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Cosmetic technologies of the body: an exploration of self and identity through the consumption of nonsurgical cosmetic procedures

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Cosmetic technologies of the body: An exploration of self and identity through the consumption of nonsurgical cosmetic procedures

by

Keila Elizabeth Tyner

A dissertation submitted to the graduate faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

Major: Textiles & Clothing

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Iowa State University
Ames, Iowa
2008
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DEDICATION

I wish to dedicate this work to my loving parents, Jerry and Cynthia Tyner.
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ABSTRACT

Although much research has been conducted on cosmetic surgery and some research has been conducted on cosmetic use in general, little to no research has explored nonsurgical cosmetic technologies of the body, particularly as a symbolic form of consumption in shaping notions of the self. Thus, the purpose of the present qualitative study was to gain understanding of the consumption of nonsurgical cosmetic technologies of the body from multiple theoretical perspectives. Of particular interest was how this consumption serves as a symbolic means for shaping the self, specifically in the context of self-presentation and impression management (Goffman, 1959).

For this study, in-depth interviews lasting approximately one to two hours were conducted among a targeted sample including women over the age of 25 who had undergone a nonsurgical cosmetic procedure. The sample \((n = 10)\) for the present study was obtained using a snowball sampling technique. Constant comparison processes were used to analyze the data (Strauss & Corbin, 1990), and through analyses, three major overarching themes emerged: (1) The Consumption Process: From Information Search to Meanings of the Self, (2) Experiences of Ambivalence, and (3) The Aging Female Body: Experiences of Possible Selves.

Content from the first overarching theme, “The Consumption Process: From Information Search to Meanings of the Self,” reflected the decision and meaning-making processes of consuming nonsurgical cosmetic procedures. Within this theme, the following subthemes emerged, reflecting the consumption process stages of: (a) Prepurchase, (b) Purchase, and (c) Postpurchase. During the prepurchase stage, participants’ motivations were explored in addition to the ways in which information about nonsurgical procedures
was obtained. The purchase stage examined participants’ experiences of the actual procedures. Finally, the postpurchase stage uncovered participants’ reactions from others, the overall experience, and future intentions for consuming nonsurgical cosmetic procedures.

The second overarching theme, “Experiences of Ambivalence,” explored the ways in which nonsurgical cosmetic procedures may incite feelings of ambivalence about the body and self. In particular, subthemes related to this theme included: (a) The naturalness of nonsurgical cosmetic surgical procedures, (b) Acknowledgement of cultural norms of physical attractiveness, and (c) Conflicting feelings of the self: Experiences of ambivalence. Ambivalence arose for participants within the study as they negotiated their appearance management choices, particularly nonsurgical cosmetic procedures, in light of cultural expectations and norms of attractiveness.

Content within the third overarching theme, “The Aging Female Body: Experiences of Possible Selves,” examined the range of possible selves for participants within the study. Using Guy and Banim’s (2000) possible self terminology, the following subthemes emerged: (a) The woman I used to be, (b) the woman I want to be, (c) the woman I fear I could become, and (d) the woman I am most of the time.

Results from the present study suggest that the consumption of nonsurgical cosmetic procedures serves to reinforce and enhance positive feelings of the self and appearance. Participants viewed the nonsurgical cosmetic procedure experience as a tool in their “identity kit” and an appearance management strategy. As these types of procedures become more commonplace among the broader social discourse, research should explore how the meanings of such procedures change over time.
This research adds to the existing literature and knowledge related to the body and appearance management as well as the sociology of the body and feminist perspectives of the body. Because little to no research has been conducted on nonsurgical cosmetic procedures, findings from the present study begin to uncover aspects related to this rapidly growing form of body modification. By exploring women’s lived experiences with nonsurgical cosmetic procedures, knowledge is gained related to social discourse and meanings of this phenomenon. Within sociology of the body and feminist perspectives of the body, a trend in analyzing the body’s relationship with technology has grown, therefore making the present research not only timely but also justifying it as an important subject of inquiry.
CHAPTER ONE: INTRODUCTION

Background

Over the past decade, the number of cosmetic procedures performed in the United States has increased dramatically. According to the American Society for Aesthetic Plastic Surgery (ASAPS), nearly 11.5 million cosmetic surgical and nonsurgical procedures were performed in the United States in 2005, with nonsurgical procedures accounting for approximately 81% of all procedures (ASAPS, 2006). The organization has been collecting data on cosmetic procedures since 1997, and since that time, nonsurgical procedures have increased by 726% (ASAPS, 2006).

Although cosmetic procedures are popular among both women and men within the U.S., in 2005 women accounted for over 91% of all cosmetic procedures performed. Additionally, ethnic minorities accounted for approximately 20% of all cosmetic procedures, with Hispanic/Latinos as the leading ethnic group. Top procedures performed included: (a) Surgical – liposuction, breast augmentation, eyelid surgery, rhinoplasty, and abdominoplasty, and (b) nonsurgical – botox, laser hair removal, hyaluronic acid, microdermabrasion, and chemical peels (ASAPS, 2006).

Cosmetic procedures, both surgical and nonsurgical, have become more prevalent, affordable, and normalized within U.S. culture, which in turn has led to increasing positive attitudes toward having such procedures (ASAPS, 2006; Brooks, 2004). Although only about 6% of the United States population has undergone cosmetic procedures, nearly 20% aspire to undergo procedures at some point in their life (ASAPS, 2006). Research also suggests that a majority of both women and men (55% and 52% respectively) view cosmetic procedures favorably and would not be embarrassed if a family member or close friend knew
about cosmetic procedures they may have had (ASAPS, 2006). Particularly, an overwhelming majority (89%) of women and men aged 55 to 64 would have no misgivings if the cosmetic procedures they hypothetically had were revealed to others (ASAPS, 2006). Although younger women and men, aged 18 to 24, are more likely to feel embarrassed about having undergone cosmetic procedures, they are also the most likely to have developed more favorable attitudes toward cosmetic procedures over the past 5 years.

**Cosmetic Technologies of the Body**

According to Featherstone (1991) the body may be categorized in two ways: The inner and the outer body (p. 171). The inner body refers to aspects of the body related to health and functioning while the outer body refers to aspects of the outward presentation of the body through appearance within social space. “Within consumer culture, the inner and the outer body become conjoined: The prime purpose of the maintenance of the inner body becomes the enhancement of the appearance of the outer body” ( Featherstone, 1991, p. 171). Both the inner and the outer body are subject to change due to increased technological expertise, where technological expertise is interpreted as scientific development, which intervene with the inner and the outer body within consumer culture. This technology may manifest in either tangible, physical ways or intangible, social ways but undoubtedly impact notions of the self in managing appearance.

A possible third level of the body not addressed by Featherstone would include the mental activity of the body, or more specifically, appearance management. Appearance management includes the act of contemplating one’s appearance and considering the presentation of that appearance to others (Kaiser, 1997, p.5). This third level of thinking and contemplating the body serves as a function of discourse and a space in which the outer body
is considered, and particularly the possible consequences of one’s choices in presenting the outer body within society.

Technology and the body, according to Shilling (2005), may be conceptualized into two distinct categories: (a) Technologies that produce virtual space where the body interacts with technology, or (b) technologies that interface with the flesh and internal contexts of the body. The latter may include interfaces that constitute appearance management related behavior or cosmetics (e.g., cosmetic technologies of the body). Cosmetic technologies of the body are techniques or products used by an individual with the aim of altering and improving the appearance of the surface, texture, and/or shape of the body and are therefore considered an appearance management behavior. Cosmetic technologies of the body include both surgical and nonsurgical cosmetic procedures as well as technologies used in the home for body modification purposes (see Table 1). Individuals on a voluntary and/or elective basis consume these technologies for the primary purpose of improving the aesthetic qualities of the body. The consumption of cosmetic technologies of the body may be viewed as symbolic as it maintains or constructs an individual’s self-concept (Schouten, 1991).

It is important to differentiate cosmetic, plastic, and reconstructive surgeries from one another as these terms are often used interchangeably but vary in meaning. Plastic surgery is an overarching term for the surgical specialty of (a) reconstructing facial and body defects and (b) enhancing physical appearance (American Society of Plastic Surgeons, ASPS, 2006). Reconstructive surgery refers to those procedures performed to improve function and/or normal appearance of the body and is often covered by health insurance as a physical and/or psychological remedy to bodily defects. Cosmetic procedures, both surgical and nonsurgical refer to those procedures performed to reshape normal structures of the body with the
primary purpose of aesthetic physical improvement. Cosmetic procedures usually are not covered by health insurance because they are elective and voluntary (ASPS, 2006).

Cosmetic surgery includes those cosmetic surgical procedures performed by a medical professional, a cosmetic plastic surgeon, in a hospital or medical clinic. Surgery is an invasive procedure that involves cutting into the flesh to reshape and contour the body. This type of procedure is the most extreme cosmetic technology of the body, requires long recovery time, and can cost as much as $1,000 to $7,000 for an individual procedure (ASPS, 2006).

Nonsurgical, or out patient, procedures are those typically conducted by a professional dermatologist or cosmetic/plastic surgeon and take only a few hours or less to complete. These include a number of body and facial treatments aimed at altering or improving the skin, such as botox injections, microderm abrasion, chemical peels, body wraps (usually aimed at decreasing body size and improving body shape). These technologies require little to no recovery time, are minimally invasive, and may cost $100 to $2,000 for an individual procedure (ASPS, 2006).

At-home technologies include the use of products at home purchased by the user without the assistance of a medical professional in the administering of the product or technique. These products are aimed at altering or improving the appearance of the skin by eliminating wrinkles and signs of aging, eliminating acne, firming the skin, and decreasing or eliminating cellulite. These products are commonly in the form of facial/body cleansers, moisturizers or lotions, and facial masks. These technologies are non-invasive, low cost, and require little time and effort in use. Refer to Table 1 below for a comparison between the types of cosmetic technologies of the body.
Table 1. Cosmetic technologies of the body.

<table>
<thead>
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<tr>
<td><strong>Type</strong></td>
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<tr>
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<tr>
<td>At-home/Over-the-Counter</td>
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<td>Nonsurgical</td>
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**Theorizing the Body in Society**

In recent decades, much theory related to the centrality of the body in defining the self has emerged, particularly within the fields of sociology and feminism (Howson, 2004; Shilling, 2005). Many sociologists contend that social interactions are guided by the vantage point from which we view the world and others within it as embodied beings (Howson, 2004, p. 2). The academic importance of the study of the body is exemplified not only in the emergence of numerous texts related to the body but also in the development of scholarly journals, which are particularly devoted to the exploration of the body as an analytic lens through which dominant paradigms (i.e., Cartesian mind/body binary) of understanding the social world are questioned. The questioning of dominant paradigms, particularly Cartesian thought, also has been a goal of much feminist theory.
Within feminist research and theory related to the body, issues about purely cosmetic technological alterations of the body have come to the forefront, particularly within the context of self-presentation and impression management within the social world (Goffman, 1959). Cosmetic alterations to the body, particularly cosmetic surgery, have manifested as a feminist critique of dominant Euro-American culture. Feminist scholars often view cosmetic surgery as the most extreme form of body modification in the pursuit of beauty and physical attractiveness (Gimlin, 2000), a pursuit for women mandated by culture. However, some feminist scholars recognize that cosmetic surgery may serve as a tool for the remedy of a spoiled identity whereby the individual undergoing surgery successfully restores the body to what is perceived as a “normal” state (Davis, 1995; Gimlin, 2000).

Although cosmetic surgery has varied significance among scholars, most agree that many cosmetic technologies of the body have become increasingly normalized within mainstream media, which contributes to the positive perceptions and approval of cosmetic procedures by many Americans (Brooks, 2004). Media representations of cosmetic technologies often liken the experience as a “matter of maintenance” for the body – a comparison not unlike that of car or house upkeep (Brooks, 2004). Such normalization alters and shapes both broad cultural meanings and individual meanings associated with cosmetic technologies of the body.

**Consumption: Process and Meaning**

Consumption is defined as the process involved when “individuals or groups select, purchase, use, or dispose of products, services, ideas, or experiences to satisfy needs and desires” (Solomon & Rabolt, 2004, p. 23). The notion of consumption as a consumer behavior, then, is recognized as an ongoing process of decision-making rather than mere
exchange (giving and receiving) of something of value (e.g., products or services). From this perspective, consumption includes issues a consumer would face before, during, and after a purchase (Solomon & Rabolt, 2004). According to Solomon and Rabolt (2004), questions and issues that arise during the consumption process from the consumer perspective include: (a) Prepurchase issues – how does the consumer decide that he or she needs a product and what are the best sources of information to learn more about alternative choices, (b) purchase issues – is acquiring a product a stressful or pleasant experience and what does the purchase say about the consumer, and (c) postpurchase issues – does the product provide pleasure or perform its intended function, and how is the product eventually disposed (p. 8).

Research suggests that consumption of various products play a symbolic role in defining social reality and guiding appropriate behavior within that social context (Belk, 1988; Solomon, 1983). Consumption choices often are made on the basis of what a product means and how those meanings expand and strengthen sense of self (Belk, 1988). According to Belk (1988), the term self refers to how a person subjectively perceives who he or she is. Research suggests that the body and personal identifying characteristics and attributes (e.g., feelings about the body and appearance) represent defining aspects of the core self (Ahuvia, 2005; Ellis, 1985; Prelinger, 1959). Exploring and understanding the consumption process in relation to nonsurgical cosmetic procedures is important, as consumption of these procedures is a form of symbolic consumption, where such consumption plays a role in shaping meanings of the self and identity (Belk, 1988; Schouten, 1991).

**Purpose**

Although much research has been conducted on cosmetic surgery and some research has been conducted on cosmetic use in general, little to no research has explored nonsurgical
cosmetic technologies of the body, particularly as a symbolic form of consumption in shaping notions of the self. Thus, the purpose of the present qualitative study was to gain understanding of the consumption of nonsurgical cosmetic technologies of the body from multiple theoretical perspectives. Of particular interest was how this consumption serves as a symbolic means for shaping the self, specifically in the context of self-presentation and impression management (Goffman, 1959). For this study, in-depth interviews were conducted among a targeted sample including women over the age of 25 who had undergone a nonsurgical cosmetic procedure.

**Research Questions**

The following questions will guide the present research:

1. Consumption process:
   a. Prepurchase:
      - How did the decision to have a nonsurgical cosmetic procedure arise? What were motivational factors?
      - What sources of information were sought before undergoing a nonsurgical cosmetic procedure?
   b. Purchase:
      - Was the actual procedure stressful or pleasant?
      - What does having a nonsurgical cosmetic procedure say about the consumer?
   c. Postpurchase:
      - What are the perceived results of having the nonsurgical cosmetic procedure?
      - What perceived parts of the self change as parts of the body change from having the nonsurgical cosmetic procedure?
2. What effect does having a nonsurgical procedure have in shaping and/or representing the self – both to oneself and to others?

3. How do various notions of the self (i.e., ideal self, past self, possible selves) impact the decision to have a nonsurgical cosmetic procedure? How do these “selves” affect feelings about the body post-procedure?

4. How does a woman’s relationship with her body in the past (i.e., prior experiences with the body; past self) affect current notions of the self and impact in deciding to have a nonsurgical cosmetic procedures?

5. How does having a nonsurgical cosmetic procedure affect ideas about a “natural” or “real” body? How are these feelings reconciled?

6. How does the overall experience become incorporated into a woman’s sense of self and the body?

7. How have social discourses shaped the woman’s decision and meaning assigned to the process of having a nonsurgical cosmetic procedure?
CHAPTER TWO: REVIEW OF LITERATURE

Introduction

This review of literature is organized into five sections. The first section discusses the history of cosmetics and cosmetic surgery. The second and third sections discuss theory related to the embodied individual within society and feminist interpretations of the dressed body in society respectively, whereas the fourth section addresses issues related to technology and the body. Symbolic consumption and related sociological theories are reviewed in the fifth and final section. Finally, the review concludes with a critical evaluation of existing literature and directions for future work.

Cosmetic Technologies of the Body

Cosmetic technologies of the body may be defined as a form of enhancement technology aimed “to improve human characteristics, including appearance and mental or physical functioning, often beyond what is ‘normal’ or necessary for life and well-being” (Hogle, 2005, p. 695). Enhancement technologies are considered to be enhancing interventions into the body that are not essential in sustaining health of the body. Within this framework, enhancement focuses on “intervention, redesign, and upgrading capabilities” (Hogle, 2005, p. 697).

Enhancement technologies of the body would include physical performance-enhancing technologies such as human growth hormone (hGH) and steroids for increased athletic capabilities, other physical enhancements such as prosthetic body parts, and cognitive and neurological enhancements such as psychopharmaceutical drugs to improve memory or mood (Hogle, 2005). In addition, enhancement technologies include cosmetic technologies that are aimed at specifically enhancing (i.e., improving) one’s appearance.
Cosmetic technologies of the body represent a “technology of the self” in the Foucauldian sense, whereby individuals engage in the creation and maintenance of the self by engaging the body in various disciplined practices (Foucault, 1988).

Cosmetic enhancement technologies are considered to be dress behaviors. Dress refers to intentional body modifications and/or supplements to the body that may be perceived (i.e., communicated and understood) by others (Roach-Higgins & Eicher, 1992). As such, the “dressed person is a gestalt that includes body, all direct modification of the body itself, and all three-dimensional supplements added to it” (Eicher & Roach-Higgins, 1992, p. 13). Meanings of dress are socially and culturally bound and therefore shift over time and across cultures, particularly in light of technological advancements (Roach-Higgins & Eicher, 1992).

Demand for cosmetic technologies of the body is constantly on the rise in the form of cosmetic surgery, nonsurgical procedures, or products to use at home. Much technological development begins in the realm of cosmetic surgery, and other nonsurgical advancements follow. New techniques and apparatus improve cosmetic surgical procedure success, particularly by limiting the amount of incision into the flesh and reducing time for recovery while providing better results in appearance improvement. As these surgical techniques improve, nonsurgical techniques improve in order to offer similar results, albeit not as dramatic.

**History of Cosmetics**

Some theorists have argued that body modification, particularly body modification that results in the body’s closer approximation to the given cultural ideal, is a human universal that spans every culture over time in recorded history (Kligman, 1985). Although
every culture over time has varied notions of what constitutes beauty and what the meanings of beauty are, throughout history body modification in the pursuit of physical attractiveness has pervaded human behavior (Graham & Kligman, 1985). Aspects of appearance play an important role in providing context and meaning by signaling status or rank, social role, group affiliation, marital status, age, and gender. Individuals with an appearance considered more physically attractive often have achieved greater status and social rank due to the assumption that what is beautiful is good, and subsequently what is not beautiful is bad (Dion, Berscheid & Walster, 1972).

One tool used in the production of an attractive appearance is the use of cosmetics, which have the primary function of improving the appearance of the skin and body. “Cosmetic practices are unique to humans” as no other species on the planet has a history of bodily adornment and modification for the sake of beautification (Kligman, 1985, p. 4).

Early development and use of cosmetics primarily served medical purposes and protection from environmental factors but as cosmetics have evolved, their function has become associated with bodily adornment and modification for aesthetic purposes (Kligman, 1985).

The psychological effects of cosmetics can be highly beneficial. Through the use of cosmetics to achieve a more beautiful and attractive appearance, one’s self-esteem and self-concept may improve (Graham, 1985). Additionally, improved self-esteem and self-concept can greatly benefit individuals who have a stigmatized appearance and are therefore likely to face psychological hardships (Graham, 1985).

**Cosmetic Surgery Beginnings**

The remedying of face and body disfigurement was the primary motive in the development of plastic surgery, particularly reconstructive plastic surgery, which dates back
to ancient Egypt (Haiken, 1997; Maltz, 1946). Surgeons developed the skills for face and body reconstruction during war times to repair and restore, as much as possible, the appearance of soldiers wounded in battle (Haiken, 1997; Maltz, 1946). As traditional medical procedures and practices advanced, so too did plastic surgical techniques.

Modern plastic surgery had its beginning in the late nineteenth and early twentieth centuries in the industrialized West, and dramatically increased in popularity during and following World War I due to the extreme facial disfigurements caused by trench warfare practices (Haiken, 1997). Facial disfigurement was debilitating both physically and socially for soldiers, particularly because much importance was placed on a man’s economic ability, an ability that was made possible because of his appearance (Haiken, 1997). As such, surgeons were dedicated to helping the soldiers recover as normal an appearance as possible, often with much success.

As plastic surgical techniques became more sophisticated and successful, the mass population became more interested in the capabilities of such cosmetic techniques. Many within the profession of plastic surgery saw great growth potential in offering cosmetic services to the general public. “In the public mind, at least, it was and is inextricably intertwined with the cultural practice of self-presentation. The speciality’s [plastic surgery] early development, then, must be viewed in a cultural, as well as medical, context – specifically, that of the American culture of beauty” (Haiken, 1997, p. 18). Although cosmetic surgery began as reconstructive surgery to repair face and body abnormalities, the practice reached new levels of popularity and accessibility in the midst of America’s consumer culture of the twentieth century.
The Embodied Self

The notion of the embodied self has become increasingly central within sociological theory in the past decades, particularly in understanding how the self is shaped within society through bodily experiences (Howson, 2004). According to Shilling (2005), “the body is not only a source of and location for society, but is a vital means through which individuals are positioned within and oriented towards society” (emphasis his, p. 11). This view of the body serves as a “multi-dimensional medium” for understanding and exploring societal interactions and meanings. This approach to the body also underscores the importance of the embodied individual’s agency in intervening in and shaping meaning of the social environment (Shilling, 2005).

From a phenomenological perspective, sociologist Merleu-Ponty (1962) argues that the body is the vehicle through which the world is understood and interpreted, and, thus, mind and body function together to inform experience. Our perception of our environment through the bodily senses plays the important role of mediating this interconnectedness of the mind and body. Within this context, the embodied individual is an active agent in the creation of meaning and understanding of society (Merleu-Ponty, 1962; Shilling, 2005).

Additionally, Bourdieu (1984) contributed greatly to theory of the body. He posits that the embodied individual is an active agent in producing meaning within and about society, much like Merleu-Ponty (1962) proposed, but further argues that society also shapes this meaning and understanding of the world. Particularly, Bourdieu’s notion of habitus places much importance on the dynamic role of agent and society in shaping meaning. According to Bourdieu, habitus is informed by an individual’s social location and consists of “the collective culture into which people are ingrained” (Howson, 2004, p. 100). This
collective culture shapes individual taste and preference, which are then reified within that particular social field. Bourdieu understands social fields as “constituted by organized spaces which each possess their own regulative principles” as opposed to social life at large being governed by a single culture (Shilling, 2005, p. 61). In this way, “the amount of body work done on the body by different classes in order to enhance self-presentation is ‘proportionate to the chances of material or symbolic profit they can reasonably expect from it’” (Shilling, 2005, p. 63). Therefore, understanding of the world through the body is based on an individual’s social location, which is in part informed by social class.

In a diverging vein, Giddens (1991) suggests that the body is not confined to habitus but rather that the body is infinitely malleable in positioning the embodied individual within society. With this view of the malleable and flexible body, the body then can be designed in any way one may desire, and this designing is aided by numerous technological advancements to shape and manipulate the contours and composition of the body, and in effect, identity. This process of creating and managing the self and body are what Giddens (1991) refers to as a reflexive project (Askegaard, Gertsen, & Langer, 2002).

Contemporary perspectives on the body-society relationship may vary; however, all contribute to understanding the elusive nature of the body within society (Shilling, 2005). According to Shilling (2005), the variety of thought developed on the body can only enhance further development of body theory. From this view, even when some theory exhibits limitations, other aspects of understanding may be illuminated to create knowledge related to how the body has a multi-dimensional relationship with society (Shilling, 2005).
Feminist Interpretations of the Dressed Body in Society

Feminist theory related to issues of the body have addressed issues of reproduction (Lorber, 1993; Weitz, 2002), sexuality (Birke, 1999; Fausto-Sterling, 2000; hooks, 1992; Irigaray, 1999), and/or rape and abuse (MacKinnon, 1989), and increasingly, feminist theory has explored issues of appearance management and the body. Feminist theory of the body often examines the production of cultural meanings about the appearance of the female body, and the ways in which such meanings are produced by and situated within a capitalistic social structure marked by patterns of hegemony and patriarchy. By situating such concern within a political agenda, feminists have formed a context for a “more general project among women to ‘reclaim’ their bodies from male control” (Shilling, 2003, p. 28).

Fundamental to much contemporary feminist thought is the notion that modern Western society is structured in a patriarchal fashion in which men have dominance over women, traditionally the subordinate gender category. In turn, these gender differences are thought to intersect with racial and class differences, which taken together, form a complex system of hierarchy that enables a dominant, white, middle-class, male category to hold the highest level of power. According to feminist scholars, this power dynamic is underpinned by a Cartesian framework of epistemology, which dates back to the period of Enlightenment during the eighteenth century and presumes that all humans have the capacity to reach a neutral, “objective” view of knowledge, or one truth. Therefore, for one to deviate from the “objective” truth would mean that his/her capacity for rational thought is limited. These “epistemological assumptions typically are accompanied by characteristically dualist ontologies that sharply separate the universal from the particular, culture from nature, mind from body, and reason from emotion” (Jaggar & Bordo, 1989, p. 3). Traditional western
thought rooted in a Cartesian framework values the former component of the binary and devalues the latter realm of natural, emotional, and relativistic (e.g., reason is of high value, whereas emotion is of less value). Also inherent in these binary constructions is the association of the female with the devalued component and the male with the valued component. Hence, within the Cartesian framework, the female is seen as associated with nature, body, and emotion, all of which are culturally devalued and deviate from “objective” truth, presumably limiting women’s capacity for reasoned thought. Feminists have argued that the Western ideological tradition of dualism has been used to support patriarchal structures, in part by promoting the notion of women as at the mercy of their embodiment, and thus, as illogical, ineffectual, and unimportant (Jaggar & Bordo, 1989).

Some feminist theorists have argued that beauty regimens and the female relentless quest for attractiveness and beauty are linked to male oppression and control of women (Bartky, 1990; Faludi, 1991; Wolf, 1991). This control manifests itself through cultural promotions of a beauty ideal that, according to Bartky (1990), “can never be realized” (p. 96). Additionally, these theorists argue that contemporary cultural discourses about the body (a) construct an unrealistic and singular ideal of beauty defined by thinness and youthfulness and (b) promote the notion that a woman’s physical appearance is an appropriate measure of her social worth. According to these theorists (Faludi, 1991; Wolf, 1991), through media promotions, beauty industries not only foster culture-wide anxieties within women about their appearances, and thus, their social value, but also oppress women by encouraging them to spend time and money on risky beauty routines instead of pursuing other interests or goals. Wolf (1991) refers to this cultural ideology as the “beauty myth.”
Although both Wolf (1991) and Faludi (1991) implicate male-dominated beauty industries as responsible for the production and maintenance of the beauty myth, Faludi more thoroughly addresses the role of male motives behind the myth. In particular, Faludi proposes that the campaign to preoccupy women with issues of the body and appearance was staged as a backlash in response to negative media representations of women involved in the modern feminist movement of the 1970s and 1980s. Faludi (1991) suggests that this backlash was manifested in the form of social discourses – constructed by men and embraced and perpetuated by patriarchal society – promoting the value of female beauty and encouraging women to focus upon their appearances, thereby diverting their attention from and efforts toward political activism. According to Faludi (1991), the modern women’s movement led to a dramatic decline in sales for the cosmetic industry, perhaps because in the context of the movement, cosmetics came to be viewed among feminists as negatively influencing women’s evaluations of their own beauty. In response to this trend, the (male-dominated) beauty industry began to promote varied consumer products and radical body regimens that could be used to achieve ideal female beauty, as embodied by traits such as a youthful, slim, and toned appearance. For instance, scare tactics were used to market high-tech creams geared toward reversing and/or delaying the aging process. Such promotions, Faludi suggests, were especially harmful to women, shifting the cultural focus to women’s appearances and away from their struggle for equality.

Thus, the arguments of both Wolf and Faludi rely upon the assumption that women are the victims of jarring conditions linked to the body and set forth by men through patriarchal society. In this way, their perspectives imply a model of oppressor versus oppressed, with women being the victims of male oppression. Such a model is grounded in
modernist thought and gender constructions, and in particular, reflects Cartesian binaries associated with modernist ideologies (e.g., male oppressor versus female victim).

In contrast to these more modernist feminist perspectives on the body, postmodern feminist thought related to the body rejects the Cartesian mind/body dualism that has shaped traditional western thought (Shildrick & Price, 1999). Much of this theory aims to deconstruct the dualistic construction of gender differences, and more specifically, to transcend the oppressor versus oppressed model. Noted feminist theorist, Bordo (1993), argues that the oppressed versus oppressor model has proven to be inadequate due “to the social and historical complexities of the situation of men and women” (1993, p. 23). For instance, according to Bordo, the oppressed versus oppressor model does not take into account the role of women in contributing to cultural ideals of beauty, particularly women’s involvement in cultural practices of beauty that serve to sexualize and objectify women. Women (including self-identified feminists) have historically played key leadership roles in both the beauty and advertising industries, overseeing enterprises such as Revlon, Estee Lauder, and Cover Girl and directing women-oriented advertising campaigns such as Moore and Champ’s Nike campaign for women’s athletic clothing (Scott, 1993). In this way, the beauty industry has historically provided women with some measure of power and control over their circumstances (Scott, 1993). Further, Bordo critiques the deterministic nature of the oppressed versus oppressor model, suggesting that the model serves to “essentialize” the behaviors and characteristics of men and women.

Contemporary postmodern feminist theory related to appearance management and the body also has been informed to a great extent by the theories of Foucault and Bourdieu. Bartky (1990), Bordo (1993), and Butler (1990) have invoked the Foucauldian concept of the
disciplined or “docile” body to explore issues of the body and gendered power. According to Bourdieu (1984) and Foucault (1977), the body is a product of culture and a locus of social control, particularly within a patriarchal social structure in which men implement control over women. The “docile” body is a body that is controlled and disciplined in accord with prevailing socio-cultural discourses of attractiveness. Key here is the notion that docile bodies engage in a perpetual surveillance process, in which they monitor the physical self for fit with cultural ideals and invoke disciplinary practices (e.g., diet and exercise regimens, beauty and health care procedures, wearing of fashionable clothing) to manipulate the body so as to conform to the given ideal.

Bartky (1990) draws upon Foucault’s optics of power to construct an account of the ways in which women’s bodies are subjected to varied disciplinary practices that simultaneously construct femininity as imperative and “serve the interest of [patriarchal] domination” (p. 103). Although she acknowledges the cultural rewards of beauty and the ways in which such accommodation to cultural norms of attractiveness may serve as a fulcrum for female identity, Bartky also cautions that women should “learn to read the cultural messages” we inscribe on the body (p. 109). These “contradictory trajectories whereby women seek pleasure and construct identities as a fragmented intertextual process that works upon, against, and through the body” (Radner, 1995, p. xiv) incite ambivalence about the self, and in effect, the body. This ambivalence is marked by the contradictions experienced by the self in the creation and expression of identity through the body and embodied experience.

Feminist applications of Foucault’s work to understand female embodiment suggest that disciplinary practices have allowed for the female body to become a site of male control
or power. Implicit here is the assumption that the pervasive but un-locatable meanings about desirable bodies – meanings that are invoked as part of the surveillance process are the product of male-dominated capitalistic structures (i.e., patriarchal structures) that control the representation of the female body in consumer culture (e.g., Bartky, 1990; Bordo, 1993; Butler, 1990; Foucault, 1980). Here, it is important to note that advocates of this perspective do not present gendered forms of power in a dualistic, “have” or “have not” manner, but rather, view power as a “dynamic or network of non-centralized forces” that are informed by historical practices and that therefore privilege certain groups and/or ideologies (Bordo, 1993, p. 26). Thus, power so defined is “non-authoritarian, non-conspiratorial, and indeed non-orchestrated,” and dominance is maintained through various social practices and discourses (e.g., cultural discourses that promote narrow norms of female attractiveness and related surveillance activities) (Bordo, 1993, p. 26).

In addition to exploring themes of oppression, feminist scholarship of the body also has addressed the ways in which women can achieve empowerment by accommodating cultural norms of beauty, in part because traditionally, appearance has been socially constructed as a viable means through which women could gain power within Western societies. For instance, Bordo (1993) addresses the varied meanings attached to the contemporary female beauty ideal of a disciplined body that is thin and toned. In particular, she suggests that this ideal is symbolic of women’s collective move into the professional or traditionally masculine sphere because it represents the rejection of bodily symbols of maternal power (e.g., hourglass figure commonly associated with domesticity and maternal authority). She further argues that the disciplinary practices required to achieve a slender, muscular, fit body are symbolic of self-mastery and control over desires because they require
control of food intake and the hard work of exercise. Traits such as self-mastery and control over desire are highly admired within U.S. culture. Additionally, such traits often are linked to rationality, and thus, are frequently assumed to be possessed by men. For women, then, embracing the disciplined body as thin and fit can facilitate acceptance into the professional sphere, and thus, function as a sign of success in a male-dominated business culture (Bordo, 1993).

Empirical work by feminist authors also has suggested that women who are savvy to cultural and societal pressures about the body may use this awareness to their advantage, seeking power through the exploitation of cultural scripts of female beauty. For instance, Weitz (2002) found that women may choose to manipulate their appearances, and in particular, their hairstyles, in concert or contrast with social norms for the purpose of gaining power, however limited that power may be. Similarly, in her qualitative study of cosmetic surgery patients, Davis (1995) discovered that although most participants acknowledged that they wanted to improve appearances through surgery, they were not necessarily focused upon achieving greater levels of beauty (e.g., attaining the beauty ideal). She found that the women pursued surgery to alleviate the pain and suffering they had experienced all of their life because of a stigmatized appearance. Through their stories, cosmetic surgery was viewed by Davis as “understandable and even unavoidable course of action in light of their particular biographical circumstances” (p. 455). The women in the study were motivated to undergo cosmetic surgery for purposes of personal empowerment, often perceiving their pre-surgery appearances as a roadblock to achieving certain personal goals. Thus, women may gain power in certain situations by resisting cultural norms, accommodating them, or both, depending upon the situation (Weitz, 2002).
It is important to acknowledge that although the feminist authors reviewed herein acknowledge the link between appearance and power, they also raise important concerns about female empowerment that is linked to appearance. For instance, Bordo (1993) provides a critique of contemporary consumer discourses advising women that, through the use of varied beauty products and regimens, they are empowered to “choose” to look however they desire. At the heart of her critique is the notion that although such discourses may suggest that women can be empowered through their appearance management choices, such choices are not truly “free” choices, but rather, are choices made “under pressure” from the prevailing cultural discourses about which bodies are most valuable. In such a cultural context, then, it may be difficult for women to negotiate their appearance management decisions, whether they are resisting or accommodating cultural norms of female beauty.

As noted, some feminist theorists utilize the Cartesian framework to illustrate male domination over women, and some feminist theorists find the Cartesian framework as too simplistic for understanding women’s relationship with their bodies. Noted feminist theorist, Judith Butler (1990), argues that gender, as a cultural construction, can be manipulated in different ways to portray different identities that become performative. According to Butler, gender is performative as the individual yields a believable performance to others within social convention, thus making gender performativity a social practice. Through the use of gestures and appearances, particularly with regard to sexuality, individuals produce discursive identities that are contradictory in nature. In this sense, Butler argues that traditional Cartesian binaries (e.g., reason/emotion, culture/nature) are unstable, yet paradoxically confirmed by the performativity of an individual. According to Butler, the instability of all bodies can be visibly seen by their outward appearance “from which they are
alienated and yet on which they are dependent” (Shildrick & Price, 1999, p. 9). Butler argues that to deconstruct gender ideologies, we must first deconstruct the manner in which the body is associated with power.

**Technology and the Body: A Tenuous Relationship**

Increased technological advancements designed to reshape and recreate the body have left women with a sense of uncertainty and ambivalence about notions of a “real” body and how a body should be altered (Evans, 2002). Technology implies innovation, and innovation implies improvement upon something that already exists. Thus, technologies of the body, particularly as a function of appearance management, become problematic as they suggest that parts of the body are in need of improvement and that the technologies to replace or reshape parts of the body could potentially lead to the elimination of “real” bodies (Fortunati, Katz, and Riccini, 2003).

Thus, in considering the body in relation to technological body interventions, the question of a “real” or a natural body is brought to the forefront, particularly within feminist theory. Much debate exists in defining natural versus unnatural bodies and what in fact constitutes a natural body. Some theorists argue that a natural body exists prior to cultural and social influence (Fraser, 2001; Negrin, 2002), whereas other theorists contend that the “natural” body is a social construction based upon notions of medical discourse (Grosz, 1994). However, “the natural body is a misleading construct that fails to acknowledge that all bodies are inevitably shaped and controlled by cultural discourse and norms” (Clarke & Griffin, 2006, p. 188). Therefore, the boundary between conceptions of natural and unnatural is blurry and indistinguishable.
Further, to use Haraway’s (1985) cyborg argument, human embodiment becomes “a hybrid of machine and organism” when technology interfaces the flesh of the body (p. 502). “A cyborg is a creature in a postgender world” where identity is based upon shifting and malleable meaning, balancing between acceptance of difference and striving for likeness (p. 503). Haraway is making the point that there is no boundary between what is artificial and what is real, what is natural and what is unnatural. “The human body is enhanced by a range of products, activities, and technologies that call into question boundaries between nature and culture…As such, the boundary dissolution materialized in the cyborg functions as a motif of the possibility for political and social change” (Howson, 2004, p. 89, 91).

Additionally, Butler’s (2004) notion of gender performativity aims to illuminate the illusion of a natural body. According to Butler, “gender is instituted through the stylization of the body and, hence must be understood as the mundane way in which bodily gestures, movements, and enactments of various kinds constitute the illusion of an abiding gendered self” (p. 415). In this sense, “one is not simply a body, but…one does one’s body” (p. 417). It is through these stylized acts that a “natural” body becomes understood in a socio-cultural context. However, the notion of a “natural” body, and in effect a “natural” gender or sex distinction, is socially constructed and perpetuated through this performativity. As an individual presents him/herself to the world, gender performativity is a “regulated and sanctioned form of essence fabrication” (p. 423) whereby “natural” does not exist.

The tenuous relationship between technology and the body is formed through “boundary anxieties” (Howson, 2004, p. 91). Boundary anxieties are cultural anxieties about the boundaries of the “natural” body (e.g., what constitutes natural or unnatural) and arise when there is not full awareness of what is appropriate technological intervention with the
body and when certain intervention is justified. For example, it may seem quite appropriate for a woman to have breast reconstruction surgery when she has had a mastectomy, but breast augmentation may not seem appropriate for a young woman wanting to enlarge her healthy, normal breasts. These boundary anxieties form the basis for ambivalence toward the body and technology.

Questions about how one negotiates the embodied self, and in effect identity, arise as technology interfaces with the body. In one sense, body modification may serve as a means for creating the self, or on the other hand, may function as a means for stifling the self, which Elizabeth Wilson (2003) refers to as an “irreconcilable syllogism” (p. 232). Additionally, McRobbie (1997) refers to this as “guilty pleasure” (p. 75)—simultaneous support of, yet discomfort with, consumption in the pursuit of female beauty.

Feminist theory provides fruitful ground for understanding the ambivalent relationship between the body and technology. This ambivalent space may be a path for future feminist theory related to the body and technology. The question for feminist theory of the body is not whether one should partake in beauty regimens and appearance management in concert or contrast with cultural ideals but rather how can the politics of these ideals be transformed to balance the power dynamic that creates such a gender dichotomy in terms of appearances.

**Symbolic Consumption**

Consumption refers to the processes involved when “individuals or groups select, purchase, use, or dispose of products, services, ideas, or experiences to satisfy needs and desires” (Solomon & Rabolt, 2004, p. 23). The notion of consumption as a consumer behavior is recognized as an ongoing process of decision-making. Research suggests that
consumption of various products play a symbolic role in defining social reality and guiding appropriate behavior within that social context (Solomon, 1983). Thus, understanding the role of symbolic consumption in shaping meanings of the self is useful to aid in understanding the consumption of nonsurgical procedures, which represent an extreme form of symbolic consumption (Schouten, 1991).

Consumer researchers contend that contemporary society is a consumer culture, “where our social life operates in the sphere of consumption” (Wattanasuwan, 2005, p. 179). Within this consumer culture, our options for consumption abound, thus often making consumption decisions meaningful. As individuals within society “we do not consume products, activities, or beliefs only to satisfy our needs but also to carry out our self-creation project” (Wattanasuwan, 2005, p. 179). Various theories from sociology illuminate the symbolic nature of consumption for social beings.

**Symbolic Interactionism**

Symbolic interaction is a broad and complex theory of human interaction, which consists of various sub-theories that connect under the same basic premises. These premises developed by Mead (1934) are more clearly articulated by Blumer (1969) and are: “(a) Humans interact with things based upon their meanings, (b) meaning is developed from social interaction among humans, and (c) meanings are negotiated through interpretative processes by individuals” (Blumer, 1969, p. 2). The theory of symbolic interaction is focused upon the interaction between human individuals to create, shape, and understand the complex meanings found within the social world.

In order to make sense of the world around us, individuals must take on the role of the other, during which he or she aims to understand someone else’s situation and thought
process. Through this interaction, our understanding of social meanings arise as well as our understanding of ourselves. Hence, others are integral in shaping our own selves, particularly those others whom we deem important or significant to our self-concept. To take on the role of the other we must first define the situation based upon our past experiences and cues given during the current interaction. Here, one’s managed appearance plays a crucial part in helping to define the situation and direct the interaction.

According to Stone (1962), the primary components of social interaction include appearance and discourse, where appearance represents the non-verbal transmission of information and discourse represents the verbal transmission of information. Appearance “sets the stage for, permits, sustains, and delimits the possibilities of discourse by underwriting the possibility of meaningful discussion” (Stone, 1962, p. 89). Appearance lends cues and information to the other in the interaction. For example, a woman in a business suit will act differently in interactions than if she were wearing sweats. It is through our appearance, or our programs, that we elicit the reviews or responses others have to our programs; these responses shape our sense of the situation and ultimately, our sense of self.

Within a symbolic interaction framework, feelings about the self emerge from interaction with others, which may play a motivating role in the decision to undergo nonsurgical cosmetic procedures. As American culture places more value on youth and beauty, individuals who deviate from this ideal may feel a sense of dissatisfaction with their appearance and wish to make changes and alterations in order to come closer in proximity to this ideal. As such, both close personal relationships and larger cultural messages may impact individual feelings of the self, self-concept, and self-esteem.
The Dramaturgical Perspective

The dramaturgical perspective is a sub-theory of symbolic interaction theory that was developed by Erving Goffman (1959). This perspective takes the basic premises defined above a bit further to examine social interaction through the use of drama and acting as metaphor for the complex process of shaping and understanding meaning. Goffman (1959) contends that actors, or individuals in social situations, put on performances to others in the social space referred to as the front (p. 22).

Our understanding of the social world lends the expectation that one appears as one truly is. However, an actor may know the role and performance without legitimately holding that particular role. From a dramaturgical perspective the actor’s performance depends greatly on the audience’s review or reaction to the performance to shape further interaction. Dramaturgy is often used to illustrate the nature of appearance within social situations. As actors and appearance managers, we perform in front of others anticipating a review of our appearance to negotiate future performances and appearance choices.

Further, from a dramaturgical perspective, actors come to understand the social world and how they may situate themselves within it (i.e., perform in accordance with social convention). “Thus it is proposed that product symbolism is often consumed by the social actor for the purpose of defining and clarifying behavior patterns associated with social roles” (Solomon, 1983, p. 320). Appearance management related consumption is an important prop for the setting the stage and for the actor’s performance to have legitimacy. For instance, if a police officer is not wearing the ascribed uniform, onlookers will not likely believe his or her performance as a police officer. Appearance are critical is setting the stage for the actor, much like defining the situation in symbolic interaction terms. Thus,
appearance management is central to bringing the embodied practice of appearance management related behaviors into frame.

Social roles play an integral part to an individual’s self-concept. Symbols that portray a particular social role aid the individual in legitimating to others that particular role and may help the individual create self-understanding (Schouten, 1991). Additionally, many consumer researchers contend that symbolic consumption may represent a means for individuals to overcome the ambiguity of role change (Noble & Walker, 1997; Schouten, 1991). During times of role change marked by uncertainty, the consumption of various props can help the actor make the transition into another role. For example, when a student is graduating from college and moving into a professional career, the consumption of appropriate professional attire such as suiting, can symbolically define his or her role as a career person.

Conclusions

To date, research related to cosmetic technologies of the body has included primarily research of cosmetic surgery. Much feminist research in this area has focused on the ways in which consumer culture mandates a narrow ideal of female beauty, which then leads women to the extreme measure of cosmetic surgery. Additionally, the literature related to technological intervention with the body, particularly as a form of symbolic consumption, is rather limited.

Certainly, the literature reviewed within this paper has suggested a growing interest among scholars in seeking understanding of cosmetic surgery and, more specifically, the relationship between technology, the body, and the self. To date, however, researchers have not focused efforts on nonsurgical cosmetic procedures. This gap in the literature has
suggested a need for future work in this area. Therefore, the purpose of the present study was to explore how women consume nonsurgical cosmetic procedures. Although the primary goal of the present research was to identify emergent meanings from in-depth interviews, the literature reviewed within this chapter has enriched the researcher’s interpretations of the data and has helped her to situate and contextualize her findings within or in relation to the body of existing theory and work. Finally, because this work explores the confluence of multiple disciplines, findings have the potential to enrich scholarship in feminism, consumer behavior, and textiles and apparel.
CHAPTER THREE: METHOD

For the purpose of this study, in-depth, one-on-one interviews were the primary means for gaining insight into women’s consumption of nonsurgical cosmetic procedures. In semi-structured, in-depth interviews, “the goal is to explore a topic more openly and to allow interviewees to express their opinions and ideas in their own words” (Esterberg, 2002, p. 87). The in-depth interviewing technique involves a free exchange of dialogue between the interviewer and interviewee (Esterberg, 2002) and provides a forum for deeper understanding to be gained about the present topic, nonsurgical cosmetic procedures. Within this framework, the researcher proposed a series of questions, an interview schedule (Appendix A), to explore and guide the interview while keeping in mind the unique dynamic of each interview; the researcher ensured that each interviewee had the opportunity to tell her own story. In addition to the interview, each participant filled out a personal data sheet (Appendix B) in order for the researcher to gain pertinent demographic and background information.

Sample and Data Collection

The sample \((n = 10)\) for the present study was obtained using a snowball sampling technique. In snowball sampling, a key informant, usually initial participants and/or known acquaintances of the researcher, referred the researcher to other potential participants such as friends, acquaintances, or others they feel may be appropriate for the study. With snowball sampling, a level of trust may be established through the key informant, making other participants feel more comfortable to join the study and free to discuss the topic (Esterberg, 2002). Because discussion of nonsurgical cosmetic procedures may be difficult for some participants without any prior trust established, snowball sampling was an ideal method.
Upon identification of key informants in both Texas and Iowa, each key informant referred other possible participants who were appropriate for the study. The key informants were identified through convenience, as they were acquaintances of the researcher and located in two distinct regions of the U.S. The key informants gave each interested potential participant an informational letter (Appendix C). This informational letter described the study and nature of participation, and notified potential participants that the researcher would be contacting them. Interested participants then gave their names and telephone numbers to the key informant who then passed the contact information along to the research.

The researcher made an initial phone call to each possible participants to verify their appropriateness for the study and interest in participating and to set up a time for the interview. Inclusion criteria for participation within the study limited participants to females who had undergone a nonsurgical cosmetic procedure and who were over the age of 25. Nonsurgical cosmetic procedures included those procedures administered by a licensed professional that did not involve general anesthesia and that were completed within a relatively short amount of time (see Table 2 and Appendix D). Additionally, two participants were licensed professionals who perform the procedures.

At the beginning of the interview, each participant was asked to sign a consent form (Appendix E) and to fill out the personal data sheet. Interviews lasted approximately one and one half hours and were tape recorded and later transcribed. Also, each participant was given the opportunity to receive a copy of the transcript and a final copy of the present research. Pseudonyms for participants were used throughout the reporting of findings in order to protect the participant’s anonymity.
Table 2. Nonsurgical cosmetic procedures.

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<th>Nonsurgical Cosmetic Procedures</th>
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<td>Soft Tissue Fillers:</td>
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<td>Restylane*</td>
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<td>Microdermabrasion*</td>
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<td>Laser leg vein treatment</td>
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<td></td>
<td>Laser hair removal*</td>
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*indicates a participant in the study underwent the procedure. See Appendix D for a definition of each procedure.

**Data Analysis**

Data was analyzed using constant comparison processes with which meanings within the data are identified (Strauss & Corbin, 1998). Data were coded, or broken down, compared, categorized, and put back together in new ways (Strauss & Corbin, 1998). Unlike positivistic approaches, the constant comparison approach is interpretive and inductive; through a number of coding processes, key concepts and themes emerged from the data and were interpreted by the researcher. Although interpretive work may draw connections between existing theory and the data, the primary goal of interpretive work is not to test a hypothesis or theory, but rather, to gain understanding about a phenomenon (Anderson-Hudson & Ozanne, 1988)

Concept identification and categorization were the first two steps in the constant comparison process (Strauss & Corbin, 1998). Here, the researcher made detailed notes (in transcript margins and in a separate journal) about key ideas, or concepts, within the
interviews. Next, these different concepts were compared against one another where similar concepts were collapsed into higher order, more abstract categories that were labeled to represent the phenomenon or emergent theme. These categories or themes then were developed into a coding guide that was applied to the data during the open coding process (Strauss & Corbin, 1998). During open coding, the researcher continued to explore the data for new themes, adapting the coding guide accordingly and ensuring that the categories represented the whole of the key ideas within the data.

During axial coding processes, which involved further abstraction, the researcher searched the data for (a) linkages among themes and (b) patterns among those linkages (Strauss & Corbin, 1990). The researcher examined what types of contexts in which various themes or meanings are situated. Finally, the researcher invoked selective coding processes to synthesize and refine meanings and relationships discovered within the data (Strauss & Corbin, 1998). To this end, the researcher engaged in “dialectical tacking” with the literature (Geertz, 1983), providing an interplay among the data, her interpretations, and prior work.

Several measures were taken to increase trustworthiness and dependability of the data collection and analysis processes. First, throughout the coding process, the researcher and major professor met to discuss the coding guide, including the relationships and meanings of the coded material. Second, an additional coder, a fellow graduate student well versed in qualitative methods, worked with the researcher to audit her application of the coding guide to the data for 25% of the data. An interrater reliability coefficient was calculated by dividing the total number of agreements (i.e., instances in which the researcher and the audit coder agree) by the total number of decisions made (e.g., decisions assigned a specific code to portions of the interview). The interrater reliability for 25% of the data was 97%. All
disagreements in decision-making were negotiated between the researcher and the audit
coder.

**Issues of Theoretical Sensitivity**

Theoretical sensitivity refers to the human aspect of the data analysis process. That is, as humans, we bring prior experience and knowledge into our research that creates a sensitivity that may alter our perception of the analysis (Strauss & Corbin, 1998). According to Strauss and Corbin (1998), it is important for the researcher to practice techniques to improve objectivity when conducting qualitative research. Objectivity refers to the willingness of the researcher to recognize his/her own biases when analyzing data as well as an openness of the researcher to listen to the story told by the data rather than to impose preconceived understandings or hypotheses upon the data (Strauss & Corbin, 1998).

The primary goal of this study was to gain understanding of how women consume nonsurgical cosmetic procedures and how this consumption shapes meanings of the self from a feminist perspective. As the researcher, I have been exposed to a variety of feminists and feminist strands of thought in my coursework and program of study. This exposure, as well as my own personal life experiences, has led me to develop my own approach to feminism and feminist research – an approach that has certainly shaped my interest in the proposed research project.

My views regarding feminism and appearance management of the body are a work in progress. Certainly, my reading in feminist theory has provided me with much insight into my personal beliefs as a feminist, particularly with regards to body and appearance. Although I agree with the argument that popular cultural discourses about female appearance can be oppressive and harmful to some women, I reap pleasure from managing my own
appearance and enjoy communicating who I am through appearance management behaviors. As a feminist then, I am somewhat ambivalent toward cosmetic alterations to the body whether those procedures are surgical or nonsurgical. Further, although I have not undergone any such procedures with regards to my own body, I feel that it is not my place to ridicule or have negative feelings toward individuals who do undergo surgical or nonsurgical cosmetic procedures. As I continue to explore feminist thinking, I imagine that my attitudes towards cosmetic technologies of the body and feminist theory will continue to evolve.
CHAPTER FOUR: RESULTS AND DISCUSSION

The following chapter includes a discussion of results and findings from the present study. The chapter begins with an overview of the participants within the study and is followed by more in-depth discussion of emergent themes from the qualitative analysis. The major emergent themes from the data included: (a) “The Consumption Process: From Information Search to Meanings of the Self,” (b) “Experiences of Ambivalence,” and (c) “The Aging Female Body: Experiences of Possible Selves.” Additionally, an outline and visual model of these major emergent themes and corresponding subthemes is included in Appendix H.

Overview of Participants

Participants from the present study included 10 women over the age of 25 who lived in Texas or Iowa. The ages of participants ranged from 25 to 60 with an average age of 40.3 years. Of the 10 participants, two were in their twenties, one in her thirties, two in their forties, four in their fifties and one in her sixties. Geographically, six of the participants resided in towns in the eastern region of the state of Texas and four resided in the state of Iowa. All of the participants were of Euro-American ethnicity (i.e., White/Caucasian) and all completed at least some college, with seven of the 10 earning bachelor’s degrees. All of the participants would be considered middle to upper-middle class, with over half of the participants having annual household incomes of $100,000 and up.

Two of the participants in the study were nonsurgical cosmetic procedure providers, including an esthetician with extensive dermatological training and a medical doctor specializing in ophthalmology. Both of these providers shed specific light on the experience in that they also had undergone nonsurgical cosmetic procedures themselves. By offering
this dual perspective of provider and client/patient, their insight into the topic of nonsurgical cosmetic procedures was unique and valuable.

**The Consumption Process: From Information Search to Meanings of Self**

Within the perspective on consumption as process, the act of consuming is considered in three stages: Prepurchase, purchase, and postpurchase (Solomon & Rabolt, 2004). The consumption of nonsurgical cosmetic procedures reflects each of these distinct stages in the process of decision-making. In the prepurchase stage, issues of motivation and information search arise, whereas during the purchase stage, issues of comfort, cost, and pleasure are considered. Finally, the postpurchase stage reflects how the purchaser viewed the consumption behavior in terms of whether or not it was pleasurable and whether the consumption led to desired results. In the following sections, each of the three stages will be discussed as they relate to the consumption of nonsurgical cosmetic procedures.

**Prepurchase**

_Motivations_

During the prepurchase stage, motivation and information search were the two most important factors considered by the participants. The primary motivation for all participants was the remedy of an unwanted appearance, whether that entailed an aging appearance such as increased wrinkles and sunspots or an undesirable appearance such as unwanted facial and body hair. The one possible exception to this was cosmetic tattooing, which was motivated in large part by convenience (i.e., the convenience of not having to put makeup on everyday). To some extent, the motivation to tattoo cosmetic effects, in part, was to remedy an unwanted appearance – a face with no makeup.
Consistent with previous research, a possible motivation within the realm of remedying an undesirable appearance was the consumption of nonsurgical cosmetic procedures as a means of self-actualization during role transitions (Schouten, 1991). Although this was not the case for the majority of participants in the study, it was the case for some. The following example is from a younger participant who chose to undergo a nonsurgical cosmetic procedure following divorce:

But that was one of the things that I was gaining back, my independence and my freedom and my self worth. And all those different factors that I thought, you know, that maybe I should do this. This is a perfect time. I won’t have to explain it to anybody. It will just be what it is. [So maybe kind of revealing a new you? Like moving forward with your life not only free of this relationship, but free of this other kind of appearance issue that you felt hindered things?] Yes. I was just going to say that. It felt much easier for me to like and be liked by someone. (Carrie, 20s)

For this participant, the remedying of an unwanted appearance represented freedom from the past, both the past relationship and the past self. As Schouten (1991) suggests, the “altering of one’s body is a powerful symbolic act that may assist a person in reintegrating a self-concept made ambiguous in the course of a major life transition” (p. 417). This may be the case for this participant. Following the termination of a marriage, she felt she was gaining back her “freedom” and “self-worth” and the consumption of a nonsurgical cosmetic procedure signified this new, “independent” self. This new self was seen as now worthy of the possibility of a new relationship.

The process of role transition may pose a concern, particularly for the provider of nonsurgical cosmetic procedures. For example, a doctor in Iowa described an encounter with a patient who underwent both surgical and nonsurgical cosmetic procedures:

She was going through a divorce and her self-esteem was a bit low. And, you know what? I think we really did help her self-esteem. And she’s a lovely lady. And, you know, this was a number of years ago and I see her every year. And she’s happily
remarried and life is good. So you have to be careful about patients who are going through a transition because if they’re going to latch on to “this is going to change my life” and it doesn’t, then maybe you’re going to be this bad guy. So I try not to do cosmetic procedures when patients have unrealistic expectations because they’re going to be unhappy and I’m going to be miserable. (Diane, 40s)

So I’m happy to make people feel better, but as long as they realize I’m not really changing their life. (Diane, 40s)

Here the doctor must be careful not to treat an individual with unrealistic expectations, as the result may end up negatively for both the client and the provider.

Some participants, including a provider, felt that the consumption of nonsurgical cosmetic procedures could serve as a form of preventative appearance management:

It’s prevention. It really is. I’ve talked to a lot of people and they do think of Botox as prevention instead of correction because if you prevent yourself from making that line then you’re not going to have anything to correct. So that’s why you’ve got a lot of people that are doing it that are younger now than they used to is because they’re stopping it before it starts. (Zora, 40s)

Because the aging process is inevitable, beginning treatment for signs of aging at an early time may limit the negative effects of the aging process (i.e., wrinkles and sunspots).

Additionally, as consumers begin using other types of cosmetic technologies (i.e., at home treatments and advanced skin care), they may begin to see positive results, which will then lead them into trying out other new technologies that are more advanced and costly (i.e., nonsurgical or surgical cosmetic procedures):

I didn’t actually start eye cream until I started working at a dermatologist. And then I started using all the product lines that we sold at the dermatologist. And I was like, wow! That really does work. It’s not BS. It really works. You know? So then the whole thing builds. Once you do that and you see something works, you go, oh, I bet something else works. And then you get in. And that’s how, I think, that people once they start doing it, usually try new things and get less scared. (Zora, 40s)
Other motivations for undergoing nonsurgical cosmetic procedures included the possibility of convenience from laborious appearance management practices such as the application of daily makeup. For example, the following participants decided to have eyeliner cosmetically tattooed in order to eliminate having to put the eyeliner on each day:

I’m real conscious about my eyes, you know, my eye make-up. And there was a nurse that was working in a nail salon where I went to have my nails done and I just kept seeing people, you know, that she would do. She did lips and eyes. And I just thought, you know, that would really save me a lot of headaches to have permanent eyeliner. [So for you it was time saving?] Oh, yes. And, you know, there are days when I just don’t really feel like putting on make-up. I just like to wash my face, put some moisturizer on and go. And it just kind of helps me think I look a little bit better with the eyeliner. (Susan, 50s)

But the fact that I don’t have to wear eyeliner for ten years. It’s worth it! (Elizabeth, 50)

These quotes illustrate the excitement and freedom from feeling confident about one’s appearance without having to put forth the everyday effort to keep up that appearance.

Despite the various components to one’s motivation to undergo a nonsurgical cosmetic procedure, ultimately the goal of all participants was to achieve a desired appearance that did not exist for them currently. The effects of a stigmatized or undesirable appearance may be both negative to the individual’s sense of self and long lasting:

I’ve never had self-confidence. Never. Which is why I keep having the procedures done, I think. (Elizabeth, 50s)

Because she felt she did not have self-confidence, Elizabeth admits that this could be a reason she continually uses nonsurgical cosmetic procedures. As her appearance improves with the procedures, she is exploring the possibility of those as a means to achieving self-confidence. Research confirms Elizabeth’s assumption that through the improvement of her appearance, she may gain some of the sense of self worth and confidence that was previously
lacking. This is due to the fact that because body image is so closely associated with an individual’s overall sense of self, as one becomes more satisfied with her body, her overall sense of self-esteem becomes more positive as well (Jones & Buckingham, 2005).

As found in previous research (e.g., Davis, 1995), participants were not motivated by others to undergo nonsurgical cosmetic procedures but instead felt an internal desire:

And then when I started having the procedures, it’s like [husband saying] you don’t need it. You don’t need it. And, you know, I kept saying, I want it. I need it for me. And he [husband] was supportive, but he didn’t understand why. (Elizabeth, 50s)

As Elizabeth mentions, her husband told her that she did not “need it,” but she felt that she did need it, and even wanted it, for herself. Her feelings and desires to have the procedures were not directly inspired or initiated by others, specifically a significant other. Additionally, Gloria comments:

For me I think it’s just from myself. You know, I think it’s just, like I say, that need. Whatever it is. [And to project in front of, even in front of strangers] That’s right. A nice appearance. Just, you know, for people to just say, well now, she is an attractive person. Or she, you know, takes care of herself. (Gloria, 60s)

These comments reflect similar findings to previous research related to cosmetic surgery patients (Davis, 1995).

Reflections on motivations as rooted in individual desire bring symbolic interaction processes to mind. Particularly, in reflecting on the imagined responses of others in validating the self, both Elizabeth and Gloria are taking on the role of the generalized other and shaping their behaviors as a result (Blumer, 1969; Mead, 1934). As Gloria mentions, she wants to project herself as someone who “takes care of herself” and as someone who is an “attractive person.” The consumption of nonsurgical cosmetic procedures serves as the resulting behavioral change in order to achieve the desired responses from others. This
represents Cooley’s (1902) concept of the looking glass self, a process in which we use social feedback, either real or imagined, to understand who we are.

In addition to considering individual desire as a motivation from a symbolic interactionist perspective, notions of Foucault’s (1977) docile body come to mind as well as notions of “the gaze” (Mulvey, 1975). In particular, the docile body internalizes prevailing socio-cultural discourses about attractive appearances and practices self-surveillance on the body in attempts to conform to such discourses. This self-surveillance process is rooted in the notion that an “other” is watching and thus “the gaze” becomes internalized within the self in attempts to be desirable to “the gaze.” This may be the case for participants in that they feel that their motivations are individual preferences but these motivations may be grounded in and perpetuated through patriarchy (Barky, 1990).

**Information Search**

For all participants, information search consisted of word-of mouth and external, deliberate information search. Participants relied primarily on the accounts of other individuals’ experiences with nonsurgical cosmetic procedures in gaining understanding of the procedures and deciding on a provider. The searching of information related to nonsurgical cosmetic procedures in this study was always deliberate in that participants actively sought out the information rather than passively encountering it. The information search often took place in an informal setting of friends, family, or acquaintances.

After a participant had undergone a nonsurgical cosmetic procedure, they then often served as an information source to others about the experience. Most commonly, people would ask participants (post procedure) questions related to cost and the experience during the actual procedure. One participant noted the “number one question - not how much does
it cost, but does it hurt’’ (Elizabeth, 50). Pain was of primary concern to the participants prior to their actual procedures. As such, having others’ first hand encounters, particularly as they related to pain, gave the participants a sense of validity to their expectations.

Within the context of information search, the primary objective was to find a provider that the participant felt she could trust. It often was important for the participant to develop a relationship with the provider as the participant continued a nonsurgical cosmetic procedure regimen. The following quotations illustrate the important role the provider plays in the nonsurgical cosmetic procedure experience:

My motivation was to look better and fresher. You know, I had talked with her [the provider] and my motivation was, I think, first of all was that I trusted her. I would not walk in anywhere without somebody that I knew something about. I would not. I wouldn’t let just anyone touch me. (Maya, 50s)

And, you know, I just won’t let anyone touch my face. Like when we go on our girlfriend trips, we always go to a spa or something, and I don’t let just anybody touch my face. I just don’t. You know? I did let her put on a hydrating mask because she said, do you want to just put on a hydrating mask? And I said, well, if that’s all that is. But as far as chemicals and peels and stuff, no. I’ll let the professional do that. (Joanne, 50s)

Both of these participants speak to the fact that this type of procedure represents a possibility of error on the part of the providers. If the procedure is not performed in the correct manner, the participants will have to face the possible consequences of a botched procedure. They comment on their own fear of allowing another provider to possibly derail the progress already attained. Once trust with a provider is established, the possibility of going to another provider is largely out of the question, as reflected in comments by Maya, “I wouldn’t let just anyone touch me” and Joanne, “I don’t let just anybody touch my face.” Additionally, there is a question as to who is most skilled to perform the procedures. As Joanne mentioned, “I’ll
let the professional do that,” signifying that some providers are more professional or skilled than others.

Conversely, providers of nonsurgical cosmetic procedures interviewed within this study commented on how they take their role very seriously:

You’re going to have a result I can live with; I can sleep at night. You know, these are my patients, too. And I think patients don’t realize how much that the physician or provider has invested in them. Maybe not all, but most of us care very deeply for our patients and want them to have very good results. (Diane, 40s)

Diane even goes on to say:

Well, my mission in life is sort of to restore normal anatomy. What I consider normal and what the patient considers normal as best we can.

Because she feels such a vested interest in her patients/clients, Diane is highly motivated to provide these services to help individuals remedy their unwanted or undesirable appearance in order to “restore normal anatomy.” She further comments, “this actually is my art,” also reflecting her deep dedication to her patients/clients that is part of her identity. She takes pride in her work and is invested in seeing through the results with patients/clients.

How does one know if a provider is a professional (i.e., more skilled) than others? This remains a debatable question and one of much concern to many providers within the industry, including the providers in the present study, as there is not a regulating board to oversee provider qualifications:

There should be some licensing in my opinion. And to me, that would be a scary thing. So, yes, I think there should be some higher oversight than there is. So people should understand what the complications can be before they do a procedure. People should be trained. (Diane, 40s)

But I still don’t think the public is educated that much to know what to look for. (Zora, 40s)
Here, the “scary thing” referred to is the lack of information consumers have access to in order to make informed decisions about nonsurgical cosmetic procedures. Additionally, as Zora points out, the public is unaware of the possible people who can actually perform the procedures. The lack of information or possibly conflicting information within the nonsurgical cosmetic procedure industry may be a reason the participants relied primarily on word-of-mouth as a source of information, believing that the testament of another was more reliable than industry produced information (i.e., websites) (Babakus, Remington, Lucas, & Carnell, 1991).

It is important to consider this extensive personal information search that participants conducted, particularly as the consumption of nonsurgical cosmetic procedures is more complex than say the consumption of other cosmetic products. Through this extensive information search, participants seem to be searching not only for a qualified provider but also a legitimizing process in choosing to adopt such a technology into their appearance management routine. This represents Rogers’ (1995) perspective on the diffusion of innovations, more specifically the process he terms “innovation-evaluation information,” whereby uncertainty about an innovation’s consequences is decreased. This may be the case for participants. They may be seeking out personal accounts of nonsurgical cosmetic procedures in order to reduce anxiety and uncertainty about having a procedure.

**Purchase**

The actual procedures themselves represent the purchase stage of the consumption process. The consumption of nonsurgical cosmetic procedures represents a unique purchase stage as compared to traditional item shopping because these procedures represent the purchase of a service in which the body undergoes a distinct experience over a period of time.
(e.g., minutes to hours). The body is the site of the purchase experience as opposed to acquisition of an object external to the body as the prime purchase experience.

Most participants commented that the procedures themselves were at some points painful and uncomfortable. However, the provider often alleviated the anxiety and stress associated with the procedure, which in turn increased levels of trust with the provider and fostered the actual patient/provider relationship:

Well, I didn’t have much choice. You know, I knew I had a skin cancer. I had to have it [dermabrasion]. And then, what’s my risk? You know, dermabrasions. I guess as a medical professional, I know the risks. But there are always risks. And I think I know those risks better than a lot of folks and I was comfortable doing that. And in fact, you know, like I told you. I have injected my own Botox. I had my nurse take a picture of me injecting Botox into my forehead so that they could; so that when people said, do you think it’s safe, I could say, well, what do you think? (Diane, 40s)

By showing her patients her own willingness to undergo nonsurgical procedures, Diane is able to make them feel more comfortable with the risks associated with the procedures. In fact, she comments that she knows “those risks better than a lot of folks,” and therefore can serve as an example by performing the procedures on her own body.

Postpurchase

Postpurchase issues represent the bulk of analysis within the present study because this stage of the consumption process is ongoing. From the perspective that the consumption of nonsurgical cosmetic procedures represents a form of symbolic consumption, issues related to the participant’s feeling of the self are central and discussed in greater detail in later themes. Also, participant’s experiences after the procedure include others’ reactions to their undergoing the procedure, their overall feelings about the experience, and future intentions to have more procedures.
Reactions of Others

From a symbolic interactionist perspective, the feedback one gets from others within the context of presenting one’s appearance shapes how the individual feels about that appearance and is integral in shaping the meanings related to that appearance (Blumer, 1969; Mead, 1934). Additionally, reflections on the responses of others, particularly from a poststructuralist standpoint, represent not only individual feelings and meanings about the experience but also broader socio-cultural discourses that encourage control and self-mastery of the body and one’s physical appearance (Bordo, 1993; Thompson & Hirschman, 1995).

The responses a participant received from others did not necessarily have to be explicit but rather could include comments about how they looked good or possibly young for their age. These comments served as validation for the success of the procedure and enhanced one’s feelings about the self:

I definitely have had people comment on my skin. And in general conversations they’ll say, well, you know, your skin looks good. (Maya, 50s)

Well, that’s the first thing people notice when they look at you. Yeah. That I look younger than I really am. A lot younger! (Elizabeth, 50s)

Yeah, my friends, you know, say my skin really looks good. (Joanne, 50s)

People really don’t believe me when I tell them my age. So that makes me feel good. (Elizabeth, 50s)

The last comment elucidates how these positive reactions from others serve to reinforce a positive sense of self. These positive evaluations also may serve to reinforce the normalization of appearance management practices like nonsurgical cosmetic procedures.

Additionally, some scholars suggest that because of the limited range of normative female appearances, women falling outside of those norms may experience feelings of
invisibility (Zitzelsberger, 2005), whereby one’s subjectivity and body are rendered unsightly and unacceptable. This may be an experience of the aging embodied self; therefore, positive reinforcement from others may alleviate the feelings of invisibility. Also, this validation of the self represents to some extent the level of mastery and self-control evident in taking care of one’s aging appearance. In order to look younger than one truly is, the body must be controlled to a certain degree (Thompson & Hirschman, 1995). In a culture where control over one’s body is highly valued, there is no surprise that the responses from others for such a great feat as overcoming signs of aging are positive.

Whether or not a participant was open to sharing her experiences about nonsurgical cosmetic procedures was important in determining the importance of the responses of others. For example, one participant who was open and willing to share her experiences with other people after the procedure commented:

I would think at some level you would want people to notice. I mean, why else would you go do it? So, in fact, I was kind of glad. It’s like, ok, I’m getting my face sandblasted. It’s nice that somebody’s noticing this. (Susan, 50s)

Having someone notice a difference in one’s appearance after the procedure was important in validating the negative (i.e., unpleasant) aspects of the experience. Because “I’m getting my face sandblasted,” which is a painful and laborious task of appearance management, “it’s nice that somebody’s noticing this.” Receiving the validation of another one’s “noticing” makes the process seem worth it to some degree, to the point that the notice by others was a primary motivation. Hence, the comment: “why else would I go do it?” It is important to note that this validation must represent a positive form of feedback rather than a negative one (i.e., one’s appearance has not improved but rather declined) in order for the self to be validated.
Having someone notice the change in a participant’s appearance was not always desirable. For instance, if a participant was not open and willing to share the experience with others, having others notice a change was a sign that maybe they knew about the problem appearance before the procedure:

> It probably wouldn’t have been anything to say, hey, did you get that done? But for some reason, I felt like this made me less feminine. And then that was something that, no, we don’t talk about this. We don’t talk about this. (Carrie, 20s)

For this participant, the choice to not share the experience was rooted in her feelings that her undesirable appearance was “less feminine” and in some way a stigmatized appearance (Goffman, 1959). She goes on to say:

> Like I said, this was something that was a deep, dark secret of mine. That’s really why it was kind of hush, hush. [So do you think you kind of kept it more of a secret because you were maybe embarrassed or ashamed about it?] Yes. Absolutely. (Carrie, 20s)

Keeping both the undesirable appearance and the remedying of that appearance private was critical because she felt ashamed of the appearance. Therefore, for this participant, validation of the appearance was not needed from others in order for her to feel positive about the results, but rather the participant relied on her own evaluation to determine the meaning of the appearance.

**Overall Experience**

For all but one of the participants, the overall experience with the nonsurgical procedure was positive. The reason the experience was perceived so positively was due in large part to the fact that participants felt the procedures performed to their level of expectation. It is important to note that participants seemed to have realistic expectations in that they were not striving to look dramatically different from their current appearance.
You know I don’t expect to be, you know, Marilyn Monroe or a beauty queen or anything, but just to look my best. Just to make the most out of what God’s given me to work with. (Joanne, 50s)

I mean, this is the Midwest. We’re practical people. We realize we’re not going to look exactly how we did when we were 20. But you know what, if you could move a step or two closer, great! More power. That’s wonderful. (Diane, 40s)

As noted previously by the ophthalmologist, having realistic expectations is important, particularly from the provider’s standpoint. Having realistic expectations may be the reason so many participants felt positively about the experience. The participants had clear expectations to enhance or improve upon an appearance they already had rather than a dramatic change in their appearance.

I think it’s just enhancing, enhancing how I look. (Maya, 50s)

I just make the most of what God’s giving me to work with. (Joanne, 50s)

By “just enhancing how I look” and by “making the most of what’s been given to me,” participants recognize the role of the nonsurgical cosmetic procedure as being a tool in managing one’s appearance rather than a conduit to changing one’s life.

The participants regularly commented on the effectiveness of the procedures. Again, this effectiveness may be due in part to having realistic expectations about how the procedure will work as well as receiving positive feedback from others:

Well, I just, I feel like I look better so that’s rewarding. You know? I do. I think it’s just a step closer to a fresher look I guess. (Joanne, 50s)

I’ve loved it. I mean, I am very satisfied. (Elizabeth, 50s)

Because it does work. It does make a difference. (Joanne, 50s)

You know, I had that [microdermabrasion] done a long time ago and I really liked the way I looked. It just kind of makes your skin glow. (Susan, 50s)
I know there are complications, but, you know, fortunately, our cosmetic patients have been very happy. (Diane, 40s)

That’s been great. I just have been happier. But really, it was just one less thing to have to worry about all the time. (Carrie, 20s)

Well, my face is tighter. Which builds confidence. (Elizabeth, 50s)

Because the procedure was effective in creating a “fresher look” and “making your skin glow,” participants experienced a sense of “reward” or achievement in their appearance management. This achievement led to increased confidence and an enhanced sense of self. This may also represent a broader cultural value system in which control over the body is valued, representing rational mind over body, which is characteristically a masculine way of thinking (Bordo, 1993; Thompson & Hirschman, 1995).

Because of the “rewarding” feeling of achieving one’s desired appearance, the effort, and possible discomfort or pain experienced while having the procedure seemed worth it:

You know, when I first did this with another lady years ago, I really went back to work and I looked like a burn victim. But the end result was so beautiful that I could not believe it. And I would go through it again. (Maya, 50s)

After undergoing a chemical peel that made her look like a “burn victim,” Maya felt the benefits outweighed the consequences of the pain and temporary undesirable appearance. As one participant put it, “beauty is painful” (Joanne, 50s).

Because cultural standards of beauty for women are generally considered more rigorous and demanding as compared to standards for men (see Bartky, 1990; Bordo, 1993), the pursuit of such an endeavor as beauty will certainly entail a certain degree of difficulty or pain, a sentiment commented on by other participants as well:

So I was like, bring it on. I can do it. I’m not worried. And honestly, I was willing to endure the pain for it. I really did want it badly enough. Well, that’s typical
woman. We’ll wear high heels until our feet bleed, but damn it, we look good! We
tweeze. We wax. We do everything. That’s just part of the role I guess. (Carrie, 20s)

In her comment, “well, that’s typical woman,” Carrie humorously discusses the painful
circumstances women face in the pursuit of beauty and attractiveness: “We tweeze, we wax,
we do everything.” Interestingly, she also says, “that’s just part of the role,” meaning that
women endure these painful regimens as part of their gendered role.

Along these lines, participants seemed to accept that this is the way in which one
performs their gender and that this is an accepted practice (i.e., appearance management in
the pursuit of beauty and attractiveness):

It’s very, very, accepted everywhere else. I mean, I’ve talked to people everywhere
and it’s just not a problem whatsoever. It’s almost expected. Whatever it takes to
make you look better. (Elizabeth, 50s)

With this comment, Elizabeth remarks on how these practices, in particular nonsurgical
cosmetic procedures, are nothing to be ashamed of doing because they are not only accepted,
they are also expected. As she comments, women are expected to do “whatever it takes” in
the pursuit of “looking better.”

In slight contrast however, Carrie commented again about her embarrassment with
her procedure, or more specifically her appearance before the procedure and the fact she had
to have the procedure to change that appearance:

I wish I knew why, but for some reason, I think maybe as I grow, I will realize more
women do it and it’s not as uncommon. (Carrie, 20s)

Reluctance was more evident in the participants in their twenties. This may be due in part to
the increased acceptance for the aging appearance and body, which previous research has
suggested (Oberg & Tornstam, 1999). Further, when women are younger (e.g., in their
twenties and possibly thirties), they feel more insecure about their possibly undesirable
appearances and consider that something may be “wrong” with them because their body and appearance is not “perfect.”

The overall positive experience of consuming nonsurgical cosmetic procedures for the women in this study may also represent how cultural rewards of physical attractiveness serve as sources of empowerment for women. As Scott (2005) suggests, the fashion and beauty industries have long provided women an avenue through which they may derive hedonic enjoyment and pleasure, which in turn, may be experienced as empowering. Other feminist scholars suggest that this form of power is limiting and serves to justify notions of the beauty myth (Faludi, 1991; Wolf, 1991). However, despite the differing opinions among scholars, it remains that participants did in fact feel empowered and more confident through the use of nonsurgical cosmetic procedures.

Future Intentions

Many participants had future purchase intentions for nonsurgical cosmetic procedures and commented on appropriate and inappropriate future directions for themselves. Within this context the topic of surgical cosmetic procedures came up, and some voiced opinions that these types of procedures were not an option for them. Others mentioned the benefits of nonsurgical cosmetic procedures as compared to surgical cosmetic procedures in that similar results were possible without having to undergo risky surgery.

In regard to future intentions, many participants commented that they would continue with nonsurgical procedures as part of their appearance management routine due in large part to the effectiveness of the procedures:

I mean, I’m doing it because of what I see in the mirror. I think that everyone wants to look their best. Now to what degree? You know, those people that keep on keeping on? You know, I’m not one of those. That’s why I have myself at this set
point, and this is where I’m going to stay. I’m not saying that I won’t do an injection
to make my eyelids come up taller, but at this point, you know, sure I wish that they’d
come up with something like that. You know? (Maya, 50s)

For Maya, the procedures are effective, and she likes what she “sees in the mirror.”

However, she has a limit, a “set point,” to what she is willing to do in order to achieve that appearance. For her, surgical procedures are not desirable as she states:

   So I’m not saying I’m not open to anything. I’m open to anything within reason, non-
surgical. (Maya, 50s)

However, the possibility of other nonsurgical cosmetic procedures like injections are within her limits and therefore a possibility for the future. Similarly, Susan and Joanne state that surgical procedures may not be considered but that they would like to continue nonsurgical procedures:

   Well, I can tell you that I would certainly never consider any kind of face-lift. But these things like chemical peel, microdermabrasion, I would definitely do that. Just to make my skin look, you know, healthier. (Susan, 50s)

   I want to look good, but I want to look good in a healthy way, which means not a lot of make-up. Surgery is not an option. I want to enhance what I have now. (Maya, 50s)

   You know, they’ve been positive for the most part. You know, I’m going to continue to look into them and see what’s new and out there and go for it. Safe, not life-
threatening or damaging in any way. (Joanne, 50s)

For the participants, the objective is to look healthy and fresh through cosmetic procedures, but only cosmetic procedures “within reason” and “not life-threatening or damaging,” meaning only those that are less invasive and nonsurgical.

   A possible reason that surgical procedures are less desirable is that nonsurgical procedures often are able to give the result without the more serious risks associated with surgery. As Diane, a medical doctor comments on her own experiences:
Actually I was beginning to get rather upset with my forehead and I was thinking about after I had my, you know, my skin cancer and after I had done a lot of eyelid surgery and worked with some facial plastic surgeons and stuff, I was thinking I should probably have an endoscopic forehead lift. And you know what? Botox is the simple answer. I mean, I’m not even considering that anymore because I can do Botox and I can get the same result, you know, for a very minimal side effect. (Diane, 40s)

As Diane points out, she could get the “same result” with Botox as she could with a forehead lift, a more invasive surgical procedure. As technological advancements take place, the need for more extreme surgery diminishes, therefore making nonsurgical procedures a more desirable, less invasive, and less costly option.

Although the consumption of nonsurgical cosmetic procedures reflects a traditional trajectory whereby consumers experience the consumption in the stages of prepurchase, purchase, and postpurchase, meanings of the self associated with such consumption are much more complex. This meaning making process continues for the individual after the procedure and becomes part of the social discourse related to such appearance management practices.

Experiences of Ambivalence

From a poststructuralist standpoint, the world is interpreted and understood in dualistic, binary terms. This Cartesian framework serves as an “abstract system of thought in turn expressed in a wide array of specific beliefs, social practices, culturally shared meanings, and … dualistic conceptions of the self” (Thompson & Hirschman, 1995, p. 142). Within this dualistic conceptualization of the self, notions of mind versus body exist coupled with the cultural ideology of control. As such, the mind is responsible for exerting control over the body, which often leads to individual identity construction and notions of the self marked by ambivalence. Ambivalence is characterized by a feeling of tension regarding two
or more alternatives that function in opposition, particularly within dualistic constructions of self and reality (Kaiser, 1997, p. 457).

Research suggests that ambivalence is a common feeling among women related to their bodies, appearance, and physical attractiveness (Kaiser, 1997). In addition, Kaiser, Nagasawa, and Hutton (1995) contend that within the capitalist marketplace, appearance-modifying commodities, which would include nonsurgical cosmetic procedures, become increasingly available due to the profit motivating aspect of a free market system. “Hence the basic human emotion of ambivalence, coupled with the conditions afforded by the capitalist marketplace, fosters consumer desire to experiment with new appearance-modifying commodities” (Kaiser, Nagasawa, & Hutton, 1995, p. 176).

Ambivalence among participants in this study was marked by the tension between vanity and modesty, particularly in wanting to conform to cultural ideals of beauty and attractiveness that can be achieved through the consumption of nonsurgical cosmetic procedures, but also wanting to resist notions that such endeavors are frivolous or vain. Women in the study acknowledged that cultural ideals of beauty and attractiveness are narrow, limited, and rampant within society; however, they also acknowledged the benefits or cultural and personal rewards of having a culturally attractive appearance. Ambivalence was constructed in a two-fold manner: (a) Constructing nonsurgical cosmetic procedures as natural and (b) acknowledging cultural rewards for having a desirable appearance. In a way, these two constructions of reality served as justification for having nonsurgical cosmetic procedures, but participants remained ambivalent about the possibility of being vain or superficial because of their attention to their appearance. Subthemes to be discussed in this section include: (a) The naturalness of nonsurgical cosmetic procedures, (b)
acknowledgement of cultural norms of physical attractiveness, and (c) ensuing feelings of vanity related to consuming nonsurgical cosmetic procedures.

**Naturalness of Nonsurgical Cosmetic Procedures**

Modification to the body, and in particular cosmetic surgery, brings about questions of what is natural and what are natural practices related to the body. Often, cosmetic surgery is seen as unnatural as it alters someone’s appearance more dramatically, changing the body in ways that are not naturally inherent in the first place. Issues of naturalness arose in discussion of nonsurgical cosmetic procedures; however, the general consensus among all participants was that these types of procedures are in fact natural, if at least not unnatural:

No, I think they’re pretty natural. I’m really under there. [laughs] Because you know, you’ve kind of unnaturally added the sunspots. Yeah, I think it’s ok. I think it’s a natural thing. (Joanne, 50s)

As Joanne comments, “I’m really under there,” she is eluding to the idea that maybe some of the other appearance management practices she has participated in (e.g., too much sun exposure to achieve tanned skin) have been unnatural in that they were used to achieve an appearance that she would not have had otherwise (tanned skin). In stating that she is “really under there,” she acknowledges that her “natural” self is present and just lying beneath the other layers that were contributed unnaturally. As such, her more natural appearance, and in effect her natural self, emerges through the consumption of nonsurgical cosmetic procedures.

Further, within the context of naturalness, participants commented on how they were preserving or taking care of their appearance. Here, this preservation is not seen as an unnatural intervention but rather as the natural course of appearance management that may take place as one ages:
I feel very natural about doing this. I have no idea of what I would actually look like at this point had I not been doing this over a period of so many years, 12, how many years I’ve been doing it. And actually I kind of see this as being natural because I just see it as taking care of what I have. You know? I feel more like what I’m supposed to be. [Maybe more like kind of how you feel inside?] That’s right. [It just seems like going to get your hair done?] That’s right. That’s the way I feel. That’s just part of my regimen. (Gloria, 60s)

Participants commented on how this was part of a regimen not unlike other appearance management practices that are seen as acceptable and possibly even expected such as having one’s hair done by a stylist. As one is taking care of what she has, she is preserving her current, or natural appearance. Other participants mentioned:

It’s there and it’s a proven thing and if it makes you feel better about yourself or, you know, makes you look better, I wouldn’t consider it unnatural at all. (Susan, 50s)

I wouldn’t say natural or unnatural. It’s necessary versus unnecessary. Probably very unnecessary, but it’s just something that I want to do to make myself look better. (Susan, 50s)

Actually I feel more feminine in the respect that I don’t have to wear the make-up. That I can be a little bit more natural and be feeling real good about looking natural. I think that any time you can peel a layer off whether it’s, you know, a layer of skin or you can look fresher which reveals a different glow, and that you don’t have to wear make-up. Because I think especially at my age that the heavier you wear make-up, it kind of makes the wrinkles worse. Less is better. (Maya, 50s)

These findings were interesting and suggest that when the possibility for feeling empowered by one’s appearance management choices exists, it is considered natural.

In feeling natural about having these procedures, participants also commented on how they could feel more like themselves, or their truer essence beneath the unwanted appearance. As Elizabeth notes, she feels more like herself with these procedures:

I feel more like myself with every procedure. I feel like I’m getting closer to myself. To feel like I really am internally versus what I look like externally. It’s more me with every procedure. With every fake procedure, it’s more me [laughs]. (Elizabeth, 50)
So with every procedure, she becomes closer to what she feels she should look like. Although the procedures may not be natural in and of themselves, the result is seen as revealing her natural self.

An important component of the characterization of nonsurgical cosmetic procedures as natural may include the increased normalization within society about cosmetic alterations to the body (Brooks, 2004). This normalization is possible in particular as it reinforces cultural values of control, technological innovation, and scientific progress. Additionally, such a tool in achieving desirable appearances is culturally constructed as casual, accessible, and relatively hassle-free (Brooks, 2004). The normalizing of all cosmetic procedures, and more specifically nonsurgical cosmetic procedures, leads to notions of these as natural endeavors in maintaining one’s appearance and body while also suggesting that the aging of the body or diminishing of its youthful appearance is then unnatural.

From a feminist perspective, such normalizing effects may serve to usurp women’s agency in making constructive decisions about the body (Faludi, 1991; Wolf, 1991). Additionally, this normalizing represents not only the normalization of cosmetic procedures but also the normalizing of habits of femininity (Bordo, 1993), which also includes notions of the aging female body as unnatural. This normalizing of gendered behavior represents Butler’s (1993) concept of performativity. According to Butler (1993; 2004), performativity does not reflect gender but rather, gender is regulated and constructed through that performativity. The notion that nonsurgical cosmetic procedures represent a natural form of appearance management and that such practices may be normalized as a female endeavor thus make nonsurgical cosmetic procedures part of the complex construction of gender performativity.
Acknowledgement of Cultural Norms of Physical Attractiveness

All participants acknowledged that physical appearance is an important component in evaluating others in our society. This acknowledgement was expressed as a given rather than something to rebel against. The participants did not necessarily agree with cultural norms of physical attractiveness, but they did understand the value placed on how one looks:

I was a pretty girl. And, quite frankly, prettiness got a lot of things where maybe plainness didn’t. (Gloria, 60s)

I think, you know, it’s good to have a good appearance because you get farther in life. I’m not that polished. But is it real important? Yeah, I think it is. (Zora, 40s)

But, you know, in this world it is important how you look. (Diane, 40s)

But when you stop to tell people that the fact that your pock marks from your acne could, in some cases, mean you don’t get promoted over the next guy. It is a real reality that people like to overlook. In fact, we like to pretend that doesn’t exist because that’s superficial. (Carrie, 20s)

As both Gloria and Zora mention, having a more attractive appearance can get you “a lot of things” and “farther in life.” The importance of attractiveness is not refuted and often seen as just the way the world works, for better or worse. Having this awareness may be an important aspect in motivating individuals to undergo nonsurgical cosmetic procedures in that they justify the cost, time, and energy put forth in achieving a certain appearance, particularly when considered in addition to uncovering or renewing naturalness.

This awareness and knowledge of cultural expectations for appearance arise from different contexts, including one’s own personal experiences with appearance management practices such as the comment by Carrie:

Oh! Number 1 because how I look makes me feel a different way. And Number 2, society will treat me a different way because I look a certain way. So it’s just not my own perception. It’s that there are so many other perceptions out there, too. While I can’t control those perceptions, I can control how I present myself. It’s amazing to
me how I could go shopping, and I could find this stellar outfit, and you feel so good in it. You will change. You have confidence. There’s this glowing aura around you. You just look and feel differently than, hey, I’m just slumming it today. So, I don’t know. Maybe I’m warped. Maybe the industry has gotten me hook, line and sinker. I don’t know. But, that’s how I am. (Carrie, 20s)

Another context in which this awareness arises is the media, as commented by Zora:

Yeah, I think so, too. And I also think that’s it’s crammed down our throat on the television with commercials and stuff. So even if you didn’t think you cared about it, you’re told. You’re told you’re supposed to care about it. (Zora, 40s)

Research does suggest that the media plays an important role in shaping our understanding of what appearances are most desirable and acceptable (Irving, 1990). Also, from a symbolic interactionist perspective certain feedback from others that is positive and validating to the self, is important in shaping meanings about desirable and acceptable appearances (Blumer, 1969; Mead, 1934; Stone, 1962).

In acknowledging cultural norms of physical appearance, participants also stated that the cultural expectations for women are different and often more limiting than for men:

Unfortunately, in some ways its worse for women because as women age, they become old hags. You know? And as men age, they become distinguished guys with gray hair. So it’s really, I think, unfortunately, very important for older women to maintain their appearance. So this is part of, I guess, part of my mission to be able to offer facial rejuvenation. (Diane, 40s)

Diane comments on how culture is accepting of aging appearances on men and in contrast, that it is “very important for older women to maintain their appearance” as aging appearances on women are less acceptable. Additionally, Elizabeth notes, “the older you get, the younger you feel like you have to look,” particularly for women.

Feminist scholars have critiqued these cultural notions of female beauty by refuting the idea that a woman’s appearance is a measure of her self-worth (Faludi, 1991; Wolf, 1991), which manifests within a patriarchal social structure. As this patriarchal manifestation
functions to internalize and normalize gendered appearance expectations, women are subjected to harsher appearance standards than men. Disciplinary practices such as nonsurgical cosmetic procedure consumption serve to make women feel ambivalent about their body, appearance and self (Radner, 1995).

Another distinguishing aspect of cultural discourses related to cultural expectations about appearance includes generational differences, which are situated in specific time and place contexts. For example, Susan states:

And plus I think we’re more conscientious about taking care of ourselves than our parents’ generation. I mean, they were just out there working to make a living. You grew old and that was it. You just accepted it. But I think we’re a little bit more conscientious about, you know, taking care of our bodies and taking care of our faces and our appearances. (Susan, 50s)

The baby boom generation is a “little bit more conscientious” about appearances and body maintenance, particularly in light of social changes such as the ubiquity of the media and the relentless promotion of “healthy” and “youthful” appearances. As Susan suggests, her generation, as compared to the previous one, is more aware of both the importance of maintaining one’s appearance and the possible means of doing so. This generational difference also may be due to larger socio-cultural changes marked by postmodern characteristics. Within this context, scholars contend the time following the 1960s to the present is marked by intensified consumer and media culture in which choices for identity construction, and more specifically appearance-modifying commodities, within the marketplace abound, leading to increased identity experimentation through surface-level adjustments (Featherstone, 1991; Kaiser, Nagasawa, & Hutton, 1995).
Conflicting Feelings of the Self: Experiences of Ambivalence

Ambivalence arises for participants within the study as they negotiate their appearance management choices, particularly nonsurgical cosmetic procedures, in light of cultural expectations and norms of attractiveness. As the participants feel that these types of procedures are natural and that one’s appearance is important in life, the choice of having nonsurgical cosmetic procedures would seem an appropriate reconciling of how one presents the self to the outside world, particularly because consumption is promoted in society and the media as sensuous and enjoyable (Mellor & Shilling, 1997). However, many participants voiced that they felt that in some way, paying attention to one’s appearance and taking care of that appearance have the potential to seem like a frivolous and vain endeavor, inciting feelings of ambivalence:

Yeah. It’s probably vanity a lot of it. (Joanne, 50s)

Some of it is just taking care of yourself and some of it is, yeah, definitely vain. [Maybe the more extreme things are kind of vain or?] Botox is pretty nice. I don’t think that’s extreme, but I think it’s kind of vain. It’s all about just the wrinkle. It’s not about health. (Zora, 40s)

Well, again, you get back to that old superficiality thing. I don’t know. You just go out and you have a better appearance. You know, when you feel better about yourself, about the way you look, you naturally just, I think you project yourself a little bit better. I think you project your confidence to other people. And I think people just have a different attitude about you. But, you know, when I go out. Like I say, I feel good about the way I look. (Gloria, 60s)

Although the idea of looking good is important in life, paying attention to one’s appearance seems vain or superficial:

Well, looking good is important and it always has been. Again, I don’t like to think of myself as being superficial. I mean, but I am to some degree. I have to admit that I am to some degree, or I wouldn’t go through all of this. But it is important. I mean, I have a nice looking husband. I want us to complement each other. (Gloria, 60s)
As Gloria mentions, she is superficial “to some degree” or she “wouldn’t go through all of this.” Later she goes on to say:

You know, people say, well, I can’t believe you’re 60. You’re not 60! You know? I mean, it’s an ego thing, I guess. [Well, I think it certainly feeds into your self-esteem.] I guess that’s it. That’s it. And again, like I say, I hope I’m deeper than what my outside appearance is. (Gloria, 60s)

Because having people comment on how good she looks, particularly for her age, makes her feel positive about herself, she still hopes that she is “deeper than what my outside appearance is.” She feels empowered and fulfilled through the consumption of nonsurgical cosmetic procedures but also feels restrained by the pursuit of cultural ideals of beauty and attractiveness. McRobbie (1997) refers to this as “guilty pleasure”—simultaneous support of, yet discomfort with, consumption in the pursuit of female beauty (p. 75). Gloria also states that, “I know all about the feminist movement, and I feel at war with myself sometimes because I’m all for that.” Again, she has contradictory feelings about her values – “all for that” (i.e., the feminist movement) – and her appearance choices. In some way, she views ideologies of the feminist movement as conflicting with her appearance management practices.

Ambivalence expressed by participants in the study resulted in the feeling of tension between vanity and modesty, particularly as cultural values of modesty and humility are prized as female characteristics. A double-bind exists for women, whereby conforming to cultural ideals of beauty and attractiveness lead to “rewards” in life, but the process of achieving this ideal must be kept to a minimum in order to not appear overly prideful or vain about one’s appearance. This ambivalence also serves as a reflection of possible societal ambivalence toward nonsurgical cosmetic procedures.
The Aging Female Body: Experiences of Possible Selves

Much research has explored how women perceive and evaluate their bodies and appearance throughout adolescence and young and middle adulthood, and more recently research has explored this topic in relation to middle and older adulthood (Banister, 1999; Ogle & Damhorst, 2005; Oberg & Tornstam, 1999). As one ages, the body inevitably changes and the changing body elicits various responses and coping mechanisms within individuals. As this research suggests, the consumption of nonsurgical cosmetic procedures serves as an appearance management strategy to alleviate some of the more noticeable signs of aging, particularly on the face.

The face is an important aspect of the body to consider, especially since it is often the most visible component of one’s appearance:

My face is the most apparent. I mean, it’s out there and you can do a lot of things with clothes, but you can only do so much with makeup. (Susan, 50s)

As Susan acknowledges, she may be able to conceal undesirable aspects of the body with clothing; however, she cannot conceal her face and visible signs of aging. Makeup is an important tool in concealing undesirable facial flaws, but it cannot completely hide all aspects of aging.

Although dissatisfaction with one’s body increases with age, particularly after age 30, this increase is not in proportion with the increase in age (Garner, 1997). Possible reasons for this finding may include the fact that as an individual transitions through life, she/he may begin to shift perspectives about the self away from the body and toward other experiences or successes in life. This perspective transformation (Mezirow, 1991) may serve as a coping mechanism in dealing with the aging body in a positive manner:
It’s strange that I think about there are so many things and signs of aging and yet, maybe there’s just a certain wisdom with that age, you know? (Gloria, 60s)

So I think part of it has come with age, but I think age in two different regards – the maturity and the experience. (Carrie, 20s)

Here both Gloria and Carrie mention that aging entails “a certain wisdom” and increased maturity and experience with life that may curtail some of the negative aspects of the aging body, despite their different experiences of the aging body.

In addition to viewing other aspects of the self as important in coping with the aging process, learning to accept the self, and more specifically one’s body, can be a way of coping:

On some level, you do kind of have to accept the way you look but, you know, when you’re growing up, you wish, oh, I wish I had bigger boobs. Or wish I was taller or something like that. But, you know, as you grow older, you just become more accepting of it. (Susan, 50s)

As you age, the possibility exists for learning to accept aspects of the body that you cannot change, as in Susan’s case. Through the consumption of nonsurgical cosmetic procedures, some of the signs of aging may be diminished, but the ability to accept the aging process is still important:

I think had I not ever had any of this done, I would have been sitting and looking at myself in a mirror and maybe actually getting depressed over it, you know? The sags and the bags and the wrinkles and the whatever, you know? I mean, even though, naturally, I still have some of those things, but that’s ok. But it still looks like I’m aging and I’m a mature woman. (Gloria, 60s)

Gloria comments here that she may avoid some of the more negative consequences of or attitudes towards the aging body, such as being depressed, by having nonsurgical cosmetic procedures, but also she is able to accept her aging body and embrace that she is a “mature woman.”
In a similar vein, the means for accepting one’s body and appearance as it ages could possibly include comparison with others. Social comparison theory (Festinger, 1954) suggests that individuals compare themselves with others in order to evaluate themselves. These comparisons may be categorized as upward or downward. In upward comparisons, an individual compares him/herself with others they believe are superior in some way, and in the case of appearance, a superior appearance. Previous research suggests that upward comparisons elicit negative feelings toward the self because the comparing self does not “measure up” to the superior comparison (Richins, 1991; Stice & Shaw, 1994).

Conversely, in downward comparisons, an individual compares him/herself with others they believe are inferior in some way, specifically here, an inferior appearance. Downward comparisons may elicit more positive feelings of the self in that the comparing self does indeed “measure up” and may even be considered superior:

I can play it up and play it down. And I think part of it could be maturity. As you get older, you realize, oh, well, maybe I’m not so off the beaten path. And, you know, you start to see what people really do look like without their make-up. And you realize, hey, I guess I don’t look that different. (Carrie, 20s)

Especially when I look around at other 59-year-olds thinking, ok, I look pretty good. (Susan, 50s)

For example, as Susan, a woman in her fifties, compares herself, and in particular her appearance, to other women in their fifties, she realizes that she “looks pretty good.” This downward comparison alleviates anxiety about her own aging appearance because other women experiencing the same aging process do not seem to have as desirable an appearance.

It is important to note that according to Festinger (1954), comparisons take place and are relevant only when the comparison is with a person of similar capability or a person seen as a member of a relevant reference group (Mead, 1934):
I was with a friend this weekend, and she was talking about her skincare line. And there was one of our other friends there, and I think she’s probably 7 or 8 years younger than me. And, you know, her eyelids are hanging on her eyelashes, and her brown spots are really bad. And I just thought, you know, she could really turn that around. So I thought, you know, I look at least her age. I look better than she does. I do compare myself. I wouldn’t say anything. [Oh, of course not, but just kind of internally you’re thinking, I look pretty good.] Yeah. And then there was another lady there who is, you know, 45 or 46. I can’t remember what she said. And I thought, come on! Take care of yourself. You know? Put make-up on. But, you know, to a lot of people it’s just not important to them. And that’s ok. (Joanne, 50s)

Joanne compares her appearance with another woman of a similar age, and in this downward comparison, Joanne’s appearance is evaluated as superior where the other woman’s appearance is inferior. From a symbolic interaction perspective, this comparison allows Joanne to understand the meaning of her own appearance as positive, therefore reinforcing her sense of self.

**Reflections on Possible Selves**

Markus and Nurius (1986) have conceptualized possible selves as an important domain in self-knowledge that pertains to how individuals see their potential. “An individual’s repertoire of possible selves can be viewed as the cognitive manifestation of enduring goals, aspirations, motives, fears, and threats” (Markus & Nurius, 1986, p. 954). The range of possible selves may include the past self, the ideal self, the feared self, or the actual self. Using Guy and Banim’s (2000) possible self terminology, the following discussion will include: (a) The woman I used to be, (b) the woman I want to be, (c) the woman I fear I could become, and (d) the woman I am most of the time.
**Reflections on the Past Self: “The Woman I Used to Be”**

In reflecting on the self in the past, participants in the study commented on how they evaluated their body and appearance negatively despite being youthful and thin, fulfilling cultural beauty ideals:

> And quite frankly, even when I was this little old 100-pound person in college, a size 3, I don’t remember being that happy with my body. Of course, again, I think the older you get the more accepting you are of your flaws and things. (Gloria, 60s)

The past self may represent a closer proximity to the idealized self, particularly as one views the self through history and “hind sight.” As Gloria mentions, she was thin and young but was not happy with her appearance at that time even though she would now consider that appearance to be closer to her ideal. She reflects on this as she ages and realizes that acceptance of her body and appearance is important, despite any flaws.

Often women in the media are featured during earlier stages of life, focused on the period from adolescence to young adulthood. Because the media does not depict many images of women in their forties, fifties, and older, the women of that age group within the study may find these images to lack relevance and therefore may not compare themselves to these idealized images. In reflecting on the past self, a time when media images of women were more relevant, the participants often felt that this form of social comparison was not healthy or realistic:

> I think people don’t see themselves realistically when they’re younger because there’s so much peer pressure. So I don’t think I saw myself as positive as I do now. You always want to be like Carla, the popular one. [So would you say you feel like you’ve become more satisfied as you’ve aged?] Just less critical. (Zora, 40s)

Here, Zora acknowledges that peer pressure is a main cause of unrealistic evaluations and social comparisons with others, and this comparison then leads to negative evaluations of the
self. As she ages, she has become less critical of herself and appearance and views herself and appearance more positively. Another participant comments:

I wouldn’t want to go back for anything. But I want to look as good as I can at this age. (Joanne, 50s)

Joanne is suggesting that by not wanting “to go back for anything” to that time in her life, her feelings toward her body and appearance were not as positive as they are at present.

Participants often expressed feelings of relief to not be bound by body and appearance related anxieties in the same way as in the past. Again, this relief may be a product of increased self-acceptance and the valuing of other aspects of the self beyond appearance.

**Reflections on the Ideal Self: “The Woman I Want to Be”**

The ideal self represents the desirable appearances one is aspiring to achieve and also reflects the best possible version of the self that one would present to the outer world.

Participants’ notions of the ideal self often consisted of a holistic approach to the self and body. In this way, participants wanted to have a desirable appearance simultaneously with being viewed as valuable for other experiences beyond appearance.

For some participants, the ideal self represented how she wanted to be perceived by others in her presentations of the self to the world:

What I’m out now for is grace, a graceful beauty. To go, “Wow! Doesn’t she look good for where she’s planted right now?” You know, to have somebody take a second look at me because I hope what’s inside of me comes out on the outside of me. (Maya, 50s)

As Maya states, she hopes that “what’s inside of me comes out on the outside of me,” suggesting that her appearance represents only part of who she believes her self to be. She alludes to the idea that she has an inner self and an outer self or physical appearance and that
this inner self represents the deeper meanings of who she is. Again, this calls to mind the
dualistic conceptualizations of the self as both mind and body.

A healthy body and appearance was commonly commented on as the ideal
appearance for many of the women in the study:

Well, healthier, which I think at my age that’s real important. I mean that’s become
real important. In fact, I do want to be healthy, but I also want to be healthy looking.
(Gloria, 60s)

Because I want to be strong. I want to stand tall. I want to be healthy. I want to run
races with my grandchildren. And then in doing that, I also want to look more than
agreeable. And I still, you know, want [to] turn heads. I still have that vain part of
me. (Maya, 50s)

A healthy appearance in this context consists of a body that is in shape and physically active,
but also an appearance that reflects other appearance management practices such as eating
healthful food and exercising regularly in order to achieve an outward appearance
representative of those practices.

The notion of healthfulness often arose for women beyond their thirties and was
largely linked to having the same physical abilities as they did in the past:

Well, healthy for one thing. You know, you have to maintain the body you have. I
mean, especially when you look to getting older, I think I want to be able to do
activities that I can do now in 20 years. And so, I’m pretty adamant about exercising.
Not as good as I should be about watching diet and stuff like that, but I think that
health is important as you get older. I think when you’re in your 20s, it’s more of
what you look like. But when you get to your 40s, it’s more like, ok, you know, 20
years from now, what am I going to do? I think it’s probably more for health than it
used to be. But I never was the person who cared that much about looks. So it’s
really more the health issues I think that drive me. (Diane, 40s)

Again, a healthy body and appearance is indicative of other healthful practices that the docile
body may partake in order to discipline and shape the outward appearance of the body
(Foucault, 1977). In this context, the disciplinary practices needed to achieve this ideal,
healthy appearance are representations of control over the body. Although Diane comments that she “never was the person who cared that much about looks,” she continues disciplinary practices in order to achieve a healthful appearance.


The woman I fear I could become represents the possible future self that participants wanted to avoid. Whereas the ideal self would elicit approach behavior, the feared self elicits avoidance behaviors (Markus & Nurius, 1986). Within the context of cosmetic procedures, both surgical and nonsurgical, participants wanted to avoid looking older than they actually were and valued looking young for their age.

Additionally, the women did not want to look fake or plastic through having cosmetic alterations to their appearance:

You know, I have had friends that have had facelifts, and I will tell you, they look more unnatural after, a lot of them, after a facelift than they did with the way they looked before. I have a friend that has a great expression that says, she looks like she saw a dog talking. Got a surprised look. And everybody knows that you’ve had it done. I mean, there are very, very, very, very few facelifts out there that you can’t tell that you’ve had a facelift, which in some respects as far as I’m concerned, defeats the purpose. (Susan, 50s)

Susan refers to the look of her friend’s face after a facelift as continually “surprised,” which she considers unnatural and to some extent fake. Another participant mentions:

He (the doctor) does just a little bit. You know? He doesn’t want you look like Barbie, which I appreciate. (Joanne, 50s)

Here, Joanne is commenting on her experience with Botox. She notes that her doctor does not give too strong of a dose to patients because he does not want his patients to “look like Barbie.” Again, appearances that seem fake or too modified represent the feared self, the self that is to be avoided. This may be due to possible reviews a person would receive if this
appearance were a reality in that the review would reflect negatively on the person. Meaning, the review from others may be negative and in effect, represent that not only is the person’s appearance fake but also her inner self is fake.

Another aspect of the woman I fear I could become included the fear of having cosmetic surgery. As mentioned previously, some participants had no intentions of having cosmetic surgery and felt that this type of appearance management behavior may represent “going too far” in the pursuit of an attractive appearance:

It’s more important to me to look like myself than it is to have a facelift and take a chance that it won’t look like me. (Maya, 50s)

Maya suggests that by having cosmetic surgery, she may risk not looking like herself anymore in that her appearance will be too distorted from the procedure. Because of the aspects of the feared self as associated with a distorted or fake appearance, particularly though cosmetic surgery, nonsurgical cosmetic procedures may offer a means to reconcile feelings of the body and self in a manner that preserves or leaves in tact one’s original appearance or self.

Reflections on the Actual Self: “The Woman I am Most of the Time”

The woman I am most of the time represents the participants’ current feelings about the self, and more specifically the body and appearance. The actual self was explored after the participant had undergone a nonsurgical cosmetic procedure(s). Participants within the study generally felt positively about their actual body and appearance and felt that through nonsurgical cosmetic procedures, this actual self was enhanced or improved upon:

I think I’m more confident. When I think I look good, I feel better and I have more confidence. (Elizabeth, 50s)
You know, that probably changes over the years, but right now, I’m pretty pleased with how I look. (Susan, 50s)

I feel like, more like a new me. [But it improved? Better, right?] Better. Much better. Yes. (Carrie, 20s)

Yeah, there’s the spring in your step. I just feel like I look better to me. (Joanne, 50s)

Well, I definitely think that I look probably more youthful now. (Gloria, 60s)

With each of these comments related to the actual self, post procedure, participants experienced increased confidence in their appearance. This confidence was derived from having an appearance they felt was more in congruence with both cultural expectations and personal expectations.

In regards to feelings of the actual self, many participants commented on how they felt positive about their appearance, particularly in spite of their age:

Really I’m pleased. I’m 50 and I feel like I look better. As a matter of fact I was thinking about that this morning. I look better than I ever thought I would look at this age. (Elizabeth, 50s)

When I really hit 50. You know when I was your age, I thought 50, my god. I imagined my mother. Ok? Because it’s a different generation. But now, I feel younger at 50 than I did at 30. I feel better about myself. A lot better. (Elizabeth, 50s)

As Elizabeth mentions, her expectations for her appearance at the age of 50 was lower than what she feels her appearance actually has been. By surpassing her expectations, she feels “a lot better” about herself, especially as she compares herself to her mother at the same age.

This downward comparison has served to enhance her current notions of the self.

In addition, as Gloria comments:

I definitely know there’s still room for improvement, but basically for my age and my situation, I’m ok. (Gloria, 60s)
Although she still has “room for improvement,” her current feelings of the self are positive, particularly for her age. She goes on to say:

I have now, like I said, reached a point that I’m pretty happy with myself. I’m pretty happy with my life. And I am going to continue to do whatever little services I can do to keep what I’ve got. (Gloria, 60s)

Being happy with herself and her life is due in part to her positive feelings about her appearance. Because the nonsurgical cosmetic procedures have been successful in meeting her expectations for an improved appearance, Gloria intends to “continue to do whatever little services” she can in order to maintain that appearance.

Because almost all of the participants expressed that the experience of having a nonsurgical cosmetic procedure was positive and effective in achieving a desired appearance, it may be said that by having the procedures, the discrepancy between the ideal and the actual self was limited, leading to increased and enhanced feeling of the self. While avoiding fearful appearances and approaching desirable ones, participants felt positive and accepting of their appearances in spite of the aging process.

Conclusions

Results from the present study suggest that the consumption of nonsurgical cosmetic procedures serves to reinforce and enhance positive feelings of the self and appearance. Participants viewed the experience as a tool in their “identity kit” and as a method of appearance management. As these types of procedures become more commonplace among the broader social discourse, it will be interesting to explore how the meanings of such procedures change over time.
CHAPTER FIVE: SUMMARY AND CONCLUSIONS

The purpose of the present qualitative study was to gain understanding of the consumption of nonsurgical cosmetic procedures. Of particular interest was how this consumption may serve as a symbolic means for shaping the self, specifically in the context of self-presentation and impression management (Goffman, 1959). For this study, in-depth interviews were conducted among a targeted sample including women ranging in age from 25 to 60 years who have undergone a nonsurgical cosmetic procedure. In this chapter, findings from the study are summarized, and linkages among themes are discussed to address the research questions that guided the study. Finally, the chapter concludes with a discussion of significance, limitations and directions for future research.

Summary

The present study aimed to explore the consumption process of nonsurgical cosmetic procedures among women and the ways in which this consumption served to shape meanings associated with the self. Although much research has been conducted on cosmetic surgery and some research has been conducted on cosmetic use in general, little to no research has explored nonsurgical cosmetic procedures, particularly as a symbolic form of consumption in shaping notions of the self. Thus, the present study aimed to fill a void in the literature regarding this ever-growing form of appearance management that has become increasingly normalized and accepted within cultural discourse.

Because no research had explored the topic of nonsurgical cosmetic procedures, the present study used a qualitative method to gain baseline understanding of how these procedures are consumed and how, through this consumption, notions of the self are shaped. Through in-depth qualitative interviews with 10 women, six from Texas and four from Iowa,
this topic was examined. Participants were selected through a snowball sampling technique in order to establish an increased level of trust. Interpretive analysis revealed three overarching themes: (1) The consumption process: From information search to meanings of the self, (2) Conflicting feelings of the self: Experiences of ambivalence, and (3) The aging female body: Experiences of possible selves.

The Socialized Body

Examining the consumption of nonsurgical cosmetic procedures within the broader socio-cultural context was important for the present study, particularly as this consumption takes place within a consumer-oriented, capitalistic society. Within this context, consumer desire is stimulated and promoted through appearance-modifying commodities (Kaiser, Nagasawa, & Hutton, 1995). Coupled with cultural ideals of control and self-mastery, appearance-modifying commodities become normalized and deeply embedded in the social discourse related to the body and appearance management.

Nonsurgical cosmetic procedures represented, for the participants in the present study, a means for achieving desired appearance related characteristics, characteristics within culture to be prized and valued. Feminist theory related to socio-cultural discourses of female beauty has suggested that the possibility for empowerment exists by accommodating or resisting these cultural norms (Weitz, 2002). For the participants, the accommodation of appearance norms was the primary means of achieving increased feelings of empowerment and self-fulfillment. None of the participants suggested that nonsurgical cosmetic procedures could provide a means for resisting such norms. Rather, the focus was accepting that these norms exist and that accommodating them to some degree would lead to other cultural
rewards or benefits. Thus, the benefits associated with a more desirable appearance were viewed as outweighing the possible negative consequences of cost, time, and discomfort.

Negotiating ambivalence was a theme uncovered in the present study. This ambivalence was not associated with the decision to have the procedure but was associated with self-concepts related to having the procedure. More specifically, participants felt uncertain and torn about what having the procedure may have meant to others in terms of the possibility of being vain for having concern for their appearance. This ambivalence was not necessarily reconciled but was justified in two ways: (a) Feeling that having nonsurgical cosmetic procedures were natural and (b) acknowledging the cultural reward for having a desirable appearance. Despite these justifications, participants still felt that by caring for their appearance, particularly by wanting to have a desirable appearance, they possibly were vain. They wondered, however, if they were really vain when society encourages the pursuit of desirable and attractive appearances, particularly for women. The dichotomous understanding of this social phenomenon as both imperative and vain suggests that the experience may represent what Wilson (2003) suggests to be an “irreconcilable syllogism” where appearance management practices impose feelings of both empowerment and oppression.

Feminist work on the body has considered the body as a site of both oppression and empowerment. Guy and Banim (2000) address the feelings of ambivalence that fashion- and body-related discourses may elicit among women, proposing that such discourses may contribute to women’s experiences of contradictory feelings of bodily constraint or empowerment, which Guy and Banim (2000) refer to as “stitched up” and “gap ing seams,” respectively. According to Guy and Banim, it is a patriarchal social structure that supports
women’s negative body feelings and produces distorted visions of the self, which in turn, often leave them feeling “stitched up” by narrow norms of beauty and self-worth. In their interpretive study of the meanings that women associate with an ideal female business image, Kimle and Damhorst (1997) found support for this process of ambivalence, and in particular, for the notion that women may feel “stitched up” by cultural imperatives for attractiveness and by the implications of “crossing danger zones” associated with appearing too sexy versus too passé or too masculine in the workplace. Also addressed within their data (if to a lesser extent), however, were the possibilities for self-expression and the successful management of ambiguity and ambivalence.

The work of Efrat Tseëlon (1995) is relevant as she traces the ways in which women and their appearances have become “cultural signifiers” for paradoxicality. By examining the “dialectical dialogue between cultural categories and the people that embody them,” Tseëlon explores cultural paradoxes that construct women as spectacles yet restrict them to positions of cultural invisibility. Society demands that women present themselves as seductive yet condemn them for doing so; it encourages women to devote time and energy to manipulating their appearances to conceal “stigmatizing” attributes yet denounces them for their superficiality and lack of authenticity (p. 88). In comparison to Wilson (2003) and Guy and Banim (2000), however, Tseëlon (1995) dedicates perhaps less attention to the possibility of fashion as a source of empowerment or pleasure and to the ways in which mixed cultural messages (i.e., paradoxes) may incite feelings of ambivalence.

Ambivalence about the body may also arise from advanced capitalistic structures that promote consumption as sensuous and enjoyable (Mellor & Shilling, 1997). Because modern Western society is rife with media images and stimulation, individuals may be compelled to
consume the products offered by companies that now, in large part, create and control the appetite and desires of consumers (Mellor & Shilling, 1997). Women may feel empowered and fulfilled through consumption, particularly body-related product consumption, while also feeling restrained by the pursuit of cultural ideals of beauty and attractiveness. McRobbie (1997) refers to this as “guilty pleasure”—simultaneous support of, yet discomfort with, consumption in the pursuit of female beauty (p. 75). These “contradictory trajectories whereby women seek pleasure and construct identities as a fragmented intertextual process that works upon, against, and through the body” (Radner, 1995, p. xiv) incite ambivalence about the self, and in effect, the body. This ambivalence is marked by the contradictions experienced by the self in the creation and expression of identity through the body and embodied experience.

Increased technological advancements designed and promoted to reshape and recreate the body also have left women with a sense of uncertainty and ambivalence about notions of a “real” body and how a body should be altered (Evans, 2002). Technology implies innovation, and innovation implies improvement upon something that already exists. Thus, technologies of the body, particularly as a function of appearance, become problematic as they suggest that parts of the body are in need of improvement and that the technologies to replace or reshape parts of the body could potentially lead to the elimination of “real” bodies (Fortunati, Katz & Riccini, 2003). Noted feminist theorist, Donna Haraway (1985) envisaged such a techno-body in her work in the 1980s with the concept of cyborgs. Haraway (1985) elucidates this problematic relationship between the body and technology. Questions that arise as technology interfaces with the body include (a) how does one then negotiate the embodied self, and in effect, identity, and (b) how does this effect understanding of gender in
ways that may collapse gendered differences through technological alterations? The tenuous relationship between technology and the body leaves women, and individuals within society, feeling ambivalent toward the body.

Certainly, feminist work exploring women’s ambivalence toward body and related cultural discourses highlights the complexities of sense-making with respect to incongruous ideologies about fashion and appearance management, echoing the spirit of a “both/and” (Collins, 1990) understanding of the contradictions in women's lives. Such an approach transcends the binary construction of fashion as either oppressive or liberating by suggesting that women are neither solely “’docile’ bodies, nor free agents” (Weitz, 2002, p. 669) when it comes to making appearance choices, but perhaps are savvy to the complex ways in which empowerment can be experienced through the use of various appearance management practices. Additionally, this interpretation parallels Butler’s (1990) proposition that gender is not a stable state, but rather, may be manipulated in diverse ways to portray varied performative identities in given social contexts. Perhaps this work also demands that divergent ideological positions about fashion may best be interpreted not in terms of the potential tensions or confusions that such contrasts may imply, but in terms of how the acknowledgement of diverse views may promote “expand[ed] possibilities of what it means to be a woman” (Butler, 1990, p. 3).

The multiple and complex contributing factors to ambivalence about nonsurgical cosmetic procedures also may be symptomatic of a larger societal ambivalence toward cosmetic procedures in general. Participants suggested that they had “limits” and “set points” to how far they would go to improve their appearance, and these limits pertained mainly to surgical cosmetic procedures. Again, suggesting that cultural discourse related to
cosmetic procedures represents uncertainty and ambivalence, particularly in light of the complexity and possible danger cosmetic procedures have, highlights societal ambivalence that perpetuates individual feelings of ambivalence toward the body.

**Notions of the Self: Past, Present, and Ideal**

A primary question of concern regarding the present research was how do parts of the self change through the consumption of nonsurgical cosmetic procedures? For participants in the present study, the self did not necessarily change but rather felt reinforced and positive. Many participants, particularly those in their forties and beyond, felt that feelings of the past self raised awareness that their bodies and appearance were under constant scrutiny, both from themselves and others. Having realized this surveillance process, participants became increasingly accepting of their bodies and appearance as they aged. They began to recognize the irrelevance of youth-oriented media images in social comparisons and the unattainability of perfection. As such, they frequently commented on how they were “doing the best they could with what they had.” This calls to mind previous research related to body image and satisfaction among Latina and African-American women in which social norms of beauty and appearance were constructed as making the most of what one has in terms of their body and appearance (Rubin, Fitts, & Becker, 2003). As the participants in the present study aged, they felt that “looking good” remained important, but that the measure by which “looking good” changed from the perfect media images to others of their same age group.

It is interesting to note that when participants were asked how they felt about their appearance and body overall, they all said that they felt highly positive, in fact they all rated themselves as a seven or eight out of 10 [with 10 as most desirable]. Again, suggesting that given their personal circumstances, they were able to make the most of their bodies and
appearances. In fact, one participant commented, “I just figure I evoke creativity by, you know, making it work.” By making the most of one’s appearance, feelings of confidence and empowerment emerged.

Participants also recognized that their ideal self consisted of making the most of their appearance rather than reaching an unattainable ideal. They also commented that through the consumption of nonsurgical cosmetic procedures, they were closer to achieving this ideal. Additionally, their ideal consisted of multiple aspects of self and was not solely dependent upon their appearance.

The present research was largely based upon current notions and meanings of surgical cosmetic procedures because much research has been conducted on the topic. However, findings revealed that the consumption of nonsurgical cosmetic procedures has different meanings, within cultural discourse and in regards to feelings of the self. A major difference is that the decision to undergo nonsurgical cosmetic procedures did not represent a dilemma for participants as Davis’s (1995) research on cosmetic surgery suggested. Rather, having nonsurgical cosmetic procedures is viewed as a minor appearance modifying strategy, or at least more minor than cosmetic surgery. More research is needed to fully grasp the scope of the experience and meanings to self of nonsurgical cosmetic procedures.

**Significance**

This research adds to the existing literature and knowledge related to the body and appearance management as well as the sociology of the body and feminist perspectives of the body. Because little to no research has been conducted on nonsurgical cosmetic procedures, findings from the present study begin to uncover aspects related to this rapidly growing form of body modification. By exploring women’s lived experiences with nonsurgical cosmetic
procedures, knowledge is gained related to social discourse and meanings of this phenomenon. Within sociology of the body and feminist perspectives of the body, a trend in analyzing the body’s relationship with technology has grown, therefore making the present research not only timely but also justifying it as an important subject of inquiry.

**Limitations**

This project was not without limitations, specifically in regard to the interview method and the scope of the sample. The interview method can pose possible obstacles in eliciting honest and candid responses, particularly in the discussion of privately held beliefs about the body and appearance management practices. Additionally, the interviewer has the potential to influence participant responses in subliminal ways such as inducing pressure to answer questions in a particular way.

The sample used within the study did not provide equal representation of all demographic segments within U.S. society, and in fact provided a rather limited representation with respect to ethnicity and socioeconomic status. Although the sample included participants from two geographic regions of the country, the small sample size limits the extrapolation of findings related to possible differences between the two regions. The use of snowball sampling, while providing increased levels of trust between the researcher and the participants also provided limitations in regards to the representative profile of participants. As key informants are used to solicit participants, the sample is then limited to participants known by the key informant who may represent similar demographic and psychographic characteristics. Therefore, the generalizability of the present study is limited.
**Future Research**

Findings from the present study suggest that the consumption of nonsurgical cosmetic procedures have broad implications in understanding and negotiating aspects of the self that are complex and dynamic. Further, the consumption process of an appearance-modifying commodity that endures for some amount of time may have extended meaning development over time following the purchase stage. Although the present research has begun to uncover some of these aspects, more research is needed in order to understand the scope of this cultural phenomenon.

Future work related to the topic of nonsurgical cosmetic procedures could further explore the dynamic relationship established between the provider and patient/client as the present research discovered the importance of this relationship. In particular, future research could examine the specific ways in which providers establish trust and reliability with patients/clients and how this relationship evolves over extended and more frequent interactions. Also of interest would be how providers solicit initial consultation with patients/clients, especially with the use of various marketing techniques.

In addition to exploring the relationship between the provider and patient/client, research could explore the dynamic and complex aspects of ambivalence experienced in relation to the consumption of nonsurgical cosmetic procedures. Of particular interest here would be the ways in which this ambivalence is negotiated in the lived experiences of women and possible coping strategies used in dealing with this ambivalence. Within this context, research could explore how individuals negotiate perceived limitations (i.e., “set points” or procedures “within reason”) in the pursuit of nonsurgical cosmetic procedures.
Further research could explore the consumption of nonsurgical cosmetic procedures quantitatively. Particularly, this research could explore applicability of Rogers’ (1995) diffusion of innovations perspective and possibly the technology acceptance model (Davis, Bagozzi & Warshaw, 1989). Of interest here would be how nonsurgical procedures are conceptualized and understood by non-adopters. Although both of these theoretical frameworks are related to information technology, both may have implications for other types of technology including cosmetic technologies of the body.

Exploring the consumption of nonsurgical cosmetic procedures by men and ethnic minorities would be interesting as well. Research could examine how this consumption varies based on gender and ethnicity. In addition, further research is needed in regards to various demographic and psychographic segments. Therefore, opportunities for future research related to the present topic are unlimited.
Interview Schedule

Appearance/Body

I would like to begin by discussing your appearance and body, particularly how satisfied you are with your appearance and body.

What kinds of things do you do to manage your appearance? (such as diet, exercise, make-up, hair, tanning, etc.)

What kinds of products do you use to manage your appearance?

How important is looking good to you?

Overall, are you quite satisfied with your appearance?

What is your favorite part of your appearance/body and why?

What is your least favorite and why?

If you could change one thing about your appearance, what would it be?

Nonsurgical Cosmetic Procedure Experience

Now I would like to discuss your experience with the nonsurgical cosmetic procedure.

Have you ever undergone a nonsurgical cosmetic procedure before?
   If so, what procedure and how many times?
   Describe that experience?

How did you learn about nonsurgical cosmetic procedures?

How did you find the medical professional who performed the nonsurgical cosmetic procedure?

What motivated you to have the procedure?
   Was your age a factor?
   Was cost a factor?
   Did friends/family members pressure you?

Have you gone through any major change in your life recently?
   If so, did this contribute to your decision?

How much risk do you feel was involved in this procedure? (i.e., risk to your health or life)
Did you feel safe under the care of the medical professional? 
Would you have a non-medical professional perform such a procedure?

Overall, how would you say your experience with nonsurgical cosmetic procedures was? 
Did the medical professional contribute to this feeling?

Do you feel the cost of this procedure was appropriate?

Would you undergo another nonsurgical cosmetic procedure in the future?

Would you recommend that others have nonsurgical cosmetic procedures? 
Would you recommend the same medical professional?

Have you ever considered cosmetic surgery? 
If so, what kind?

**After the Procedure**

*Now I would like to discuss your experiences after having the nonsurgical cosmetic procedure.*

Since the procedure, how do you feel your appearance has changed? 
Is it improved?

Do you feel more confident since the procedure?

Do you feel more like “yourself” since the procedure?

Have others noticed the change in your appearance and/or attitude? 
What types of comments do they make? 
How do those make you feel?

Do others know you have had the procedure? 
Do you feel comfortable talking about it with them? 
Are you embarrassed to have had the procedure? 
How do others react when you tell them?

**Conclusions**

*Is there anything else you would like to add or discuss related to your nonsurgical cosmetic procedure?*
APPENDIX B
Personal Data Sheet

Where do you currently reside?______________________________

How old are you?______________

What is your ethnicity?

_____ White/Caucasian _____ African-American
_____ Hispanic/Latino(a) _____ Asian-American
_____ Other (please specify: ___________________)

What is the highest level of education you have received?

_____ Less than high school _____ College graduate
_____ High school graduate _____ Some graduate school
_____ Some college _____ Completed graduate school

What is your annual household income?

_____ Under $20,000 _____ $60,000 - 79,999
_____ $20,000 - 39,999 _____ $80,000 - 99,999
_____ $40,000 - 59,999 _____ $100,000 & up

How did you find the medical professional who performed the nonsurgical cosmetic procedure?

_____ TV advertisement _____ Magazine advertisement
_____ Phone book _____ Referred by a friend
_____ Website (please specify ______________________)

Overall, how would you say your experience with nonsurgical cosmetic procedures was?

_____ Mostly positive
_____ Neutral
_____ Mostly negative

Would you undergo another nonsurgical cosmetic procedure in the future?

_____ Yes, definitely
_____ Yes, probably
_____ No
_____ Not sure

Thank you for your time and participation!
Dear Participant:

First, please let me introduce myself. My name is Keila Tyner, and I am a doctoral student in the Department of Apparel, Educational Studies and Hospitality Management at Iowa State University. I am conducting a study to gain understanding of how women decide to undergo nonsurgical cosmetic procedures and how this may affect sense of self. At this time I would like to invite you to participate in this project.

If you decide to become involved with this study, you will talk with me in an interview and complete a brief personal data sheet. The interview with me will take approximately one to one and a half hours and will include questions on topics such as (1) how you obtained information regarding nonsurgical cosmetic procedures, (2) how you chose the medical professional who performed the procedure, (3) how you decided to undergo the procedure, (4) how you feel this procedure altered or improved your appearance, and (5) how this altered appearance affects how you feel about yourself. The personal data sheet will take only about 10 minutes of your time and consists of demographic questions such as your age, level of education, and place of residence.

If you agree to participate, you will be one of approximately 20 other women in the central Iowa region involved in this research. In a few days, I will contact you to see if you would like to participate. At that time, you can ask me any questions you might have about the study. If you decide to participate, we can schedule a time and location of your choosing to conduct the interview. Please note that your participation is completely voluntary and all information you share with me is confidential. If you decide to participate, you are free to decline to answer any question that makes you uncomfortable or you may choose to discontinue participation at any time. Even if you are unable to participate, I would appreciate any referrals of women who have undergone a nonsurgical cosmetic procedure who you think may be of benefit to this study.

Thank you for your consideration and I look forward to speaking with you soon.

Sincerely,

Keila Tyner
Phone: (214) 725-2676
Email: ktyner@iastate.edu
Nonsurgical Cosmetic Procedures

*Botox*: injection of botulinum to restrict muscle action that results in facial creases or wrinkles and commonly used on crow’s feet, forehead creases, frown lines, and bands on the neck (Injectable Safety, 2008).

*Soft Tissue Fillers*: injection of pharmaceutical filler substance or your own fat into the skin to restore facial contours, reduce the appearance of lines and wrinkles, and plump lips. Soft tissue fillers include: restylane, juvederm, radiesse, collagen, and fat (American Society of Plastic Surgeons, 2008).

*Skin Resurfacing*: use of laser, chemical solution, or mechanical abrasive to reduce fine lines, surface irregularities, uneven pigmentation, and sun damage. Skin resurfacing techniques include: laser resurfacing, chemical peel, dermabrasion, and microdermabrasion (American Society of Plastic Surgeons, 2008).

*Sclerotherapy*: injection of sclerosing solution into vessel or vein to reduce or eliminate appearance of surface vessels or spider veins (American Society of Plastic Surgeons, 2008).

*Laser treatment for leg veins*: use of low-energy laser on skin to reduce or eliminate appearance of spider veins (American Society of Plastic Surgeons, 2008).

*Laser Hair Removal*: use of low-energy laser on skin to permanently eliminate unwanted facial or body hair (American Society for Aesthetic Plastic Surgery, 2008).
APPENDIX E
Informed Consent Document

Title of Study: Women's Experiences of Nonsurgical Cosmetic Procedures
Investigators: Keila Tyner, Ph.D. Candidate
Phone: (214) 725-2676 Email: ktyner@iastate.edu
Mary Lynn Damhorst, Professor
Phone: (515) 294-9919 Email: mldmhrst@iastate.edu

This is a research study. Please take your time in deciding if you would like to participate. Please feel free to ask questions at any time.

Introduction

The purpose of this qualitative research study is to gain an understanding how and why women choose to undergo nonsurgical cosmetic procedures. Specifically, we are interested in how and why you chose to have a nonsurgical cosmetic procedure, including how you obtained information about the procedure and how you chose the medical professional who performed the procedure. Additionally, we are interested in how you feel this procedure altered or improved your appearance, how this altered appearance affects how you feel about yourself, and your overall feelings about the experience. You are being invited to participate in this study because you are a woman who has recently undergone a nonsurgical cosmetic procedure.

Description of Procedures

If you agree to participate in this study, your participation will include one individual interview lasting 1 to 1-1/2 hours. You also will be asked to fill out a personal data sheet containing questions related to your age, level of education, place or residence, and how you found the medical professional who performed the procedure. For the individual interview, you will be asked questions related to your decision to have the nonsurgical cosmetic procedure including how you obtained information about the procedure and how you chose the medical professional who performed the procedure. Additionally, we will discuss how you feel this procedure altered or improved your appearance, how this altered appearance affects how you feel about yourself, and your overall feelings about the experience. The interview may elicit emotional responses and you are free to decline to answer any question that makes you uncomfortable or you may choose to discontinue participation at any time.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential. Numeric codes and pseudonyms will be assigned to your interview and personal data sheet so that you remain anonymous. Only the transcriber, who will be blind to your identity, and myself will hear the recorded interview tapes. All tapes and identifying information will be destroyed on or before May 1, 2008. During the months following the interview, I may contact you to clarify information from the interview and to ask if you have any additional comments to make regarding the topic. Upon completion of the study, a summary report of the collective findings will be sent to you.
Risks
There are no foreseeable risks at this time from participating in this study.

Benefits
If you decide to participate in this study there will be no direct benefit to you. However, the researchers will gain important information regarding the consumption of nonsurgical cosmetic procedures.

Costs and Compensation
You will not have any costs from participating in this study. You will not be compensated for participating in this study.

Participant Rights
Your participation in this study is completely voluntary and you may refuse to participate or leave the study at any time. If you decide to not participate in the study or leave the study early, it will not result in any penalty or loss of benefits to which you are otherwise entitled.

Confidentiality
Records identifying participants will be kept confidential to the extent permitted by applicable laws and regulations and will not be made publicly available. However, the Institutional Review Board (a committee that reviews and approves human subject research studies) may inspect and/or copy your records for quality assurance and data analysis. These records may contain private information.

To ensure confidentiality to the extent permitted by law, the following measures will be taken: you will be assigned a pseudonym that will be used on all data. Only the researchers will have access to this data. If the results are reported publicly or are published, your identity will remain confidential.

Questions or Problems
You are encouraged to ask questions at any time during this study.

- For further information about the study contact the supervising professor, Dr. Mary Lynn Damhorst. Phone: (515) 294-9919 Email: mldmhrst@iastate.edu

- If you have any questions about the rights of research subjects or research-related injury, please contact Ginny Austin Eason, IRB Administrator, (515) 294-4566, austingr@iastate.edu, or Diane Ament, Director, Office of Research Assurances (515) 294-3115, dament@iastate.edu.
**Participant Informed Consent**

Your signature indicates that you voluntarily agree to participate in this study, that the study has been explained to you, that you have been given the time to read the document and that your questions have been satisfactorily answered. If you would like, a copy of this form can be provided for your reference.

Respondent's Name (printed) __________________________________________________________

_________________________________________  ______________________________
(Respondent's Signature)       (Date)

**Approval to audio-tape interview?**  Yes _____  No _____ (please initial)

**Investigator Statement**

I certify that the participant has been given adequate time to read and learn about the study and all of their questions have been answered. It is my opinion that the participant understands the purpose, risks, benefits and the procedures that will be followed in this study and has voluntarily agreed to participate.

_________________________________________  ______________________________
(Researcher’s Signature)       (Date)
APPENDIX F
IOWA STATE UNIVERSITY
OF SCIENCE AND TECHNOLOGY

DATE: July 16, 2007

TO: Keila Tynor
31 MacKay Hall

CC: Mary Lynn Damhorst
1058 LeBaron Hall

FROM: Jan Canny, IRB Administrator
Office of Research Assurances

IRB ID: 07-334

Approval Date: 12 July 2007
Date for Continuing Review: 11 July 2008

The Chair of the Institutional Review Board of Iowa State University has reviewed and approved the protocol entitled: "Cosmetic Technologies of the Body: An Exploration of Self and Identity through the Consumption of Nonsurgical Cosmetic Procedures". The protocol has been assigned the following ID Number: 07-334. Please refer to this number in all correspondence regarding the protocol.

Your study has been approved from 12 July 2007 to 11 July 2008. The continuing review date for this study is no later than 11 July 2008. Federal regulations require continuing review of ongoing projects. Please submit the form with sufficient time (i.e. three to four weeks) for the IRB to review and approve continuation of the study, prior to the continuing review date.

Failure to complete and submit the continuing review form will result in expiration of IRB approval on the continuing review date and the file will be administratively closed. All research related activities involving the participants must stop on the continuing review date, until approval can be re-established, except when necessary to eliminate immediate hazard to research participants. As a courtesy to you, we will send a reminder of the approaching review prior to this date.

Please remember that any changes in the protocol or consent form may not be implemented without prior IRB review and approval, using the "Continuing Review and/or Modification" form. Research Investigators are expected to comply with the principles of the Belmont Report, and state and federal regulations regarding the involvement of humans in research. These documents are located on the Office of Research Assurances website or available by calling (515) 294-4566, www.compliance.iastate.edu.

You must promptly report any of the following to the IRB: (1) all serious and/or unexpected adverse experiences involving risks to subjects or others; and (2) any other unanticipated problems involving risks to subjects or others.

Upon completion of the project, please submit a Project Closure Form to the Office of Research Assurances, 1138 Pearson Hall, to officially close the project.
**ISU New Human Subjects Review Form**

**SECTION I: GENERAL INFORMATION**

<table>
<thead>
<tr>
<th>Principal Investigator (PI): Keila Tyner</th>
<th>Phone: 214-725-2676</th>
<th>Fax: 515-294-6364</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degrees: M.S.</td>
<td>Correspondence Address: 31 Mackey Hall</td>
<td></td>
</tr>
<tr>
<td>Department: Apparel, Educational Studies, and Hospitality Management</td>
<td>Email Address: <a href="mailto:ktyner@iastate.edu">ktyner@iastate.edu</a></td>
<td></td>
</tr>
<tr>
<td>Center/Institute:</td>
<td>College: Human Sciences</td>
<td></td>
</tr>
<tr>
<td>PI Level: Faculty</td>
<td>Postdoctoral</td>
<td>Graduate Student</td>
</tr>
<tr>
<td></td>
<td>Undergraduate Student</td>
<td></td>
</tr>
</tbody>
</table>

Title of Project: Cosmetic Technologies of the Body: An Exploration of Self and Identity through the Consumption of Nonsurgical Cosmetic Procedures

Project Period (Include Start and End Date): [mm/dd/yyyy] [July 1, 2007] to [mm/dd/yyyy] [August 1, 2008]

**FOR STUDENT PROJECTS**

<table>
<thead>
<tr>
<th>Name of Major Professor/Supervising Faculty: Mary Lynn Danhoest</th>
<th>Signature of Major Professor/Supervising Faculty: [Redacted]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone: 515-294-9919</td>
<td>Campus: [Redacted] [008] Engineering Hall</td>
</tr>
<tr>
<td>Department: Apparel, Educational Studies, and Hospitality Management</td>
<td>Email Address: <a href="mailto:mldanhoest@iastate.edu">mldanhoest@iastate.edu</a></td>
</tr>
</tbody>
</table>

Type of Project: (check all that apply)

- Research
- Independent Study (490, 590, Honors project)
- Class project
- thesis
- Dissertation
- Other. Please specify: ________________

**KEY PERSONNEL**

List all members and relevant experience of the project personnel. This information is intended to inform the committee of the training and background related to the specific procedures that each person will perform on the project.

<table>
<thead>
<tr>
<th>NAME &amp; DEGREE(S)</th>
<th>SPECIFIC DUTIES ON PROJECT</th>
<th>TRAINING &amp; EXPERIENCE RELATED TO PROCEDURES PERFORMED, DATE OF TRAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keila Tyner, M.S.</td>
<td>P.I.</td>
<td>11/04 W 12/15/04</td>
</tr>
<tr>
<td>Mary Lynn Danhoest, Ph.D.</td>
<td>Co P.I./Major Professor</td>
<td>6/02 0 1 2, 0 1 2 0</td>
</tr>
</tbody>
</table>

Add New Row

Research Assurance 1/18/07
FUNDING INFORMATION

Internally funded, please provide account number:

Externally funded, please provide funding source and account number:

Funding is pending, please provide OSPA Record ID on GoldSheet:

Title on GoldSheet if different than above:

Other: e.g., funding will be applied for later.

SCIENTIFIC REVIEW

Although the assurance committees are not intended to conduct peer review of research proposals, the federal regulations include language such as “consistent with sound research design,” “rationale for involving animals or humans” and “scientifically valuable research,” which requires that the committees consider in their review the general scientific relevance of a research study. Proposals that do not meet these basic tests are not justifiable and cannot be approved. If an assurance review committee(s) has concerns about the scientific merit of a project and the project was not competitively funded by peer review or was funded by corporate sponsors, the project may be referred to a scientific review committee. The scientific review committee will be ad hoc and will consist of your ISU peers and outside experts as needed. If this situation arises, the PI will be contacted and given the option of agreeing that a consultant may be contacted or withdrawing the proposal from consideration.

☐ Yes ☐ No Has or will this project receive peer review?

If the answer is “yes,” please indicate who did or will conduct the review: POS Committee

If a review was conducted, please indicate the outcome of the review:

NOTE: RESPONSE CELLS WILL EXPAND AS YOU TYPE AND PROVIDE SUFFICIENT SPACE FOR YOUR RESPONSE.

COLLECTION OR RECEIPT OF SAMPLES

Will you be: (Please check all that apply.)

☐ Yes ☑ No Receiving samples from outside of ISU? See examples below.

☐ Yes ☑ No Sending samples outside of ISU? See examples below.

Examples include: genetically modified organisms, body fluids, tissue samples, blood samples, pathogens.

If you will be receiving samples from or sending samples outside of ISU, please identify the name of the outside organization(s) and the identity of the samples you will be sending or receiving outside of ISU:

Please note that some samples may require a USDA Animal Plant Health Inspection Service (APHIS) permit, a U.S.PHS Centers for Disease Control and Prevention (CDC) Import Permit for Etologic Agents, a Registration for Select Agents, High Consequence Livestock Pathogens and Toxins or Listed Plant Pathogens, or a Material Transfer Agreement (MTA) (http://www.aphis.usda.gov/bvshp/shipping.htm).

SECTION II: APPLICATION FOR INSTITUTIONAL REVIEW BOARD (IRB) APPROVAL

☐ Yes ☑ No Does this project involve human research participants?

Research Assurances 1/18/07
SECTION III: ENVIRONMENTAL HEALTH AND SAFETY INFORMATION (EHS)

☐ Yes  ☒ No  Does this project involve laboratory chemicals, human cell lines or tissue culture (primary or immortalized), or human blood components, body fluid or tissues?

ASSURANCE

- I certify that the information provided in this application is complete and accurate and consistent with any proposal(s) submitted to external funding agencies.
- I agree to provide proper surveillance of this project to ensure that the rights and welfare of the human subject or welfare of animal subjects are protected. I will report any problems to the appropriate assurance review committee(s).
- I agree that I will not begin this project until receipt of official approval from all appropriate committee(s).
- I agree that modifications to the originally approved project will not take place without prior review and approval by the appropriate committee(s), and that all activities will be performed in accordance with all applicable federal, state, local and Iowa State University policies.

CONFLICT OF INTEREST

A conflict of interest can be defined as a set of conditions in which an investigator’s or key personnel’s judgment regarding a project (including human or animal subject welfare, integrity of the research) may be influenced by a secondary interest (e.g., the proposed project and/or a relationship with the sponsor). ISU’s Conflict of Interest Policy requires that investigators and key personnel disclose any significant financial interests or relationships that may present an actual or potential conflict of interest. By signing this form below, you are certifying that all members of the research team, including yourself, have read and understand ISU’s Conflict of Interest policy as addressed by the ISU Faculty Handbook (http://www.provost.iastate.edu/faculty/) and have made all required disclosures.

☐ Yes  ☐ No  Do you or any member of your research team have an actual or potential conflict of interest?

☐ Yes  ☐ No  If yes, have the appropriate disclosure form(s) been completed?

________________________________________
Signature of Principal Investigator

7-3-07
Date

________________________________________
Signature of Department Chair

7-3-07
Date

PLEASE NOTE: Any changes to an approved protocol must be submitted to the appropriate committee(s) before the changes may be implemented.

Please proceed to SECTION II.
APPENDIX G
Coding Guide

1. Appearance Management Practices
   1.1 Grooming
   1.2 Diet
   1.3 Exercise
   1.4 Products

2. Overall Appearance
   2.1 Satisfaction level
      2.1.1 Positive
      2.1.2 Negative
   2.3 Favorite/least favorite
   2.4 Ideal body
   2.5 Past body

3. Finding the Provider
   3.1 Information search
      3.1.1 Internet
      3.1.2 Media
      3.1.3 Friends
      3.1.4 Word of mouth
   3.2 Building relationship
      3.2.1 Important
      3.2.2 Not important
   3.3 Felt safe
      3.3.1 Yes
      3.3.2 No

4. Nonsurgical Cosmetic Procedure (NCP)
   4.1 Overall experience
      4.1.1 Positive
      4.1.2 Negative
      4.1.3 Painful
      4.1.4 Stressful
      4.1.5 Pleasant
      4.1.6 Enjoyable
   4.2 Motivation
      4.2.1 Transition in life
         4.2.1a Divorce
         4.2.1b Menopause
         4.2.1c Other
      4.2.2 Age
      4.2.3 Cost
   4.3 Perceived level of risk
      4.3.1 High
      4.3.2 Low
      4.3.3 Moderate
   4.4 Appropriateness of cost
      4.4.1 Worth it
      4.4.2 Not worth it
      4.4.3 Ambivalent

   4.5 Future NCPs
      4.5.1 Yes
      4.5.1a Regularly
      4.5.1b Ron regularly
      4.5.2 No

   4.6 Recommend to others
      4.6.1 Yes
      4.6.2 No

   4.7 Cosmetic Surgery
      4.7.1 Has had
      4.7.2 Would consider

   4.8 Naturalness
      4.8.1 Felt natural
      4.8.2 Did not feel natural
      4.8.3 Comparison to cosmetic surgery

5. After the NCP
   5.1 Feelings about Appearance
      5.1.1 Positive
      5.1.1a Increased confidence
      5.1.1b More like “myself”
      5.1.1c Closer to ideal
      5.1.2 Negative
      5.1.2a Not worth cost
      5.1.2b Not desirable results
   5.2 Feelings about Femininity
      5.2.1 More feminine
      5.2.2 Act is feminine
   5.3 Link to past self
      5.3.1 Happy about self now
      5.3.2 Look good for age
      5.3.3 Want to be more like past self
   5.4 Others reactions
      5.4.1 Positive
      5.4.2 Negative
      5.4.3 Neutral
   5.5 Openness about Procedure to others
      5.5.1 Not at all
      5.5.2 Somewhat
      5.5.3 Very

6. Ambivalence
   6.1 Conflicted feelings about having NPC
      6.1.1 Positive feelings about results
      6.1.2 Feels vain
      6.1.3 Feels superficial

7. “Woman I…” (Guy & Banim, 2000)
   7.1 Woman I want to be
   7.2 Woman I am most of the time
   7.3 Woman I fear I could become
APPENDIX H
Emergent Themes

I. The Consumption Process: From Information Search to Meanings of the Self
   A. Prepurchase
      1. Motivations
      2. Information Search
   B. Purchase
   C. Postpurchase
      1. Reactions of Others
      2. Overall Experience
      3. Future Intentions

II. Experiences of Ambivalence
   A. Naturalness of Nonsurgical Cosmetic Procedures
   B. Acknowledgement of Cultural Norms of Physical Attractiveness
   C. Conflicting Feelings of the Self: Experiences of Ambivalence

III. The Aging Female Body: Experiences of Possible Selves
   A. Reflections on the Past Self: “The Woman I Used to Be”
   B. Reflections on the Ideal Self: “The Woman I Want to Be”
   D. Reflections on the Actual Self: “The Woman I am Most of the Time”
**Embodied Experience**

The Aging Female Body: Experiences of Possible Selves

A. “The woman I used to be”
B. “The woman I want to be”
C. “The woman I fear I could become”
D. “The woman I am most of the time”

**Symbolic Interaction**

Self-Actualization
Social Comparison

**Consumption**

The Consumption Process: From Information Search to Meanings of the Self

A. Prepurchase
B. Purchase
C. Postpurchase

**Socio-cultural Norms**

Experiences of Ambivalence

A. Naturalness of Nonsurgical Cosmetic Procedures
B. Acknowledgement of Cultural Norms of Physical Attractiveness
C. Conflicting Feelings of the Self: Experiences of Ambivalence
REFERENCES


