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**Cosmetic Surgery Media, Marketing and Advertising**

**Requires More Regulation**

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**Cosmetic Surgery Media, Marketing and Advertising Requires More Regulation**


by


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**Cosmetic Surgery Media, Marketing and Advertising Requires More Regulation**

by

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The marketing, advertising and mediation of cosmetic surgery in the United States has become a controversial issue. The debate arises with the normalization of unrealistic beauty images due to excessive exposure to cosmetic surgery in the media and consumer self-diagnosis. Surgeons use aggressive marketing tactics for preventative procedures and prey on insecurities. Moreover, the proliferation of cosmetic surgery in the media in conjunction with misleading advertising has created an environment where consumers have false and unrealistic expectations and perceptions of cosmetic surgery. This article discusses the history of cosmetic surgery, marketing and advertising tactics as well as mediated theory to understand the ethical issues involved in elective surgery. The goal of this paper is to suggest regulation and protection for vulnerable audiences.

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## Chapter One – Introduction

The acceptance of cosmetic surgery in society has saturated modern culture through television programs, news articles and advertisements for elective procedures that promise the fountain of youth, sex appeal and happiness. This increased media fascination has generated a greater public awareness for cosmetic procedures that propagates an ideal beauty standard that is not attainable by natural means (Swami, 2008). The overabundance of elective surgical messages has led to a pervasive message that the body can be "easily" modified to conform to a permanent youthful image or conform to unrealistic beauty standards. The result is the normalization of certain body images, unrealistic expectations in regard to plastic surgery, as well as unethical practices within cosmetic surgery marketing. In the face of a growing market and demand for surgical interventions, the media leaves out the danger of surgical procedures that can result in infection, bleeding, embolisms, pulmonary edema, facial nerve injury, unfavorable scar formation, skin loss, blindness, crippling and death (Morgan, 1991). Surgeons give cute, camouflaging labels to refer to major surgery as "nips" and "tucks," and they are often in the business of selling elective surgery for monetary gain. In addition, cosmetic surgeons often have spa like offices that diminish the seriousness of the surgery at hand.

### Why This Is An Important Topic

This paper will analyze the powerful effects of media coverage within cosmetic surgery and the persuasive marketing trends employed by surgeons. The media, in

conjunction to marketed surgery, has created an environment in which the risks and side effects of elective surgical procedures have been minimized in the minds of mass-market consumers. Consumers are exposed to unethical advertisements, incomplete advertising messages and the media's perception of beauty. On top of marketing, consumers of media experience social relationships with characters on television and ultimately have relationships outside of the physical world that can influence their ideas of beauty. Overall, the powerful effects of media render certain individuals unable to make healthy, educated decisions concerning the necessity of surgical intervention in the quest for beauty.

Ethical issues that will be discussed include marketing within the medical profession, cosmetic surgery advertising appeals, and their effects on women and society. This research attempts to gain an understanding of the unethical tendencies found in cosmetic surgery advertising and the significance of its presence in society. In addition, this research has the potential to suggest the role that mediated communications have in the decision to go under the knife.

This paper aims to outline the existing problem of the ubiquitous media coverage and marketing of cosmetic surgery and the persuasive effect it has on consumers. Mass media has created a form of consumer awareness that has harmful effects on beauty culture, social norms and self-perception. The theories of parasocial interaction, entertainment-education programs, social cognitive theory, the extended elaboration likelihood model, sociocultural models and social comparison theory are important to

understanding the harmful effects of mediated cosmetic surgery. The overpowering messages and influence of mediated beauty has created a marketplace in which consumers are helpless against the social expectations of beauty. Consumers experience these influences through the overabundance of reality television shows and by building social relationships with celebrities through television programs. In an unregulated environment, persuasive messages in conjunction with the theories listed above, society ultimately will continue to perpetuate unrealistic beauty standards. Through the identification of harmful messages, an understanding of media theories that create social beauty norms, and an argument for increased regulation, this paper provides avenues for potential resolution in the debate surrounding the normalization of cosmetic surgery.

Chapter 2 begins with a definition of cosmetic surgery within the context of reconstructive surgery followed by the history of cosmetic surgery. These sections will provide a framework and an understanding as to why cosmetic surgery has prospered in the United States. Following will be a discussion of the evolution of medical advertising and the ethical issues that have been present in the industry since its foundation.

Chapter 3 will focus on previous research on cosmetic surgery advertising, the appeals used to target consumers and marketing trends. Chapter 4 evaluates psychology's role in the medical field and ethical arguments that include vulnerable audiences, surgery as an addiction and media effects. The analysis will build to a theory-based discussion of media effects and its relationship to the increased demand for cosmetic surgery. Taken as a whole, Chapter 6 concludes with a call for regulation and resolution.

**Chapter Two – Defining Cosmetic Surgery**

To narrow the scope of this paper, the following constructs have been defined to provide a more focused understanding of the different types of surgery that are considered to be reconstructive. The term reconstructive surgery encompasses both plastic and cosmetic surgery. The term plastic surgery, used interchangeably with cosmetic surgery, comes from the Greek word plastikos, meaning "to mold or shape." Many of the first plastic surgeries involved the formation of a skin flap to reshape or mold a defect (American Society of Plastic Surgeons, 2009).

To differentiate, reconstructive surgery is performed on abnormal structures of the body caused by birth defects, development abnormalities, trauma, infection, tumors, or disease. Plastic and cosmetic surgeries are performed to reshape normal structures of the body to improve the patient's appearance and self-esteem (American Society of Plastic Surgeons, 2009). Cosmetic surgery is elective and usually not covered by health insurance because the market drives the demand. In contrast, reconstructive surgery is generally covered by most insurance policies and depends upon the patient's physical needs. The level of coverage depends upon specific procedures and may vary greatly (Sullivan, 2001).

*The History of Reconstructive and Cosmetic Surgery*

Plastic surgery dates back to ancient times and was part of a field of scientific experiments up through the Renaissance. Modern surgeons can trace their history to India, where as early as 600 B.C., a Hindu surgeon described performing nose surgery, or

what is known today as a rhinoplasty. Plastic surgeons also claim the "father of modern plastic surgery" as Gasparo Tagliacozzi of Italy who sometime before 1586 pioneered the Italian method of nasal reconstruction due to frequent duels, street brawls and other clashes of armed men (Haiken, 1997).

During the Renaissance, reconstructive surgery was used to treat the epidemic of syphilis that occurred in Europe in the late seventeenth and eighteenth centuries when people were harshly stigmatized and ostracized because of their distinguishable and monstrous nasal deformities caused by the disease (Gilman, 1999). Physicians used plastic surgery to improve the appearance of the syphilitic nose and allow the diseased to become less visible in society or "pass" as "normal" (Morgan, 2005).

At its beginning, plastic surgery in the United States was born of necessity. World War I brought a large scale of wartime injuries specific to the head and face that had never been seen before in human history. These injuries placed reconstructive and cosmetic surgery at the forefront of the national landscape. Reconstructive surgery brought legitimacy and evoked interest in the benefits of cosmetic surgery. The physical and social benefits gave wounded soldiers the opportunity to reintegrate into society despite crippling injuries (Eskenazi, 2006).

After World War I, plastic surgeons organized professional societies, negotiated the boundaries of their specialty and once established, attempted to control its image and parameters. The American Society of Plastic Surgeon's was founded in 1921 as a result from the war. Its founding marks the end of the free-for-all in plastic surgery and

signifies a nationwide trend toward professionalization and organization. However, in 1921 many surgeons still believed that medicine was meant to heal rather than to beautify. One surgeon noted the feeling of "resentment at being called on to belittle our profession by catering to the vanities and frivolities of life," and believed the practice of cosmetic surgery went against the medical profession's fundamental principles (Haiken, 1997).

In addition, technological advancements of wartime surgeries began to become available to the masses. By the 1920's, cosmetic surgery was front-page news when Jewish actress Fanny Brice had her nose reshaped. In fact, *The New York Times* approved and wrote, "Hurrah for the intrepid Fanny, whose motto is all for art and a nose well lost" (Eskenazi, 2006).

Historian Elizabeth Haiken has found that the earliest "extreme makeover" might have taken place as early as 1924 when a newspaper in New York sponsored a contest that promised "the homeliest girl in New York" plastic surgery that would make a beauty of her. The feature ran each day in December and is the closest thing to a reality show that time period had to offer (Haiken, 1997).

The American Society of Plastic Surgeons achieved recognition by the American Board of Surgeons with the foundation of the American Board of Plastic Surgery in the late 1930's. The American Board of Plastic Surgery admitted only qualified surgeons, defined standardized programs of education and adopted rigorous examination criterion. However, organization was still hazy, and many surgeons had to forge their own path. In

the 1920's and 1930's, most of those who called themselves plastic surgeons remained unaffected by professional organization. The issues of publicity and profit complicated the task of professionalization. These concerns prompted surgeons to use a theoretical framework that drew on sociological and historical interpretations of the changes the nation was undergoing and the new insights offered by psychology and psychiatry to support their move towards cosmetic surgery (Haiken, 1997). The most popular theoretical framework cited was body image, or a person's perception of his or her own physical appearance, or the interpretation by the brain.

By the late 1930's, plastic surgery had only grown as a practice in the United States, and by the beginning of World War II, the U.S. had about sixty practicing plastic surgeons— more than ten times that of Britain (Haiken, 1997). Wartime reconstructive surgery had enabled surgeons to gain experience and confidence, but also brought forth limitations of their knowledge and skills.

In the years after World War II, plastic surgeons realized that not even large-scale industrial catastrophes like war would generate enough patients to support the number of surgeons the war had produced. An excess of medical school plastic surgeon graduates in the reconstructive surgery field led to the practice of elective procedures and purely cosmetic surgery. Originally, the idea of a practice of elective surgery solely for physical gain was considered an ethical dilemma, but physicians found justification in psychology and psychiatry (Haiken, 1997; Sullivan, 2001). This brought cosmetic surgeons to view their work as facilitating a patient's total physical and mental health, not just removing a

flaw. Physical appearance became as important to mental health as social and economic success (Hennick-Kaminski, 2008).

This justification led plastic surgeons toward the widespread trend of marketing medical techniques and technologies to provide for their business. The first audience they targeted was middle-aged, middle class women who had come of age during World War II, married and had children younger, and lived longer than previous generations. Many were finding that the transition into the "second half of life" was harder than they had anticipated. Many found it was easier to change themselves than the world around them, and no one— not their husbands, children or surgeons— disagreed (Haiken, 1997).

In 1949, the American Medical Association made changes to their Principles of Medical Ethics, and for the first time, doctors were encouraged to disseminate information to the press. This new attitude stemmed from the need for a positive public relations campaign to educate and inform the public through "passive cooperation." By the 1950's, cosmetic surgery was a staple topic in women's magazines, newspapers and the new medium of television (Haiken, 1997).

In the postwar world, beauty became equated with youth. Facelifts became the new trend, and the homophobic wall that separated masculinity from cosmetic surgery began to crumble. Economic justification provided a frame of reference that enabled plastic surgeons to reframe plastic surgery as masculine common sense rather than effeminate vanity.

Modern society still very much reflects the cultural changes following World War

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II. In a 1997 study, *Psychology Today* found that sixty million people do not like their chins, while another six million were dissatisfied with their eyes. *USA Today* similarly reported that of the eight thousand men and women who responded to a recent survey, forty percent rated their bodies a "C," and fourteen percent would consider liposuction. Statistically, most who opt for surgeries are not rich, yet feel the need to undergo treatments for personal satisfaction and will find ways to finance them (Haiken, 1997).

Today, plastic surgeons must attend medical school, complete internships and residencies, work in medical offices, surgical suites and hospitals, and they define their work in medical terms. The abundant growth that made the cosmetic surgery industry possible lies at the crossing of medical knowledge, leisure, and money that entered the American way of life after World War II (Haiken, 1997).

### *The Evolution of Medical Advertising*

The American Medical Association Code of Ethics in 1847 condemned advertising as both unethical and undignified, and from 1957 to 1976, the prohibition read simply, "He (the physician) should not solicit patients" (Sullivan, 2001; Hennick-Kaminski, 2008). Although the prohibition was in place, it was not always followed, and physicians found ways to solicit customers outside of the recommended guidelines. Physician advertising was limited to only factual information about the practice. This general information consisted only of area of specialty, location of practice, business hours and contact information.

The Federal Trade Commission challenged the American Medical Association

Code of Ethics policy in 1975 because they believed that it prohibited competitive behavior and resulted in the restraint of trade. Later, in 1982 the Supreme Court upheld that judgment. This allowed the medical field to advertise (Hennick-Kaminski).

The enterprising practitioner was busy staking a claim in the growing industry as surgeons interested in reconstructive surgery realized that Americans who were unhappy with their features far outnumbered those born with congenital deformities or injuries later in life. These surgeons advertised in phone directories and newspapers, gave public demonstrations of their work at beauty conventions and in department stores, published books and pamphlets commending their skills and conducted themselves in a manner that professional surgeons loathed (Haiken, 1997).

### *The Connection Between Beauty and Medical Advertising*

The advertising of cosmetic surgery began with ethical controversy and can find its roots in cosmetics advertising. The first cosmetic advertisements supported the standards of feminine beauty as young, white, and later, sexual.  The cosmetics industry began by promising transformations and marketed products in the early years of the industry alongside words like "Made over" and "before" and "after" pictures. The assumptions made to readers were that by changing one's looks, one could change one's own life (Haiken, 1997).

The end of the American Medical Association's ban on advertising in 1975 brought forth a slew of new messages to the public. Cosmetic surgery advertising in particular led to the "medical marketing revolution" (Sullivan, 2001). The first paid

television, radio and print advertisements ran in California in the late 1970's, and by 1988, 48 percent of board certified plastic surgeons advertised (Hennick-Kaminski). It was during this time that physicians from other medical specialties attempted to advertise as "cosmetic surgeons" or "facial plastic surgeons." These false claims prompted the American Society of Plastic Surgeons to attempt self-regulation with the creation of a formal marketing department to oversee programs and assist members with marketing efforts.

Medical advertising found itself at a crossroads of two different philosophies about what medicine should be and how professions should be regulated. The traditional view opposed advertising in order to protect the public from physicians who were too commercially oriented. The contemporary view held that medicine is indeed commercially oriented and thus cannot be trusted to regulate itself. The American Medical Association traditionally holds that the dissemination or solicitation of information is acceptable, but that product differentiation or solicitation of patients is not. Economists have defined product differentiation as a public perception between two products even if such a difference does not exist. Shopping for doctors is therefore done through credentialing procedures (Dyer, 1985).

Today, in order for a physician to obtain membership in the American Society of Plastic Surgeons or the American Society for Aesthetic Plastic Surgery, the surgeon must allow his or her advertising and marketing to be scrutinized by fellow members. Surgeons that do not follow established guidelines might have their memberships revoked (Wetzel,

2006).

The American Medical Association's Code of Ethics (2001) restricts only advertising that is false or misleading. However, it advises physicians that specific types of communication have a higher potential for deception and require special attention. This includes claims of superiority and implied certainty of result.

Advertising has become a very important pillar to the success of the cosmetic surgery industry. Because insurance does not cover cosmetic procedures, surgeons depend on advertising to attract the new patients they need to survive (Spilson, Chung, Greenfield & Walters, 2002). This competitive nature has led to a high level of marketing activity.

The deregulation of medical advertising has brought cosmetic surgery into the homes of many people across the world and has raised awareness of surgical procedures while at the same time made people more aware of personal flaws. The influence of advertising has directly influenced the way people view themselves and has attributed to the increase in elective surgical procedures.

The American Society of Plastic Surgeons represents 97 percent of all physicians certified by the American Board of Plastic Surgery and reported that 3 million cosmetic surgery procedures were performed in the United States by licensed plastic surgeons in 2005. This indicated a 775 percent increase since 1992 and a 151 percent increase since 2000 (Hennick-Kaminski, 2008). A nationwide survey conducted by the American Society for Aesthetic Plastic Surgery in 2003 that consisted of 1,000 adults found that 54

percent of respondents approved of cosmetic surgery and would consider it for themselves. In addition, about 75 percent of respondents indicated that if they did have cosmetic surgery they would not be embarrassed to tell others (Stenson, 2004).

**Chapter Three – Cosmetic Surgery Advertising Research**

Previous studies on cosmetic surgery advertising have examined the general messages and appeals of the ads, the extent to which an ad displayed the expertise of a physician, and marketing trends for cosmetic surgery (Sullivan, 2001; Spilson, et al. 2002; Ring, 1999).

*Advertising Messages and Appeals*

Spilson et al. (2002) found that participants in their study believed that 25 percent of the cosmetic surgery ads used images of persons that falsely and deceptively created unjustified expectations of favorable results, that 22 percent of the ads appealed primarily to common fears, anxieties or emotional vulnerabilities, and that 17 percent of the ads contained unsubstantiated statements of physician superiority. In addition, concerns have been voiced about what are perceived to be vague, unclear, or even misleading representations of board certification that have the potential to influence uneducated patients (Spilson et al, 2002).

Hennink-Kaminski analyzed 1,857 cosmetic surgery ads over two decades and found that there are four main appeals: physical attractiveness, assurance in the surgeon's credentials, sexual and informational. Straightforward physical attractiveness accounted for 63.9 percent of ads, assurance for 32.9 percent, sexual for 25.2 percent, and the informational appeal for 19.4 percent. Of the ads using a sexual appeal, 83.3 percent implied that cosmetic surgery would improve sexual attractiveness, 55.6 percent suggested that cosmetic surgery would make one feel sexier, and 17.8 percent contained a

promise of increased sexual activity. Over the twenty-year period, the number of ads that mentioned board certification of the surgeon increased from 49.2 percent to 61 percent. Overall, there was a three-fold increase in the number of advertisements appearing in 1995-2004 as opposed to 1985-1994. This statistic lends itself to observations that increased marketing activity may be linked to the rise in cosmetic surgery. In fact, a 2005 American surgery found a 119 percent increase in cosmetic surgical procedures since 1997 (Das, 2007).

The most contentious ethical issue concerns the blatant sexual appeals that were present in 25 percent of all advertisements over a twenty-year period. The sexual appeal suggests that one will be more sexually attractive as a result of cosmetic surgery, will be more likely to participate in sexual activity, and will have more enjoyment in sexual activity (Hennink-Kaminski; Reichert and Lambiase, 2003). This appeal is ethically questionable because the sexual appeal raises a debate within the feminist community of whether cosmetic surgery is a resource of empowerment or an extreme example of women acting as victims in a male-dominated beauty system (Morgan, 1998).

Recent examples of unethical cosmetic surgery advertisements were seen in the London Underground where the Advertising Standards Authority stopped a series of posters that presented a young woman looking miserable before surgery and happy after it. The third poster's text read, "gorgeous breasts just got easy with cosmetic surgery." That poster was ruled to violate responsible advertising and truthfulness rules because it could imply that a reader did not need to seek independent medical advice and that the

procedure was without risk (ASA, 2007). In addition, an interview with Dr. Arthur W. Perry, M.D., former member of the New Jersey State Board of Medical License Examiners, uncovered his experience with misleading and false advertising. Perry discussed one fraudulent advertisement that was for laser skin rejuvenation. "It showed wonderful pre- and post-operative photographs which turned out to be of a chemical peel patient from another physician's book." As a result from incidents of false, deceptive advertising, patients develop dangerous expectations and mentally minimize risk (Hilton, 2007).

According to the statistics mentioned above, 61 percent of ads from 1994-2004 had some reference to a physician's credentials. As reassuring as that piece of information seems, part of the problem is that from a legal standpoint, it is not necessary to be trained as a plastic surgeon to practice plastic surgery (Orecklin, 2004). However, in order to become certified by the American Medical Association and be recognized by the Board of Plastic Surgery, a physician must complete seven years of training under a Board Certified Plastic Surgeon. But, many doctors do not bother with the special training and practice the surgery to supplement their income (Orecklin, 2004). Based on this knowledge, there is a problem in the lack of regulation that is currently applied to advertising for cosmetic surgery. This is a deviant practice that puts the consumer at risk and leads to future misleading statements.

*Marketing Trends*

As the popularity of cosmetic surgery reaches new heights, surgeons have come

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up with new theories and strategies to market the surgical industry to produce a higher profit. Research has shown that calling elective surgery "cosmetic" has led Americans to believe that the surgery being performed is somehow less dangerous, less complicated, and requires less surgical skill than either "plastic" or "reconstructive" surgery. According to Eskenazi, the word "cosmetic" seems to connect surgery with lipstick and hair dye, things that can be purchased at a drugstore and are perfectly "safe," and thus encourages people to think that "cosmetic" surgery is less painful, and entails a shorter recovery period (Eskenazi, 2006).

Surgeons use new key language to downplay the seriousness of surgery such as "smaller" or "preventative," and they globally refer to the "aging deformity," which they can micromanage through a series of separate procedures of the aging face and neck (Blum, 2003). There have also been references made to "scarless" surgery (which does not exist), the "weekend" facelift and the extensive use of "before" and "after" pictures that has contributed to the public misconception that results are consistent and predictable. Many cosmetic surgeons believe the new patient pool for cosmetic surgery will be between the ages of thirty-six and sixty-four, with the majority of women between forty-five and fifty-five, and patients will continually be younger as procedures are performed earlier to ward off the early signs of aging as "proactive surgery" becomes the norm (Eskenazi, 2006).

One example of the marketing trend reaching middle America was in Lexington, Kentucky, where all thirteen of the town's plastic surgeons joined in advertising the

benefits of preventative face lifts. Advertisements read, "If you prefer a more harmonic relationship between your self-perception and outer image, you may prefer to tackle these concerns before they become more obvious. You may benefit from a facelift at an earlier age." They urged people to consider treating facial aging earlier than before, as early as thirty-five in fact. They claimed that such early interventions would improve the results (younger skin is more elastic) and guarantee future results (future face-lifts). One surgeon predicted that people would eventually start having more frequent, smaller procedures (Blum, 2003).

Surgeries are marketed as "smaller" procedures that identify localized pockets of facial aging. Sectionalized procedures are performed on a "divide and conquer" basis that allows women to experience their bodies in fragments. Surgeons have easily tapped into the female market and approach surgery through a pay-on-the-installment-plan approach through one section at a time. (Blum, 2003). As this marketing trend proliferates, there is a dangerous trend in the media to minimize the risks associated with surgery and to de-emphasize the rigors of recovery (Eskenazi, 2006).

*A Deaf Ear to Regulation Attempts*

Some plastic surgeons in Britain have begun to speak out against unrealistic body images portrayed in advertisements. The British Association of Aesthetic Plastic Surgeons, which represents approximately one-third of Britain's cosmetic surgeons, have said that digitally enhanced pictures of bikini-clad women in ecstatic poses in advertisements should be banned. Senior plastic surgeons have said that "anatomically

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impossible" breasts are used to seduce female clients into undergoing cosmetic surgery that create unrealistic expectations. In addition, the association wishes to ban the promotion of "lunchtime facelifts," a procedure that could not be carried out in that time frame, and financial discounts to reward clients who sign up quickly (Laurence, 2008). Other ads boast celebrity clientele as if that were a professional qualification. Recently, the association has launched its own advertising campaign to counter the hard-sell approach of some clinics and warn patients to check their surgeon's qualifications. The campaign's tagline is "Thinking of cosmetic surgery? Be sure. Be safe." The black-and-white ads feature a life size scalpel as a response to what it considers a growth in "inappropriate and irresponsible" advertising that trivializes the seriousness of a life changing process (Carter, 2008). The president of the association and a consultant plastic surgeon, Douglas McGeorge, said, "[The association] has been increasingly concerned about the standard and style of today's cosmetic surgery advertising. Surgery is a serious undertaking which requires realistic expectations and one should only proceed after proper consultation with a properly qualified clinician in an appropriate clinical setting" (Laurence, 2008).

## Chapter Four – Beauty and Society

How did we get here? When did the body become another commodity to be purchased and sculpted? Patients have become "consumers," doctors have become "providers," and health care has become a commodity (Dyer, 1985). The popularity of cosmetic surgery could be attributed to many sources including higher disposable incomes, advancement in cosmetic surgery, loss of stigma, and the way in which cosmetic surgery is portrayed in the mass media and entertainment industries (Swami, 2008). The possibilities listed above rely heavily on the influence of the media on the standard of beauty. In 1993, Thomas Pruzinksy observed that the social and cultural standards of beauty portrayed in the mass media had directly impacted increased demand for plastic surgery. One medium with informative and persuasive influence in the mass media is advertising and is included in Pruzinsky's statement (Pruzinsky, 1993).

The difference between our culture and traditional societies of the past is that their ideal images were longer lasting, giving the effect of a notion of beauty literally carved in stone. Beauty is now disposable and short-lived in an electronic and temporary culture filled with changing beauty trends and airbrushed pictures of modern women (Blum, 2003).

In "Flesh Wounds," Blum writes of "the culture of cosmetic surgery" to emphasize the way in which we experience the body as shaped by multiple external forces. Socially, surgery is presented in the media as a necessary consequence of the relentless temptations of a youth-and-beauty-centered culture, despite the actual statistical

aging of the United States. This youth obsession has developed a society that is desperate to see only young, energetic and attractive people which, repetitiously over time, makes sense when we are told on so many unspoken and obvious levels that we will find neither work nor sexual partners without these attributes; moreover, we are fated to lose both if we do not retain at least the superficial remnants of our younger selves (Blum, 2003).

The social idea and practice of consumption suggest why feminist responses to plastic surgery range from freedom of choice to utter subjection to the regime of beauty culture. Or in fact, do the staggering statistics and drive to be the best determine the reason to go under the knife? Economists have long reported that attractive people make more money. In 1993, economist Daniel Hammermesh told the San Francisco Chronicle, "Even within any occupation, good-looking people make more money" (Haiken, 1997).

Dr. Loren Eskenazi gave an account of the growth of acceptance of cosmetic surgery in society in her book, *More Than Skin Deep*. Eskenazi lectured in undergraduate biomedical ethics at Stanford University in the early 1990s that concerned body modification and plastic surgery. During a four-year period, she found that the viewpoints in her class differed over time. The first year she taught the course, the majority of her students responded that they would never consider plastic surgery and were judgmental of those who chose to alter their appearance. In the third year of the course, half of the class thought they would opt for surgical improvement but was concerned about how plastic surgery had the potential to install uniform beauty standards in our culture. By the fourth year, the class was solidly in favor of cosmetic surgery and responded that they

would absolutely avail themselves of it and even believed it should be covered by insurance. If Dr. Eskenazi's experience is an indication for the future of how our culture responds to the aging process, then as a society, we will experience new techniques that doctors will employ to bring in new patients  (Eskenazi, 2006).

Overall, it is important to remember that surgery will change each individual in profound ways that go far beyond the results on the surface and therefore should never be trivialized. The pressure of perpetual beauty and the American passion for self-improvement will drive women to consider and undergo cosmetic surgery.

### Psychology to Legitimize the Practice

In the 1920's and 1930's, Americans became interested in the new science of psychology. Theories like the inferiority complex were applied to the justification of cosmetic surgery. Overall, surgeons in general welcomed psychology because the theories shed light on questions they had been unable to answer. As Americans came to believe that beauty was crucial to social and economic success, as well as mental health, their demands for surgical attention became more persistent. Psychology enabled them to rationalize surgery as serving a larger medical and societal importance (Eskenazi, 2006).

During the late 1930's, words like "deformity" were used to describe any and every physical attribute that might spark the feeling of inferiority that could potentially threaten an individual's chances for social success and economic achievement. This theme was repeated in newspapers, magazines and advertising. This was a turning point and marked when surgeons began listening to how their patient's features made them feel

(Eskenazi, 2006).

Psychology has been used to view cosmetic surgery as facilitating a patient's mental health (Hennick Kaminski, 2008). Along with this thought process, the World Health Organization now defines health as "complete physical, mental, and social well being, not merely the absence of disease or infirmity." This explains why plastic surgeons are allowed to see their practice as facilitating a patient's total mental health and physical health rather than merely removing a perceived flaw (Haiken, 1997).

According to author and professor Virginia Blum, most surgeons reported that they would not operate on patients with vague expectations of just "looking better." They pursue what it is that the patient does not like about their appearance because, without this, they know that the patient is unlikely to be satisfied with the surgical result (Blum, 2003).

### *Body Image: Subjective and Psychological*

There are psychologists who specialize in "body image," a term originally coined by psychoanalyst Paul Schilder in 1935 to describe the mental representation of our bodies. Body image involved a psychological picture, not an objective one, which is why someone with an eating disorder can see fat in the mirror despite weighing less than a supermodel. Schilder used the term "body image" to challenge any distinction between an objective body and a subjectively experienced body.

Current experts in this area recommend adjustments to body image through a combination of psychotherapy and pharmaceuticals. It is important to consider that

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body-image specialists think the person suffers from a disorder only when the specialists themselves recognize a significant difference between the evidently objective body and the person's internal representation of that body.

This subjective practice lends itself to continual application where a biased pool of individuals, psychologists, psychiatrists and surgeons, will be the ones to judge when a consumer is justified in his or her needs. Pruzinsky and Edgerton believed that, "Body parts are the inkblots onto which some people project their discontent." If this thought is true, then the consumer's discontent may be justified by the surgeon but not by the psychologist, thus, giving conflicting professional advice. This may account, in part, for the recent increase in the number of patients requesting cosmetic plastic surgery who have previously undergone cosmetic surgery procedures on other parts of their bodies" (Pruzinsky, 1993).

### Ethical Issues

Many ethical issues dealt with directly and indirectly include vulnerable audiences, addiction and the unnecessary suffering and even death of uneducated and misinformed patients. According to *U.S. News and World Report*, as the number of people pursuing perfection through cosmetic surgery has increased, so has the number of people injured or killed through unsuccessful surgeries (Shute, 2004). Feminists argue that cosmetic surgery adds to the perception that women's bodies are deficient and in need of constant improvement. Through the proliferation of marketing and increased awareness, cosmetic surgery now represents the method to achieve a "good" body—

through consumption. Surgeons overwhelmingly look for monetary gain by performing elective procedures from discontent women and use computer imaging and the promise of perfection to manipulate patient's perceptions (Davis, 2008).

*Vulnerable Audiences*

An audience most vulnerable to the media is teenage girls. It is important to remember that young children and adolescents receive their body images wholly from the outside (Blum, 2003). Critics argue that aggressive cosmetic surgery advertising preys on adolescents' body image anxieties and that entrepreneurial doctors are putting money before medicine (Das, 2007). However, cosmetic surgeons argue that liposuction, breast augmentation and nose jobs can help distraught teenagers. A 2005 American survey found a 119 percent increase in cosmetic surgical procedures since 1997. Teenagers 18 and under accounted for 1.5 percent. Those aged 19-34 accounted for 24 percent, most seeking liposuction or breast augmentation (Das, 2007). While the amount jumps quickly within the 19-34 age group, one must attribute this to how the media has cultivated young people's values and self-awareness.

Canada's Victorian Health Services Commissioner, Beth Wilson, has remarked on the issue and believes that "young girls are bombarded by huge amounts of propaganda from the beauty industry. It's everywhere: billboards, television and magazines. Airbrushed images which are not accurate representations of what people look like and it's very difficult for young girls in particular to withstand that kind of bombardment" (Das, 2007).

*Surgery as an Addiction*

Some argue that cosmetic surgery is an addiction for many people. Since 2005, there have been more than two million cosmetic surgery operations in the U.S. – more than quadruple the number in 1984. In addition, there were eight million nonsurgical procedures such as Botox injections and skin resurfacing. Cosmetic surgery has become more democratic, taking in the middle class, not just the affluent, as it has also expanded to include new areas of the body. Cosmetic surgery has become an addiction for some, and the more surgery one has, the more one wants (Davis, 2008).

According to sociologist Victoria Pitts-Taylor, cosmetic surgery patients can be placed into two categories, "good patients" who have ordinary, desirable forms of surgery and "bad patients" who are hopelessly addicted and unable to stop subjecting themselves to modification. The "normal" end of the spectrum includes those who desire to have their bodies and lives transformed through the surgery. Examples of this in mainstream culture include television shows such as Extreme Makeover and The Swan. On the other end of the spectrum are obsessed victims of what has been diagnosed as Body Dysmorphic Disorder (BDD) (Davis, 2008).

**Chapter Five – Media Effects and Why Regulation is Necessary**

What other psychological factors are contributing to the decision to choose cosmetic surgery? Below is an outline and explanation of how people are being affected by the media, advertising and other mediated influences. Separate from advertising, the media plays a powerful role in how people live and the media, in addition to advertising, is a contributing factor.

*The Television Culture*

Neil Postman has accused television of being the most evil form of mind numbing "amusement" that has displaced the previously engaged print culture (Giles, 2002). Richard Schickel claims that because it is positioned in our very own homes, television most nearly invites the false sense of intimacy with celebrities (Giles, 2002). What is specific to television culture is the spatial relocation and resizing of celebrities. Not only does television have the effect of containing and normalizing the previously larger than life "film star," but also both stars and their practices seem within reach by virtue of their sheer proximity and possession within our household space. Schickel argues that if this is true, that we feel increasingly intimate with those who appear within the confines of our own homes, then we must also feel as though their bodies are more achievable role models (Giles, 2002).

Examples of television shows that have been discussed in literature include cosmetic surgery education entertainment shows that are comprised of both reality and series television programs. Education entertainment shows include Extreme Makeover

and The Swan. Extreme Makeover consisted of individuals who volunteered for an extensive makeover in Hollywood. The show depicted ordinary men and women undergoing "extreme makeovers" involving plastic surgery, exercise regimes, hairdressing and wardrobing. The Swan was a reality show that aired in 2004 and consisted of ugly women that were given "extreme makeovers" that included several forms of plastic surgery. Each contestant was assigned a panel of specialists – a coach, therapist, trainer, cosmetic surgeons and a dentist – who together designed an individually tailored program for the individual. The women competed against each other throughout the program to move on to the Swan pageant. At the end, one woman was named "The Swan." TV series programs include Gossip Girl, Desperate Housewives and Sex and the City. These primetime soap operas perpetuate the eternally youthful and sexual portrayal of women and encourages an unrealistic standard of beauty at any age.

Not surprisingly, press statements by both the American Society for Aesthetic Plastic Surgery and the American Society of Plastic Surgeons in 2005 were able to link the rise in the number of surgical procedures performed in 2004 to the trend in cosmetic surgery reality television. Figures released by the American Society for Aesthetic Plastic Surgery claimed that there was a 44 percent increase in cosmetic procedures from 2003 to 2004, and the president of the society suggested this rise is connected to media coverage of plastic surgery. "People have had many more opportunities to see, first hand, what plastic surgery is like and what it can do for others. That can be a strong incentive for them to seek the same benefits by having cosmetic procedures themselves" (ASAPS,

2005).

Television plays a significant role in publicizing cosmetic surgery and its availability. More significantly, surgical programming adds meaning to, or makes sense of, the roles of patients and doctors and the way in which surgical enhancement "works." This continues a discourse that normalizes and proliferates cosmetic surgery and gives viewers the tools to survey others with a surgeon's eye (Tait, 2007). By making cosmetic surgery entertainment, elective surgery becomes commercialized elective surgery, and the risks people take for an altered appearance are minimized as are the cultural consequences of offering surgery as the means to remedy psychological distress (Tait, 2007).

### *An Argument for Regulation*

This paper argues that the powerful effects of media, in addition to unethical and incomplete advertising messages, render certain individuals unable to make healthy, educated decisions. Outlined below are many theories that explain the powerful affects that media has on cultural beauty trends and the influence it has on consumers of this media. The theories discussed below build to the belief that consumers of media are defenseless against the media's perception of beauty, influenced by the invasion of Hollywood standards and in turn perceive their lives to be similar to those they interact with in the media. Coupled with the media's ability to decrease self-esteem and increase depression, individuals have a diminished capacity to make decisions and are therefore mentally handicapped and unable to make sane decisions, especially concerning extreme

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beauty options such as cosmetic surgery.

The quest for beauty from mass media exposure can be connected to the celebrity lifestyle through narrative television programming. The three main constructs of narrative programming are identification, perceived similarity and parasocial interaction. Identification refers to the emotional and cognitive process whereby a viewer imagines himself or herself as a particular character. In this case, a viewer loses self-awareness and takes on the feelings, perspectives and goals of the character, therefore sharing that character's perspective and goals (Cohen & Tal-Or, 2008). The second construct, perceived similarity, identifies the viewer's judgment about the extent to which he or she and a character share common attributes, beliefs and/or values (Eyal & Rubin, 2003). The third construct, parasocial interaction, explains the bond that develops between a viewer and a liked character. This occurs most often with fictional characters, newscasters, talk radio hosts and other celebrities as individuals begin to see these popular figures as part of their social world (Giles, 2002). Overall, identification, perceived similarity and parasocial interaction explain how entertainment messages overcome resistance to persuasion and the ability for viewers to get swept up in the story line and become emotionally and explicitly involved with the characters or celebrity personalities.

The type of programming in which these situations are fostered and new trends or knowledge is gained is commonly referred to as entertainment programs. Research has investigated the ability of entertainment-education programs to influence behavior across a variety of health and social issues. Across the literature (Greenberg, Salmon, Patel,

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Beck, & Cole, 2004), entertainment-education is defined as entertainment programming designed to exert some known, pro-social effect on viewers such as providing information, reducing stigma or promoting healthy behaviors. Overall, an entertainment-education program may be one educational scene in a storyline embedded in an otherwise purely entertainment program. Much of the research on entertainment-education has found that these programs can influence attitudes and in some cases, behaviors (Moyer-Guse, 2010). Examples of cosmetic surgery entertainment education programs included Dr. 90210, Extreme Makeover, and Nip/Tuck.

A recent study found that story features that employ narrative transportation and involvement with characters may reduce three forms of resistance to persuasion— reactance (i.e., opposition to a message), counter-arguing (i.e. to turn against the argument), and perceived invulnerability (i.e. believing that one is immune to the message.) These findings confirm that viewers are more accepting and less resistant to media characters and actors. This type of exposure to media has led many researchers to suggest that parasocial relationships with characters will develop, and viewers will identify with characters in the narrative (Moyer-Guse, 2010).

One of the most common theories applied to entertainment-education is social cognitive theory. Social cognitive theory suggests that how an individual gains knowledge can be directly related to observing others within the context of social interactions, experiences and outside media influences (Bandura, 1986). When applied to media effects, social cognitive theory can explain how a character who is rewarded for

his or her behavior serves to positively motivate and reinforce the value of that behavior in the minds of the viewers, whereas punished behaviors are negatively reinforced and thus discouraged (Bandura, 2004). In addition, Bandura argues that similarity and identification with a character may enhance the effect, and with motivation, observed behaviors may be adopted. With respect to the influence of beauty and celebrity in media, the most important aspect of the social cognitive theory is that motivation governs behavior. Therefore, if motivation is present, the theory recognizes that resistance to "healthy" behaviors can exist among observers.

An example of social cognitive theory applied to cosmetic surgery can be seen in a television program where a character or personality undergoes an elective procedure and positively benefits from the surgery. Positive benefits may include employment opportunities, a more successful love life or even renewed confidence. Examples of these benefits are seen in most episodes of Dr. 90210, which follows patients through the cosmetic surgery process.

In addition, this behavior is supplemented by the use of the extended elaboration likelihood model that considers how education-entertainment programs may lead to persuasion by reducing message scrutiny. According to Slater & Rouner, at its core, the extended elaboration likelihood model posits that when viewers are absorbed into the elements of an entertainment program, they are less motivated to counter argue with the embedded persuasive messages (Moyer-Guse, 2010).

The effects of entertainment-education programming, narrative programming and

parasocial interaction, social cognitive theory coupled with the extended elaboration likelihood model therefore paints a picture of a media environment where viewers believe characters are a part of their social circle, interact with them, and are influenced by their feelings, goals and lifestyle choices. Viewers are transported into a fictional world and lose self-awareness. By and large, whether actually sharing a character's worldview or simply observing that worldview, viewers can be manipulated and influenced by the power of the media.

As viewers are increasingly caught up in the worlds of fictional characters and celebrities, it is also important to recognize the effects and influence of the media on the beauty standards of society as a whole. The term "body dissatisfaction" is used quite often to explain the phenomenon that occurs from media exposure. In fact, the most supported explanations for increases in body dissatisfaction are derived from sociocultural models that identify social pressures (e.g. media, friends, family) as the incentive behind an individual's need to conform to unrealistic body shape standards (DeBraganza & Hausenblas, 2010). The sociocultural models enforce the current standard of a young, thin and fit physique that is virtually impossible for the average woman to achieve without extensive dieting and exercise (Cusumano & Thompson, 1997).

The strongest sociocultural pressures that affect body dissatisfaction are imposed by the mass media and include print media, movies and television (Thompson, Heinberg, Altabe & Tantleff-Dunn, 1999). Homogenous messages that are sent to mass audiences

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have been studied and reveal that exposure to the media's portrayal of the ideal physique is positively associated with body dissatisfaction and eating disorder symptoms (DeBraganza & Hausenblas, 2010). Although not all women are equally vulnerable to the adverse effects of media images, the overall sociocultural effect has created a limited view of what is an acceptable beauty and health environment. Hirschman and Thompson (1997) posit that although consumers realize that mass media presents the world in a stylized and idealized way, individuals nonetheless draw meaning from these images.

### The Effects of Advertising

Exposure to advertising begins at birth and continues throughout a consumer's life. Advertising is a pervasive and persuasive communication that is professionally developed and positioned to reinforce certain behaviors and values. It is unreasonable to assume that viewers are unaffected by this avalanche of images intended to influence their behavior (Gulas and McKeage, 2000). One unintended effect of advertising is social comparison with people portrayed in advertisements. Social comparison theory was developed in 1954 by Festinger and hypothesized that humans have a drive to compare their opinions and abilities to those of others with the primary purpose of accurate self-evaluation. In addition, there is a "unidirectional drive upward" that motivates humans toward continual improvement (Festinger, 1954). Since then, the theory has expanded to posit that in addition to self-evaluation, comparison may serve self-improvement goals (Gulas and McKeage, 2000).

Social norms have been developed by the mass media through models and actors

and have created the social norm of the "ideal body." The mass media shapes the standards toward which young women believe they must work toward to attain "true" beauty (DeBraganza & Hausenblas, 2010). The understanding of social norms is what culturally reinforces the socialized duty to normalize one's body (Gulas and McKeage, 2000). These normalized beauty standards push an unattainable mass beauty standard on a diverse population.

### *Messages About Body Image*

With heightened ad and media exposure, body dissatisfaction continues to proliferate. As media consumers attempt to process the messages that are sent to them, they will be unable to effectively cognitively process the messages and think critically about a healthy self-response. Previous legislation has been drafted to protect vulnerable audiences that do not have a developed sense of self or the cognitive capacity to think critically.

### *A Comparison to the Regulations of Cigarette Advertising*

A helpful comparison can be made between cosmetic surgery advertising and cigarette advertising to adolescents. The reason that advertising, specifically cigarette advertising, is not protected by the First Amendment is because it is premised upon the "reasonable consumer" stipulation— that consumers can discern falsehood from truth. Children are not able to discern falsities from truths, and therefore, are not expected to possess the same capacity for judgment as adults and are offered protection from such commercial speech.

To draw comparisons, both cigarette and cosmetic surgery audiences want to fit in to a larger society and look to cognitively understand self-concept and adulthood. As regulation and legislation was passed to protect young adults from the pressures of smoking, one has to understand the parallel strategies used in advertising cigarettes and cosmetic surgery. Both have used powerful images to create self-conflict within a public setting that causes adolescents to look for help to define themselves amongst their peers and society at large. This same self-conflict arises within cosmetic surgery when individuals find physical deficiencies and look to define themselves through surgery.

Cigarette advertisements were argued to have a powerful effect on the population, but most specifically children because they were considered to be more easily influenced than adults, and greater increases in tobacco advertising budgets were thought to prompt an increase in smoking initiation among children and adolescents. Many worried that cigarette advertising interacted with developmentally relevant psychological characteristics of the adolescent to potentially influence smoking. The Surgeon General's report on youth smoking implied that smoking may help to enhance adolescents' self image or sense of self. Previous studies suggest that adolescents are more susceptible to cigarette advertising compared to adults because the process of identity formation makes teens more sensitive to "cues concerning symbols of adulthood and acceptance" (Shadel, 2004).

### *A Vulnerable Population*

Adolescence represents a time during which the self-concept undergoes

significant change and is a time of conflict while adolescents form their values. Social cognitive perspectives on self-concept development emphasize that conflict among various aspects of the self rise and peak during adolescence (ages 14-17 or high school) and decline in late adolescence. Discrepancies during self evaluation arise due to two factors: adolescents' increasing awareness that a new and different personality can be used to describe their self concepts and a lack of the cognitive processing necessary to resolve the inherent contradictions that may arise between opposing self-attributes (e.g. "How can I be both "shy" and "sociable"?) (Shadel, 2004). Although the cognitive capacity to resolve self-conflict develops during adolescent, prior to that time, adolescents are actively motivated to resolve conflicts within the self and look to social context to help find their answers.

In addition to the inability to cognitively process-advertising messages, a study by Henriksen et al (2002) found that eighth and ninth grade students exposed to tobacco-saturated convenience stores perceived significantly easier access to cigarettes, believed more peers tried and approved of smoking, and expressed weaker support for tobacco-control policies. Overall, the study suggested that advertising in stores might distort adolescents' perceptions about the availability, use and popularity of this product (Henriksen et al, 2002). Similar to cosmetic surgery advertisements, the proliferation throughout society is very well being embellished.

Cigarette advertising bypasses cognitive processing of adolescents as each brand has its own personality. The messages resonate with teens and the images capture their

interest. For example, the individual looking for independence and masculinity will relate to the cowboy in Marlboro ads. On the other hand, a man looking to project the desire for romantic relationships and friendships will choose Lucky Strike, while a woman would choose Virginia Slims (Cigarette ads, 2010). Teen girls are more likely to choose Camel No. 9 that draws comparisons to love potion number 9. Kids with high exposure to advertising were twice as likely to have tried smoking and three times as likely to have smoked in the past month, compared to those with low exposure. In addition, exposure to tobacco advertising was also associated with higher intent to smoke in the future among never-smokers, suggesting that it affects how adolescents perceive smoking before they start (Cigarette ads, 2010). The choice to smoke is a life altering decision as tobacco continues to be the leading cause of preventable death around the world. By conveying messages of identity, tobacco advertisements attempt to resonate with an audience that is still developing their self-awareness.

Cosmetic surgery advertising, especially that which reaches adolescents and adults who cannot cognitively process commercial messages, should be restricted based on morally justifiable and legally defensible terms, particularly with respect to life altering surgical procedures. The surgeon and the surgeon alone judges what constitutes a "reasonable consumer" in his or her office and often reinforces the consumers' perception of the flaw. Thus, creating a misleading and dangerous environment to go under the knife.

**Chapter Six – Regulation Recommendations**

Regulations on cosmetic surgery advertising must be improved because consumers are unsure of cosmetic surgeons' qualifications, and are not given enough information about the options available and the risks involved. Due to media, marketing messages and advertising, consumers have an unrealistic expectation of surgical results and may suffer serious harm physically and psychologically from a disappointing outcome. The following regulations are appropriate because of social learning models and the diminished capacity to scrutinize messages, the effects that have been witnessed with other products such as tobacco, and to instill professionalism throughout the cosmetic surgery profession. The recommendations outlined below are recommended to protect consumers from the harmful effects of media and instill confidence and honesty within elective surgery advertising.

*Psychiatric Evaluations*

Regulations that should be explored include a psychiatric evaluation to determine the mental health of the patient. This would provide a barrier to protect patients from financially driven doctors and allow a self-reflection period for the patient to evaluate his or her choices and for the psychiatrist to determine if the patient is making a decision from a healthy point of view. Only "good patients," as described by Victoria Pitts-Taylor who have ordinary, desirable forms of surgery should be recommended to receive plastic surgery.

*Health Warnings on Advertisements*

In addition, the advertisements themselves should include a health warning, similar to the surgeon general's warning. The goal of this warning would be to enhance the public's awareness of the serious repercussions and risks associated with elective surgery. This would help combat the appeals used to target patients' insecurities. Another option that could be effective is to make it mandatory to state on each advertisement the surgeon's affiliation with the American Board of Plastic Surgery. This way, consumers are given another form of protection from illegitimate doctors.

*Self-Regulation with the Better Business Bureau*

The Cosmetic Surgery industry should partner with the Better Business Bureau's Advertising Review Services for solutions in self-regulation. The overarching board is called The National Advertising Review Council, and its mission is to foster truth and accuracy in national advertising through voluntary self-regulation. This provides an alternative to government regulation, a level playing field to settle disputes, and an increased public trust in the credibility of advertising (Advertising Review Services, 2010). The National Advertising Review Council sets standards and policies for accuracy among specified divisions including the National Advertising Division of the CBB, the Children's Advertising Review Unit, National Advertising Review Broad and the Electronic Retailing Self-Regulation Program. Importantly, these divisions will help set new standards on how to protect vulnerable audience such as children, adolescents and older populations. In the case of cosmetic surgery, older does not mean more responsible,

and this demographic is especially vulnerable to the marketing tactics of surgeons.

Together, with the BBB, the cosmetic surgery industry can enhance principles, create industry pledges, and through voluntary self-regulation, shift the mix of unhealthy advertising appeals and conflicting messages and encourage a healthy lifestyle among women. An industry pledge in conjunction to the Hippocratic Oath, which is specifically designed to outline the surgeon's responsibility to the consumer within advertising and marketing, would strengthen social responsibility and create more positive messaging. This initiative would be modeled after the Children's Food and Beverage Advertising Initiative that was designed to create transparent and accountable advertising. A similar initiative would create barriers for protection for consumers and help foster a more honest relationship between surgeons and consumers.

In addition, the Children's Advertising Review Unit should have an advisory board specialized in adolescents and medicine. Currently, the Children's Advertising Review Board includes areas in education, communication, child development, child mental health, marketing and nutrition. (Council of Better Business Bureaus, Inc, 2009) Although some of these areas overlap, the Children's Advertising Review Unit needs to specifically address the protection of the teen and adolescent age group and elective surgery.

### More Medical Self-Regulation

The medical profession, especially in the defined terms of cosmetic surgery, is already aware of and concerned with the issues of the creation of commodities, separation

of the surgeon's performance of services from the satisfaction of the client's interest, and the economic component of human motivation (Dyer, 1985). The main concern is whether physicians can place public good ahead of their own self-interest. Trust is the keystone of medical virtue from the Hippocratic Oath to Percival's code to various versions of the American Medical Association codes (Dyer, 1985).

The medical profession needs to take a public stand to restore trust in their industry through self-regulation. Guidelines must be created that regulate surgeon's themselves, create guidelines for acceptable medical marketing terms, and restore professionalism within the reconstructive surgery practice.

Television programs should also be regulated through disclaimers that play before and during a show. These disclaimers should state the risks involved and remind viewers that the opinions and methods of diagnosis are subjective and do not necessarily represent the views of society. Such disclaimers should also remind patients of where to go to check a doctor's credentials and alternatives to surgery.

**Chapter Seven – Conclusion**

The increased popularity of cosmetic surgery can be attributed to the consumer driven American culture, increased media popularity of cosmetic surgery and advertising appeals that have created a culture where cosmetic surgery appears safe, accessible and available. By minimizing the risks involved with an elective body modification surgery, advertising has the power to persuade and cause body image dissatisfaction, normalize body images and play on perceived insecurities. Powerful media effects are also a contributing factor as the media cultivates beauty standards. Images of quintessential beauty are experience daily through parasocial interaction (building relationships with television personalities), confidence and awareness is built through education-entertainment programs and social comparisons are made daily that lower the self esteem of viewers across America. Because of these effects, commercial speech, such as advertising, is a form of communication that should be held to a higher standard and the FCC and American Board of Plastic Surgery should strengthen and regulate advertising requirements.

Advertising is lacking the correct information and perpetuating a misleading image of the medical field and surgery. Consumers need a way to clearly recognize the difference between board certified plastic surgeons and other egregious certifications that can be claimed by doctors looking to make easy money. The "medical marketing revolution" has increased the awareness of, desire for and popularity of cosmetic surgery and the marketing and advertising of cosmetic surgery must be more heavily regulated to

protect consumers. Not only are consumers not informed of the risks associated with elective procedures in the advertisements, but they are also victims of misinformation, misleading images and of the medical profession's lack of experience in marketing itself.

Advertisement's for cosmetic surgery must be completely truthful. In order to uphold the professionalism required in the medical field as well as preserve the honesty of the advertising industry, cosmetic surgery advertising must be regulated more closely and provide truthful information to consumers. Specifically, cosmetic surgery advertising must be closely monitored and doctors who are not board certified plastic surgeons should not be allowed to advertise services unless they are members of the American Board of Plastic Surgery.

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