Chapter 11

Can Women’s Body Image Be “Fixed”? Women’s Bodies, Well-Being, and Cosmetic Surgery

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According to the American Society of Plastic Surgeons (2014a), 15.1 million cosmetic surgery procedures were performed in the United States in 2013, a 104% increase since 2000. Ninety-one percent of these procedures were performed on women, and 51% of the patients were “repeat customers.” This surge includes increases in surgical, nonsurgical, and reconstructive cosmetic procedures. In 2013, breast augmentation was the top elective surgical procedure in the United States (290,000 patients) and botulinum toxin type A injections (botox; 6.3 million patients) was the top nonsurgical procedure.

Data from the International Society of Aesthetic Plastic Surgeons (ISAPS, 2013) suggest that, although the United States ranks highest in the number of cosmetic surgeries performed (21% worldwide), many other countries boast a growing number of procedures. Approximately 29% of all procedures performed annually take place in Brazil, China, Japan, Mexico, Italy, and South Korea. A recent survey in Korea showed that 80% of Korean women desired cosmetic surgery, and 50% had even

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Cheung, 2012). Although breast augmentation procedures (arguably, elective procedures unless following a mastectomy) are among the top procedures performed worldwide, there has been a recent rise in cosmetic surgeries focused on different parts of the body. These range from nonsurgical procedures, such as Botox injections, to surgical procedures, such as implants for the calves and buttocks and even labiaplasty (i.e., the plumping or reduction of the labia minora or majora, Braun, 2010; Eriksen & Goering, 2011). These statistics suggest that the 21st century represents an era of acceptance of aesthetic cosmetic surgery, particularly for women.

Even though cosmetic surgery and related nonsurgical procedures are relatively new, they hardly represent the first time the human body has been reshaped for aesthetic purposes (Brummer, 1997). Forerunners to cosmetic surgery date back thousands of years and include practices that range from foot binding to the wearing of corsets. Women’s bodies in particular have been reshaped and altered to meet changing cultural ideals of beauty and fashion; however, until recently, these procedures were not typically performed by medical professionals. As Eriksen and Goering (2011, p. 889) suggested, not only is cosmetic surgery increasingly viewed as acceptable, but it also has achieved a “complicated moral positioning as a ‘health care’ enterprise.”

Early cosmetic surgery procedures grew out of a need for reconstructive procedures in the early 20th century following World War I. Most of the first patients were wounded male soldiers (Gilman, 1999; Haiken, 1997), and the pursuit was much less about beautifying than it was about normalizing and repairing injuries. Formal training in plastic surgery began in the 1920s at Johns Hopkins University, and the need to treat wounded soldiers once again popularized these procedures following World War II. In the 1950s, board certification programs were introduced, and plastic surgery became an integrated component of medical training (ASPS, 2014b). Organ transplants and breast implants were being performed by plastic surgeons in the 1950s and 1960s. By the 1990s, plastic surgeons in the United States alone were performing more than 1.2 million reconstructive procedures and more than 1 million cosmetic procedures annually.

The sheer number of plastic surgery procedures performed each year means that cosmetic surgery is no longer the purview of the rich and famous; men, women, old, and young are partaking in it (Sarwer, Gibbons et al., 2005). Advances in surgical medicine, reduction of risks, lower cost of procedures, and higher disposable incomes among patients make surgery both more desirable and more attainable for a growing number of people (Sarwer, Crerand, & Gibbons, 2007; Swami, 2009). One of the most important areas of body image research in the 21st century is aimed at determining attitudes toward body modification via cosmetic surgery and understanding who does and does not pursue surgery.

**PREDICTORS OF COSMETIC SURGERY INTEREST AND ATTAINMENT**

Most people view surgery as a last-resort treatment option for medical conditions. It is not only expensive but also has inherent risks that most people wish to avoid. However, each year a growing number of people elect to undergo surgery in order to enhance their appearance. Why do people elect to obtain expensive and potentially dangerous surgeries for cosmetic purposes? There are a variety of demographic predictors of interest in cosmetic surgery, and gender is the most obvious one.

Due to the greater sociocultural pressure on women to attain ideals of physical and sexual attractiveness (Swami, 2007; Swami & Furnham, 2008), women report a greater willingness than men do to undergo various cosmetic procedures (Brown, Furnham, Glanville, & Swami, 2007; Swami, Arteche et al., 2008; Swami, Chamorro-Premuzic, Bridges, & Furnham, 2009). The difference between women’s and men’s interest in cosmetic surgery is so extreme that some have called cosmetic surgery a “gendered activity” (Dull & West, 1991). Much in the same way that society expects little girls to play with dolls or play dress up, it is increasingly accepted that women may consider cosmetic surgery in order to enhance their appearance.

Given that a number of cosmetic surgical procedures are designed to “correct” the effects of aging (e.g., a “facelift”), it is not surprising that age is a powerful predictor of pursuit of cosmetic surgery. Cultural emphasis on youth as integral to attractiveness, especially for women, has unquestionably led many women to consider cosmetic surgery. Some research even suggests that an association between interest in cosmetic surgery and “aging anxiety” exists; as women age and become more concerned about their appearance, interest in cosmetic surgery is more likely to translate into pursuit of the surgery (Slevec & Tiggemann, 2010). Interest in surgery peaks in midlife. Women 40 to 54 years of age comprise approximately one-half of all cosmetic surgery patients, and they are the largest consumer group in the United States (ASPS, 2014a; Eriksen & Goering, 2011). In recent years, this age effect has appeared to grow stronger; in 2013, the rate was 54% and 6.8 million procedures were performed on this age group of women (ASPS, 2014a).

Familiarity with cosmetic surgery and knowing someone who has had surgery make it more likely that a woman will also pursue surgery (Eriksen & Goering, 2011). The majority of young adult women report knowing someone who has undergone cosmetic surgery, and, in nearly one-half of these cases, the person they know is a family member (Sarwer, Cash et al., 2005). Data from both the United States and Europe have consistently indicated strong positive correlations between knowing someone who has had surgery and women’s pursuit of surgery for themselves (von
Soest, Kvalem, Skolleborg, & Roald, 2006). Familiarity with surgery might make the risks associated with a procedure seem less prohibitive when women know someone who has had a successful surgery experience. Not only are demographic characteristics important predictors of interest in and pursuit of surgery, but other individual differences, such as personality traits and general mental health, also seem to be relevant. In one study (Swami et al., 2009), individuals who were more conscientious, less agreeable, and less open to new experiences were most likely to consider cosmetic surgery. This constellation of traits suggests that those who are especially conventional are more likely to conform to sociocultural norms and therefore more attracted to cosmetic surgery than those who are more individualistic. Perhaps not surprising is a related research finding that women who have low self-esteem tend to desire surgery more than those who have higher self-evaluations (Swami et al., 2009).

Women’s mental health has been examined more generally as a possible predictor of interest in cosmetic surgery. Research by Sarwer and colleagues (Sarwer, Brown, & Evans, 2007; Sarwer, Wadden, Perschuk, & Whitaker, 1998) showed that a higher prevalence of body dysmorphic disorder (i.e., a clinical diagnosis characterized by a persistent preoccupation with one’s appearance that interferes with well-being and daily functioning) exists among cosmetic surgery patients than among the general population. The mental well-being of breast augmentation patients, in particular, has been of interest given some reports of higher-than-expected suicide rates among this subpopulation, which might be indicative of pre-existing mental illness (Sarwer et al., 2003; these findings are reviewed in more detail below).

Perhaps the most substantiated predictor of interest in and pursuit of cosmetic surgery is body dissatisfaction (Brown et al., 2007; Swami et al., 2009). In general, people undergo elective surgery when they are unhappy with some element of their body. However, this does not mean that all or even most women who are dissatisfied with their appearance are interested in pursuing surgery. Sarwer and colleagues (2007) have stressed that it is essential to consider not only individuals’ evaluation of their own bodies (i.e., their body dissatisfaction), but also the extent to which their appearance is important to them (i.e., their investment in their appearance). Thus, a woman who believes that her appearance is an important part of her self-worth and who is not satisfied with her appearance is most likely to consider and, ultimately, to pursue cosmetic surgery (Sarwer et al., 2007). Women who are dissatisfied with their bodies or appearance more generally may aim to “fix” themselves via surgery, but this dissatisfaction is a result of subjective self-evaluation, not necessarily related to objective body size or attractiveness (Slevec & Tiggemann, 2010).

In addition to women’s intrapersonal qualities that predict their pursuit of cosmetic surgery, women’s interpersonal experiences are also relevant. Girls’ and women’s formation of body ideals take place in the contexts of families, friendships, romantic relationships, peer networks, and an increasingly pervasive world of media influence (Markey, 2010). It is within these contexts that women come to value their bodies and develop ideas about the extent to which they should accept versus “fix” their physical selves (Gillen & Markey, 2014).

The media, in particular, have been implicated in girls’ and women’s development of body dissatisfaction with the presentation of an endless barrage of unrealistic, digitally altered, beauty ideals (Markey, 2014). However, the explicit feedback women get from others about their bodies appears to be especially salient in shaping their views of their bodies. For example, research suggests that women who have been teased about their bodies or appearance are vulnerable to the pursuit of surgery to remedy the body part about which they were teased (Markey & Markey, 2009; Park, Calogero, Harwin, & DiRaddo, 2009). Further, women sometimes report having obtained cosmetic surgery due to a desire to secure others’ attention or acceptance (Sherry, Hewitt, Lee-Baggeley, Flett, & Besser, 2004) or even to get or keep a job (Tam et al., 2012). Swami, Hwang, and Jung (2012) suggested that romantic partners are likely to contribute to an individual’s sense of self-worth and that surgery may be viewed as a means of improving not only one’s appearance, but also one’s current (or potential) romantic relationships. Breast augmentation patients in particular have indicated a desire to feel more attractive to potential or current romantic partners, and they report believing that their breast surgery will improve their sex lives, body image, marital satisfaction, and even overall quality of life (Sarwer, 2007).

Social experiences beyond women’s immediate relationships are also implicated in their consideration, and pursuit, of cosmetic surgery. Sociocultural norms concerning appearance have been shown to influence not only women’s dissatisfaction with their bodies but also their behavioral means of coping with this dissatisfaction. This is especially true for women who are inclined to internalize sociocultural messages regarding appearance issues and who are prone to materialism (Henderson-King & Brooks, 2009). In one study, young adults’ inclination toward “celebrity worship” (i.e., the formation of parasocial relationships with celebrity icons) predicted their obtainment of cosmetic surgery within an eight-month period (Maltby & Day, 2011). However, women who experience greater media influence in general (typically assessed via television and magazine consumption) are more likely than their peers with less media experience to consider cosmetic surgery (Slevec & Tiggemann, 2010; Swami, 2009). In some of our own research, we have found that women who view television shows featuring cosmetic surgery are more likely than a control group to indicate an interest in pursuing surgery (Markey & Markey, 2010). Swami and colleagues (2012) concurred with our findings.
and suggested that increased media coverage of cosmetic surgery and greater awareness of cosmetic procedures have normalized these procedures and reduced women's concerns about the risks associated with them.

Although research has accumulated to implicate media influences as a primary source of women's interest in and pursuit of cosmetic surgery, it is important that the link between the media and cosmetic surgery not be oversimplified. As Chrisler, Gorman, Serra, and Chapman (2012) pointed out, women are faced with a double standard as they navigate a media environment that makes body dissatisfaction a "normative discontent" and then touts products and procedures to remedy this discontent. It can feel like a no-win situation for women as media messages expound the virtues of achieving a youthful, attractive appearance and present images and ideals that are unlikely to be obtainable for the average woman without considerable cosmetic intervention. This sentiment is reflected in a recent study that showed that women can be both critical of media messages about aging, yet regularly use antiaging products (Muir & Desmarais, 2010). Women may think they should ignore conventional values placed on attractiveness but still use cosmetic products and procedures, even if they wish they were not using them. Feminist theory and research help to elucidate this conundrum, including both the philosophical and practical concerns that have been raised about cosmetic procedures and surgery.

THEORETICAL AND FEMINIST PERSPECTIVES ON WOMEN'S PURSUIT OF COSMETIC SURGERY

Many theories have been developed to account for contributors to girls' and women's body image and their interest in changing their bodies. Perhaps most relevant to a feminist appreciation of women's interest in cosmetic surgery is objectification theory. Fredrickson and Roberts (1997) developed objectification theory to describe how girls and women experience their own bodies as a result of others' perceptions of them. Because society values women's bodies for their appearance (more than their function, e.g., athletic skills) and because women are constantly subjected to evaluations of their appearance, they come to appreciate their own bodies based on their appearance. According to this perspective, the female body is an object to evaluate, admire, or disparage. Girls and women monitor and engage in surveillance of their own bodies because others do, and their surveillance often results in shame, anxiety, and body dissatisfaction (Henderson-King & Brooks, 2009). According to Brumberg (1997), given this sociocultural context, a woman's body risks being not merely an object but also a "project" that women are expected to work on throughout their lives.

Women's "body work" is fueled by a multibillion-dollar industry that provides a growing number of products and procedures presented as capable of improving appearance. These improvements are seen as "necessary," and women are thus encouraged to purchase goods and services that they hope will transform their bodies to match the omnipresent Western beauty ideal. Although the beauty industry advertises products and procedures under the guise of helping women to achieve their beauty potential, critics have argued that the actual outcome of these advertisements is for women to feel deficient and in constant need of improvement (Henderson-King & Brooks, 2009). Thus, self-objectification is difficult to abandon, and women pursue all kinds of body work from hair coloring and makeup to cosmetic surgery.

A feminist understanding of women's experience of objectification must not only consider the gendered nature of "the body project" (Brumberg, 1997), but also the intersection of age and gender. According to Chrisler and colleagues (2012), women's desire to maintain a youthful appearance and the social status that accompanies this youth is a primary contributor to women's pursuit of surgery. Indeed, Western society often has more favorable opinions of the appearance of older men than that of older women. Whereas older men's graying hair and facial lines are viewed as "distinguished," women are socialized to believe that they should erase signs of aging, which make them look "old." To this end, older women often pursue both superficial and invasive procedures to pass as younger than they are, and doing so is reinforced by society (Chrisler et al., 2012).

The notion that older women remain at risk for body image concerns and the experience of objectification is supported by research that we and others have conducted (Schulz, Bowler, & Marky, 2014; Tiggemann, 2004). Midlife women experience body dissatisfaction and interest in improving their appearance via surgery, even as they are enjoying a phase of their lives that typically involves more independence and freedom from gendered responsibilities, such as child care (Chrisler et al., 2012). Perhaps many of these women think that it is reasonable for them to enjoy their midlife years and to spend more time and effort on themselves and their appearance than they were able to in the decades of their twenties and thirties. Further, some feminist scholars have suggested that a choice to pursue appearance-enhancing procedures, including surgery, is not an unreasonable choice in a sexist society that makes it impossible for women to make fully autonomous decisions (Erikson & Goering, 2011).

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among feminist scholars regarding the meaning or potential impact of appearance-enhancing procedures or treatments on women.

Some feminist scholars have argued, consistent with objectification theory, that women’s “buying into” the beauty culture is an unfortunate artifact of the current cultural norms, which coerce women into trying to change their appearance (Bordo, 1993). Others have proposed that appearance enhancement increases women’s sense of agency and empowers them to achieve in an appearance-focused society (Davis, 1995). Although research does not conclusively resolve this debate, it does offer important questions and considerations about what it means, from a feminist perspective, to obtain cosmetic surgery.

Central to the debate about whether pursuing cosmetic surgery can be construed as a feminist act is the agency hypothesis. According to Davis (1995, 2003), women may choose cosmetic surgery freely in order to fight back in an unjust world. In other words, women are actively engaged in this choice, and it should be viewed as an act of agency. Consistent with the agency hypothesis, many women who seek cosmetic surgery label themselves as feminists and are aware of the cultural tendency to prioritize women’s beauty over their other assets (Davis, 1995, 2003; Erikson & Goering, 2011). Davis (1995, 2003) argued that, by pursuing surgery instead of “suffering in silence” with bodies that are not culturally ideal, women are triumphing over feelings of powerlessness. Cosmetic procedures, such as liposuction, breast augmentation, or facelift, allow these women to believe they are seizing control of their lives. According to this reasoning, these actions require confidence, esteem, and a general belief among women that they “are doing it [surgery] for themselves” (Gagné & McGaughey, 2002; Gimlin, 2000).

Erikson and Goering (2011) provided an empirical test of the agency hypothesis in a study of adult women that compared cosmetic surgery patients to nonpatients. The two groups were similar in many ways, including their level of education, ethnic distribution, age, and media usage. However, in contrast to the ideas proposed by the agency hypothesis, women who underwent cosmetic surgery had lower levels of self-esteem than women who had not undergone surgery. Indeed, as opposed to a triumph of agency, women who underwent surgery were likely to have done so because they had covert sexist beliefs, were wealthy, had friends who also had undergone surgery, and felt influenced by images in the media. The researchers concluded that their findings challenge claims of the pursuit of cosmetic surgery as an act of agency, as women who pursued surgery exhibited differences in gender ideology from those who did not pursue surgery. Additional research that emerges from feminist theory is still needed to examine these different perspectives on women’s pursuit of surgery and to provide context for women’s experiences of the outcomes of cosmetic surgery.

OUTCOMES OF COSMETIC SURGERY

The consequences associated with poor body dissatisfaction are deleterious and range from disordered eating to impaired social relationships (Markey & Markey, 2010, 2011). Thus, ameliorating women’s body image is a worthy goal. Some researchers have even referred to cosmetic surgery as “body image surgery” (Pruzinsky & Edgerton, 1990). However, before advising women to pursue surgery in an attempt to improve their body image, it is critical to evaluate the effects of cosmetic surgery on body image. Does cosmetic surgery “work” to improve women’s body image and appearance satisfaction?

Research clearly indicates that most women undergo cosmetic surgery with the aim of improving not only their appearance, but also their general sense of self. For example, Cash, Duell, and Perkins (2002) examined patients from 24 U.S. clinical sites and reported that the majority anticipated improvements in their self-esteem as a result of surgery. Although most women expect surgery to improve their self-esteem, research is less clear on the actual consequences of surgery for women’s self-esteem (Eriksen & Goering, 2011). At least one study showed postoperative increases in self-esteem at six months following surgery (Klassen, Fitzpatrick, Jenkinson, & Goodacre, 1996), but other research indicates no significant increase in self-esteem 12 months postoperatively (Sawyer, Gibbons et al., 2005).

Data on women’s preoperative and postoperative body image and appearance satisfaction also provide inconclusive evidence for the efficacy of cosmetic surgery in improving women’s body satisfaction. Research has accumulated to suggest that women are typically satisfied with postoperative outcomes in terms of the feature(s) altered by surgery (Sawyer, Gibbons et al., 2005). For example, if a woman pursues rhinoplasty (i.e., a “nose job”), she is likely to prefer her nose after surgery more than her nose before surgery. Some patients even report a reduction in overall negative body image-related emotions and more general body image improvements following surgery (Sawyer, Gibbons et al., 2005). However, other studies (Sawyer, 1998) suggest that women’s general body image does not improve following cosmetic surgery, and that women’s investment in their appearance does not decrease as a result of the surgery.

One way to assess women’s satisfaction with cosmetic surgery is to examine their behaviors following surgery. Fifty-one percent of cosmetic surgery patients are “repeat customers” (ASPNS, 2014a). This may be evidence that patients tend to be satisfied with their initial procedure and thus pursue another procedure. However, it may also be the case that the initial procedure failed to increase the patient’s general body image sufficiently. That is, if rhinoplasty improves a woman’s perception not only of her nose but also of her overall body image, then she would not desire...
additional procedures. Perhaps “fixing” one body part puts women at risk of realizing that they are dissatisfied with another part, and thus they pursue another surgery. Future researchers should help shed light on the reasons why so many women undergo multiple cosmetic surgery procedures. This repeated pursuit of surgery hardly seems to be evidence that cosmetic surgery increases overall body satisfaction.

For women with certain preexisting dispositions, body dissatisfaction tends to worsen following surgery (Sarwer, 2007). This is especially true of women with body dysmorphic disorder. Body dysmorphic disorder is characterized by extreme body dissatisfaction and often a willingness to undergo extreme procedures to remedy this dissatisfaction. Research suggests that 3% to 15% of cosmetic surgery patients have some form of body dysmorphic disorder, but, despite this subpopulation’s investment in and concern about their appearance, cosmetic surgery has been found to lead either to worse body image or no improvement for 90% of patients with body dysmorphic disorder (Sarwer, 2007).

Many women pursue surgery with the hopes of improving their social relationships. However, recent research suggests that cosmetic surgery might actually have a negative impact on social relationships. For example, Tam and colleagues (2012) found that others often view women who undergo surgery negatively, and there is often a certain degree of stigma attached to cosmetic surgery recipients. It seems that, although attractiveness is valued, it is “natural beauty” that is idealized. This has even been found in the case of women’s breasts. Research suggests that, when men are interested in large breasts, they prefer natural to enhanced breasts (Letteier, 1998, as cited by Chrisler, 1999). Further, the cultural context and the type of surgery may be relevant to its impact on interpersonal relationships. For example, women who have undergone surgery due to breast cancer (i.e., breast excision) report decreases in the quality of their partner relationships and a decrease in their sexual contact (Andrzejczak, Markocha-Maczka, & Lewandowski, 2013), but the extent to which this is a result of surgery or other aspects of cancer treatment is unclear. In contrast, when breast augmentation surgery is pursued electively, there is no evidence to suggest that overall relationship quality is altered (either positively or negatively) following surgery (Kalaaji, Bjertness, Nordahl, & Olafsen, 2013).

Various mental health consequences have been associated with cosmetic surgery, which may include severe depression and other forms of psychopathology. Some evidence for this comes from research with women who have undergone breast augmentation surgery. Across several studies, the suicide rate of breast augmentation patients has been found to be double the expected rate based on population estimates (Brinton, Lubin, Burich, Colton, & Hoover, 2001; Sarwer, 2007; Sarwer, Brown et al. 2007). However, this association needs to be interpreted with extreme caution as it is possible that it was not the surgery per se that was responsible for these unfortunate outcomes, but rather that women who pursue breast augmentation appear to be at greater risk for suicide (e.g., they are more likely than other women to be psychotherapy patients and more likely to be hospitalized for psychiatric reasons; Brinton et al., 2001; Sarwer, 2007). It appears that these women may pursue breast augmentation surgery with the hope that it will improve their life circumstances and interpersonal relationships. However, when their (perhaps unrealistic) expectations are not met, their mental health may further deteriorate. The high rate of complications associated with breast augmentation surgery (up to 25% of women experience complications) may also exacerbate any mental health concerns that women already experience and can contribute to physical pain as well.

In summary, the evidence to date suggests that cosmetic surgery has the potential to improve women’s satisfaction with particular body parts, but it is less likely to improve their overall appearance evaluation and body image. Further, a single cosmetic surgery procedure may increase women’s interest in additional surgery and their investment in their appearance. Women’s interpersonal relationships do not appear to improve as a result of cosmetic surgery, and women with mental health problems may experience some deterioration of their well-being if their experience of cosmetic surgery does not meet their (often unrealistic) expectations. Thus, it is hard to argue, especially given the financial investment and risks involved in any surgical procedure, that cosmetic surgery results in inevitable improvements in body image.

ALTERNATIVES TO SURGERY AND CONCLUDING THOUGHTS

With over 15 million cosmetic surgery procedures performed in the United States in 2013 and over 90% of them performed on women, it is clear that there is significant interest in these procedures that is unlikely to wane in the near future. Some have suggested that cosmetic surgery represents a medicalization of the human body in a quick-fix culture that favors medical prescriptions over behavioral or psychological approaches to well-being (Bordo, 1993). Although women often seek surgery to improve their body image and self-esteem, the psychological benefits of cosmetic surgery are unclear. Some research (Klassen et al., 1996) suggests that cosmetic surgery may enhance body image (in particular, in regard to the particular feature that was altered), but other studies (Sarwer, 1998) have shown that cosmetic surgery has little long-term effect on self-esteem or body image.

In addition to the fact that the psychological benefits of cosmetic surgery are questionable, there are serious medical risks associated with these elective procedures. Often these risks are minimized in popular and
media discourse about cosmetic surgery (Chrisler, 2007), but they are a factor that warrants consideration. The Mayo Clinic (2014) delineated the general risks associated with cosmetic surgery (i.e., not unique to any particular surgery) as including complications related to the use of anesthesia (e.g., blood clots, pneumonia, and rarely, death), infection at the incision site, fluid buildup under the skin, bleeding (which, may require additional procedures or even a transfusion), obvious scarring or skin breakdown, and nerve damage (which may be permanent). With this list of risks in mind, it becomes clear why women may want to consider alternatives to surgery, especially when surgery is pursued with the intent of improving something other than a woman’s physical appearance (e.g., her social life, her self-esteem, her overall happiness).

When women believe that their appearance is integral to their self-worth, they are inclined to alter their appearance to improve their self-worth (Sievec & Tiggemann, 2010). This is common sense, of course, but it highlights the importance of deriving self-worth from avenues other than physical appearance (e.g., talents, skills, social activism, spirituality). Although there is arguably nothing wrong with women deriving some of their sense of self from their perceptions of their physical appearance, deriving more of their identity from their body’s functionality and from non-physical qualities is adaptive and beneficial. In order to obtain this goal, Chrisler and colleagues (2012) suggested that feminist therapy might be a valuable option for women considering cosmetic surgery because it can help women to reject cultural messages about beauty and instead center their self-worth on other facets of their lives, such as their meaningful relationships with friends and family. In other words, one option for women seeking to improve their sense of self-worth is to alter their (and others’) ideals of female beauty to be more similar to a realistic female body instead of altering their bodies to match an unrealistic cultural ideal.

Unfortunately, research does not (yet) offer clear mechanisms to “counteract” Western culture’s influence on body idealization and women’s desire for cosmetic surgery. Ideally, the sociocultural climate would shift in such a way that girls and women can make informed choices about their bodies and not feel required to modify their bodies to meet beauty ideals (Henderson-King & Brooks, 2009). However, campaigns to prevent girls from internalizing these beauty ideals (e.g., media literacy campaigns) have been shown to have limited effectiveness (Henderson-King & Brooks, 2009). Instead of focusing on changing cultural norms of the female ideal or warning girls and women against such norms (both of which may prove impossible or extremely difficult to achieve given the extent of media influence today), some have argued for the importance of emphasizing the value of psychological qualities and nonmaterialistic aspirations (Bordo, 1993; Burmberg, 2000). Encouraging girls and women to focus on the importance of qualities (e.g., intellect, athleticism, interpersonal skills) and intrinsic aspirations (e.g., life goals) may prove to be an effective strategy to buffer them from the risks associated with internalizing unrealistic sociocultural ideals of female beauty.

The use of cosmetic surgery to improve appearance has been compared to fashion accessorizing by some (Bordo, 1993; Swami & Mammadova, 2012). However, the body is not merely a fashion statement but an essential part of women’s functional selves. It is a disservice to women to minimize the female body to nothing more than a fashion accessory, and it is an oversimplification to assume that reshaping the body will reshape women’s lives in meaningful ways. Approaching the body as easily changeable and believing such changes to have vast (positive) consequences represents a deeply ingrained cultural myth. This myth suggests that one’s life is easily improved through physical transformation. However, this myth can be dangerous, especially for young women who may focus on concerns about their physical bodies, when they really have deeper self-esteem or sociorelational concerns to address as they negotiate the transition to adulthood (Brumberg, 2000; Swami, 2012). When the female body is viewed as a “project” and women’s body images as inherently broken and in need of fixing, time and energy are diverted from arguably more meaningful pursuits than cosmetic alteration of the body. Perhaps the question that should be asked, though, is not whether women’s body images can be “fixed” via cosmetic surgery, but why they are broken in the first place.

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