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## Consumer Transformation: Cosmetic Surgery as the Expression of Consumer Freedom or as a Marketing Imperative?

*Beverley Hill*

### Introduction

Transformation, claims McCracken, is the expression of consumer agency and individual freedom in which consumers, as “co-creators of culture,” are empowered to creatively construct new improved selves (xvi). No longer an “extraordinary event for extraordinary creatures,” transformation today is routine and accessible (McCracken xxi). Contemporary consumer culture encourages individuals to enact these transformations by turning to the market to purchase the resources they require to achieve their desired identity (Ellis et al. 179). This market model of transformation embraces the concept of the marketplace exchange where the one party satisfies the needs of the other in a mutually beneficial exchange relationship. For consumers, the market *enables* transformation through the purchase and consumption of the desired products and services which *support* identity building.

Critics, however, argue that markets have less positive effects. While it is too simplistic to claim that markets *manipulate* consumers, marketing exchanges constitute an enduring shaping force on individuals and society (Laczniaak and Murphy). Markets *shape* consumer identities by homogenising them and suppressing their self-expressive capabilities (Kozinets 22). As producers become more powerful, “the market is transformed from a consumer-driven mechanism to a sphere where the producers *assimilate consumers’ needs to their own* through commercial activity” (Sassatelli 76) (my italics). Marketing and promotion have a persuasive influence and their role in the transformation process is a crucial element in understanding the consumer’s impetus to transform. Consumer identity is of course neither fully a “liberatory act” nor “wholly dictated by the market” (Ellis et al. 182), but there is a relationship between consumer autonomy and the dictates of the market which can be explored through focusing on the transformation of identity through the consumption of cosmetic surgery.

Cosmetic surgery is an important site of enquiry as a social practice which “merges the attention given to the body by an individual person with the values and priorities of the consumer society” (Martinez Lirola and Chovanec 490). The body, as Kathy Davis highlighted, has long been seen as a commodity which can be endlessly transformed (Davis, *Reshaping the Female Body*), and the market for cosmetic surgery is at the forefront of this commodification process (Aizura 305). What is new, however, is the increasing marketisation and commercialisation of the cosmetic surgery industry combined with rising consumerism in which surgical transformation can be purchased simply as a “lifestyle choice alongside fashion, fitness and therapy” (Elliott 7). In the cosmetic surgery market, “patients” are consumers. Rather than choosing cosmetic surgery in order to feel whole or normal, contemporary consumers see surgery as a grooming practice which is part of a body maintenance routine (Jones).

As the cosmetic surgery market becomes progressively more competitive, it relies more and more on marketing and promotion for its survival. The intense rivalry *between* providers drives them, in some cases, to aggressive and often unethical promotional practices. In the related field of pharmaceuticals for example, marketers have been charged with explicitly manipulating social understanding of disease in order to increase profits (Brennan, Eagle, and Rice 17). Unlike TV make-over shows whose primary purpose is to entertain, or celebrity culture which influences indirectly through example, cosmetic surgery promotion sets out *with intentto persuade* consumers to choose surgical transformation. Cosmetic surgery is presented to consumers “through the neoliberal prism of choice,” encouraging women (mostly) to choose surgery as a self-improvement practice in order to “feel good or pamper herself” (Gurrieri, Brace-Govan, and Previte 534). In a promotional culture which valorises external values and ‘the new’ (Fatah 1), the cost, risk, and pain of surgery are downplayed as an increasing array of self-transformative possibilities are presented as consumption choices. This scenario sees the impetus to transform as driven as much by marketing imperatives as by consumers’ free choice. Indeed in mobilising the rhetoric of choice, the “autonomous” consumer, it seems, plays into the hands of the cosmetic surgery industry.

This paper explores consumer transformation through cosmetic surgery by focusing on the tension between the rhetoric of consumer autonomy, freedom, and choice and that of the industry’s marketing and promotional practices in the United Kingdom (UK). I argue that while the consumer is an active player, expressing their freedom and agency in choosing self-transformation through surgery, that autonomy is influenced and constrained by the marketing and promotional practices of the industry. I focus on the inherent paradox in the discourse of transformation in consumer culture which advocates individual consumer freedom and creativity yet limits these freedoms to “acceptable” bodily forms constructed as the norm by promotional images of the cosmetic surgery industry. To paraphrase Susan Bordo, those promotions which espouse consumer choice and self-determination simultaneously eradicate individual difference and circumscribe choice (*Unbearable Weight* 250). Here I explore how ideals of autonomy, freedom, and choice are utilised to support consumer surgical transformation. Drawing on market research, professional publications, blogs and industry webpages used by UK consumers as they search for information, I demonstrate how marketing and promotion adopt these ideals to provide a visual reference and a language for consumer transformation, which has the effect of shaping and limiting consumer freedom and creativity.

### **Consumer Transformation as Expression of Freedom**

Contemporary consumers need not be content just to admire the appearance of celebrities and film stars, but can actively engage in the creative construction of new improved selves through surgical transformation (McCracken). This transformation is often expressed by consumers as a liberatory act, as is illustrated by the women surveyed for a UK Department of Health report. As one respondent explains, “I think it’s just the fact that they can . . . and I think over the years, women have a battle with their bodies, as they change, different ages, they do, they struggle with trying to accept it over different years and the fact that you can, it’s like ‘wow, so what, it’s a bit of money, let’s just change ourselves’” (UK Department of Health 32). Even young consumers see cosmetic surgery as an easily available transformative option, such as this 16-year-old female research respondent who describes surgery as “Things that you don’t really need but you just feel you want to have them” (UK Department of Health 33). As these women attest, cosmetic surgery is seen as an

increasingly normal and everyday practice. By rhetorically constructing the possibility of transformation as an expression of individual consumer empowerment (“wow, so what, it’s a bit of money, let’s just change ourselves”), they distance the practice “from negative associations with vanity” and oppression (Tait 131). This postmodern consumer is no dupe or victim but a “conscious subject who modifies their body as a project of identity” (Gibson 51) and for whom cosmetic surgery transformation is “the route to happiness and personal empowerment” (Tait 119). Surgical transformation is not a way to strive narcissistically after “an elusive beauty ideal” (Heyes 93). Instead, it is expressed as something they choose to do just for themselves—which Bordo calls the “for me” argument (“Braveheart, Babe, and the Contemporary Body”). In an increasingly visual culture, the accessibility and affordability of cosmetic surgery enable consumers, who are already accustomed to digitally editing their photographic images, to “edit” their physical bodies. This is candidly expressed by Singaporean blogger Ang Chiew Ting who writes, “When I learnt how to use Photoshop, the things that I edited about myself, those have now all been done in real life through plastic surgery. Whatever I wanted to change about my face, I have done.” Yet, as I illustrate later, the emphasis on transformation as empowerment through exercising choice (“Whatever I wanted to change about my face, I have done”), plays into the hands of the industry as it “reproduces the logic of surgical industries” (Tait 121).

In the politics of consumption, driven by neo-liberal ideologies, consumer choice is sovereign (Sassatelli 184), and it is in the ability to exercise choice, choosing surgery and taking responsibility for that choice, that agency and empowerment are expressed (Leve, Rubin, and Pusic). Blogger Stella Lee explains her decision as “I don’t want to say I encourage plastic surgery, this is just *my personal choice*. It is like saying if I dye my hair purple then I want everyone to have purple hair too. It is *simply just for me only*. If you wish to do so, go ahead. If you’re satisfied with what you have, go ahead.” This consumer is a “discerning and knowledgeable consumer” who researches information about potential surgical procedures and practitioners (Gimlin, “Imagining” 58) and embraces the ideology of self-determinism (Heyes). Consumers considering surgery may visit recommended doctors, research doctors online, and peruse beauty magazines (Leve, Rubin, and Pusic). *Tatler* magazine, for example, publishes an annual Beauty and Cosmetic Surgery Guide which celebrates “the newest, niftiest ways to reclaim your face and your figure” (Tatler nd). In taking responsibility for themselves, the contemporary consumer reflects the neoliberal agenda “that promotes empowerment through consumer choice and responsibility for self-care” (Leve, Rubin, and Pusic 131). Yet, consumer information on the suitability of surgery and alternative providers is often partial. As one research respondent recalled, “I just typed it into Google and then worked through whatever came up; you’re trying to go for the names of companies that are a bit more reputable” (UK Department of Health 28). Internet searches most frequently identify promotional information from the surgery providers themselves including customer stories and testimonials, which seem informative in nature but which have persuasive intent to influence choice. Therefore although seemingly exerting agency by undertaking a process of search in order to make an informed choice, that choice is made within a promotional context that the consumer may not be fully aware exists.

### **Consumer Transformation as Marketing Imperative**

The aim of marketing and promotion, as medicine meets consumerism, is to secure clients for cosmetic surgery (Mirivel). As a consequence, the discourse of cosmetic surgery is highly persuasive

and commercially motivated, promoting the need for surgery by mobilising the existing ideological link between identity and physical appearance for commercial ends (Martinez Lirola and Chovanec 489). Promotional strategies include drawing attention to possible deficiencies in appearance, creating opportunities for surgery by problematising normal bodily states, promising intangible benefits, and normalising surgery by positioning it within a consumerist vision of success.

Consumer transformation can be driven by perceived lack, inadequacy, or deficit, where a part of the body or face does not stand up to scrutiny when compared to media images. Marketing and promotion draw attention to this lack and imply that any deficiency in appearance can be remedied by consumption practices such as the purchase of hair dye, make-up, or, more drastically, cosmetic surgery. As one research respondent considering surgery explains, "I think people want to look their best and media portrays 'perfect' looking people or they portray a certain image and then because it's what you see all the time, it almost feels like if you don't look like that, then it's wrong" (UK Department of Health 18). The influence of media on the impetus to transform is explored elsewhere (see Wegenstein), so is not addressed further here. However, the insecurity which results from such media images is further exploited by the marketing and promotional strategies adopted by cosmetic surgery providers in an increasingly competitive marketplace. This does not go unnoticed by consumers: as one research respondent noted, "They pick out your insecurities as a tactic for making you purchase stuff . . . it was supposed to be a free consultation but they definitely do pressure you into having stuff" (UK Department of Health 19). In this deficiency model of transformation, the cosmetic surgery consumer is insecure, lacking in power and volition, and convinced of her inadequacy. This is exacerbated by the promotional images of models featured on cosmetic surgery websites against which consumers evaluate their own looks in a process of social comparisons (Markey and Markey 210). This reflects Bernadette Wegenstein's notion of the cosmetic gaze, a circular process whereby "the act of looking at our bodies and those of others is informed by the techniques, expectations, and strategies of bodily modification" (2). In comparing themselves with the transformed images on surgery websites, consumers are drawn into a process of comparison that tells them how they should look. At the same time as convincing consumers of their inadequacies, providers also tell consumers that they are in control and can act autonomously to transform themselves. For example, a TV advert for The Hospital Group which shows three smiling "transformed" customers claims "If you're unhappy with your appearance *you could change it*. If it affects your confidence *you could overcome it*. If it makes you feel self-conscious, *you could take control* with cosmetic surgery or dentistry from The Hospital Group" (my italics). In this way marketers marshal the neo-liberal rhetoric of consumer empowerment to encourage the consumption of cosmetic surgery and normalise the practice through the emphasis on choice.

Marketing and promotional messages contribute further to these perceived deficits by problematising "normal" bodily conditions resulting from "normal" life experiences such as ageing and pregnancy. Surgeon Ran Rubinstein, for example, draws attention in his blog to thinning lips as an opportunity for lip augmentation: "Lip augmentation might seem like a trend among the younger crowd, but it's something that people of any age can benefit from getting. As you get older, some areas of your body thin out while some thicken. You might find that you're gaining weight around your stomach, while your lips and face are getting thin." Problematising frames a real or perceived physical state as "as a medical problem that requires a medical solution," subtly implying that cosmetic surgery is "an unavoidable necessity" which is medically justified (Martinez Lirola and Chovanec 503). For example, Jules's testimonial for facial fillers frames natural, and even positive,

features such as smile lines as problematic: “I smile a lot and noticed some smile lines coming through.” Indeed as medicine has historically defined the female body as “deficient and in need of repair,” cosmetic surgery can be legitimately proposed as a solution for “women’s problems with their appearance” (Davis, “A Dubious Equality” 55).

Promotional messages emphasise the intrinsic benefits of external transformation, encouraging consumers to opt for surgery in order to align their external appearance with how they feel inside. Much of this discourse calls on consumers’ perceptions of a disparity between how they feel inside and their external body image (Gibson 54). For example, a testimonial from “Carole Anne 69” claims that facial fillers “make me feel like I’m the best version of myself.” (Note that Carole Anne, like all the women providing testimonials for this website, including Carol 50, Jules 38, or Pamela 59, is defined by her looks and by her age.) Although Gimlin’s research suggests that the notions of the “body reflecting the ‘true’ self or re-creating one’s ‘genuine’ appearance” have become less important (“Too Good” 930), they continue to dominate in customer testimonials on surgery websites. For example, Transform breast enlargement client Rebecca exclaims, “I’m still me, but it has completely transformed how I feel about myself on the inside, how I hold and present myself on the outside.” A typical promotional strategy is to emphasise the intangible benefits of cosmetic surgery, such as happiness or confidence. This is encapsulated in a 2011 print advert for Transform Cosmetic Surgery Group which shows a smiling young girl in a bikini holding a placard which reads, “I’ve just had my breasts done, but the biggest change you’ll see is on my face.” In promising happiness or self-confidence, intangible effects which are impossible to measure, marketers avoid the reality of surgery—where a cut is made, what is added or removed, how many stitches are required.

Consumers know the world through shopping (Elliott 43), and marketers draw on this behaviour to associate surgery with any other purchase in the life of a successful consumer. Consumers are encouraged to choose from a gallery of looks, to “Browse through our Before and After Gallery for inspiration,” and the purchase is rendered more accessible through the use of discounts, offers, and incentives, which consumers are accustomed to seeing in familiar shopping contexts. Sales intent can be blatant, such as this appeal to disposable income on Realself.com: “Now that your 2015 taxes are (hopefully) filed and behind you, were you fortunate enough to get a refund? If it just so happens that the government will be returning some of your hard-earned cash, what will you be using it for? Electronic gadgets, an island vacation, a shopping spree . . . or plastic surgery?” Providers reduce perceived risk by implying that interventions such as facial fillers are considered normal practice for others, claiming that “*Millions of women* choose facial fillers, so that they can age exactly the way they want to” and by providing online interactive tools which consumers can use to manipulate facial features to see the potential effect of surgery (This-is-me.com).

## **Conclusion**

The aim of this article was to explore the tension between two different views of transformation, one which emphasised consumer autonomy, freedom, and market choice and the other which claims a more restrictive and manipulative influence of the market and its promotional practices. I argue that McCracken’s explanation of transformation as “the expression of consumer agency and individual freedom” (xvi) offers an overly optimistic view of consumer transformation. In the cosmetic surgery market, the expression of consumer autonomy and freedom rests on the discourse

of choice. This same discourse is adopted by surgery providers in their persuasive strategies to secure new clients so that the market's promotional language (e.g. a whole new you) becomes part of the consumer's understanding of and articulation of cosmetic surgery transformation. I argue that marketing and promotion work to progress consumers along the path to surgery, by giving them reasons to do so. This is achieved by reflecting existing consumer anxieties as deficiencies, by creating new reasons for surgery by problematising normal conditions, by promising intangible benefits, and by normalising the purchase. These promotional practices also regulate and restrict consumers by presenting visual images of transformation which influence how others understand "the perfect you." The gallery of looks on surgery websites constrains choice by signifying which looks are desirable, and "before and after" rhetoric emphasises the pivotal role of cosmetic surgery in achieving this transformation.

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## Keywords

Consumer culture; Consumer identity; Promotional Critique



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