p. 490) as each navigated the Korean immigrant community where she was observed and monitored by others. The effect of the Panopticon where “docile bodies” are produced (Bartky, 1990) resonates throughout the Korean immigrant society. For instance, one participant wore trousers instead of fancy dresses in order to comply with the normative appearance of other Korean immigrant older adults to be presentable but discrete. Another tried not to wear hats even though she liked wearing them and instead got her hair dyed because wearing hats deviated from the norms of the groups to which she belonged. Further, the gaze of others, the observation of others through the gaze, and the application of the gaze to themselves through “self-surveillance” all came together when my participants navigated what they considered to be “proper appearance” and when they
adjusted the use of beauty practices. This happened when these women seemed to be oppressed by the gaze of others. On the other hand, they also seemed to exercise agency in deciding how to beautify themselves and to what extent they used beauty practices. Furthermore, providing a charming appearance in old age is an indication of a well-managed later life, which shows that one has aged successfully and is in the process of dying well. This seems to suggest that older women’s engagement in beauty practices can be regarded as a form of agency that affords them power over their later lives.

Second, for my participants as Korean diasporas, (re)adaptation and (re)assimilation into different societal aspects were necessary in order to “harmonise” and “balance” themselves between the original and the host country. Compliance with normative beauty through engagement of beauty practices seemed to suggest that their bodies were “docile bodies” (Banet-Weiser, 1999; Bartky, 2003; Berry, 2016) and at the same time was a form of cultural adaptation and assimilation. For instance, respondents adapted their beauty practices to accommodate cultural differences in beauty norms between New Zealand and Korea. So while perceiving natural beauty (a natural look) as New Zealand’s beauty norm, they modified the use of beauty practices to adopt new cultural aspects. More specifically, almost all of them resolutely eschewed certain practices such as Botox injections, which they felt resulted in an unnatural look, considering it a practice that was “too extreme.”

Additionally, most of my participants reported that when they returned to Korea as visitors, they were surprised by the Korean beauty culture since they had (at least to some extent) adopted the less beauty-obsessed norms of New Zealand. Several felt they had to readjust to Korea’s beauty culture while staying in Korea but paid less attention to their appearance in New Zealand and tended to dress in more comfortable clothes once they returned to New Zealand. One respondent described this fluctuation as a “cycle.” Also, another participant referred to her variability in how she dressed as “two-timing.” In other words, they adjusted their appearance and beauty practices depending on which community they were in, to comply with differing beauty norms. In this respect, the persistence of engagement in beauty practices through adjusting the scale of their use not only indicates docile bodies but also could be regarded as a kind of self-chosen cultural assimilation. Such agency in adapting to new cultural norms suggests women’s adaptability, as well as the power of cultural context in determining their beauty practices. Thus, this further illuminates a tension between choice and oppression.
8.2.2 Beauty Premium and Aesthetic Capital: Beauty Practices with Intentions

My findings support the claim that women engage in beauty, anti-ageing, and health practices because they acknowledge that beauty, youth, and health come with many rewards. Given this acknowledgement of the values of these practices, it is now pertinent to investigate whether such practices may be considered either oppressive or expressive.

First of all, most of the participants understood signs of ageing as things that ageist society identifies as ugly and unfeminine. As a result, they hid or modified their signs of ageing through anti-ageing and beauty practices. In other words, they turned to beauty practices to overcome the gendered ageism enshrined in their societies. This is similar to the findings of Macia, Duboz and Chevè’s (2015) qualitative study on the experience of aesthetic body changes in 29 women between 65 and 75 years old in Marseille, which showed that women perceived their ageing bodies as stigmatising and engaged in beauty practices to conceal or repair them. Also, a few of the participants recognised that having a youthful appearance yielded job opportunities and economic advantages. They hid their signs of ageing to achieve aesthetic capital (Anderson et al., 2010); thus their choices to engage in such practices could arguably be considered self-driven and reasonable. In this respect, although feminine ideals seem to force women to combat their signs of ageing in order to maintain a youthful appearance, maintaining a younger appearance can be a way of appropriating financial resources that one would otherwise be unable to acquire.

A couple of participants also used beauty practices for “beauty premium” (G. Jones, 2011). Beauty practices could be used for economic advantages. One participant intentionally dressed up because she related having a good appearance to having a higher chance of reaping economic advantages as a minority migrant, noting that even a “well-dressed beggar can get food.” Considering that she migrated in 1983 and that the total number of Koreans migrants in New Zealand at the end of the 1980s was still less than 1,000 (I. Chang, 2014), making a good impression on Kiwis was motivated by economic and political reasons as part of settling in New Zealand. These two participants’ examples parallel the findings of Weitz’s (2001) study which conducted individual interviews with 44 women who ranged in age from 22 to 83 and suggested that they “are actively and rationally making choices based on a realistic assessment of how they can best obtain their goals” (p. 675).
Several participants’ use of beauty practices also resonated with third-wave feminist perspectives which argue that beauty and doing femininity are experienced as enjoyable, pleasurable (Heywood, 2008), playful and harmlessly entertaining (Saul, 2003), and self-chosen (Lazar, 2011). For instance, one respondent used beauty practices to overcome her physical complex, and in doing so, she improved her self-esteem and felt enjoyment in performing beauty practices. Another participant intentionally wore a hanbok, a Korean traditional dress, for special occasions in order to promote Korea to Kiwis. She also reckoned that her good appearance reflected conditions in Korea such as prosperity and wealth, thus increasing her esteem for herself and her heritage.

Further, most of my participants engaged in exercise and diet to achieve healthy bodies and optimal physical conditions so that they could conduct their daily lives with independence. A healthy body seems to be a prerequisite for almost everything such as meeting people, going shopping, engaging in social activity, working, volunteering, and using beauty practices. This indicates that many older women engage in exercise and diet for certain advantages, namely, “health capital” (Grossman, 1972).

8.2.3 Cultural Dupe vs. Aesthetic Entrepreneur

I also argue that women could not simply be regarded as cultural dupes and/or victims of false consciousness by overwhelming anti-ageing and beauty industries, but rather they can also engage in beauty practices as aesthetic entrepreneurs (A. S. Elias et al., 2017). For instance, negotiating whether to use beauty practices was necessary to achieve a proper appearance in old age. More specifically, several participants did not have Botox injections because they recognised the risk of an unnatural look and side effects. Thus, they rationalised their own engagement in beauty practices and anti-ageing practices but rejected excessive or inappropriate use of them. Also, most participants who used anti-ageing cosmetic products trusted in their effectiveness only partially, if at all. They recognised that anti-ageing commercials grossly exaggerated products’ efficacy, and they knew that reversing or stopping ageing was impossible. For instance, one participant understood that anti-ageing was the idea produced by marketing and commercials. So she was not keen to use such anti-ageing products and did not trust their effectiveness. Rather, she hoped that her facial skin condition would get better little by little. This implies that efficacy was not a major concern when these participants chose to use products. Instead,
they sought “invisible advantages.” Another participant reported that anti-ageing products were effective because they make women feel satisfied and comfortable.

These women were not overpowered by marketing. Their use of these products was the result of a complex calculus, unique to each woman, that weighed cost and inconvenience against intangibles like hope, satisfaction, and ease. Moreover, several participants persisted in the use of beauty practices despite financial changes, language barriers, and social and cultural changes as a result of migration. On the one hand, this seems to suggest that they are subjected to the beauty industry as they persist in using beauty practices and anti-ageing products to comply with the expectations of normative feminine appearance. However, on the other hand, this also seems to suggest that they actively exercised agency in downsizing their beauty practices, managing their budgets, buying the best alternatives, and minimising the risk of failure of purchasing. In this sense, the discussion on whether women’s beauty practice is a form of cultural duping and false consciousness or aesthetic entrepreneurship requires us to take into account the engagement process and one’s intentions.

8.2.4 Use of Beauty Practices and Anti-Ageing as Restoring Authentic Self

Do women who use beauty practices and anti-ageing products and practices simply comply with normative feminine beauty? Interestingly, I found my participants not only putting effort into looking natural (which is an attempt to look “better” naturally as opposed to artificially, e.g., via Botox) but also attempting to return to a natural state (which is an attempt to revert to a previous condition). For instance, a couple of participants mentioned that they got their hair dyed because it is authentic and normal for Asian hair to be black in colour and that white hair is unnatural for Asians. Also, several participants placed importance on maintaining their appearance to show their inner beauty including their values and characters. Thus, their management of appearance was not simply for aesthetic purposes but also for revealing one’s inner being to others (Hartley, 2005).

Similarly, some participants explained that they were young inside although their bodies were old. They considered their authentic selves to be young. In particular, one participant reported that she persistently wore red colours to present herself as someone who was still young inside. This parallels the findings of Davis’ study (1995). She conducted interviews with women who undertook cosmetic surgery, and she reported that
these women sought out surgery not because they wanted to change their appearance but because they wanted to be normal and to ensure their bodies conformed to their sense of who they were. One of my participants had her eyebrows tattooed, in an attempt to shift from an unnatural state (without eyebrow hair) to a natural state (with eyebrows). Likewise, by virtue of advanced medical technology, we transplant hair, correct eyesight through Lasik surgery, and remove belly fat through liposuction. These practices help return us to a “normal, healthy or natural condition” and are not seen as a refusal of natural processes. When medical interventions are marketed as enabling subjects to revert to a natural or original state, people find them more acceptable.

This may ultimately lead to the extinction of the term “anti-ageing” in popular discourse, as technological advancement is viewed as a way of revealing the “authentic self,” which might indeed be a youthful version of self. Further, given the perception that no eyebrows on one’s face is abnormal or unnatural but having eyebrows on one’s face is normal and natural, one’s decision to have eyebrow tattoos to present a normal or authentic appearance could be considered an instance of “rational self-control.”

### 8.2.5 Confucian Practices: Family Governance, Responsibility, and Self-Help

Confucianism is a key concept to note when discussing the tension between oppression and choice of beauty and health practices among my participants. The Confucian canon regards family members as one body which is inseparable (J.-T. Park et al., 2011), so one’s body belongs not only to the self but also to the family. In this sense, engagement in beauty practices could be seen as a form of a family-bonding activity (Aquino & Steinkamp, 2016, p. 10); thereby, power over one’s body is shifted from one’s individual ownership to that of familial authority. Importantly, however, the individual still exercises agency through self-responsibility for the family. Thus, one’s engagement in practices that pertain to one’s body can be simultaneously oppressive and autonomous.

Some participants relayed stories about how they were forcibly compelled to engage in beauty practices while they stayed in Korea. Their family members verbally ordered them how to wear and how to beautify themselves and brought them to hair salons and nail shops. This is because the Confucian precept of family governance over the individual normalised familial authority and control over my participants’ bodies, which then forced
them to improve their appearance. Nevertheless, several participants’ stories also indicated that engagement of beauty practices could be explained as self-directed in some respects because it entails responsibility for the family. They reported that managing their appearance through the use of beauty practices was mandatory to protect their family’s *chemyon* in the Korean immigrant community. This implies that *chemyon* is a powerful moral concept because of the connection that it establishes between the self, the family, and the Korean immigrant community through self-discipline and self-cultivation.\(^{36}\) This attitude towards their family members and self-discipline resonates with Confucian prioritisation of collectivism (Chung, 1995), women’s roles and responsibilities in the family to care for family members (Soojin Kim, 2014), and Korean women’s bodies as means of reproduction, maintenance, and improvement of the family body (T. Kim, 2003). Thus, my participants’ use of beauty practices to manage their appearance was a means of protecting their family’s *chemyon* (reputation/saving face), and this can be seen as an extension of the traditional women’s role in Confucianism that requires women to devote and sacrifice themselves for their family. This underscores that a woman’s individual body is not only subjected to self-policing and self-discipline but also to self-directed responsibility for her family.

Moreover, a few participants intervened in their daughters’ beauty practices. One participant suggested that her daughter-in-law undergo blepharoplasty since somebody mentioned that she had small eyes. Considering the Confucian perspective, we could conceive that her daughter-in-law’s body and face was regarded as a part of her family’s *chemyon* (reputation and face) and as a part of the family body. Thus, under familial authority she could exercise power over her daughter-in-law’s body. In contrast, several participants emphasised that they engaged in beauty practices because of pressure from their children and/or grandchildren. In some cases, children coached them on how to dress and selection of colour. In this regard, their agency in the use of beauty practices and anti-ageing cosmetic products seemed to be diminished by the ageist perceptions of the younger generation. The combination of ageism and emphasis on family’s *chemyon* encourages the younger generation to coach their older parents on how to manage their appearance. This intergenerational compulsion corresponds to the findings of several studies that the

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\(^{36}\) This is similar to the concept of shame which refers to “an extremely productive moral emotion because of the distinctive connection that it establishes between self, others and world, through a self-evaluation that is mediated by an internalized other” (Montes Sánchez, 2015, p. 180).
understanding of the family as a collective unit was related to body dissatisfaction and eating disorders among young Asian American women (Smart & Tsong, 2014). However, existing research has only shown familial pressure from parents to children. In my study, we see familial pressure exerted in two directions: from children to parents and from parents to children. This indicates that the concept of one’s body as part of the family unit legitimises familial authority over the bodies of individual family members; thereby, family members police each other and exercise their agency to control other members’ bodies.

Lastly, I emphasise that health management in later life is a form of “care of the self” and “care for others” (Foucault, 1997), and for my participants this notion is based on the Confucian idea of a woman’s responsibility to her family, which requires self-help and a “hyper-responsible self” (Rimke, 2000, p. 62). This resonates with the notion that the care of the self “implies complex relationships with the other insofar as this ethos of freedom is a way of caring for others” (Foucault, 1997, p. 287). Respondents did not want to (or felt they should not) become a burden to their adult children and instead sought to remain independent in old age. Such emphasis on family could be understood within Confucianism, which emphasises collectivism and patriarchal family ideologies and demands that women assume prescribed responsibilities and obey their family (Chung, 1995). Therefore, in a Korean cultural context, the individual discipline to engage in health management is at least in part the result of obligations to a collective unit, which highlights the fact that Korean women keep exercising self-discipline in old age to achieve health. In particular, one participant stated that if she lost her health, she could not play a role as a mother and a wife in her family. This implies that maintaining health is a part of her duty and that her body is a means of carrying out familial functions. I suggest that a woman who can manage her health in later life and who is not a burden to her family is perceived as a “wise mother and good wife” (hyeon-mo-yang-cheo) and also as a “first woman of virtue,” which describes a woman who is devoted to the role and responsibilities prescribed under Neo-Confucianism and who supports patriarchal authority upon women (Soojin Kim, 2014, p. 274).

To the extent that women’s health management is based on the precepts of Confucianism, which requires them to conform to patriarchal authority, health management is a form of oppression. Nonetheless, taking into account their intersectional
position, health management has become a stratagem through which my participants can remain independent and maintain their power over their later lives and bodies in New Zealand as minority migrants. In other words, having a healthy body through health management can be means of resisting ageism and racism, and a form of empowerment. This indicates that health management is care of the self and for others, and it is due to these two aspects that we observe tensions between choice and oppression in our investigations of health management.

8.2.6 Overarching Choice and Oppression

My participants recognised a variety of benefits of beauty, youth, and health. Their choices came along with self-policing, self-discipline, and responsibility for the family. Living in New Zealand as older female Korean immigrants, they found themselves to be vulnerable to ageist, sexist, and racist constructs. To handle these stereotypes and imbalanced power structures, they persistently achieved normative femininity through the use of beauty and anti-ageing practices, and a healthy body through health management. Power over the ageing body had two opposite directions—it was oppressive and also autonomous; they could resist it, but it was also limiting.

To conclude, there is a tension among my participants in terms of subjectivity according to identity categories (race, gender, race/ethnicity, or class), social relations (e.g., parents, grandparents, Korean, migrant, Asian), historical experiences (e.g., when they lived in Korea, when they visited Korea), and material conditions (e.g., finances, ageing body). The results of this research compare favourably to the conclusions of Gagné and McGaughey’s (2002) study of 15 women who had undergone elective mammoplasty that was not related to cancer or other medical conditions. These authors concluded that neither the determinist nor the free will perspective is adequate to explain women’s decisions. I argue that beauty practices, anti-ageing practices, or exercise and diet can be either supportive or repressive of the subject’s agency. It is necessary to consider not only the complicated power structure engaged in decisions related to the body, but also social status, social environments, and risks and costs involved in these actions. When these aspects are considered, as indicated above, it is not immediately obvious that such practices are inevitably oppressive of women. Rather, my study emphasises a comprehensive perspective that overarches oppression and choice.
8.3 Conclusion

Here, I summarise the research and address its limitations. I then close by illuminating its main practical and theoretical contributions and offering recommendations for future research.

8.3.1 Summary

This research considered the intersectionality of age, gender, and race/ethnicity and explored how Korean women over the age of 50 living in New Zealand experienced their ageing bodies, and how they engaged in beauty practices, anti-ageing practices, exercise, and diet. The research questions that guided this research journey were:

1. How do Korean women over the age of 50 living in New Zealand perceive their ageing bodies?
2. How do they resist the ageing processes of their bodies?
3. What are their opinions on anti-ageing products and practices?
4. What are the motivations behind their engagement in beauty practices?

Thirty-one Korean women aged 50 to 84 living in New Zealand participated in semi-structured individual interviews. A thematic analysis approach was used to analyse the data, and two major themes were identified: inevitable and unacceptable biosocial ageing body, and the tensions between choice and oppression. The findings indicated that my participants as older adults experienced biological changes as a result of ageing which could become unhealthy, dependent, and dysfunctional. As female older adults, they also confronted the oppressive social milieu of gendered ageism. As Korean migrants, they also found it necessary to adjust the extent to which they should oppose the ageing process and engage in beauty and anti-ageing practices between the two different cultural norms of Korea and New Zealand. In other words, my participants continued to use anti-ageing, beauty, and health practices to achieve proper appearance and/or “acceptable” bodies although they had moved to New Zealand from Korea, a country well known for its enchantment with beauty and youth. Further, my participants’ engagements in anti-ageing, beauty, and health practices were simultaneously oppressive and autonomous while they navigated a suitable degree of beauty between the two cultural communities and plan the extent that they ought to intervene in the ageing processes of their bodies with respect to
the appropriate usage of anti-ageing, beauty, and health practices. In addition, as older women and as Korean migrant minorities, these women discerned the necessity of beauty, youthfulness, and health. The findings highlight how the interaction of biological attributes and sociocultural milieus influenced my participants’ choices on their engagement in anti-ageing, beauty, and health practices.

8.3.2 Limitations

This thesis examines many concepts: age, gender, ethnicity/race, body, and beauty and health; therefore, methodological and conceptual limitations are inevitable.

8.3.2.1 Methodological limitations

For this research journey, I interviewed thirty-one Korean women aged from 50 to 84 living in New Zealand. Although the sample of participants spanned New Zealand, ranging from Dunedin, Christchurch, Queenstown, Hamilton, and Auckland, this was not a demographically representative sample of the population of Korean immigrant women in New Zealand. Responses from such a small, non-representative sample were inevitably shaped by the interviewer and by the context of the interviews. Moreover, as a researcher my personal history of migration experience in Canada, the United States, and New Zealand inevitably produced a subjective interpretation of the data. However, it should also be said my diaspora background enabled me to understand my participants’ migration experiences.

8.3.2.2 Conceptual limitations

I shall now discuss the conceptual limitations of intersectionality. The conceptual limitations were unavoidable because ambiguity and open-endedness are recognised weaknesses of intersectionality (K. Davis, 2008). As Phoenix and Pattema pointed out, “the term intersectionality can potentially make for confusion” (Phoenix & Pattemana, 2006, p. 188), and it is unclear how many categories should be included in intersectional analysis (K. Davis, 2008). However, as a researcher, I could not ignore any one of the categories of age, gender, race/ethnicity, and class, all of which influenced how my participants interacted with the world, how they perceived their bodies, and how they engaged in beauty practices.

Indeed, in this research the ambiguity and incompleteness that are regarded as weaknesses of intersectionality translated into the advantage of flexibility when I was
exploring each participant’s multiple identities and positions. I could dive into depth on each individual’s unique intersectional position to consider how she perceived her ageing body and how she engaged in beauty practices, anti-ageing practices, and health management. In doing so, I was able to conduct fruitful analysis regarding the perception of an ageing body and the engagement of beauty practices. For example, I was able to provide valuable insights on how one engaged in such practices at the intersection of age and gender; of age, gender, and race/ethnicity; of gender and race/ethnicity; and of age and race/ethnicity. Furthermore, emphasising intersectionality enabled me to draw attention to a broad network of scholars in gerontology, sociology, gender study, migration research, social work, and medicine; I was thereby able to “open up for further discussion and inquiry” (K. Davis, 1997, p. 77) regarding the perception of an ageing body and engagement of beauty practices among older women. Considering that gerontology is an interdisciplinary study that incorporates a variety of academic fields such as anthropology, biology, economics, philosophy, sociology, cultural studies, nursing, and medicine and more, I recommend future gerontological research to apply the conceptual framework of intersectionality, which helps to investigate and discuss the experience of later life and ageing from a wide range of disciplinary perspectives.

8.3.3 Contribution and Recommendations

In this section, I shall present contributions and recommendations for further debates on beauty practices and anti-ageing practices, for future research on ageing and anti-ageing, and for broader contribution of the study to the nexus of gender, ageing and ethnicity.

8.3.3.1 Contribution to research on ageism and discourses of ageing

My study contributes to the research on ageism and anti-ageing by emphasising the discourse of anti-ageing as a gendered and ageist concept.

The use of anti-ageing products and practices aims to achieve a youthful appearance, which is generally regarded as part of ideal feminine beauty. Anti-ageing practices are indeed comparable to beauty practices which aim to achieve ideal feminine beauty. Further, the boundaries between beauty practices and anti-ageing practices overlap. For example, several participants used beauty practices such as makeup to enhance their aged appearance through hiding signs of ageing, thus also categorising such practices as anti-ageing practices. Nevertheless, differentiating anti-ageing practices from beauty practices

242
seems to reinforce the ageist message that ageing cannot be compatible with beauty but rather widens the gap between ageing and beauty. The term “anti-ageing” is distinguishable from beauty practices in that the former is used in particular to remove signs of ageing and so to provide a youthful appearance (Clarke, Repta, & Griffin, 2007). Consequently, anti-ageing discourse tells us that ageing is something which women need to conceal. On the other hand, the term “beauty practices” refers to cosmetic products and surgical and non-surgical interventions that are used to improve one’s appearance and to attain beauty standards; thereby, beauty is something that women need to show. This clarifies that the discourse of anti-ageing is strategic marketing rhetoric to instil in women the idea that using anti-ageing products is in effect “killing two birds with one stone”: concealing signs of the ageing process and showing beauty at the same time. Given this, I claim that the discourse of anti-ageing is not only ageist but also sexist and also that anti-ageing practices and beauty practices are the products of the interplay of ageism and sexism that also reproduce gendered ageism.

My study also contributes to research on ageism and the discourse of healthy, active, and successful ageing by linking ageing-unfriendly environments as the consequences of an ageist culture.

We can speculate why the ageing body is dependent and inconvenient. More specifically, we can see why locomotion with an ageing body is often considered tiring and inconvenient. Is this because one lacks adequate physical strength or because an older pedestrian’s environment is ill-suited to them? Also, why is driving in old age dangerous? Is this because of loss of sensory functions or absence of well-designed public traffic systems and public transportation services? In fact, successful ageing, healthy ageing, and active ageing—the “ideal models of ageing”—have emphasised individual responsibility for maintenance of health. So in a way, older individuals are obligated to improve or transform their ageing bodies into “healthy” ones in order to continue performing daily activities. Otherwise, they are vulnerable to being blamed once their bodies are no longer suited to their environment. Thus, the pursuit of a healthy body as we understand it is embodied by ideal models of ageing, and little consideration is given to fostering diverse social services and renovating the physical environment for the ageing population. This statement seems to resonate with the feminist materialist concept of “misfits.” In her
writing “Misfits: A feminist materialist disability concept,” Rosemarie Garland-Thomson (2011) indicated that

One of the fundamental premises of disability politics is that social justice and equal access should be achieved by changing the shape of the world, not changing the shape of our bodies. (p. 597)

...Our conventional response to disability is to change the person through medical technology, rather than changing the environment to accommodate the widest possible range of human form and function. (p. 603)

Older adults have been encouraged to transform their ageing bodies into “healthy body or functioning” bodies in order to fit environments that are more convenient for younger bodies. This hints that the ageing body is not intrinsically disadvantaged and dependent but is made so by the absence of ageing-friendly physical environments that make living within the ageing body difficult.

These insights provide two contributions for further research. First, ageing unfriendly environments could be regarded as products of ageist cultures. Indeed, much research has discussed ageist cultures through examining anti-ageing advertisements and commercials, older adult characters (in particular female older characters) in the media, and ageist attitudes towards older adults and ageing bodies that could influence older adults’ emotional and psychological aspects and interpersonal relationships. However, ageing-unfriendly environments have barely dealt with the forms and/or outcomes of our ageist culture even though older individuals may encounter difficulties and inconvenience in their daily lives because of the absence of an ageing-friendly physical world. This hints that the ageing body is not intrinsically disadvantaged and inconvenient but is made so by the absence of ageing-friendly physical environments that make living within the ageing body difficult. Further, I suggest that ageist physical environments could be regarded as products of ageist cultures and also it could reinforce ageist attitudes towards older adults and ageing bodies, and gerontophobia (a fear of ageing). Therefore, I would like to point out that cultivating an ageing friendly city and community is not only a great scheme to improve older adults’ well-being but also a way of changing our concepts of ageing, ageing body, older adults, and later life so that we can start learning to embrace our ageing bodies.
Further, my research contributes to the further research on ageism and older adults by extending our concept of ageism.

Second, despite the lack of ageing-friendly physical environments, our societies seem not too concerned about designing and constructing spaces that are conducive and convenient for older adults. Instead, older adults have been asked to achieve healthy, successful, and active ageing. At first glance, healthy, active, and successful ageing as popular discourses in the ageing (and aged) society do seem to mitigate negative and ageist perceptions that ageing transforms a body into becoming unhealthy, dysfunctional, inactive, and unproductive. Nonetheless, such seemingly positive discourses of ageing have played a role as a pretext to condemn older individuals who are ill, dependent, and unproductive and have engendered the idea that the individual has an obligation to manage their health and independence and should be capable of taking care of their later life. Further, my participants’ concerns about losing health and independence in old age were attributable to their lack of expectation of filial piety because of a “transnational family” where one’s family members were scattered across two or more countries (H. J. Park & Kim, 2013). Considering such effects of migration as lack of familial support, language barriers, and absence of social facilities for older Korean migrants, my participants could not but rely on themselves and took it as their responsibility to pursue healthy ageing. This highlights that being aged in New Zealand as a Korean migrant entails possessing a “hyper-responsible self” (Rimke, 2000, p. 61) and being “self-cultivating” (Hahm, 2001). In this sense, this research contributes to further discussions about how discourses of ageing such as healthy, active, and successful ageing influence the later lives of vulnerable older populations such as older adults from minority ethnic groups, older adults who live below the poverty line, and disabled older adults, and about whether such discourses of ageing impose immoderate responsibility upon the underprivileged older populations.

8.3.3.2 Contribution to debate and research on women’s beauty, anti-ageing, and health practices

Discussions on whether beauty practices should be seen as fostering choice or oppression have been the topic of much feminist literature, to which my research also aimed to contribute.
First, determinist feminists perceive beauty practices as a form of oppression, while the free will perspective contends that women can exercise agency in using such practices. The findings of this research challenge such binary debates. My participants experienced beauty practices as simultaneously oppressive and voluntary. Moreover, their choices seemed to depend on social relations, historical experiences, and material conditions (e.g., ageing body, Asian physical features). This research contributed to the controversial debate on agency by pointing out the relevance of fluctuating identities that shape a woman’s beauty practices, anti-ageing practices, and health management.

Second, the findings showed that the gaze of others and self-surveillance did not always encourage my participants to use beauty practices. Rather, some participants should have abandoned their fashion and/or makeup styles in consideration of the gaze of others regarding social expectations of older adults and old age. I claim that oppression has two sides—pushing women to comply with beauty standards and depressing women who want to use beauty practices as much as they want. In this respect, we can conceive that teenagers who dress up in whatever they want are often regulated by their parents. Boys or men who want to do makeup and have long hair could be suppressed by parents, peers, and teachers. Women and men who truly desire to go under the knife could be oppressed by the current sociocultural milieu hostile towards cosmetic surgery, and/or their conservative partners, and/or certain religious congregations. Put another way, not only using beauty practices but also giving up beauty practices could be regarded as the outcome of oppression. Thus, understanding oppression as either holding one back or compelling one to engage in beauty practices could help us further discuss who oppresses whom from what and extend our discussion on choice and oppression.

Third, although much has been said regarding the potential physical and financial harms of anti-ageing practices, I wish to point out that such negativity sometimes underestimates women’s ability to discern and negotiate such practices. For instance, Binstock (2004) pointed out that patients and consumers can be economically victimised because they are tempted by broadly expanded anti-ageing markets. In addition, much research has shown that anti-ageing cosmetic products were ineffective (e.g., Watson et al., 2009) and even harmful to health (e.g., Abramowitz, 2008). However, interestingly, a couple of participants were engaged in improving their ageing skin through non-commercial practices such as meditation, sleeping well, exercise, and drinking water. Also, several
women said they “knew” anti-ageing products were not effective, but using them made them feel good. Critical examination of women’s use of anti-ageing products reveals that they are not fooled by advertising rhetoric about restoring lost youth but choose to purchase these items to achieve a degree of comfort with their ageing processes. In this regard, it is difficult to decisively argue that these products represent forms of oppression or economic exploitation of women (Jeffreys, 2005).

In addition, the findings of this study highlighted that concepts of beauty practices and anti-ageing practices were more expansive than previously thought. For instance, some intentionally avoided getting their hair dyed to provide an “elegant” appearance, while others decided to wear lipstick to provide an active and lively image. Also, several did not use chemical products to protect their facial skin. Beauty practices not only encompass the consumption or use of certain cosmetic or beauty products but also their intentional avoidance. In other words, any practices could be regarded as beauty practices or anti-ageing practices depending on one’s intentions. Nevertheless, much debate on beauty practices has focused on “the use of beauty practices and products” rather than “avoiding beauty practices.”

Fourth, by emphasising the intersection of age, gender, and/or race/ethnicity among my participants, I illuminate how beauty, anti-ageing, and health practices among older minority/ethnic women could be attributed to the interaction of ageism, sexism, and racism. I indicated how the pursuit of youth, beauty, and health in old age was done to overcome an existing imbalanced power structure. For instance, an ageing body was commonly regarded in terms of ugliness, unattractiveness, loss, and decline. However, youth is usually regarded in positive terms like beauty and health and is admired in an ageist society. Given this, my participants could not but engage in the use of beauty practices and health management to maintain themselves as youthful and healthy or at least to look young and healthy. In this respect, I argue that older women’s beauty, anti-ageing, and health practices could be regarded as rational choices made to live within an ageist and sexist society. Thus, consideration of women’s intersectional positions would shed light on a subtle tension between oppression (by sociocultural milieus such as ageism and sexism) and choice of women’s beauty practices.

Further, this research, which was founded upon intersectionality, helped me to discover several blind spots regarding this topic in existing literature. I found that my participants
engaged in beauty practices, anti-ageing practices, and health management as a means of protecting themselves from racism, ageism, and “combined-isms” such as gendered ageism, or racialised ageism (or ageist racism). The findings of this study can contribute to a significant opportunity to discuss the experiences of ageing bodies and the engagement in anti-ageing and beauty practices among minority ethnic older women living in New Zealand. Their compliance with beauty norms of the mainstream could be understood as cultural adaptation and assimilation. The research done here suggests that immigrant women come to assimilate New Zealand beauty norms but re-adopt the beauty norms of their culture of origin when interacting with people from their home culture. This provides the insight that in contrast to claims that such women are merely cultural dupes who possess false consciousness as a result of the pervasive beauty culture and industry in which they are surrounded, they may engage in beauty practices in order to (re)adopt cultural norms. This insight is another way in which this research may contribute to debates and further studies on beauty practices.

Thus, from this research, ideas for future research emerge. For instance, it is important to consider how other older women from other cultures perceive and experience their ageing bodies and whether they face cultural difference in terms of beauty when they immigrate to New Zealand. More specifically, further research could explore whether women from cultures that are more youth- and beauty-obsessed than New Zealand would share roughly the same pattern of assimilation as my participants, namely that they will loosen their beauty standards over time, especially when interacting with other Kiwis, but readopt their old and higher standards when with people from their home culture. Additionally, further research could examine how women from other cultures that are less youth- and beauty-obsessed than New Zealand experienced beauty and their ageing bodies.

Lastly, when conducting each interview, I invited my participants to describe their feelings about their ageing body that they had observed in mirrors and at the makeup table. I also invited them to share how they felt about their ageing body when they went shopping, when they were styling their hair, when they walked, when they worked, and when they went out for exercise. In doing so, I tried to expand the spatial concept of research on ageing which has been limited to the hospital, the nursing home, seniors’ clubs, and community centres (Twigg, 2011). My participants provided diverse stories relating to their experiences concerning their ageing bodies in various spaces. I recommend that
further study should be conducted on older women’s experiences of the ageing body and anti-ageing and beauty practices in diverse places such as hair salons, skin care shops, cosmetic surgery clinics, and fitness gyms. Future research on the experience of ageing in these places will provide innovative ideas and stretch our perspectives on ageing and older people.

8.3.3.3 Implications for future research

The findings of my research highlight that engagement in anti-ageing practices was negotiable and malleable depending on the preference for a natural look, and this preference was related to the state of medical technologies, accessibility, affordability, and socio-cultural trends. This implies that future medical innovations along with advanced delivery and communication systems will improve accessibility and affordability of anti-ageing medical interventions, which might also bring about the ubiquitous use of anti-ageing medical interventions.

Recently, scientists at Harvard and M.I.T. reported on the results of pilot studies with 170 subjects which showed that “Second Skin,” which is an invisible film that can be applied to the skin and gives it elasticity of youth and which is composed of chemicals deemed safe by the Food and Drug Administration (FDA), can soon penetrate consumer markets (Kolata, 2016). Also, a newspaper article in the Guardian titled “Stretchy ‘second skin’ could make wrinkles a thing of the past” gave an interview with Bob Langer, a lead researcher for Second Skin, who claimed “What we’ve been able to do is create a cream that you can put on the skin and then when it’s on the skin it can actually form essentially an elastic second skin” (Sample, 2016). Surprisingly or not, the invention of Second Skin recalls what several participants of this research “imagined,” namely medical interventions with the convenience of a patch and “Bitox.” Their dreams have already come true. In addition, recent studies show that not only would signs of ageing be removable but also that “the ageing clock can be reversed, restoring characteristics of youthfulness to aged cells and tissues” (Rando & Chang, 2012, p. 46), and that the human brain could also be restored (e.g., McGilvray, 2016; Wyss-Coray, 2016).

The results of this research can expand the discussion on medical technology that influences the development of anti-ageing practices and products. Chapman (2004) stated that “it is difficult to make decisions about technology” (p. 359). Likewise, we do not know
what kind of medical technology will be available in the future that might provide us with diverse, convenient, and wise anti-ageing practices and products, and which could also guarantee a natural look. So in the future, it might be possible for older adults to acquire a naturally youthful look and youthful brain, but at the same, time we might encounter ethical and moral issues surrounding such practices, e.g., the reinforcement of social class divisions, where the financially and physically burdened are unable to afford such treatments. Put another way, if the norm in an ageing society is one where people should look naturally young and/or mentally young and healthy, this might discriminate against those who do not achieve that appearance.

There has been little attention to the ageing body in social contexts and, as a consequence, many of the issues brought up by anti-ageing medicine and new medical technologies are underrepresented (Higgs & Jones, 2009). Hence, suggested research topics for future study are as follows as follows: conceptual and philosophical questions regarding anti-ageing practices arising from medicine, biology and the technologies that surround them; and the role of academics, social workers, and policy makers in understanding the experience of ageing bodies and engagement of anti-ageing practices.

8.3.3.4 Implication for future policy and practice

This research has indicated that the discourses of ageing such as healthy ageing (healthism), active and successful ageing have fostered the idea that responsibility for maintaining one’s health is the individual’s own obligation. However, this research’s illumination of the notion of the biologically inevitable and socially unacceptable ageing body has brought to light the possibility of questioning the idea that maintaining one’s health is solely the individual’s obligation because it now seems that society as a whole creates the physical and cultural environment that engenders ageism. Therefore, this research helps pave the way for promoting a health policy in which the society and the individual share mutual responsibility for the health of the community. A further implication of this shared responsibility is that governments are obliged to tackle the question of what they should or should not do to encourage healthy ageing and well-being in later life.
The broader contribution of the study to the nexus of gender, ageing and ethnicity

The intersectional position of women is a key to understanding the subtle tension between oppression and choice concerning women’s beauty practices. For example, on the one hand, my findings suggested that my participants used anti-ageing, beauty, and health practices to comply with ideals of feminine beauty. On the other hand, my participants also provided attractive appearances with the intention to gain career opportunities as older Korean migrants, to enhance their self-confidence as older women, to save their families’ reputations, and to stay healthy as older migrants with limited access to informal/formal cares. That is, my findings indicated that motivations behind women’s use of anti-ageing, beauty and health practices were both expressive and oppressive. This highlights how the consideration of the intersection of age, gender, race/ethnicity, and class can help us to articulate the duality of women’s choice and oppression concerning beauty practices. Thus, this contributes a valuable insight for discussion regarding women’s beauty practices.

In addition, the intersectionality of age, gender, and race/ethnicity helped me to consider what barriers my participants experienced within multiple identities. For instance, I found that some participants were afraid of being isolated and invisible in New Zealand where they faced insufficient family supports, lack of social services, and encountered cultural differences. Also, they took responsibility for their health in later life in a foreign country because of a combination of Confucian canon, which emphasises women’s roles and responsibilities to care for family members, and “transnational family” structure, which led to the lack of informal care. Considering this finding, I might be able to call on policy makers and social workers to develop the appropriate social services, care, and resources that are designed with Korean older migrants living in New Zealand in mind and to promote access to such services. Further, this research contributes to further discussions about how discourses of ageing such as healthy, active, and successful ageing influence the later lives of vulnerable older populations such as older adults from minority ethnic groups, older adults who live below the poverty line, disabled older adults, and about whether such discourses of ageing impose heavy responsibility upon the underprivileged older populations.

However, the jeopardy of ageing does not necessarily multiply in accordance with the added dimensions of age, gender, and race/ethnicity, but rather it varies in more complex
ways. For instance, my participants’ multiple identities as a woman, as a Korean, as an older adult, and as a migrant situated them as ‘entrepreneurial subjects’ who can design their later lives in a foreign country, navigate acceptable appearances and bodies, and shape the concept of natural-friendly anti-ageing practices through using natural ingredients, attaining a natural look, and avoiding medical interventions.

To conclude, I would like to highlight that the intersectionality of gender, age, and ethnicity helps scholars in gerontology, sociology, gender study, migration research, and social work not only to reach out to hidden populations to hear their concerns and issues pertaining to later life in the foreign country but also to generate innovative research questions and discover diverse experiences of ageing.

8.3.4 Closing Thoughts
Regardless of the vast distance of the geographical migration to New Zealand from Korea, the latter being a society where body transformations are prevalent and normalised, the interaction of the physical attributes of the ageing body and its sociocultural meanings lead my participants, female women over the age of 50, to continue engaging in anti-ageing, beauty, and health practices. In presenting the biosocial ageing body—that is, how the ageing body is perceived as both biologically inevitable and socially unacceptable by some older adults—my research has the potential to impact not only current but also future discourses of ageing. Further, this work has indicated that we ought to transcend the binary discussion of oppression vs. choice when it comes to understanding women’s engagement in anti-ageing practices, beauty practices, and health management. This is because this binary division oversimplifies the complexities in women’s attitudes towards biosocial ageing bodies—complexities that only emerge once we consider that we live in ageist and sexist societies undergoing the effects of globalisation and multiculturalism.
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257


268


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Appendix A: The Venus of Willendorf
50세 이상의 한국 여성이세요?

안녕하세요. 저는 50세 이상의 한국여성이 뉴질랜드에서 한국 여성으로서 노화와 미에 대하여 어떻게 인식하고 경험하는지 연구 하고자 합니다.

뉴질랜드에 거주하는 50세 이상의 한국여성은 누구나 참여하실 수 있으며, 개인으로 인터뷰에 응하시길 수도 있으며 그룹으로 참여하시는 것도 좋습니다.

인터넷은 한국어 혹은 영어로 참여자에게 원하시는 언어로 진행됩니다. 소요시간은 개인과 그룹에 따라 다르지만 대체적으로 1~2시간 정도가 됩니다.

인터넷의 모든 내용은 연구를 위해서 녹음되거나 개인의 정보 비밀유지는 약속 드립니다. 더 자세한 내용을 원하시거나 인터뷰에 응하시고 싶은 분들은 연락주시기 바랍니다.

이 연구는 오타고 대학 인간 은리위원회에 의해 승인되었습니다.
Reference Number 14/053
Are you a Korean woman over the age of 50?

I am conducting a research study to find out how Korean women over the age of 50 living in New Zealand perceive, experience, and manage their body and ageing process.

I am looking to interview Korean women over the age of 50 in New Zealand.

Participants can take part in either individual interview or a group interview or both. Both Korean speakers and English speakers are welcomed. Interviews will be strictly confidential. Interviews are estimated to take between 1 and 2 hours.

If you would like to volunteer or need more information please contact Saemyi Chung, chusa732@student.otago.ac.nz or 027-968-5911.

This project has been reviewed and approved by the University of Otago Human Ethics Committee. Reference Number 14/053
Appendix C: Ethical Approval

14/053

Academic Services
Manager, Academic Committees, Mr Gary Witte

8 April 2014

Professor A Barusch
Department of Sociology, Gender and Social Work

Dear Professor Barusch,

I am again writing to you concerning your proposal entitled "Perceptions and Experiences of ageing and beauty among Korean women over the age of 50 living in New Zealand". Ethics Committee reference number 14/053.

Thank you for your letter of response and revised documentation received on 4 April 2014.

Thank you for clarifying the exclusion criteria, and for revising the information sheets and consent forms.

On the basis of this response, I am pleased to confirm that the proposal now has full ethical approval to proceed.

Approval is for up to three years from the date of this letter. If this project has not been completed within three years from the date of this letter, re-approval must be requested. If the nature, consent, location, procedures or personnel of your approved application change, please advise me in writing.

Yours sincerely,

Mr Gary Witte
Manager, Academic Committees
Tel: 479 8256
Email: gary.witte@otago.ac.nz

c.e. Professor H R Campbell Head Department of Sociology, Gender and Social Work
Appendix D: Research Consultation with Maori

Tuesday, 18 March 2014.

Professor Amanda Barusch,
Department of Sociology - Gender and Social Work,
DÚNEIDIN.

Tēnā Koe Professor Amanda Barusch,

Perceptions and Experiences of aging and beauty among Korean women over the age of 50 living in New Zealand

The Ngāi Tahu Research Consultation Committee (The Committee) met on Tuesday, 18 March 2014 to discuss your research proposal.

By way of introduction, this response from The Committee is provided as part of the Memorandum of Understanding between Te Rimatora o Ngāi Tahu and the University. In the statement of principles of the memorandum it states “Ngāi Tahu acknowledges that the consultation process outlined in this policy provides no power of veto by Ngāi Tahu to research undertaken at the University of Otago”. As such, this response is not “approval” or “mandate” for the research, rather it is a mandated response from a Ngāi Tahu appointed committee. This process is part of a number of requirements for researchers to undertake and does not cover other issues relating to ethics, including methodology they are separate requirements with other committees, for example the Human Ethics Committee, etc.

Within the context of the Policy for Research Consultation with Māori, the Committee base consultation on that defined by Justice McGechan:

"Consultation does not mean negotiation or agreement. It means: setting out a proposal not fully decided upon; adequately informing a party about relevant information upon which the proposal is based; listening to what the others have to say with an open mind (in that there is room to be persuaded against the proposal); undertaking that task in a genuine and not cosmetic manner. Reaching a decision that may or may not alter the original proposal."

The Committee acknowledges that this research project is based in the Korean community therefore further consultation is not required in this instance. However the committee notes the researchers have identified that, “there is a possibility that Māori culture has affected their perception of their body and beauty”, and should this be the case the Committee would request that you come back for further consultation.

We wish you every success in your research.

This letter of suggestion, recommendation and advice is current for an 18 month period from Tuesday, 18 March 2014 to 7 September 2015.
Nāhaku noa, nā

Mark Brueton
Kaiwhakahaere Rangahau Māori
Research Manager Māori
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This Ngā Tahu Research Consultation Committee has membership from:
Te Rūnanga o Ōōhau Incorporated
Kāti Hnopa Rāhapu ki Pokerewanui
Te Rūnanga o Mereaki
299

Appendix E: Information Sheet

(Korean Version)

[Reference Number 14/053]
[08/04/2014]

언행하세요. 저는 오타고 대학교, 사회학, 여성학, 사회복지학과에서 박사 연구 충인 정낼이 입니다. 뉴질랜드는 여러 인종과 민족이 사는 다문화 사회입니다. 그래서 저는 한국의 배경을 가지고 있는 연구자이자 노인학자로서, 50세 이상의 한국 여성들이 뉴질랜드에서 생활하는 동안 노화과정을 어떻게 겪으신지 관심이 있습니다. 또한 여길게 몸을 관리하고 가꾸시며 또한 자신의 몸을 여길게 느끼시는 지, 그리고 인터 에이징 제품 사용에 대해서 어떠한 생각을 가지고 계신지 혹은 안테 에이징 제품을 사용 하시는에 대하여 알고자 합니다.

연구를 위해 개인면담 참여를 부탁드립니다. 연구를 위해서 뉴질랜드에서 최소 5년 이상 거주하신 한국여성은 누구나 참여하실 수 있습니다. 한국어 가능자나 영어 가능자 누구나 참여 하실 수 있습니다. 다만, 15세 이전에 뉴질랜드에 오셨던 분, 혹은 한국이나 뉴질랜드가 아닌 다른 나라에서 10년 이상 거주하셨던 분들은 참여하실 수 없습니다.

인터넷 시간은 대략 1시간에서 2시간 소요될 것으로 예상합니다. 인터뷰 중에는 참여자께 자신의 몸에 대해서 어떻게 느끼시고 관리하시는 지에 대한 전반적인 질문을 드릴 것입니다. 대답하시기 험난하신 질문에 대해서는 대답하지 않으셔도 되며, 인터뷰 중간에 어떠한 이유로 그만 두고 싶으실 때는 그만 두셔도 됩니다. 인터뷰 때 나누어 주신 내용도 사용되는지 원치 않으실 때는 사교 분석이 끝나기 전까지 말씀해 주시면 삭제해 드리겠습니다. 제가 인터뷰
가독에서 잃은 문구를 인용할 수 있지만 인용문구에서 개인 정보가 없는지 확인한 후 사용할 것입니다.

연구의 결과는 뉴질랜드 다니든에 있는 오타고 대학교 도서관에서 출판되고 소장될 수 있습니다. 연구의 과정에서 참여자 분의 신원은 보장하는 것이 원칙입니다. 참여자 분께서 원하시면 연구에 대한 결과를 복사해 드립니다. 인터뷰 내용은 제가 기억하기 쉽게 테이프 녹음이 될 것입니다. 그렇지만, 인터뷰 내용은 철저히 비밀보장 됨을 알려드립니다. 저와 저희 지도교수님들만 인터뷰 녹음과 기록에 접근할 수 있습니다. 대학의 연구 정책의 요구에 따라, 프로젝트의 결과를 좌우하는 모든 원시 데이터는 제거될 것입니다. 후에 5 년 동안 보안 저장소에 유지됩니다.

참여자 분께서 인터뷰 하시는 동안 출결과 의미 있는 시간이 되어 흥미로운 경험이 기억될 바람합니다. 혹시 연구에 관해서 지금이나 혹은 후에라도 질문이 있을 시에는, 연락 주시기 바랍니다.

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Professor Amanda Bartusch
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이 연구는 오 타고 인간 윤리위원회의 대학에 의해 승인되었습니다. 당신이 연구의 윤리적 안전에 대해 우려가 있는 경우에는 인간 윤리위원회 관리자 (전화 03 479 8256 또는 이메일 gary.witte @ otago.ac.nz)를 통해 위원회에 문의 할 수 있습니다. 당신이 제기하는 모든 문제는 기밀로 하고 조사하여 결과를 통보 할 것입니다.
Perceptions and Experiences of ageing and beauty among Korean women over the age of 50 living in New Zealand

INFORMATION SHEET FOR PARTICIPANTS
FOR INDIVIDUAL INTERVIEW

My name is Saemyi Chung and I am from South Korea. I came to Dunedin to complete my PhD research at the Department of Sociology, Gender, and Social Work in University of Otago. New Zealand is a diverse society, with people from different racial and ethnic groups. As a Korean–based researcher and a gerontologist, I am interested in how Korean women over the age of 50 experience their ageing body in New Zealand. In this research, I am interested in finding out more about how they feel about ageing and how they manage their ageing bodies. Also, I am interested in how they perceive anti-ageing products and whether they use anti-ageing products.

You are invited to participate in an individual interview. I welcome Korean women over the age of 50 who have lived in New Zealand at least 5 years. Both Korean and English speakers are welcomed. However, someone who immigrated before the age of 15 or who lived in countries other than Korea and New Zealand for more than 10 years cannot be a participant.

I anticipate that the interviews will take between one and two hours. During the interview I will ask general questions about how you feel about your ageing body and how you manage your ageing body while living in New Zealand. We will also discuss anti-ageing products. You do not have to answer any questions that you do not want to, and you are free to stop the interview at any stage and to withdraw from the research without giving a reason until the data analysis is complete. I may use a short quote from the
interview transcript but I will ensure that there is no identifying information in the quote. Your name will not be attached to the quote.

The results of the project may be published and will be available in the University of Otago Library (Dunedin, New Zealand). You are welcome to request a copy of the results the project should you wish. The interview will be tape recorded so that I have an accurate record of what is said. Afterwards I will transcribe the interview. However, the interview is completely confidential. Only my supervisors and I will have access to the interview tapes and transcripts. As required by the University’s research policy, any raw data on which the results of the project depend will be retained in secure storage for five years, after which it will be destroyed. I may use a short quote from the interview transcript but I will ensure that there is no identifying information in the quote.

If you have any questions about our project, either now or in the future, please feel free to contact:

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This study has been approved by the University of Otago Human Ethics Committee. If you have any concerns about the ethical conduct of the research you may contact the Committee through the Human Ethics Committee Administrator (ph 03 479 8256 or email gary.witte@otago.ac.nz). Any issues you raise will be treated in confidence and investigated and you will be informed of the outcome.

Appendix F: Consent Form
(Korean Version)

[Reference Number 14/053]
[08/04/2014]

뉴질랜드에 거주하는 50세 이상의 한국여성의 노령화와 미에 대한 인식과 경험이

개별 인터뷰 참가자 동의서

나는 이 개별 인터뷰에 관한 정보 시트를 읽고 인터뷰에 대하여 이해했습니다.
모든 질문에 대한 나의 대답은 자의에 의한 것입니다. 나의 추가적 정보가 필요할 경우 어느 단계에서든지 요구 될 수 있습니다.

나는 다음을 숙지합니다.

1. 자발적으로 이 개별 인터뷰에 참여합니다.

2. 나는 어떠한 불이익 없이 개별 인터뷰를 중단 할 수 있습니다.

3. 개인 식별 정보 (기획된 인터뷰 내용에서 보여지는)는 연구의 마무리 단계에서 삭제 되지만 연구의 결과를 좌우 하는 모든 원시 데이터는 최소 5 년 동안 보안 저장소에 유지됩니다.

4. 인터뷰는 완전히 비밀이 보장 됩니다.

5. 이 개별 인터뷰는 개방형 질문 형태입니다. 전체적인 질문은 뉴질랜드에 살고 있는 한국 여성으로 어떻게 노화를 경험하는지를 포함합니다. 질문의 성격상 예상하지 못한 질문을 받을 수 있으나, 내가 주저 하거나 불편 느낌 때는 프로젝트에서 어떠한 종류의 불이익 없이 인터뷰를 중단 그만 들 수 있습니다.

6. 인터뷰는 한국어로 기록됩니다.

7. 연구팀이 인터뷰에서 제시된 내용 중 짙은 문구를 인용할 때 나의 개인 식별 정보가 없는지 확인한 후 가능합니다.

8. 이 인터뷰의 결과는 대학 도서관 (더니든, 뉴질랜드)에서 출간되고 사용할 수 있고, 익명성이 유지되는 하에 모든 사용이 가능합니다.

303
나는 이 인터뷰 참여에 동의합니다.

(Signature of participant)  (Date)

(Printed Name)

이 연구는 오 타고 인간 윤리위원회의 대학에 의해 승인되었습니다. 당신이
연구의 윤리적인 형태에 대한 우려가 있는 경우에는 인간 윤리위원회 관리자
(전화 03 479 8256 또는 이메일 gary.witte@otago.ac.nz)을 통해 위원회에 문의
할 수 있습니다. 당신이 제기하는 모든 문제는 기밀로 하고 조사하여 결과를
통보 할 것입니다.
(English version)

[Reference Number 14/053]
[08/04/2014]

Perceptions and Experiences of ageing and beauty among Korean women over the age of 50 living in New Zealand

CONSENT FORM FOR PARTICIPANTS FOR INDIVIDUAL INTERVIEWS

I have read the Information Sheet concerning this individual interview and understand what it is about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

I know that:

1. My participation in this interview is entirely voluntary;

2. I am free to withdraw from the interview without any disadvantage;

3. Personal identifying information [such as contact details] will be destroyed at the conclusion of the interview but any raw data on which the results of the project depend will be retained in secure storage for at least five years.

4. Interview is completely confidential;

5. This project involves an open-questioning technique. The general line of questioning includes your experiences regarding to ageing body as a Korean women living in New Zealand. The precise nature of the questions which will be asked have not been determined in advance, but will depend on the way in which the interview develops and that in the event that the line of questioning develops in such a way that I feel hesitant or uncomfortable I may decline to answer any particular question(s) and/or may withdraw from the project without any disadvantage of any kind;

6. The interview will be audio recorded and transcribed in Korean;

7. The researcher may use a short quote from the interview transcript and that she will ensure that there is no identifying information in the quote;
8. The results of the project may be published and available in the University of Otago Library (Dunedin, New Zealand) but every attempt will be made to preserve my anonymity;

I agree to take part in this interview.

.......................................................................................... ........................................
(Signature of participant) (Date)

..........................................................................................
(Printed Name)

This study has been approved by the University of Otago Human Ethics Committee. If you have any concerns about the ethical conduct of the research you may contact the Committee through the Human Ethics Committee Administrator (ph 03 479 8256 or email gary.witte@otago.ac.nz). Any issues you raise will be treated in confidence and investigated and you will be informed of the outcome.
Appendix G: Interview Guide

A: Opening (tick in the box)

- Greeting ☐
- Introduction ☐
- Consent form ☐

B: Interview (tick in the box)

- Recording setting: Make sure if a participant feel comfortable with recording ☐

Topic 1: Experience of Aging body

1) How do you feel when you look at yourself through a mirror? (or how do you feel about your own ageing process)? ☐
2) Have you ever heard you look younger than your age? ☐
3) Could you describe your daily routine? ☐
4) Do you do exercise and/or diet? ☐

Topic 2: Anti-ageing and beauty practices

1) When do you make up? ☐
2) Do you use any products or techniques to keep yourself young? Which ones? ☐
3) How do you feel about using them? ☐
4) How do you think about anti-ageing products (and/or Botox practice)? ☐
5) What do you think about this advertisement? ☐

Topic 3: Migration experience relating to beauty practices and beauty norms

1) Could you describe how you engaged in beauty practices in Korea? ☐
2) Do you still watch Korean drama? If you, how do you feel about Korean actors and actress who have Botox injections? ☐
3) Do you visit Korea? If you, do you use beauty services in Korea? ☐

C: Closing (tick in the box)

- Thank participants for their time ☐
- Ask them if there is anything they would like to add ☐
Appendix I: Reading Process
Appendix J: Follow-up Process

(Example 1)
She: Since 5 years ago? I barely used before. But because of wrinkles... I am concerned it. When I was young I didn't have dots or freckles. But, now I got too many so I am so annoyed whenever I look at the mirror.
- In her case, her husband reinforces and support her to participate in beauty practices. Also, she makes up everyday it is her daily practice.
- I found one thing very interesting from this conversation. Also this conversation remind me of interviews with previous participants. Actually, my participants barely compare themselves to Kiwi women or women from other ethnic groups or even do not compare themselves to young women. However, they compare themselves to "themselves" when they were young. One of participant showed me a photo of her when she was 20s. Also, my first participant showed me her 30-year-old skirt while talking how much she got weight comparing when she was young. Very important point!! Frame of reference is younger self.

- I guess that compliment about her younger looking face can bear or encourage her beauty (anti-aging) practice (dying hair, using eye cream etc.) rather than allowing her to feel easy about her ageing process. So, it might be possible to argue that younger looking face or compliments about younger looking face could play as a role in expressing women not in empowering women. VERY interesting point!! What does it mean when someone says, "You look so much younger"? It is a kind of "back-handed compliment" that results in oppression.

3. Dying Hair

it: Until what age do you want to dye your hair?
She: Until when I am 65 years old.
It: Why 65 years old?
She: I hope to live as a woman until when I am 65 years old. Up to age 65 years old, I can look as a woman if I endeavour to manage.