



**I Did it For Me:**

Negotiating identity and agency

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Volume 3, No. 1 (2012) | ISSN 2161-6590 (online) DOI 10.5195/hcs.2012.88 | <http://hcs.pitt.edu>



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## Abstract

Scholars have debated the feminist critique of female beauty practices for years with the fundamental disagreement revolving around the notion of “agency.” This study used textual analysis to explore how the concept of “agency” has been employed in cosmetic surgery ads placed in large city magazines. Three themes emerged: realize your potential, pleasing yourself, and control your destiny. This research expands our understanding of how physicians are repositioning cosmetic surgery to women through discourses that empower, appeal to their sense of self, and play upon feminist sensibilities that privilege individual choice. This research also contributes to the literature surrounding the ongoing debate of agency by examining how it plays out in another form of text previously unexamined (physician advertising) and how it touches upon a new player in the health beauty system (physicians) rather than prior studies, which focus on idealized images in the media.

*Keywords: Feminism; cosmetic surgery; identity; media*

## I Did it For Me:

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L. Pecot-Hebert<sup>1</sup> & H. Hennink-Kaminski<sup>2</sup>

### 1. Introduction

Scholarly interest in cosmetic surgery has experienced progressive growth over the past 10 years. One topic that has merited significant academic attention is the relationship between mass-mediated images and the increasing number of women *electing* to surgically alter their bodies. Elective cosmetic surgery is problematic to some scholars because it involves agency as well as subordination. While some theorists view women choosing to have cosmetic surgery as giving into social coercion, others believe such decision invokes free choice. Certain scholars (Bartky, 1990; Bordo, 2003; Morgan, 1991; Tait, 2007; Wolf, 1991) argue that beauty practices, including cosmetic surgery, subordinate and oppress women by coercing them to resculpt their bodies to fit a male-defined vision of femininity. Others (Brooks, 2004; Davis, 1995, 2003; Etkoff, 2000; Young, 1992) cast women as agents, asserting that the decision to undergo surgery is an active process requiring reflexivity. This latter philosophy advocates a post-feminist way of thinking that Banet-Weiser & Portwood-Stacer (2006) argue erases an earlier call by Second Wave feminists “to engage in a collective struggle about issues of female subjection practiced on women’s bodies” (p. 263). As a result, agency is reframed through the rhetoric of individual choice.

There has been considerable discussion within post-feminist literature about women being in control and empowered to make decisions about their own bodies. This perspective, however, often fails to acknowledge the broader system of beauty that *establishes* the hegemonic cultural norm that a woman’s body requires alteration to be socially acceptable. Further, this system of beauty is often analyzed under the tenet that the media are culpable for creating the “ideal.”

This study acknowledges that the media, as part of the beauty system, play a role in the creation and distribution of idealized body images, particularly through televised makeover programs and fashion magazine advertisements. At the same time, we also note the role the cosmetic surgeon, in tandem with his or her marketing services firm, plays into the health beauty system and how women psychologically and socially process (perceived) bodily defects. Over the last 30 years we have witnessed professions, including healthcare, become increasingly transformed by market models of competition and consumption. This said, today the practice of medicine is challenged by a discourse of commercialization through which market priorities become normative (Crichton, 2010): over the past 20 years, health and beauty appeals have intertwined in cosmetic surgery advertising (Hennink-Kaminski, Reid, & King, 2010). Nowhere is this more evident than with cosmetic surgery, where procedures are elective and herald life-changing results.

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No studies at the time of this publication have examined the role of language in mass media texts at the intersection of cosmetic surgery, women's health, and advertising. Rather than focusing on whether women who respond affirmatively to cosmetic surgery advertisements should be described as agents or victims, this study sooner seeks to explicate the different ways the concept of agency is employed through cosmetic surgery advertisements placed in large city, highly distributed magazines. Findings will extend scholarship on cosmetic surgery and physician advertising by examining how cosmetic surgery is promoted to women within the context of female agency and empowerment. This will also shed greater light on the tensions between the promotion of health, and the commercialization of health.

## II. Cosmetic Surgery History

Historians trace plastic surgery to early 600 B.C., when a Hindu surgeon reconstructed a nose by using a piece of cheek. Haiken (1997) credits Gasparo Tagliacozzi as being the father of plastic surgery. She noted that "sometime prior to 1586, inspired by the great need for plastic operations during the sixteenth century due to frequent duels, street brawls, and other clashes of armed men, Tagliacozzi pioneered the Italian method of nasal reconstruction" (p. 5). While surgical procedures were being perfected and performed across Europe and Asia between the sixteenth and nineteenth centuries, plastic surgery did not gain prominence in the United States until after World War I, when the field crystallized in response to the head and facial injuries of trench warfare. After World War II, physicians trained in reconstructive plastic surgery began to expand their practices to include cosmetic surgery because of an oversupply of surgical specialists, a decline in demand for traditional non-cosmetic skills, and the attractiveness of an out-of-pocket, fee-for-service practice that did not require third party regulatory oversight (Sullivan 2001). Although many physicians initially wrestled with the ethics of elective surgery for physical appearance gain, they soon found justification in psychology and psychiatry (Haiken 1997; Sullivan 2001). Cosmetic surgeons came to see their work as facilitating a patient's total physical and mental health, rather than merely removing a distressing flaw. Physical appearance became recognized as crucial to mental health, in addition to social and economic success.

### Self-transformation and the rise of lifestyle media

Although the 1960s and 70s heralded women asserting their independence through the Second Wave feminist movement, popular magazines such as *Cosmopolitan* were targeting this new, independent woman and telling her that identity was something that could be reworked, improved upon and dramatically altered (Ouellette, 1999). Expenditures on clothing, cosmetics, and accessories were portrayed as necessary investments, psycho-social mechanisms even, in the construction of a desirable self. In essence, identity became "purchasable", "tailored", and "packaged", and the female body was framed as a site requiring constant work and re-construction.

The link to consumption became even more evident in the 1980s, as magazines started targeting working women whose numbers and wages were on the rise. As Lewis (2008) explains, magazines turned away from "a mass-market approach" to a "greater emphasis on quality and niche lifestyle markets" (p. 43). Marketers and advertisers focused less on family and household, and more on the needs of the individual consumer. According to Goldstein (as cited in Lewis, 2008, p. 33), nowhere was this conceptualization of the active, do-it-yourself (DIY) citizen more apparent than in reality television, which disseminated "a visual language of the "before" and "after" that eventually became a central trope in consumer advise culture".

### Cosmetic surgery advertising

As Sullivan (2001) notes, the first American Medical Association (AMA) Code of Ethics in 1847 condemned physician advertising as both unethical and undignified, and from 1957 to 1976 the prohibition read

simply, “He [the physician] should not solicit patients” (Sullivan 2001, p. 133). To this end, the AMA restricted physician advertising to include only factual information such as location, type of practice (e.g., plastic surgery), business hours, and contact information. In 1975, the FTC challenged this prohibition on the grounds that it constituted anti-competitive behavior and resulted in restraint of trade (*Goldfarb v. Virginia State Bar Association*). In 1982, the Supreme Court agreed and granted the medical profession the right to advertise in any truthful and non-misleading manner, opening a floodgate of persuasive messages, strategies, and appeals.

Although there exists substantial literature exploring the influence of celebrity-inspired, mediated images and advertisements on women (e.g., Choi & Rifon, 2007; Eisend & Langner, 2010; Lin & Yeh, 2009), few studies have examined cosmetic surgery advertising content in particular, and just one study has focused on agency and medical discourse. Ring (1999) conducted a qualitative comparative analysis of two Australian magazines about cosmetic surgery to assess the convergence of editorial and advertising content within each magazine and found that cosmetic surgeons both advertised and provided editorial content within issues. Two studies examined whether ASPS ethical violations were present in surgical advertisements. Spilson, Chung, Greenfield and Walters (2002) looked at whether consumers perceived surgical ads placed in the Yellow Pages of the ten largest U.S. cities between 1998 and 1999 to be in conflict with the ASPS code of ethics. Similarly, Yu, Jeong, Baek, and Joo (2009) compared the ASPS code of ethics to plastic surgeon’s websites in the top ten major U.S. cities. Both studies found that many ads created unjustified expectations of favorable results or appealed primarily to fears, anxieties, or emotional vulnerabilities.

Hennink-Kaminski et al., (2010) provide the most rigorous and comprehensive quantitative review, exploring the manifest content properties of cosmetic surgery advertisements placed in city magazines over a 20-year period. Pertinent to this study is the finding that eight percent of cosmetic surgery ads included a self-determination appeal and that the use of this appeal increased significantly over time. Self-determination appeals were defined as encouraging women to undergo surgery for themselves, not others, thereby taking control of their physical appearance and destiny—reflecting the concept of agency. This finding suggests that advertisements for cosmetic surgery have ceased to rely solely on language that privileges “beauty”, and instead have begun to tout intrinsic motivations (e.g., improved self-esteem, or doing something for oneself) as a way to connect with female patients.

While the above studies collectively contribute to the positivist literature on cosmetic surgery advertising, our present investigation strikes symmetry with Deborah Sullivan and Suzanne Fraser’s work. Sullivan (2001) and Fraser (2003) take into account the commercialization of the medical profession and explore the relationship between doctor and patient, opening up the debate on consumerism and the advertising mechanisms of trade to the remit of health practices and their strategies and languages of commercialization. Sullivan’s (2001) descriptive study of cosmetic surgery ads compared a convenience sample of print ads from the early and late 1990s, revealing how physicians and their marketing agencies have shaped the image of cosmetic surgery through advertisements; a process we argue is intrinsically related to the market dynamics inherent in the business and politics of cosmetic surgery. Fraser (2003) traces notions of agency through a broad sample of medical texts on cosmetic surgery to consider what they reveal about the contexts in which medical understandings of gender are articulated, and how they bear on the development of gender and of cosmetic surgery as a medical field. Fraser used discourse analysis to examine how gender is articulated visually and verbally in medical texts and found that cosmetic surgery discourse constructs a preferred feminine subject that accepts direction from doctors and takes her cues from culture. As such, the female subject sees herself as ultimately in control and independent, and accepts responsibility for the outcome of her decisions.

### III. Cosmetic Surgery “Agency” and Post-Feminism

Much has been written about the concept of agency, especially as it relates to cosmetic surgery. Although scholarship on agency transcends academic disciplines and theoretical perspectives, most researchers introduce the topic by summarizing literature that fits within the dualism of a false consciousness/free will perspective. Feminist theorists such as Morgan (1991) extend the first argument, which presents women who have cosmetic surgery as giving in to the patriarchal colonization<sup>3</sup> of the body. This colonization of the body accounts for the ways gendered power relations are expressed in women’s body practices. In this regard, agency can be extended to those who resist surgical intervention. As scholars began relying less on textual analysis, and more on women’s self-narratives and biographical accounts (see Gagné & McGaughey, 2002; Gimlin, 2010; Jones, 2008), the perspective began to privilege reflexivity. As such, the body becomes central to the individual’s self-actualization and reflexivity becomes the object of study.

McRobbie (2004) and Tait (2007) argue that this shift led to a post-feminist celebration of surgical domestication, which normalized surgery. Referencing reality television makeover shows, Banet-Weiser & Portwood-Stacer (2006) contend that this normalization is “compounded by a liberal logic that celebrates disciplinary practices of femininity as ‘free’ choice and individual pleasure” (p. 269). Davis (1995, 2003) asserts that participants in her study have avoided normalization because they are not seeking beauty, but rather a way to negotiate their identity. In this way, Davis asserts that understanding why people choose to change their body becomes a “sociological exploration on how people draw upon their knowledge of themselves and their circumstances as they negotiate their everyday lives” (2003, p. 13). As will become evident, discussions about agency and identity negotiation mirror the rhetoric used in medical advertising directed toward the surgical subject.

Gagné and McGaughey (2002) provide an alternative way to view agency in relation to cosmetic surgery. By drawing on Gramsci’s concept of hegemony, they propose a synthesized theoretical perspective, which accounts simultaneously for agency and subordination. They argue that it is necessary to “embrace women’s agency in the construction of self while both acknowledging *and* criticizing hegemonic gender norms,” through which they attest “the apparent possibilities of self are created” (2002, p. 818). While scholars like Frank (2006) criticize Gagné and McGaughey for under-theorizing the process of internalization and failing to examine the motivating factors that lead women to invoke agency, we contend that this model acknowledges differences in women’s experiences and oppressions. The model provides a valuable alternative viewpoint in the ongoing debate on female agency, especially as it relates to issues of “empowerment” as defined through post-feminist cultural critique.

Post-feminism is a contested term, one Susan Douglas (2010) prefers to “reject” as it has become “bogged down with too many conflating definitions” (p. 10). Generally, post-feminism refers to the stance that celebrates women’s individual achievements and progress and argues that feminism is no longer needed. For many feminist scholars (McRobbie, 2004; Tasker and Negra, 2007) the notion or definition of “empowerment” according to post-feminism literature is problematic because it depoliticizes gender inequality, a notion feminist scholars frequently critique. Although post-feminism’s definitional ambiguity has split contemporary critics on its utility, we agree with

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<sup>3</sup> For many feminist theorists like Morgan and Bordo, the body has become a site where women are molding their bodies, somewhat like a cultural plastic, in an effort to attain beauty ideals set forth by a predominately white, male centered viewpoint of what constitutes beauty. By giving into these patriarchal notions of what it means to be “pretty” surgery has become so normalized that women are unaware that they have colonized their own bodies.

Rosalind Gill's (2007a) assessment that the term should not be understood simply as an "epistemological perspective nor as a historical shift" (p. 148), but is better read as a "sensibility" which, she argues, "emphasizes the contradictory nature of postfeminist discourses *and* the entanglement of both feminist and anti-feminist themes within them" (emphasis ours) (p. 149).

With images of "girl power" adorning T-shirts; lipstick color names such as "promiscuous", "success", and "orgasm"; and female-centered blogs with names like "the-not-so-angry-feminist," it is easy to understand why some scholars assert that post-feminism has undermined the gains made by the feminist movement in the 1970s and 80s. For McRobbie (2004), "elements of contemporary popular culture" are in effect "undoing" feminism (p. 255). Critics of post-feminism argue women have become overrepresented in the media as having "made it" (e.g., *Bridget Jones, Sex in the City*) and therefore imply that the activism and politics of the Second Wave feminist movement are no longer necessary. Douglas (2010) calls this "enlightened sexism" which she describes as a response to a new media-centered gender regime that locates feminism in popular culture and attributes a central position to the individual. Taking this concept a step further, Genz & Brabon (2009) explain "individualization thus operates as a social process that, instead of severing the self from a collective, increases the capacity for agency while also accommodating a rethinking of the individual as an active agent" (p. 170).

While we acknowledge that there is value to understanding and critiquing both sides of the post-feminist debate, the purpose of this study is not to determine whether post-feminism positions women as "active" by exerting their consumer agency or providing fantasies of power through the guise of consumption. Rather, this study seeks to understand how surgeons and their marketing services firms have incorporated post-feminist sensibilities into advertisements as a way to market cosmetic surgery to women. Specifically, we seek to examine how phrases, expressions and words that imply agency are operationalized in conjunction with visual representations.

Like Fraser (2003), this analysis focuses primarily on how meaning is constructed through language. Our study is interested in the practical applications of knowledge to the self and the dispersion of how and where power is exercised as it relates to the field of medicine as a social institution. We draw upon the readings of Anthony Giddens, including his notion of "modern reflexivity" (1984), to explore how issues of power, human agency, and post-feminist frames are postured in cosmetic surgery advertising. The reflexive project of the self consists of sustaining coherent and continuously revised biographical narratives that take place "in the context of multiple choices as filtered through abstract systems" (Giddens, 1991, p. 5). Giddens' sociological examination of self-identity can be read in conjunction with the way post-feminism privileges the individual self. Consuming the self into being is part of Giddens' reflexive project of the self, one that feminist scholars argue fuels a life of constant and continual improvement and change. This work is important to understanding how physicians and their marketing services firms play upon women's sense of agency by using self-determination advertising appeals and post-feminist rhetoric to elicit that agency.

#### IV. Methodology

This study drew on an existing database of 2,394 unduplicated cosmetic surgery advertisements placed in large-circulation city magazines from 1986 to 2008. The database contains ads from *Los Angeles Magazine*, *New York Magazine*, *Chicago Magazine*, *The Washingtonian* (Washington D.C), *Philadelphia Magazine*, *Detroit Magazine* and *HOUR Detroit* (Detroit), *Atlanta Magazine*, *Inside Boston Magazine*, *D Magazine* (Dallas), and *Phoenix Magazine*. The sampling frame for this study consists solely of ads judged to employ a self-determination appeal in an earlier study (n=186). As noted earlier, self-determination is akin to "agency" and defined in this study as having the intent to encourage the audience to undergo surgery for themselves, not others, thereby taking control

of their physical appearance and destiny. While the ads do not utilize the term ‘agency’ itself, the notion of agency is implied.

Six ads were chosen at random from each of the ten city magazine markets, yielding a total of 60 ads for analysis. Textual analysis was used to identify dominant themes within these ads. The ads were analyzed using the constant comparative method, also known as grounded theory, which allows the researcher to identify trends or discover relationships from the ideas presented (Charmaz, 2007; Corbin & Strauss, 2008). Working independently, the authors reviewed and organized the ads into sets of emerging themes and met to discuss their findings. Discrepancies resulted in the formation of new themes or categories.

## Findings and Discussion

Several universal characteristics emerged across the entire set of cosmetic surgery ads. Virtually all ads targeted a female consumer, either through the use of gendered language (e.g., “woman”) or through the use of female photos or illustrations. Only two of the ads targeted both men and women, and very few of the ads included a picture of the surgeon or surgical group.

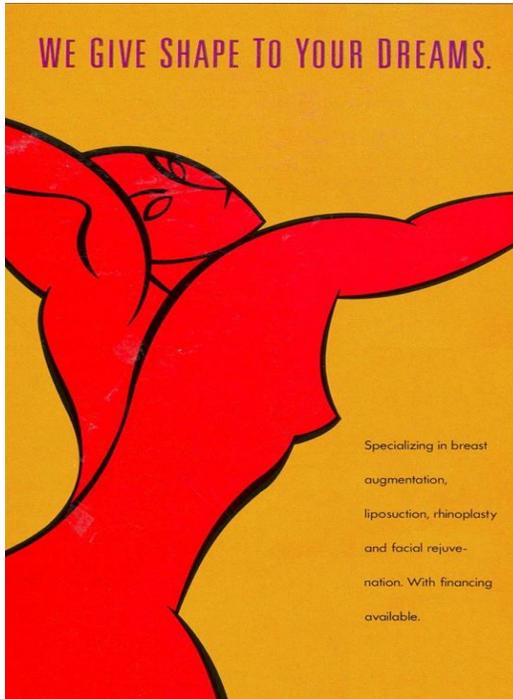
Male surgeons were featured more than female surgeons and were often referred to as “artists” and “sculptors.” In this instance, surgeons wield the power, as they, not the patient, will determine what a female body *should* look like. In contrast, ads featuring female surgeons tended to focus on female health and wellness, with surgery positioned as a procedure that can improve how you feel about yourself. Several of the ads read more like articles, or as Jones (2008) would say, “advertorials”, and contained an extended narrative component. While some of these ads featured the patient’s voice, the majority privileged the voice of the surgeon.

With regard to female agency and empowerment, three themes emerged. The first theme, *realize your potential*, involves becoming the person you have always imagined (see Figure 1); the second theme, *please yourself*, focuses on change for oneself rather than for others (see Figure 2), and a third, less-common theme, *control your destiny*, communicates the desire to control the aging process through cosmetic surgery procedures (see Figure 3). While it can be argued that surgeons are classically trained to construct the face and body based on design and symmetries that work best for each individual, we assert that cosmetic procedures are also culturally constructed and often based on a Westernized ideal of beauty (e.g. thin nose, high cheek bones, round eyes, etc.)

## V. Themes

### Theme 1: realize your potential!

A common theme that emerged was the characterization of a woman becoming the person she’s always imagined. In these ads, cosmetic surgery is associated with the following sub-themes: achieving your dreams, the artistic surgeon, a dual sense of self, and self-help.



Often, the reader is invited to fantasize about the body one *wants*, as opposed to accepting the body one *has*. As previous research suggests, women often think of themselves in different terms than those that their bodies conveyed to the world (Gagné and McGaughy, 2002). Ads with this theme play on the notion that surgery allows a woman to be in control of her destiny and realize her dreams by choosing to undergo the advertised procedure. In this way, personal lifestyle management can be seen as both a site of pleasure *and* the personal responsibility of the individual (Lewis, 2008). For example, liposuction and face-lift ads used language such as “to dream the not so impossible dream” and “make your dreams come true,” as a way to appeal to consumer fantasies and post-feminist sensibilities.

Drawing on the work of Giddens, we argue that reflexive modernization is present within ads that invite women to “realize their potential”. Giddens argues that in the context of post-traditional order, the self becomes a reflexive project and that medical advances and inventions, such as cosmetic surgery, present the body as a “phenomenon of choices and options”

(Giddens, 1991, p. 8). By using “mental cosmetic surgery” (Heyes, 2009, p. 82) to incite female agency, ads play into the self as a reflexive project and allow women to extend a vision of themselves into an unfamiliar space with limitless imagined possibilities. For Giddens’ (1991), the individual “is dependent on the reconstructive endeavours in which she or he engages” (p. 75). In other words, people are not what they are, but what they make of themselves. In this sense, the body becomes a project and identity is linked to the consumer choices one makes to “enhance” their body project. By persuading women that they have the power to transform dreams into realities, ads encourage them to believe they own the power to make this decision for themselves. At the same time, feminist scholars such as McRobbie (2004, 2009) and Gill (2007a) note Giddens’ inattentiveness to how the regulative dimensions of popular discourses of personal choice and self-improvement work. It can be argued that the surgeon is in power, not the female consumer, as advertisements use rhetorical strategies to encourage women to play into their self-determination sensibilities without addressing the normative beauty pressures that cause many women to feel the need to alter their body in the first place.

Within the confines of “choice”, what is presented in ads as an act of self-determination, may also be an indicator of conformity or a “modality of constraint” (McRobbie, 2004, p. 261). Gillespie (1996) calls this a “paradox of choice” and acknowledges that although individual choice is involved in the decision to have surgery, that choice is “enmeshed in social and cultural norms” (p.79). Similar to ads for other product or services, cosmetic surgery ads are shifting from a more straightforward mode of consumer advice to a lifestyle-oriented approach that reflects a “need to suggest philosophies of living and styles of behavior, rather than simply pushing a product” (Lewis, 2008, p. 43). While the above-mentioned ads confirm this statement, we argue that some cosmetic surgery ads do push certain products as a way to sell the “lifestyle” to consumers.

Agency is simultaneously expressed and undermined in ads that specifically tell women which surgical procedure is needed in order to make their dream a reality. For example, a 1997 *Atlanta Magazine* ad reads “Shape your body with Liposuction: Helping YOU become what you have only imagined.” This ad infers that if the subject does not choose liposuction to construct a more shapely (code for ‘thinner’) body, then becoming what was only imagined will never be in reach. To paraphrase McRobbie, the female patient becomes more of a cultural

construction and agency is not actually possessed by the subject (although the YOU in all capitals indicates otherwise), but rather is produced through the surgical procedure, and the surgeon. Seemingly, it is the liposuction itself, not the agency the female patient enacts when deciding to have liposuction that will help create the imagined self.

### **The surgeon as artist**

Interestingly, many surgeons are positioned as artists as well as physicians. Ads in our study promise that surgeons can “give shape to your dreams,” and in one instance, a Picasso-inspired drawing of a woman is used to emphasize the artistry reference. This approach speaks to Foucault’s idea of self-stylization, which fashions the body as a piece of art that allows an individual to recreate him-or herself. Accordingly, aesthetic stylization of the self “denotes a self that is open to change and the constant re-creation of changing conditions in society” (Markula, 2004, p. 6).

This begs many questions. First, are women recreating themselves, or is it the surgeon who is shaping the body according to cultural norms of what he deems to be an acceptable feminine body? Second, are women unable to shape their dreams without the help of the surgeon? Or is it really that women are unable to shape their body without the surgeon? And finally, as Gill (2007b) points out, is a woman’s identity so tied to her body, that by *not* seeking the help of the medical “expert” she would be “at risk of failing” (p. 255)?

Examining the “physician as artist” reference a bit further, we feature a 1995 *Chicago Magazine* ad, which states, “Live your dreams: Change your body through the art of modern liposculpture, fat transfer, and cellulite treatment.” Rather than featuring a photograph or illustration of a woman, this full-page ad instead shows a professional headshot of the surgeon with the words ‘the artist’ and ‘the sculptor’ next to his face. As our literature review suggests, this approach of privileging the surgeon in this advertisement is best understood within the context of the lifestyle expert. Made popular by reality television programs, lifestyle experts address “audiences not only as consumers but also as members of an emotional or affective community” (Lewis, 2008, p. 15). Thus, lifestyle expertise has become “professionalized, commercialized and mainstreamed” (Lewis, 2008, p. 45) in consumer culture, and physicians are not only promoting their services, but themselves.

Although these ads appear to position the patient as taking control in order to realize her dreams, it is the surgeon who makes the dream possible. This speaks to Giddens’ point that women are conditioned by, and yet constantly reproduce, social structures. Unlike other medical specialties where demand is derived from sickness, cosmetic surgeons must rely on advertising to recruit healthy patients. By posturing the body as flawed, and cosmetic surgery as the fix, surgeons are positioned as artists and patients become steeped in paternalistic fantasies about doctors as tools for their own self-realization (Frank, 2006).

### **A dual sense of self**

Interview-based studies (Askegaard et al., 2002; Davis, 1995; Gimlin, 2007, 2010) often cite stories by women who say they chose to have cosmetic surgery to please themselves, not others. Women, however, see themselves in two divergent ways. There is the actual self, which is a realistic appraisal of qualities people have or don’t have, and there is the ideal self, which is a person’s perception of how they would like to be (Solomon, 2004). Medical ads in this study fall in line with Gill’s (2007a) assessment that “the female body in post-feminist media culture is constructed as a window to the individual’s interior life” (p. 150). Ads associate the actual self with the external body and the ideal self with the internal mind or spirit. Ad taglines invite a woman to “let others see you as you have always seen yourself,” entice her to “become the person you see when you close your eyes,” and encourage her to take control and change her body “not as others would have you, rather as you would see yourself.” These types of ads function in two ways. First, they position surgery as the medium to connect the two selves. Second, they shift power to the consumer as the arbiter of how her body is presented to others. A 2000 *Philadelphia*

*Magazine* ad illustrates this point, by showing an extreme close-up of a woman's eyes and nose with this phrase positioned next to it, "As a child I was defined by others. As an adult, I DEFINE MYSELF." Self-narratives like this are connected to contemporary post-feminist thought and function as a way to assert independence and signify the power of choice. However, the "freedom" associated with choice also provides a set of rules that "guide and shape women toward better strategies of self-regulation" (Ouellette & Hay, 2008, p. 13).

Defining who you are and becoming the person you have always imagined requires alignment between the mental and physical self. Body image studies continuously note the connection between positive body assessment and self-esteem. Because advertisers often position the "look good: feel good" logic as being available to all (Featherstone, 2010, p. 202), it is not surprising that many ads stimulated women's sense of positive feelings of self by correlating surgery with increased confidence. Some ads were very straightforward. The headline for one ad states: "breast enhancement surgery can give you larger, more firm, uplifted breasts, giving you a more pleasing appearance that will help build self-confidence;" another headline reads "Surgery [in this case vaginal rejuvenation] can improve your sexual satisfaction, cosmetic appearance and self-esteem." While studies have shown that some women say they are motivated to undergo cosmetic surgery to ease the stress they feel about their bodies and help them overcome insecurities, surgeons and their marketing services firms now use self-determination ads as a platform to articulate the reasons for having surgery rather than allowing the patient to do so herself. Because these ads are conspicuously absent of any risk factors associated with these confidence-boosting procedures, we argue that women are being sold on the aesthetics of the procedure, not the procedure itself.

### **Self-help**

Another strategy under the "realize your potential theme" is one based on a "self-help" approach that emphasizes surgery as a natural component to achieving a healthy lifestyle. The psychology of this approach is implicit, and focuses on the individual factors that influence women's decisions to have cosmetic surgery. This mode of thinking plays into Giddens' analysis of self-help culture, which he likens to a new form of individualized guidance that makes the practice of self-responsibility possible. As a result, women are in effect required to play an active role in their own life biographies.

This strategy is apparent in a *D Magazine* ad. The full-page color ad resembles a news article more than an advertisement and features a woman dressed in casual clothes holding a bowl of fruit. The headline reads, "Knowing self-confidence is captivating, understanding perfection is impossible, believing your body is beautiful... *Think about it!*" The normative qualities present in this ad are evident in two ways. First, the woman pictured in the ad looks like a person one would encounter at the grocery store. In other words, she does not resemble a "traditional" model and therefore can be relatable to most women. Second, this ad uses language that challenges cultural beauty norms by playing on the mind/body dualism. Because the ad invites women to reflexively evaluate their bodies, the self becomes enterprising, improvable and transformable (Fraser, 2003). This ad continues to normalize cosmetic surgery by equating health and beauty with self-identity:

Feeling good often translates into looking good, with the understanding that we are all unique individuals. Good nutrition and regular exercise help to keep women both physically and mentally fit, as well as promotes a healthy body image... women who already have a healthy body image and desire to enhance, but not change their appearance, will generally benefit the most from cosmetic surgery.

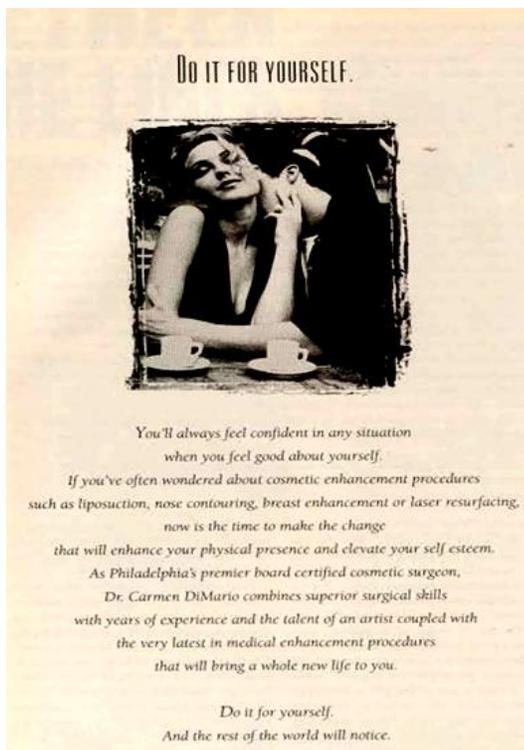
This statement substantiates the argument that surgery is not exclusively about subscribing to prevailing standards of beauty, but also about creating a more coherent and individualized feminine identity. As such, cosmetic surgeons rely more on narrative representations of self-determination in their ads that represent embodied dissatisfaction with a psychological cure through surgery.

## Theme 2: please yourself!

Another common theme emerged that encourages women to think of surgery as something they would do for themselves rather than to please others. Several ads with this theme used post-feminist inspired language to convey that surgery was a woman's choice and that she was in charge of her body, not others. In these ads, cosmetic surgery is associated with two sub-themes, "do it for yourself" and "the post-feminist voice."

### Do it for yourself

By definition, the act of self-determination implies that a person is free to do what they want with their body. However, choice is situated within power relations that are consistently linked to the social structures in place. We view professional medicine as a social structure and believe ads that take on a rhetoric of "self-care" and "self-determination" are providing a template for women to follow as they embark on a path to becoming what Foucault (1988a) would call an "enterprising" citizen. Yes, women are able to exercise freedom of choice, however the choices one is able to consider are limited by the lifestyle rules and regulations already in place within the structure itself. With this in mind, it is not surprising that the "do-it-for-yourself" trope is often used in surgical ads.



The advertisement is set against a light beige background. At the top, the text "DO IT FOR YOURSELF." is written in a bold, black, sans-serif font. Below this is a black and white photograph of a woman with dark hair, wearing a dark top, looking thoughtfully to the side with her hand near her face. The photo is framed with a rough, hand-drawn black border. Underneath the photo, several lines of text are centered in a smaller, black, serif font. The text reads: "You'll always feel confident in any situation when you feel good about yourself. If you've often wondered about cosmetic enhancement procedures such as liposuction, nose contouring, breast enhancement or laser resurfacing, now is the time to make the change that will enhance your physical presence and elevate your self esteem. As Philadelphia's premier board certified cosmetic surgeon, Dr. Carmen DiMario combines superior surgical skills with years of experience and the talent of an artist coupled with the very latest in medical enhancement procedures that will bring a whole new life to you. Do it for yourself. And the rest of the world will notice."

Although ads take different approaches to this theme, they all put forward the same message. For example, an *Atlanta Magazine* ad stated, "There are no models in this ad, because cosmetic surgery isn't about them. It's about YOU." A *Chicago Magazine* ad featured a picture of a woman and this simple line, "Consider yourself [...] for a change." Lastly, *Phoenix Magazine* approached the topic from two divergent, yet clever, points of view. The first ad employed a financial angle and told women to "Diversify your portfolio ... invest in yourself." The second used a picture and testimonial from an actual patient, who explained, "I never really did anything just for me. I had always sacrificed for everyone else and taken a backseat. The transition came when I overcame the attitude that I didn't deserve it." These ads do not focus on the body, which is so central to post-feminist makeover rhetoric. Rather they position cosmetic surgery as something a woman does to benefit herself, not because it satisfies someone else, which makes the patient an active participant in the formation of social life and ontologically distinguishes the decision as authentic rather than a reaction to social pressures.

Scholars continuously report that female surgical patients elect cosmetic surgery to do something for themselves, not for their friends or family. Women in Gagné and McGaughey's (2002) study claimed that some of their family members tried to convince them not to have surgery, indicating that they looked fine as they were. As one patient explained, "[This is] my body, and wanting to get it done has nothing to do with anyone else... This is for me" (p. 825). Comments like this confirm that we live in a world where Botox parties have replaced Tupperware parties and, to paraphrase Jones (2008), it is time to accept that cosmetic surgery is now a meaningful part of our world. We surmise that surgeons and their marketing services firms also realize that patients have become more educated about surgical procedures and choose cosmetic surgery to please themselves; as a result, self-improvement rhetoric is being utilized more frequently in medical advertising. As Jones explains, the old "doctor/patient model where the doctor's expertise wields authority" is now competing with the "provider/consumer model where the customer's choices hold the most power" (2008, p. 69).

## The post-feminist voice

As discussed in the beginning of this study, feminist scholars continue to debate the issue of cosmetic surgery as either a means of empowerment or a submission to patriarchy. The debate has become so widespread in recent years, it has informed popular culture to the extent that we see it represented in the field of medical advertising. Several ads deliberately employed a post-feminist perspective. One ad simply stated, “Change your life.” Without proper context, the phrase can be interpreted several ways. In this ad, however, we see a woman sitting on a bed laughing with some friends while she is holding a petite red bra up to her chest. The tagline ‘change your life’ is juxtaposed next to her face, and implies that *she* possesses the power to change her life, and in this case, her bust size. It can be inferred that what the woman and her friends are laughing about are her small breasts and that by examining the size A-cup bra, the woman is seeking to make them larger, which is socially coded as sexier. Gill (2007a) argues that the media present the sexy body as central to a woman’s identity. As such, the body is “simultaneously presented as a woman’s source of power” and a site “requiring constant monitoring, surveillance, discipline and remodeling” (p. 149).

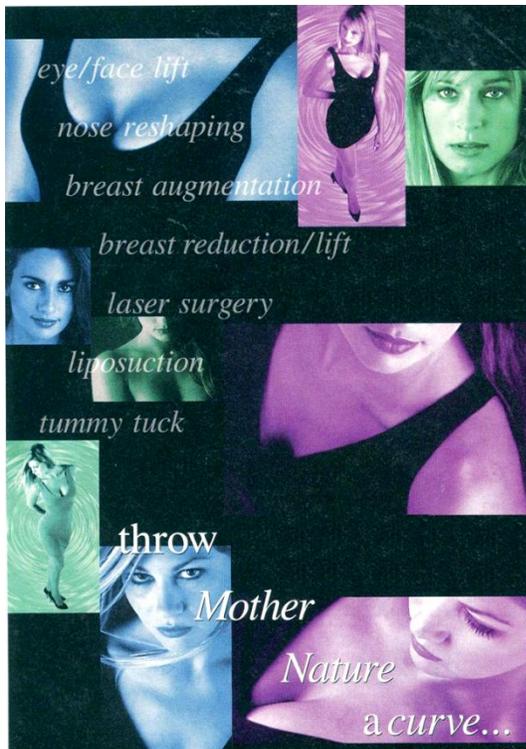
The literature review reveals that empowerment can be understood as a “type” of control where the notion of choice is often touted as a woman’s right. Two ads illustrate this idea by using language that promotes female agency. The first example is an ad for laser vaginal rejuvenation surgery, which shows a woman in a bikini sitting upright, with her arms folded behind her and her head tilted slightly back. The copy above her reads, “Empowering women with knowledge, choice, and alternatives.” This ad plays into post-feminist sensibilities that tell women sex is not just for male pleasure, but that it is OK for a woman to want the most out of her sexual experience. By giving a woman the choice to reconstruct her vagina, the ad implies the alternative of not having surgery would result in sexual dissatisfaction.

The second ad juxtaposes a woman before and after breast augmentation. The before shot shows a small-breasted woman, while the after shot shows the same woman with noticeably fuller breasts. The line above the pictures reads, “A matter of choice...” But the real question is what is the woman being asked to choose between? By presenting women with a choice between smaller or larger breasts, the ad becomes less about the power one has to choose to increase their breast size and more about the implication that smaller breasts are not what society (and men) generally find attractive. Therefore the “choice” is not really a choice at all, but more of an underlying social message that tells women keeping their original breasts would be the wrong choice.

A *Los Angeles Magazine* ad provides the most blatant use of feminist language. The ad features a woman posing in a black, strapless dress with the phrase, “Women’s Rights” in all capital letters above her head. Midway down the page, the copy tells women that they have: “The right to look as beautiful as you possibly can; The right to feel as confident as you look; The right to expect the best from your plastic surgeon.” This ad uses a post-feminist rhetoric to equate sexual empowerment with gender equality (which the women’s rights movement fought for) when in fact these two things are not the same. This ad not only attempts to validate cosmetic surgery as a legitimate means of female self-expression, it repositions the historicity of feminism by privileging individual consumption over cultural transformation. Susan Douglas’ discussion on enlightened sexism and embedded feminism is informative here. She argues that the media produces conflicting streams of progressive and regressive imagery that offer up very different fantasies of female power. In the end, however, Douglas (2010) says “embedded feminism and enlightened sexism reinforce each other: they both overstate women’s gains and accomplishments, and they both render feminism obsolete” (p. 15). In sum, by positioning cosmetic surgery as something well within a woman’s “right”, it extends the argument that those who do not invoke this right might be the ones viewed as deviant.

### Theme 3: control your destiny

As our previous themes have shown, women have a complex relationship with their bodies. This complexity intensifies as the body ages and is judged by a consumer culture that associates youth with beauty and aging with unattractiveness. Ads play into the “fantasy that age can be managed away” and draw strength from the anxiety women feel from a culture that reveres a youthful appearance (Tasker and Negra, 2007, p. 11). The notion that age is intrinsically problematic can be seen in two ads in *Philadelphia Magazine*. The headline in the first ad encourages women to, “Be the best you can be...you are truly worth it,” followed by the phrase “erase your lines with Botox.” The second ad features a close up of a woman’s face with the headline “Not as others would have you, rather as you would see yourself,” followed by copy that says “gentle, precise wrinkle removal.” These ads should be interpreted as materializing from the cultural and political conditions in which they are produced. Aging is not presented by surgeons as something one can do gracefully, but rather as “increasingly grounded not in the notion of acceptance but in that of cure” (Squier, 2004, p. 216). Injecting Botox or having your wrinkles “precisely” removed are part of the conceptualization that aging is something that can be cured, erased and managed away.



Women spend billions of dollars each year on anti-aging lotions, creams, and injections and surgeons are capitalizing on this booming industry by advertising cosmetic surgery both as a way for women to look younger than peers, and for women to bridge the gap between the aging body and youthful state of mind. One ad tells women that undergoing laser skin resurfacing to remove their wrinkles will help them “release the person inside.” This ad positions the woman’s aging body as a type of prison that has trapped the real self inside. The very idea that the inner self can “other” the outer self plays into advertising techniques based in a culture that “understands age primarily in terms of decline and disintegration rather than accumulation and growth” (Wearing, 2007, p. 280). An ad in *Atlanta Magazine* offers a similar message about the youthful mind/aging body dualism with a headline that simply reads, “Be your very best.” In true makeover culture fashion, the ad features a woman (who looked to be in her 50’s) in a before and after shot. Next to the ‘after’ shot the woman was quoted as saying “Dr. Zweig is an artist, he brought back the real me. I have been given my life back.” The use of the term “the real me” underscores the point that female patients use surgery not

as a way to seek out beauty, but as a way to negotiate identity. While we agree with this assertion, we would be remiss if we did not also point out that the cultural systems that construct women as “entrepreneurial actors” may unwittingly find themselves undertaking self-monitoring and self-regulation in their search for identity.

Several ads in this study used age-defying rhetoric to empower women by literally telling them to challenge the biological. As one *Chicago Magazine* ad states, “Throw mother nature a curve.” A 1999 *Phoenix Magazine* ad promised to help women “Defy the law of gravity through the dramatic advances in cosmetic laser surgery and skin rejuvenation techniques.” By playing on a fear of aging, these ads purport that cosmetic surgery is the way for women to take the future into their hands and challenge nature. Because age is often presented in the media as a something to be fixed, it is not surprising that middle-aged women (40-55 years) comprise the majority of cosmetic surgery patients (ASPS, 2009). Slevac and Tiggemann’s (2010) study on middle-aged women’s attitudes toward

cosmetic surgery confirms this statistic. Anxiety about aging was a significant predictor for cosmetic surgery intent and magazine readership elevated the importance of appearance to self-worth, thus middle-aged women are more susceptible to the possibility of undergoing surgery than other age groups.

## VI. Conclusion

This research expands our understanding of how physicians and their marketing services firms are repositioning cosmetic surgery to women through discourses that empower, appeal to a sense of self, and play upon post-feminist sensibilities that privilege individual choice. This research also contributes to the literature surrounding the ongoing debate of agency by examining how agency is articulated in a previously under-examined form of text, physician advertising, and the constructors of those messages, physicians and their marketing services firms. To date studies have focused on idealized images in the media or interviews with cosmetic surgery patients.

While cosmetically altered bodies have become somewhat “normalized” through mediated examples such as reality makeover programs and fashion magazines, they also have contributed to and changed the cultural climate of how women view socially acceptable bodies. By deliberately incorporating language that tells women they have the right to shape themselves and take charge of their destiny, women are given an active freedom to make the decision for themselves (because they deserve it). However, these choices are often imposed on women by their culture, society or social group. Today, a woman’s health is measured by her physical *and* mental wellbeing. Surgery is positioned in some ads as a part of a women’s health regimen and used in conjunction with “good nutrition” and “regular exercise” to link looking good to feeling good. Therefore, the focus on health has been expanded to include lifestyle and appearance, with cosmetic wellness positioned as the self-care practice that promises to *improve* a woman’s lifestyle.

What is particularly compelling about the findings in this study is that cosmetic surgery ads do not suggest that patients undergo plastic surgery to become more socially acceptable to others. Instead, the ads advocate surgery as a way to create a body that can be more acceptable to themselves. The body becomes the signifier of one’s identity, with the aging body positioned as a project, something a woman can (and should) change to make her outer self align with her inner self. By implying that surgery is a *choice* a woman should make for herself rather than for society, it becomes the physician’s voice that is privileged, not the female patient’s voice. Patients are expected to demonstrate self-determination, while simultaneously being placed in a position to rely on the surgeon to determine the size of their breasts or the shape of their thighs.

The rise of lifestyle programming that focuses on individuals as self-help projects has become part of the cultural landscape of the 21<sup>st</sup> century. It is now “normal” for members of society to watch transformed makeover participants cry tears of joy when they see their new self in the mirror for the first time after surgery. And it is now “normal” to hear female makeover participants articulate building self-esteem and feeling better about themselves as the reasons they want cosmetic surgery. As such, cosmetic surgery has reclaimed a new legitimacy through psychology within the cultural milieu of physician advertising. Cosmetic surgeons in the early 20<sup>th</sup> century came to see their work as facilitating a patient’s total physical and mental health, rather than merely removing a distressing flaw. Therefore, we contend that given the increase over time in the use of self-determination appeals that reflect the concept of “agency” physicians have re-cultivated the psychology of lifestyle media culture into the way they market cosmetic surgery as a choice for the active, self-determining individual.

Physicians retain a special role in society that carries unique moral responsibilities. On the one hand, surgeons are responsible for the physical and mental wellbeing of the patient they are servicing. On the other, they are accountable to society at large and must understand the messages they champion are wrought with social meanings, norms, and values that ultimately have an impact on culture. As this study illustrates, surgeons have

changed their tactics in the way they construct the reasons one should consider surgery, however the end result still promotes surgery as the answer. While we do not believe surgeons are to blame for creating injurious standards of beauty, we do hold them responsible for encouraging or providing surgery for patients who may not *need* it. Because cosmetic surgery is a medical procedure that is devoid of “sickness”, it is up to the physicians to remind women seeking surgical alteration of the risks, seriousness and complications that come with the procedure. We also contend that surgeons have a moral and ethical responsibility to deconstruct mediated images of beauty during patient consultation. Mediated representations of cosmetic surgery often provide unrealistic expectations of what the patient may look like post surgery. A patient may undergo a procedure with the mindset that they are “doing it to please themselves” however, the results may not always coincide with the mental image of what they consider “pleasing” in the first place. The media, particularly physical advertising, has not only positioned cosmetic surgery as attainable to everyone regardless of race or class, it has educated women on how to become ideal candidates for obtaining surgery. By championing agency as the new, socially acceptable reason for undergoing (and advertising) surgery, physicians are able to put the onerous of surgical decision making directly on the female patient.

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