



Fat, fire and fluids: a research note on the objects in the everyday life of a beauty salon

Monica Costache¹

Abstract

This research note brings together two “lost and found” items in social theory: “the body” and the “the object”. The goal is to explain how body objectification is being produced in the hybrid social space of a beauty centre.

Keywords

Apparatus, body project, object, fat, pain

In this research note I discuss the social space of the beauty centre as a hybrid one for it cannot be fully understood without taking into consideration the tangible impact of the existence of various objects and furnishings in relationship with human action and interaction². I begin the journey by describing the five major types of objects to be found in a facility which provides “marginal zone” body techniques: apparatus, utensils, materials/products, files and auxiliaries. The next step is to provide examples on how objects create spatial, temporal and interactional order. A particular interactional situation –the recommendation process- guides the discussion to the way “pain” and “fat” are described, objectified and managed by staff and clients through the knowledge provided by the use of body apparatus. I conclude that “fat” and “pain” are no longer bodily characteristics but become objects in their own right and with their own characteristics.

¹ Faculty of Sociology and Social Work, University of Bucharest, monica.costache@sas.unibuc.ro

² This article has been supported by the research project “Sociological imagination and disciplinary orientation in applied social research” (<http://igel.ro>), taking place in the The Research Center in Human Resources, Management and Marketing of the Department of Sociology and Social Work, University of Bucharest, with the financial support of UEFISCDI with grant no. PN-II-RU-TE-2011-3-0143, contract 14/28.10.2011.

Interlude

30 cm high X 2 m long white and red flashy sign, 6 outside window posters, 23 glass doors, 100 sqm of white sandstone floor, 3 office desks, 1 front desk, 4 mobile chairs, 6 leather high chairs, 3 coffee tables, 4 desk top computers, 1 promotional stand, 10 window curtains, 1 giant chandelier, 1 roll-down grey photographic background, 3 thermal bands, 1 body measurement device, 1 computer software, 4 tailor's measuring tape, 1 Soup, 1 LPG, 1 Endermo, 1 Oxi, 1 Star, 1 Slim, 2 Technis, 1 Capsule, 2 Futura, 1 water bed, 2 massage tables, 14 single therapeutic beds

These are all the items I can enumerate when thinking about the general layout and the main furnishings in the rooms at Skinny Beauty, a body enhancement centre in down town Bucharest where I worked/observed for eight months. I left out the items in the manicure and pedicure department and also those in the cosmetic/ facial department since we body operators seldom lingered in these working stations.

For someone with an inquisitive state of mind and a working knowledge of the three branch structure of the Skinny Beauty, the above mentioned list, provides all the essential information to pin point the exact location and time this research note is based upon.

Although there are two branches that have a treatment water bed, only one of them has neither glass doors nor dividing curtains: the LBranch. After this initial divide, the remaining two branches are the Ubranch and the DBranch. The sandstone tiles at the latter branch are a somewhat greyish shade, so the first guess is that the UBranch is the one where the participant observation had taken place. The mention of the Amelia machine solidifies this first assessment and also sets a time for the scenes: the late summer of 2010 when the Amelia was purchased and maintained a working residence at the UBranch centre.

Gaining access and methodological issues

To this day, I consider entering the Skinny Beauty staff a real fluke. Initially, my ideal research goal was to become an inside observer of restaurant culture in urban Bucharest. Soon after, I realized that working as an apprentice in a restaurant kitchen is no easy task.

I reconsidered my choice of "field" for research after Skinny Beauty's recruitment team found my resume on an online job site. The initial interview proved to be an easy task since I did own a massage diploma and had some previous experience and proved (so I was told) extensive knowledge on body maintenance ingredients. The final interview was somewhat more difficult in the sense that I had to explain my interest in the field of body modification, given my formal training as a sociologist. I explained that I am interested in the research possibilities that a beauty salon provides and I am willing to learn more about the treatments and people working in such an establishment. I began a one month training session the following week.

The surprise came by means of the work contract. The basic type of full time work contract was accompanied by three additional forms: a confidentiality agreement, an

outline of internal conduct code and the bonus payment structure. The confidentiality agreement stated two things: 1) that the information provided by the company was not to be distributed to competitors and 2) employees were not allowed to offer personal information regarding company clients in exchange for monetary retribution, nor directly engage the clients outside working hours.

There are two reasons why I mentioned the confidentiality clause. First, I will provide proof that I am not under its restrictions. Second, I will argue that the confidentiality clause is just an example of a larger a “surveillance prone” working environment, particularly convenient for a researcher who engages in participant observation.

While working at Skinny Beauty I never engaged clients outside working hours, I never offered information for monetary reasons (for tabloid newspapers and such) and all other information provided to third parties, this and other presentations included, was/ is presented with no reference to the real names of people or their personal information. The working procedures and descriptions of apparatus is openly available on the internet so are the ingredients and products the company uses and markets. After leaving Skinny Beauty I did work for another beauty salon but, as it so often happens in the beauty enhancement job market, few employers offer legal employment contracts with all benefits included. In a way, this detail of barely legal working transactions renders the whole “confidentiality towards competitors” clause entirely void.

Looking back, the confidential agreements seems to have a double function: it is a way to convince the client his/hers bodily secret remain secret and is an instance of “flexing the organizational muscles” to naïve employees through written proof of the manager’s proclivity towards absolute discretion.

Up to a point the „everything can and will be used against you” quote, favoured by the general manager, rang true and reminded employees that the glass doors and curtains were not good phonic isolators and any derailment from the “recommendation” speech could be easily monitored. Most of the times, this warning blended with the other surveillance rumours such as: the existence of hidden cameras in all of the treatment room (which turned out to be nothing more than smoke and gas sensors); that clients were “testing” employees- asking for personal contact information and giving monetary incentives- to be later rewarded with free treatment sessions; that the cleaning ladies were the eyes and ears of the manager in the kitchen area etc

Clients were also aware that they were being monitored, either by doctor of operators and -when asked about the amount of information we requested- the trained response was that “it is in my job description to ask questions about your well being and possible events that may affect your body shape and size”. It was also in the job description that all relevant information provided by the client or observed by the operator be transmitted to the doctor and daily supervisor.

In this atmosphere of general surveillance it was easy enough to gather information from and about clients and, after a while, I began to visibly take notes on the back of my operator time sheet. Since flexibility can be found in the most constrained

environment, as long as I followed the procedures for sustaining a conversation with a client and reported the general content to my supervisor, all was well in Skinny land. As long as I protected the confidentiality of the clients, through the process of carrying out the treatment procedures and recommending additional products, I could gather cluster-like data such as : the main reasons for bodily modifications, techniques to correct these imperfections; reasons why these techniques failed, self-motivational stories, particular body imagery, ideal images of the body, the duration of a personal body project, the reasons why these projects were undertaken in the first place, etc etc.

It would have been better, of course, to complete my own record with interviews with clients, particularly those who seem to be well versed in body modification and maintenance techniques. This is the main limitation of my time spend there and I chose to escalate it by talking primarily about the interaction between objects and personell, and the way this interaction provides a glimpse into the vast universe of objectifying the body one organ at a time.

The “lost and found”: the body and the object

Since its inception, sociology (and sociologists) was/were imagined into being for the whole purpose of describing and explaining the “new” in society. However, after a good two hundred years, constantly searching for “the new” while, at the same time, trying to prove the legitimacy of the search can be quite tiresome. So much so, that presenting “the new” has gotten somewhat, well, old. And by “old” I mean that one can see patterns emerging in presenting “the new” to “the now”. There are three ways that come to mind.

First, “the new” is equivalent to “the original”. The initiators of this trend go to exceeding lengths to identify, scale and measure the amount of “originality” in one research topic or another. The second type of people trying to present the new, much like the ones before, make “interesting” the synonym for “the new” and look for topics and research topics on the fringes of contemporary theoretical work. The third group of sociologist struggling to find “new” avenues of research goes on a treasure hunt: they isolate one topic that some current individuals find attractive and then they embark on a keyword search in the classical textbooks authored by the scientific fore-fathers accepted in that specific field. The lengthier the quotes and the closer to Aristotle the better! In fact, some of the writers in this group provide such convincing scenarios of “lost and found” experiences that we, as readers, fail to see the “appeal to authority” crutches behind the beautifully painted treasure map.

Nonetheless, “the new” needs friends! So, even if we may or may not choose to see that one or another quote was taken out of context, we are at least willing to be persuaded into thinking that there still is something new under the (sociological) sun!

For example, Chris Shilling is a friend of the “new” and a skilled narrator of the trip to the “lost and found” land of social theory. His book *The body and social theory* (second edition Shilling (2003)) is a wonderful portrayal of the activity mentioned above. It skips not one “founding father” as the argument of the body as “absent presence” in

sociology unfolds while, at the same time, giving proper credit to all others that have managed to write on either of the six research perspectives- sometimes equivalent to time frames- on the body: the naturalistic, the socially constructed, the social inequalities attached; physical capital; civilized, self-esteem and death.

His main argument is that in sociology, the body has been, until recently, an “absent presence” due to the persistence of the Cartesian difference between the body and the mind. Understanding the body in a scientific (and sociological way) was thought as unnecessary since the two realms were considered so different that increasing knowledge about one did not necessarily mean increasing knowledge about the other. Things became easier after Norbert Elias published his initial work on the “civilising process” and advanced the idea that there is a strong connection between our embodied selves and our social (civilized) self. Continuing this trend, various other writers took the idea of social and embodied self as one to understand practices such as body modification techniques, usage of transplanted tissues and organs, cyborgs, avatars and the like (Shilling, 2003).

For this research note I bring into focus mainly the concept of “the body as project”. Chris Shilling remembers the works of Connel, Freund and Hochschild that refused the mind/body dualism and brought into attention the body as a project (Schilling, 2005, Cpt5).

The body project is a response to the high modernity issues that individuals face. The body as a project states that the body is an unfinished work that has to be brought to completion by the direct influence of the will of the individual. Constantly managing and improving one’s body provides, in turn, the feeling of being completely in charge of one’s destiny and life in the context of insecurity and traditional institutions fallback. The challenge I find with regard to the “body project” theory is that the individual project may not be individual at all. Objectification theory can be thought of as an answer but the months I spend at the beauty centre have managed to turn my gaze into a different direction. Maybe objectification is more real than the psychologically inclined Fredrickson and Rogers proclaim. For this reason I believe studying a beauty centre as a hybrid place (where objects and bodies interact) is a valid course for understanding how objectification of the body happens per se and how, in turn, modifies the “body as project” understanding of our social selves.

Much like Chris Shilling, Alex Preda is also a “lost and found” advocate of sociological concept. In his article - *“The turn to things. Arguments for a Sociological Theory of things”* -he provides a general outlook on how the object has been relatively ignored by main sociologists and argues that objects must become a central figure of social research because their study expands our understanding of time, space and interactional order. In this research note I will provide examples of how the objects in the beauty centre create social order among co-workers and have an impact on the temporal and spatial activities provided at the centre.

There are other ways to theoretically understand objects. In the same frame of action-network theory that most researchers place object studies from “others”, to “fluids”, to “affiliative” objects have also come to possess the attributes of “fire”. I use

these theories to look at the way pain and cellulite (or fat) is constructed as undesirable and dis-embodied objects with their own characteristics.

In his study of objects and spaces Law mentions that objects are always situated in “political spaces” that provide a clear definition of that given object and because of this the mere existence of an object entails that it will bring along or create its own “political space” that will separate it from other object. Between the object and a person interacting with it there will always be a “space” and thus the object is, by definition, Other to the person (Law, 2002).

This classificatory item is the work of John Law and Vicky Singleton in their object lesson mainly centred on alcoholic liver disease. Using the term and the properties ascribed to “fluid” objects to understand this condition confines the manifested visible effects to a flowing, slowly developing transformation of patient and affliction while, in reality, the definitions and practices that follow from these definitions of the disease are less ordered, continually shifting, changing the structures of relationships and encompassing every aspect of patient’s lives. Alcoholic liver disease is not a calm flow of events and ascribed meaning it is a wild fire consuming everything in its path and so it must be analysed (Law, Singleton (2005)).

At the far end of the spectrum, Lucy Suchman’s work in the Xerox Company Operability Project was focused on trying to find ways for customers to relate to the 8200 copier, the Xerox equipment that failed to meet the official marketed aspects of “usability”. Turning the 8200 copier from “marketing failure” to “scientific object” worthy of specialised anthropological and technical attention provided a unique opportunity for different staff members to interact and produce different accounts of the same object while maintaining a cooperative definition of the object at hand.

This, says Suchman following a lead first discovered by Annemarie Mol, can only take place due to the object’s ability to act as a “fluid”, namely the possibility that the same object can have different meaning to different people. Fluid objects are affiliative objects, concludes Shuman after describing how the task of transforming the 8200 copier into an scientific object eventually created affiliations between people and between objects and people (Suchman, 2005).

The objects

The high density of the apparatus rightfully describe a centre specialized in high maintenance treatments. In fact, at the time of my observational study, the Skinny Beauty was publicized as the fully equipped treatment centre for beautifying and slimming procedures.

To provide a complete view of the objects available at the Ubranch I will divide them into five categories: apparatus, utensils, materials, files and auxiliaries.

Unlike other categories, that required carefull planning and acquisition, the auxiliaries are those objects that, in extremis could be bought form a specialised stor in a general supermarket. These include: cleaning and maintenance products, toilet paper, tissues, paper lingerie and slippers, tea bags, cofee, sugar, scented oils etc.

Utensils are measuring units, spatulas, foil bags, brushes; glass bowls, heating devices (bowls and blankets).

Materials are split into two categories: for sale and for the treatments. The difference consists in price and dosage. The professional versions of the products are of larger dosages and are included in the treatment price. The retail version of materials consists of more attractive packages for a lesser amount of product. At the time of my study there were four major therapeutic product lines, each with its own 3 line division, for each of the 3 skin types that targeted three major problems: cleaning, hydrating and targeting imperfections.

There were two types of files: digital records and paper prints. The paper prints all had an equivalent in digital format so no information was lost but the software was capable of retaining multiple aspects of client preferences and purchasing practices. The paper prints consisted primarily in every-day schedule and the individual treatment files for the clients.

Apparatus

Tanita Scaleⁱ: Digital scale with multiple parameter measuring devices. Provide a detailed full body and segmental body composition analysis - weight, impedance, body fat percentage, body fat mass, body mass index (BMI), fat free mass, estimated muscle mass, total body water, and basal metabolic rate (BMR) for the entire body by using Bioelectrical Impedance Analysis (BIA) or Direct-Segmental Bioelectrical Impedance Analysis (DSM-BIA) technology (two of the most thorough and reliable ways to measure body composition).

Futuraⁱⁱ: A pack of self adhesive body pads, instruction guide, main adaptor and carry case connected to an apparatus that provides bio-currents. 30 minute Program with 30 sequential phases to incorporate Warmup, fat & Cellulite reduction, muscle lifting, tightening, toning, shaping, workout, strengthening and firming, lymphatic drainage, detox, circulation, dermal smoothing and revive and warm down.

Oxiⁱⁱⁱ: Oxygen concentrator. The main manipole releases purified air that has up to 95% oxygen concentration. Additional appendixes are: oxygen mask and vacuum rollers for body and face

Soup^{iv}: Whole body beautifying apparatus that consists of a working station with four treatment heads that provide synergic treatments through connective tissue massage, radiofrequency, ultrasound and photodynamic therapy.

Capsule^v: Spa Feng Shui TM Bed that has several full body LED Light Therapy programs that range from relaxation to cellulite services resulting in a complete full body and mind stress treatment. It consists of a steam treatment bed with aromatherapy, chromo-therapy, music therapy and light therapy.

Slim^{vi}: Waste detoxification and cellulite breakdown programme that drives waste out through Excretory System, cures skin problems, cellulite and endema. It consists of a full body suit that inflates and deflates according to specific treatment time frames.

STARVAC^{vii}: Suction massage machine for the reduction of cellulite and lymphatic drainage. This anti-cellulite treatment smoothes and firms the skin of the entire body, stimulates circulation, and releases toxins. It consist of : Starvac machine, main cable, treatment cup with 4 large rollers, treatment cup with 4 small rollers, 7 suction cups of various dimensions, connection tube for the roller cup and suction cups, series of 7 blue double suction cups with a connection tube

The Techni^{viii}: Apparatus for DermoLipoSculpting. The TechniSpa apparatus physically breaks down the cellulite structure. The ionization biologically attacks cellulite with penetrating slimming and firming active ingredients. The muscular stimulation drains fats and toxins while firming tissues.

LPG& Endermo^{ix}: Apparatuses for endermology treatments. The two independent motorized rollers (patented by LPG) gently pull the skin using three directions of rotation, depending on the desired objectives. The various folds treat different types of tissue, including cellulite, adipose, edematous, fibrous, adherent, inflammatory, thin, fragile, and relaxed).

I opted for the description provided by the manufacturer or general advertisers because my own drawings and comments on the apparatuses are colored by the initial presentation and first treatment session.

From the *Ironer* to the *Soup-maker* to the *Alien Bed* and The *HC Slimmer* the comments that accompany them always take me by surprise: “be careful with the Soup-maker, it makes clients jump out of the bed” ; “it burns deep down in the tissue; “the Ironer makes muscle contract if too much current is added”; “you move to slow for the HC Slimmer and will rip the client’s skin off; “don’t listen to mad clients: if they want to get a shock let them try the electric chair; “the Suit squeezes the life out of you if you don’t position it properly”. Confronted with these warnings, the most dreaded treatment for me at that time, applying hot wax and algae on client’s skin, seemed like a breeze.

Little did I know that by these means I was taking the next step into the company’s training program. At first, as a trainee, you learn to detect signs of fat deposits, cellulite accumulation, and circulation of blood and lymph. Second, you learn the main ingredients in the materials used during treatments and their effect on the human skin. Learning “what can go wrong” means you are prepared to be attentive to correct execution techniques and careful to the correct amount of materials used. To much can be overbearing on the client’s skin and cause product shortages in the material stock, to little and the skin is subject to blemishes and other disruptions.

I now understand why it was important to learn the product ingredients first and the apparatus functions second. The apparatuses are strange. They appear out-of-place and make funny suction sounds. Most of them are designed especially to look futuristic and from a different world to emphasis their technological advancements. Although they all can be generally described as various shaped boxes with additional instruments attached to them, the instant one of them provokes constant tingling and tiny muscular contractions on your skin you immediately experience it as a separate, exterior, incompatible and sturdy thing. The first instinct is to move away from it. What helps you to go through with the session is listening. You see how gels and creams are constantly

applied to the skin, you listen to the story of how the current splits the gels into positive and negative ions, you imagine how these ions penetrate the cellular wall and go deeper in the skin, you feel the tingling and are immediately told how this gentle movement drains the fluids from the tissues to the lymph nodes.

By the time the treatment is over you forget something has not only touched your skin but it also provoked internal structural changes. Without the constant distraction of the various stories about the principal activity of this or that main ingredient you are left imagining extreme alteration to your internal body structure and experience feelings of anguish and uncertainty.

No matter how scientifically infused and tiresome to repeat treatment after treatment these speeches on the composition of gels and creams directly applied to the skin serve a specific function. They act as relaxers, specific pacifiers if you like, that constantly reminds you that the large object in the immediate vicinity exerts its function first on the ointments and only thus mediated reaches yourself. The interaction between the client's body and the apparatus (the object) is always a mediated one. The object can never be fully embodied because the internal, liquid structure of the organism is at odds with the experienced solidity of the apparatus.

The client's first encounter with these apparatus is via the medical unit. One or two physicians assist the client in talking about personal beauty goals, past medical issues to take into consideration, personal desired outcome of beatifying treatments and knowledge about the biology and functionality of the connective (mostly fatty) tissue. The latter discussion focuses on the development and management of cellulite and body fat and is almost didactical, in the sense that visual aids are provided to better understand the accumulation of toxins and the gradual hardening of cellular walls that lead to nodes formation.

The visit starts by measuring the client on the above mentioned scale and continues with gathering the data and inserting it in the company's software. Based on the results of the measuring device, personal wishes of the client, budget and temporal constraints a treatment plan is provided and an individual treatment file is drafted.

So as to classify the activities in a more theoretical vein, I will turn to Nick Crossley's list of the Reflexive Body Techniques. Following Marcell Mauss understanding of body centred behaviours as learned techniques, the list comprised 42 behaviours divided into three "zones": the "core" zone, the "intermediate" and "the marginal" zone" ranging from "washed hands in the last 7 days" to the use of steroids for body building purposes and body piercings (Crossley, 2005).

The treatments offered by the centre fall into the "marginal" zone, because a special diet is prescribed to each client as a prerequisite of treatment schedule and all procedures offer alternatives to cosmetic weight loss surgery, cosmetic surgery being another item in the marginal zone list. The price range of treatments and the marketed image of the centre are also somewhat "marginal" in the sense that they target plus 30 years old, urban, upper-middle class clients that "know that body image is important for overall success in life"(promotional presentation, italics are mine). If we take into consideration that the apparatus used is the latest development in engineering for this

particular field, there is clear evidence that the shift is from the outside to the internal structure, from solid to liquid. Perhaps the vision of the body as a container of fluids is not so passé after all!

The late 16 hundreds way of representing the body is being reconfigured to assume the day's questions regarding body management and improvement.

The above sections have described how apparatus provoke bodily fluidization and improve fluid circulation, how gels and watery derivatives are the main materials and products used in body maintenance, how product usage reinforces the importance of hydration, how fat (body) management equals fluid (water) management, how in the treatment scheme gels and products act as mediums and how the apparatus cannot be fully embodied due to their inherent difference in state to that of the internal body. In this last section I bring to the reader's attention the probability that we are confronted with more than one attempt to provide an object-like vision of the body. I cannot stop wondering if the search for "solid" "objective" data on the body will eventually lead various scientists to conclude that to fully understand the human body one must go back to the bodily vision as liquid depository. I look forward to the paradigm shift from "we are what we eat" to "we are what we drink" and to the development of nano-technologies that will provide the ultimate (and the true) embodiment of objects.

Temporal constraints

Although the appointment sheet featured a one-treatment-per-hour divide of the working day not all treatments were created equal in terms of time constraints: some treatments were considered "easy", others "special" and some "difficult". This formal divide was initially based on the nature of knowledge required from the operator.

A general formula to present the ascending difficulty of treatment is as follows: "easy"/"simple" treatments were comprised of applying different ointments (AO) in a certain succession then wrapping (W) the client's body in plastic foil and a thermo blanket/or a steaming apparatus. Because these treatments used heat, they were also named "warm".

Next in the "difficult treatment" line was performing a massage because it added "execute manoeuvres" to the general "easy" formula (AO+ Ex+ W). Executing manoeuvres by use of designated machinery or apparatus (ExM) is the formula for the treatments awarded 3 points. The "special" treatment category is a mixed one: two treatments that follow the difficult (ExM) formula but consist of applying special machinery appendix on the client's body with or without wrapping (W) -rewarded by 1 point- and 7 theme pampering massages that are each rewarded 4 points even though their general formula is the same as "normal" massages (AO+Ex+W). The difference comes from the number and sequence of manoeuvres involved but also their general execution time frame (2h).

With no time measuring devices allowed and semi obscurity in the treatment room (for the purpose of ultimate relaxation) dividing a 2h massage between 3 different

ointments, 10 types of manoeuvres each repeated 3-8 times for both the supine and prone position while also completing a full body wrapping is no easy task!

But no matter how long and knowledge infused, in the generally accepted order, these pampering sessions were seen as less difficult mainly because the overall complexities were known only to the operator (treatment performer) and the general state was induced relaxation which often ended in “sleepers”- or sleeping clients, like the ones who preferred the “warm” treatments as an excuse for a mid day nap.

This was never the case for the other “difficult” treatments. The noise the apparatus/ machine made, the limited time frame (30-40 min) and bright light meant the client was at least awake, if not generally alert, so s/he could very well see both the elapsing time on the machine/apparatus display and the instructions of the piece of paper that represented their own bodies not to mention hearing/answering the operator’s treatment description and recommendations. Therefore, easiness and difficulty of treatments were measured against “client exposure time” pre-set by apparatus programming and enforced by the machine’s visible display.

Space usage and space referral systems

Respecting appointments and checking time also meant cleverly dividing space, be it the centre’s physical layout or the “spaces” of client’s bodies. To limit the body exposure of clients the “warm” treatments were regularly arranged near the bathroom spaces, the themed massage sessions were designated for the rooms at the far-end of the centre, while the most visible part of the centre’s layout was occupied by the slimming and toning apparatus and machinery.

This spatial partition echoes somewhat in the facility’s general presentation: at the core identity of the centre are the high-tech, state-of-the-art apparatus and machinery that provided uncontested guaranteed results. Not a word on the themed “around the world spa massages”, the “warm” treatments, even less about the manicure and pedicure department. The “concept description” seminars went even further with the idea of space usage: the centre is different from other “every day (better yet “every street corner”) beauty salon” because it has no space allotted to hair care and maintenance. In other words, space usage defines. While “every other beauty salon” provides hairdressing, manicure & pedicure and simple cosmetic treatments, the “centre” is anchored into marketing existence by underlining the lack of hairdressing equipment, limiting the visual exposure of the manicure& pedicure department, and amply describing the wonderful effects upon body and face of technologically advanced maintenance machinery usage.

The “computer issue” as I dubbed it in my notes, soon proved to be a particular case of “apparatus privacy”, i.e., all rooms with high-tech machinery had to be vacated as soon as treatment and maintenance time had expired: apparatus was to be left alone. At first this seemed to be another protective mechanism to safeguard the physical integrity and perfect functionality of very expensive organisational equipment but as time passed I learned to see it as a link in a higher chain of events. Needing „personal alone time” was

almost incomprehensible for staff operators and conspicuously spending it near machinery was a sure way to earn a meeting with the unit manager or a label for social idiocy within the organisation. Only developing couples were granted the leave to be alone but always in rooms without valuable equipment.

Since treatment rooms did not provide chairs or seating arrangements, being alone next to a high tech machine could only mean that you were studying its intricate design, reviewing its main functions or trying to find a special characteristic that could help you better promote the apparatus to prospective clients, thus gaining valuable „sells” and the respect of fellow operators and staff. The „success stories” were mostly about a) how this or that operator managed to convince this or that client to be a regular buyer of Apparatus X treatment sessions or b) this or that operator became such a proficient user of Apparatus Y and was featured in all publicity stunts / left Skinny Beauty to become Romania’s official trainer for that specific machine

Whether or not the clients were influenced by the marketed spatial referral system that the centre abided by is not for me to say. The observed client reactions to telephonic enquire from friends and acquaintances seems to suggest an alignment between the marketed space referral system of the company and the direct interaction to treatment equipment. Clients answered that they were “at the salon” when they were in the middle of “warm” treatments or mani/pedi sessions, “at the centre/clinic” when they used high-tech treatments, and “at the resort/spa” when disturbed from a theme massage.

The spatial representation of the clients’ bodies followed the same exposure rule preferred by the marketing department. There were no visual records of persons who purchased only manicure, pedicure or “warm” therapy sessions. To denote the specific space on the client’s body that was to be treated the operators and medics used a coding system: And (upper body-buttocks-thighs), GNd (lower-body with emphasis on the waist area), liberty/slim (genoid and calves) and total (full body minus the chest area, feet, neck and face).

As the treatments purchase turned to more advanced technological apparatus so did the spatial representation of the consumer’s body: general feminine body outline on a simple white piece of paper with the android/genoid mention alongside the client’s name (Star machine); red on white general feminine body outline on a three-fold shiny client leaflet with comments’ assigned spaces where the medic wrote the treatment’s time partitions and local particular cellulite distribution (Techni apparatus); a body photo from the neck down showing the main protuberances of the client’s body, each with its allotted time and specific manoeuvres to be executed (LPG/Endermo).

Special in this regard was the general manager own treatment file: simple black on white general feminine body outline but marked by extended treatment time partitions, particular cellulite distribution and specific manoeuvres to be executed. A mixed form of privacy protection combined with a generous amount of information on personal bodily dissatisfaction.

In the end, no matter how explicit or simplistic the spatial representations of client’s bodies were, they only functioned as a visual guide for us operators. The full

version of customer data was stored with the use of computer software that could only be accessed by the general manager, unit manager and medic. Computer rooms were “guarded” in the sense that at all times there had to be at least two people present, a fact so deeply rooted in the personnel’s daily routine that it took a full month “experiment” to see how/if one, other than the people mentioned above, could use a computer while being alone. As a conclusion: it was possible to be alone in a “computer room” for up to 8 minutes, with a special “window of opportunity” between 7.15 and 8 pm.

Interactional constraints: the rules

The “recipe rule” meant that after each “treatment” you had to write down in precise quantities the products used, following the general “recipe” for the treatment at hand. The idea behind it was to limit the accusations of “missing products” and “inappropriately performed treatments” by providing a clear image of product usage. I don’t know how effective it was, nor if anybody counted the actual grams or milligrams used. I only remember that the whole procedure was a nuisance and that everybody wrote the main recipes just to get the job done and go home.

In a way, writing down ingredients was not so different from writing down the points at the end of the day. Both rules were concerned with transparency but there were no formal “punishment”, only occasional scolding from the unit manager when it became obvious you were neglecting these duties. The difference was in the perceived utility. Writing down product usage did not earn you points or later on money.

Each treatment performed would earn the operator “points” – 1 point for the easy treatments, 3 for the difficult ones, 4 for special ones- and, at the end of the month, those who passed the threshold of 250 points would get a raise. There were two additional thresholds in the point system, of 400 and 600, but for the time I spend working there no one managed to go past 300 points.

It was simple to keep track of points: at the end of the morning session the initial appointments were divided between the operators based on operators’ knowledge, skills and the medic’s recommendations. Each operator would write down on his/her own copy of the appointments sheets the divided treatments and recommendations. Then the partition was announced to the reception department. They were in charge with the point count at the end of the month and each operator would report to them his/her points at the end of the working day. Because of this there was always a silent conflict between the reception department and the operators: either the reception department “forgot” or “misplaced” the points for some operators or the initial assignments (for which the reception department was also responsible) were poorly matched due to an incorrect assessment of operators skills or insufficient knowledge of time/space constraints for the treatments. If the first, the operators felt that the reception department tried to steal a well deserved pay raise; if the second, the reception department “made sure” that a) certain operators were assigned treatments

with lower point value and b) the operators will have a hard time completing the point-earning tasks.

Another source of conflict between the reception department and operators became apparent in the high-sale months (May- June, November- December). Apart from executing the treatments it was the operator's job to recommend home-care products.

The successful recommendation translated into a sale. For this sale the operator received a percentage of the full price of the product. The problem arose from the fact that the sale could only be completed at the front desk at the reception department. If the operator could not accompany the client to the front desk then the reception department took full credit for the sale and, consequently, the operator did not receive the said percentage. As a general safeguard, the operator who could not accompany the client needed to report the recommendation to the medic or unit manager. However, at the end of the month, if the percentage count did not add up, there was the reception department's word against the operator's. Most often then none, the reception invoked the "client's change of mind" and/or later purchase based on receptionist's recommendations.

The recommendation rule and its current practice offers interesting insights into a) the theoretical debate around the division between the social and embodied self and b) the practical issues of how the body becomes an object. "The who", "the when" and "the where" particularities of the recommendation practice have been described in the last segment so I will shift my attention to "the how" part of the recommendation as two fruitful contradictions arise: 1) how come such an elaborated and much rehearsed verbal choreography fails to reach its intended result and 2) how can one manage a "do not recommend" situation?

The recommendation practice can be synthesized by the following chain of events: welcome the client into the treatment cubicle where the apparatus or utensils and materials are, engage in small talk, ask about efficiency of current treatment, identify bodily signs that confirm or denounce the client's story, ask about current maintenance practice related to food and water intake, ask about current events that could lead to body modification, verbally assess the current status of the skin, explain probable causes with the help of information in the learning materials, inquire on personal beauty goals then recommend a particular treatment or product that solves the bodily issue and close the recommendation emphasizing on a personal (social) goal of the client (e.g it will make your skin glow for the company party). The irony is that even though, as an operator, you find yourself working, literary, with a body that is represented in flesh and print and symbolised with working notions of different stages of cellulite, the success rests not on the embodied self of the client but on the social self of that client.

I believe it is a mistake to consider the clients of a beauty enhancement centre maintain a perfect overlap between their embodied and their social selves.

The client is not the embodied client but the social client! Ignoring this fact translates into low scores on the recommendation scales for each operator. Not surprisingly, the best at recommendation ignored this structured general outline and focused on developing a personal relationship with the clients.

What if there is a „do not recommend” instruction. Rare as they may be in the centre I studied most of the times they refer to clients that are either new clients that were personally recommended by the general manager, social media representatives, or star clients that have a thorough knowledge of the centre and the equipments and products used. Such clients have limited or no treatment file at all, require multiple treatments in one session, and, sometimes, can individually operate the apparatuses. There is no comment on their body shape, size and skin structure. The general rule of thumb is “make small take when appropriate but never forget that you are dealing with”.

The answer to the first question lies not in the actual presentation but rather in the silent assumptions the practice reiterates, namely that the client and the body operator define and relate to body imperfections in the same way and/or there is a perfect alignment between the social and embodied self of the client. This latter assumption- turned on its head- is also the response to the second dilemma. Managing a “do not recommend” situation means focusing on conversational topics the social self of the client might find agreeable while, at the same time, performing the treatment at hand without the additional information on apparatus and materials used.

As I mentioned earlier, the bodily imperfection that the centre is most equipped to manage is fat.

The curious thing is that “fat” is the indisputable present absence. It is never mentioned per se. It is brought into being by adjacent concepts: nodules, fat cells, deposits, conglomerations, swallowing, loss of skin tone, expansion etc.. At the same time, fat is considered by clients to be “unbearable”; fat is something to be ashamed of; to be fat is to be lazy; only rude people get fat. These are only a few thoughts in relation to fat or being fat that permeate the walls of the centre from the outside. Inside, fat is somewhat tamed. It is limited to certain intervals, explained away by inadequate fluid management in the body or a temporary condition for body regeneration.

As we are believed to be living in a time of an obesity epidemic, there is no surprise why such centres exist and we seldom think about the need for them to exist. The World Health Organisation (1998) has started a conflict that is ongoing between those who consider the obesity epidemic as a social construction and argue for a rational approach in offering solutions for the future, while others consider that the figures of obesity among young people and adults in the developing countries to be ever alarming. Different spin-offs are also visible: the advocates for the true media representation of male and female bodies by the fashion industry (the plus/size model revolution), those who consider that the bodily self-loathing of adolescents at the base of this obesity frenzy, those who lead the “love yourself” campaigns that advocate for the diversity in body shape and sizes etc.

Among those who consider the obesity epidemic as a social construct are Lee F. Monaghan, Robert Hollands and Gary Pritchard who go even further and unveil the main types, practices and interest of the “obesity epidemic entrepreneurs”- the stakeholders that have genuine reasons for maintaining the public concern around obesity. In the convincing picture they present, global institutions such as the World Organisation of Health play the role of **creator** - the one who sets specific parameters for identifying

obesity; the media acts as a general **amplifier** and even airs moral representations; **legitimator**- types entrepreneurs as governments offer reports and legislation procedures; **supporters** are those who campaign and educate the public on the effects of being overweight ; **enforcers** or administrators are made up of all health professionals that enforce weight loss regimes; and , finally, the **entrepreneurial self** is the individual who interacts with these various other types of organisations and individuals that promote bodily modifications through weight (Hollands, Monaghan, Pritchard (2010)).

At Skinny Beauty there is a concrete representation of the creator-entrepreneurs by the very existence of the Tanita apparatus that accurately measures the body content in fat, water and provides the body mass index and other indicatives of bodily excesses. There are several medics employed and they are both supporters (they educate the clients on the anatomical functions of the connective tissue) and enforcers (they provide weight loss plans and constantly monitor client's progress. In the relative absence of concrete facts about the obesity status of Romanians, the media (represented by the glossy magazines that were always found in the treatment cubicles) acts as a legitimator and amplifier. Being one of the first large companies that acted in the body modification segment Skinny Beauty was often attributed as being at least one type of obesity entrepreneur. The general manager often cited media interviews that recognised her role in creating that class of people who were willing to invest money and time for body maintenance products and services. In a way, companies such as Skinny Beauty promote the existence of the "entrepreneurial self" even if, at the moment, this segment reflects mostly urban dwellers with above than average earnings.

Further down the line there are other explanations for the social role of caring and bringing into consideration fatness. In her study on pre-adolescent girls and their dieting practices Mimi Nichter clearly identifies a social ritual that rests of the inquiring on personal body fatness. Participating in this verbal ritual means both adhering to the ideal body image while also testing the strengths of personal social bonds.

At the Skinny Beauty centre, the social ritual described by Mimi Nichter almost never took place. The clients often initiated this ritual asking if *they are* fat or not. However, the ritualistic response , as identified by Nichter, that denied the said inquiry, was not rewarded. When confronted with this situation it was an trained obligation to pause and to reconceptualise the word fat with medically-informed synonyms and phrases. Note that the clients asked if *they are* fat not if their body presented signs of fat accumulation In the first case fat is embodied and experienced as such; in the second fat is somewhat a distant, observational and rational experience at most!

"Fat" was thus transformed from a danger word to a more tame "accumulation of fatty tissue", "deposits of toxins", "and swelling of fatty cells due to water retention" and so on. This, I believe is the first step in both to the objectifying of fat and for its disembodiment. The digital scale's accurate measurements of body mass index, water content and general degree of fat distribution continued in this vein only to culminate with files and the symbolic representations of cellulite and fat deposits on the client's body.

The discretion requirements and general incentives to protect the client's identity translates into these paper prints of bodies photographed from below the neck and above the calves, the treatment files. It was mandatory to have the clients personal treatment file at all times during the treatment because the file contained additional information on localised body imperfections and the timeframes allotted to those particular area, sometimes different from the general time frame the apparatus imposed by its initial programming. I remember that once, a treatment file was misplaced and, with the help of the medic, I was advised to take another file of a different client who had the same time distribution and localised bodily imperfection as the one I was about to encounter. To my surprise, my client noticed the difference and began scolding me :*"That's not mine. I don't have a bikini like that! Why are you using that (file) for my treatment? I have never been so fat! If you want to know my cellulite look at my body, I'm right here in front of you! That piece of paper or the other one (the right treatment file) is not who I am! You and your protocols forget who we are!"* The representations were never part of the client's self image. There was always a difference between the lived body and the symbolic representation of it.

When working at the other place I meet a former client of Skinny that complained in a similar way: *"I could never feel relaxed there. I was constantly reminded I am this much fat and this much water and my cellulite degree remained a solid 3 because I did not drink the teas they recommended or did not have a treatment session of whatever gizmo they said would work for me"* . Relaxing is rather a social part of the self not only an embodied experience. Having a chat or talking freely on subjects other than bodily composition or information of material usage meant the customer could maintain his/her identity as social being, not just an embodied one.

This way, the treatment files and all other information stored in the computer files created an artificial image , an object, that was then imposed on the clients who were not so eager to share it or be defined by it.

There is another instance when the divide between the social and the embodied self intervenes in the performance of the centre's staff: pain recognition and avoidance. The initial commitment of the beauty centre to its clients – observable and timely results- is seconded by the adagio of achieving personal beauty enhancement goals without (the "anticipated") pain. However, such a marketable difference from other types of body-centred facilities (gyms and cosmetic surgery clinics) provides additional challenges since it cannot be further publicized if violations of the "no pain" claim arise.

The abhorrence of fat is the also the abhorrence of pain. There is no such thing as a "no pain, no gain" (or in this case loss) strategy. Screams, bruises, blemishes, rashes, mild burns, contracted muscles are all the signs of objectified pain. Whenever these signs are visible the immediate response is to verify the identity of the culprit and amend the damages. Stories of pain infliction are quickly hushed up because they have the power to go beyond the physical walls of the centre and into the perceived image of the company.

Like fat, "pain" is also turned into an object by precise and observable changes in bodily tissue. There are different signs for pain from redness to swelling. As a trainee you are taught to associate specific signs with the most probable pain inflicting agent.

Bruises and yellowish unregulated spots are signs for massage manoeuvres executed in a harsh manner or the action of high vacuum suction pressure; fine red blood vessels in clusters can be the result of localised action of intense current passing through the skin; burns and brownish circular spots can be interpreted as sensitive reactions to photo therapies that did not take into consideration the correct pigmentation of client's skin; pressure marks on the skin are signs of bad circulation in that specific area due to improper clothing; general redness can mean either prolonged exposure to heat or particular reactions to specific ingredients; localised redness is often the result of bodily hair removal or the severe action of steam; muscle strain and joint swelling are the result of prolonged and difficult sportive activities; accumulation of cellulite nodes and greyish appearance of skin is a sign that the body is hurting from within and that it is not getting the attention and maintenance it deserves

The walls of the beauty centre act as a permeable frontier for the meaning of pain. If the signs of pain are localized on the client's skin upon the first visits then they are conceptualised as the inappropriate use of correct treatments or the general lack of anatomical knowledge of the staff from the „other” beauty salons. Inside the walls of the centre, inflicted pain on the client's can only mean one of two things: a) the body operator did not follow the step by step instructions for the correct treatment procedure; b) the client willingly ignored the body operator's warnings and demanded an increase in the apparatus' variables (pressure, current distribution et al). In most cases the customer is always right and a painful experience is rewarded by additional „pampering sessions” such as general body massages, free of charge of course.

The only widely reported incident of pain infliction by Skinny employee I have ever learned of happened after I left Skinny Beauty and was working at another salon. The information came via a client that was surprised that one of the Skinny's clients could ever be hurt so much as to tell the story. A former client of Skinny herself and a general practitioner of weight training she generally dubbed „them” as being „*a bunch of softies that trick you into thinking that you don't need pain to change (the body) to make you buy more treatment sessions*”. Searching for the whole story in the media I discovered that the plaintiff was ready to legally charge the company for knowingly producing pain by inappropriate treatment. The large burns that were reportedly spread all over the body were refuted by the company manager who replied that the claims were artificial because the burns were of small dimensions and localised.

Even more, the treatment was appropriately conducted- general amounts of ointment were used- and that the client had signed a document stating she was aware of the risks of the condensed phototherapy treatment she purchased.

I believe this is a general example how clients appropriate the knowledge about the pain that Skinny staff willingly (and sometimes proudly) share and use it instrumentally to gain additional benefits. The signs of inflicted pain become disembodied as the dis-satisfied client uses them as a trading card. The above example is indicative of how, no matter the actual pain inflicted and its damaging effects on the client's body, the sought of reward is much greater than the compensation for medical treatment injuries. The amount of money the plaintiff was demanding in exchange for

dropping the charges was calculated as to covered not only the medical expenses but also the psychological trauma experienced. News about pain really does “go deeper than skin” and becomes a public relation problem as the damage inflicted on the embodied self of the client reverberates (and escalates) through the circles of the client’s social self! The difference between fat and pain resides in pain’s characteristics as a objectified issue.

While “fat” can be described as a “fluid object” – due to its multiple understandings and contextual definitions - “pain” is more similar to a “fire object” in its consequences.

This being said could we imply that the objective existence of a beauty centre can be summarised into this line: turn solids into fluids while avoiding fires?

REFERENCES:

- Law, John; Singleton, Vicky (2005) Object Lessons. *Organization*; Volume 12, Nr 3; ProQuest Central pg. 331
- Law, John (2002) Object and Spaces. *Theory, Culture & Society*, Volume 19, Nr 5/6. Available from: <http://tcs.sagepub.com/content/19/5-6/91>
- Monaghan Lee F., Hollands Robert and Prtichard, Gary (2010) Obesity Epidemic Entrepreneurs: Types, Practices and Interests. *Body & Society* 16: 37. Available from: <http://bod.sagepub.com/content/16/2/37.refs>.
- Nichter, Mimi (2000) *Fat Talk: What Girls and Their Parents Say About Dieting* , Harvard University Press.
- Preda, Alex (1999) The turn to things. Arguments for a sociological theory of things. *The Sociological Quarterly*, Volume 40, Nr 2, pg 347-366
- Shiling, Chris (2003) *The body and social theory*. Sage Publication, London
- Suchman, Lucy (2005) Affiliative Objects. *Organization*; May 2005; 12, 3; ProQuest Central. pg. 37

Monica Costache is a social researcher who believes that the most rewarding research ideas and projects are inspired by lived experiences. This conviction is reflected in her choice of projects: in 2008 she received a BA in Sociology with a research on forced mining resettlement in the region of Oltenia; in 2010- while working for a book store - she applied for a MA in Anthropology with a paper on children’s literature and - as of 2011 - she is both a Phd candidate in Sociology at the University of Bucharest and a part-time physical therapist. She is currently developing a thesis on the existence of body projects in urban Romania.

ⁱ <http://www.tanita.com/en/>

ⁱⁱ http://www.ultratone.co.uk/body_cellulite_system.htm

ⁱⁱⁱ http://race.en.alibaba.com/product/518209895200013562/OXY_VAC_Hot_sales_Oxygen_Facial_machine_vacuun_massage_oxygen_concentrator_CE_ISO13485_since1994_.html

^{iv} http://www.mayabeauty.com/it/so_up.php

^v <http://www.professional-nutrition-services.com/spa-services/led-light-therapy>

^{vi} (<http://www.slimupcenter.co.th/index.php/en/about-us/129amp;Itemid=172.html>

^{vii} (<http://id105536198.en.gongchang.com/product/9863181>)

^{viii} (<http://www.youtube.com/watch?v=4l7oPWVYFNA>

^{ix} (<http://www.lpgsystems.com/endermologie/index.php>)