

Face value

Botox and fillers are everywhere. Laura Hampson explores how subtle tweaks, social media and rising expectations are reshaping modern beauty.



There's a particular kind of face that feels as if it's everywhere right now – on celebrities, on our phones, on our TVs. It has slightly fuller lips, impossibly smooth skin, expressions softened just enough to look permanently well-rested. It's

not one person exactly, but a composite, shaped almost by an algorithm.

"I want to look like this filter," one patient recently told cosmetic doctor Dr Sarah Hart during a consultation. The patient in question had first seen Hart four years earlier when she wanted a "moderate look". When she came back, she was now an influencer, which Hart said made her "much more conscious of what her face looked like, to the point where it really preoccupied her".

At the centre of this patient's face and the composite of faces we are seeing on our screens, are the lips. Once just another feature, lips have quietly become the focal point of modern beauty. They're filled, shaped, lined, glossed and, increasingly, injected. It can feel like a sudden shift, but for those working in the field, it's been a slow build.

"I was involved really early on when no-one knew about it," says Hart, who is also co-president of the New Zealand Society of Cosmetic Medicine (NZSCM). Now 54, she herself first had Botox at 27 and says her patients have "aged with her", mainly women between the ages of 45 and 55. "Now I just do injectables because the area has grown so much," she adds.

Back in the late 90s and early 2000s, injectables were niche, something closer to a luxury than a routine. Today, they sit somewhere in between.

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DR KIRSHNI APPANNA

"It has increasingly become a normal thing to do. Having said that, it's still a nice-to-have, not a must-have ... they're a want, not a need."

DR SARAH HART

cosmetic doctor at Hamilton's Jeunesse MedSpa. "There's a lot more transparency, people sharing their experiences."

That shift in visibility has changed not just who gets treatments, but how people think about them. Ask practitioners what younger patients want and the answer is consistent. "The younger ones are usually looking at their lips, more than anything else," says Appanna.

Hart sees it too. "By far the most common [filler] treatment I would do is lips," she says, noting that while filler is used across the face, lips remain a consistent entry point.

Why lips? Part of it is biological. "If you do studies on babies, babies prefer to look at eyes and lips," Hart explains. "Lips can communicate joy or disapproval or sadness ... there's a lot of emotional communication that goes on in that area."

But biology only tells part of the story. The rest is cultural, largely influenced by our algorithms. "It's a huge social media influence," says Appanna, pointing to the mid-2010s surge in fuller lips led by the likes of Kylie Jenner.

Professor Sarah Riley, who specialises in critical health psychology at Massey University and researches body image and postfeminism, sees this as part of a broader pattern.

"There's a cycle of new products coming out and new services," she says. "It's become an increasingly intensified space where there is no [part of our bodies] that couldn't be more 'improved'."

Crucially, that "improvement" is framed as choice, Riley says. "Why wouldn't you choose to make yourself look beautiful and feel good? That kind of language of

freedom and individualism and choice really hides some of the distress around what people look like.”

There has, however, also been a shift in how people approach treatments. “A lot more people are interested. A lot more people are knowledgeable,” says Hart, of the people who walk into her clinic. “The way they want to look, they have way bigger goals. Their level of grooming and care has gone up a huge amount over the last 25 years.”

Injectables have become part of a wider beauty ecosystem, one that overlaps with skincare, wellness and a fascination with preventative ageing.

“It has increasingly become a normal thing to do,” Hart says. “Having said that, it’s still a nice-to-have, not a must-have ... they’re a want, not a need.”

The language around injectables again leans heavily on that idea of choice, that people are doing it for themselves, on their own terms.

Riley doesn’t dispute that, but she adds context. “We are all interconnected and are shaped by our environment,” she says. “Of course, we’re all influenced at some level.”

That influence can be subtle, but it builds. “Once a friendship group is doing it, it’s really hard for people not to do it,” she says. “Because then they can see themselves looking visibly different.”

Over time, what once felt like an enhancement can become a baseline. Riley describes it as an “arms race”, a gradual escalation of expectations. She links this to the idea of “cruel optimism”, a term for when we invest in something we believe will make us happier, more confident, more accepted, but that may not deliver in the way we expect.

“We put our hopes and desires into something that we think is going to make life better,” she says. “But actually, it’s kind of toxic or it’s unavailable in some way.”

Practitioners, however, say many patients approach treatments with clear expectations and positive outcomes. At the same time, the outcomes people want are shifting. The exaggerated look that once defined injectables is, in some cases, falling out of favour.

“People realise it’s going the other way that they don’t want that ‘done’ look,” says Appanna. “If you can see it’s done, it’s not right.”

Instead, the goal now is increasingly subtle: fresher, smoother, less tired – but not obviously altered. For practitioners, managing that balance is central to the job. “It’s still medicine, so the first thing is still do no harm,” Appanna says. “This is a want medicine not a need medicine.”

“The vast majority just need good guidance,” Hart says. “And a really good education session about what’s sensible and what’s achievable.” In many cases, she says, patients are open to that conversation.

Which brings things back to that face. The one that feels everywhere. This increased visibility doesn’t make injectables inherently good or bad. What it does do is give people more options and more opportunity to make informed choices about how they want to present themselves. And while people are still making their own choices – to change, to maintain or to do nothing at all – those choices are increasingly shaped by what they see around them.

For now, at least, the modern face sits somewhere between the mirror and the filter – yet, almost inevitably, it has very good lips.

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PROFESSOR SARAH RILEY



PHOTOS: SUPPLIED

Botox VS. Filler

What’s the difference?

Botox (botulinum toxin) is a protein made by bacteria that temporarily relaxes muscles. Hart explains that tiny amounts, just nanograms, are injected to stop the nerve from communicating with the muscle, which smooths lines caused by muscle movement. It’s most commonly used on the forehead, frown lines and crow’s feet. Results typically appear within a few days and last around three to four months.

Dermal fillers add volume beneath the skin. Most modern fillers are made from hyaluronic acid, a naturally occurring substance in the skin. Fillers restore lost volume, enhance features and support facial balance. Hart notes the most common areas she treats are the lips, cheeks and chin. Results are immediate and can last from six months to over a year, depending on the product and placement.

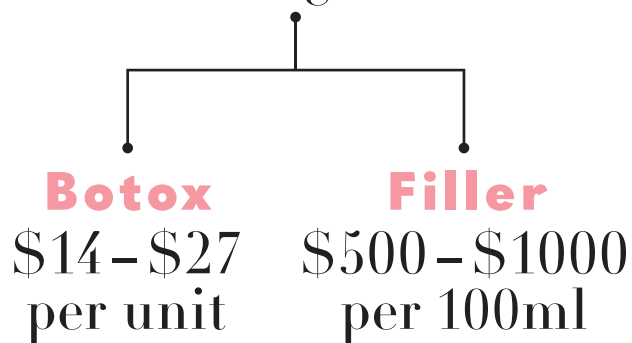
What are THE RISKS?

While cosmetic injectables are widely used, they are still medical procedures that come with risks.

Hart says some immediate side effects of fillers are redness, swelling and sometimes the results can be a little lumpy at first. Rare risks include an infection, a cold sore or your immune system rejecting the filler resulting in delayed onset nodules (a 1 in 1000 chance). Extremely rare risks include filler in the artery (1 in 7000 chance) which can result in lost tissue or even vision loss (1 in 100,000 chance). “Some areas on the face are riskier to inject than others,” Hart adds. “I don’t do filler in the nose at all, I’m not willing to take the risk.” →

By the numbers*

The average cost of



Average age of first-time patients



% of male patients across NZ

Most common treatment in NZ

Botulinum toxin treatment (Botox)

Fastest-growing treatment in NZ

Injectable skin quality treatments, like skin boosters

*Courtesy of Dr Sarah Hart, who supplied data from an exclusive survey of five NZSCM board members.

The MALE gaze

While much of the conversation around cosmetic injectables focuses on women, men are increasingly stepping into clinics too.

Dr Paul Nola has been getting Botox for nearly two decades. He started with his frown lines early in his career and later expanded to subtle treatments around the mouth.

He quickly noticed how even minor changes could affect social interactions. “I noticed that all of a sudden, [people in the waiting room] would be funny looking when I looked at them ... I realised that as I was saying hello, I was actually frowning and it wasn’t that I was angry or upset, but it was just my way of expressing myself and of course it was interpreted negatively.” One of the ways Botox helps, he adds, is in interpersonal relationships. “Well, I can 100% vouch for that.”

The cosmetic doctor at Ponsonby Cosmetic Medical Clinic in Tāmaki Makaurau and co-president of NZSCM has seen his male patient list grow steadily in that time. Today, men make up about 15-20% of his patient base, a significant increase from just 5% two decades ago. The treatments men seek are largely similar to women, though Nola notes some differences in focus. For Botox, the frown and forehead remain the most common areas, while fillers are typically used to address tiredness around the eyes, restore volume in the cheeks or subtly enhance the lips and chin. “You’ll see most guys in Hollywood now have their lips done,” he notes.

Nola categorises male patients into five types. There’s the “family duo”, couples who attend together; the “corporate guy”, seeking vitality and alertness to stay competitive in professional life; the socially connected men with frequent overseas contact, often influenced by trends in Los Angeles or South Korea; the gay men who see it as no big deal; and finally, the men with low self-esteem, where even minimal treatment can have a positive impact on confidence.

Despite increasing visibility, male injectables still face social hurdles. “You have to treat guys sort of like trout fishing. Sort of just gently nudge them. If you come straight out and ask them [what treatments they want] then sometimes they’ll shrivel up and run away. Guys can sometimes still feel a bit ashamed about coming in.”

For men, as for women, cosmetic injectables are less about perfection and more about presence. “I feel like a lot of the time when we age, we feel younger than we look, so this is a tool to help you feel that age. These are powerful tools, but like any tool, they need to be used wisely,” Nola says, adding that, from his own experience, “you truly do interact better with people” after having injectables. “It’s interpersonal relationships and the way people look at you and interact with you. That’s really where the benefit is.”



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DR PAUL NOLA

'I love my Botox

I HATE THAT I DO'

After growing up in a household that valued character over appearance, Rachel Barker never thought she would have cosmetic work – until a face-first life online made it hard to resist.



Whenever I look at my mum, an unwaveringly kind 64-year-old, I am reminded of the beauty of age. I see her resilience, her warmth, her quirks. I see her crow's feet, smile lines and softly sagging cheeks. She's beautiful, and that's that.

But beauty, as an aesthetic quality, was never the focus in our household.

With women like my mother in mind, I always felt firmly that character far outweighed appearance; that the pursuit of a perfected and ageless face was a waste of resources. In fact, I was insistent only a year or two ago that I would never have cosmetic work as long as I lived, no matter how my looks changed.

And yet, three months ago, now aged 30 and living in London, I found myself scouring cosmetic clinics online. I booked myself in, paid \$350 and had botulinum toxin type A injected into my forehead and temples.

The experience itself was perfectly pleasant. A Cambodian nurse who had moved to the UK and was retraining as a beautician, administered the 'tox in a warm white room. A shiny-skinned senior staff member adjusted her technique. Seeing her fixed face, the result of years of needle pricks, made me a little nervous. But I ploughed on.

A few days later, the effects began to emerge. It felt as if someone had a hold of my forehead with a flat hand, preventing the skin from rippling, though I could feel the movement myself. It looked natural. My sparse eyebrows still twitched with the mildest expression. My smile took a more dominant role in conveying my emotions.

With brows in perpetual rest, I looked marvellous. →

I loved what I saw in the mirror. And I hated that I did.

And it's not like I didn't know when I frantically typed my name into the clinic's online form that I was going against my own long-held stance on the morals of beauty. So why did I go there in the first place?

Unlike my own mother and hers before her – and in sync with my zillennial cohort – I am living online. Seeing influencers and actors all around me every day.

More than simply consuming content, I make my living as a YouTuber, analysing horror cinema through a feminist lens. Which means I must stare at myself day in, day out, recording and editing hour-long video essays. And I am painfully aware that spreading my face across a 16-inch monitor opens me up to the arena of public opinion regarding my appearance.

I'm also aware that I have an audience of young women and gender queer people, the majority of them between 18 and 35. People who are evolving and confirming their own ideas about beauty.

In this, I've developed a painful split-mindedness between being a good example to others, as the offline matriarchs of the past were to women like me, and wanting to benefit from pretty privileges.

Because the benefits are plentiful.

It has been widely suggested that the algorithms of short-form video platforms favour smooth and symmetrical faces. In 2024, NPR reported on a North American lawsuit filed against TikTok, in which internal documents that became public revealed that the company intentionally promotes specific beauty norms.

We see it for ourselves in its most popular creators, Charli D'Amelio, Addison Rae; these exceptionally good-looking young women and so many like them rise like cream to the top. Pervading near every explore page until a user zeroes in on their own niche preferences.

Algorithms aside, all platforms see people, women especially, ridiculed by hundreds and thousands of commenters on a daily basis for having untouched faces.

I was shocked a few years ago to see actress Bonnie Wright – a remarkable woman of 35 who frequently posts about motherhood and living green – subjected to constant criticism about her age on her Instagram. “Why does she look like she's almost 50?”, “Bro ... you are 33 ... How in the world do you look that old?”, “She looks soo old and dead”, read the comments.

All on account of her crinkled eyes and lines left by a broad smile.

I recall another young woman, overtly making videos about embracing her natural wrinkles, receiving hundreds of comments telling her she shouldn't. That she should start using retinol. That she clearly doesn't take care of herself. That sunscreen should be worn every day and applied at least three times.

The scrutiny and unwarranted advice lobbed at faces online is endless, no matter whether you acknowledge your own appearance or not.

Likewise, we praise youthful stars and our homepages promote insidious ideas like, “You don't age when you're unproblematic”.

So now, teenage girls are sipping specially made straws to avoid pursing their lips, children are spending pocket money on La Mer, half the 28-year-olds you know have secretly invested in anti-wrinkle injections and many celebrities are introducing us to a new form of expressionless

acting. It's all so horrifically ordinary.

And it's left me, in truth, not feeling happy with how I look; experiencing an active distaste for it.

I feel old, tired and worn. I'm a sock even I would never choose to wear.

Perhaps one of the worst things in all this is that so many people, prolific or otherwise, are lying about what they've had done.

Cosmeceuticals, a portmanteau of cosmetics and pharmaceuticals, have advanced drastically even in the last few years. And without hairline scars and paralysed expressions, we needn't acknowledge we've been touched by an angel.

Sure, we may be collectively more open than we used to be about cosmetic work, but it's a taboo nonetheless. To admit you care. That you try. That you aren't simply exceptional in your own right.

Although exceptional is barely the point anymore.

Really, we're all just trying to keep up. Flawless skin has become the expected canvas. All of us stretched taut like *Doctor Who's* Cassandra. Not a notable mark or crease in sight.

When you exist online, you hope for your face never to be questioned, as you silently maintain the illusion. Propelling the cycle of self-hatred forward with every view.

There is one pillar that still stands strong against this self-hatred.

The moral dilemma of

shallowness in a world brimming with real terrors. How can I justify spending all this money to tighten my skin when there are so many better uses?

And yet I have justified it as such: should the weight of the world land on my face?

I'll know the portrait in my attic is rotten for choosing vanity over humanity, but those who come face to face, or face to screen with me, will see only my glorious visage. In that I am worthy of their approval.

In some way, however, my audience has proven my wholesome, pre-toxic mindset to be true. That character comes first.

It is extremely rare for anyone to ever comment negatively on my appearance, and instead, my comment sections host emphatic discussions of feminist theory and disability advocacy. I am lucky to have cultivated such a kind and thoughtful community.

But I know beyond them lurks a world of needlessly cruel and reckless commenters. They haunt me from another woman's past. Leering in my future.

I dread to think of that future. Consequently, I must focus on the now.

The Botox squeezed into my muscle is finally losing effect after a mere 10 weeks of blissful freedom from ageing-induced self-criticism

So I'm faced with the decisions again.

Do I continue?

Should I age like my mother, or can I justify our differences?

Can I handle this reckoning every three months?

Will the guilt outweigh the results?

Will I simply become numb to it?

And when I step into view with a perfect forehead, will you raise your brows in judgement, or will yours be set firmly in place too – toxins thronging beneath the surface of our skins?

“The scrutiny and unwarranted advice lobbed at faces online is endless, no matter whether you acknowledge your own appearance or not.”

RACHEL BARKER



BEFORE



DURING RECOVERY



AFTER

'I had a facelift IN THAILAND'

In June last year Shelley Sims flew to Thailand for a full face, neck and upper eye lift. The owner of Freshbake bakery in Nelson tells Laura Hampson why she chose Thailand, how she documented the journey for her 35,000 Facebook followers and what the recovery was really like.

Shelley Sims loves to go out for a dance. When the music is loud it's a place where inhibitions can be left at the door. That was until a young man came up to her, unprompted, and called her an old woman.

It's a comment that stuck with the 52-year-old. "I was always quite hot in my 20s, a bit of a bombshell," she laughs. "You get used to all of this attention and then you hit 40 ... it gets upsetting, you're getting shamed by youth."

"My best friend is 16 years younger than me but looks 30 years younger and we constantly get [asked], 'is that your daughter?'," she adds. "You just feel like this old woman at a disco."

Botox was Sims' first port of call, but with a \$700 price tag four times a year, she decided to look into facelifts instead.

From her own research, Sims says a facelift in New Zealand would cost \$45,000 for surgery alone. So she turned to TikTok and found three women who had documented their own procedures in Thailand, who answered her questions and shared tips. "They were absolutely incredible. They talked me through the whole process and it was all really positive," she says.

Sims put down an \$800 deposit and spent the next year and a half saving the \$17,500 total cost, which covered flights, accommodation for 17 days and the surgery itself. Even with careful planning, anxiety was unavoidable. "I disassociated the minute I got on the plane," she admits.

Thailand was an almost cinematic experience. She was met with a luxury van and whisked to a hotel shared with dozens of other people recovering from surgery. "Everyone looked like [they were on the set of *The Mummy*]," she says. She describes the hospital itself as more of a seven-star retreat than a surgical suite, with rooms so comfortable she almost forgot why she was there. After sending photos ahead of time for pre-op approval,

Sims had a quick consultation with her surgeon, who made final markings on her face and tried a last-minute attempt to upsell her on other surgeries while she was there ("They've got their eftpos machine ready").

Waking up was an ordeal. Her jaw was tight, she couldn't eat properly and she had an allergic reaction to morphine that kept her in hospital an extra night. An interpreter was needed to communicate her symptoms, adding another layer of stress. But the medical staff were attentive and she began to heal quickly.

Returning to New Zealand presented a surprise she hadn't anticipated: her partner of two years had moved out while she was away. "I got home thinking I was going to be looked after ... I come home to an empty house. It was traumatic, he said he couldn't handle what I did and he knew for a year and a half," she says. Recovery at home was lonely. She was back at work on Monday and, for a week, she couldn't sleep or eat properly. To others considering it, she advises having a support person.

Three months on, Sims' face was tighter, her neck smoother and she noticed an immediate change in how she felt about herself. "It's given me confidence that you miss when you turn a certain age." Sims is coupled up again, too. "It's bagged me a 40-year-old boyfriend," she laughs.

Sharing her experience on social media, where videos reached 11.2 million views at their peak, the response was mixed – lots of questions, lots of trolls – but Sims says it was worth it to demystify the process. "Try and enjoy every part of it," she advises. Her story, she hopes, can reassure other women who might be considering surgery.

For Sims, the facelift was equal parts about vanity and reclaiming confidence. "I just didn't feel pretty anymore. It's given me 10 years back. This has made me feel like I'm allowed to be out with the young ones again." **YW**