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Border game: on the (bio)technological production of female corporalities in Rio de Janeiro, Brazil

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Abstract *The article discusses the interface between gender, social classes, and (bio)technologies to improve body aesthetics. Dialoguing with gender studies, it investigates how these (bio)technologies act in the production of contemporary bodies and femininities in different social groups based on ethnographic research performed in circuits where these interventions occur. We analyze the uses, meanings, and moralities attributed to them, showing how they fabricate conventions simultaneously aesthetic, moral, and bodily of femininity in a process also traversed by distinctions and class belonging.*

Key words *Body, Gender, Social Class, Biomedicalization*

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Introduction

For decades, biomedical artifacts aimed at improving body aesthetics have been a robust and globalized self-care market that offers a multitude of practices and procedures, increasingly vast in their field of action and intervention possibilities. From prosthetics and fillers of all types with silicone and other substances, synthetic hormones, food supplements, anti-wrinkle treatments such as Botox, liposuction, and other plastic surgeries, this universe characterizes a field of interventions in which medicine operates outside the health-disease binomial in a process that converts patients into consumers and that stretches limits between ethics, aesthetics, and market. If bodies have increasingly become a project through different forms and degrees of intervention, in this context, medicine has positioned itself as a vehicle for their improvement[1](p.138). The effects of this process, called by many life biomedicalization, were discussed theoretically by several authors[2].

This article proposes a reflection on how these (bio)technologies play a central role in producing contemporary bodies and femininities in different social groups, grounded on ethnographic research in some circuits in which these interventions are performed. I intend to expose and analyze the uses, meanings, and values attributed to them, showing how they fabricate aesthetic, moral, and bodily conventions of femininity. In this sense, this paper discusses how these biotechnologies substantiate gender markers in bodies in an always unstable process subject to constant (re)negotiations. This process is also inseparable from the production of other social differentiation markers so that the differentiated consumption of these (bio)technologies functions as a powerful producer of belonging and class, race, and generation distinctions. Thus, this work aims to explore the mutual construction of these markers, especially gender and class, analyzing how different social groups manage the consumption of products and procedures at the service of the elaboration of their corporeality.

Methods and theoretical framework

The anthropological research that underpins this article occurred from 2013 to 2015 and was supported by a CAPES doctoral scholarship. The methodological perspective adopted was multi-sited ethnography, as proposed by Marcus[3], which prioritizes the researcher's circulation through different social spaces, following the chains, trajectories, and threads that make up the event of interest to him to weave conjunctions and connections between the situations experienced in the field. I began the research by interviewing a plastic surgeon who treated high-income patients in an upscale neighborhood in Rio's South Zone, to whom I was introduced by one of his patients who was part of my social circle. This surgeon mediated my contact with other peers, including a renowned doctor who ran his private practice and an essential plastic surgery service at a public hospital, which also became part of the research field. I accessed these doctors' patients through personal contacts. They were all women aged 45-60, residing in the South Zone, an economically and symbolically privileged region of the city. I first contacted patients from working class sectors at the public hospital mentioned above. However, Rosa, an old college friend and dweller of the traditional working-class district of Madureira, became my privileged interlocutor. Rosa introduced me to new interlocutors I began to follow in different spaces where bodily aesthetics were developed, in neighborhoods in the North Zone, an area of the working and financially poorer classes. This transit through the city's different geographic (and, above all, symbolic) zones was a crucial aspect of the research, revealing how much class distinctions are present in the making of bodies and gender. Guiding myself through the clues brought by the field, sometimes it was a matter of "following the things", as Marcus suggests, following the gender technologies in action: plastic surgery circuits, beauty centers, application of anabolic steroids, and fitness centers; sometimes it was a matter of "following the people", following how my research interlocutors circulated in these contexts. Before moving on to the ethnographic report, I briefly present the theoretical field in which the proposed debate is situated and the research questions that inspired my ethnography were formulated.

The discussions proposed here arise from a dialogue with so-called gender studies, mainly those arising from the theory of gender performativity elaborated by Butler[4,5], according to which the materiality of sexual bodies is constructed by the performance of a set of socially prescribed norms. Most studies inspired by this theoretical basis were interested in forms of body production that do not reproduce the cis-heteronormative rationale, seeking in them experiences that question the biological essentialism

of the male-female sexual difference. The trans and intersex universes and the experience of people who "cross between genders"[6] became a privileged focus of this research, as their bodily and existential arrangements disturbed naturalized gender patterns, opening up possibilities for questioning and transformation.

However, suppose trans corporalities are "good to think about" because they emblematically expose the manufactured and conventional nature of sexual difference. In that case, it seems equally important to me to investigate how cisgender corporality is built currently. We must look at the practices and discourses that corroborate hegemonic gender standards and, with them, sexual differences. Above all, we should ask ourselves what these hegemonic standards are in our modern world, where actions on the body have become a globalized and resoundingly successful market.

The research I have done in bodily intervention circuits, of which I will present some excerpts below, stems from the proposal that subjects and corporalities without any "cis-heteronormative model" transgression project are also laboriously fabricated under the precepts and cultural values that deserve to be analyzed in dialogue with this field of study. The field of the production of the so-called standard bodies and the constant process of moral negotiation of this normality has become the focus of my research.

Plastic surgery and self-care among upper-middle-class women: nature as an end and principle

In my interviews with renowned plastic surgeons and southern carioca elite patients, the most recurring discursive trait was the imperative that body interventions (plastic surgery, Botox applications, and fills performed by dermatologists) were "natural". The beautifying effect should be perceived without the means used to achieve it being evident. *A well-executed plastic surgery*, a surgeon told me, *is one nobody notices*. In that context, it was common for patients to keep a secret regarding the procedures performed, hiding them even from their most intimate circle.

Although widely desired and consumed, depending on how they are agreed upon, bodily interventions quickly become a deep stigma. In both medical discourse and that of my elitized interlocutors, a specific idea of nature was revealed as the aesthetic (moral) criterion defining the bodily standards to be created and pursued. The technically fabricated "natural" is the main foundation of consumer practices among the elites of my research.

Besides being the ultimate purpose of doctors and patients in this social segment, to go along with nature is also the principle that guides the interventions deemed acceptable by doctors: *"Some patients arrive wanting to put a mammary prosthesis completely disproportionate to their size. I don't do it because it won't be natural"* (Dr. Rogério, 2012).

Professionals who provide services to this social segment claim to exert rigid control over the volume of silicone prostheses and the number of face surgeries and liposuction. They say it is to safeguard this supposed nature, which they must mimic and respect. The "natural" is simultaneously a criterion for evaluating the quality of results and the parameter to determine that demands are legitimate and acceptable, deserving medical intervention and that demands should be refused.

As a representation, nature acts as a referent of the good and acceptable. The so-called natural order acts as a moral order representing an ideal model of reality[7](p.409). The bodies must conform to a supposed nature simultaneously presumed and built by medical practice. Nature is where one starts from and where one goes to.

Regarding the adolescent who wanted to undergo a mastectomy because she identified with the male gender, one of the surgeons interviewed did not operate because he saw mutilation, which is something "against nature". However, breast removal in men of all ages does not represent any mutilation but a "medical condition" with a diagnosis – the so-called gynecomastia – and surgery is one of the most performed among male clientele, without this representing to the doctor any ethical or moral dilemma. This example highlights a gender-related heteronormative connotation[4] underlying the notion of nature in question, explaining medical control so that body improvement technologies do not transgress naturalized gender patterns, using them to substantialize their hegemonic precepts.

It is crucial to emphasize that the threshold that separates successful interventions with natural and beautifying effects from interventions that "get the dose wrong" and "overdo it" is subtle. Suppose the former bring with them the promise of providing valuable social and symbolic capital based on an aesthetic reputation. In that case, the latter produce the opposite effect, becoming the object of stigmatization.

Popular corporality projects: the hyperbolic femininity of Superhotties

My field research also took place in a hospital with a postgraduate course in plastic surgery, where academics operate, at reduced prices, on patients with lower purchasing power. I spoke to several women from the lower classes in the waiting room of this hospital, primarily residents of the city's North and West Zones.

As soon as I started researching at this hospital, I met Joana, a 28-year-old cleaning lady, a resident of Jacarepaguá, who told me with satisfaction about the interventions she had already submitted to: "*I've already had my nose done, liposuction on my abdomen, and now I'm going to have a buttock prosthesis. See how chic it is?*". The *butt* that Joana wanted to increase already had a much greater volume than that desired among elite women I had been interviewing in the city's South Zone. The hospital secretary, who participated in the conversation, joked: "*You'll look like Valesca Popozuda!*". The joke, in a warning tone, also caught my attention. Valesca, the lead singer of the funk group *Gaiola das Popozudas* at the time, had 550 ml of silicone implanted in a buttock prosthesis that, according to them, was even enough to hold a glass on top.

Joana's statement, her aspirations, the complete lack of embarrassment (and even some pride) with which she explained the surgeries she had already undergone, the shared reference to Valesca Popozuda and the singer's corporality, exposed meanings and values very different from those that I had found in medical discourse and the more elitized public.

Access to body intervention technologies, previously restricted to classes with greater purchasing power, has become more popular. Undoubtedly, the appropriations that different social groups make of these technologies and the meanings they assume in different contexts vary greatly, as do the criteria and values that guide corporality projects and intervention practices. Following field leads, I decided to visit some popular circuits in which this feminine aesthetic was produced. To do this, I enrolled at a gym in Rocha Miranda, a traditionally popular neighborhood in the North Zone and started going to a clandestine beauty center where they were clients through the network of people I met.

Among these new interlocutors, my attention was quickly drawn to the constant reference to media figures who, like Valesca Popozuda, rise to fame due to how they manage their bodily attributes. These women oversize body gender markers (buttocks, breasts, thighs, hair, and nails) by combining several technologies (synthetic hormones, anabolic steroids, liposuction, silicone implants, and PMMA fillers – the so-called Metacril), thus creating some hyperfemininity[8,9] which I called superhottie[10]. We should underscore that this is not the only esthetic-corporal model that guides the taste, aspirations, desires, and corporality projects among the heterogeneous working classes like every social stratum in complex societies[11].

Thinking about superhot corporality in the field of gender studies

While the medical and elitist discourse on "acceptable" aesthetic interventions revolves around some ideal of nature, avoiding "exaggerations" and seeking maximum discretion (defined by proximity to this natural), the use that superhotties make of these technologies has a different or even opposite meaning. Here, nature is neither an aesthetic nor a moral ideal.

It is, in part, a "less normalized" appropriation of these technologies, in which the natural is taken to its extreme, and the exaggeration of volumes and shapes is praised. These uses exceed canonical medical prescriptions (regulations), and unofficial knowledge enters the scene in more or less clandestine circuits.

These are "improper uses of normalization technologies", as Preciado[12] would say, because, even if they do not seek to transgress the sexual binary, they do not obey the purposes and effects formally offered by these technologies or necessarily follow the official – legal and moral – prescriptions that regulate its use.

Superhot corporality is a hyperbolic display of the natural, which, in its exaggeration, reveals the fundamentally fantastical status of that same natural[4](p.211). Some of these bodies end up disturbing the hegemonic gender patterns, even if this is not a deliberately desired objective. Their continuous use of anabolic steroids, many of them testosterone-based, deepens their voice, makes their jaws squarer, their muscles more developed, and their body hair thicker, unquestionably masculine traits within the dominant gender grammar. The volume of prosthetics to enlarge the butt, breasts, and other symbolically feminine parts also undermines the ideal of a natural woman, creating constant doubts about what is "theirs" and what is a prosthesis.

We could say that superhot corporality, exuberantly constructed at the interface of gender technologies, destabilizes some borders rigidly

established by modern societies, such as those of nature and artifact, male and female, human and animal. This hybridity can be thought of based on the notion of cyborg proposed by Donna Haraway[13], for whom the entry of technology into increasingly deeper body regions includes elaborating materials that can today penetrate and inhabit it, recomposing its rhythm and structure, or shaping its form, thereby challenging several Western understanding categories.

Haraway[13] suggests the notion of cyborg as the only possible ontology in a world where we are all so closely related to technology that it is no longer possible to define where nature ends, and the artifice begins. Increasingly assimilable, technical artifacts promote unusual interfaces between the organic and the inorganic, male and female, human and animal, nature and culture in such a way that these borders have been irremediably split and no longer function as categories of understanding/construction of the Western world.

Establishing these separations has always been a political undertaking and their disruption does not occur without provoking tensions. The moral panic raised by superhotties in several social circles, often accused of being "monstrous", "masculine", "vulgar", and "sex bombs", expose this political and moral feature inherent in defining these borders and their transgression.

I narrate how young Rosa, a 27-year-old resident of Madureira, navigated some body modulation circuits, her use of specific substances, mainly anabolic hormones, and the meanings such substances acquired.

Plastic surgeries beyond nature

When Rosa looked for a doctor to perform rhinoplasty because she "hated her nose", and to have a silicone implant to enlarge her breasts, she took with her photos taken from the internet of women with the body she wanted to have. Seeing the images, the doctor invited her to "design" the desired body according to her fantasy:

When I arrived, Dr. Alan asked me what I wanted to do. After listening to me, he examined me. I stripped down to my underwear, and he told me to close my eyes and imagine myself on a beach with the person I loved. He asked me to describe the body I dreamed of having at that moment and to say what was missing in it to achieve that dream. Then I said I wanted to have bigger breasts and rounder culottes. When I still had my eyes closed, Dr. Alan placed two sizes of prosthetics in my hands and asked which one I would feel better with on that beach. That's how I decided on the size (Rosa, 2012).

From that reverie, the doctor suggested that Rosa should also have a fat graft on her hips, besides her breasts and nose to round out her culottes, the lack of which left her with very "masculine" shapes. The idea was then to apply liposuction to some of her abdominal fat and reintroduce it into the desired area.

It is interesting to note how certain bodily substances (in this case, fat) take on a spurious nature in certain places but, when relocated, become valuable tools in elaborating "feminine" corporality. Fat transfer to increase the volume of the buttocks is a common practice among women on the circuits I have visited. The procedure is part of the so-called "liposculpture", and the name well illustrates body reshaping, as described by an interlocutor: "*it is as if the body were clay, and the doctor molds it according to your desire*".

It is also worth noting the difference between the statement of the surgeon who operated on Rosa in a parallel circuit – in which patients paid more to avoid waiting lists for surgery – and that given by surgeons who formally provided the service in the same hospital. The latter constantly sought to medically legitimize their surgeries, associating them with the concept of cure (even if it was "self-esteem"[10,14]) and affirming the importance of subjecting the patients' desires to these criteria. Dr. Alan's words are, in turn, a sales strategy that differs from those adopted in elite circuits, placing medical practice at the service of Rosa's desire.

Therefore, I do not seek to oppose unofficial practices based solely on commercial interest and official practices based on the criterion of "well-being" (as if this were a univocal term and not a contentious category, subject to the interests of whoever evokes it). Medicine and the market are not separable spheres, and medical practice currently is also a commercial activity across all its lines and specialties. The scientific nature and the symbolic authority it confers on doctors is even a powerful sales weapon[15].

Synthetic anabolic hormones and muscle agency

My interlocutors classified anabolic steroids into two categories: local – called delocalized – and systemic. The "localized" were intramuscular injections that swelled the muscles to which

they were applied. Applications focused mainly on the legs and glutes. There were two main types of "localized", the so-called ADE, a vitamin complex that combined vitamins A, D, and E, and Stigor, which combined these same vitamins with nandrolone, a synthetic hormone that imitates testosterone. According to them, the "localized" ones were interesting as they produced instantaneous muscle growth without requiring such a large volume of physical exercise.

As it does not contain hormones, ADE had the "advantage" of not producing masculinizing effects. However, it attached more significant risks, as it caused colossal muscle inflammation, responsible for the desired swelling effect. However, all of them carried a risk of not controlling such inflammation, which could spread to the rest of the body or cause high pus concentrations. My interlocutors mostly used the "localized" Stigor, described by one of them as a very thick oil, which "burns everything" when entering the body. It is a drug produced by the Burnet laboratory in Argentina, and its sale is prohibited in Brazil. Officially, both products are intended for veterinary use to stimulate fattening/muscle growth in cattle and horses.

Donna Haraway[13] affirms that the cyborg political context is marked by the dissolved border between (human) body and machine and the rupture of the separation between human and animal. This "inappropriate" human use, non-prescribed or controlled use of medicines formally developed for animals, is still an indication of this rupture highlighted by Haraway.

While veterinary use recommends the use of 1 ml of the product for every 60 kg of the animal, Rosa and other interlocutors with the same physique injected 1 ml to 3 ml into each hole in each of the legs on both sides of the buttocks, three holes per session, which represented more than triple the "horse dose", once mentioned by the personal trainer at the gym I attended.

The so-called systemic anabolic steroids, in turn, had a general (not just local) effect on the body and were used by my interlocutors to "eliminate" fat and define muscles. The most cited were Stanozolol and Oxandrolone. The former is an anabolic testosterone-derived steroid, generally marketed under the names Winstrol (oral use) and Winstrol Depot (intramuscular use), and was developed by the Winthrop laboratory in 1962. Human use is allowed despite being used as a veterinary medicine.

If the "localized" drugs generated the effect of swelling only where they were applied on the legs and buttocks, systemic anabolic steroids had a global effect, leaving the entire body more muscular, which was sometimes seen as a disadvantage, as the exaggerated "development" of arm and back muscles, and many interlocutors classified abdomen as undesirable masculine traits in female bodies. As Diana told me: "*I like petite women, with big legs, big ass, but thin arms. I wouldn't say I like that muscular belly. I'd rather have fat than [sic] that pile of muscle. It looks very masculine [...]*". Two types of anabolic steroids were used in combination most of the time: systemic ones to "eliminate" and "grow" and "localized" ones to increase the volume of the thighs and buttocks particularly.

The first anabolic steroid used by Rosa was Stigor. Sometime after placing the silicone implant on her breasts, a military police officer, with whom she occasionally dated, offered her the product: "*I'm going to take you to a guy who applies something that will make you beautiful. It's good, imported stuff, and comes from Argentina. You're going to be a superhottie and look like a Panicat [referring to the stage assistants on the television program 'Pânico na TV']*". Rosa says the applicator wanted to inject 2 ml of Stigor into each of the four holes he would make in her buttocks the first time around.

Later, she decided to use the systemic anabolic Winstrol but was dissuaded by her Personal Trainer, who said this product would make her have acne on her face. The personal trainer then recommended Winstrol Depot. Although systemic, the anabolic steroid was also injectable, and to avoid inflammation, Rosa alternated the application sites between arms and buttocks. She used the product for a long time and felt her arms and back become much more muscular, her voice deepened, her body hair thickened and appeared on her face and thighs, and her clitoris and her libido increased considerably.

During the time she used the substance, Rosa did another Stigor cycle, this time "*with a guy who worked in a small room in Vila Valqueire and used the stovetop as a table. The syringes laid on the floor and everywhere […]*", she said with a laugh that mixed nervousness and good humor. Again, in the first session, he wanted to start by applying 3ml to each hole, even though Rosa preferred to do just 2 ml. The use of these substances in a non-prescribed, "improper", and deliberate way is a true affront to the normalizing ambitions that define medicine, according to Foucault[16].

Rosa did not menstruate for more than six months after she started injecting the systemic

anabolic steroid. The symptom was related to the proliferation of cysts on her ovaries, caused by the "excessive" use of "male hormones", the gynecologist she went to see told her. Her body must have been "completely wild", said the professional. She would now need "female hormones" to start menstruating again. She took three medications over twenty-eight days, after which she started menstruating again, readjusting her body to the hegemonic gender expectations from which she had escaped.

Femininity agencies in muscles and testosterone contexts

According to Rohden[17], the concept that hormones play a fundamental role in determining individuals' behavior has dominated scientific medical discourse and has been widely incorporated into common sense. We are witnessing the emergence of the "hormonal body empire", in which these substances begin to be relevant in defining who we are. Concerned with showing the process by which natural reality is constructed by science, authors such as Oudshoorn[18] and Winjgaard[19] showed emblematically how medicine, in the early 20th century, based on the belief in the existence of two opposite and exclusive sexes, "discovered" the so-called sexual hormones, which came to be understood as the essence or unequivocal point of difference between the sexes.

Endocrinology emerged between 1920 and 1930, introducing the concept that "male" and "female" hormones were chemical messengers of femininity and masculinity[18]. From then on, testosterone – the "masculine" hormone par excellence – increasingly became the great carrier of masculine physical attributes and behaviors, a role played by estrogen and progesterone in the female sphere. The process of synthesis and sale of these hormones came next.

From this perspective, we can understand, for example, the behavior of Rosa's gynecologist, who understands the interruption of her menstruation as a body going wild caused by an "improper" use of the "male" hormone. The prescription of "female" hormones was necessary to remedy the disorder and establish, in that body, the expected gender functioning. This is precisely the medical and social function attributed to sexual hormones[17].

If these substances are seen as the great gender carriers/establishers, how can we understand the use of "male hormones" made by my interlocutors? Most of the time, the consumption of "opposite sex" hormones in circuits outside formal medical jurisdiction is performed with the deliberate aim of transitioning between genders. This is the case of transvestites and transsexuals, as has been very well described in some ethnographies[20-23]. Since my interlocutors did not have this objective, I asked how they signify and manage – in statements and techniques – the "masculinizing" effects of the drugs they use and how they (re)negotiate femininity – absolutely necessary for them –, given the bodily development of cultural signifiers of the male gender.

The use of testosterone by superhotties corresponds to a style of femininity in which hypertrophied muscles are seen as a sign of sensuality. However, the desirable and acceptable amount of muscle was not unanimous and was subject to a lively debate that generated recurring controversies. There was always the risk of exaggeration, which was highly polluting and would inevitably lead to a mischaracterization of the feminine.

If muscles were the desired and most easily feminizable trait, other testosterone effects were more problematic for them: voice deepening, body hair increase and thickening – so hard fought for establishing the feminine condition – and its proliferation in "masculinizing" places, like the face. However, no matter how annoying, the hair was more easily eliminated by multiple extraction techniques available on the market – from tweezers and razors to waxing or laser hair removal – which were already part of feminization rituals, even before anabolic steroids. The voice issue was problematic, a more profound transformation irremediable by cosmetic techniques. The deepened voice also represented an undisguised mark of the consumption of anabolic steroids, which was not exactly a secret. However, it was also not a subject exposed to anyone since their use can be a stigma in specific contexts.

Enhancing muscle volume, "preserving" femininity, and minimizing polluting effects – acne, hair, voice, and hair loss – was a decisive source of "bodily capital"[21] for them. Prosthetics or bulky fillers in the buttocks and breasts were important points in these female arrangements – especially because heavy exercise and anabolic steroids tended to reduce their size. Another technique to highlight "feminine attributes" was liposuction of the abdomen and flanks to remove any fat and the concomitant grafting of the removed fat on the butt and hips. It was also essential to keep hair long or lengthened by hair extensions,

almost always straight or straightened, false nails always long, painted in bright colors, and clothing made of tight, low-cut pieces.

Enhanced nature x the unnatural: the production of the bizarre and the acceptable and their class crossings

According to Le Breton[24](p.65), the body limits its design the world's moral and significant order. Therefore, what is seen as a disturbance in the body configuration represents a disturbance in the very coherence of the world, thus generating moral discomfort.

This perspective is visible in the surveillance/control exercised over oneself and other people's bodily interventions, continually evaluated, judged, and commented on by my research interlocutors – in all social environments. These assessments generated hierarchies and disputes strongly marked by class distinctions. The results of bodily interventions were subject to continuous assessment in which the fair measure and boundaries between successful and legitimate uses of gender technologies[25] and those that were an exaggeration producing abject effects[4] were discussed. The taste/esthetic criteria used in negotiating these limits varied between and within the social classes[26], producing a tense gender-class game. These assessments gave rise to praise and condemnation, translating into the previously mentioned accusation categories.

In elite circles, exaggerated uses pollute the view of the body as a natural instance, the nature that gender technologies aim to manufacture, even improve, but never deconstruct. However, there was a fragile balance between the search for improving "nature" and the risk of the "unnatural" (and therefore monstrous) effect of these interventions. The esthetic and moral limits between improved and unnatural nature are tenuous. They can become an object of controversy between differently positioned subjects (e.g., doctors and patients[10], men and women, different generations, and different social classes).

Class distinctions in gender-making processes

The shape (and size) of the butt, the breasts, the nose, the type of hair, in short, the slightest bodily features are goods that can be purchased and, besides gender markers, are robust class markers. Among the research interlocutors in working-class circles, beauty was not considered a gift, something innate, as it is often thought of in elite circles, but as something acquired through consumption, simply by having the means. In this sense, beauty is explicitly addressed as a product of aesthetic elaboration facilitated by financial expenditure, with a deep connection between beauty and prosperity.

At the beauty center I attended during the research, a woman in her 40s reflected: "*You can't stop doing [various esthetic procedures] as you age. But only if you have money. See Gloria Maria [former TV Globo journalist]? Every year that passes, she seems to get better and younger! That's money. You can do everything with money*". Another client agreed*: "Well, there's no point in doing these liposuctions and everything else because everything comes back if you don't have the money to keep them afterward!*".

The production of female corporality must be the object of constant investment. The unstable, non-ontological, and definitive nature of the feminine condition – of gender markers, in general – is seen through this permanent work to which bodies must be subjected and the ease with which they incessantly escape the ideal. This is noticeable among all the interlocutors of this research, both in elite and working-class circles. Matter resists the ideals prescribed by the gender and, therefore, "*everything comes back*" over time.

We can conclude that any female corporality is always a technical fabrication process subject to procedures determined by class/consumer power so that what is authentically feminine is not an inherent condition of the body but an unstable product currently produced through the consumption of goods and services offered by the pharmaceutical, cosmetic, and entertainment (mainly pornographic[12]) industries. As I heard from my research interlocutors, this feminine needs to be permanently cared for and perfected, hence the high and permanent cost. In this sense, "being well looked after" and having access to the consumption of techniques that enable this gender reiteration in bodies is a symbol of economic inclusion and an object of status that deserves to be exposed in the popular universe in which superhotties are included, as pointed out Mizrahi[27].

As a result, a body that is shaved, "young", "smooth", without spots, toned, "siliconed", "liposuctioned", with painted nails and "well groomed" hair is the body of access to consumption. Superhotties make explicit something that widely exists among the elites researched in the first part of the study and is the object of constant erasure efforts: the voracity for consumption.

The most varied social groups desire goods manufactured by capitalism with high material and symbolic costs. However, based on my research, we could argue that, although there is indeed a common consumption repertoire, social subjects distinguish themselves in the way of consuming. There is a very strong symbolic dispute in this game[28].

Suppose plastic surgery and other products from the cosmetic industry have become accessible in working-class circles. In that case, it is how they are consumed and in the bodies that they produce that the Rio's South Zone elites once again differentiate themselves – elitist bodies seeking the "natural" ideal, where the consumption of technologies must be carefully erased and inserted into a grammar of "hygiene" and "health care".

By treating beauty first and foremost as a commodity manufactured with the money and techniques of the beauty industry, the superhotties disrupt the elites' efforts to naturalize their class and race markers, which reserve their privileged social place.

Conclusion

The issues addressed here primarily represent a discussion about borders. The entire time, the field was a terrain with unstable borders, in permanent negotiation between the stakeholders involved. Gender boundaries between masculine/feminine and their hybrids, class boundaries, boundaries between nature and artifice, human and non-human, and acceptable and unacceptable bodily interventions. They were all always interconnected so that the negotiation of each one mobilized all the others: defining the natural, or naturalness, is also a class distinction procedure; defining acceptable esthetic procedures also defines accepted and abject forms of femininity.

The first, perhaps the most important, was the border between nature and artifice. The directions of contemporary technological production unsettle borders that previously provided the parameters and limits according to which Western culture thought about the world[29]. The technologies studied in this work, along with many others, set in motion boundaries that define what is human. The separation between nature and artifice operates in the field studied as a solid moral distinction embodied by natural and artificial differentiation. According to Haraway[13], the relationship between body and machine has been a war of borders in the traditions of Western science and politics (the tradition of racist, male-dominated capitalism; the tradition of progress; the tradition of the appropriation of nature as material for producing culture; the tradition of reproducing the self from reflections of the other).

The fabrication of the corporality analyzed here and the moral negotiation to define the good and acceptable criteria expose this war. Elite bodies and femininities and formal medical discourse pursue and construct a technically improved ideal of nature, from which they cannot distance themselves under penalty of strong social condemnation. Although they are developed to normalize bodies and adapt them to these nature criteria, these technologies can always fail or be misused, thus producing the opposite effect, destabilizing borders that they should, in principle, confirm.

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