Teenage Girls' Online Message Board Talk About Cosmetic Surgery:

Constructions and Social Actions

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ABSTRACT

Previous research on cosmetic surgery and teenage girls is limited and fails to provide information regarding how teenage girls construct these procedures. A social constructionist approach informed by a discursive psychology methodology was used to study how teenage girls and message board respondents construct cosmetic surgery through the language they use and the social actions performed through their talk. I analyzed questions posted by teenage girls between the ages of 13 to 19 on online message boards, as well as responses to these questions posted by other message board users. Social actions identified in the teenage girls' talk included: advice and information seeking, approval seeking, and justification of cosmetic surgery. Social actions identified in the respondents' talk included: provision of advice and information, warning, approval, disapproval, criticism and judgement, reassurance, empathy, encouragement, and support. In general, teenage girls constructed cosmetic surgery as a way for them to feel better about themselves, as a way for them to feel better about the body part they were seeking surgery for, and as a way for them to fit in and be accepted by others. The results of this study are discussed in relation to the existing research on teenage girls and cosmetic surgery, Davis's (1995) feminist perspective on cosmetic surgery, Fredrickson and Roberts's (1997) objectification theory, and embodiment. Implications for teenage girls, parents of teenage girls, physicians, and psychologists are also discussed, and recommendations for future research are suggested.

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CHAPTER I: INTRODUCTION

My Story

Throughout various stages of the research process, I often found myself transported back to a time during my teenage years. When I was 14 years old, I had the opportunity to attend a modeling convention. This was an exciting time for me because at this convention I was going to meet a number of international modeling agents. At 14, I was very insecure and unsure and found talking with the agents extremely intimidating. I remember that one of the agents seemed impressed with my "potential" to be a model and wanted to see me in Las Vegas for test shots that winter. This was exciting news and I was ecstatic! I remember feeling special, like someone who belonged in what I thought to be a glamorous and elite group of women. A few weeks passed and I received a letter from the agency telling me that "my look" was not what their clients were looking for at that time. Because the market and the demand for "new looks" were always changing they encouraged me to submit new photos at a later date. I was devastated. Was I not pretty enough? Was I too fat? Was I too short? My parents tried to console me but these thoughts flooded my 14-year-old brain. Over the years these feelings persisted, so when I was 20 years old I decided I was going to try once more to become a model.

While attending a modeling convention as a young woman, I became more aware of the tension and the competition between the girls in attendance. The looks people gave each other seemed to say, "Does she really think she belongs here?" The initial meeting with the agents was exciting but stressful. Positive and negative comments filled my ears. At times my self-confidence would be boosted, but then within seconds it would be brought back down. Agents said, "you should straighten your hair;" you have a bit of acne you need to take care of;" "you'd do better in a commercial market." One agent who was interested in my "potential" told me that

if I was serious about modeling I needed to lose an inch or two off my waist and hips. I did not really know how to respond to this comment. Would I ever be what these people were looking for? Could I ever fulfill this standard of beauty? I went home and tried to think of a plan to lose weight. After much stressing about whether my body measurements fit into the "acceptable" range for a model, I told myself enough already! Who cares if my look is fashionable in Milan? Who cares if my hair is curly? Who cares if I do have curves? I finally realized that I do not need to be a model to be considered a beautiful and worthy person. I never had these expectations for other people, so why did I have these expectations for myself?

After attending the convention, I became increasingly interested in the study of appearance and body image. Shifting away from the topic of women and body image for my psychology honours thesis, I studied how men who participated in online men's health message boards/forums constructed muscularity and masculinity. I used discourse analysis to examine the advice these men sought and offered about their bodies. I also examined the function of questions and responses in relation to how message board users constructed muscularity and masculinity. I found this research fascinating and wanted to continue along a similar path for my master's thesis.

For my master's thesis I decided to study women's experiences with cosmetic surgery, I chose this topic because of the increase in both surgical and nonsurgical cosmetic procedures that I observed around me. It seemed like cosmetic surgery was everywhere from magazines, to TV, to movies, to advertisements in doctors' offices; even some of my colleagues said they would consider it. My decision to study teenage girls' experiences with cosmetic surgery was the result of my own struggles as a teenager and a young adult to obtain the "ideal" body and appearance. The difference between myself and young girls today is that I was not aware of the cosmetic procedures available, whereas young people today have a greater understanding of what cosmetic procedures are available to them (Pearl & Weston, 2003; Sarwer et al., 2005).

The Present Study

Cosmetic surgery can be defined as an elective cosmetic procedure performed to "improve the appearance of an individual with a 'normal' appearance" (Sarwer, Infield, & Creand, 2009, p. 303). Research on cosmetic surgery and teenage girls is limited, and the few studies available fail to provide an in depth account of how teenage girls who desire cosmetic surgery understand these procedures. Despite this lack of research, dissatisfaction with a specific body part appears to be an important factor in a teenager's decision to pursue surgery (Simis, Velhulst, & Koot, 2001). In a study of teenage attitudes toward cosmetic surgery, 30% of teens said they would consider cosmetic surgery, and of those interested in pursuing surgery, 90% said they would obtain surgery to feel better about themselves (Pearl & Weston, 2003).

The transition from childhood to adolescence can be difficult for adolescent girls, because during puberty they experience both physical changes and life changes such as pubertal weight gain, dating, and the transition to middle or high school (Levine & Smolak, 2002). If cosmetic surgery is obtained during the teenage years it is most often performed to alter features with which the teen is dissatisfied, because it is during this time that teenage girls are concerned with being attractive, competent, and fitting in with others (Levine & Smolak, 2002). Furthermore, exposure to and acceptance of society's thin ideal might put young women at risk for experiencing body dissatisfaction (Clay, Vignoles, & Dittmar, 2005; Stice & Whitenton, 2002) and could perhaps influence their desire to pursue cosmetic surgery.

Previous research on cosmetic surgery and teenage girls is based on an objectivist perspective and has employed only quantitative research methods. An objectivist perspective suggests that objective truth exists and can be discovered (Crotty, 1998). Research from this perspective seeks to establish scientific objective meanings that are viewed as absolute and generalizable to other individuals (Crotty, 1998). Although this perspective can be beneficial in some cases, the disadvantage of this perspective is that it ignores people's everyday understandings related to the

phenomenon of interest (Crotty, 1998). Similarly, traditional quantitative research ignores the unique differences between each person and her/his individual experiences providing one quantifiable universal account (Blood, 2005). Previous research has quantified teenagers' experiences with cosmetic surgery and has focused solely on: teenagers' attitudes toward cosmetic surgery (Pearl & Weston, 2003); body dissatisfaction, teenagers, and cosmetic surgery (Simis et al., 2001); changes in teenagers' body image after cosmetic surgery (Simis, Hovius, de Beaufort, Verhulst, & Koot, 2002); and teenagers' ratings of their appearance before cosmetic surgery (Simis, Koot, Verhulst, & Hovius, 2000). Furthermore, the language used in previous research pathologizes (Blood, 2005) individuals by labelling them as "patients" or by referring to the dissatisfaction individuals experience regarding their appearance as an "appearance deformity." A gap in the research exists in the sense that previous research has failed to address how individual teenage girls talk about and construct cosmetic surgery.

In order to provide a new perspective to the previous literature, I adopted a social constructionist epistemology and used qualitative research methods to explore how teenage girls construct cosmetic surgery. In opposition to the objectivist research perspective, the social constructionist perspective suggests that all understandings are constructed (Crotty, 1998). Knowledge is produced through social processes, historical influences, cultural influences and interactions with others (Burr, 1995). In relation to a social constructionist framework, the present study assumes that the image of the ideal woman and the desire to obtain cosmetic surgery are constructed based on culture, the media, conversation, and interactions with others. Qualitative research methods are appropriate for the present study because they have allowed me to explore how teenage girls construct meaning and understand the various aspects associated with cosmetic surgery (Mason, 2002; Merriam, 1998).

Data for the present study were obtained from two online message boards: Yahoo Answers: Skin and Body Forum and Health Boards Cosmetic Surgery Forum. I used discursive psychology, a specific branch of discourse analysis, to analyze the online message board postings. Using discursive psychology allowed me to understand how teenage girls construct cosmetic surgery through the language they used and the social actions performed through their talk (Potter, 2003; Wood & Kroger, 2000). I addressed the following questions: (a) how do teenage girls talk about and construct cosmetic surgery? (b) what are the social actions accomplished/performed through teenage girls' talk about cosmetic surgery? (c) how do people responding to teenage girls' online postings construct cosmetic surgery? and (d) what are the social actions performed through the respondents' talk about cosmetic surgery? Studying how teenage girls talk about cosmetic surgery and the social actions performed by their talk might help us to better understand how they construct and make sense of these surgical procedures. This research can have important implications for teenage girls who are interested in pursuing cosmetic surgery as well as parents, psychologists, physicians, and other professionals who work with teenage girls considering cosmetic surgery. Results of the present study are discussed in relation to previous research on cosmetic surgery and teenage girls, Davis's (1995) feminist research on women and cosmetic surgery, Fredrickson and Roberts's (1997) objectification theory, and embodiment and teenage girls.

Definition of Terms

The following terms are referred to in the present study and are defined here to facilitate the reader's understanding of the current research literature.

Abdominoplasty (tummy tuck): A cosmetic surgical procedure performed to remove loose skin around the belly (Canadian Society of Plastic Surgeons, 2011).

Blepharoplasty: Eye lid surgery; see eye lift.

Body dissatisfaction: Feelings of body dissatisfaction depend on how similar one's view of their body is to their ideal physical appearance (Cash, 2006).

Body dysmorphic disorder (BDD): BDD is characterized by an extreme preoccupation with a minimal or imagined defect in appearance, which results in significant distress in social and occupational functioning. The individual might experience intrusive thoughts and compulsive behaviours (e.g., mirror checking and excessive grooming) related to the perceived deficit (American Psychiatric Association, 2000).

Body image: Body image is a multidimensional concept (Cash & Pruzinsky, 1990; Pruzinsky & Cash, 2002) defined by a person's self-perceptions of and self-attitudes toward their appearance (Cash, 2006). Body image perceptions can be defined as a person's ability to accurately judge an aspect of their physical appearance, usually body size, whereas body image attitudes can be defined as an individual's thoughts, feelings, and behaviours towards their physical appearance (Cash, 2006).

Botox: Botox is injected in to the facial muscles to help make wrinkles appear less noticeable (Mayo Clinic Staff, 2010b).

Breast augmentation: Breast augmentation is a cosmetic surgical procedure in which a silicone or saline filled implant is inserted in a pocket created under the existing breast tissue (Zuckerman & Abraham, 2008).

Breast reduction: Breast reduction is a cosmetic surgical procedure performed to remove breast tissue from extremely large breasts. Breast reduction can also be performed on men to correct gynecomastia or male breast development (McGrath & Mukerji, 2000).

Chemical peel: A chemical peel is a cosmetic procedure performed to treat acne and wrinkles (Mayo Clinic Staff, 2010a; 2011b). Acid is applied to the skin and the outer layer is burned off. The goal of this procedure is growth of new smoother skin (Mayo Clinic Staff, 2011b).

Collagen injections: Collagen is injected into the face to help smooth out deep facial wrinkles (Mayo Clinic Staff, 2011b).

Cosmetic surgery: Cosmetic surgeries are elective surgical procedures, performed with the aim of improving a "normal" appearance (Sarwer et al. 2009).

Ear surgery (otoplasty): Ear surgery or otoplasty is performed to correct protruding ears (McGrath & Mukerji, 2000).

Embodiment: Embodiment involves viewing one's body as more than an object and engaging in the world through one's body (Davis, 1995).

Eye lift: An eye lift is a cosmetic surgical procedure which involves removing skin, bags, and fat around the eyes (Institute of Cosmetic Surgery, 2010).

Labiaplasty: A cosmetic surgical procedure that is performed to reduce or reshape the labia minora (LabiaplastySurgeon.com, 2008).

Laser hair removal: is a cosmetic procedure that uses a laser to remove unwanted body hair (Mayo Clinic Staff, 2010c).

Laser skin resurfacing: Laser skin resurfacing is a cosmetic procedure performed to reduce the appearance of fine lines on the face and improve the complexion by removing old skin through the use of lasers (Mayo Clinic Staff, 2009).

Leg vein treatment: Treatment of leg veins is a cosmetic procedure that can involve laser surgery, removal of veins, or procedures that cause the veins to seal or collapse (Mayo Clinic Staff, 2011a).

Liposuction: Liposuction is a type of cosmetic surgery that involves the removal of fat to recontour one or more areas of the body (Zuckerman & Abraham, 2008).

Microdermabrasion: Microdermabrasion is a cosmetic procedure performed to help lessen acne (Mayo Clinic Staff, 2010a), stretch marks (Mayo Clinic Staff, 2010d), and wrinkles (Mayo Clinic Staff, 2011b). Mircodermabrasion removes the skin's top layer in order to produce new skin growth (Mayo Clinic Staff, 2010d).

Non-surgical face lift: A non surgical facelift is a cosmetic procedure that involves heating the dermis or deeper layer of the skin in hope of improving collagen production and leading to a tighter appearance of the skin (Kita, 2009).

Objectification theory: Objectification theory (Fredrickson & Roberts, 1997) is a theoretical framework that situates the female body within a sociocultural context. This framework attempts to highlight the experiences of and mental health risks to women who face sexual objectification.

Plastic Surgery: Plastic surgery is an umbrella term that is used to refer to both cosmetic and reconstructive surgery (Sarwer et al., 2009).

Reconstructive surgery: Reconstructive surgical procedures are performed to make an "abnormal" appearance normal, and often are performed to correct defects such as a cleft lip or palate (Sarwer et al., 2009).

Rhinoplasty: Rhinoplasty is a type of plastic surgery that can be performed for cosmetic or reconstructive purposes to alter the appearance of the nose (McGrath & Mukerji, 2000).

Self-concept: Self concept can be referred to as "the composite of ideas, feelings, and attitudes people have about themselves" (Atkinson, Atkinson, Smith, Bem, & Nolen-Hoeksema, 2000, p. 709).

Self-esteem: Self-esteem can be defined as a "positive or negative attitude" (Rosenberg, 1965, p. 30) towards oneself, and the extent to which someone feels that she/he has worth as a person (Rosenberg, 1965).

Self-objectification: Self-objectification occurs as a result of the internalization of sexually objectifying experiences over time, which socialize girls and women to treat themselves as objects to be looked at and evaluated (Fredrickson & Roberts, 1997).

Sexual objectification: Sexual objectification involves being treated as a body, a collection of body parts, or as a sexual object to be used and consumed by others (Fredrickson & Roberts, 1997). Through sexual objectification a person's body becomes viewed as separate from who one is as a person (Bartkey, 1990).

CHAPTER II: LITERATURE REVIEW

The literature review is organized into four sections. First, I explore the literature pertaining to body image, body image development, and cosmetic surgery. Second, I examine body dissatisfaction in adolescent girls. Third, I review the small body of literature on cosmetic surgery and teenage girls, and last, I explore Fredrickson and Roberts's objectification theory as it relates to cosmetic surgery and teenage girls, as well as embodiment, cosmetic surgery, and teenage girls.

Body Image, Body Image Development, and Cosmetic Surgery

Research suggests that people who seek cosmetic surgery report increased body image dissatisfaction, particularly with the body part they wish to surgically alter (Sarwer, 2001). Similar results were found in a study of adolescents and young adults, as the individuals receiving surgery were more dissatisfied with the specific body part they sought surgery for than their body as a whole (Simis et al., 2001). Due to these connections between body image, body dissatisfaction, and cosmetic surgery, I define body image as it is related to body dissatisfaction and follow with a description of body image development across the life span and the cosmetic surgical procedures that are typically performed during each stage of development.

Body Image

Body image is a multidimensional concept (Cash & Pruzinsky, 1990; Pruzinsky & Cash, 2002) defined by a person's self-perceptions and self-attitudes of her or his appearance (Cash, 2006). Body image perceptions can be defined as a person's ability to accurately judge an aspect of her or his physical appearance, usually body size, whereas body image attitudes can be defined as an individual's thoughts, feelings, and behaviours towards her or his physical appearance (Cash, 2006). Feelings of body satisfaction or body dissatisfaction depend on how

congruent one's view of one's body is to one's ideal physical appearance (Cash, 2006). The experience of body image is subjective, because we cannot know how a person feels about her or his body based on an objective evaluation of her or his appearance (McGrath & Mukerji, 2000). People who appear physically attractive to the objective observer can have a negative body image, or a person who is deemed unattractive by others can have a positive body image (Cash, 2006).

Body Image Development, Cosmetic Surgery, and Teenage Girls

Body image begins to develop in infancy (Belfer, 1999; McGrath & Mukerji, 2000). In the early stages of development, children learn about their bodies and their environment through sensory input. Children develop feelings of competence as they learn about the manipulative functions of various body parts such as their feet, hands, or tongue. As children's cognitive functioning increases so does their body awareness (Belfer, 1999).

Body image development occurs between the ages of 2 to 7 years and strengthens between the ages of 5 to 7 years (Belfer, 1999). As children grow they begin to notice and compare the similarities and differences of their bodies to others such as parents, brothers, sisters, and peers. How a child responds to these differences is impacted by the value that significant people in their lives place on these differences (Belfer, 1999). Children who grow up in a loving and secure environment develop a sense that they are attractive and valued by others no matter what they look like. Teaching a child about her or his self-worth as a whole person leads to the development of a positive body image (McGrath & Mukerji, 2000), self-esteem, and an appreciation of oneself (Belfer, 1999). Plastic surgery performed during this early stage of body image development is usually done to repair a congenital defect or physical deformity that could lead to early rejection by others (McGrath & Mukerji, 2000).

Frankova and Chudobova (2000) studied the formation of self-concept, body image, and attitudes toward body shape and body size in 102 girls, ages 3 ½ to 6 ½ years old, from the Czech Republic using different sized paper dolls (e.g., very thin, medium thin, and heavy). In this study, the girls had to engage in tasks such as: selecting a doll and choosing appropriately sized clothes; identifying the main difference between the three dolls (e.g., body size); selecting a doll that they would most likely choose as a friend; selecting a doll that they thought was the closest to their body shape; selecting from the thin and heavy doll which doll they thought likes to exercise, watch TV, or eat; selecting an adult woman figure that they thought best represented their mother as well as the image that they would like to resemble when they grow up; and finally, the girls had to complete puzzles of both the heavy and the thin dolls. Results indicated that all age groups selected a doll that most closely related to their body shape. This suggests that overall the girls possessed a realistic body image (Frankova & Chudobova, 2000). Furthermore, the 3-and 4-year-old girls were not yet able to see the differences in body shapes between the three dolls, but the 5-and 6-year old girls understood the differences in body shapes and would use the word "fatty" to refer to the larger body shape. The 5-and 6-year old girls would consistently imagine their mother to be thinner than reality and the 6-year-old girls had the greatest tendency to select the thinnest figure as their ideal body shape. When choosing a doll that they thought they would like to have as a friend, all of the girls almost always selected the figure that most closely resembled themselves. Overall, these results suggest that the 5-and 6-year old girls in the sample already admire a slim body shape. This is an important finding as admiration of a thin body at an early age could have an impact on how a girl views her body as she gets older (Frankova & Chudobova, 2000).

Body image continues to develop when the child enters school and is exposed to others who are not members of her or his family (McGrath & Mukerji, 2000). At this time both girls and boys use their bodies to express themselves since they have not yet developed the mental capacity to describe and define themselves as individuals (Olivardia & Pope, 2002). A child will gain acceptance from her/his peers if she or he displays qualities that are desirable and attractive to others (McGrath & Mukerji, 2000). For example, if a boy can run fast he will be labelled and treated as an active person (Olivardia & Pope, 2002). Positive feedback from peers draws attention to characteristics that will help the child gain popularity. This positive feedback will also influence how the child thinks about her or himself (McGrath & Mukerji, 2000). If cosmetic surgery is performed during this stage of development, the goal of surgery is usually to correct protruding ears, webbed fingers, or other physical differences that will draw attention to the child and make her or him a potential target of teasing by peers (McGrath & Mukerji, 2000).

Major changes in body image development occur during puberty, because puberty is the first time the child begins to notice changes occurring in her or his physical appearance (McGrath & Mukerji, 2000). During puberty, the physical self merges with the self-concept which becomes dependent on socio-cultural messages that inform the adolescent about the societal ideals one should strive to attain in order to fit into mainstream culture (Olivardia & Pope, 2002). Also, because one's body is related to how well a person functions in her or his environment, self-concept and self-esteem become entangled with body satisfaction (Olivardia & Pope, 2002). The adolescent's body image will change as a result of the transformations that are occurring throughout her or his body, and the changes will be dealt with through thoughts, emotions, and behaviour. Both maladaptive and adaptive thought patterns can produce a strong emotional response in the individual. Maladaptive thought processes such as thinking of oneself

as ugly or disgusting can lead to feelings of depression, anger, anxiety, or hopelessness. If these feelings last, maladaptive behaviour such as social withdrawal might occur (McGrath & Mukerji, 2000).

Vogt-Yuan (2007) analyzed the relation between puberty and depressive symptoms in American adolescent girls in grades 7 to 12 using questionnaire measures. Results indicated that symptoms of depression were highest in the adolescent girls post-menarche, because the post-menarche adolescents perceived that they had a larger body mass and greater physical development than their peers. These results could be due to the fact that the societal ideal of thinness is opposite to the normal bodily changes that occur during puberty, such as increasing body mass and the development of a curvaceous figure (Vogt-Yuan, 2007).

The transition from childhood to adolescence is often very stressful for adolescent girls because within this time they face a number of developmental demands such as pubertal weight gain, dating, and the transition to middle school. Girls who experience each of these demands in the same year report more body dissatisfaction than girls who are not confronted with all of these factors at the same time (Levine & Smolak, 2002). Cosmetic surgical procedures performed during the teenage years attempt to correct newly developed features with which the teen is dissatisfied (e.g., a changing nose, droopy breasts, weight gain, and acne), because it is at this time the individual is largely concerned about being attractive, competent and acceptable in the eyes of others (McGrath & Mukerji, 2000).

Williams and Currie (2000) studied the relationship between self-esteem, pubertal timing (e.g., reached menarche), and body image in 11-and 13-year old adolescent girls from Scotland using questionnaire measures assessing pubertal status, feelings about body size, feelings about appearance, and self-esteem. Results indicated that the 11-year-old participants who had reached

menarche (e.g., early maturers) reported lower levels of self-esteem which was mediated by experiences of body image concern related to body size and one's perceived appearance. In addition, 13-year-old participants who had not yet reached menarche (e.g., late maturers) reported lower levels of self-esteem when experiences of body image concerns were accounted for. Results of this study suggest that both early and late developing adolescent girls might engage in negative self-evaluations of appearance and possibly experience lower self-esteem. These results could be because both groups experience physical development at different rates than "the norm." During this time period looking like individuals in one's social context is deemed very important (Williams & Currie, 2000). Early maturers also reported feeling "too fat," and a minority of late maturers reported being "too thin." Concern about being "too fat" might have connections to Western societal messages that promote thinness. Concern about being "too thin" could be related to fears of delayed breast development or the development of small breasts (Willams & Currie, 2000), as large breasts are deemed desirable in Western culture (Levine & Smolak, 2002). Williams and Currie (2000) stated that their findings in regards to body image and self-esteem are similar to those reported by adolescent girls in the United States, specifically regarding the preference for thinness. Early maturation was also related to lower self-esteem in populations of American girls in other studies (Williams & Currie, 2000). In terms of late maturing adolescent girls, Wichstrom (1998) found in a study of Norwegian adolescent girls that late pubertal development affected the adolescent girls' self-esteem negatively. He stated that the reason for these results might be because an extremely thin pre-pubertal look resembles the fashion models seen on the runways, but that this look is discrepant from the large breasted, thin ideal that is depicted in commercials and men's magazines.

Berger, Weitkamp, and Strauss (2009) assessed the relationship between self-esteem, body dissatisfaction, future weight limits, estimations of future BMI, pubertal timing, and social comparisons in relation to disturbed eating behaviour in German adolescent girls, aged 11 to 14 year using questionnaire measures. Similar to the findings of Currie and Williams (2000), results indicated that 41% of the girls reported comparing their appearance to others. In addition, girls who indicated that they were early maturers reported that they felt "bigger" than their peers and reported more body dissatisfaction. Both early and late maturing adolescent girls also indicated problematic eating behaviour (e.g., I am terrified of being overweight). Similar to the results of Williams and Currie's (2000) study, these results might be related to desires to attain the socially constructed ideal body.

Summary

Based on the research mentioned above, it is evident that body image begins to develop at an early age (Belfer, 1999; Frankova & Chudobova, 2000; McGrath & Mukerji, 2000). Girls as young as 5 and 6 years already appear to understand the negative social implications of having a larger body shape and begin to admire and desire a thin body shape (Frankova & Chudobova, 2000). Based on these societal messages of thinness, by the time girls reach adolescence and puberty negative changes in one's body image can occur, because the normal changes that occur in the body during puberty tend to move teenage girls away from the thin ideal (Levine & Smolak, 2002; Vogt-Yuan, 2007).

As a result of societal influences of beauty, girls going through puberty can experience depression (Vogt-Yuan, 2007), lower levels of self-esteem based on experiences of body image concern (Williams & Currie, 2000), fears about being too fat or too thin (Berger et al., 2009; Williams & Currie, 2000), and body dissatisfaction (Berger et al., 2009). These negative

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experiences related to one's body could potentially lead some teenage girls to view cosmetic surgery as way to deal with their body dissatisfaction or to correct the newly developed body parts with which they are unhappy (McGrath & Mukerji, 2000). In addition, similar results regarding body image and pubertal development have been found across North American and European adolescent girls, but limited research exists on body image development and pubertal development in other cultural groups. Future research should explore the development of body image in different cultural groups and the role that sociocultural influences could have on ethnically diverse teenage girls' body image development, self-esteem, and body satisfaction.

Body Dissatisfaction and Adolescent Girls

Previous research shows connections between body dissatisfaction and pursuing and receiving cosmetic surgery in adolescents and young adults. As mentioned, research suggests that people who seek cosmetic surgery report increased body image dissatisfaction, particularly with the body part they wish to surgically alter (Sarwer, 2001; Simis et al., 2001). Simis et al. (2000) assessed adolescents' pre surgical appearance ratings and noted that they had predominantly female participants in their sample. Due to the small number of boys in their sample, they hypothesized that boys might experience less appearance dissatisfaction overall compared to girls or that boys might have to experience a higher level of body dissatisfaction or emotional problems than girls before considering surgery. The adolescent girls in Simis et al.'s (2000) study reported more problems in the areas of self-confidence, mood, and sports, whereas boys reported difficulties only with making friends. In addition, the boys gave a more realistic estimation of the severity of their appearance rating than the girls when appearance ratings were compared to physician and parent ratings of their appearance. Despite the fact that research related to body dissatisfaction and cosmetic surgery in adolescents and adolescent girls is

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limited, body dissatisfaction appears to be an important factor in an individual's decision to pursue surgery, specifically for adolescent girls. In the next section, I will explore previous research on body dissatisfaction and adolescent girls including how media can influence adolescent girls' body dissatisfaction as well as how family and peers can influence adolescent girls' body dissatisfaction.

Rodin, Silberstein, and Striegel-Moore (1984) argued that body dissatisfaction and weight concerns among girls and women are viewed as "normative." Sociocultural influences teach women what the ideal body looks like as well as how one can attain it (Rodin, Silberstein, & Striegel-Moore, 1984). The most common areas of body dissatisfaction include areas that contain the most adipose tissue such as the hips, buttocks, stomach, and thighs (Levine & Smolak, 2002). A longitudinal study assessing body satisfaction in adolescent boys and girls from Sweden at ages 11, 13, 15, and 18 years found that at each age males were more satisfied with their physical features than females. In both males and females, body satisfaction was greatest at 18 years of age, but the features that both males and females were most satisfied or dissatisfied with remained constant even with increasing age (Rauste-von Wright, 1989).

Bybee, Glick, and Zigler (1990) found similar age-and gender-based trends in their study of factors contributing to 5th, 8th, and 11th grade American students' ideal self-image. Females (32.7%) were more likely to mention physical appearance in their ideal self-descriptions than males (18.2 %), and physical appearance became less important to ideal self-descriptions as students aged. For example, grade 5 students mentioned physical appearance as part of their ideal self 35.9% of the time, whereas by grade 11 only 13.5% of young people mentioned physical appearance as part of their ideal self-image.

Levine and Smolak (2002) reported comparable age trends, as they stated that girls' satisfaction with body parts and overall appearance declines between 12 to 15 years of age. After this time the degree of body satisfaction experienced can level off or increase slightly later in adolescence (Levine & Smolak, 2002). Based on each of these studies it appears that males are generally more satisfied with their physical appearance than females and that body satisfaction tends to increase with age. Females could possibly be less satisfied with their appearance than males as a result of culturally determined scripts and stereotypes that communicate to women and adolescent girls the importance of appearance (Rauste-von Wright, 1989). The increase of body satisfaction with age might be related to cognitive development, because as an individual matures on a cognitive or intellectual level she or he might be less likely to view physical appearance as important (Damon & Hart, 1982). In addition, the achievement of physical maturity, the achievement of physical developmental milestones, and the recognition of potential growth limits, might also affect one's feelings regarding their body satisfaction. Recognizing one's developmental limits could potentially lead to a declining desire to obtain traits that are beyond one's control (e.g., desiring to be taller once one has reached physical maturity). The individual instead might decide to pursue more realistic ideals such as attending college, marriage, or having children (Bybee et al., 1990).

Although it seems plausible that body satisfaction increases with age, these results are not always consistent as demonstrated in a study by Clay et al. (2005). When examining age trends in self-esteem and body satisfaction in adolescent girls, aged 11 to 16 years, from London, Clay et al. (2005) found that self-esteem and body image satisfaction appeared to decline with increasing age. Participants in this study completed questionnaires related to media and extracurricular activities, sociocultural attitudes toward appearance, body satisfaction, and self-

esteem, and were exposed to magazine covers containing ultra-thin models, average-sized

models, or no models. Significantly lower levels of self-esteem and body satisfaction were

evident among the 15-and 16-year olds compared to the other girls. Internalization of

sociocultural messages about appearance and social comparisons to media models was related to

lower levels of body satisfaction in the older girls and lower levels of global self-esteem. A

potential explanation for the results of this study is that the older girls, because of their older age,

likely have had more time in their lives to internalize the unrealistic media messages and are

perhaps more aware of societal standards of appearance than the younger girls (Clay et al.,

2005). Parental and peer constructions of appearance could also influence levels of body

satisfaction and self-esteem, but these variables were not measured by Clay et al. (2005). Based

on the results of this study, it can be suggested that if a girl internalizes sociocultural messages

over time she might exhibit body dissatisfaction later in her teenage years and perhaps later in

life. Therefore, internalization of the thin ideal in relation to age might be related to body

dissatisfaction.

Researchers have attempted to determine the various risk and protective factors

associated with body dissatisfaction. Stice and Whitenton (2002) analysed whether a number of

sociocultural, biological, interpersonal, and affective risk factors predicted increases in body

dissatisfaction in American adolescent girls. They sampled 496 girls between the ages of 11 and

15 years. At both baseline (time 1) and one year later (time 2) the girls completed a

questionnaire, participated in a psychiatric interview, and had their height and weight measured.

Results indicated that elevations in adiposity, perceived pressure to be thin, internalization of the

thin ideal, and deficits in social support predicted increases in body dissatisfaction (Stice &

Whitenton, 2002). Elevated levels of adiposity were one of the strongest predictors of increased

levels of body dissatisfaction in adolescent girls (Stice & Whitenton, 2002). Potential reasons for this result might be that during puberty it is typical for most girls to gain an average of 50 pounds, and a large portion of this weight gain occurs on the hips, thighs, and buttocks. The normal weight gain that occurs during puberty leaves the majority of girls looking different than the dominant slim ideal body shape, potentially leading to body dissatisfaction (Levine & Smolak, 2002). Perceived pressure to be thin was also one of the strongest predictors of body dissatisfaction, as well as thin ideal internalization (Stice & Whitenton, 2002). Similar to the results obtained by Clay et al. (2005), these results suggest that exposure to and acceptance of the thin ideal possibly puts young women at risk for body dissatisfaction (Stice & Whitenton, 2002). Deficits in perceived social support were also found to be a contributing factor to body dissatisfaction (Stice & Whitenton, 2002). This result suggests that being accepted by others and having a positive support network might lead to greater body satisfaction and might act as a protective factor against sociocultural pressure to be thin (Stice & Whitenton, 2002).

Media Influences and Body Dissatisfaction in Adolescent Girls

In Western industrialized culture female beauty is defined as white, young, tall, firm (but not muscular), and slim with large breasts (Levine & Smolak, 2002). Risk for body dissatisfaction occurs when a young girl's mental image of her body and her understanding of this ideal clash (Levine & Smolak, 2002). Internalization of this ideal is thought to be associated with pervasive media influences that can be seen virtually anywhere. Young girls who read magazine articles and view advertisements that focus on obtaining the ideal body are more likely to experience body dissatisfaction. This "upward" social comparison to unrealistic depictions of models, movie stars, and television stars leads young girls to experience negative feelings

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towards their bodies, especially if they already experience a poor body image (Levine & Smolak, 2002).

At a young age children are exposed to societal messages of beauty and thinness. Herbozo, Tantleff-Dunn, Gokee-Larose, and Thompson (2004) conducted a content analysis of children's videos and books to identify body image related messages. Results demonstrated that messages emphasizing the importance of beauty and thinness are evident in more children's videos than books. Congruent with media directed toward adults, the women in children's movies who are considered attractive are slim. Being beautiful is associated with goodness, sociability, kindness, and success, whereas ugliness and obesity are portrayed in a negative manner and are often associated with evil (Herbozo et al., 2004). When children are exposed to this type of media at a young age they might believe that these bodily figures are easily attainable and possibly will feel pressure to conform to this ideal (Herbozo et al., 2004).

As girls transition into adolescence they are continuously exposed to unrealistic images of female beauty (Clay et al., 2005). Clay et al. (2005) tested the influence of sociocultural factors on body image and self-esteem in 136 girls aged 11 to 16. Results indicated that exposure to the ultra-thin sized models or the average sized models led to decreased body satisfaction and self-esteem. No differences in body satisfaction or self-esteem were found between participants exposed to the ultra-thin sized models or the average sized models. Failure to find differences between the two groups who were exposed to the pictures of models might be due to an increased sensitivity to media messages in adolescent girls in general. Even though the models in one condition were of average size they were still glamorous, digitally enhanced pictures of relatively slim young women (Clay et al., 2005). The results of this study are not sufficient enough to explain the impact of media images on body satisfaction and self-esteem over time,

but they do suggest that repeated long-term exposure to media images could potentially have negative effects on body image in teenage girls (Clay et al., 2005).

Strahan et al. (2008) performed a two-part study similar to Clay et al. (2005). In part one, 68 Canadian undergraduate women were exposed to a commercial containing the ideal body type. Areas such as self-worth based on appearance, personal body dissatisfaction, and concern with others' perceptions of their body were assessed by questionnaire. Participants were asked their height, were weighed, and their BMI was also calculated. In part two, the researcher studied the effectiveness of an intervention developed to create awareness in Canadian adolescent girls about sociocultural beauty norms.

Results of study 1 demonstrated that women exposed to the commercial containing the ideal body type tended to base their self-esteem more on appearance, were less satisfied with their bodies, and were more concerned with others' opinions about their bodies (Strahan et al., 2008). These results are similar to the results of Clay et al.'s (2005) study where viewing pictures of both ultra slim and average sized models led to feelings of body dissatisfaction in adolescent girls. Results of study 2 demonstrated that both male and female adolescents who received the intervention designed to create awareness about sociocultural beauty norms were less susceptible to sociocultural norms and internalized the norms less than participants in the control intervention. Girls who received the sociocultural awareness intervention based their self-esteem less on appearance, were more satisfied with their bodies, and were less concerned with others' perceptions of their appearance than girls in the control intervention (Strahan et al., 2008). The results of study 2 suggest that if we challenge sociocultural norms of appearance and educate adolescents and young adults about the negative consequences of striving for this unattainable ideal, young girls and women might feel better about their bodies and their selves (Strahan et al.,

2008). Based on the results of the studies by Clay et al. (2005) and Strahan et al. (2008),

consistent educational intervention through school or even through family members perhaps

could help prevent teenage girls from internalizing the thin ideal. Educational interventions could

act as a protective factor against body dissatisfaction and low self-esteem.

The Influence of Family and Peers on Body Dissatisfaction

The familial context can also act as both a risk and protective factor for body

dissatisfaction (Levine & Smolak, 2002; Striegel-Moore & Cachelin, 1999). A study by Striegel-

Moore and Kearney-Cooke (1994) examined American parents' perceptions and attitudes related

to their children's physical appearance, eating habits, and exercise habits. Generally, results

indicated that most parents were satisfied with their children's physical attractiveness, eating

habits, and exercise behaviour, but overall parents of adolescent children tended to believe that

adolescent girls were fatter than adolescent boys. This finding could be related to societal beauty

ideals that portray the ideal woman as thin. It is possible that these parents are comparing their

daughter to this unattainable ideal and distorting her true body size (Striegel-Moore & Kearney-

Cooke, 1994).

Ata, Bryant-Ludden, and Lally (2007) assessed how pressure from family and friends

related to body image and eating related attitudes and behaviours in American adolescent boys

and girls. Results indicated that adolescent girls reported significant pressure from friends and

family to lose weight, whereas adolescent boys experienced pressure from family and friends to

gain muscle. The greatest predictor of negative body image and eating attitudes and behaviours

in adolescents was family pressure to lose weight. Adolescents who experienced pressure to lose

weight from family and friends engaged in negative eating patterns and viewed their actual

whole and upper bodies as different from their own ideal body shape. A similar result was also

obtained in a study of American parents' perceptions and attitudes about their children's physical appearance and exercise habits (Striegel-Moore & Kearney-Cooke, 1994). Results showed a significant relation between parents who dieted themselves and parents who encouraged their children to diet. Pike (1995) also found that pressure from family and friends to diet and lose weight was a significant factor contributing to eating disturbances in a sample of American adolescent girls.

Kanter-Agliata, Tantleff-Dunn, and Renk (2007) examined the cognitive processes of a sample of American adolescents exposed to teasing. Participants were exposed to video vignettes containing: appearance based teasing, academic competence related teasing, or a control video. Participants were then exposed to videos containing words related to the vignette videos (e.g., fat). Results demonstrated that girls who were exposed to the appearance teasing vignettes recalled more phrases related to teasing than those in the academic competence teasing condition. Results suggested that girls might be more prone to appearance-related teasing. In addition, these results could be the result of media and sociocultural messages that tell young girls that appearance is more important than intelligence (Kanter-Agliata et al., 2007). Also, girls with lower body satisfaction who were exposed to the video containing appearance-related words (e.g., fat) did not remember as many positive appearance words as the girls with higher levels of body satisfaction (Kanter-Agliata et al., 2007). Based on the results of this study, Kanter-Agliata et al. (2007) suggested that using cognitive techniques to alter thought processes in a therapeutic setting might help challenge sociocultural notions of beauty and soothe the effects of appearance-related teasing and criticism.

Although families and friends can play a supportive role in helping their children feel good about their bodies, it is important that families are aware of and pay attention to the ways in

which they could potentially negatively influence how their children feel about their bodies.

Hurtful comments made by parents and peers about a young person's body, weight, and eating

can have a negative impact on her or his body image and body satisfaction.

Summary

Based on the studies reviewed above it appears as if teenage boys are more satisfied with

their bodies than teenage girls (Rauste-von Wright, 1989). Research regarding body satisfaction

in teenage girls and age is mixed. Some researchers have found evidence that body satisfaction in

teenage girls increases with age (Bybee et al., 1990; Damon & Hart; Levine & Smolak, 2002;

Rauste-von Wright, 1989), whereas others have found relationships between a decline in body

satisfaction in teenage girls with increasing age, internalization of sociocultural messages of

appearance, and the internalization of media models (Clay et al. 2005). It is uncertain as to why

some teenage girls internalize sociocultural messages associated with beauty and others do not,

but potential protective factors could include acceptance and support from friends and family

(Stice & Whitenton, 2002), as well as interventions designed to create awareness about

sociocultural beauty norms (Strahan et al., 2008). Similar to the research on body image

development, most of the research on body dissatisfaction and adolescent girls is based on white

North American or European populations. More research with culturally diverse samples is

needed.

Cosmetic Surgery and Teenage Girls

In the previous sections of this literature review I have discussed body image, body

image development and cosmetic surgery, and how factors such as age, the media, and family

and peers could possibly contribute to body dissatisfaction in teenage girls. In the next section, I

explore the small body of literature on cosmetic surgery and teenage girls and how this practice

relates to body image and body dissatisfaction. I also address: definitions related to cosmetic surgery, cosmetic surgery statistics, teenagers' attitudes toward cosmetic surgery, body dissatisfaction and cosmetic surgery in teenagers, physical risks associated with cosmetic surgery, mental health issues and cosmetic surgery, and patient selection for cosmetic surgery.

Definitions: Plastic Surgery, Cosmetic Surgery, and Reconstructive Surgery

Plastic surgery is an umbrella term that is used to refer to both cosmetic and reconstructive surgery (Sarwer et al., 2009). Cosmetic procedures are elective surgical procedures that are performed with the aim of improving a "normal" appearance. Cosmetic procedures include operations such as liposuction, rhinoplasty (e.g., nose surgery), and breast augmentation. Reconstructive procedures are performed to make an "abnormal" appearance normal and often are performed to correct defects such as a cleft lip or palate (Sarwer et al., 2009). Because of the ambiguity surrounding what constitutes a "normal" appearance, distinguishing between cosmetic and reconstructive surgery is often difficult (Sarwer et al., 2009).

Cosmetic Surgery Statistics

In 2003, the first and only national study of surgical and non-surgical enhancement procedures in Canada was performed. Results indicated that over 302,000 surgical and non-surgical cosmetic procedures were conducted. These results demonstrated an increase of an estimated 60,000 procedures or 24.6% from 2002 (Medicard Finance, 2004). Women accounted for 85.5% of all procedures. The most popular procedures performed on women were liposuction, breast augmentation, injectables such as Botox and collagen, and non-surgical facelift procedures (Medicard Finance, 2004). Men received 14.5% of all procedures which most often included liposuction, rhinoplasty, and eye lifts. Women and men between the ages of 35 to

50 received 87% of all surgeries, 11% were between the ages of 19 to 34, and 2% were over the age of 50 (Medicard Finance, 2004).

Although there are no Canadian statistics on the prevalence of cosmetic procedures performed on teens, The American Society of Plastic Surgeons (ASPS) and The American Society for Aesthetic Plastic Surgery (ASAPS) provide estimates of the number of procedures performed on teens in the United States. In 2009, ASPS estimated that 74, 852 cosmetic surgical procedures (e.g., breast augmentation, breast reduction in men, rhinoplasty, ear surgery, etc.) and 134, 701 minimally invasive cosmetic procedures (e.g., Botox, chemical peel, laser hair removal, laser skin resurfacing, treatment of leg veins, mircodermabrasion, etc.) were performed on teenagers between the ages of 13 and 19. These results account for 2% of the total number of cosmetic surgeries performed in 2009 (ASPS, 2010). The most common procedures performed on teenagers included laser hair removal, nose reshaping, laser treatment of leg veins, and laser skin resurfacing (ASPS, 2010). The ASAPS estimated that 36, 841 cosmetic surgical procedures and 166, 467 minimally invasive cosmetic procedures were performed on teenagers 18 and under in 2009. These results also account for 2% of cosmetic procedures performed in 2009. The most common procedures performed on teenagers reported by the ASAPS (2009) were rhinoplasty, laser hair removal, microdermabrasion, chemical peel, and Botulinum Toxin Type A (e.g., Botox). The numbers of males and females in the teenage age group were not provided by either the ASPS or the ASAPS, although both the ASPS and the ASAPS reported that women accounted for over 90% of the total number of cosmetic procedures performed in 2009.

Both the ASPS and the ASAPS report similarities in their annual reports, although it is impossible to determine the exact number of cosmetic procedures performed on teenagers each year because many non-plastic surgeon physicians perform these procedures (Sarwer et al.,

2009). Both the ASPS and ASAPS provide estimates of the number of plastic surgeries performed on teenagers, but estimates provided by each group can vary (Zuckerman & Abraham, 2008). For example, the ASAPS includes physicians from a variety of specialties (Board-Certified Plastic Surgeons, Otolaryngologists, and Dermatologists) when compiling their statistics (ASAPS, 2009). The ASPS also includes plastic surgeons and other physicians likely to perform cosmetic procedures when compiling statistics (ASPS, 2010), but the physicians these two organizations sample are not necessarily the same. Furthermore, the ASPS includes teenagers between the ages of 13 to 19 years when calculating their statistics, and the ASAPS includes teenagers 18 years of age and younger. This difference in age groups might help to explain why the number of cosmetic surgical procedures reported by ASAPS is almost half of those reported by the ASPS, because adding age 19 leads to significantly more individuals reported (Zuckerman & Abraham, 2008). The ASPS's addition of 19-year-old individuals receiving surgery accounts for the higher numbers of breast augmentation patients reported by the ASPS, as these surgeries are not usually performed on individuals under 18 years (ASPS, 2010). A combination of these factors makes it extremely difficult to determine how many teenagers actually receive cosmetic procedures each year.

Teenagers' Attitudes Towards Cosmetic Surgery

Studies on teenagers' attitudes toward cosmetic surgery are few and are limited to quantitative research. Pearl and Weston (2003) analyzed adolescents' attitudes toward cosmetic surgery and how their attitudes related to self-report ratings of appearance and attractiveness. Surveys were provided to 310 juniors in a California high school; the exact age of the sample was not specified. The surveys included questions about demographic information, perceptions of body image and attractiveness, knowledge about cosmetic procedures, attitudes about

individuals who choose to have aesthetic surgery, personal desire for a cosmetic procedure, and the sources they rely on for medical information. Seventy-two girls and 58 boys responded overall. Results indicated that girls thought that they were fat (31%) slightly more often than the boys (21%), and boys (9%) reported themselves as too thin more often than girls (4%). This result is consistent with previous research addressing body image satisfaction (Stice & Whitenton, 2002). Teenage boys receive social messages telling them that they should be strong, muscular, and masculine, opposite of the messages received by teenage girls (Pope, Phillips, & Olivardia, 2000). In general, most of the participants (74%) were satisfied with their weight and attractiveness (Pearl & Weston, 2003).

When examining attitudes about cosmetic surgery, 68% of participants knew someone who had undergone surgery, but only 30% reported that they would consider it for themselves. The reasons provided by participants for not wanting to pursue surgery included potential health risks, cost, and fear of a bad result. The cosmetic procedures in which the adolescents showed the most interest were liposuction (11 girls and 6 boys), rhinoplasty (8 girls and 6 boys), breast augmentation (6 girls), and breast reduction (3 girls). The majority of the participants who desired cosmetic surgery (90%) said that their motivation for wanting to have the procedure was to feel better about themselves (Pearl & Weston, 2003).

Out of the 20 respondents interested in liposuction or breast reduction, 16 felt they were fat and 50% thought they were unattractive (Pearl & Weston, 2003). Feelings of being fat might be related to these participants' desires to have liposuction, as one common misconception about the procedure is that it can be used as a weight loss tool. Liposuction does not produce a significant amount of weight loss in patients and is not an effective means of losing excessive body weight (Sarwer, Didie, & Gibbons, 2006; Sarwer et al., 2009). Most of the girls desiring

breast augmentation (5 out of 6) were satisfied with their weight and 4 girls thought they were attractive. Also, half of the teenagers desiring rhinoplasty (7 girls) thought they were attractive and an appropriate weight (Pearl & Weston, 2003). Due the media's pervasive influence it is not surprising that 96% of the respondents' information about cosmetic surgery came from teen magazines and television. Only 2% of respondents obtained information about cosmetic procedures from their physician or parents (Pearl & Weston, 2003).

Sarwer et al. (2005) examined American female college students' attitudes and experiences related to cosmetic surgery. This study included young women who were slightly older than the participants in Pearl and Weston's (2003) study (average age of participants 20.5), but it is one of the few studies examining young women's experiences and attitudes toward cosmetic surgery and deserves mention in the context of the present research. Sarwer et al. (2005) analyzed young women's present experiences and views about cosmetic surgery, their predictions about how they think they will view cosmetic surgery in the future, and the relationship between body image and cosmetic surgery.

Results demonstrated that out of the 559 students who completed the questionnaires, 30 women (5%) reported that they had received cosmetic surgery. Twenty-six of these women reported having one cosmetic procedure and 4 women reported having a number of procedures (ranging from two to six procedures) (Sarwer et al., 2005). The most common procedures performed, both surgical and nonsurgical, were chemical peels, breast augmentation, rhinoplasty, breast reduction, liposuction, abdominoplasty, blepharoplasty, Botox injections, and cellulite treatment. The majority of women were also familiar with the most popular procedures such as breast augmentation and reduction, liposuction, rhinoplasty, and abdominoplasty (Sarwer, et al., 2005). When asked about whether or not they would consider having plastic surgery at some

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point in their lives, 40% stated that they would consider cosmetic surgery in the near future, 48% thought they would consider it when they reached middle age, and 33% said they would consider having cosmetic procedures when they entered their 60s (Sarwer et al., 2005). Respondents reported that they were most likely to consider breast augmentation at the present time, Botox and chemical peels in middle age, and Botox and face lifts once they reached their 60s (Sarwer et al., 2005). Furthermore, 60% of participants could see themselves receiving one cosmetic procedure in their life and 47% could see themselves having more than one (Sarwer et al., 2005). These results demonstrate that a sizable number of college age women are aware of the different cosmetic procedures available and would consider plastic surgery as a means of appearance enhancement (Sarwer et al., 2005). In Pearl and Weston's (2003) study 30% of teenagers said they would consider surgery whereas in Sarwer et al.'s (2005) study 60% of the participants said they could see themselves obtaining at least one surgical procedure. Based on these results, it appears that the desire to have cosmetic surgery might increase with age.

In Sarwer et al.'s (2005) study when participants' attitudes toward cosmetic surgery were examined results demonstrated that respondents held more favourable attitudes toward cosmetic surgery than unfavourable attitudes (Sarwer et al., 2005). This result is opposite to the findings of the study of adolescents by Pearl and Weston (2003) where the majority of adolescents held unfavourable attitudes toward cosmetic surgery. Furthermore, greater investment in one's appearance and greater internalization of media constructions of beauty led to more positive attitudes surrounding cosmetic surgery (Sarwer et al., 2005). Although the majority of teens in Pearl and Weston's (2003) study held unfavourable attitudes toward cosmetic surgery, these attitudes could change as a result of internalization of media content over time (Clay et al., 2005), because 96% of teens reported receiving their information about cosmetic surgery from

the television and teen magazines, whereas only 2% obtained information from their family physician or parents (Pearl & Weston, 2003). Based on the results from the studies by Pearl and Weston (2003) and Sarwer et al. (2005), the need to teach adolescents about the risks and benefits of cosmetic surgery becomes extremely important as the number of cosmetic procedures received both in teens and the general population increases (Pearl & Weston, 2003). This result has important implications for psychologists and counsellors working with teenage girls in school or individual therapy settings. Psychologists and or school counsellors could set up body image groups with teenage girls to discuss how unrealistic media ideals can influence feelings about one's appearance. During these groups, the risks associated with cosmetic procedures, how television shows and magazines normalize and promote these procedures, and experiences of sexual objectification related to body satisfaction (this will be addressed later in the present study) could also be discussed. Teenage girls could also be involved in informing and educating their peers and community about these issues Psychologists and school counsellors could also create a workshop for parents informing them on how to talk to their teenage daughter about appearance and cosmetic surgery. These types of interventions might help teenagers to feel more positive about their body and could help them to make an informed decision about whether or not to pursue cosmetic surgery.

Body Dissatisfaction and Cosmetic Surgery in Teenagers

Simis et al. (2001) compared a group of adolescents and young adults (ages 12 to 22 years) receiving plastic surgery to a group of adolescents in the general population ($N = 684$; 60% girls) across dimensions such as body attitudes, psychosocial functioning (e.g., behavioural and emotional problems, self-perceived competence, self-esteem, social support, social anxiety, and depression), and personality. Both groups of adolescents were from the Netherlands. The

plastic surgery group consisted of individuals undergoing corrective surgery ($N = 100$; 79% girls) and those undergoing reconstructive surgery ($N = 84$; 62% girls). This study aimed to: determine if adolescents who undergo plastic surgery experience more dissatisfaction with their body compared to adolescents in the general population, understand the level of psychosocial functioning of the plastic surgery group compared to the general population group, and examine personality characteristics in both the plastic surgery group and the general population group (Simis et al., 2001). Data consisted of questionnaires and a telephone interview with adolescents and their parents. Surgeons also filled out a checklist indicating personal and clinical information about the group receiving cosmetic surgery.

Results demonstrated that the adolescents receiving corrective surgery did not differ significantly from the general population group in terms of general body dissatisfaction, but the adolescents receiving corrective surgery were significantly more dissatisfied with the specific body part they sought surgery for than their body as a whole (Simis et al., 2001). Results from the assessment of psychosocial variables showed a small but significant difference between the number of behavioural and emotional problems experienced by the individuals receiving surgery compared to the general population group. In addition, the individuals receiving surgery indicated lower levels of self-esteem in the areas of physical appearance and romantic appeal than the adolescents in the general population group (Simis et al., 2001). These results suggest that adolescents' desire to undergo cosmetic surgery appears to be the result of specific appearance related burdens (everyday problems, hassles or troubles related to appearance) rather than general problems with psychosocial functioning (Simis et al., 2001).

When examining the personality traits of the adolescents receiving surgery and the adolescents in the general population similar results were obtained between the two groups,

although an extraverted personality in the adolescents receiving surgery was more strongly correlated with appearance satisfaction and positive bodily appraisals than it was for individuals in the general population, and an introverted personality in the adolescents receiving surgery was more strongly correlated with body dissatisfaction and negative bodily attitudes in individuals receiving surgery than it was for adolescents in the general population (Simis et al., 2001). The results related to the extraverted participants can perhaps be explained by a study by von Soest, Kvalem, Skolleborg, and Roald (2009). They assessed the relation between cosmetic surgery, appearance satisfaction, and extraversion in Norwegian women. Results indicated that levels of extraversion were higher for women receiving surgery than for women who had no experience with cosmetic surgery. Levels of extraversion also increased from before to after surgery, but this increase in extraversion became insignificant when changes in one's appearance evaluation after surgery were controlled for. This result suggests that how an individual views her or his appearance (e.g., viewing one's appearance in a more positive way after surgery) might influence the degree of extraversion one displays. For example, if individuals feel that they received their desired surgical result, their levels of extraversion might increase. This result could be related to the results of Simis et al. (2001) as the body satisfaction and positive body appraisal experienced by the adolescents who were to receive surgery could have been related to positive thoughts about their desired post-surgical appearance. The results of von Soest et al.'s (2006) study also suggested people with an extraverted personality might be more likely to want to improve their appearance and to perform actions, such as undergoing cosmetic surgery, that are related to and reinforce their extraverted personality (von Soest, Kvalem, Skolleborg, & Roald, 2009).

The results regarding the introverted participants in Simis et al.'s (2001) study can perhaps be explained by Pavan et al. (2006) who assessed the psychopathological profile,

personality, and temperament of males and females seeking cosmetic surgery through questionnaire measures. Results indicated that individuals with body dysmorphic disorder (BDD) who sought cosmetic surgery tended to be more introverted, less conscientious, less open to experience, more hostile, and more depressive and anxious than individuals in the general population and than individuals receiving surgery who did not have BDD (Pavan et al., 2006). Perhaps the introverted adolescents in Simis et al.'s (2001) study also possessed characteristics associated with BDD which could be related to the body dissatisfaction and negative body attitudes they experienced. Based on the results of these studies, it appears that both extraverted and introverted individuals pursue cosmetic surgery but that introverted individuals might be more likely to display characteristics associated with BDD. Simis et al. (2001) also suggested that because bodily dissatisfaction and negative attitudes are more typical of introverted individuals, surgeons might have to perform more in-depth interviews with introverted individuals who pursue surgery in order to obtain an accurate understanding of their body attitudes and possible reasons for pursuing surgery. Using more in-depth interviews and screening procedures with people considering cosmetic surgery should be seen as a priority when considering the results of Pavan et al. (2006).

Using the same sample as Simis et al. (2001), Simis, Hovius, de Beaufort, Verhulst, and Koot (2002) examined participants' appearance ratings and appearance-related burdens (e.g., everyday problems, hassles or troubles related to appearance) after plastic surgery. The goal of this study was to determine if the predicted positive changes in body image occurring 6 months after surgery exceed the natural positive changes in body image that might occur in adolescents in the general population over time (Simis et al., 2002). Comparisons were made between adolescents receiving cosmetic surgery and adolescents in the general population who reported

dissatisfaction with a specific aspect of their appearance along dimensions such as the degree of improvement in appearance, increase in appearance satisfaction, bodily attitudes, and appearance related burdens. At time 1, data consisted of a checklist filled out by the plastic surgeon regarding patient information and a questionnaire on appearance and psychological and social functioning to be filled out by the adolescents receiving surgery, adolescents in the general population, and parents of both groups. Telephone interviews were also conducted with all participants and their parents. At time 2, adolescents receiving surgery were contacted 6 months after their procedure and adolescents in the general population group were contacted 6 months after the time 1 data collection. Parents of the adolescents in both groups were also contacted for a second interview, and both parents and adolescents, again completed the questionnaire that was distributed at time 1(Simis et al., 2002).

Results demonstrated that after surgery all adolescents receiving surgery reported a significant decrease in appearance-related burdens compared to adolescents in the general population group. This result suggests that appearance-related changes as a result of surgery might be greater than developmental appearance-related changes. Improvement in appearance-related burdens was greatest for individuals receiving corrective surgery, specifically those receiving corrective breast surgery (Simis et al., 2002). In general, body satisfaction across the adolescents receiving surgery and comparison group increased with age over time (Bybee et al., 1990; Levine & Smolak, 2002; Rauste-von Wright, 1989; Simis et al. 2002), but a natural increase in body satisfaction with age was not evident in those who received corrective breast surgery. Simis et al. (2002) argued that increasing age might not contribute significantly to increasing body satisfaction in those who received breast surgery because the individuals who sought breast surgery were significantly older than participants in the other groups (e.g., average

age of 18.5 compared to 15.3 to 16.7 years). Therefore if they were going to experience a natural change in body satisfaction this change should have already occurred. These results can be compared to the results of Clay et al.'s (2005) previously mentioned study in which significantly lower levels of self-esteem and body satisfaction were present among 15-and 16-year-old girls compared to the 11-to 14-year old girls. It was hypothesized that this difference in body satisfaction and self-esteem between the two age groups could be the result of greater exposure to societal images and appearance expectations over time (Clay et al., 2005).

Previous research exploring women's decisions to undergo breast augmentation has found that women desiring breast augmentation do not experience greater dissatisfaction with their bodies than women in the general population, but they do experience greater dissatisfaction with their breasts (Didie & Sarwer, 2003; Kaslow & Becker, 1992). Women report pursuing breast surgery in order to feel more feminine and shapely and to help increase their self-confidence (Kaslow & Becker, 1992). Women desiring breast augmentation also construct their ideal breast size as larger than women in the general population with a similar natural breast size that were not pursuing breast augmentation (Didie & Sarwer, 2003). Didie and Sarwer (2003) suggested that even though women desiring breast augmentation do not report greater internalization of sociocultural portrayals of beauty, they might be intuitively trying to improve their appearance to meet societal standards of beauty. They also questioned whether their measures were able to properly assess how the women were influenced by unrealistic media images.

Results from the literature as to whether body satisfaction increases with age are mixed. Simis et al. (2002) concluded that adolescents appear to experience body satisfaction as a result of plastic surgery, but question whether surgery is the right way to teach these individuals to

cope with the appearance dissatisfaction they experience. Despite the inconclusive evidence, it is important to note that for the majority of individuals in Simis et al.'s (2002) study body satisfaction did improve with age; therefore, cosmetic surgery should not be the first option when attempting to improve body satisfaction. Although cosmetic surgery might help improve body satisfaction in teenagers, it is important to consider if teenagers are mature enough to make these major life decisions.

Again, using the same sample of adolescents seeking cosmetic surgery as Simis et al. (2001) and Simis et al. (2002), Simis et al. (2000) assessed how adolescents perceive their physical appearance compared to both their surgeons' and parents' perceptions of their physical appearance. In addition, to determine the urgency of the adolescent's request for surgery, this study also assessed adolescents' appearance-related burdens (e.g., everyday problems, hassles or troubles related to appearance) in comparison to their parents' and surgeons' perceptions of their appearance related burdens. The surgeon's considerations about whether or not to perform the surgery were also compared to the appearance-related burdens reported by the adolescents.

Results demonstrated that adolescents rated their physical appearance as less severe than their surgeons, but they rated their physical appearance as equally severe or more severe than their parents (Simis et al., 2000). Based on these results, Simis et al. (2000) suggested the adolescents in this study had a realistic view of their physical appearance because they did not overestimate (compared to their surgeons' ratings of their appearance) or underestimate (compared to their parents' ratings of their appearance) their perceived problems with their physical appearance. Simis et al.'s (2000) interpretation of these results should be treated with caution because perceptions and opinions about physical appearance are subjective (McGrath & Mukerji, 2000), and whether or not people's ratings of their appearance are realistic cannot be

determined. Results also showed significant appearance-related burdens experienced by adolescents as reported by both the adolescents themselves and their parents. Surgeons considered many of the areas that participants reported as burdens when making the decision as to whether or not to perform surgery, but the agreement between the patients' self-reported burdens and the surgeons' considerations were not as consistent as the parents' reports of their child's burdens. The parents' reports of the burdens experienced by their child were more congruent to the adolescents' reported concerns. This suggests that parents can be a helpful resource when a cosmetic surgeon is evaluating whether or not an adolescent should receive cosmetic surgery (Simis et al., 2000). Even though parents might think that they have a good understanding of the appearance-related burdens experienced by their child, before parents make the decision for their child to undergo surgery they must also be aware of the physical risks that can be associated with cosmetic procedures as well as the potential influence that sociocultural ideals can have on how someone feels about her or his appearance.

Physical Risks Associated with Cosmetic Surgery

For many individuals thoughts of cosmetic surgery can be accompanied by feelings of excitement, but it is important to remember that all surgical procedures involve risk. Often, many parents and their children forget that cosmetic surgery is still a surgery and involves all of the risks and complications associated with any invasive surgical procedure (Sarwer, 2001). Some operations require hospitalization and the recovery process can be long and painful (Davis, 1995). One of the major concerns associated with cosmetic surgery in teens is that their bodies are still growing and maturing. Two of the most controversial procedures performed on teenage girls are liposuction and breast augmentation. These procedures are not as popular for individuals under 18 years as are ear surgery or rhinoplasty, but they are more controversial due to greater

risk of complications, long-term health and financial risks, and concern about performing "body sculpting" surgery on a body that is still developing (Zuckerman & Abraham, 2008). Furthermore, because girls typically gain weight between the ages of 18 and 21 years they might begin to desire breast augmentation and or liposuction (Zuckerman, 2005), possibly as a way to bring their bodies closer to the thin, large breasted societal ideal (Levine & Smolak, 2002; Vogt-Yuan, 2007).

In addition to the risks that normally accompany surgery, liposuction often involves pain, numbness, bruising, discoloration, and depigmentation of the skin (Davis, 1995). After surgery, to prevent the formation of a hematoma the patient must wear a compression garment for one month (Zuckerman & Abraham, 2008). Surgical risks can include: heavy bleeding, adverse reaction to the anaesthesia, emergency hospital admission, noticeable irregularities in body contour, infection, damage to the skin or nerves, fluid in the lungs, shock, and a hole in the bowel (http://www.ehealthmd.com/library/liposuction/LIP_risks.html).

Breast augmentation is not usually performed on individuals under 20 years of age because breast development might not be complete. However, both the ASPS and the ASAPS in their 2009 statistics reported that girls in the 13 to 19 (ASPS) and 13 to18 (ASAPS) year age categories had received breast augmentation. Sometimes operations are performed at a younger age to correct breast asymmetry if the larger breast has stopped growing (McGrath & Mukerji, 2000), but in the statistics presented by the ASPS and ASAPS there is no indication that this is why these surgeries were performed. Breast augmentation is usually performed on an outpatient basis under local or general anaesthesia. Complications related to implants include leaking, rupture, or capsular contracture. Capsular contracture involves the tightening of the fibrous capsule that the body forms around the implant leaving the breast feeling hard and painful. This

is a significant risk and occurs in approximately 35% of patients (Davis, 1995). In some

circumstances, surgery is needed to break or remove the implant (McGrath & Mukerji, 2000).

Infection develops in about 1% of patients. Some individuals experience postoperative bleeding,

changes in nipple sensation, blood clot formation, and reactions to the anaesthesia (McGrath &

Mukerji, 2000). Furthermore, numerous studies indicate that breast implants obscure and

decrease the sensitivity of mammography in patients. This can make early detection of breast

cancer difficult (Handel & Silverstein, 2006). Breast implants can also interfere with a woman's

ability to lactate when she attempts to breastfeed (Zuckerman, 2005).

It is also important to note that over time many cosmetic surgery operations need to be

redone. For example, breast implants on average last 10 to 15 years (Davis, 1995; Zukerman &

Abraham, 2008), and fat removed during liposuction can come back (Davis, 1995). The need to

have surgical procedures revised and redone has major implications for adolescents, because if

they choose to undergo surgery at a young age they will likely have to obtain a number of

revision surgeries throughout their lifetime (Zuckerman & Abraham, 2008). Along with the

physical risks associated with cosmetic surgery, it is also important to consider the mental health

problems that can accompany the desire to receive cosmetic surgery.

Mental Health Considerations and Cosmetic Surgery

Due to the significant concerns that individuals with eating disorders and body

dysmorphic disorder (BDD) (American Psychiatric Association, 2000) experience regarding

their appearance it is thought that eating disorders and BDD might be the most common mental

health problems experienced among individuals who seek cosmetic surgery (Sarwer & Didie,

2002; Sarwer et al., 2006; Sarwer et al., 2009). Limited research exists on the number of

individuals with eating disorders who pursue cosmetic surgery because this information exists

mostly in the form of case reports (Sarwer & Didie, 2002; Sarwer et al., 2006; Sarwer et al., 2009). With the exception of BDD, the prevalence rates of eating disorders in cosmetic surgery patients as well as other psychiatric disorders are unknown (Sarwer & Didie, 2002).

BDD is characterized by an extreme preoccupation with a minimal or imagined defect in appearance that results in significant distress in social and occupational functioning. The individual often experiences intrusive thoughts and compulsive behaviours (e.g., mirror checking and excessive grooming) related to the perceived deficit (American Psychiatric Association, 2000). The American Psychiatric Association (2000) reports that the prevalence rate of BDD in the general population is unknown; however, Rief, Buhlmann, Wilhelm, Borkenhagen, and Brahler (2006) suggest that prevalence rates range from 1 to 7% in the general population. Onset of BDD typically occurs during adolescence (Phillips et al., 2006), and a study of the prevalence of BDD using the Body Image Rating Scale in an ethnically diverse American adolescent population identified the overall prevalence of BDD as 2.2 % (Mayville, Katz, Gipson, & Cabral, 1999). BDD symptoms were experienced more frequently in adolescent girls (2.8%) than adolescent boys (1.7%). Girls reported more concerns related to their lower body (legs and buttocks) and weight, and boys reported more concerns related to their upper body and muscle mass (Mayville et al., 1999). In addition, a study by Phillips et al. (2006) found that both male and female adolescents with BDD are most often concerned with their skin, hair, stomach, weight, and teeth.

Phillips et al. (2006) assessed the clinical features of BDD in 36 American adolescent boys and girls with BDD. Results indicated moderate, severe, or extreme distress in 94.3% of participants. Suicidal ideation was reported by 80.6% of the sample and 44.4% reported attempting suicide. Significant rates of impairment were also reported in school, work, and other

areas of functioning. These results indicated that much of the appearance-related distress experienced by adolescents with BDD is similar to the appearance-related distress experienced by adults (Phillips et al., 2006).

As a result of their extreme dissatisfaction with appearance, individuals with BDD also choose to have cosmetic surgery more often than individuals in the general population (Rief et al., 2006). Crerand, Franklin, and Sarwer (2006) reported that 7 to 15% of individuals who pursue cosmetic surgery could have BDD. A study by Crerand, Phillips, Menard, and Fay (2005) analyzed the types of nonpsychiatric medical treatments sought and obtained by individuals with BDD in a sample of American participants. Results demonstrated that 71% of individuals with BDD sought nonpsychiatric medical treatments such as dermatological procedures and surgery, and 64% of the individuals with BDD actually obtained the treatments. Ten out of the 16 adolescents in the population studied by Crerand et al. (2005) sought treatment (mostly dermatological) and nine actually obtained treatment. Overall, results indicated that BDD symptoms decreased in only 3.6% of those who received nonpsychiatric medical interventions (Crerand et al., 2005). The American Psychiatric Association (2000) reports that cosmetic surgery performed on individuals with BDD might cause their difficulties to increase and might lead to new or more intense preoccupations with the body parts that have been altered. Therefore, cosmetic surgeons should consistently screen for BDD before performing surgery (Crerand et al., 2005; Sarwer, 2006). In cases where BDD is present the person seeking surgery should be referred to a mental health professional (Goldwyn, 2006).

Individual Selection for Cosmetic Surgery

Individual assessment before cosmetic surgery should occur to help eliminate any individuals with psychiatric disorders, specifically BDD, who would not benefit from the surgery

(American Psychiatric Association, 2000; McGrath & Mukerji, 2000). First, individuals are asked about their expectations with regard to the physical changes that will take place. They are asked by cosmetic surgeons about what they think their emotional response to the surgery will be as well as the response of others (McGrath & Mukerji, 2000). McGrath and Mukerji (2000) stated that an individual who is well suited for cosmetic surgery will be able to explain why she or he is pursuing cosmetic surgery and will have concrete and realistic expectations regarding possible surgical outcomes. Zuckerman (2005) stated that an unrealistic reason for having surgery might include having surgery to please a boyfriend, but having surgery to feel better about oneself or so clothes will fit better are often considered appropriate reasons to undergo surgery. Zuckerman (2005) argued that these are not appropriate reasons for people to pursue surgery. Zuckerman (2005) said that teenagers engage in many risky behaviours such as using drugs, driving under the influence of alcohol, and having unprotected sex in order to please or feel good about themselves, so stating that one is seeking surgery for themselves alone does not necessarily indicate a mature decision making process. The notion of realistic and unrealistic reasons for pursuing cosmetic surgery is ambiguous and unclear. A realistic reason for pursuing surgery for one person could be an unrealistic reason for pursuing surgery for another. However, if a surgeon thinks that the individual pursuing surgery is displaying symptoms of a psychological disorder a surgeon will often refer the individual seeking surgery for a psychiatric consultation before surgery is performed (McGrath & Mukerji, 2000).

Despite conflicting opinions regarding appropriate screening procedures for cosmetic surgery (Zuckerman, 2005), if after the initial screening assessment, the individual seeking surgery is determined to be psychologically healthy, she or he is informed of the risks and benefits of the procedure (McGrath & Mukerji, 2000). If the individual seeking surgery is a

teenager, parents must be involved in the informed consent process. Sarwer (2001) stated that currently there are no standardized informed consent procedures for adolescents undergoing cosmetic surgery. Dubler and Schissel (2000) stated that true informed consent for cosmetic surgery can be difficult to obtain because the demand for these procedures is a result of a marketplace that is influenced by manufacturers' (in the case of breast implants) and the physicians' interests. It might also be difficult for physicians to present the risks and benefits of elective cosmetic procedures in a balanced manner because they are often selling these procedures as a product (Dubler & Schissel, 2000). It is important to note that before surgery takes place everyone involved must be prepared to accept all risks, both known and unknown, that could potentially accompany the surgery. Working with adolescents involves recognizing their psychological vulnerability, their propensity to have a wishful attitude about the surgery, and their lack of maturity and experience (McGrath & Mukerji, 2000). Also, because of the lack of longitudinal research on the risks of cosmetic procedures performed on individuals who are not finished growing, it is impossible for physicians to warn the adolescents or their parents about complications during surgery, long-term physical consequences, or potential psychological implications for body image (Zuckerman, 2005).

Summary

Currently, there are only four empirical studies on cosmetic surgery and teenage girls. Each of these studies has used quantitative research methods and provided one quantifiable account rather than identifying teenagers' individual constructions and understandings of cosmetic surgery. Looking at how teenage girls construct cosmetic surgery might help to provide us with a better idea of how teen age girls understand cosmetic surgery in an area of study where little research exists. The results of the research on cosmetic surgery and teenagers that does exist

has shown that that teenagers might seek cosmetic surgery as a way to feel better about themselves (Pearl & Weston, 2003). In addition teenagers pursuing surgery appeared to be significantly more dissatisfied with the body part for which they were seeking surgery than their body as a whole and tended to have more behavioural and emotional problems than adolescents who did not pursue surgery (Simis et al., 2001). Research has also indicated that adolescents who receive surgery might experience more appearance satisfaction over time, but it is important to note that for the majority of individuals who did not receive surgery to deal with their body dissatisfaction, body satisfaction also improved over time (Simis et al., 2002). Therefore, this result suggests that cosmetic surgery should not necessarily be the first consideration when looking to feel better about one's body. Research has also demonstrated that adolescents seeking surgery and their parents tend to have a realistic view of the adolescent's appearance-related problems (Simis et al. 2000). Even with this realistic view of appearance, both parents and the adolescents themselves should be aware of the physical risks and psychological issues (e.g., BDD) that can be associated with cosmetic surgery. In addition, a lack of longitudinal research on the risks associated with cosmetic procedures performed on adolescents who are not finished growing makes it impossible for physicians to warn people about all of the potential consequences that could occur both during surgery and in the future (Zuckerman, 2005). Furthermore, in a study by Pearl and Weston (2003) 96% of teenagers studied reported that the majority of information that they have obtained about cosmetic surgery has come from media sources. This result suggests that teenagers should be educated about how cosmetic surgery is depicted in the media and the negative influence that media images can have on how one feels about one's body.

Objectification Theory, Embodiment, Cosmetic Surgery, and Teenage Girls

I now explore Fredrickson and Roberts' (1997) objectification theory, objectification theory and teenage girls, and objectification theory and cosmetic surgery. In addition, embodiment, cosmetic surgery, and teenage girls are discussed. I have chosen to utilize objectification theory and the notion of embodiment in the present study based on differing perspectives related to objectification theory, cosmetic surgery and embodiment. Based on research by Davis (1995) and Skarderud and Nasser (2007), cosmetic surgery can be viewed in a number of different ways. Cosmetic surgery can be viewed as a way to fit into society (Skarderud & Nasser, 2007), as a form of objectification, as result of living in a context that promotes objectification, and/or as a way to attain embodiment and to live through one's body rather than focusing on one's appearance (Davis, 1995).

Objectification Theory

Objectification theory (Fredrickson & Roberts, 1997) is a theoretical framework that situates the female body within a sociocultural context. This framework attempts to highlight the experiences of and mental health risks to women who face sexual objectification. Sexual objectification involves being treated as a body, a collection of body parts, or as a sexual object to be used and consumed by others (Fredrickson & Roberts, 1997). Through sexual objectification the body becomes viewed as separate from who one is as a person (Bartkey, 1990). Women who experience sexual objectification are treated as bodies and are viewed as objects to be used and viewed for the pleasure of others. Being viewed in sexually objectifying ways over time might cause an individual to internalize an external observer's perspective on her body, which socializes girls and women to treat themselves as objects to be looked at and evaluated by others and leads to self-objectification (Fredrickson & Roberts, 1997). Viewing

oneself as an object to be looked at can lead to self-consciousness and habitual body monitoring of one's outward appearance (Fredrickson & Roberts, 1997) Objectification theory posits that sexual objectification occurs both interpersonally and through the media. On an interpersonal level sexual objectification can occur as a result of gazes, comments, and harassment from members of the opposite sex directed towards a woman's body. Through the media sexual objectification occurs through images that depict men staring at and evaluating women's bodies as well as through media images that highlight women's body parts. Fredrickson and Roberts (1997) stated that because sexual objectification is contained in our culture it is likely to affect all girls and women to some degree, but individual differences in the degree of objectification that is internalized varies. They propose that girls and women adopt an observer's perspective of the self that can lead to constant body monitoring which can further lead to feelings of body shame (women who feel that they have not lived up to societal standards of beauty might experience body shame), appearance anxiety and safety anxiety, limited opportunities to experience one's peak motivational states, and decreased awareness of internal body states or physiological cues. Fredrickson and Roberts (1997) also theorized that prolonged objectification experiences over time can lead to mental health issues such as depression, sexual dysfunction, and eating disorders.

Objectification Theory and Teenage Girls

Research related to objectification theory and teenage girls is limited. Research that has addressed objectification theory and adolescent girls has found links between self-objectification, self-monitoring, body shame, disordered eating, and appearance anxiety (Slater & Tiggemann, 2002). Objectification theory appears to be as relevant to adolescent girls as it is to adult women, perhaps because adolescence is a time of increased self-awareness, self-consciousness, and

preoccupation with appearance (Slater & Tiggemann, 2002). Therefore, adolescence could be the time period in which self-objectification develops (Slater & Tiggemann, 2002).

Grabe et al. (2007) assessed the developmental effects and processes of self-objectification including the relation between self-surveillance, body shame, rumination, and depressive symptoms in a sample of American adolescent boys and girls at ages 11 and 13 years. Results indicated that compared to boys, girls begin to experience self-objectification as early as age 11. Results also indicated that the 13-year-old girls reported higher levels of self-surveillance, body shame, and rumination than boys, putting them at higher risk for experiencing depression. The societal influences that cause girls to monitor their bodies and develop disruptive thoughts leading to depressive symptomology do not seem to influence boys perhaps because most objectifying societal images are directed towards women (Grabe et al., 2007).

Grabe and Shibley-Hyde (2009) studied the possible relation between the consumption of music videos and self-objectification and the possible impact on body-esteem, dieting patterns, depressive symptoms, anxiety and confidence in the traditionally male domain of mathematics in a sample of American 13-year-old girls. Findings indicated an association between music video consumption and self-objectification, as well as significant relationships between music video consumption and lowered body esteem, dieting, anxiety, and confidence in math. Results also showed that self-objectification was related to low body esteem and dieting. These results were not surprising: due to the unrealistic bodies portrayed in these videos it was expected that the girls would be dissatisfied with their bodies and would seek ways to control their weight. Self-objectification was also linked to depression and anxiety. Finally, consumption of music videos and self-objectification were negatively related to girls' confidence in math. This result might be because music videos communicate that physical appearance is more important in the attainment

of acceptance and self-worth than academic success. This research suggests that the influence that media and self-objectification can have on teenage girls is a significant area of concern as well as an important area of study (Grabe & Shibley-Hyde, 2009).

Objectification Theory and Cosmetic Surgery

Currently, there is only one study in which cosmetic surgery within the framework of objectification theory is explored. Calogero, Pina, Park, and Rahemtulla (2010) explored whether predominantly white, British, undergraduate women's experiences of sexual objectification, self-surveillance, and body shame predicted more positive attitudes toward cosmetic surgery. They hypothesized that higher self-surveillance would be related to greater intrapersonal motives for surgery (e.g., motivation to undergo surgery for oneself or to feel better about oneself), and predicted that self-surveillance could potentially reflect over investment in one's appearance as a component of their self-image. They also hypothesized that social motives for pursuing surgery (e.g., modifying one's appearance to gain acceptance from others) (Henderson-King & Henderson-King, 2005) would be related to experiences of sexual objectification and greater body shame, since sexual objectification and body shame are more closely related to expected or actual social evaluations of the body. They predicted that this could be associated with an individual placing greater emphasis on external individuals' opinions of one's appearance. The association between self-surveillance, sexual objectification, body shame, and the future considerations of cosmetic surgery was also studied (Calogero et al., 2010).

Results of Calogero et al. (2010) indicated that women's experiences of sexual objectification, self-surveillance, and body shame predicted acceptance of cosmetic surgery as a means of modifying or controlling one's appearance in the future. As hypothesized, self-surveillance was a predictor of intrapersonal motivations to undergo surgery, and sexual

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objectification and body shame predicted social motivations for undergoing cosmetic surgery. These results seem plausible since sexual objectification and body shame are more closely related to the experiences of having one's appearance evaluated by others, whereas self-surveillance is more closely related to self-focused evaluations of one's body (Calogero, 2010). Calogero et al. (2010) argued that if sexual objectification of women's bodies creates negative environments that influence women's desire to have cosmetic surgery then positive environments that are accepting of women's bodies might decrease women's desire to pursue cosmetic surgery. Since this research was performed on women aged 18 to 49 years with a mean age of 23, it would be interesting to see if similar results would be obtained with an adolescent population. Would adolescent girls experience both intrapersonal and social motivations to obtain surgery? Furthermore, would experiences of sexual objectification, self-surveillance, and body shame be related to adolescent girls' desire to obtain cosmetic surgery or their acceptance of cosmetic surgery?

Embodiment and Cosmetic Surgery

Based on the above research, simply viewing one's body as an object might contribute to the desire to have cosmetic surgery. In Western society, cosmetic surgery has become an almost routine, acceptable form of body improvement (Davis, 1995). Davis (1995) presented a feminist perspective on cosmetic surgery and viewed cosmetic surgery as a symptom of our culture where people view their bodies as separate from who they really are or who they would like to be. She described cosmetic surgery as "an expression of the objectification of the female body and of women's struggles to become embodied subjects rather than mere bodies" (Davis, 1995, p. 60). According to Davis, the goal of embodiment is for the individual to view her body as more than an object and to engage in the world through her body (Davis, 1995).Women might construct

cosmetic surgery as a way to do something about the body dissatisfaction they experience and as a means of attaining embodiment (Davis, 1995). More traditional feminist approaches argue that cosmetic surgery is not sought in order to attain embodiment, but rather is desired to achieve a sense of sameness or acceptance within the dominant culture (Skarderud & Nasser, 2007). Davis (1995) stated that she has difficulty accepting approaches that suggest that women pursue cosmetic surgery exclusively to fit in to the dominant culture or have completely internalized societal norms and as a result act in accordance with societal expectations as if they were following a predetermined script (Garfinkel, 1967). These types of approaches suggest that women who pursue cosmetic surgery are "cultural dopes" (Garfinkel, 1967). The term "cultural dope" suggests that women are passive rather than active and informed in their decision to pursue cosmetic surgery. In addition, "cultural dope" approaches do not acknowledge that a woman could actually decide to have cosmetic surgery and do not consider the steps in her decision making process or what led her to pursue cosmetic surgery (Davis, 1995). Davis (1995) argued that viewing women as "cultural dopes" does not allow us to fully understand women's experiences with cosmetic surgery and their bodies. She also stated the choice to have cosmetic surgery can be freely made, but that it is also influenced by cultural definitions of beauty as cosmetic surgery is only available in contexts where surgical technology is available and socially acceptable (Davis, 1995). Women might have the choice to pursue cosmetic surgery, but this choice is largely impacted by constant bombardment of images of the ideal body.

Within Western culture, there are rules and criteria regarding what women must look like to be considered attractive, and within these criteria women are judged on a scale of deficiency to perfection (Frost, 2001). With this societal ideal as a backdrop, teenage girls are faced with the task of finding an embodied sense of self (Frost, 2001). Frost (2001) suggested that the task of embodiment is difficult for teenage girls due to the changes that the body goes through during this

stage of development. The task of embodiment at this stage involves adjusting to one's new or changing body and a renegotiation of one's previous sense of embodied self (Frost, 2001).

Summary

Objectification theory is a theoretical framework that seeks to identify the ways in which women experience sexual objectification (Fredrickson & Roberts, 1997). Self-objectification occurs when a woman or adolescent girl internalizes repeated experiences of sexual objectification. The individual begins to treat herself as an object and feelings of self-consciousness or habitual self-monitoring can also occur (Fredrickson & Roberts, 1997). Few studies related to objectification theory and teenage girls exist, but previous research has identified relations between self-objectification and self-monitoring, body shame, disordered eating, appearance anxiety, self-surveillance, rumination, depression, low body esteem, dieting, and music video consumption in adolescent girls (Grabe et al., 2007; Grabe & Shibley-Hyde, 2009; Slater & Tiggemann, 2002). Researchers have not studied objectification theory, cosmetic surgery, and teenage girls, but results of a study exploring women's experiences of sexual objectification and cosmetic surgery indicated that women's experiences of sexual objectification predicted acceptance of undergoing cosmetic surgery to alter one's appearance (Calogero et al., 2010). It is uncertain, but probable, that similar results would be obtained in a teenage population.

In relation to objectification theory, embodiment involves being able to view one's body as more than an object and to be able to participate in the world fully through one's body (Davis, 1995) Davis (1995) described cosmetic surgery as a form of objectification of the female body, but also constructs cosmetic surgery as a means for women to live through their bodies and to experience satisfaction with their bodies. Her view is in opposition to other theorists who view cosmetic surgery not as a way to attain embodiment, but rather as a means for people to conform to societal beauty ideals (Skarderud & Nasser, 2007). Regardless of how one defines embodiment or views cosmetic surgery, societal influences and the stages of physical development experienced by teenage girls can

make the task of embodiment difficult at this stage in their lives (Frost, 2001) and might influence how teenage girls construct and understand cosmetic surgery.

The Present Study

Currently, there are only four empirical research studies on cosmetic surgery and teenage girls. The studies that do exist are quantitative and focus on teenagers' attitudes toward cosmetic surgery (Pearl & Weston, 2003); teenagers body satisfaction and cosmetic surgery (Simis et al., 2001); teenagers' changes in body image after cosmetic surgery (Simis et al., 2002); and teenagers' ratings of their appearance and the distress they experience in relation to their appearance (Simis et al., 2000). These studies do not address how teenagers, particularly teenage girls talk about and construct these procedures. In this sense, a qualitative research study would be useful to help understand how teenage girls talk about and construct cosmetic surgery. A study of this type could have important implications for teenage girls interested in pursuing surgery as well as for parents, physicians, psychologists, and others who work with teenage girls. By understanding how teenage girls talk about cosmetic surgery we might begin to see how they view these procedures and the importance that these procedures have for them. Understanding the language that teenage girls use when talking about cosmetic surgery could help parents and professionals talk to them about cosmetic surgery in a way that is understood and appreciated by teenage girls. Listening to how teenage girls talk about cosmetic surgery might help parents and professionals assist teenage girls in the decision-making process associated with surgery. Paying attention to how teenage girls talk about cosmetic surgery might also help in the development of relevant school and community programs for teenage girls that could potentially explore information pertaining to societal influences and the ideal body as well as the risks associated with cosmetic surgery.

In order to gain a sense of how teenage girls talk about and understand cosmetic surgery, the present study employed a social constructionist epistemology and used the qualitative

research methodology of discursive psychology. A social constructionist perspective focuses on how people construct knowledge through social processes and interactions, historical influences, and culture (Burr, 1995; Crotty, 1998). The social constructionist perspective has important implications for the present study because the ideal body and notions and understandings about cosmetic surgery can be constructed through interactions and encounters with people, the media, and culture. Qualitative research methods, specifically discursive psychology, were important for the present study because they have allowed me as a researcher to understand how teenage girls construct cosmetic surgery and the social actions performed through their talk (Mason, 2002; Merriam, 1998; Potter, 2003; Wood & Kroger, 2000). The present study addressed the following questions: (a) how do teenage girls talk about and construct cosmetic surgery? (b) what are the social actions accomplished/performed through teenage girls' talk about cosmetic surgery? (c) how do people responding to teenage girls' postings construct cosmetic surgery? and (d) what are the social actions performed through the respondents' talk about cosmetic surgery?

CHAPTER III: METHODOLOGY

In this chapter I describe qualitative research, and the epistemology, methodology, and analytic processes used in the present study. Discursive psychology, a qualitative research methodology informed by a social constructionist epistemology, was used to understand and how teenage girls construct cosmetic surgery and the social actions they perform through their talk. I used postings made by teenage girls on online cosmetic surgery message boards as well as responses to their postings as my data source. The method of selecting message boards and postings are explained along with the ethical considerations involved when conducting research of this type. The procedures used to analyze message board postings are described as well as the criteria selected for establishing the trustworthiness of the data and findings.

Qualitative Inquiry

Qualitative research methods allow the researcher to explore a variety of aspects of the social world including the everyday life, understandings, and experiences of the research participant, and how social processes, institutions, discourses, or relationships shape these experiences (Mason, 2002). The qualitative researcher's main goal is to understand and make sense of the complexities and nuances contained in the data which can take the form of documents, interviews, field notes, observations, texts, photographs, audiotapes, videotapes, films (Richards & Morse, 2007), and in the case of the present study, online data.

Merriam (1998; 2002) presented four key characteristics of qualitative research. First, individuals construct meaning through interacting in their social world. Research focuses on people's experiences and how they make sense of these experiences (Merriam, 1998). Individuals construct knowledge and meaning through their daily interactions that are shaped by their culture and the historical time period in which they live (Burr, 1995). Similarly, Mason

(2002) stated that qualitative research is "concerned with how the social world is interpreted, understood, experienced, produced, or constituted" (p. 3).

Second, when conducting qualitative research, "the researcher is the primary instrument for data collection and analysis" (Merriam, 2002, p. 5). Conducting qualitative research is an active process requiring intellectual, practical, physical, and emotional effort from the researcher (Mason, 2002). Typically, the researcher can communicate with participants to gain a deeper understanding, explore with participants pieces that seem unclear, and verify with participants the accuracy of interpretations (Merriam, 2002). For the present study, I did not communicate with the message board users, so I was unable to verify my interpretations with them throughout the research process. However, I was an active researcher in the sense that I would continuously monitor my interpretations by checking them with my colleagues and my supervisor.

Third, the process of qualitative research is inductive (Merriam, 2002). Often, qualitative researchers develop theories and hypotheses directly from the data in contrast to the positivist model in which the researcher initially develops hypotheses and theories about the phenomena of interest before the data are collected (Merriam, 2002). In addition to developing theories and hypotheses, qualitative research is also used to make sense of complex situations and multicontext data, to learn from participants or learn about a process and how they experience it, to understand a phenomenon deeply, and in the case of the present study, to understand an area where little research exists (Richards & Morse, 2007).

Fourth, the product of qualitative research is "richly descriptive" (Merriam, 2002, p. 8). Merriam stated that the product of qualitative research can include words, pictures, video excerpts, quotes, field notes, and means of portraying one's findings other than numbers.

Examples of the data are then used to support the results of the study and describe the phenomenon of interest (Merriam, 2002).

In the present study, I analyzed how teenage girls construct cosmetic surgery through the social actions performed by their talk. The use of qualitative methods was appropriate for the present study because studying how teenage girls talk about cosmetic surgery could help us to better understand how they construct knowledge regarding cosmetic procedures. Obtaining an understanding of how teenage girls construct cosmetic surgery has important implications for teenage girls interested in pursuing cosmetic surgery as well as for parents, physicians, psychologists, and others who work with teenage girls.

Epistemology: Social Constructionism

The epistemological framework, social constructionism, was adopted for the present study. The terms social constructionism and constructionism can be used interchangeably. Crotty (1998) defined constructionism as "the view that all knowledge and therefore all meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction between human beings and their world, and developed and transmitted within an essentially social context" (p. 42). In relation to a social constructionist framework I assume that the image of the ideal woman and the desire to obtain cosmetic surgery is constructed based on culture, the media, conversation, and interactions with others. Gergen (1985) and Burr (1995) further defined social constructionism by identifying four broad tenets. First, social constructionism holds a critical stance towards taken-for-granted assumptions of understanding the world. Social constructionism opposes the positivist perspective. The positivist perspective assumes that the true nature of the world can be revealed through observations and our perceptions of what exist are accurate. Therefore, the social constructionist perspective urges us

to examine carefully how we develop categories and ideas through our observations (Burr, 1995; Gergen, 1985). For example, looking at ways in which different cultures construct gender could potentially lead to alternative ways of describing gender differences or the elimination of gender categories all together (Gergen, 1985). In Western society, cosmetic surgery is socially constructed as procedures predominantly intended for women to modify, correct, or enhance their appearance. In terms of the present study, working from a social constructionist perspective allows one to examine teenage girls' constructions of cosmetic surgery that might be based on societal constructions of appearance and cosmetic surgery.

Second, the ways in which people understand and make sense of the world are specific to culture and the time in which one lives (Burr, 1995; Gergen, 1985). People's behaviour and experiences are dependent on culture, as culture is the core of human behaviour (Crotty, 1998). In addition, it is important to note that different forms of knowledge are evident in every culture and that a single way of understanding fails to exist. It cannot be assumed that our ways of understanding are closer to the truth than any other way of knowing (Burr, 1995). In accordance with the social constructionist perspective, in the present study, the teenage girls' constructions of cosmetic surgery might largely be influenced by the culture of Western society that promotes a specific appearance and the procedures available to attain this specific appearance.

Third, Gergen (1985) and Burr (1995) described knowledge as sustained by social processes, meaning that people construct a type of shared knowledge through their daily interactions with one another. The categories and concepts we use in our daily interactions are constructed through the language we use. Therefore, from the social constructionist perspective, knowledge is not viewed as something that people can obtain, but rather something a person does or constructs in their interactions with others (Burr, 1995). In the present study, teenage girls

might construct their knowledge about cosmetic surgery through their interactions with other teenage girls, adults, and the media.

Fourth, knowledge and social action occur together (Burr, 1995). Social action is the result of descriptions and explanations of the world (Gergen, 1985). Because knowledge is constructed through language, social action is likely to be the result of this newly constructed knowledge. Based on the historical and cultural specificity of knowledge some constructions of action remain while others change (Burr, 1995; Gergen, 1985). For example, in the past a typical response to people who were alcoholics was imprisonment, whereas today alcoholism is viewed as a type of addiction. The appropriate social action today for responding to alcoholism includes a variety of medical and psychological treatments rather than imprisonment. This example demonstrates how some patterns of social interaction become obsolete while others continue (Burr, 1995). In terms of cosmetic surgery and teenage girls, their knowledge of cosmetic surgery and the ideal body is likely constructed through the language they are exposed to and the language that they use. The social action performed in relation to this language for some teenage girls might be the justification of their desire to attain cosmetic surgery.

Social constructionism indicates that knowledge is a product of social processes, historical and cultural influences, and interactions with others (Burr, 1995). I selected the position of social constructionism because knowledge pertaining to cosmetic surgery and the ideal female body can be constructed within the dominant culture. My epistemological assumptions are that the image of the ideal woman and the experiences of cosmetic surgery are not stable and are based on the pervasive influence of media, dominant cultural discourses and interactions with others. These factors will influence teenage girls' constructions of cosmetic

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surgery. These social influences are key elements in creating what constitutes knowledge in the world around us.

Methodology: Discursive Psychology

The methodology selected for the present study is discursive psychology. Discursive psychology is one form of discourse analysis. There are differences as well as similarities between each discourse analytic perspective and some examples of different discourse analytic perspectives include: conversation analysis, critical discourse analysis, and pragmatics (Wood & Kroger, 2000). Discursive psychology was developed by Potter and Wetherell in 1987, and in 1992 Edwards and Potter labelled it discursive psychology (Willig, 2003). Discourse analysis is focused on the actions that are performed and constructed through talk and text (Potter, 2003), and therefore, it fits nicely with a social constructionist epistemology. Discursive psychology applies the principles from discourse analysis to research areas in psychology (Potter, 2003). Discursive psychology mainly focuses on performance and interaction related to language and seeks to provide a unique perspective on a wide range of psychological phenomena (Potter, 2003). Language is not only viewed as a means of description and communication but is also viewed as a social practice or action (Wood & Kroger, 2000). Since Potter and Wetherell's (1987) version of discourse analysis is essentially discursive psychology, I will use the terms discursive psychology and discourse analysis interchangeably throughout this document. When engaging in discursive psychology, data sources vary and can take the form of phone calls, texts, or even counselling sessions (Potter, 2003). For the present study, I studied the questions and answers posted by teenage girls on online cosmetic surgery message boards.

In order to understand discursive psychology as a methodology it is important to understand its basic theoretical principles and assumptions (Potter, 2003). The theoretical

principles and assumptions of discourse analysis and discursive psychology include: action orientation, situation, construction, and variability (Potter, 2003; Wood & Kroger, 2000).

The first principle/assumption, action orientation, indicates that "discourse is the primary medium of human action and interaction" (Potter, 2003, p. 76). Talk can be examined in three ways: first, by understanding what the talk is about; second, by understanding what speakers do with their talk; and third, by understanding how the talk affects the listener (Wood & Kroger, 2000). Talk can have a number of different functions; therefore, the focus of discourse analysis is on what is being accomplished or done by the talk not necessarily what the talk is about (Wood & Kroger, 2000). Function describes the actions performed by people's talk and text (Wood & Kroger, 2000). For example, when people carry out discursive acts such as persuading, accusing, or requesting, the function is not always obvious. Therefore, the analysis of function depends on how the analyst responds to the context (Potter & Wetherell, 1987). Functions can be specific (e.g., asking for a calculator) or global (e.g., presenting oneself in a favourable light) (Potter & Wetherell, 1987). Discursive function can also be described based on the type of domain in which the individual is present (e.g., religious, legal) (Wood & Kroger, 2000). Talk can take on a number of different functions, and an individual's account will vary according to how she or he views the function or purpose of her or his talk (Potter & Wetherell, 1987). In summary, identifying the action orientation or function in a piece of discourse is often where the analysis ends, because the primary goal of analysis is usually to discover the business that is being carried out by the talk (Potter, 2003). For example, in the present study, one of the functions or actions performed by the teenage girl's talk was justifying their desire to obtain cosmetic surgery.

The second principle/assumption, situation, posits that discourse is situated in three ways. First, discourse is organized sequentially. For example, what is said first often sets the

precedence for, but does not determine, the response that comes next (Potter, 2003). In the present study, the initial questions posted by the teenage girls elicited a wide range of responses from the other message board users (e.g., responses approving of surgery to responses communicating extreme disapproval of surgery). Second, discourse is situated institutionally (Potter, 2003). Taking on institutional identities involves taking on different roles through one's talk. Institutional identities can take many forms and some examples might include taking on the role of a helper, an expert, or a recipient. Institutional identities might influence but do not determine the actions that take place in the talk between two people (Potter, 2003). Taking on the identity of a news interviewee and attempting to maintain a neutral view in a news interview might influence what occurs in the talk (Potter, 2003). In the case of the present study, respondents who position (Wood & Kroger, 2000) themselves as experts when answering the teenage girls' questions about cosmetic surgery might influence how the teenage girls' respond to their posts and or the types of responses provided from other message board users. Third, discourse can be rhetorical in nature (Potter, 2003). Examples of rhetorical discourse in the present study are rhetorical questions posted by respondents that disapprove of the teenage girls' desires to pursue surgery (e.g., "do you know what fake breasts will look like in a few years?").

The third principle/assumption is construction. An individual's discourse is both constructed and constructive (Potter, 2003). Discourse is constructed through a variety of sources such as words, categories, ideas, and explanatory systems, and is constructive, meaning that people's understanding of their worlds, different events, and actions are based on talk carried out in the form of actions (Potter, 2003). For example, a teenage girl in the present study might justify her desire to pursue cosmetic surgery by constructing male approval of her appearance as a reason to pursue cosmetic surgery.

The fourth principle/assumption is variability. Because all talk is constructed and performs multiple functions, variability in discourse is expected between and within people's discourse. In traditional research approaches variability is viewed as problematic, but in discursive psychology variability is something to be explored (Wood & Kroger, 2000). The analyst seeks to understand how an individual's talk is constructed for different purposes, occasions, or people (Wood & Kroger, 2000). One example of variability that was demonstrated in the present study was that only one teenage girl talked about obtaining a safe surgery.

Discursive psychology is an appropriate methodology for the present study because the goal of this research was to analyze how teenage girls construct cosmetic surgery. Looking at the social actions performed in the teenage girls' talk provided me with another way of understanding how teenage girls construct cosmetic surgery because people's versions and understandings of the world occur through talk in the form of actions (Potter, 2003). My hope as a researcher was to identify the language used by teenage girls that impacts how they construct and therefore understand cosmetic surgery.

Data Source: Online Message Boards

Data for the present study consisted of questions and responses posted by teenage girls on Internet cosmetic surgery message boards. The terms message boards, discussion boards, and forums are often used interchangeably, and for the purposes of this study I will refer to these types of websites as message boards. Message boards are a type of online community similar to online chat rooms and mailing lists (Eysenbach & Till, 2001). These communities provide a venue for individuals to communicate with one another about various topics and are a rich data source (Eysenbach & Till, 2001). Message boards, specifically message boards related to one's physical or mental health, are websites an individual can access and ask questions pertaining to a

specific issue or concern. For example, a question someone might ask on a cosmetic surgery message board is: I don't like my nose. Could someone please tell me what to expect if I were to pursue rhinoplasty? Others will answer, and the individual who posted the original question, as well as others, have the opportunity to comment and ask further questions. Individuals are not required to reveal their real name and can choose a pseudonym to be attached to their postings. Questions posted on message boards by individuals who self-identified as teenage girls and indicated in their posting that they were between the ages of 13 and 19 and interested in cosmetic surgery were selected and analyzed. Responses to their questions were also analyzed.

I selected message boards as my data source for a number of reasons. First, using message boards allowed me to select message board conversations without interacting with or influencing the message board users in any way (Webb, Campbell, Schwartz, & Sechrest, 1966). This decision enabled me to capture a wide variety of teenage girls' accounts of cosmetic surgery because the postings obtained were not influenced by my presence as a researcher (Potter & Wetherell, 1987). Making the decision to not interact with message board users might have helped in capturing natural conversations about cosmetic surgery between the teenage girls and other message board users. Second, adolescents report that both online and offline peers are important sources of health information (Skinner, Biscope, Poland, & Goldberg, 2003). In addition, teenagers who access online health information report easy access, a greater sense of anonymity, and potentially less embarrassment and feelings of judgement than if they were to access traditional health care providers (Gray, Klein, Noyce, Sessleberg, & Cantrill 2005; Skinner et al., 2003). Third, people can experience social support and empathy when visiting online message boards and self-help groups, and they have the freedom to choose how much they wish to disclose about themselves or the issues they are experiencing (Gray et al., 2005).

Fourth, women and potentially teenage girls might appreciate online communication because on the Internet they are not confined to the social norms that influence face-to-face conversations (Hartsell, 2005).

Data Generation and Ethical Considerations

The initial step in the data generation process consisted of compiling a list of message boards dedicated to cosmetic surgery. The Association of Internet Researchers (AOIR) (2002) states, "the greater the acknowledged publicity of the venue, the less obligation there may be to protect individual privacy, confidentiality, right to informed consent, etc." (p. 5). Based on this guideline, I selected message boards that contained a statement notifying users that any information they post on message boards becomes public. For example, one of the message boards I selected postings from was the cosmetic surgery message board on Healthboards.com. In the privacy section of this website it states, "Any information disclosed becomes public information." Furthermore, I did not access any message boards that required a password or my registration as a member to view the content. I chose to avoid these websites because some users, especially teenagers, could view these message boards as more secure, potentially reflecting their wish to keep their discussions private (AOIR, 2002). Furthermore, I analyzed postings only as they occurred naturally on the message boards and did not alter the postings or influence or contact the message board users in any way. I did delete some responses to the teenage girls' questions if the social actions within the responses seemed redundant and occurred frequently in other replies. Also, to further protect the privacy and anonymity of message board users I removed all identifying information and names/pseudonyms from the postings selected for analysis. Therefore, based on the above information it was neither appropriate nor necessary to seek informed consent for this study because I was interested in observing only conversations

that occurred naturally between teenage girls on public online cosmetic surgery message boards that could be accessed by anyone in the world at any time of day. Based on these considerations, the present study received ethical approval from the University of Saskatchewan Advisory Committee on Ethics in Behavioural Science and Research (e.g., see Appendix A & B).

Initially, I selected 14 message boards for study. I located message boards by searching Google using search terms such as cosmetic surgery message boards and cosmetic surgery forums. When I started searching I had difficulty finding postings made by teenage girls, so I decided to explore some general "beauty" themed message boards. Out of the 14 message boards I selected, some were dedicated to cosmetic surgery in general, some were dedicated to a specific type of operation, and some were dedicated to skin, beauty, and style (e.g., see Appendix C for a list of message boards). After reading through postings on each of these message boards only two had a noticeable number of postings made by individuals who indicated that they were between the ages of 13 to 19 years. Therefore, I decided to select postings for analysis from Health Boards Cosmetic Surgery Forum and Yahoo Answers Skin and Body message board. In order to collect the data for the present study, I read through the postings on each of these message boards and selected only the conversations where the initial posters talked about cosmetic surgery and identified themselves as teenage girls between the ages of 13 to19 years. My reason for selecting conversations from such a broad age group was to ensure that I would be able to collect a sufficient number of postings to answer my research questions (Wood & Kroger, 2000). I checked the message boards for new postings each day or every second day from the middle of April 2010 until the end of June 2010. Message board conversations were selected until I felt that I had enough information to make an argument about how teenage girls talk about and construct cosmetic surgery (Wood & Kroger, 2000). In total, 52 conversations were selected. From these 52 conversations, 11 were selected for the current document.

Analysis

In discursive psychology the analytical process is based on the researcher's interaction with the text (Willig, 2003). A fixed number of analytic steps are not employed, but instead analysis is based on the type of questions posed and the type of materials used (Potter, 2003). Generally, the goal of analysis is to identify the social actions or the functions performed in the discourse (Wood & Kroger, 2000). In the present study, postings selected for analysis were copied into word documents and printed off for easier reading. Analysis involved many readings of the text (Potter & Wetherell, 1987). At the beginning of the analysis I had 52 message board conversations. I started by reading through all of the postings without analysis in order to get a feeling for what people were talking about and the action being performed by the message board users' talk (Willig, 2003). During this reading and throughout the analysis I continually asked myself why I was reading a section of text a certain way and thought about possible assumptions I was making about the text (Potter & Wetherell 1987; Wood & Kroger, 2000). For example, does a specific piece of text make a particular assumption about something such as gender (e.g., the assumption that a surgeon is male) (Wood & Kroger, 2000)?

Analysis primarily consisted of two phases: search for a pattern and a search for the function and consequences of the discourse. For example, when searching for a pattern the pattern will consist of variability (differences in the features of accounts) and consistency (similarities in the features of accounts) (Potter & Wetherell, 1987). Variable or deviant cases are rich from the analyst's perspective because they can lead the researcher to question or re-examine a particular claim (Potter, 2003). When searching for a pattern it is also useful to pay attention to the categories participants construct (Wood & Kroger, 2000). These categories can be related to the function and consequences of the discourse (Potter & Wetherell, 1987).

Searching for the function and consequences of discourse involves forming hypotheses and identifying linguistic evidence to support these hypotheses (Potter & Wetherell, 1987). Linguistic evidence can include things such as terminology, stylistic and grammatical features, metaphors, and figures of speech that are used to construct the phenomena of interest (Willig, 2003). Furthermore, discourse can have many functions. When attempting to understand function and consequence it can also be helpful to identify what is missing in relation to the content and form of the discourse (Wood & Kroger, 2000). For example, is an apology missing where you would expect one (Wood & Kroger, 2000)?

In order to more easily attend to the patterns, categories, functions, and consequences in the initial posters' and respondents' talk, I focused on the similarities between the questions and the similarities between the responses and grouped the conversations based on common categories evident in the questions and common categories evident in the responses. I also noted variability in the postings. Then, I read through the postings again and noted different things I found interesting, the functions and consequences of the discourse, and the social actions being performed. I also analyzed how different message board users took on different roles or positions throughout their discourse (e.g., some message board respondents took the position of an expert on cosmetic surgery) (Wood & Kroger, 2000). From here I started to develop hypotheses about the social actions performed and searched for linguistic evidence to support these hypotheses. Next, I went through the postings many more times to clarify the social actions performed and to select the postings I have presented in this document. I chose postings that fit into a number of categories, postings that were consistent with the majority of postings, and postings that were unique or different from the majority of postings, since paying attention to variability in the data is an important component of discourse analysis (Wood & Kroger, 2000). By proceeding with

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the analysis in this manner, my hope was to understand how teenage girls construct cosmetic surgery.

Establishing Trustworthiness of Data and Results

The evaluation criteria that I used to judge the trustworthiness of the data are commonly used when conducting discourse analysis. The evaluation criteria I used were coherence, demonstration, and fruitfulness.

Coherence

When conducting discourse research the claims that are made should be presented in a manner that allows the reader to judge the trustworthiness of the findings (Potter, 2003). Establishing coherence is based on the analytic claims that are made about the text (Potter & Wetherell, 1987; Wood & Kroger, 2000). Potter and Wetherell (1987) stated that analytic claims should provide coherence to a piece of work and allow readers to see how the discourse fits together and the functions being carried out by it. Deviant cases or units of analysis that are different from the expected pattern are also important when establishing coherence (Potter & Wetherell, 1987). When a specific pattern within the discourse is located, exceptions to this pattern must also be analyzed. Cases that differ from the expected pattern or theory often provide more information than those that are similar and can lead to important thoughts and considerations (Potter & Wetherell, 1987). When exceptions to the standard interpretation are discovered, the analytic claims can be confirmed. If no variability is discovered throughout the analysis and within the analytic claims, the coherence of the analysis should be questioned (Potter & Wetherell, 1987). In addition, coherence also involves being able to build on and make connections to previous research (Potter, 2003). If findings between previous research and the present study clash, it is important to evaluate the robustness of each set of findings (Potter,

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2003). Coherence was achieved in the present study in two ways. First, I identified specific patterns in the function of the teenage girls' and respondents' discourse, and I also noted variations in the girls' discourses. Discourse patterns, functions, and variability are demonstrated in Chapter 4 of this document. Second, connections to previous research on cosmetic surgery and new findings in relation to cosmetic surgery and teenage girls are demonstrated in Chapter 5.

Demonstration

Through the use of demonstration the researcher presents all of the steps involved in the analysis as a means of supporting her or his argument. Presenting all of the steps of analysis frames the analysis as more than simply a description, but rather serves as a means of checking the analysis and as a means of ensuring and displaying the soundness of analytic claims (Wood & Kroger, 2000). The demonstration process does not require one to reproduce the entire analysis, but it is essential that the sequence of analysis that leads to the argument is documented (Wood & Kroger, 2000). Demonstration also helps to illustrate how interpretations of individual excerpts and overall claims are situated within the text (Wood & Kroger, 2000). In discursive psychology the analytical process is based on the researcher's interaction with the text (Willig, 2003). Since in discursive psychology a fixed number of analytic steps are not employed, in order to provide evidence for the demonstration process, I described the steps taken in my analytic process. Furthermore, in Chapter 4, using the actual message board conversations I demonstrated how I made specific claims regarding the function and social action of the teenage girls' and respondents' talk about cosmetic surgery. These demonstrations will allow readers to make their own judgements about whether the claims I have made are supported by the data I have presented (Potter, 2003).

Fruitfulness

Fruitfulness "refers to the scope of an analytic scheme to make sense of new kinds of discourse and to generate novel explanations" (Potter & Wetherell, 1987, p.171). Potter and Wetherell (1987) identified fruitfulness as one of the most powerful criteria of validity. Fruitfulness does not apply only to qualitative research. It is also a criterion used for establishing validity in all scientific research. If the research methods employed offer new solutions, then they are regarded with more respect and are viewed as more valid (Potter & Wetherell, 1987). The focus of fruitfulness is on the implications that the present work might have on work that will be carried out in the future (Wood & Kroger, 2000). The present study did not offer new solutions per se, but it was fruitful in the sense that new information about cosmetic surgery and teenager girls was gained. In particular, this study demonstrated how teenage girls construct cosmetic surgery and the social action performed by their talk. These results could have important implications for teenage girls as well as for psychologists, counsellors, physicians, parents, or anyone who is working with a teenage girl considering cosmetic surgery.

CHAPTER IV: DISCURSIVE ANALYSIS

The following analysis was based on the questions posted by persons who identified themselves as teenage girls about cosmetic surgery on online message boards and the responses provided by other message board users. Discursive psychology, a qualitative research methodology informed by a social constructionist epistemology, was used to understand how teenage girls construct cosmetic surgery and the social action performed through their talk.

The 11 conversations contained in this document are presented in their entirety with the exception of some responses that were deleted because of their close similarity to other responses. The replies analyzed appeared to be provided by individuals who identified as either male or female and from a wide age range. Most of the respondents did not post their age, so it is hard to determine their exact age range, but some of the respondents identified themselves as teenagers and others as adults. Also, some of the respondents identified themselves as being male or female by using a male or female oriented user name. Only those respondents who self-identified as a male or female based on their user name are referred to using a gender pronoun. One of the limitations of this study is that even though some of the initial posters and respondents self-identified as a certain age or gender, we cannot be certain that these individuals are the age or gender they specified. People can take on any identity online so this needs to be considered when analyzing the results of the present study. Despite these limitations, in my analysis, I refer to the message board users as they self-identify. In addition, user names were excluded from the analysis in order to help protect the message board users' anonymity.

The analysis begins with the initial question posted, followed by a brief identification of the social actions identified in the initial question, and then a more detailed analysis of the question. The responses are presented in their original order following the same format. The

questions and responses are presented in this way in order (with the exception of a few deleted postings) to maintain the discourse in its original form as much as possible. Turn taking conversations between the initial poster and a respondent are rare and only occur in two conversations in this document.

I identified three specific social actions in the questions posted by the teenage girls, including advice and information seeking, approval seeking, and justification for the cosmetic procedures the teenage girls desired. The teenage girls who asked questions about cosmetic surgery on these message boards sought advice and information about: (a) how to convince their parents to let them have surgery, (b) how to afford surgery, (c) where they could obtain surgery, (d) how others experienced cosmetic surgery, and (e) the general requirements for surgery. They also sought approval (a) to obtain surgery, and (b) of their appearance without surgery from other message board users. The act of justifying their desire or decision to have cosmetic surgery included themes such as: (a) dissatisfaction with a specific physical feature and the desire to have the "ideal" body part, (b) obtaining male approval of their appearance as well as others' approval of their appearance (e.g., strangers & friends), (c) cosmetic surgery as a way to feel better about themselves, (d) waiting to have surgery for a long time, (e) wanting the surgery for themselves and no one else, (f) surgery as a last resort to alter their appearance, and (g) a body part causing physical discomfort or pain.

I also analyzed exceptions to the majority of questions posted by teenage girls because considering variability within the discourse is an important aspect of discourse analysis (Wood & Kroger, 2000). The discourse analytic perspective views all talk as constructed and as performing multiple functions, so variability in people's talk is expected and explored (Wood & Kroger, 2000). Variability identified in postings included: a post by a teenage girl who

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constructed the attainment of a "safe" and "clean" surgery as important, a post by a teenage girl who constructed her desire for a breast reduction as a result of the physical pain her breasts were causing, and a post by a teenage girl who sought advice on non-surgical ways to modify her appearance.

I identified a number of social actions in the respondents' talk. The social actions performed varied and included: (a) provision of information and advice to the initial posters regarding various aspects of cosmetic surgery, (b) warning the initial posters about different aspects associated with cosmetic surgery, (c) approval of surgery and approval of appearance, (d) disapproval of surgery and appearance, (e) criticism and judgement regarding another poster's desire to pursue cosmetic surgery, (f) reassurance about various concerns related to appearance, (g) empathy, (h) encouragement to obtain cosmetic procedures, and (i) offering support to posters who require ongoing information and caring.

Conversation 1

Initial Post

> How can I persuade my mum to let me have a boob job? I'm nearly 17, and have small boobs (32b) and they look a bit too small on my body. Plus all my exes think I would look better with slightly bigger boobs, but my mum is totally against the idea of me having a boob job. But if it would make me feel more confident, I dont see whats wrong with it. How can I show her that I need a boob job?

Social Actions Performed: Seeking Advice/Information and Justification

The poster seeks advice about how to convince her mother to let her get the breast implants she feels she needs. She attempts to justify her "need" for cosmetic surgery in three different ways. First, she constructs size 32b breasts as too small for her body and suggests that

the "ideal" breast size is much larger. Second, she mentions that all of her exes think that she would look better with slightly bigger breasts. This mention of her ex-boyfriends implies that she values men's approval of her body which might influence how she feels about her appearance. And third, she suggests that having cosmetic surgery will help her to feel more confident and therefore perhaps better about herself.

Response 1

I'm not even sure a doctor will perform that on you until you're 18.

Social Action Performed: Providing Advice/Information

The respondent provides information pertaining to the age requirements for obtaining cosmetic surgery.

Response 2

Your still growing! A boob job could **** you up! Wait till your in your 20's, your mom won't have any say anymore and you will be done growing so it will be safe.

Social Actions Performed: Warning and Approval

The beginning of this response, specifically, "Your still growing! A boob job could **** you up!" could function to warn the poster about the risks associated with cosmetic surgery, especially for someone who is not finished developing. Despite this warning the respondent approves of cosmetic surgery for the individual once she reaches her 20s and expresses that at this time she will no longer need the approval of her mother. The respondent constructs cosmetic surgery performed on an older individual as safe and fails to mention the potential risks associated with the surgery at any age.

Response 3

> Jesus Christ, kid- at least wait until your body is done growing.
>
> If anything, your mum should take you to a shrink to investigate why you have such a
>
> poor self image at your age. Forget your boobs and study in school.

Social Actions Performed: Disapproval and Criticism/Judgement

The respondent disapproves of the initial poster's desire to obtain cosmetic surgery, and he tells her to at least wait until she is done growing. Through his use of the word "kid," he positions (Wood & Kroger, 2000) the initial poster at a lower level of authority than himself. The respondent criticizes and judges the initial poster's desire to obtain cosmetic surgery by constructing individuals who pursue cosmetic surgery as having a poor self-image and as requiring psychological help. At the end of the post, the respondent further communicates his disapproval by asserting his value of education over appearance by saying, "forget your boobs and study in school."

Response 4

> You need to accept your body as it is, and not let your exes tell you what you should do
>
> with YOUR body... At 17 years you should not be worrying about the size of your boobs,
>
> you should be worrying about school and your future. If you really feel the need to get a
>
> boob job, at least wait until you're older and can get one on your own, without your
>
> mother's permission. No mother in the right mind would let her 17 year old daughter get a
>
> boob job, that is just ridiculous.

Social Actions Performed: Disapproval, Approval, and Criticism/Judgment

This respondent, similar to the previous respondent, disapproves of the initial poster's desire to obtain surgery. She attempts to decrease the teenage girl's need for her ex-boyfriends to

approve of her breast size by emphasizing it is "YOUR body," but the respondent then tells the initial poster what she should do with her body (e.g., leave it as it is for now). This respondent does not approve of cosmetic surgery for a teenager. Similar to the previous respondent, she places value on education over appearance. Like respondent 2, she approves of cosmetic surgery for the poster once she is older. At the end of the post she criticizes and judges all mothers who allow their girls to obtain cosmetic surgery by saying, "no mother in their right mind would let her 17 year old daughter get a boob job, that is just ridiculous." The respondent constructs mothers who approve of their teenage daughter's cosmetic surgery as crazy, but she constructs cosmetic surgery as acceptable for an adult woman.

Response 5

> Why the hell do you care what your ex's think? You're too young to be considering plastic surgery. Besides, do you know what fake breasts look like in a few years? They start to break down and you have to get them redone…..not that they don't look ridiculous to start.

Social Actions Performed: Disapproval, Criticism/Judgment, and Warning

Similar to respondent 3, this respondent criticizes the poster's desire to pursue cosmetic surgery. The critical, rhetorical questions directed to the poster might communicate the respondent's disapproval of these procedures. The respondent criticizes the initial poster's desire to pursue cosmetic surgery based on her ex boy friends' opinions and also criticizes people who obtain breast implants by constructing them as ridiculous looking. Similar to other respondents, this respondent constructs the teenage girl as too young to be considering cosmetic surgery. The respondent warns the teenage girl about the negative effects that cosmetic surgery can have on one's appearance, but does not warn her of the potential physical health risks.

Response 6

when you have children your boobs wil go massive, best bet is to look at the woman in

your family. to see what size you will go to. y friend had it done then had a child then

they had horriblestretch marks and then they sagged.

Social Actions Performed: Reassurance and Warning

The respondent reassures the individual that when she decides to have children her

breasts will grow, and she recommends looking at the women in her family to get an idea of her

potential breast size. She warns the poster that if she receives cosmetic surgery before she has

children there is a risk that she will get stretch marks and that her breasts might sag. This

respondent, similar to the previous respondent, warns the teenage girl about the effects that

cosmetic surgery could have on one's appearance rather than the effects it could have on one's

physical health.

Response 7

i'm 17 and a lad, personally i don't get why you girls have to piss around with your body

so it looks exact, nobody is perfect and it is normal aswell for not every single thing of

your body to be perfect. There will always be somebody out there who finds your boobs a

perfect size, just because lads are telling you this means they are tossers, they obviously

have no respect for you, i would suggest hanging around with lads that are grown up and

respect you for who you are, i'm sure your boobs are fine, why mess around with your

body, you was born that way so why change it.

Social Actions Performed: Reassurance and Disapproval

This respondent reassures the initial poster that no one's body is perfect and constructs

himself as a male who appreciates women for who they are. He continues to reassure the initial

poster about the size of her breasts by saying, "I'm sure your boobs are fine" and by telling the initial poster that someone will think her breasts are the "perfect size." This poster constructs the notion of a perfect breast size, but does not clarify what this is. Ambiguity and uncertainty surrounding the "perfect" breast size is common on these message boards. At the end of the post he constructs the body as something we are born with, possibly demonstrating his disapproval of cosmetic surgery to alter one's natural appearance.

Response 8

> To be honest I'm a 34 b and I don't want a boob job people who have boob jobs only do it for male attention to attract men it's pathetic how will boobs make you more confident confidence comes from the heart and not a new set of plastic boobs get a grip.

Social Actions Performed: Disapproval and Criticism/Judgment

This respondent strongly disapproves of breast implants. She judges and criticizes the initial poster and all women who obtain breast implants by constructing their reasons for pursuing surgery as a way to gain male attention and approval. In response to the original poster's comment "if it would make me feel more confident, I dont see whats wrong with it" she criticizes the initial poster by constructing confidence as something that comes from the "heart" not something that is gained from obtaining cosmetic surgery. Her use of the words "pathetic" and "get a grip" function to communicate disapproval of these procedures by criticizing the initial poster's desire to obtain cosmetic surgery.

Conversation 2

Initial Post

> Okay so here's my situation: I'm a 16 year old girl. I have always wanted a nose job and chin augmentation. People pick on me and I get a lot of stares when I'm out in public. I

feel totally alienated from my friends. I cannot find the courage to speak to my mom about getting plastic surgery. The last time I brought it up she got up and walked away like she didn't even hear me! I feel like everyday that goes by is another day that *was* wasted and I won't truly start living my life until I feel beautiful. I want to do this for ME and not anyone else. So my problem is, how can I afford this? My parents aren't going to help me 😕

Social Actions Performed: Seeking Advice/Information, Justification, and Approval

This poster seeks advice about how to afford cosmetic surgery, since her parents disapprove of these procedures. She attempts to justify her desire to seek cosmetic surgery by stating that a nose job and chin augmentation are things that she has always wanted, by talking about how people stare at her in public and pick on her, and by talking about her experience of feeling alienated from friends because of her appearance. She also justifies her desire to have the surgery by constructing herself as not being able to live her life until she feels attractive. She emphasizes that the surgery is something that she would be doing for herself and not for anyone else. Her emphasis on seeking cosmetic surgery for herself seems contradictory, because at the beginning of the post she constructs people who pick on her, stares she receives in public, and alienation from her friends as justification to obtain the surgery. Her discourse at the beginning of the post does not suggest that surgery is something that she is doing for herself alone, but rather she seems to justify her desire to have surgery by suggesting that it is something that she is pursuing to gain approval of her appearance from others. Her last statement "My parents aren't going to help me" could function to encourage the other message board users to provide her with advice on how to obtain enough money to have the surgery or to attain their approval and support for her to pursue these procedures.

Response 1

I know it's difficult.. I wanted mine done since I can remember and I'm FINALLY getting it done at 31. There was no way my parents would pay for it when I was that age, but at the same time I don't think they could have afforded it at that time either, so think about it that way as well. I'm looking at paying $5,500 for mine so it's not cheap by any means! Don't rush in to it though.. I found when I got to college that not a single person talked about my nose! High school is very shallow and while it's still not comforting or helfpul for your self-esteem.. make sure you get the surgery for YOU and not for anyone else. good luck!

Social Actions Performed: Empathy, Approval, Reassurance, and Warning

This respondent shows empathy towards the initial poster by telling her that she also has wanted a nose job for a long time. The respondent positions (Wood & Kroger, 2000) herself as older, wiser, experienced, and as someone who can look back on her situation as a teenager and provide the initial poster with a new perspective regarding why her parents might not let her obtain surgery. The respondent approves of surgery, but tells the initial poster not to rush into it. She reassures the poster that life in college will be better and constructs high school as a shallow place. She warns her not to get surgery based on the comments of others and emphasizes "make sure you get the surgery for YOU and not for anyone else."

Response 2

I know it's difficult. Many of us have been in your shoes and we truly understand. It will work out. First of all, know that your appearance is not all of who you are and you can still live a happy life with a nose and chin that are not your favorite. Everyone has things about themselves that they don't like so much. But you are more than your physical

appearance and I am sure that your friends and family see much more. Second, if you really feel like cosmetic surgery is the right answer for you, try sitting down with your parents and really explaining to them how important this is to you and how you have researched it - so they know you are serious and have given it a lot of thought. Maybe they will support you, or tell you to wait a year or two and then support your decision. Part of being mature enough to make such a big decision is being able to sit down with them and talk about it in an adult way. Even if they don't listen, you are not out of luck. You should start working and saving your money. It may take a while before you have enough but it will be worth it to take the time to really think it through and do your homework about which doctor to see. By the time you are old enough to make the decision for yourself, you are old enough to make the decision for yourself, you will likely have the money to pay for it and you will be able to make your own decisions about how you look. I was in a similar circumstance and my parents wouldn't listen. It took me until I was 25 before I gathered the money and courage to do it myself. Even though I ended up have my surgery revised, I have never regretted the decision. If it is right for you then it is right. But in the meantime, you can still live a happy and full life.

Social Actions Performed: Empathy, Reassurance, Providing Advice/Information, Approval, and Encouragement

Similar to respondent 1, this respondent shows empathy towards the initial poster by informing her that many people on the message board have been in a similar position. She attempts to reassure the poster about her appearance by telling her that everyone has something about their appearance that they do not like and that her family and friends likely see much more than her appearance. She also reassures the poster by constructing dissatisfaction with one's

appearance as a normal part of life. Similar to respondent 1, this poster positions (Wood & Kroger, 2000) herself as an older, more mature expert. Her positioning herself as an expert is evident as she gives advice and information to the poster about: how to talk to her parents in a mature fashion, saving enough money for surgery, and spending time researching potential surgeons. At the end of the post the respondent tells a brief story about her own experiences with cosmetic surgery. Doing so might function as another way for the respondent to empathize with the poster and to show her that she is not alone in her experience. Throughout the post, it is clear that the respondent approves of cosmetic surgery. The statement, "Even though I ended up having my surgery revised, I have never regretted the decision. If it is right for you then it is right" might function to encourage the individual to pursue cosmetic procedures. At the end of this post, the respondent again attempts to reassure the poster about her appearance by telling her that before the surgery she can still live a happy, full life.

<div align="center">**Conversation 3**</div>

Initial Post

> I want to have a breast uplift surgery, what its the cheapest but safest way of doing this? i am 18 years old and have size 34 f breasts, i have lost alot of weight and this has caused them to go south. its making me extremely depressed, i cant even get naked infront of my long term boyfriend anymore. i have tried going to the gym and after 6 months with a personal trainer still nothing has happened. i live south east kent and i want to find a clean safe cheap surgery to get the breast uplift. any help or advice would be very appriciated.

This posting demonstrates variability because this individual constructs finding a "clean" and "safe" surgery as important. Constructing a "clean" and "safe" as important requirements of surgery was missing in the other initial postings. Even though this poster is concerned about having a safe surgery, her use of the words "clean," "safe," and "cheap" to describe the ideal surgery appear contradictory. Typically, one might worry about the reputation of a surgeon who performs "cheap" surgeries because the word "cheap" is not usually associated with high quality and therefore might not be associated with "safe."

Similar to other previous posts, this individual justifies her interest in pursuing cosmetic surgery by constructing the body part in question (e.g., her breasts) as something that makes her feel negative about herself. She constructs her breasts as making her "extremely depressed" and suggests that cosmetic surgery might be a potential solution for her depression. She further justifies her desire to obtain surgery by explaining that she had tried going to the gym and hiring a personal trainer, but did not experience the results she desired. Mentioning this to the other message board users might function to let them know that she has tried other non-surgical options and that cosmetic surgery is her last resort to obtain the appearance she wants. When the poster says, "I can't even get naked in front of my long term boyfriend anymore," like the initial poster in conversation 1, she constructs her boyfriend's possible negative reaction to her body as an important reason to pursue surgery.

Response 1

Don't choose a surgeon based on price! Discuss this with your primary physician; insurance may pay for your surgery because of the strain to your back or constant rashes

or skin infections beneath your breasts. Breast reduction isn't always considered

medically necessary, but and F-cup is very large especially for a size 34.

Social Actions Performed: Warning and Providing Advice/Information

This respondent warns the individual not to choose a surgeon based on the price of the

surgery and suggests she talk to her primary physician about her concerns. She provides her with

information about the possibility of insurance coverage for breast reduction if her breasts are

causing her physical problems.

Response 2

The surgery you sound as if you need is a nipple lift, but they cost £3-4k.

In the short term, a good bra in the right style will make them look better on a day to day

basis- see link. If it's that major a weight loss, you may be able to reduced on the NHS.

Social Actions Performed: Providing Advice/Information and Approval

This respondent positions (Wood & Kroger, 2000) herself as an expert by telling the

poster the type of surgery she thinks would be best for her. She also provides her with

information on insurance. The respondent provides a "short term" non-surgical solution for the

initial poster to alter her appearance ("wearing a good bra") until she is able to get the surgery

she "needs." It appears as if this respondent approves of the initial poster's desire for surgery

because she constructs the initial poster's surgery as "needed" or necessary rather than an

elective surgical procedure.

Conversation 4

Initial Post

I'm 18 and I want plastic surgery. What is your opinion?I'm 18 years old and I want a

breast implants. I have had a nose job so I know the risks and cost and everything. My

boyfriend says he has no problem with it haha bigger boobs no prob lol. I was going to

ask for it for my graduation present! :) I'm a B and I want to be a C. Do you think I

should do it?

Social Actions Performed: Justification and Approval

In contrast to the other posters, this poster positions (Wood & Kroger, 2000) herself as

knowledgeable about the risks associated with cosmetic surgery based on her previous

experience with rhinoplasty. When she says, "I have had a nose job so I know the risks and cost

and everything" she constructs herself as not being concerned about the health risks associated

with breast implants. She justifies her desire to have surgery by telling the other users that her

boyfriend approves of the surgery. When she says, "haha bigger boobs no prob lol" she

constructs large breasts as desirable to all men and as something that any man would approve of.

She says she would like to go from a B cup to a C cup. Like other postings, she constructs larger

breasts as the "ideal." At the end of the post she seeks the other message board users' approval to

attain surgery by saying "Do you think I should do it?" It seems contradictory that she would

seek approval for the surgery from the other message board users, since at the beginning of the

post she positioned herself as knowledgeable about cosmetic surgery, knowledgeable of the

"risks and cost and everything."

Response 1

Yes, I think you should, big boobs rule

Social Action Performed: Approval

This respondent identified himself as a male. Through this statement, he constructs

himself as approving of women with large breasts. His approval of large breasted women might

be related to societal images in which large breasts are considered the "ideal."

Response 2

> i think if you want to you should.
>
> as long as you dont keep finding more things to fix after that.
>
> as long as you stop after your boob job go for it!
>
> i am planning on asking for it as my grad present too!! Good luck (:

Social Action Performed: Approval

This respondent approves of the surgery if the poster does not pursue additional surgery after she gets a breast augmentation. The respondent constructs having one surgery if you "want to" as acceptable. She might also approve of the surgery for the initial poster since she also wants to pursue cosmetic surgery as a "grad present."

Response 3

> No a B is not that bad..plus you shouldnt get into the habit of plastic surgery. people start
> is and then keep doing it until theyre totally fake and hate it.. And this is from a 16 year
> old guy… not a 60 year old grandmother.

Social Actions Performed: Disapproval, Warning, and Reassurance

This respondent identifies as a 16-year-old male. He attempts to reassure the initial poster about her breast size by constructing her B cup breasts as "not that bad." Although he might be attempting to reassure the initial poster, labelling her breasts as "not that bad" suggests that he constructs the ideal breast size as larger than a B cup and communicates to the initial poster that her breast size is not ideal. After labelling the poster's breasts as "not that bad," he disapproves of the surgery and warns her that people can get in the habit of seeking cosmetic surgery and continue pursuing procedures until they look fake and regret their decisions. He constructs looking natural as preferable to trying to obtain the ideal body through cosmetic surgery. Telling

the initial poster that he is "a 16 year old guy…not a 60 year old grandmother…" could communicate to the poster that she should be more concerned about his and other young men's opinions about appearance than those of an older woman or could communicate that he is different than the stereotypical young male who is only interested in women's breast sizes.

Response 4

I really don't think "big boobs" are attractive at all. Let alone, fake ones. You're fine the way you are. B cup is the perfect size. I honestly think plastic surgery is gross and not worth it in the long run.

Social Actions Performed: Disapproval and Reassurance

This respondent disapproves of large breasts and cosmetic surgery and attempts to reassure the poster that she is fine the way she is. The respondent constructs B cup breasts as the perfect size, whereas the previous respondents constructed larger breasts as the ideal. These messages might be confusing to the poster as there is no consensus on the "ideal" breast size.

Response 5

Do you want to look like Heidi Montag?

Social Actions Performed: Disapproval and Warning

Heidi Montag is one of the stars of the former TV reality series *The Hills*, who has been criticized in the media for undergoing numerous appearance altering cosmetic surgeries, including massive breast implants. In the midst of this criticism, Heidi reported to the media that she regrets having undergone so many surgical procedures. This rhetorical question indicates that the respondent disapproves of cosmetic surgery. Similar to the other respondents, this question might also function to warn the initial poster that if you obtain cosmetic surgery, like Heidi, you

might continue pursuing cosmetic procedures until you no longer look natural and regret your decision.

Response 6

No, I don't. I don't think you should ever permanently modify your body if you don't know for sure if it's what you want. Until you don't have to ask a bunch of strangers what they think you should do then you shouldn't do it. If you want to get plastic surgery it needs to be something you know for sure that you want.

Social Actions Performed: Disapproval, Criticism/Judgement, and Warning

It is clear that this respondent disapproves of the initial poster's desire to obtain cosmetic surgery. This individual criticizes/judges the poster for querying strangers on a message board to decide whether or not she should obtain surgery. This response might function to warn or alert the individual to think about why she is seeking cosmetic surgery and if it is what she really wants.

Response 7

An honest B beats a saline C any day.

Social Actions Performed: Disapproval and Reassurance

This respondent disapproves of cosmetic surgery. Similar to many of the other respondents, this respondent constructs real or natural breasts, even if they are smaller, as better than breast implants. This post might also function to reassure the initial poster that natural breasts are preferable to fake ones.

Response 8

no… just get a push-up bra

Social Actions Performed: Disapproval and Providing Advice/Information

This respondent disapproves of cosmetic surgery, but provides a non-surgical solution for the initial poster to get the look she desires.

Response 9

I went from a 32B to a 32D when I was 17. I recommend you go up two cup sizes too.

Social Actions Performed: Empathy and Providing Advice/Information

The respondent empathizes with the initial poster by sharing a common experience. She takes the position (Wood & Kroger, 2000) of an expert and recommends that the initial poster do what she did and increase her breasts two-cup sizes. Like many of the other respondents, she constructs larger breasts as the ideal.

Response 10

Everyone is perfect just the way they are. If you want to get your boobs done, it is your decision. But remember, the plastic surgeon can always botch the surgery, and you might have to go somewhere else to fix it. Best of luck.

Social Actions Performed: Reassurance, Disapproval, and Warning

The respondent tells the poster that everyone is perfect just the way they are. Telling the poster that she is perfect the way she is might function to reassure the poster and to help her to accept her body the way it is. The respondent seems to disapprove of the poster's desire to obtain surgery, but then tells the initial poster the decision to obtain surgery is her own. The respondent clearly communicates her disapproval of the surgery by warning the individual that the surgeon could always "botch" the surgery. Similar to many of the other posts, the focus is on what could happen to one's appearance and not the physical health consequences that could occur with cosmetic surgery.

Conversation 5

Initial Post

I want plastic surgery on my face, can people please give me their opinions about what i

should get done? I want to get a nose job, but i would like to hear other people's opinions

about what they think I should get done on my face. Please be honest... I can take it. I

have a job and am saving up but it is taking to long, does anyone have any ideas on how i

can get the money needed for surgery even faster? Thank you

Social Actions Performed: Approval and Seeking Advice/Information

Similar to the initial poster in Conversation 4, this individual seeks approval from the

other message board users to obtain cosmetic surgery, but also seeks approval of her appearance.

This post is unique because the initial poster posts a picture of herself in her profile picture and

then asks the other message board users what they think she should get done. It is interesting to

note that statements about how she would like surgery to change her appearance are missing. Her

words, "Please be honest…I can take it" suggest that she strongly values others' opinions and

constructions of her ideal appearance. She also seeks advice on how she can obtain the money

needed for surgery faster. Her comment, "I have a job and am saving but it is taking to long,"

and her question, "Does anyone have any ideas on how I can get the money for surgery even

faster?" suggest a sense of desperation and urgency to obtain the surgery she feels she needs.

Response 1

hai friend plastic surgery sometimes succeed or fail..there are 50 ,50 chances soo friend

dont take risk ....only the nose which u have suits for ur face dont get distracted by the

people who comment on ur nose dont just bother about it lead a happy and a peace full

life if u want to make ur nose little smaller means there are nose lifters in ayurvedic u can

try it.. but still I tell you satisfy with ur nose… hope this helped

Social Actions Performed: Warning, Reassurance, and Approval

The respondent warns the poster about the potential dangers of cosmetic surgery by

telling her that there is a 50% chance that the surgery will fail. The respondent attempts to

reassure the poster and approves of her appearance by telling her, "only the nose which u have

suits for ur face." The respondent provides a potential non-surgical solution that the poster could

try, but still encourages her to be satisfied with her nose the way it is.

Response 2

your already pretty..

and you wanna ruin your face..

lets see what plastic surgery does to your face

http://media.ebaumsworld.com/mediaFiles/…

http://3.bp.blogspot.com/_YZ-_QdDHP64/SL…

http://s1.hubimg.com/u/1235008_f260.jpgh…

http://www.truejeans.com/blog/images/pla…

don't be stupid like them..

if you get plastic surgery at a 20 or something your gonna have a way horrible f face

when your 30

Social Actions Performed: Approval, Reassurance, and Warning

The respondent approves of the poster's appearance and reassures the poster that she is

attractive without cosmetic surgery. She warns the poster about the potential negative effects

cosmetic surgery can have on one's appearance by providing her with links to websites that

contain pictures of celebrities with cosmetic surgery procedures that went wrong. She warns the poster that if she gets cosmetic surgery when she is 20 she will have a "horrible face" when she is 30. This response, like many of the others, might also function to alert the initial poster to think more carefully about her decision to obtain cosmetic surgery.

Response 3

> OK you want an honest opinion right if that is your picture in the display then i think you are very lucky to be born so attractive and there is not 1 thing i would recommend you have done with surgery
>
> surgery does not fix insecurity issues

Social Actions Performed: Approval, Reassurance, and Warning

The respondent comments on the poster's picture and approves of her appearance by reassuring her that she is attractive. The respondent's words "surgery does not fix insecurity issues" might function to warn the individual that cosmetic surgery will not help her to feel better about herself.

Response 4

> Sweetie, I don't suggest it. You're pretty the way you are already~ why would you want to ruin your pretty face? You don't have to change for other people or what you think other people want to see, because the truth is, everybody is unique in their own way, and plastic surgery just defeats that purpose and makes society believe that we all have to look one way to be accepted. As long as YOU are happy with how you look, that's all that matters. And I'm sure you're learn to love who you are eventually. I have many insecurities of my own but I keep telling myself "You know what? I'm myself, and if some people can't handle that then that's just too bad" and I surround myself with people

who love me for who I am. You are perfect the way you are, and don't let anyone else tell you different. ♥ Source(s): I feel that if there was no such thing as plastic surgery and makeup, a lot less people would feel so insecure. All those so-called "perfect" people you see in the media? Pounds of makeup and a bunch of plastic surgery. You're wayyy more beautiful than them, trust me. :)

Social Actions Performed: Disapproval, Approval, Reassurance, Warning, and Empathy

The respondent disapproves of cosmetic surgery, but approves of the poster's appearance by saying "You're pretty the way you are already~ why would you want to ruin your pretty face?" This statement might also function to warn the poster about the potential negative effects that cosmetic surgery can have on one's appearance. Similar to previous respondents, this respondent attempts to reassure the poster by telling her that everyone is unique in their own way and that her feelings about her appearance are all that matter. She warns the poster about the role that society plays in making people think that they have to look a specific way to be accepted. This explanation might function to help the poster think about her reasons for wanting to pursue cosmetic surgery and to question society's notion of perfection. She empathizes with the poster by saying that she also experiences feeling of insecurity and tells her how she deals with these feelings. These comments might help to let the poster know that she is not alone. At the end of the post the respondent says, "All those so-called 'perfect' people you see in the media? Pounds of make-up and a bunch of plastic surgery. You're wayyy more beautiful than them, trust me." In this statement, the respondent again attempts to warn the poster about the media's influence and reassures her that her natural self is the most beautiful.

Conversation 6

Initial Post

Breast Surgery question: My Nipples?

Ok let me start out by saying, this is embarrassing for me to talk about. I am a 34 C but

my nipples are puffy and cone shaped. They only look normal when they're hard. My

breasts don't have that round perky look. That's what I want. Would I need implants along

with a breast lift to raise my nipples up higher? It seems like they point downwards. Yet I

tried the "pencil test" and I passed so I'm not sure if I'd need the breast lift. I also hate

how they look puffy... my areolas look too big for my breasts. Would it be totally out of

the question to get an areola reduction along with the breast lift and implants? That just

seems like a lot of surgery. Any advice would be greatly appreciated. Thanks. Additional

Details: I'm 19. I weigh 110, and I'm 5'5"

Social Actions Performed: Justification, Approval, and Seeking Advice/Information

This poster labels her problem as embarrassing for her to talk about. Labeling her

problem as embarrassing might function to communicate to the other message board users that

her problem is unique. The negative comments she makes about her nipples, and the

dissatisfaction she experiences in regard to her nipples might help her to justify her interest in

pursuing cosmetic surgery and obtaining her ideal "round, perky" breasts. She provides a graphic

description of her nipples and lets the other message board users know that she passed the

"pencil test." The "pencil test" is a pop culture home "test" that women can perform to judge the

firmness of their breasts. According to the "test," if a woman puts a pencil under her breasts and

it falls to the floor she passes and her breasts are considered to be sufficiently firm. If the pencil

does not fall to the floor her breasts are not considered firm enough and she "fails" the test. She

might provide these descriptions to the other message board users so that they have enough information to provide detailed responses to her questions and to attain their approval for her to proceed with surgery. At the end of the post, she begins to question the amount of surgery she is considering and seeks other message board members' advice and approval about the type of surgery she is considering.

Response 1

im missing some key points of information :

height

weight

age

im sure they look fine...what does your boyfriend think?"

Social Actions Performed: Judgment, Reassurance, and Approval

This respondent identifies as a male. His request for more information about the poster's appearance might allow him to judge whether or not he thinks the poster would benefit from cosmetic surgery. After he requests this information, he reassures the poster that she probably looks fine and then asks her what her boyfriend thinks. By asking the poster what her boyfriend thinks, he constructs her boyfriend's opinion of her body as an important factor in her decision to pursue surgery. This might communicate to the poster that she should seek male approval of her appearance before pursuing cosmetic surgery.

Response 2

i think for your weight and height a 34 C is perfect!!!

you don't wanna look lob sided by getting implants and ruin your breast!

try chest exercises to get a lift?

you don't need surgery!!!!!

you will feel worse about yourself trust!!!

and research different treatment options for larger areolas.

your breast can also change so give them some time.

Social Actions Performed: Reassurance, Approval, Disapproval, and Warning

This respondent constructs 34 C as the "perfect" breast size for the poster. This might function to communicate approval of the initial poster's breast size and to reassure her that her breasts are the ideal size for her body. In this post, as in others, it is unclear how the perfect breast size is determined. The notions of perfect body parts are mentioned, but there is no consensus regarding what constitutes perfect breasts, a perfect nose, etc.

This respondent, similar to many of the other respondents, disapproves of cosmetic surgery. The respondent warns the poster about the possible negative effects that cosmetic surgery can have on one's appearance, but she does not mention the potential physical health risks. The respondent suggests the non-surgical solution of exercising "to get a lift" and suggests researching alternative treatment options for large areolas. This message might seem contradictory to the poster because on the one hand, the respondent tells the poster that her breasts are perfect, but, on the other hand, she suggests different ways for her to modify her breasts and nipples. This mixed message might be confusing to the initial poster as it appears that the respondent is saying, "you have perfect breasts, but maybe you should try exercising and researching different areola reduction options to make them even better." This message is similar to societal messages that tell us that we should always strive to attain a more attractive appearance regardless of our actual appearance.

Response 3

> You're only nineteen. Your breasts are nowhere near finished developing into their adult shape or size yet. Give them another five years. You'll also notice changes if and when you become pregnant.
>
> Don't be in a rush now. You'll be hard pressed to find any decent surgeon that would let you follow through with this surgery. Your body will correct this in time.
>
> 'Puffy' nipples are completely normal and very very common.
>
> The problem these days is girls compare their naked bodies to those of porn stars. They forget to realize that these porn stars have undergone every surgery under the sun with photoshop to boot.
>
> Before pregnancy it's unlikely you're going to have the harder-looking nipples you likely associate with 'normal'. Also know that there is an entire community out there dedicated to 'puffy nipples'. Some people find that totally hot. You are NORMAL. You have several years of development left. Don't rush things.

Social Actions Performed: Disapproval, Reassurance, and Warning

The respondent disapproves of the surgery because of the young age of the poster. She reassures the poster that her breasts will grow and change as she ages and if she becomes pregnant. Even though she disapproves of cosmetic surgery, the respondent agrees with the poster and constructs her breasts as a problem by telling her that her body will "correct" her breasts. The respondent constructing the initial poster's breasts as a problem might further reinforce to the poster that her breasts are a problem and are a feature worth "correcting" through surgery. Despite labelling the poster's breasts as a feature in need of correction, the respondent reassures the poster that 'puffy' nipples are normal. She criticizes society by referring to porn

stars and warns her that many girls compare themselves to these women thinking that this is what perfect breasts look like. This response has connections to objectification theory (Fredrickson & Roberts, 1997), which suggests that internalization of media images that present women in sexually objectifying ways can negatively impact on how women view their bodies. The respondent's normalization of the poster's nipples and her criticism of society might function to reassure the poster that she is not alone and that many girls and women experience negative feelings about their bodies in response to unrealistic societal standards of beauty. The respondent also informs the poster that it is not likely that she will have the harder looking nipples she associates with 'normal' before pregnancy. The use of the words "you associate with normal" might function to reassure the poster that there is nothing abnormal about her. She also attempts to make the poster feel better about herself by letting her know that there are people who find 'puffy nipples' attractive. Although the respondent is trying to reassure the poster about her body, this statement focuses on gaining approval of one's appearance from others, particularly men. At the end of the post, the respondent makes one last attempt to reassure the poster by telling her that she is normal and by informing her that she has several years of development left to potentially attain the body she desires. The conflicting messages throughout this posting might suggest that it is alright and even normal to look different as long as others approve of your appearance and find you attractive.

Conversation 7

Initial Post

I'm 18,and thinking about a nose job.I went for a consultation with Dr.Kirwan,who is supposed to be from the best 20 surgeons in the world. First,I want a natural result where no one would notice the difference in my nose. Second,my right side is a bit diff than my

left,wherein my left side has a little dent in the nostrils.third,I hate the way I look when I laughh and my profile. I have no bumps on my nose,and my nose isn't very big. Everyone sees no reason for me having a nose job.Many people think I should visit a psychiatrist instead of have a nose job.I'm not sure now...I know there is no need for the surgery,and if I do ***rhinoplasty*** with thus dr,the difference will be very small because I want it to stay natural.From the front I look pretty much exactly the same on the pics he showed me of how I'm supposed to look,the profile looks a bit different and better,but I still don't like my profile. Now Im thinking,there hardly is a change,so why have the surgery?But then again this small change,making the tip a bit smaller,might make me feel better by mking me less self concsious when I laugh,so thbat I wont have to cover my face when I laugh anymore. My profile also looks better,not stunning,but better,so that I wont have to hide it anymore (hopefully). Im so confused... I dont know what to do...Is it normal to have rhinoplasty when you're not 100% sure?

Social Actions Performed: Justification, Seeking Advice/Information, and Approval

This poster positions (Wood & Kroger, 2000) herself as thinking about the possibility of obtaining a nose job, and she constructs the ideal outcome as a "natural result". This construction appears contradictory, as she is seeking to artificially alter her appearance. The notion of wanting to obtain a natural result mirrors societal messages that communicate that one should change one's appearance, but should do so in a way that no one will notice. The initial poster justifies her desire to pursue cosmetic surgery by describing the dissatisfaction she feels with her profile, by telling the other message board users that she will not have to hide her face any more if she gets the surgery, and by saying that surgery will help her feel less self-conscious. She also mentions that others do not think that she needs surgery and think she should see a psychiatrist

instead. These opinions of others make her question her reasons for wanting the surgery. The poster communicates to the other message board users that she is confused and does not know what to do. The question, "Is it normal to have rhinoplasty when you're not 100% sure?" might function as a way for the poster to attain approval and support for the surgery as well as advice and information from other message board users.

Response 1, Respondent 1- In this posting, respondent 1 and the initial poster engage in a back and forth conversation. This sequence is rare on these message boards. Usually, the initial poster asks a question, people respond, and the initial poster does not post again.

> First of all be honest with yourself. You do want the surgery, you are unhappy with your nose. Don't be afraid to say you want a change. Sometimes you may think by saying you want a small change it will make it seem better. But, let me tell you my experience, I was afraid to tell my surgeon what I really wanted, so ten years later had a redo. So, please tell your surgeon exactly what you want the first time around. I wasn't 100% sure when I went in for the second surgery because it was such a small change but am happy I did now. Also, make sure the profile he is showing you is with you smiling. And don't expect perfection the nose is a very difficult surgery. Just remember if you do it now you will have years to enjoy it. It will continue to bother you if you don't do it now and will end up doing later. I don't think you need a psychiatrist, so many people have rhinoplasty, you don't even know they did. Plastic surgery is such a personal thing, only you know how happy it will make you, and it doesn't change who you are inside, but at least you will smile more. I use to hide my profile when I laughed also, now I can smile, laugh and not be self conscious. Good Luck!! Years of happiness! ☺

Social Actions Performed: Approval, Encouragement, Providing Advice/Information, and

Empathy

The respondent approves of cosmetic surgery for the initial poster, and she encourages her to be honest with herself and to obtain the surgery if it is what she really wants. The respondent positions (Wood & Kroger, 2000) herself as an expert on the subject by telling a short narrative about her own experiences with cosmetic surgery. She provides the poster with advice about surgery and tells her not to expect a perfect result. The respondent constructs rhinoplasty as a common procedure, not something that requires psychiatric intervention. The respondent tells the poster, "it (cosmetic surgery) doesn't change who you are inside, but at least you will smile more." This statement emphasizes the importance of appearance in our society, as it communicates to the initial poster that even if one does not feel good about oneself at least one will look good. The respondent empathizes with the poster and attempts to make her feel better about herself by telling her that before surgery she was also self-conscious of her appearance. Throughout the post, specifically at the end of the post, she equates cosmetic surgery with happiness and confidence by telling the poster that since surgery she can now "smile, laugh, and not be self-conscious"

Initial Poster, Response 1

thanks (user name deleted)😊

I do want to be able to laugh without feeling embarrassed...but the way people tell me

that I have no reason to have surgery makes me think there must be something wrong

with me mentally-that its not only physical-and then I dont know if I should fix my mind

or nose😕 .

Social Actions Performed: Approval and Seeking Advice/Information

The poster appears torn between the decision to have or not to have surgery. She constructs surgery as a way for her to be able to laugh without feeling embarrassed, but questions her desire for surgery when no on else sees a reason for it. She again seeks approval and advice/information regarding her desire to pursue surgery.

Response 1, Respondent 2

What have the <u>Plastic Surgeons</u> said? Why do you think it's your mind? You do see your nose in the mirror and don't like it, it doesn't matter what others think, you have to live with the nose for the rest of your life. I don't know what you look like so I can't give you my opinion. Are the people against your nose surgery...family, friends? Find someone that is truthful and ask their opinion. Is there anyone around you that has had a nose job? They are always the best source of information and support!!! Don't drive yourself crazy, make a choice and then live with it. You must ask yourself, do I want the surgery? If the answer is yes then you know what you must do. Please take a look at alot of before and after pictures on the internet, it will give you an idea of how a small change in the nose can make a big difference. Keep me posted on your position.

Social Actions Performed: Providing Advice/Information, Approval, Encouragement, and Support

The first respondent continues to provide advice about rhinoplasty to the poster. She approves of cosmetic procedures and encourages the poster to obtain cosmetic surgery if it is what she wants regardless of what others think. There is a tension between the notion of others' opinions do not matter, and others' opinions matter. The notion of others' opinions do not matter is evident when the respondent says, "it doesn't matter what others think, you have to live with

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the nose for the rest of your life." Then, immediately after her first statement the notion of others' opinions matters is evident when she says, "I don't know what you look like so I can't give you my opinion…Find someone that is truthful and ask their opinion." These contradictory messages could be confusing to the initial poster. Her comments are similar to societal messages that tell people that it is ok to be unique and to do what makes you happy as long as others approve and you fit within societal norms. The respondent also constructs someone who has had surgery as "the best source of information and support." Someone who has had surgery might be knowledgeable about the procedure, but she or he might have a biased opinion about surgery depending on whether her or his experience was good or bad. The respondent constructs the decision to obtain surgery as simple. A decision that just requires someone to look at his or her self and ask, "do I want the surgery?" The decision to obtain cosmetic surgery should involve consideration of the physical risks, financial costs, and the potential impact, positive or negative, on one's mental health. The respondent fails to mention these aspects of surgery to the initial poster. At the end of the post, the respondent offers herself as a potential support to the poster by telling her to keep her posted regarding her decision.

Conversation 8

Initial Post

I want to get a nose job but im scared of feeling 'fake'?I am really uncomfortable with my nsoe since i am 11. i always wanted to get a nose job and now im 16 but i didnt chnange my mind. I still wnat to get one. did someone get a nose job?if smeone tells u u look beautiful and u have a beautiful face, dont u think that this is not you? i mean your real face and u have a fake nose? Or dont u even think about that u have got a nose job in the past ?I am scared of getting one ..i cantexplain it but i hate my nose and want to get a

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nose job , but at the same time hate being fake ...And btw. i have a really small face and i

dont have just a bump on my nose, its also realy wide at the tip of my nose ...so it turns

out a lot into my face.

Social Actions Performed: Justification and Seeking Advice/Information

The current poster describes her dissatisfaction with her nose, tells the other message

board users that she has always wanted a nose job, and provides a negative description of her

nose in order to justify her desire to have surgery. Like the previous poster, the initial poster is

talks about conflict between looking natural versus looking fake. Like societal messages, she

constructs a "natural result" as the ideal. She seeks information and advice from other posters

who have undergone nose job procedures and asks how they feel about their appearance after

receiving surgery. Do they feel like they are fake, or is it something they even think about? The

poster might ask this question to help her make a decision regarding whether or not to have

surgery.

Response 1

this body is just a shell, i think getting tattoos to express your inner spirit makes sense.

but altering your body to look better is sad. this form you take now allows you to

accomplish anything you want, why ruin it by mutilating yourself because you don't like

your nose? it might turn out looking worse than it is now and interfering with your sense

of smell, which is what the nose is for.

Social Actions Performed: Disapproval and Warning

This respondent disapproves of the poster's desire to pursue cosmetic surgery. The

respondent separates the body and person by constructing the human body as a "shell," not who

a person truly is. The respondent uses strong language to describe the act of obtaining cosmetic

surgery and refers to it as "mutilating yourself." She questions why someone would do this just because she or he does not like his or her nose. The choice of the word mutilate might function to warn the poster of the dangers associated with cosmetic surgery, as the word mutilate suggests damage or destruction to one's body. The respondent continues to warn the poster by telling her that the surgery could end up making her nose look worse or could interfere with her sense of smell. The respondent's reference to cosmetic surgery causing interference with the poster's sense of smell is uncommon, because warnings provided by respondents usually refer to cosmetic surgery causing damage to one's appearance.

Response 2

> You will always be your own worst critic. You'll see and hate things about yourself that no one else would even bother to pay attention to. You're 16 and shouldn't worry too much about what others have to say about you. The more you care about what others think, the more insecure you'll get. And chances are, the majority of the people that pass you everyday on the streets are more than likely not to notice that little nose of yours. If you're already fretting about getting a nose job because it'll make you feel fake, what makes you think your insecurities will disappear then? With or without a nose job, it seems you'll have a problem. Honestly, just be happy with yourself. That's the best advice I got from anyone and I've learned to look past my own insecurities. You'll be fine.

Social Actions Performed: Disapproval, Reassurance, Warning, and Seeking Advice/Information

This respondent disapproves of the poster's desire to pursue cosmetic surgery. She attempts to reassure the poster by telling her that people do not notice the features she dislikes about herself and that she is her own worst critic. The respondent warns the poster that the more she cares about what others think the more insecure she will become. The rhetorical question, "if

you're already fretting about getting a nose job because it will make you feel fake, what makes you think your insecurities will disappear then?" might function to warn the individual that cosmetic surgery will not likely alleviate her insecurities. This might help the poster to consider more carefully her decision to receive cosmetic surgery. She tells the poster to just be happy with herself, and she constructs this as the best advice she has even received. At the end of the post, the respondent positions (Wood & Kroger, 2000) herself as more self-aware than the initial poster by telling her, "I've learned to look past my own insecurities." This might function as a means of reassuring the respondent that she can also learn to overcome her insecurities.

Response 3

> i'm 17 and i've wanted one since i was 14. if i could i would do it. i know someone who did it when she turned 18 and shes super super happy with it. i think if you want to, and you think it will make you feel prettier, you should go for it. it's your body and it's not being fake since you honestly will feel more confident.

Social Actions Performed: Empathy, Reassurance, Approval, and Encouragement

The respondent empathizes with the poster by telling her that she also wants cosmetic surgery. She tells the initial poster about someone that she knows who has had cosmetic surgery that is happy with the results. This might function to reassure the poster that people who obtain cosmetic surgery do achieve the results they desire. The respondent approves of the poster's desire to obtain cosmetic surgery. She encourages her to go through with it, especially if she wants to and if it will make her feel "prettier." The respondent reassures the poster that if she obtains cosmetic surgery it will not make her feel fake but will help her to feel more confident. This respondent, similar to societal messages, constructs attractiveness as a key component to the attainment of confidence.

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Response 4

> yeah my nose is really ugly i hate it but i countour is with powder foundation and iT
>
> WORKS (; lol and i dont think you should worry about what any one says if you feel
>
> good then get it .people are gunna hate .because there jealous.and i dont think you would
>
> look fake its not like your gunna have some else nose or something

Social Actions Performed: Empathy, Reassurance, Approval, and Encouragement

The respondent empathizes with the poster by telling her that she also hates her nose. Unlike many of the other posters, she provides a non-surgical solution for her problem that she uses herself. This might function to let the poster know that there are other ways to alter her appearance without going through surgery. She reassures the poster by telling her not to worry about others' opinions, and she tells her that she does not think she would look fake. The respondent approves of the poster's desire to have surgery, and she encourages her to go a head with cosmetic surgery if it would make her feel "good." By telling the initial poster that she contours her nose with powder foundation, by approving of cosmetic surgery, and by telling the initial poster that she should not worry about what others say, she constructs modifying one's appearance as alright as long as you are doing it for yourself. This message is similar to media messages that promote beauty practices as things that should be done for oneself. This post, similar to many, focuses on doing whatever it takes to attain the desired appearance. Feeling "good" about one's appearance is considered the most important thing.

Response 5

> ok heres my advice to you, if you have what is called a roman nose and you have olive
>
> skin and darker hair to go with it keep it, but if you don't have that certain grecian look to

you i understand how it could be a pain in the ***, certain people can pull that nose off and others not so well.

Source(s):

My bumpy roman nose.

Social Action Performed: Approval

This respondent constructs different shapes of noses as looking better on different people depending on the person's other features. She encourages the poster to "keep" her nose if she has the "certain Grecian look," and she approves of cosmetic surgery for those who do have the appropriate "look." Under sources it is evident that she positions (Wood & Kroger, 2000) herself as an expert on what types of people look better with different features because she constructs herself as having a "bumpy Roman nose."

Response 6

Hello :o) I am fifteen years old and I had a nose job about a year ago.

First of all, I had an incredible surgeon and he did a really great job; I notice a huge difference but honestly nobody ever realized I got one. No, I don't feel fake. I feel so much better about myself now. It's a huge relief; I used to try to put my hands over my face all the time and it got to a point where my insecurity became extreme and so I had the rhinoplasty.

I still feel like myself, just new and improved and much happier and secure with myself. It's not a fake model nose that I picked out of a magazine, it is the nose I should have been born with. And no, it's not a fake nose, it is just modified; a fake nose would be a nose with an implant. I don't look like Michael Jackson or anything :p. It looks like a natural nose (thanks to an amazing surgeon).

And honestly, I thought, like you did, that I would feel and look fake. I don't. At all. I feel totally normal and it's such a huge weight taken off of my shoulders with that terrible insecurity finally gone. And if people tease you and bug you about it, it doesn't matter. You are not here to please anyone. Do what makes YOU happy, not what makes others happy. If I cared about what other people thought, then I would regret not getting this surgery for the rest of my life. Just to make others happy? Oh, it's not worth it. Don't worry about other people, hun.

Also, I know that everybody has a different experience. I am deathly scared of needles and blood and surgery; it FREAKS me out. But it didn't hurt me at all. I was uncomfortable, of course, but overall my experience was pretty good. However, remember that everyone's experience is different so it could hurt? But I am sure that with a great surgeon that it shouldn't be a problem.

Just a bit of advice. DO NOT, and I repeat, DO NOT DO NOT DO NOT rush. Take your time doing your research and knowing all the possible consequences and outcomes of the surgery. Try to get to the root of your insecurity, understand it. I did and it's good because I know that I did it for all the right reasons. It took me months to research and know all about the surgery, and months to make the right decision. Also, it took me a while to find the right surgeon. I found an incredible one, after looking through a bunch of great surgeons. Please be cautious and know everything you are getting yourself into. Also, don't just pick a surgeon because he/she is cheaper. This is the kind of thing that you need to take a lot of energy on and knowing everying as well as getting to know your surgeon and picking the right one. If you pick a surgeon based on just convenience or price or whatever, you could ruin your life; this is not the type of thing to play with. This is gonna

affect you for the rest of your life. YOU NEED TO BE SURE. This is a big deal so really

take your time and you will be glad. This is something that I really need to stress because

your face is not something you play with.

Best of luck. I hope it all goes well :o) You can email if you'd like to know more.

Social Actions Performed: Providing Advice/Information, Reassurance, Empathy, Warning, and Support

This respondent provides the initial poster with advice and information about nose jobs

based on her own experiences with cosmetic surgery. She empathizes with the poster by saying

that she also thought she would look fake after surgery, but she reassures the poster that she does

not feel fake. She constructs herself as "new and improved" as if "such a huge weight was taken

off" her shoulders. She tells the initial poster that her feelings of insecurity are gone.

She also tells the initial poster that the results of her cosmetic surgery look natural, like

the nose she should have been born with. She defines a "fake" nose as a nose with an implant

and she defines hers as a "modified" nose that looks natural. The purpose of this explanation

might be to let the poster know what she can expect from surgery and to reassure her that the

result does not have to be extreme. Her reference to Michael Jackson might function as an

attempt to debunk discourse that constructs all cosmetic surgery as excessive. Like other

postings, the importance of obtaining a natural surgical result that no one would notice, versus a

fake surgical result, like Michael Jackson's is evident. The notion of wanting to obtain a natural

result is related to societal messages that communicate that one should change one's appearance

but that this change should be effortless and not detectable.

Similar to other respondents, she approves of the surgery and encourages the poster to get

it if it makes her happy. The respondent construct doing what makes "YOU" (e.g., the

individual) happy as important versus what makes others happy. She talks about her experience during surgery and tells the poster that it did not hurt. Although her experience with surgery was positive, she tells the poster the truth and warns her that it could be painful. After she tells the poster the surgery could be painful, the respondent back tracks and reassures the poster that with a "great surgeon" pain should not be a problem. Different than other posters, she emphasizes the importance of researching cosmetic surgery, specifically, understanding the possible negative consequences and outcomes of surgery and finding the right surgeon. She warns the poster that if she picks a surgeon based on convenience or a good price that she could "ruin" her life. The statements "this is not the type of thing to play with" and "YOU NEED TO BE SURE" communicates to the poster that this is a serious decision that needs to be carefully thought through. At the end of the post the respondent wishes the poster luck and offers her email address. Here the respondent takes a supportive role, by letting the poster know that if she needs more information she has someone she can contact.

Conversation 9

Initial Post

Hi, I'm from the UK and I'm 17yrs old and I'm thinking about having a labia reduction. It's quite hard for me to talk about this since I never have before, well basically my inner labia is far bigger and longer than my outer labia and it really very embarassing. It makes wearing some underwear quite uncomfortable and also makes wearing any type of swimwear quite embarassing so I rarely do. I have only recently become seriously interested in doing something about it so I researched and I was really very relieved that there were other people like me and also have insecurities as I do and understand how hard it is to live with it. I've never had any kind of intimacy with a guy mainly due to this

and I expect I will not for many years to come unless I get this done as I will never gain the confidence. I know most people say guys never notice but it's still hard. I honestly think mine is a lot worse than most, it is definitely more visible I think and (sorry if this is too much information) the top bit of the inner labia is clearly visible between the top bits of the outer labia which could affect the outcome of the surgery and make it look quite odd.

I don't really know what to do, I've never spoken to my parents about this and I don't really know what to say. I've never been to a gyno and I don't know where to go for one and I'm a bit afraid of going to one also but I really feel I need to get this done as I feel like I'm really missing out and I may regret it all.

I'd love any advice from anyone in any way possible that could help me with my problems. Thank you =)

Social actions performed: Justification and Seeking Advice/Information

The current poster justifies her desire to pursue cosmetic surgery in a number of ways. First, this poster, like the others is dissatisfied with the appearance of a specific body part (e.g., her labia), but unlike the other posters, her body part causes her physical discomfort. However, she also constructs the appearance of her labia as important, as comments about the appearance of her labia seem to dominate the post. She constructs her labia as "worse" than those of others who experience the same insecurities, but she does not provide information on what the ideal labia would look like. The notion of how her perfect/ideal labia would look is unclear and ambiguous, similar to the other posters who seek a perfect body part through cosmetic surgery. The second way she justifies her desire to receive cosmetic surgery is by telling the other message board users that she has never had intimacy with a "guy," for fear that he might not

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approve of her labia. She constructs cosmetic surgery as the only way for her to gain the confidence she needs to be intimate with another person Third, her view that she is "missing out and may regret it all" might also function as a way for her to justify to other message board users her desire to have surgery. This might communicate to other message board users that if she does not have surgery she might be missing out on life. The poster seeks advice and information from the other message board users about what to do, how to deal with her "problems," and about how to talk to her parents to gain their approval for surgery.

Response 1, Respondent 1- *In this posting, respondent 1 and the initial poster engage in a back and forth conversation.*

> well you better start saving up for the surgery.Im in the same situation you are.Never had sex,never been touched down there by my boyfriend without clothes on,never been to a gyno,never told anyone about my problem,etc.My first step is to go to the gyno.You can go to a hospital or clinic and make an appiontment.I want to ask the gyno if my insurance could cover the labiaplasty.If she says no then im just going to continue saving and pay for it on my own.

Social Actions Performed: Empathy and Providing Advice/Information

This respondent empathizes with the poster by letting her know that she is also experiencing the same problems. Sharing her own experiences with the poster might function to let her know that she is not alone and to provide her with information and advice on how she can also obtain the procedure.

Response 2

> You say "far bigger and longer than outer.." but that is not uncommon. Lots of women have this. I can't post a link here but there are sites that actually celebrate a large set of

inner lips and it's often considered very sexy.

Maybe do some reading on here and a thorough search of this topic. I seem to remember one woman posting about this and she had gone to a well-respected surgeon only to end up miserable, in pain and from what I gathered, she felt mutilated and regretful. Anytime there's any cutting done down there, one needs to be very careful and cautious.

Social Actions Performed: Reassurance and Warning

This respondent attempts to reassure the poster about the appearance of her labia by telling her that large labia are normal and considered attractive by many. She recommends that the poster thoroughly research the surgery and she tells a brief story about one woman's negative experiences. This story might function to warn the individual about the negative consequences that can be associated with surgery and to caution her to carefully research the topic before making any decisions.

Initial Poster, Response 1

(User name deleted, Respondent 2) that's what I'm really incredibly afraid of but I really don't want to live with this forever and if I don't do something about it I don't think I could ever get intimate with anyone. I have researched it and it actually looks a bit different to most others and I'm afraid to go to a gyno. Even if it is considered sexy to some I don't want to risk it being absolutely repulsive to another.

I'm really very scared that it will go wrong but I just really don't think it can get worse than it already is. I really, really hate it.

(User name deleted, Respondent 1) are you 17 too?

I've heard there are gynos in England but I've never seen any and I don't really want to be seen by my local doctor. Also if I am to go and see one I would most likely have to tell

my mum and I really don't know how she'd react to it. Do you plan on telling your

mother?

I'd love to stay in touch. =)

Social Actions Performed: Justification

The initial poster acknowledges her fear regarding the risks associated with surgery, but

is willing to ignore these risks in order to attain the confidence to be intimate with another

person. She constructs her labia as looking different than others who have long labia, and she

positions herself as being extremely worried about being rejected by a male because of her

appearance. She justifies her decision to pursue cosmetic surgery by talking about her fear of

intimacy and her fear of rejection. She also positions herself as frightened by the possibility of

the surgery going wrong, but constructs a surgery that goes wrong as better than her current

appearance. Because the first respondent is in a similar position to the initial poster she positions

the first respondent as a support. The question "Do you plan on telling your mother?' suggests

that she values her opinion and guidance. The last statement "I'd love to stay in touch," invites

the respondent to engage in a mutually supportive relationship regarding their shared problem.

Response 3, Respondent 1

no im 18.I know how you feel.I dont want to tell my mom either.my plan is to save the

money and tell her when im about to have the surgery lol.Im scared that if i tell her she

might blame me for making my labia turn that way,like through too much sex or

something.If she only knew Im still a virgin!Dont go to ur local doctor.Just look up

free clinics in ur area.Here in new york we have a clinic that is called planned

parenthood.It's for teen girls that want to get pregnancy test and such but dont want to tell

their parents.they offer free gyno services.check online to see if u have one in your area,

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or somethin similar to it.As far as being scared about the surgery dont be.As long as you choose a good surgeon.Of course it will hurt after wards and there will be risk,but that goes for every type of surgery.u can post to me on this thread anytime.

Social Actions Performed: Empathy, Advice/Information, and Support

The first respondent empathizes with the initial poster's problems a second time. She provides her with advice on how to find a gynaecologist without her mother knowing, and she constructs her own mother as non-supportive. Similar to the initial poster, the respondent also constructs appearance as more important than potential surgical risks. The respondent also suggests that the outcome of surgery will be fine as long as she finds a good surgeon. She accepts the initial poster's invitation for support by telling her that she can contact her on the thread at any time.

Response 4

I am 33 and mother of four kids and my inner labias are larger and protruding past my labia majora.............my surgeon suggested that since elongated inner labias are considered sexy, to augment my labia majora by injecting my own fat on both large lips and doing some liposuction on surrounding area.This way you don't need to cut your inner labia and they will be covered and hidden by your new full fat labia majora...........I will do this and tell you how it looks.

Social Actions Performed: Empathy and Providing Advice/Information

This respondent empathizes with what the two girls are experiencing. She provides them with information on the form of surgery recommended by her cosmetic surgeon. She does not address the potential risks associated with this new form of surgery, but she constructs it as less risky and superior to the first option.

Response 6

> I know how you feel............but dont be ashamed and feel like you look like a "freak"
>
> down there. You would be AMAZED how many women have this same issue. I believe
>
> in having surgery IF this causes you discomfort.........OR if one is longer than the other.
>
> It's sad that you cant talk to your mother. I talked to my mom when i was 10..........and
>
> thought i looked like a freak down there! After 2 children.............mine got worse. Mine
>
> do cause discomfort, and i do have one side longer than the other. Just make sure that you
>
> go to several consultations with a plastic surgeon.........and if you are only 17 or
>
> 18.............you need an adult's support. This isnt something you should be doing on your
>
> own. IF you have a good open relationship with your mother...............then i suggest you
>
> have a woman to woman talk with her about this. Remember as well............there is
>
> sooooo much pressure for women to look a "certain way" down there. ALL vagina's are
>
> different and vary in soooo many ways! We look at airbrushed pic's of unrealistic looking
>
> vagina's and we think we look freakish! Believe me........there are many many men that
>
> LOVE long labia's……and believe they are sexy! Good luck to you and take care!

Social Actions Performed: Reassurance, Approval, Warning, Support, and Providing

Advice/Information

The poster empathizes with the two girls, and she reassures them that they are not the

only ones who experience dissatisfaction with their labia. She approves of cosmetic surgery of

the labia in cases where the individual experiences discomfort or if one side is longer than the

other. Because she meets both of these criteria, she uses these criteria to justify her decision to

attain cosmetic surgery. She takes a supportive, adult role and advises that the girls talk to their

mothers about their problems and to consult with a cosmetic surgeon numerous times before

pursuing surgery. Her comments on the pictures of airbrushed vaginas that are present in the media might function to warn the girls that these images are not reality. Similar to Response 3 in Conversation 6, this response has connections to objectification theory (Fredrickson & Roberts, 1997), which suggests that internalization of media images that present women in sexually objectifying ways can have a negative impact on how women view their bodies. She attempts to reassure the girls again by telling them that many men find long labia sexy. Although she is engaging in reassuring actions her focus is on attaining a man's approval of their appearance.

Conversation 10

Initial Post

Breast reduction questions?

I have breasts that are a little bit bigger than DDD. Im 16 and am looking forward to going into the military. I have sharp pains in my breasts and my lower back usually hurts. I fight to keep my back in a good posture but it is sooo hard. Im 225 lbs and 5'4' though I look skinny. I am musclar so that counts for it plus each boob is atleast 10 lb dont ask how I measured them. I have a couple questions about breast reduction operations:I have HMO insurance, will it cover my procedure? If so what are the requirements?If there is anyone out there who has gotten it done, what is it like? Any advice for me?Is there any weight requirements? or any requirements at all?

Thank you for your time.

Social Actions Performed: Justification and Seeking Advice/Information

This post demonstrates variability compared to the other postings presented. Like the other initial posters, this poster justifies her desire to pursue surgery, but different than the other initial posters she constructs her desire to have surgery as a result of the physical pain and

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discomfort her large breasts cause. She also views cosmetic surgery as a way for her to participate more fully in military training. Her focus is not to obtain a specific appearance, but rather to eliminate pain and to leave specific career options open to her. The poster provides the other message board users with specific information about her body. This might serve as another way for her to justify her decision to obtain surgery or might function as a way for her to gain more detailed answers to her questions. Similar to the other message board users she seeks advice and information about the surgical procedure, but the questions she asks other message board users are strictly for her to gain information about the procedure rather than to obtain approval from other message board users for surgery or for her appearance. The emotional tone in relation to the discussion of one's appearance that is present in many of the others postings appears absent in this posting.

Response 1

DONT DO IT YOU WILL MAKE SOME MAN VERY HAPPY SOME DAY!!!!

Social Action Performed: Disapproval

This respondent identifies as a male, and he disapproves of the initial poster obtaining a breast reduction. Like some of the other men on these message boards, he constructs himself and other men as preferring large breasts compared to smaller breasts. His constructions are consistent with the media images that women are bombarded with suggesting that men desire women with large breasts. In relation to Fredrickson and Roberts' (1997) objectification theory, this respondent constructs women as objects to be evaluated based on their body parts. He constructs pleasing a man as more important than the girl's physical comfort, health, and career opportunities.

Response 2

I am a guy here and I've never had that sort of surgery. But I have had plastic surgery before. Here is my advice.Consult with a Board Certified Plastic Surgeon. The general rule used be this, if you go in for a consultation, then you pay a office visit fee. If you schedule a surgery, then the fee is applied towards the total cost of your surgery. A Board Certified Plastic Surgeon can tell you if you are a good candidate for the breast reduction procedure and what results you can expect. When seeking out any plastic surgery, the goal is improvement not perfection. Plastic surgeons are not magicians. Scalpels are not magic wands. If you demand perfection then you are a bad candidate for any procedure. Your particular procedure may be covered by insurance. Back pain and neck pain are two side effects of large breasts. The reduction surgery may be medically necessary for your overall health and well being vs. your psychological health only. You have to be 18 years old if you wish to have any cosmetic procedure performed without parental consent. It also helps if you are through puberty and fully grown. You don't want any surgery and then find yourself 3 inches taller a year from now. You goal is to have breasts that are properly proportional to your height and body frame.

Since I am a guy, I have no idea if a breast reduction is in patient or out patient. I have no idea how much recovery time goes with it. I do know you will need to be put under for this one and that will probably involve a one night stay in a hospital. Just my opinion, I would insist on that. All in all I think this is worth a consultation with a plastic surgeon to learn what this doctor thinks of your case. As I said before, improvement is the goal because perfection is a myth.

Social Actions Performed: Providing Advice/Information and Warning

This respondent identifies as a male. He provides information and advice to the poster based on his own experiences with cosmetic surgery. He appears to answer the initial poster's questions in detail by talking about the process of obtaining cosmetic surgery. Contrary to respondents from other posts, he does not offer his opinion on whether or not he thinks she should receive surgery. He warns the poster that cosmetic surgery will not provide her with a perfect appearance. He also tells her that she should only have cosmetic surgery when she is fully grown so that her breasts end up looking proportional to the rest of her body. Similar to many of the other posts, the major concern is the negative effect cosmetic surgery could have on one's appearance, not the negative effect it could have on one's body functions or physical health.

Response 3

every insurance has different criteria. previous to my reduction, i was 5'1", 115lbs and a 32DDD/F. i was denied by 2 insurance companies saying i wasn't big enough. who knew? my 3rd insurance, approved me on the spot. the nurse also told me, for my height i would have to be under 130lbs. because I had asked in case i wasn't approved, what would happen if i gained weight and it hopefully went to my chest. the nurse told me the weight requirement and told me i would have to lose it before i could be approved. luckily it wasn't an issue.

ps. as big as you think you are, i don't think they are 10lbs each. i thought for sure, i was going to lose 10lbs after surgery. i am now a C and it was only 3.5lbs total.

Good luck!Source(s): breast reduction oct 08

Social Action Performed: Providing Advice/information

Similar to the previous respondent this poster provides information based on her own experiences with cosmetic surgery. Like the previous respondent she does not judge or offer her opinion about the initial poster's desire to obtain cosmetic surgery, but she instead provides her with information to help her with the process.

This initial posting elicited different responses than the others. In general, respondents to this posting provided advice and information and did not criticize, judge, or disapprove of the poster's desire to pursue surgery. This might be due to the nature of the initial posting. For example, compared to the other postings, this posting did not appear emotionally driven. This poster constructed her desire to pursue surgery as a result of back pain caused by her breasts and her desire to participate successfully in a the military career, rather than as a way to feel better about herself or to please a boyfriend. Therefore, respondents appear to construct surgical procedures to correct bodily pain and increase body function as more acceptable than procedures that are performed to feel better about oneself or to gain another person's approval.

Conversation 11

Initial Post

i'm only 13 years old and a 32A. I want my breats to grow bigger but i'm too young for breat implants. I havn't have my period yet either. I was wondering if there are any pills or medicine or anything else to make them grow! Please help

Social Action Performed: Seeking Advice/Information

This poster seeks advice and information on how to make her breasts grow. Similar to many of the others who use these boards, she constructs large breasts as the ideal breast size. This post demonstrates variability because this individual requests non-surgical advice on how to

make her breasts grow larger because she feels she is too young for breast implants. Other posts were collected where the poster specified that she was too young for surgery, but these instances were rare. Although this posting might demonstrate variability, it could also be argued that this type of post is not different from the majority of posts, as this poster still constructs obtaining the ideal body as important but is not willing to, at least at this point, pursue cosmetic surgery to attain the ideal appearance. It would be interesting if one could follow this poster to see if she would still be interested in pursuing cosmetic surgery when she is older.

Response 1

It's called puberty. Wait for it.

Social Action Performed: Disapproval

This poster disapproves of modifying one's appearance at a young age even if it is non-surgical. The sarcastic tone of this post might function to make the poster think about why she would want to make her breasts bigger when she has not even finished going through puberty and dismisses her concerns as being irrelevant at her age.

Response 2

as of now, (and hopefully never), there is nothing to make them grow that is available for 13 year olds. You are at a normal size for a 13 year old, that is actually pretty large considering you dont have your period. once you get your period you will discover that they grow like crazy. so dont worry about it. and you shouldnt be worrying about that anyways, theres better stuff to worry about than cup size.

Social Actions Performed: Disapproval and Reassurance

This respondent, like the previous one, disapproves of a 13-year-old altering her breast size by saying "as of now, (and hopefully never), there is nothing to make them grow that is

available for 13 year olds." The respondent reassures the poster that her breasts are quite large for a 13-year-old and tells her that once she gets her period her breasts will grow. The function of this reassuring post might be to help the poster realize that she is normal and that her breasts will grow as she develops without altering them in any way. By telling the poster that once she gets her period, her breasts will grow, the respondent constructs the initial poster's concern as something that will lessen with time and might function to communicate to the initial poster that her concerns are unimportant.

Summary

The results of the current study indicated that three specific social actions were identified in the teenage girls' questions pertaining to cosmetic surgery. These social actions included information seeking, advice seeking, and justification for the cosmetic procedure they desired. Results demonstrated that the teenage girls performed these actions through their talk in a wide variety of ways. In response to the teenage girls' questions, social actions performed in message board respondents' talk included: (a) provision of information and advice about cosmetic surgery, (b) warnings about various aspects associated with surgery, (c) approval of surgery and appearance, (d) disapproval of surgery and appearance, (e) criticism and judgement regarding the desire to pursue surgery (f) reassurance about appearance related concerns, (g) empathy, (h) encouragement to obtain cosmetic procedures, and (i) the offering of support to message boards users requiring ongoing information about cosmetic surgery. Like the teenage girls, the respondents performed these social actions through their talk in a number of different ways.

CHAPTER V: DISCUSSION

I will begin this chapter with a summary of the results of the present study. Next, I will compare the results of the present study to results from previous research. Last, I will discuss the implications of this study, the limitations of this study, and directions for future research.

Summary of Results

Three main social actions were present in the questions posted by teenage girls including (1) advice and information seeking, (2) approval seeking, and (3) justification. The teenage girls used these social actions in a variety of ways. For example, when seeking advice, some of the girls sought advice and information from other message board users about how to talk to their parents about their problems with their appearance and how to convince their parents to let them have surgery or to show them that they "need" surgery. Furthermore, some of the girls sought information and advice about how to handle the financial costs of the surgery, where to obtain the surgery, and the general requirements for surgery. Some were also interested in others' personal experiences with cosmetic surgery. Although the girls sought advice regarding various aspects of cosmetic surgery, it is important to note that in the 52 posts collected only one poster sought advice and information regarding where she could find a safe surgery. In general the teenage girls constructed concerns regarding obtaining the appearance they desired as more important than the need to explore the potential health risks and safety issues associated with surgery.

The teenage girls in the selected conversations sought approval in two ways. First, they sought approval from the other message board users to have a surgical procedure performed. Second, they also sought approval regarding whether or not their appearance was acceptable without surgery. The act of seeking approval to have cosmetic surgery might function as a way

for the teenage girls to attain acceptance and support for their desire to pursue cosmetic procedures. Seeking approval for cosmetic surgery might also function as a way for them to gain information about cosmetic surgery based on other people's opinions and experiences. The act of seeking approval might also influence the teenage girls' constructions of cosmetic surgery in a positive or negative way depending on the responses of the other message board users. Seeking approval of one's appearance might function as a way for the teenage girl to obtain acceptance and reassurance from others regarding her appearance. Acceptance and or disapproval of one's appearance from others might also influence the girl's decision to pursue surgery. The act of seeking approval to attain cosmetic surgery and of one's appearance suggests that teenage girls construct the approval and acceptance of others as important especially in relation to their appearance.

The teenage girls on these message boards justified their desire to pursue surgery in a number of ways. First, many of the teenage girls seeking cosmetic surgery justified their desire by expressing their dissatisfaction with a specific physical feature or body part (e.g., body part is embarrassing, hating body part). Second, some of the teenage girls expressed the attainment of male approval and others' approval of their body as a means of justifying their desire to have surgery. Third, some of the teenage girls communicated that cosmetic surgery would make them feel better about themselves (e.g., more confident, less self-conscious, less depressed, able to live their lives). Fourth, some of the teenage girls constructed cosmetic surgery as something they had been waiting to have for a long time and or as something that they have always wanted. Fifth, some of the teenage girls communicated that they were pursuing cosmetic surgery for themselves. Sixth, teenage girls justified their desire to have cosmetic surgery by constructing it as their last resort to alter their appearance. And seventh, some teenage girls justified their desire

to obtain cosmetic surgery by telling other message board users that the body part they were dissatisfied with caused them physical discomfort and pain. It is possible that the act of justification is another way in which the teenage girls sought approval to attain surgery. Through their use of justification, they constructed reasons and evidence for their need or desire to pursue surgery and allowed the other message board users to decide if their justifications were sufficient enough for surgery to be warranted. Through the use of justification and explaining their reasons for their desire to pursue cosmetic surgery, the teenage girls on these message boards constructed other people's opinions of their appearance as important.

I also analyzed exceptions to the majority of questions posted by teenage girls because considering variability within the discourse is an important part of the analytic process (Wood & Kroger, 2000). The discourse analytic perspective views all talk as constructed and as performing multiple functions, so variability is to be expected and explored (Wood & Kroger, 2000). Variability in postings included: a post by a teenage girl who constructed the attainment of a "safe" and "clean" surgery as important, a post by a girl who constructed her desire for a breast reduction as a result of the physical pain her breasts were causing, and a post by a girl who sought advice on non-surgical ways to modify her appearance. The posting from the girl who constructed the attainment of a "clean" and "safe" surgery as important varied from the other postings because concern about the attainment of a safe surgery was absent in the other initial posters' talk. The posting by the girl desiring breast reduction varied from the others because this girl sought surgery as a result of the physical pain her large breasts were causing and the potential impact that the pain and her large breasts could have on her ability to participate in military activities. This post appeared less emotionally charged, and her questions seemed to be intended to gain information about the procedure rather than to gain approval for the surgery or

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approval of her appearance. In addition, this initial posting received different types of responses than the others. For example, the respondents to this posting provided advice and information and did not criticize, judge, or disapprove of the poster's desire to pursue surgery. The respondents might have responded differently to this posting because perhaps they construct cosmetic surgery if it is sought in relation to bodily function or physical pain as more acceptable than cosmetic procedures that are sought to feel better about oneself or to please another person.

The posting by the girl who desired to alter her appearance, but specified that she was seeking non-surgical options, also varied from the majority of posts. However, it could be argued that this post does not vary from the majority of postings, since the poster sought other ways to alter her appearance and perhaps would pursue cosmetic surgery if she were older and if it was an option.

I also identified a number of social actions in the respondents talk. First, the respondents provided advice and information to the teenage girls regarding cosmetic surgery. Advice and information included: how to deal with dissatisfaction with one's body, the financial costs of surgery (e.g., how to save money or to use one's saved money for something else), how to talk to parents about their desire to attain surgery, the proper steps to follow before obtaining a procedure, and researching procedures and surgeons. Respondents often based their advice on their own experiences, and at times they would also advise the poster to consider non-surgical body modification solutions.

Second, many of the respondents warned the teenage girls about the dangers associated with surgery. For example, they would warn them about: the potential disastrous effects cosmetic surgery can have on one's appearance and or bodily functions, society's role in making people

feel dissatisfied with their appearance, and how cosmetic surgery does not fix one's internal problems with themselves.

Third, respondents also approved of surgery in various ways. For example, often times a respondent disapproved of the surgery for the individual as a teenager, but said the procedure would be acceptable for her once she reached adulthood. Respondents would often approve of surgery based on their own personal desires to have surgery and their experiences and successes with cosmetic surgery. Some respondents also approved of surgery if they constructed it as a way for the initial poster to feel better about themselves. Surgery was approved of under the condition that the initial poster would not desire more surgeries after the initial surgery was completed. Respondents also approved of the change in physical appearance that would occur as a result of surgery (e.g., some male respondents approved of larger breasts obtained through augmentation) or would approve of the individual's appearance without surgery).

Fourth, message board respondents disapproved of surgery. Many of the respondents disapproved of surgery and of modifying one's body in general. Some respondents warned the initial poster about the dangers associated with surgery, and some respondents thought that the initial posters should be happy with the body they were born with. Other respondents disapproved of the changes to the body that would occur as a result of surgery (e.g., some self-identified male respondents disapproved of breast reduction, whereas some respondents, both those who self-identified as male and female disapproved of breast augmentation).

Fifth, and closely related to respondent disapproval of cosmetic surgery, at times respondents would criticize and or judge the teenage girl's desire to have surgery. Judgement and criticism can be thought of as a stronger form of disapproval. The use of judgement and criticism

in the message board conversations might function to get the teenage girl to think more carefully about her desire to obtain surgery.

Sixth, respondents would reassure the teenage girls in a number of ways. For example, respondents would reassure the teenage girls that their bodies are not finished developing and that their bodies could still change with time (e.g., this type of reassurance was particularly used for girls considering breast implants). They would also reassure the teenage girls that they were attractive or that their appearance or the body part in question was normal. The respondents also told the teenage girls that were teased about their appearance that as they get older people will no longer care or comment on their appearance. Some respondents reassured the teenage girls about their surgical procedures by telling them that surgery would help to make them feel better about themselves (e.g., more confident).

Seventh, respondents showed empathy toward the teenage girls. Respondents displayed empathy by disclosing their own body concerns or by talking about their own experiences with cosmetic surgery. The display of empathy might have functioned to show the teenage girls that they were not alone in their experience.

Eighth, some respondents encouraged the teenage girls to attain the cosmetic procedures they desired. Often times these respondents were individuals who had cosmetic surgery themselves or were interested in pursuing surgery.

And ninth, some of the respondents offered themselves as a support to the teenage girls seeking surgery. Usually these posters had attained surgery or desired surgery for themselves. They often encouraged the initial poster to stay in contact with them to let them know how things were going in their pursuit of surgery.

Integration of Results with Previous Research and Theories

In this section, I will discuss the results of the present study in relation to the literature on teenage girls and cosmetic surgery, Davis's (1995) feminist research on cosmetic surgery, Fredrickson and Roberts's (1997) objectification theory, and teenage girls, embodiment, and cosmetic surgery.

Cosmetic Surgery and Teenage Girls

Previous research on cosmetic surgery and teenage girls is limited, but connections between previous research and the results of the present study can be made. Results of Pearl and Weston's (2003) study addressing adolescent boys' and girls' attitudes toward cosmetic surgery indicated that 30% of participants would consider cosmetic surgery for themselves. In a study of female college students' attitudes and experiences of cosmetic surgery, Sarwer et al. (2005) found that the majority of participants held more favourable attitudes toward cosmetic surgery than unfavourable. These findings suggest that cosmetic surgery is becoming an acceptable and almost normalized form of body improvement (Davis, 1995). In Pearl and Weston's study (2003), those who were not interested in pursuing cosmetic surgery indicated reasons such as potential health risks, cost, and fear of a bad result. In relation to the present study, in general, the teenage girls did not seek information about the potential health risks associated with surgery, and only one poster constructed obtaining information about where she could obtain a safe surgery as important. In addition, two of the teenage girls expressed concern and sought information about the possibility of obtaining an unnatural or "fake" surgical result, and many posters sought advice on how to obtain enough money to cover the cost of surgery. Generally, concern about potential health risks was absent from the teenage girls' postings, as the teenage girls constructed obtaining their ideal appearance as most important. Many respondents did warn

and provide advice to the initial posters about the potential risks associated with surgery, but these warnings were usually related to the negative effects that cosmetic surgery could have on one's appearance rather than the negative health implications. Similar to the initial posters, even the respondents constructed obtaining an attractive appearance as the most important.

In Pearl and Weston's (2003) study 90% of the adolescents who desired cosmetic surgery said their motivation for pursuing these procedures was to feel better about themselves. In addition, 50% of the students desiring liposuction felt that they were unattractive. Similarly, Simis et al. (2001) compared a group of adolescents receiving surgery to a group of adolescents in the general population and found that individuals who were to receive cosmetic surgery had lower levels of self-esteem in the areas of physical appearance and romantic appeal than adolescents in the general population. Results of the present study indicated that many of the teenage girls justified their desire to obtain cosmetic surgery by constructing surgery as a way for them to feel better about themselves, more confident, less self-conscious, and less depressed. Furthermore, many of the girls justified their desire to have cosmetic surgery by talking about the dissatisfaction they experienced regarding a specific body part or physical feature. Similar to Simis et al.'s (2001) result that individuals who were to receive surgery experienced lower levels of self-esteem in the area of romantic appeal, some of the girls also constructed male approval and fear of male rejection as a way to justify their desire to obtain cosmetic surgery. In addition to these findings, some respondents would approve of surgery or encourage the girls to receive surgery if they also constructed cosmetic surgery as a way to increase positive feelings about themselves. In the present study, cosmetic surgery was constructed by the teenage girls and by some of the respondents as a way to feel better about themselves and their appearance and as a way to avoid rejection from members of the opposite sex.

Connections to Davis's Feminist Research on Cosmetic Surgery

Connections can be made between results of the present study and Davis's (1995) studies of women's experiences with cosmetic surgery. The majority of her participants were adult women, but many commonalities between the women in her study and the teenage girls in the present study can be identified. Davis (1995) conducted three studies over several years. The first study involved interviewing women who had previously obtained cosmetic surgery about their experiences with the procedures. The second study investigated women's decisions to have surgery by interviewing women who had already had cosmetic surgery and those who had not yet received surgery before and after their procedures. In the third study, Davis analyzed through observation how medical representatives from insurance companies in the Netherlands determine which bodies are suitable candidates for surgery.

Like the teenage girls in the present study, it was common for the women in Davis's (1995) studies to justify their desire to receive surgery. Similar to the teenage girls, the women justified their desire to have surgery by talking about: ending the suffering they experienced as a result of their appearance; cosmetic surgery leading to happiness; cosmetic surgery as a way to experience a greater sense of well-being; cosmetic surgery as a means to look normal; and cosmetic surgery as something they were doing for themselves versus something that they were doing for others. Davis (1995) refers to the women's stories as a trajectory of suffering. The women talked about the years of suffering they experienced as a result of their appearance, and viewed their appearance as an insurmountable constraint characterized by feelings of hopelessness. The women constructed cosmetic surgery as the only solution to interrupt the pain they experienced as a result of their appearance. The teenage girls constructed cosmetic surgery in a similar way. Many justified their desire to have cosmetic surgery by saying that it is

something that they have always wanted; constructing it as a way to feel better about themselves; constructing it as a last resort to obtaining the body they desired; and by constructing it as something they were doing for themselves rather than something they were doing for others.

In contrast to the teenage girls in the present study, the women in Davis's (1995) study justified their decision to have surgery, but they also constructed cosmetic surgery as unacceptable in the majority of cases. The women argued that everyone has the right to alter their body, but cosmetic surgeries were generally described as inappropriate procedures that should be limited to those who really need them (Davis, 1995). Even though the women desired cosmetic surgery, they also constructed the desire to obtain surgery as a result of living in a society that forces women to turn to extremes to obtain the ideal body. The teenage girls seeking cosmetic surgery in the present study did not mention societal or media images when talking about their desire to obtain surgery and did not construct cosmetic procedures as inappropriate. The difference between the constructions of the appropriateness of surgery between the women studied by Davis (1995) and the teenage girls in the present study might be the results of developmental differences between the two groups or the result of changes in constructions of cosmetic surgery that might occur due to the passage of time and differences in the generation to which one belongs. In terms of developmental differences between the women in Davis's (1995) study and the teenage girls in the present study, the women in Davis's (1995) study were older, were consciously aware of societal influences on appearance and might have been ashamed that they were attempting to modify their appearance. The teenage girls were of course younger and might not have been as consciously aware of societal influences on appearance, and therefore, perhaps modifying their body to look at certain way was not as troubling. When looking at the passage of time and the generations that the women and the teenage girls belong to, in 1995,

when Davis's study was conducted, it is likely that cosmetic procedures were not as popular or as widespread as they are today. Today cosmetic surgery can be seen everywhere from magazines, to television shows, to bill boards, to advertisements in doctors' offices. This high exposure to cosmetic surgery related materials might lead people to normalize these procedures and perhaps desire cosmetic surgery for themselves. It is possible that the differences between the teenage girls' constructions of cosmetic surgery and the women's constructions of cosmetic surgery are related to a change in the acceptance of cosmetic surgery over time. However, despite this possible widespread acceptance of cosmetic surgery today, many of the respondents did warn the teenage girls about the negative effects that media messages and society can have on how one feels about their appearance. Respondents often disapproved of, criticized, and judged the girls' reasons for considering cosmetic surgery. Similar to the teenage girls, many of the women in Davis's (1995) study also received strong disapproval from others regarding their decision to undergo surgery.

Although many of the women in Davis's (1995) study and many of the teenage girls in the present study experienced disapproval from others regarding their desire to undergo surgery, many of the individuals in both groups also experienced the expression of approval from women or girls who had gone through surgery before or from those who also experienced body dissatisfaction. In Davis's (1995) study each woman referred to a specific person who helped her make the decision to have surgery. Most often the person that encouraged the women to pursue surgery was a woman who had already obtained a cosmetic procedure. This person supplied information about the procedure and was sympathetic to the individual's needs and concerns. Through the sharing of experiences of cosmetic surgery, the procedures became more acceptable to the women seeking cosmetic surgery (Davis, 1995). Husbands or lovers were rarely

constructed as the person responsible for helping the woman make her decision to have cosmetic surgery or as a support in this process because the woman seeking surgery often felt that the her husband or lover was also dissatisfied with the body part she wished to alter (Davis, 1995).

I found similar results in the present study as empathy, support, encouragement, and approval for cosmetic procedures were often obtained from other teenage girls or women who had also experienced cosmetic surgery or body dissatisfaction. Since many of the teenage girls' parents were constructed as disapproving of cosmetic procedures and since many of the teenage girls were scared to talk to their parents or family about cosmetic surgery, the respondents on these message boards might have acted as the person responsible for helping them to make their decisions about surgery. They might have also provided them with permission to construct the procedures as acceptable. Male approval of a specific body part was another way the teenage girls justified their desire to obtain surgery, but the respondents generally did not support this justification as a valid reason to obtain surgery.

In terms of surgical risks associated with cosmetic surgery, the women in Davis's study reported that they were aware of the risks, were anxious about the pain, side effects, and potential dangers associated with surgery, but chose to have these procedures any way. In the present study, talk about the risks associated with cosmetic surgery and the importance of obtaining a safe surgery were rare in the initial posters' talk. Examples of this form of talk were evident only in Conversations 3 and 4. In Conversation 3, the initial poster sought information about where she could obtain a safe surgery, and in Conversation 4 the initial poster reported that she knew the risks associated with cosmetic surgery because of previous experiences with cosmetic procedures. In the present study, it was more common for the respondents to mention the risks associated with cosmetic surgery, but usually the risks constructed by respondents were

related to damage to one's physical appearance rather than harm to one's physical health or damage to the function of a body part. Sarwer (2001) suggested that the public views cosmetic surgery as low risk medical treatments that produce "Cinderella-like" results. Parents as well as teenagers often forget that these procedures are surgery and involve many of the same risks and complications. These faulty understandings are most likely the result of advertisements that use professional models to demonstrate post-surgical results and television programs that promote the newest cosmetic procedures without fully explaining the risks (Sarwer, 2001).

Many of the women in Davis's (1995) studies viewed cosmetic surgery as a choice, but they constructed cosmetic surgery as the only way they could continue to deal with their appearance. In response to this finding, Davis (1995) stated that the choice to have cosmetic surgery can be genuine but that this choice is linked closely to cultural definitions of feminine beauty. A woman's desire to undergo surgery and to weigh the risks and the benefits associated with these procedures occurs only in a setting where the individual is able to view her body as an object in need of intervention. Furthermore, physicians might withhold important information or downplay the risks involved in surgery. Therefore, in today's world where cosmetic surgery is everywhere and appearance is of primary importance women's decisions to have cosmetic surgery are rarely made with complete freedom and knowledge (Davis, 1995).

In the present study, teenage girls did not talk about their choice to have surgery. Rather they constructed cosmetic surgery as a way to deal with dissatisfaction with their appearance, to feel better about themselves, and as something they were doing for themselves. Zuckerman (2005) argued that having surgery to feel better about oneself is not a sufficient reason to pursue surgery. She stated that teenagers consistently engage in unsafe behaviours such as driving under the influence of drugs or alcohol or partaking in unsafe sex practices in order to please or feel

good about themselves, so therefore, the decision to have cosmetic surgery for oneself does not necessarily suggest a mature decision making-process (Zuckerman, 2005). Davis's (1995) perspective on women's choice to have cosmetic surgery might be of particular relevance to teenage girls because as girls transition into adolescence they are continuously exposed to unrealistic images of female beauty (Clay et al., 2005). Although standards of beauty have changed over the decades, beauty is still viewed as being worth time, money, pain, and perhaps life (Davis, 1995). Cosmetic surgery has been become an acceptable form of appearance improvement in contemporary Western culture (Davis, 2005). Television shows such as *Extreme Makeover, The Swan,* and *I Want a Famous Face* have depicted cosmetic procedures as positive life changing events, with no mention of potential risks or side effects in the present or long term. Cosmetic surgery is presented as a way for women and young girls to control their bodies to obtain the future they desire (Douglas, 2010). Growing up surrounded with these societal and media images might influence teenage girls to view their bodies as an object in need of intervention. Continuous exposure to these images can make it difficult for them to weigh the risks and benefits of cosmetic surgery and might make cosmetic surgery seem like the only choice available to them to deal with the dissatisfaction they experience. Viewing one's body as an object in need of intervention fits closely with Fredrickson and Roberts's (1997) objectification theory.

Objectification Theory and Cosmetic Surgery

Fredrickson and Roberts's (1997) objectification theory is a theoretical framework that attempts to highlight the experiences and mental health risks of women who face sexual objectification within a sociocultural context. The act of sexual objectification involves being treated as a body to be used and consumed by others (Fredrickson & Roberts, 1997). Experiences

of sexual objectification occur when a woman's body is viewed as separate from who she is as a person (Bartkey, 1990). Self-objectification occurs when a woman is viewed in sexually objectifying ways over time and internalizes an external observer's perspective of the self. Internalizing an external observer's perspective of the self involves internalizing experiences of sexual objectification and socializes girls and women to treat themselves as objects to be looked at and evaluated based on their appearance (Fredrickson & Roberts, 1997). Sexual objectification can occur at an interpersonal level and through the media. Interpersonally, sexual objectification occurs through sexual gazes, comments, and harassment from members of the opposite sex directed towards a woman's body. Sexual objectification in the media occurs through images that illustrate men staring at and evaluating women's bodies as well as through images that focus on women's bodies or specific body parts. Women who engage in self-objectification by internalizing an observer's perspective of the self can experience body shame, appearance anxiety, safety anxiety, limited opportunities to experience one's peak motivational states, and decreased awareness of internal body states or physiological cues. It is also theorized that prolonged objectification experiences over time can lead to depression, sexual dysfunction, and eating disorders (Fredrickson & Roberts, 1997).

Few studies have explored the experience of self-objectification in teenage girls, and previous research has not explored the relation between cosmetic surgery and self-objectification in teenage girls. Previous research on objectification theory and teenage girls and young women has found relations between self-objectification, self-monitoring, body shame, disordered eating, and appearance anxiety (Slater & Tiggemann, 2002). Grabe et al. (2007) also found that girls experience self- objectification at higher levels than boys, which could lead to self-surveillance, body shame, and rumination, and put them at higher risk for experiencing depression. Grabe and

Shibley-Hyde (2009) identified a relation between music video consumption and self-objectification and also found a relation between self-objectification and low body esteem and dieting. Music video consumption and self-objectification was also negatively related to confidence in math. A possible reason for this result might be that music videos communicate to women that appearance is a more important determinant of success and acceptance than academic achievement (Grabe & Shibley-Hyde, 2009).

The adolescent girls in the present study talked about their bodies in ways that suggested self-objectification. For example, the dissatisfaction and negative feelings about oneself and one's body communicated by many of the girls, the need to alter one's appearance through cosmetic surgery, and the need to gain approval of one's appearance and desired surgical procedures from men and other respondents might be related to the internalization of sexually objectifying messages that socialize girls to treat themselves as objects to be looked at and evaluated. Furthermore, some of the responses to the girls' questions were presented in interpersonally sexually objectifying ways. Interpersonal sexual objectification involves evaluative gazes, comments, and harassment from males directed towards women's body (Fredrickson & Roberts, 1997). Some of the respondents who identified as male respondents engaged in interpersonal objectification by enthusiastically approving of breast implants, disapproving of breast reduction, constructing women with large breasts as preferable to women with small breasts, or by constructing their or other men's opinions about appearance as important. Some female respondents also contributed to interpersonal objectification by reassuring girls that even though they might not like a specific body part, some men might find it attractive. It is possible that these types of responses could influence how these girls construct cosmetic surgery and their bodies.

Message board respondents also made reference to how women internalize media images that depict women in sexually objectifying ways (Fredrickson & Roberts, 1997). For example, one female respondent made reference to the unrealistic bodies of porn stars and how these surgically and digitally enhanced images make women feel badly about their bodies. This criticism of society might function to reassure the poster that she is not alone. It might also function to show the poster that many girls and women experience negative feelings about their bodies in response to unrealistic societal standards of the beauty ideal.

Although research has not yet explored cosmetic surgery, objectification theory, and teenage girls Calogero et al. (2010) studied whether women's experiences of sexual objectification, self-surveillance, and body shame predicted more positive attitudes toward cosmetic surgery. Results indicated that women's experiences of sexual objectification, self-surveillance, and body shame predicted acceptance of cosmetic surgery. Furthermore, self-surveillance predicted intrapersonal reasons (e.g., undergoing surgery to feel better about oneself) for obtaining surgery, and sexual objectification and body shame predicted social reasons (e.g., modifying one's appearance to gain acceptance from others) (Henderson-King & Henderson-King, 2010) for obtaining surgery (Calogero et al., 2010).

Because the goal of the present study was to understand how teenage girls construct cosmetic surgery, the relation between objectification theory, cosmetic surgery, and teenage girls cannot be determined from the present results. However, connections can be made between results of Calogero et al.'s (2010) findings and those of the present study. When looking at the terms used in Calogero et al.'s (2010) study, it might be difficult to separate intrapersonal and interpersonal reasons for pursuing surgery because one would not be able to come to the decision to have cosmetic surgery without first being exposed to social practices and images that promote

a specific body type as a way to be accepted by others. The desire to seek cosmetic surgery for oneself is likely influenced by dominant societal ideals and messages pertaining to the ideal body that emphasize the importance of looking a specific way. It is important to explore the social pressures and influences that women and teenage girls face in order to understand their perspective on cosmetic surgery and their reasons for pursuing these procedures (Davis, 1995). Despite question regarding the appropriateness of these terms, similar to the results of Calogero et al. (2010), the teenage girls in the present study constructed cosmetic surgery as a way to feel better about oneself or as something that they were doing for themselves and constructed cosmetic surgery as a means of gaining approval of one's appearance from men and others. Some of the teenage girls also constructed what could be described as body shame as a reason to undergo surgery. For example, in Conversation 9 the initial poster communicated that she had not been intimate with a member of the opposite sex for fear that he would reject her based on the appearance of her labia. This fear of rejection based on her appearance could possibly be related to experiences of body shame. The degree to which the girls in the present study experienced self-objectification, engaged in self-surveillance, and experienced body shame cannot be determined based on the descriptive nature of the results, but it would be interesting to study the relation between these variables and cosmetic surgery in teenage girls.

Embodiment, Cosmetic Surgery, and Teenage Girls

Davis (1995) defined embodiment as the ability to see one's body as more than an object and to be able to engage in and act in the world through one's body. Davis (1995) viewed cosmetic surgery as a result of our Western culture which places extreme importance on attaining an attractive appearance. She described cosmetic surgery as "an expression of the objectification of the female body and of women's struggles to become embodied subjects rather than mere

bodies" (Davis, 1995 p. 60). She argued that having cosmetic surgery might help women move beyond the constraints of self-objectification and acceptance of oneself as nothing but a body to a person who acts upon the world in and through her body (Davis, 1995). Contrarily, Skarderud and Nasser (2007) argued that cosmetic surgery is not sought in order to attain embodiment, but rather is desired to blend in and achieve acceptance within cultural constructions of beauty. As mentioned in Chapter 2, Davis (1995) had difficulties accepting a "cultural dope" approach to cosmetic surgery that suggested that all women, and for the purposes of this study teenage girls, have completely internalized cultural constructions of beauty and, as a result, function, behave, and make decisions exclusively based on cultural constructions and expectations (Garfinkel, 1967). Therefore, a "cultural dope" approach suggests that women are fooled into pursuing cosmetic surgery as a result of societal influences. It does not pay attention to a woman's possible active and conscious involvement in her decision to pursue surgery. Adopting a cultural dope approach does not allow one to fully understand how women experience and understand cosmetic surgical procedures and their bodies (Davis, 1995). Davis (1995) argued that a perspective is needed that allows us to consider both the individual's understanding and active involvement in the attainment of cosmetic procedures as well as the influence of social and cultural norms on one's desire to pursue cosmetic procedures.

In regard to the present study, some of the teenage girls constructed cosmetic surgery as a step toward embodiment as it is defined by Davis (1995) and some of the teenage girls constructed cosmetic surgery as a way for them to achieve sameness and acceptance within the dominant culture. Some of the teenage girls' constructed cosmetic surgery as a way to feel better about themselves and their bodies and as a way for them to start living through their bodies (e.g., to start living life). Seeking cosmetic surgery to feel better about oneself or one's body perhaps

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demonstrates the search for embodiment. Davis (1995) stated, "the desire for cosmetic surgery can be situated in women's struggle to become embodied female subjects in a context of objectification" (p. 173). The search for embodiment is demonstrated by the teenage girl in Conversation 10. This initial poster desired a breast reduction in order to decrease back pain and to be able to fully participate in the activities associated with joining the military. She might construct cosmetic surgery as a way for her to live through her body, because she might see cosmetic surgery as a way for her to pursue and attain her career goals.

Other initial posters appeared to construct cosmetic surgery as a way to gain acceptance of one's appearance from others, particularly men, and to obtain the ideal body part (e.g., larger breasts, a different nose). Constructing cosmetic surgery as a way of gaining acceptance could potentially be related to the desire to conform to society's notion of beauty or to attain the body that society constructs as acceptable and as desirable to men. It is interesting to consider what would happen to the teenage girls' constructions of their bodies if they received surgery. Would they be happy with their new bodies or would they construct a new problem with their bodies and desire to pursue cosmetic surgery again?

Peoples' constructions of cosmetic surgery can vary and it is likely that people do not only have one reason for pursuing surgery. People can construct cosmetic surgery differently within the same conversation. An individual could construct cosmetic surgery as something she was doing for herself and as something she was pursuing to attain acceptance and or to fit in with societal norms. For example, the initial poster in Conversation 2 talked about wanting a nose job for herself, but contradicted herself earlier in the post by talking about how: she is picked on because of her appearance, she is stared at in public, and she is alienated from her friends. She constructs cosmetic surgery as something she is doing for herself, but also constructs it as

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something she is doing to gain the acceptance of others and to fit in with societal norms. Davis (1995) stated that cosmetic surgery occurs in a context of objectification, so therefore we cannot look at an individual's constructions of cosmetic surgery without also considering social constructions of the ideal body and cosmetic surgery (Davis, 1995).

Implications of the Present Study

Teenage girls today are faced with increasing pressure to meet societal standards of beauty. Societal images depict the ideal woman as an ectomorph with large breasts. This extremely thin body type with large breasts is seldom found (Douglas, 2010). Television make over shows dedicated to cosmetic surgery have brought procedures to attain this ideal into our own living rooms and depict cosmetic surgery as a viable way to obtain the appearance one desires (Douglas, 2010). As this ideal permeates our culture, teenagers today are deciding to pursue cosmetic surgery (ASAPS, 2009; ASPS, 2010).

Implications for Teenage Girls, Parents, Physicians, and Psychologists

Findings from this study have implications for teenage girls, parents of teenage girls, physicians, and psychologists. The results of this study are important for teenage girls in that they might provide an avenue for teenage girls themselves and others to understand some of the issues, thoughts, and understandings that teenage girls experience in relation to cosmetic surgery and their bodies. These results could provide a starting point for conversations about cosmetic surgery, teenage girls, and the body between teenage girls, between teenage girls and their parents, or between teenage girls and professionals such as physicians and psychologists. These conversations are important in the sense that they might help people understand and challenge how cosmetic surgery is constructed in our society (Willig, 2009).

In addition, parents could begin to educate their children at an early age about the unrealistic body types portrayed in the media. Herbozo et al. (2004) reported that children are exposed to unrealistic images of beauty and thinness at a young age through children's movies, so early conversations about realistic body types are important. Parents could begin to educate their children about unrealistic media depictions of the body by watching television and movies with their children and commenting on and discussing appropriate and realistic and inappropriate and unrealistic content (American Psychological Association, 2007). In addition to educating children about unrealistic images of the body, parents could also teach their children about factors that might influence a person's constructions of cosmetic surgery and the potential physical and mental health risks associated with these procedures.

This study also has important implications for physicians. For example, if a physician has a teenage patient who desires surgery, he or she could help the individual and her parents make an informed decision about whether or not to obtain surgery. The physician should explain both the possible physical as well as mental health risks associated with surgery and should enquire about the individual's perception of her problems as well as her desired results (American Society of Plastic and Reconstructive Surgeons, 1997). In some cases it might also be appropriate for physicians to consult with psychiatrists or psychologists before surgery to evaluate motivations, expectations, psychiatric history, and appearance and body image concerns (Sarwer & Didie, 2002). Furthermore, consistent screening procedures for teenagers desiring cosmetic surgery before they undergo surgery must be implemented to ensure they are proper candidates for these procedures (Zuckerman, 2005). The types of practices mentioned above might already be happening in many cases, but it is important that they continue to ensure that teenage girls are understood and supported in their decision to pursue surgery.

The present study has implications for psychologists working with individual clients and communities. On an individual client level, psychologists could conduct cultural and power analyses to help the client understand how sociocultural context and power differentials between men and women might be related to teenage girls' desires to pursue cosmetic surgery (Szymanski, Carr, & Moffitt, 2011). Furthermore, psychologists could help empower their clients by exploring and challenging cultural and sexually objectifying practices toward women that might affect their feelings about themselves (Szymanski et al., 2011) and their desire to pursue cosmetic surgery. Teenage girls could also be encouraged to engage in physical activities that promote body competence (e.g., athletics) rather than the attainment of the ideal appearance (American Psychological Association, 2007). Furthermore, engagement in extracurricular activities that do not promote societal appearance ideals, in combination with or instead of physical or athletic activities, might have a positive effect on how teenage girls construct their bodies and their selves (American Psychological Association, 2007).

On a larger community level, psychologists could develop programs and presentations for parents, educators, and teenage girls and boys that describe research related to cosmetic surgery and teenage girls, the risk factors associated with cosmetic surgery, and the negative effects that sexual objectification can have on teenage girls and women (Szymanski et al., 2011). These types of presentations could help teenage girls as well as other community members make an informed decision about whether or not to pursue cosmetic surgery. In my own work as a school psychometrist, understanding how teenage girls construct cosmetic surgery could help me develop psychoeducational groups related to teenage girls' constructions and experiences of cosmetic surgery. These groups could explore cosmetic surgery, media ideals, and sexual objectification and would allow teenage girls to talk with each other and share the feelings they

have about their bodies and cosmetic surgery. In addition, I would teach teenage girls to critically examine media messages that focus on the attainment of the ideal appearance (American Psychological Association, 2007). A group of this type could help teenage girls to see that they are not alone in their experiences. It could empower them to resist unrealistic and sexually objectifying societal ideals and messages that potentially contribute to the desire to obtain cosmetic surgery. As the group facilitator, I would also encourage the teenage girls to brainstorm ways in which they as a group could work against societal appearance ideals and engage in public activities that could help lead people to question societal notions of the ideal body (American Psychological Association, 2007).

Understanding how teenage girls construct cosmetic surgery might allow one to develop appropriate and relevant interventions that challenge societal constructions of cosmetic surgery. Because language constructs particular versions of reality, the goal of these interventions would be to challenge language that maintains current constructions of cosmetic surgery, notions of the ideal body, and sexually objectifying practices (Willig, 2009). In order to make these types of changes possible, people have to learn to identify and challenge disempowering discourses in their own talk and continuously challenge social structures that support and create these disempowering discourses (Willig, 2009).

Limitations of the Present Study and Directions for Future Research

The following section will outline the limitations to using message boards as a data source, the limitations to the methodology and methods selected for the present study, and directions for future research related to cosmetic surgery and teenage girls.

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Limitations to Using Message Board Data

In the present study I examined the language teenage girls use to talk about cosmetic surgery and the social actions performed by their talk in order to understand how they construct cosmetic surgery. I also analyzed how the people who responded to the teenage girls' questions talked about cosmetic surgery and the social actions performed by their talk. Limitations to the present study include the following. As mentioned previously, when conducting online research, one has no way of knowing if people are who they say they are. For example, a person who says they are a 20-year-old woman could be a 20-year-old man. This is a limitation that cannot be avoided when studying online message boards. Therefore, for the purposes of the present study, I assumed that the message board users were the people that they identified as. In addition, postings selected for analysis included initial posts from individuals who self-identified as teenage girls between 13 to 19 years of age. Additional demographic information was unavailable unless the message board user chose to disclose this information. It is important to note that there might be differences in how teenage girls from different cultural backgrounds, socio-economic backgrounds, and or different sexual orientations construct cosmetic surgery.

Furthermore, the posters who use these boards might represent a very specific population. Because not all teenage girls participate in message board talk, it is possible that teenage girls who engage in message board conversations construct cosmetic surgery differently than teenage girls who do not take part in this type of talk. Also, I selected postings from two different websites, and within these websites, it was difficult to find postings made by teenage girls about cosmetic surgery. It is possible that there were other postings made by teenage girls about cosmetic surgery on these message boards, but these postings would have been unidentifiable if the teenage girls did not include their age. It is possible that interacting with teenage girls on the

message boards and engaging them in message board conversations might lead to more or different information regarding how teenage girls talk about and construct cosmetic surgery.

Limitations to the Selected Methodology and Methods of Analysis

The methodology that I selected for the present study was Potter and Wetherell's version of discursive psychology, in which I focused on the social actions present in the message board users' talk. In hindsight, focusing on social actions perhaps was not the best way to make sense of the data. One reason why focusing on social actions might not have been the best method to analyze the online postings is because it is likely that similar social actions are performed in the initial posters' and respondents' talk on most self-help message boards. For example, in a study of the social actions performed on men's health message boards similar social actions to those found in the present study were found in the initial posters' and respondents' talk (Quaale, 2006). In addition, due to the controversial nature of the topic of cosmetic surgery and teenage girls and my selection of objectification theory as a theoretical framework, a critical discourse analysis perspective and analyzing the interpretative repertoires used by the participants might have been more appropriate.

A critical discourse analysis perspective focuses on critically analyzing social and cultural practices and understanding discourse in relation to social problems, inequality, society, race, gender, class, and power (van Dijk, 1995; Wood and Kroger, 2000). Critical discourse analysis also focuses on how these discourses are expressed, enacted, legitimated, and reproduced by talk and text (van Dijk, 1995). The overall goal of critical discourse analysis is change as a result of critical understanding (van Dijk, 1993).

Critical discourse analysis often involves micro and macro-level analysis. Micro-level analysis involves paying attention to the often subtle and indirect forms of power and dominance

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within people's discourse (van Dijk, 1993). Similar to other forms of discourse analysis, critical discourse analysis, particularly at the micro-level, also considers the functions, strategies, and structures present within talk, including grammatical, pragmatic, interactional, stylistic, rhetorical, semiotic, narrative, and argumentative features (van Dijk, 2009). Macro-level analysis involves attempting to understand larger social issues (e.g., social inequality, power, and dominance) present within discourse (van Dijk, 2001). Because the focus of critical discourse analysis is usually on the macro-level issues, abstract issues such as social inequality, power, and dominance can only be observed based on how they are performed in discourses at the micro-level (van Dijk, 2009). Using a critical discourse analysis approach would allow me to critically examine at a micro-level of analysis the language teenage girls use to construct cosmetic surgery in relation to macro-level socially sanctioned notions of the ideal body, as well as social discourses regarding cosmetic surgery. A critical discourse analysis approach would also fit nicely with Fredrickson and Roberts's (1997) objectification theory because objectification theory presents a critical perspective on societal and cultural practices (e.g., objectifying male gaze and media images) that lead women to engage in self-objectifying behaviours such as cosmetic surgery.

In addition, if I were to analyze the present data differently, it might be useful to pay attention to the interpretative repertoires the message board users use to construct cosmetic surgery. "Interpretative repertoires are recurrently used systems of terms used for characterizing and evaluating actions, events and other phenomena" (Potter & Wetherell, 1987, p. 149). In relation to the present study I would look at the patterns in the interpretative repertories that teenage girls use to construct cosmetic surgery and how they construct cosmetic surgery based on the socially available repertoires pertaining to the ideal body and cosmetic surgery (Edley &

Wetherell, 1999). I would also look for evidence regarding how or if the repertoires they use are related to concepts that pertain to objectification theory as well as Davis's (1995) research on cosmetic surgery and women. An example of an interpretative repertoire used by the teenage girls in the present study could be cosmetic surgery as a solution to one's problems. Examples of solutions constructed by teenage girls in the present study included seeking cosmetic surgery to feel better about oneself (e.g., to feel more confident, to feel less insecure), to feel better about a body part, and to decrease physical pain. Analysis of interpretative repertoires would also require me to look at how message board users implement a variety of interpretative repertoires as well as the function of the interpretative repertoires they choose (Potter & Wetherell, 1987).

Another important component of discourse analysis involves looking at the variability and consistency in interpretative repertoires used within and between the message board users' talk. People experience a wide variety of situations in their lives, and the repertoires they choose to use might vary depending on the situation they are faced with (Potter & Wetherell, 1987). It is useful for one to look at the times when people use a consistent repertoire or pattern of talk, but it is also important to consider that at times people might choose to use a different interpretative repertoire. The analyst should consider what about a conversation might lead the individual engaging in the conversation to choose a specific interpretative repertoire (Potter & Wetherell, 1987). If I were to analyze the data for this study again, I would pay closer attention to variability and consistency between and within the message board users' talk. Because the data are extremely rich, there are likely a number of ways I could demonstrate the variability and consistency between and within postings, but for now I will only mention a couple possibilities.

If I were to look at the variability between postings, I could pay attention to how different types of language used in the questions posted by teenage girls might lead to different types of

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responses. Considering this now, it appears as if the more emotionally charged postings (e.g., postings where the individual constructed cosmetic surgery as a way to feel better about herself, etc.) elicited more empathic, accepting, supportive replies than the postings where the individual constructed cosmetic surgery as a way to attain the ideal body part or to gain the approval of others. This might suggest that people construct cosmetic surgery as more acceptable if the individual seeking surgery feels badly about herself than if an individual is seeking surgery to obtain a body part that is more desirable to herself or to please another person. These are just tentative hypotheses and would be examined in greater detail if I were to actually do the analysis again. Looking at the patterns and variability between initial postings and responses and looking at how different types of questions elicit different types of replies would also help me to structure my presentation of the conversations selected for analysis in a more coherent manner. For example, I could group conversations with similar patterns of questions and responses together, and when variation between conversations occurs I could talk about what features of the conversation might lead to variation in comparison to the other conversations analyzed. Structuring the conversations in this way might add a greater sense of coherence to the analysis by allowing the reader to more easily see the patterns and variability in the discourse and how it fits together (Potter & Wetherell, 1987).

Variability within the postings in the present study could be demonstrated in the form of binaries or contradictions that occur within an individual's postings. One of the binaries noted in the present study was the desire to achieve a natural surgical result that no one would notice as opposed to looking fake. This is contradictory in the sense that the individual is seeking to artificially alter her appearance but still desires a natural result. Although some binaries and contradictions were noted in the analysis of the present study, this analysis could be strengthened

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if I were to pay greater attention to how binaries and contradictions were used in individual postings as well as the similarities and differences between the binaries used in different postings and conversations.

Currently, the analysis consists of a lot of paraphrases and summaries of the social actions performed in the participants' talk. According to Anataki, Billig, Edwards, and Potter (2003) summarizing the social actions and simply pointing out what the message board users said does not provide anything new to the data or the analysis. To avoid this error in the future and if I were to analyze the data in the present study again, I would explicitly point out how specific patterns and variability in the message board users' talk are used to construct cosmetic surgery. I would also look at the function of the interpretative repertoires used by message board users and explicitly show through their discourse how they use their repertoires to construct cosmetic surgery (Potter & Wetherell, 1987).

Directions for Future Research

Despite the limitations of the present study, the results suggest many avenues for future research. It would be interesting to study how teenage girls talk about cosmetic surgery in focus groups with other teenage girls. By using focus groups, a sense of how teenage girls construct and understand cosmetic surgery when interacting with others face-to-face might be obtained. This might be different than how teenage girls interact and construct cosmetic surgery on online message boards, because in focus groups teenage girls would be able to spontaneously construct cosmetic surgery together. In message board talk, message board users do not have to respond immediately to the questions posed. They can read the question or posting, think about it, and carefully formulate a response. Focus group conversations might be more dynamic in the sense that the conversation is occurring in the moment and requires an immediate response. It would

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also be interesting to see if and how teenage girls' constructions of cosmetic surgery change throughout the conversation or if focus group members influence one another's constructions.

In addition, interacting with teenage girls on online message boards might also provide more in-depth information about how teenage girls construct cosmetic surgery. If teenage girls were guided by a set of questions online, they might divulge more information than in real life because in an online setting they might potentially experience a greater sense of anonymity (Skinner et al., 2003). Using interviews, focus groups, or online interaction would give the researcher a chance to ask questions and potentially delve further into specific areas of interest such as participant knowledge of potential risk factors associated with surgery. Furthermore, any of these methods would allow one to compare differences in how teenage girls from different cultural backgrounds, socio-economic backgrounds, and or different sexual orientations talk about and construct cosmetic surgery.

Researchers could also explore how exposure to sexually objectifying experiences, cultural practices, and environments contribute to teenage girls' desire to have cosmetic surgery. Specifically, this type of research might include assessment of how experiences of external body evaluation, exposure to sexually objectifying media images (Fredrickson & Roberts, 1997), and participation in sexually objectifying environments such as cheerleading, cocktail waitressing, and beauty pageants (Moffitt & Szymanski, 2011) is related to a young girl's desire to pursue cosmetic surgery.

Similar to Davis's (1995) studies pertaining to women and cosmetic surgery, it would be interesting to study longitudinally teenage girls who desire cosmetic surgery and or who have had cosmetic surgery. Teenage girls could be interviewed throughout their decision making process, soon after surgery, and at 5 and10 year intervals after surgery to see if their

constructions and understandings of cosmetic surgery change based on their experiences over time.

Conclusion

The present study provided new information on cosmetic surgery and teenage girls. This study is the first qualitative research study in this area of inquiry. Results provided insight into how teenage girls talk about and construct cosmetic surgery. The teenage girls' sought advice and information about cosmetic surgery, sought approval of one's appearance or body parts, sought approval to attain cosmetic surgery, and justified their desire to pursue cosmetic surgery. These social actions were accomplished through the teenage girls' talk in many ways. In general, teenage girls constructed cosmetic surgery as a way for them to feel better about themselves, as a way for them to feel better about the body part they were seeking surgery for, and as a way for them to fit in and be accepted by others. Respondents' constructions of cosmetic surgery varied and some appeared to approve of surgery and some appeared to disapprove of surgery. Similar to the message board users constructions of cosmetic surgery, my constructions and understandings of cosmetic surgery have varied throughout the course of this study and continue to evolve and change over time. When I first began this study, I had very strong opinions that cosmetic surgeries were frivolous procedures sought only by individuals who wanted only to attain the perfect body or body part. After analysing my data and reading Davis's research on cosmetic surgery, I realized that the decision to pursue cosmetic surgery is complex. I do not think that people's constructions of cosmetic surgery are always consistent. It is likely that people do not have one way that they construct cosmetic surgery, but likely many ways depending on the context or situation they are faced with and their own personal experiences. For example, at one time a person might construct cosmetic surgery as a way to feel better about themselves or to

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alleviate emotional pain and suffering whereas at another time one might construct cosmetic surgery as a way to obtain a specific body part or acceptance from others. Due to the controversial nature of this topic and the wide variety of positive and negative discourses available related to cosmetic surgery it is likely that people use a number of different constructions when talking about cosmetic surgery. These results have important implications for teenage girls, parents, physicians, psychologists, and for me as I continue on my journey toward becoming a psychologist. As a professional I feel that it is my duty to help empower teenage girls to feel good about their bodies and to help them sift through the cultural discourses surrounding cosmetic surgery to assist them in making an informed decision about whether or not to pursue cosmetic surgery.

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Appendix A: Application for Approval of Research Protocol

1. Supervisor
Dr. Stephanie Martin, Assistant Professor, Department of Educational Psychology & Special Education, University of Saskatchewan

1a. Researcher:
Rebecca Quaale, Master of Education Candidate, Department of Educational Psychology and Special Education, University of Saskatchewan

1b. Anticipated start date of research study: January, 2010
   Expected completion date of study: August, 2010

2. Title of the Study: Understanding teenage girls' constructions of cosmetic surgery

3. Abstract:
The purpose of my proposed research is to understand how teenage girls construct their experiences with cosmetic surgery, which will provide a unique contribution to the existing research literature. Using qualitative methods the following questions will be addressed: How do teenage girls who undergo or are preparing to undergo cosmetic surgery construct the meaning of their experiences? Analyzing online message boards, what language do teenage girls use to understand their experiences of cosmetic surgery and what and what is accomplished through their talk? Discourse analysis, particularly the principals associated with discursive psychology will be used to analyze teenage girls' online message board postings.

4. Funding: Funding was received by the Social Sciences and Humanities Research Council of Canada from September, 2008 to August, 2009.

5. Participants:
The proposed study will not involve participants in the traditional sense. Data for the proposed study will take the form of questions and responses posted by teenage girls on public online cosmetic surgery message boards. Message boards, particularly message boards related to one's physical or mental health are websites where an individual can ask questions pertaining to a specific issue or concern. Others who have shared a similar experience will answer, and the individual who posted the original question, as well as others, have the opportunity to comment and ask further questions. Message board conversations involving teenage girls will be selected because they provide an anonymous rich source of data. Posting by teenage girls will be selected because of the lack of information that exists on cosmetic surgery and teenage girls and because women represent the vast majority of cosmetic surgery patients today (ASAPS, 2008; ASPS. 2009)

The initial step in the data generation process will consist of compiling a list of message boards dedicated to cosmetic surgery. Once I have compiled a list of message boards I will read through the postings on each message board and select only the conversations where participants talk about cosmetic surgery and identify themselves as teenage girls between the ages of 13 and 19.

My reason for selecting postings from such a broad age group is to ensure that I will be able to collect a sufficient number of postings to answer my research questions.

6. Consent:

It is neither appropriate nor necessary to seek informed consent for this proposed research because I am interested in observing conversations that occur naturally between teenage girls on public online cosmetic surgery message boards. The proposed study presents no risk to the individuals who post on these message boards for a number of reasons. First, I will be analyzing postings as they occur naturally on the message boards, and will not alter the postings, influence or contact the message board users in any way. Second, I will be analyzing postings on cosmetic surgery message boards that millions of people all over the world can access any time of day, and I will only select postings from message boards that are considered public domains. For example, The Association of Internet Research (AOIR) (2002) states, "the greater the acknowledged publicity of the venue, the less obligation there may be to protect individual privacy, confidentiality, right to informed consent, etc" (p. 5). Therefore, based on this guideline, I will only choose message boards that contain a statement in the privacy or terms of service section of the website notifying users that any information they post on the message boards becomes public. Third, to protect the privacy of individuals who use these message boards I will not access any message boards that require a password or my registration as a member/user to view the content. I will avoid these websites because some users, especially teenagers, may view these message boards as more secure or private, potentially reflecting their wish to keep their discussions private (AOIR, 2002). Fourth, to further protect the privacy and anonymity of message board users I will remove all identifying information and names/pseudonyms from the postings selected for analysis.

7. Methods/Procedures:

The proposed study will use qualitative research methods with a social constructionist epistemology. Discourse analysis, specifically principals associated with discursive psychology will be used to analyze the message board postings.

The initial step in the data generation process consists of compiling a list of message boards dedicated to cosmetic surgery. The list of message boards that I will be analyzing can be found in Appendix A. If I require more message boards for this study I will send a revised list containing new message boards to the Behavioural Research Ethics Board for approval. Next, I will read through the postings on each message board and select only the conversations where participants talk about cosmetic surgery and identify themselves as teenage girls. All names/pseudonyms used by the girls and other information that could potentially lead to identification of the message board users will be removed from the selected postings to help protect the anonymity of the message board users. Postings selected will be copied and pasted into a word document and then printed off for easier analysis. Data collection and data analysis will occur simultaneously in order for me to track whether I should select more postings, or if my research questions have been answered sufficiently.

8. Storage of Data:
No special measures in regards to the storage of data will be taken for the present study because anyone, anywhere in the world, at any time could access the postings I will be selecting.

9. Dissemination of Results:
The data from this study will be published in the form of a Master of Education thesis. Results may also be used in academic publications or conference presentations.

10. Risk, Benefits, and Deception:
There are no risks or deception involved in this study because no human subjects will be directly involved. I will only be analyzing data that is freely available to the general public, and I will not have any contact with the individuals who make the postings I will select. Potential benefits of the proposed study include an in depth account of how teenage girls construct cosmetic surgery through the language that they use, an area of study that is missing in previous research.

11. Confidentiality
Data will be reported in the form of direct quotations taken from message board postings. In order to protect the message board users' anonymity all names/pseudonyms that could potentially be used to identify the message board user will be removed from the postings.

12. Debriefing and Feedback:
Debriefing is not necessary for the proposed study, because I will not be contacting the message board users in any manner

13. Required Signatures:

_____   _____
Rebecca Quaale: Master of Education Candidate,   Date
Department of Educational Psychology and Special Education,
University of Saskatchewan

_____   _____
Dr. Stephanie Martin: Supervisor,   Date
Department of Educational Psychology and Special Education,
University of Saskatchewan

_____   _____
David Mykota: Department Head,   Date
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Appendix B: Certificate of Ethical Approval

UNIVERSITY OF
SASKATCHEWAN

Behavioural Research Ethics Board (Beh-REB)
Certificate of Approval

PRINCIPAL INVESTIGATOR	DEPARTMENT	BEH#
Stephanie L. Martin	Educational Psychology and Special Education	10-07

INSTITUTION(S) WHERE RESEARCH WILL BE CONDUCTED
University of Saskatchewan

STUDENT RESEARCHERS
Rebecca Quaale

SPONSOR
SOCIAL SCIENCES AND HUMANITIES RESEARCH COUNCIL OF CANADA (SSHRC)

TITLE
Understanding Teenage Girls' Constructions of Cosmetic Surgery

ORIGINAL REVIEW DATE	APPROVAL ON	APPROVAL OF:	EXPIRY DATE
15-Jan-2010	16-Mar-2010	Ethics Application Consent Protocol	15-Mar-2011

Full Board Meeting ☐   Date of Full Board Meeting:

Delegated Review ☒

CERTIFICATION
The University of Saskatchewan Behavioural Research Ethics Board has reviewed the above-named research project. The proposal was found to be acceptable on ethical grounds. The principal investigator has the responsibility for any other administrative or regulatory approvals that may pertain to this research project, and for ensuring that the authorized research is carried out according to the conditions outlined in the original protocol submitted for ethics review. This Certificate of Approval is valid for the above time period provided there is no change in experimental protocol or consent process or documents.

Any significant changes to your proposed method, or your consent and recruitment procedures should be reported to the Chair for Research Ethics Board consideration in advance of its implementation.

ONGOING REVIEW REQUIREMENTS
In order to receive annual renewal, a status report must be submitted to the REB Chair for Board consideration within one month of the current expiry date each year the study remains open, and upon study completion. Please refer to the following website for further instructions: *http://www.usask.ca/research/ethics_review/*

John Rigby, Chair
University of Saskatchewan
Behavioural Research Ethics Board

Please send all correspondence to: Research Ethics Office
University of Saskatchewan
Box 5000 RPO University, 1602-110 Gymnasium Place
Saskatoon SK S7N 4J8

Appendix C: Data Sources

Message Board Title	Website	Public Message Board	Membership Required to View Posts
Make Me Heal	http://messageboards.makemeheal.com/	Yes	No
Beauty Surge	http://www.beautysurge.com/forums/	Yes	No
Health Boards	http://index.healthboards.com/cosmeticsurgery/	Yes	No
Yes They're Fake!	http://www.yestheyrefake.net/plastic_surgery_message_boards.htm	Yes	No
Ivillage Total Health Breast Augmentation	http://messageboards.ivillage.com/iv-bhbreastimpl Middle aged adults	Yes	No
So Feminine- Cosmetic Surgery Message Boards under Beauty	http://www.sofeminine.co.uk/world/communaute/forum/forum0.asp	Yes	No
Ivillage Message Boards UK Cosmetic Surgery	http://messageboards.ivillage.co.uk/iv-ukbtcosmetic	Yes	No
Dr. Phil Message Board, How Cosmetic Surgery Changed my life.	http://www.drphil.com/messageboard/topic/179	Yes	No
Yahoo Answers: Skin and Body	http://answers.yahoo.com/dir/index;_ylt=ApLOLf0j_ VeBa5IfYUO03cOx5HNG;_ylv=3?sid=396546060	Yes	No
Yahoo Answers: Beauty and Style	http://answers.yahoo.com/dir/index;_ylt=Ai8Sd85PmY9 .Q6le1xm4JH2e5HNG;_ylv=3?sid=396545144	Yes	No
Web MD Skin and Beauty Exchange	http://exchanges.webmd.com/skin-and-beauty-exchange	Yes	No
Breast Implants Discussion Forum: Implant Info by Nicole	http://forums.implantinfo.com/cgi_local/index.cgi	Yes	No
Face Forum	http://faceforum.com/cgi_local/index.cgi	Yes	No
Liposite Message Board	http://liposite.com/cgi_local/index.cgi	Yes	No