

# CUTTING REMARKS: ON ETHICS, CONSUMER BEHAVIOR AND COSMETIC PLASTIC SURGERY

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## ABSTRACT

As consumers daily see the evidence of the passing years in the mirror, they search for solutions, and cosmetic surgery is, increasingly, the method of choice for many. This paper explores both the motivation to buy, and to supply, such services, an area largely left unexplored by the academic literature, from the dual perspectives of consumer behavior and ethics. Expanding family income, new financing options, a greater societal acceptance of these procedures, and important technical advances, have contributed to an explosion in demand for such services among both the traditional market segments, and newer groups such as teenagers and men, in the industrially advanced countries. This effort explores such topics as performance of such surgical procedures by those less than qualified to do so, the promotion of a certain racial and body types, felt pressures to undergo such treatment, playing on the weaknesses of potential patients, building unrealistic expectations, incompletely informing the patient as to the risks involved, the use of such surgery among teenagers and among those endeavoring to appear more youthful, surgically imposing bodily changes on another, and in general, the price, pain and risk involved vis a' vis the gains possible.

## INTRODUCTION

*"For Beauty includes three conditions, integrity or perfection, since those things which are impaired are by the very fact ugly; due proportion and harmony; and lastly, brightness, or clarity, whence things are called beautiful which have a bright color." (Thomas Aquinas in Summa Theologica)*

*"The soul is born old but grows young. That is the comedy of life. The body is born young and grows old. That is life's tragedy. " - Oscar Wilde*

*"The less I behave like Whistler's Mother the night before, the more I look like her the morning after. Tallulah Bankhead*

An ever-greater percentage of baby boomers is watching their ideal of attractiveness collide with the fact of their own advancing years. Added to this, the considerable technical advances in plastic surgery, and an overall reduction in the cost per procedure, bring many of them well into the affordable range for the middle class. Comments Newsweek [this area is, as yet, largely unexplored by the academic literature], "Advanced techniques, promising less- invasive procedures and swifter recoveries (the famed 'weekend face-lift') make surgery seem less scary to first- timers." (Kalb, 1999, pp 54). These factors have fueled an explosion for the demand, and the purchase, of these services, in the industrially developed countries.

A number of issues have arisen because of these trends. This exploratory paper will examine such ethical considerations as the building of unrealistic expectations as to the results which are possible, and also of the effects these results might have; the different groups of candidates for these procedures, and their respective concerns; the increasing trend of cosmetic surgery among teenagers; the ethical aspects of a world wide ideal of beauty, and its pursuit by those of other races, body types, and so on; the pressure to look young in the face of inevitable aging; the ethics of imposing, and reifying, an ideal of aesthetic beauty on another; the ethical consideration of the pursuit of a certain appearance vis a vis the potential danger and expense involved.

According to the Plastic Surgery Information Service of the American Society of Plastic Surgeons, the number of procedures performed has risen sharply in the past twenty years, in all areas of cosmetic surgery. ([www.plasticsurgery.org](http://www.plasticsurgery.org))

The work is evidently less frightening, emotionally and financially, and more available even for those who do not have the funds. A business publication from the UK stated that, "A recent study showed that among working women plastic surgery is the third most common reason for asking for a bank loan - behind buying a car or paying for a holiday." (Fracassini, 2000, pp 6). For others unable to bear the expense, there are even finance companies specializing in providing the funds for such procedures (Light and Himelstein, 1996).

Indeed, an online auction website, 'Netcare,'" has offered Internet surfers the chance to bid for such procedures as breast reduction surgery, skin resurfacing, liposuction, nose and ear hair removal and eyelid operations. After the results to the initial product offering, the company's director stated, "Judging from the response, it would be crazy not to continue." ([Birmingham Post](#), 2000, pp 9).

Taking the initiative to have such a procedure done, a kind of power of agency over one's own life, is an accepted part of the American culture. Alexander, Rubinstein, Goodman, and Luborsky (1991) conceptualized the European American as a self-determined and autonomous unit who thinks of life as a product that can be created by the self. Because of the importance put on individualism and self-determination, people often feel responsible for the course of their own lives (Alexander, Rubinstein, Goodman, Luborsky, 1992).

The reasons for this heightened demand will be explored in more depth below. In general, there are a number of studies which support the conclusion that physical beauty brings rewards in terms of a number of positive effects, such as societal recognition, higher self esteem, and so on (Berscheid and Gangstead, 1982; Eagly, Ashmore, Makijani and Longo, 1991). Self-improvement, including in the area of personal appearance, is an area applauded in American culture. According to Brumberg, writing in the [Nation](#),

"...makeover - the kind that involves revamping a woman's appearance - has become formulaic in women's magazines in the twentieth century. On daytime television, largely female audiences still squeal with delight at the unveiling of new makeup, hairdo or wardrobe that appears to create a new and better person - almost instantly. (1997, pp 38).

Commenting on the popularity, and accepted nature, of cosmetic surgery for self-improvement, Kalb remarks that "Record numbers of baby boomers get their fat sucked out and "rejuvenate" their cheeks and eyelids. Any stigma has melted away as quickly as fat cells during liposuction." (1999, pp 52).

The ethical aspects of the marketers' involvement with this area is a concern. Davidson, writing in [MarketiniZ News](#), the industry newsletter for practitioners and academics, states

"The marketing of cosmetic surgery, hairloss treatments and other medical "cures" that are, for the most part, elective is especially problematic. Most of the material in a recent supplement of The Washington Post [on such techniques] may not have crossed the ethics boundary, but it was certainly flirting with the edge. Doctors have not only the right, but often the obligation, to promote their services and new technologies. But blending the health care skills - the healing arts - with the blandishments of P.T. Barnum or even of Revson is a troublesome mixture. As physicians turn themselves into marketers, they must be especially conscious of ethical pitfalls." (1998, pp 6).

He calls for a number of measures, such as prominent disclaimers on before-and-after photos.

## **TEENAGERS AND SURGERY**

In the United States, teenage cosmetic surgeries tripled between 1997 and 1999, to 175,000 procedures, according to the American Society of Plastic and Reconstructive Surgeons. Such techniques as breast enlargement and reduction, chemical peels for the skin, laser hair removal, ear and nose reshaping, and liposuction are being used by teens in order to improve appearance and especially to be admired by peers.

Although the cost of such procedures (recently, \$6,500 for a 'nose job [reconstruction]' in New York) are not covered by most health insurance, expanding family discretionary income is allowing more and more teens to take advantage of these services. Psychologists and sociologists are concerned that some teenagers, especially those who are not yet mature either physically or emotionally, may be beginning a lifetime of such treatments, and may be disappointed by the results. Such issues have led to federal regulators recently setting age 18 as the minimum age for cosmetic breast augmentation.

Another concern is that greater access to such improvements may actually serve to heighten standards in an age group already preoccupied with appearance, overly sensitive on the subject and, often, in a hurry to reach adulthood. According to Pediatrician Lynda Young, quoted in the Boston Globe, "We're shortening the time from childhood to adulthood. We've also raised the bar. Now, if a teenager has a few pimples, people say, 'Why don't you do something about it?' It's not, 'Don't worry. It will be better in a few years.'" (Wen, 2000, pp A1).

However, there are two sides to this debate. According to the Christian Science Monitor, "Proponents argue that teens are particularly sensitive about their bodies, and that plastic surgery, on a mature patient, can improve self-esteem and social acceptance." (2000, pp 14)

Many feel that in general, new medical techniques, devices and drugs give young people far more control over their appearance - more than they can get from hair gels, blow dryers, and designer clothes. "They don't have to suffer the same kind of Growing pains as we did," (Wen, 2000, pp A1) says child psychiatrist Robert Doyle, quoted in the Boston Globe.

## **BUILDING UNREALISTIC EXPECTATIONS: "THIS PROCEDURE WILL CHANGE YOUR LIFE"**

Marketing expert Davidson finds the ethical considerations in this area of cosmetic surgery especially troubling. He quotes an example of questionable promotion:

"...supplements like this one [promoting such services], and yes, this type of promotion has been going on for a long time. Charles Revson, founder of Revlon, often is quoted as saying that his company really was in the business of selling 'hope.' One of the ads in the supplement promising 'A New You For The New Millennium' shows a butterfly emerging from a drab cocoon, and holds out the hope for the reader of 'transformation from the ordinary caterpillar to a creature of grace, elegance and beauty. We can help you to become like a butterfly.'" (1998, pp 6)

In response to such claims and suggestion, he states that "...there is something a bit sad, and maybe even dangerous, about searching out insecure men and women and holding out for them the promise of a more romantic, vigorous, fulfilling life if only they can get to the bottom of a bottle of pills, or if they are willing to spend enough money for a surgical procedure that may turn out to be neither brief nor painless." (ibid)

There are those who pursue the impossible dream through numerous procedures, becoming what is known in the trade as a 'plastoholic.' In her article, "When Plastic Surgeons Should Just Say 'No,' Barnard cites in this regard, "New York socialite Jocelyne Wildenstein, who has posed proudly for magazine spreads to show off the look she achieved through multiple surgeries, a look that critics have described as somewhere between cat and Klingon." (2000, pp A1).

### **THE UNDERSTATEMENT OF RISK**

The procedures are certainly not without risk. According to the Sarasota Herald Tribune,

"In the past three years, 21 people have died in Florida during or immediately after undergoing cosmetic surgery in offices. Since 1986, at least 44 deaths have occurred statewide, according to an investigation by the Fort Lauderdale Sun-Sentinel. No one knows the exact number because, until earlier this year, Florida has no formal system for reporting deaths and injuries from cosmetic surgery." (Fort Lauderdale Sun-Sentinel, 2000, pp A14).

One issue is the question of whether the surgery is performed in a doctor's office rather than in a hospital, whose operating facilities would have the 'crash carts' and other equipment which might be life saving, should anything go wrong. Such considerations, and risks, are often not specifically explained to the potential patient, when being told about a procedure that 'is just a simple office procedure.' Medical experts are also worried about the growing tendency to have multiple procedures, combining a face-lift and eyebrow lift with liposuction, for example. Some doctors offer discounts if patients elect to have several procedures done at once, but this practice may keep patients on the surgical table too long, putting them at greater risk for complications, especially problematic in in-office procedures. Certain states, including California and Florida, have instituted greater restrictions for in-office surgeries, and other states may follow.

The desirable credential in plastic surgery is certification by the American Society of Plastic Surgeons, which requires a minimum three years of training in general surgery and two in plastic surgery. However, many of the estimated 50,000 other doctors practicing in the field learned their skills in apprenticeships or \*crash' style short courses. Longtime ASPS member Dr. David Ross states in Newsweek, "Anyone with an M.D. can call themselves a plastic surgeon, that is why we have catastrophic liposuctions-this is not a business people can jump into with a week-end course." (Kalb, 1999, pp 55). This source estimates that the 'revision rate' for all cosmetic surgery could be as high as one procedure in ten, again, a risk that most potential patients are not appraised of.

A specialist on laser skin resurfacing (Greeley, 2000) also warns potential patients that because both qualified and unqualified practitioners are flooding the cosmetic laser surgery field, consumers may face real hazards of widespread use of lasers by unqualified people. Some laser manufacturers are so eager to sell their products that they stage one- or two-day meetings, or courses, for training. This is leading to a situation where obstetricians, gynecologists, family doctors, and even dentists are now offering laser surgery.

According to this source, "The person planning to do laser surgery must understand the basic physics of how laser energy is absorbed by tissue and how tissue responds," warns FDA's Felten. "Then that person should go where the surgery is performed and watch a skilled surgeon use the equipment." (pp 34).

There were also reports of the medical information made available to patients being presented in a less than ideal way, with respect to allowing the potential patient to weight that information in a responsible manner. Some interviewed reported that they first heard details about the procedures in a group information session which had more the atmosphere of tabloid television, or even of a party, and indeed that champagne actually was served at one such session.

Many of the newer surgical techniques used are also controversial. A few doctors offer penile augmentation, removing fat from the thighs or buttocks and grafting it onto the penis. This procedure is felt by critics to be unsafe and unethical since it can result in permanent dysfunction. For many other patients, live fat-cell injections are an alternative preferable to such synthetic choices as Gore-Tex or collagen, which can cause allergic reactions. However, frozen cells of 'homologous fat' (taken from the patient) are much more fragile than the synthetic substitutes. Many doctors say the cells are probably dead by the time they're injected and are ineffective because they simply dissolve into the patient's body.

When the author asked one cosmetic surgeon about whether fat injected into the body would stay at the location it was placed, he replied, "That's the big question," and mentioned that he deliberately injects about 40% more than is necessary in breast augmentation, "The woman is always very happy with the result directly after the procedure, and then there is extra, should some be reabsorbed."

See also Xu, in which one patient in China reports "Because of unsuccessful anesthesia, I suffered through the surgery with hands and feet bound for hours." (2000, pp 3). She states that the physician told her later it was not 'his fault.'

Many physicians warn that anyone not mentally prepared for skin resurfacing or who expects instant results is not a good candidate for the procedure. According to one cosmetic surgeon,

"This is not easy in-easy out surgery. Potential patients have to realize that there will be bruising and swelling and they will be holed up in the house for seven to 10 days. ... They will have a crusty, oozy, bruised, scabbed, raw-appearing face. Further, they should not expect unflawed skin, 'I can't deliver that .... I am not able to give unlined, unscarred skin. Patients, however, can expect a 50 percent or greater improvement." (Greeley, 2000, pp 34).

Once the risk and expense of many procedures have been undertaken, it is questionable whether the results will be long lived. Heusel states that "The results almost always fade--sometimes sooner than one might think." (1999, pp 102). Kalb (1999) agrees, stating that the earlier such procedures are started, the more often they will have to be performed, since the results do fade, in between five and ten years. This is at variance to the conventional advice many patients receive from their doctors, that it is best to have procedures performed as soon as one noticed that they are needed.

## **CROSS-CULTURAL IMPLICATIONS**

Students coming from the area, and business contacts of the author, report that Tokyo advertisements tout that if a woman wants to please a man, she will have her body remade to look 'western.' According to an informal website, "IYP-L Plastic Surgery in Japan,"

"Japanese people think girls with bigger eyes are more attractive. Especially, girls who don't have double eye lids tend to take surgery to get double eye lids, then they can get bigger eyes, it doesn't cost much, and also double eye lids are easier to put make-up on. Japanese sense of beauty is effected a lot by white people. So they try to make themselves closer to white people." (www.iyp.org)

According to Holm, writing in the Journal of Medical Ethics, it is known that "some customers for aesthetic plastic surgery buy this kind of surgery not because they are unsatisfied with their appearance as such, but because they want to be able to blend better into social life by removing some ethnic characteristic." (2000, pp 47).

Gilman, writing in Social Research, refers to "the seemingly universal practice of cosmetic surgery among Diaspora Jews.... The Jews wished to forget their bodies, to become one with those they imagined had no worries about the acceptability of their bodies. " (2000, pp 66)

## **PRESSURES TO COMPETE**

Often fueling the demand for these procedures among those in business, many would agree with a marketing research report on cosmetic surgery, which stated that,

"A work culture which often equates youth with energy and ambition, and maturity with irrelevance and lack of innovation, has encouraged the use of cosmetic surgery by men and women to reduce signs of ageing and so improve their job prospects.

"Many individuals are likely to feel their personal qualities are being overlooked. It seems highly probable that this is indeed a factor in some present demand and one which is capable of leading to further growth." (Fracassini, 2000, pp 6).

The above report also points out that while plastic surgery is traditionally considered principally the preserve of women, male executives are starting to realize its perceived advantages. [Bullmore (2000) suggests responses open to the supervisor when an executive asks for company paid sick leave to have plastic surgery performed.]

Indeed, men are choosing cosmetic surgery in ever- greater numbers, and in many instances it is for professional reasons. The American Society of Plastic and Reconstructive Surgeons says its members did 5,000 face- lifts on men in 1997, up 80 percent from 1992. Much more common is work on the eyelids, either to remove bags under the eyes or shore up sagging tissue under the eyebrow. The Society counted about 11,200 male patients for eyelid procedures in 1996, up about 25 percent.

There is also a procedure used in such cases, called a 'brow-lift.' While a face-lift works below the cheekbones, removing jowls and sagging skin on the neck, the brow-lift smooths forehead wrinkles and raises drooping eyebrows. The surgical society said its members did about 1,900 of these on men in 1996, up 42 percent from 1992. Informally, many specialists say that the male patient may not be quite as concerned with wrinkles as his female counterpart, but a desire to eliminate excess flesh around the neck, and even eyes, would render him as suggestible as any female potential patient, when discussing the procedure.

One motivation here is certainly to remain more viable in the professional arena. Ritter, in the Chicago Sun- Times, writes on the desirability of cosmetic surgery for improvement of appearance, "More and more men agree. Face-lifts and other "rejuvenation" surgery to the face - once associated with aging starlets and society matrons - are becoming increasingly popular among men, even guys still in their 40s." (1997, pp 5 1).

Such patients view a more vigorous image as a passport to career success. A cosmetic surgeon quoted in the same source, tells of a salesman he worked on, who told him that, "I would never think about making a sales call in a wrinkled suit, so I don't want to make it with a wrinkled face." (ibid). Another source quoted that he overheard a loan customer at his bank say he did not want to do business with "that grouchy looking guy." (ibid).

In a sense, plastic surgery for such improvements have become so accepted, that the media presents an alternative to these methods as a kind of 'news.' In his article for Men's Health in May, 2000, Zoellner proposes "If you'd rather eliminate your body flaws than flaunt them, here are six cheap alternatives to plastic surgery" (pp 146). He lists such measures as wearing large framed glasses and a well trimmed mustache to camouflage an overly large nose, use of high index sunscreen and glycolic lotion to avoid the need for a face lift, and even efforts as pedestrian as growing a beard, as an alternative to surgical chin augmentation.

On the professional level, the use of a number of such techniques to maintain a certain 'look' advantageous to career success is alluded to, here humorously, even in the popular press. The following is from the Los Angeles Times, and represents this article's author's perceived options for self improvement:

"The only feasible possibility, other than accepting my appearance and attempting to secure employment as dried fruit, seemed to be collagen injections. Far less expensive than laser surgery, this procedure involves the injection of purified bovine collagen to fill in facial lines. Smoother skin should result, along with a sudden desire to consume prechewed alfalfa." (St. Michel, 1997, pp 3).

The issue of whether such surgical improvements do indeed produce the hoped-for advantage in the professional arena is spoken to by one authority in the UK,

"Without doubt looking attractive is helpful in the workplace but I do believe that someone with better skills and ability will beat someone who only has good looks in an interview nine times out of 10. Your looks might help you feel more confident but they won't necessarily help you in your job." (Fracassini, 2000, pp 7).

In relation to a desire to conform to societal demands for appearance, Davis (1995) writes movingly of her subjects' desires for self improvement, and the fruits of this effort, as a journey from passive endurance of the body experienced as the enemy, to a proactive decision which asserts the woman's power while it objectifies her own body. The overwhelming reason given for the surgery was not to achieve a certain, possibly unrealistic, ideal of beauty, but to remove the stigma of being what the patient perceived as conspicuously abnormal and socially unacceptable, whether because they were old, fat, insufficiently or excessively endowed with feminine attributes, or disfigured by an ethnic or familial feature such as a large nose.

Like patients dealing with pain management, these individuals had tried the usual 'mind-over-matter' arguments about their identity and its relation to the body, but found they were unable to 'transcend I their physical state. Their decision to have the surgery was an attempt to change, indeed to reconstruct the relationship between their bodies and selves. They often stated that the 'transformation' was accompanied by powerful feelings, and they felt that the result was their 'true' self. They reported that this transformation enabled them to move from the role of the victim, both of their own original state and the powerful social forces which judged that state negatively.

Goodman (1996) theorizes a parallel between idealized images of women in the media and the 'mainstreaming' of cosmetic surgery as commonplace in modern culture. Doctors need apply only a small amount of pressure, if any at all, when potential patients perceive the world as described above.

Certainly, patients are not being discouraged as much as might be medically and ethically advisable when considering having such work done. According to Dr. Daniel C. Morello, president of the American Society for Aesthetic Plastic Surgery, another professional group, plastic surgery thrives on 11 repeat business, and it's impossible to make a blanket statement about how much is too much. Anyone who claims to turn away one in five patients... is exaggerating." (Barnard, 2000, E3).

In a related area, although it is thought by many that good looks mean good health, that relationship was not found to hold up, when studied on an individual basis. Professor S. Michael Kalick, a psychologist at the University of Massachusetts, used data from a study that began in 1930, to investigate this. 40 years later, the same volunteers (in the second part of the study, in their 50s and 60s) were rated according to how healthy they were in their youth and later in life.

Surprisingly, the results were

"We did not find a relationship. Those with the fewest and least severe illnesses were no more attractive than those who always seemed to be sick... Those who had the fewest medical problems when they grew older were not better looking than those plagued with ill health.

"People really think that attractiveness indicates health,' Professor Kalick said. 'It's just that they are mistaken about it.'" (Businessworld, 1999, pp 1).

This equating beauty with health is also recognized by Haiken, author of the book Venus Envy: A History of Cosmetic Surgery. She feels in a generation obsessed with health, people are being sold many products and services in the promotion of a healthier appearance, often less than honestly.

## **THE PRESSURE TO CONFORM**

The pressure to conform to a certain predetermined ideal of appearance is seen in a number of areas, with respect of aesthetic surgery. Informal interviews with potential and past users of cosmetic surgery did reveal that some (women, especially) were considering the procedures to fulfill the requests or suggestions of others in their lives, in the hope of appearing more attractive to that person, e. g. to more completely assume an appearance *someone else* considers ideal for them, or for members of their sex. More generally, Holm, writing for the Journal o Medical Ethics, finds that, in their endeavoring not to do something original, but "to produce in the patient's body some *socially acceptable or desirable stereotype* of the body part in question" (2000, pp 46, emphasis mine), aesthetic surgeons are not artists, but merely "expert craftsmen." (ibid, pp 47)

In this regard, "If the main aim of these forms of activity is the reproduction of *conventional norms of appearance...* it becomes more difficult to argue that they express the genuine and authentic aesthetic *choices* of either the patient/client or the surgeon." (ibid, emphasis mine). She furthermore refers to these norms as "a fairly restrictive ideal of physical beauty." (ibid, pp 46)

Both the sources in the literature and the author's interviews support the view that the medical services being carried out in this area are of an intensely personal and invasive nature, and represent to the patient an odyssey that is characterized as much by dreams, hopes, and emotions, as by reason and deliberation. Put plainly, in the source material and especially in interviews with past and potential patients for these procedures, what might be concluded is that many woman are hoping to use beauty to get love, and many men handsomeness to get career success (and then using that success to get love)! Many veterans of the process are delighted with the results, and their affect on their self esteem and their lives. However, this is an area which calls for uncolored, factual information from the service provider. In light of the expense, and risk - both emotional and physical - involved, anything less than full disclosure in a reasoned discussion, could be considered unethical. Incomplete information, emotional manipulation, half truths, deliberate misrepresentation, to say nothing of performing procedures for which the practitioner is not fully qualified, must be considered dishonest, unprofessional, and to say the least, unethical.

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#### **APPENDIX: ADDITIONAL INFORMATION**

Consumers needing information about cosmetic surgery, cosmetic laser surgery or about how to select a qualified practitioner can contact these associations:

American Academy of Cosmetic Surgery 401 N. Michigan Ave. Chicago, IL 60611 1-800-A New You (1 -800-263- 9968) [www.cosmeticsurgery.org](http://www.cosmeticsurgery.org)

American Academy of Dermatology 930 N. Meacham Road Schaumburg, IL 60173 1-888-462 DERM (1-888-462-3376) [www.aad.org](http://www.aad.org)

American Academy of Facial Plastic and Reconstructive Surgery 310 S. Henry St. Alexandria, VA 22314 1-800-332-FACE (1-800-332-3223) [www.facial-plastic-surgery.org](http://www.facial-plastic-surgery.org)

American Society for Aesthetic Plastic Surgery 1-888-272-7711 [www.surgery.org](http://www.surgery.org)

American Society for Laser Medicine and Surgery Inc. 2404 Stewart Square Wausau, WI 54401 [www.aslms.org](http://www.aslms.org)  
email: information [@aslms.org](mailto:information@aslms.org)

American Society of Plastic Surgeons 444 E. Algonquin Road Arlington Heights, IL 60005 1-888 4 PLASTIC (1-888-475-2784) [www.plasticsurgery.org](http://www.plasticsurgery.org)

"Liposuction, a surgical technique that removes unwanted fat from the body, while improving body contour, is still the most commonly performed cosmetic procedure. The number of liposuction procedures has increased nearly five times since 1992, with 230,865 procedures performed in 1999, compared to 47,212 in 1992...

"Breast augmentation is the second most common cosmetic procedure. The number of women having the procedure has increased more than five times since 1992, rising from 32,607 to 167,318 in 1999.

" Eyelid surgery, facelifts and tummy tucks complete the list of the top five procedures for 1999. Eyelid surgery, which corrects drooping upper lids and puffy bags below the eyes, doubled since 1992, rising from 59,461 to 142,033. Facelifts are up 82 percent from 40,077 in 1992 to 72,793. Tummy tucks or abdominoplasty tripled in the eight-year time span with 16,810 procedures performed in 1992 compared to 54,977 in 1999."  
[www.plasticsurgery.org](http://www.plasticsurgery.org).