"We should educate the public that cosmetic procedures are as safe as normal medicine": Understanding corporate social responsibility from the perspective of the cosmetic procedures industry

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A B S T R A C T

The cosmetic procedures industry is profitable and expanding. Through its premise and promotion, the industry contributes to unrealistic societal appearance pressures considered harmful to body image. In the context of limited regulation, there is an uneasy reliance on businesses in the sector to act in a socially responsible way. Corporate social responsibility (CSR) refers to voluntary business practices designed to benefit society, and engagement in CSR is shaped by extrinsic and intrinsic drivers. This study aimed to explore how senior UK industry professionals view CSR as it applies to their sector and to body image. Findings from 14 semi-structured interviews show that participants' understanding of CSR was limited to a myopic focus on patients. Little reflexivity was demonstrated in relation to the industry's responsibilities concerning negative body image in society. More broadly, the drivers of socially responsible practice were overwhelmingly extrinsic – oftentimes explicitly linked to bolstering or protecting company and/ or industry reputation. Participants, acknowledging a lack of intrinsic motivation for CSR across the sector, were largely in support of greater regulation. This research contributes to understandings of how the adoption of a CSR agenda might combine with regulatory efforts to curb the industry's impact on negative body image.

1. Introduction

The global cosmetic procedures industry is profitable and expanding. The sector's market offering is increasing (i.e., more treatments are available) and treatments are becoming more accessible and affordable to the general public (Bonell et al., 2021). Moreover, market research projections estimate the industry to be worth USD 332.1 billion globally by 2030, up from USD 99.1 billion in 2022 – reflecting a compound annual growth rate of 14.5 % (Grand View Research, 2022). In line with global trends, UK data indicate historic growth in the sector over the past few decades (The British Association of Aesthetic Plastic Surgeons, hereafter BAAPS, 2019). Notably, much of industry's recent growth in the UK has been attributed to a rise in popularity of non-surgical cosmetic procedures including injectables (e.g., botulinum toxin – Botox™ and derma fillers), minimally-invasive body contouring (e.g., fat freezing – CoolSculpting™), laser treatments (e.g., hair removal), and topical skin treatments (e.g., chemical peels) which are offered at more affordable prices by beauty salons and high street retailers (BAAPS, 2019). According to Save Face (2022) – a UK voluntary register of accredited practitioners – non-surgical treatments account for nine out of ten cosmetic procedures or 70 % of the UK market.

Women are the primary consumers of cosmetic procedures, globally; the International Society of Aesthetic Plastic Surgery (2021) reported that 86 % of all cosmetic (surgical and non-surgical) procedures were performed on women in 2020. Recent UK data indicate that women undergo 92 % of all cosmetic procedures (BAAPS, 2019). Accordingly, feminist scholars contend that the industry profits from women's insecurities while simultaneously contributing to societal pressures to meet unrealistic appearance ideals, perpetuating a culture of negative body image (Davis, 1995; Widdows, 2018). Such claims are supported by empirical studies. Experimental research finds that the promotion of cosmetic procedures results in immediate declines in state body satisfaction and increases women's reported motivations to pursue procedures (Ashikali et al., 2017; Markey & Markey, 2010; Sperry et al., 2009). In parallel, correlational studies show that negative body image and low self-esteem are positively associated with an increased desire to undergo cosmetic procedures (Milothridis et al., 2016; Slevec & Tiggemann, 2010; Swami et al., 2009). Similarly, qualitative studies find that negative

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body image and related factors such as appearance ideal internalisation are important drivers in pursuing cosmetic treatments (Niya et al., 2018; Wu et al., 2022).

Therefore, there are clear links between the cosmetic procedures industry and negative body image. Importantly, negative body image is a public health concern and so, a social issue; it is pervasive and associated with numerous adverse health and life consequences (Atkinson & Diedrichs, 2021; Bornioli et al., 2019; Bucchianeri & Neumark-Sztainer, 2014; Griffiths et al., 2016). Drawing on business scholarship on CSR, this study qualitatively explores the perceptions of senior industry executives and consultant surgeons in the UK regarding CSR and body image to identify pragmatic approaches to macro-level social change related to the social issue of negative body image.

1.1. Cosmetic procedures

Distinct from reconstructive plastic surgery and gender-affirming surgeries, cosmetic procedures are elective surgical and non-surgical medical treatments designed to 'enhance' physical appearance (Sarwer, 2019). Though complication rates associated with cosmetic procedures are generally low (e.g., Gupta et al. 2016; Layliev et al., 2017), there are still risks of illness, injury, disfigurement, and mortality associated with both surgical and non-surgical treatments (Cárdenas-Camarena et al., 2015; Levy & Emer, 2012). Notably, risk is intensified by irresponsible corporate behaviour. One prominent example of this is the Poly Implant Prothèse (PIP) scandal: low-cost, industrial-grade (as opposed to medical-grade) silicone was used in breast implants, substantially increasing the medical risk (Latham, 2014). Further, while most patients report satisfaction with their procedure (Sobanko et al., 2018), there is a lack of evidence to demonstrate significant, sustained improvements in overall body image and self-esteem. Conversely, consistent evidence shows that vulnerable individuals (including those with body dysmorphic disorder, BDD) are overrepresented in cosmetic procedure settings and are more likely to report poor post-procedure outcomes (for a review, see Bowyer et al., 2016).

Beyond risks to patients or clients, marketing and promotion strategies employed by the industry can be detrimental to body image at the societal level. For example, experimental evidence indicates that exposure to cosmetic procedure advertising adversely impacts women's body image and increases intentions to pursue procedures (Ashikali et al., 2017). Similarly, studies show that viewing reality TV shows on cosmetic procedures is associated with an increased desire among women to change their appearance (Markey & Markey, 2010; Sperry et al., 2009). Moreover, feminist scholars argue that the mere availability of cosmetic procedures perpetuates a culture of negative body image, as it suggests the necessity for medicalised 'body work' in a patriarchal, neoliberal, capitalist system where you can pay (male) experts to 'improve', 'treat', or 'fix' your appearance (e.g., Widdows, 2018). In their recent commentary, Bonell et al. (2021) argued that the cosmetic procedures industry pathologizes normal variations in appearance, selling the idea that medical attention is required to 'correct' appearance, positioning the industry as responsible for its growth and relatedly, for contributing to rising body image concerns in society. In addition, in a recent qualitative study, Bonell et al. (2022) found that the normalisation of cosmetic treatments was an important factor in (Australian) women's desire to pursue cosmetic procedures. Consequently, the industry has an important stake in the societal norm of negative body image, particularly for women.

Despite the increased availability and popularity of cosmetic procedures, regulation aimed at protecting consumers and the public from the risks associated with industry practice is lacking in the UK (Health and Social Care Committee, 2022; Latham, 2014; Latham & McHale, 2020; Nuffield Council on Bioethics, 2017; Save

Face, 2022). Notably, Latham and McHale (2020) wrote: "the rapid expansion of cosmetic procedures in the UK has been accompanied by an incoherent, diverse approach to its regulation, and this, in turn, has given rise to concerns" (p. 2). Some recent progress has been made with the passage of a new law in the UK banning injectables for under 18 s – the Botulinum Toxin and Cosmetic Fillers Children Act (2021). In addition, early in 2022, the UK government announced an intention to introduce a licensing scheme in law to regulate non-surgical cosmetic treatments (Department of Health and Social Care, 2022). However, given the need for full engagement and public consultation, this will not be immediate. Indeed, a very recent report published in August 2022 has been issued by the UK parliament's cross-party Health and Social Care Committee (2022) urging the government to speed up the introduction of the promised licensing scheme to prevent vulnerable people being exploited. Further, despite calls, proposals, and legislative bills to prohibit cosmetic procedure advertising aimed at young people, surgical and non-surgical cosmetic procedures are still widely marketed (Latham & McHale, 2020). Although the Advertising Standards Authority (ASA, 2022) – the regulatory body for advertising in the UK – specifies that "ads should not trivialize cosmetic interventions or suggest that they be undertaken lightly", the ASA operates on a reactionary basis, so is limited in its capacity to prevent harmful advertising practices.

In a context where there has been little regulation or government action to protect vulnerable individuals from pursuing procedures and the public from unrealistic appearance pressures, there is an uneasy reliance on the industry to assume responsible business practices. We position negative body image as a 'grand challenge' - a large-scale, complex, enduring problem that affects large populations and has a strong social component (Ferraro et al., 2015). As highlighted above, negative body image is pervasive, particularly among women, and is associated with deleterious outcomes such as eating disorders, poor mental health, and disengagement in important life activities (e.g., Atkinson & Diedrichs, 2021; Bornioli et al., 2019). In addition, in line with feminist scholars (e.g., Davis, 1995; Widdows, 2018), we contend that the cosmetic procedures industry plays a significant role in fuelling this grand challenge. Yet, to our knowledge, there is no research exploring the extent to which the cosmetic procedures industry accepts and understands corporate social responsibility in this socio-cultural context.

1.2. Corporate social responsibility

Corporate Social Responsibility (CSR) is broadly defined as "actions that appear to further some social good, beyond the interests of the firm and that which is required by law" (McWilliams & Siegel, 2001, p.17). CSR is often understood as an umbrella term; in theory and practice CSR can serve diverse roles and functions, be aimed at different audiences, and be underpinned by distinct drivers. According to the categorisation of CSR theories proposed by Garriga and Melé (2004), CSR can be viewed as (i) instrumental (a means to advance and achieve economic objectives through social activities), (ii) political (a mechanism to influence policy), (iii) integrative (a way to proactively and reactively respond to social demands to achieve social legitimacy and acceptance), and (iv) ethical (an obligation to society for the benefit of society).

Research has started to explore CSR in relation to negative body image in society. In a qualitative study exploring CSR and body image with 45 senior executives working in the fashion, beauty, and advertising industries, fostering positive body image through actions like using more inclusive imagery in advertisement campaigns and expanding product ranges (e.g., increasing the ranges of clothing sizes on offer) was often, though not exclusively, positioned as a way of creating shared value, i.e., benefiting both society and the business (Craddock et al., 2019). In a study examining the motivations behind US pharmacy CVS's Beauty Mark campaign, Danthinne et al. (2022)

found similar findings based on qualitative investigation with 11 participants, including seven industry professionals (seniority unspecified). Results from both studies suggest the role of CSR could best be understood through both an instrumental and integrative perspective; that is, fostering positive body image was viewed as profitable, and increasingly necessary in response to pressure from key stakeholders including customers and employees. However, given the more contentious nature of the cosmetic procedures industry in relation to body image, it may be more appropriate to consider ethical approaches (i.e., focused on transparency and integrity) to CSR and corporate governance.

1.3. CSR and controversial industries

Controversial industries are those associated with inherent harms to society and /or the environment due to the product/service offered (Cai et al., 2012). Prior research has considered CSR as it applies to controversial industries that pose public health risks, including tobacco (Palazzo & Richter, 2005), alcohol (Mialon & McCambridge, 2018; Yoon & Lam, 2013), and weight loss and muscle building supplements (Kulkarni et al., 2017). However, CSR has yet to be explored in the cosmetic procedures sector, despite calls for the UK cosmetic procedures industry to adopt a more socially responsible approach (Nuffield Council on Bioethics, 2017).

The adoption of CSR by controversial sectors is contentious (Cai et al., 2012). Some scholars argue that in the case of controversial industries, CSR initiatives are irresponsible, holding that governments should de-normalise such industries and regulate all permitted practices and activities to ensure they are socially responsible (de Andrade et al., 2020). However, others view CSR as a necessary means to limit the negative impacts on society, particularly when government regulation is lacking (Lindorff et al., 2012; Lin-Hi & Müller, 2013; Yani-de-Soriano et al., 2012). For example, Lindorff et al. (2012) argue that "some social good is better than no social good" (p.9) and propose that minimising harm is a useful focus of CSR activities among controversial industries. Some evidence also shows that CSR applied to controversial industries can reduce the risk for businesses, enhance reputation, and foster greater legitimacy to operate in society (Cai et al., 2012; Jo & Na, 2012). Notably, some controversial industries (e.g., alcohol) have introduced a combination of regulation and CSR programmes to attempt to reduce public harm (Mialon & McCambridge, 2018).

1.4. Drivers of CSR

In assessing the role and potential contribution of CSR, it is valuable to understand **why** businesses engage in CSR. An important first step is to understand the motivations or drivers of key actors, in order to frame opportunities to mobilise industry change. Understanding extrinsic and intrinsic drivers may be especially relevant in sectors where CSR agendas are not widely established (Nave & Ferreira, 2019). Extrinsic drivers include those relating to rewards or penalties (Deci & Ryan, 1985) and are common motivations for CSR among contentious industries (Aguilera et al., 2007; de Andrade et al., 2020; Hastings & de Andrade, 2016). Therefore, CSR might be motivated by shareholder demands, media/consumer pressure, or a drive to enhance business or sector reputation with stakeholders, including the general public (Muller & Kolk, 2010; Story & Neves, 2015). Research on controversial industries has also linked extrinsic drivers with CSR designed to frame public discourse in a way that supports company goals and avoids or delays regulation (de Andrade et al., 2020), notably limiting the potential for public harm reduction (Mialon & McCambridge, 2018).

In contrast, intrinsic drivers of CSR include management morals and values. Research has related intrinsically-driven responsible behaviours to altruism and acting without expecting any external

reward (Nave & Ferreira, 2019). When a firm engages in CSR because "it is the right thing to do and done out of one's free will without compulsion or coercion" (Grimstad, Glavee-Geo, & Fjørtoft, 2020, p.553), the efficacy and scale of CSR efforts is often greater (Graafland and Van de Ven (2006)). Drivers of business practices underpinned by 'organisational goodness' (Heugens et al., 2008) inform the actions of the individuals who make daily decisions (Grimstad et al., 2020) and can shape institutional understandings of responsibility to society.

Importantly, Muller and Kolk (2010) warn against overly simplistic binaries, suggesting that both extrinsic and intrinsic factors matter through their "virtuous interaction" (p.7). When both are present in a firm they can be mutually reinforcing and contribute to overall sector transformation. For example, intrinsic drivers may bolster the pressure from extrinsic factors to create a proactive focus on seeking opportunities for positive societal impact rather than responding to sanctions or aiming to appear legitimate and be granted a social licence to operate (Muller & Kolk, 2010). Therefore, understanding the interaction between intrinsic and extrinsic motivations is a valuable framework for understanding the reasons firms behave the way they do (Grimstad et al., 2020) and for understanding possibilities for voluntary industry transformation.

1.5. The present study

Given the associated risks and the current regulatory landscape of cosmetic procedures in the UK alongside the 'grand challenge' of negative body image, it is important to consider ways in which the cosmetic procedures industry can be more socially conscious. This study offers a first insight into the intrinsic and extrinsic drivers for social responsibility within this sector, as well as an understanding of how industry actors position their responsibilities. This understanding will have the potential to inform future actions to tackle macro-level body image concerns.

As yet, there is little evidence of programmatic CSR within the UK cosmetic procedures industry despite growing public focus. Therefore, by seeking a range of perspectives from 14 UK cosmetic procedures industry professionals including surgeons, training providers, insurers and clinic managers, this study aims to address the following questions: (i) how do influential professionals working in the UK cosmetic procedures sector understand their industry's broader societal responsibilities in relation to body image and relatedly, (ii) how do they view CSR and understand it as it applies to their industry practice? In doing so, this study explores CSR as a potential mechanism to protect prospective patients or clients from potential harms and to achieve socio-cultural change. Further, by offering a rich understanding of the types and limits of responsibilities to society currently articulated by key players in the sector, this study has implications for the way CSR is incorporated into business practices in future and for prospective regulation designed to limit societal harms related to body image.

2. Method

2.1. Participants

Using purposive maximum variation sampling, prospective 'elite interviewee' participants from different segments of the UK cosmetic procedures industry were invited by email to take part in a confidential interview. The term 'elite interviewee' refers to individuals who have relative power and influence in a given industry or sector. For example, Welch et al. (2002) define an 'elite interviewee' as an "informant who occupies a senior or middle management position; has functional responsibility in an area which enjoys high status in accordance with corporate values; (and) has considerable industry experience and frequently also long tenure

with the company" (p.613). Accordingly, participants were approach based on their role and influence within the UK cosmetic procedures industry. Further, we purposely sought to include those working in different segments of the industry such as those working at large clinic groups, consultant surgeons who have or have had influential roles in professional associations, and those working for manufacturers, training, and insurance providers. Potential participants were identified via UK company websites, LinkedIn searches as well as recommendations from colleagues and participants. Out of a total of 29 senior professionals approached, 14 professionals accepted the invitation to participate. Participants were either industry executives (i.e., a person with senior managerial responsibility in a business) or consultant-level cosmetic surgeons.

Information power (Malterud et al., 2016), which gives preference to the depth, quality, and relevance of the data and the use of key informants determined a pragmatic decision on sample size. In line with Malterud et al.'s (2016) recommendations and criteria for high information power, we concluded data collection based on an assessment of the quality of the interview dialogue, of the specificity of the sample, and case-by-case analysis to ensure our research questions were adequately addressed. Participant demographics are presented in Table 1.

2.2. Procedure

The first author conducted all of the semi-structured interviews in early 2018. Interviews were held either via telephone (n = 8), video conferencing software (n = 2), or were held in person (n = 4), according to participant preference. Given the professional status of participants and their position as a 'hard-to-reach' group given the discussion topic, it was important to offer flexibility in order to secure interviews. Interviews were audio recorded and lasted an average of 52 min (range 40 – 71 min).

The study was approved by the University of the West of England's Faculty of Health and Applied Sciences' ethics committee, approval ref: HAS.17.05.156. All participants provided informed consent and were assigned pseudonyms. Audio recordings were deleted following analysis.

Table 1
Participant demographics and industry representation.

	Participants (n)	
Men	11	
Women	3	
Mean Age in Years (SD)	45.5 (11.0)	
White	13	
Education		
Medical Degree	6	
Non-Medical Post-Graduate	2	
Graduate	5	
High School	1	
Mean Years of Industry Experience (SD)	14.2 (9.5)	
Industry Sector Representation		Participant Pseudonyms
Clinic Group	2	Tom, Russell
Consultant Surgeon/Private Practice	5	Ken, Kevin, Kyle, Mauricio, Paul
Manufacturing	4	Aaron, Denise, Harry, Lisa
Insurance	2	Edwin, Kimberly
Training Provision	1	Jason
Company Revenue* (approx.)	£350k–£16b	
Company Employees N (approx.)	3–30k	

*Note: the insurance and manufacturing companies have other offerings beyond those related to cosmetic procedures. Approximately a third of participants did not disclose financial information.

2.3. Materials

The exploratory semi-structured interview guide contained questions probing participants' views on the nature of the social responsibilities of the industry, as well as the relevance and meaning of corporate social responsibility for the industry as it relates to body image. For example, participants were asked: "What do you think are core responsibilities of the cosmetic procedures industry towards (a) clients and (b) society?" "What do you think the role is for external regulation when it comes to responsibilities of the industry?" Towards the end of the interview, participants were asked: "What do you think the industry's role is in relation to body image?" To mitigate defensiveness, participants were primarily asked to reflect on their view of the industry as a whole, as opposed to the practices of their own organisation/clinic. However, one question was designed to challenge participants to elicit spontaneous relevant responses: "Sometimes the industry is criticised for profiting from people who have a negative body image. How would you respond?" The interview guide is available in the Supplementary Online Materials.

2.4. The research team and positionality statement

All authors are cisgender women and have a feminist leaning to their work and worldview. The first author is a South Asian body image researcher in her 30 s, with experience in interviewing business stakeholders as well as in qualitative methods. The second author, in her 40 s, is a senior lecturer in management at a UK business school, with expertise in (critical) social marketing and behaviour change. The third and fourth authors are both professors in psychology and are in their 60 s and 30 s respectively. Of note, the third author has extensive expertise and experience working with the cosmetic procedures industry. Meanwhile, the fourth author has extensive expertise and experience working with the corporate sector more broadly.

The first author conducted the interviews and led the analysis. Consequently, her positionality in relation to participants warrants discussion for research transparency in understanding the data generation. As someone who does not work in the cosmetic procedures industry, the first author held a 'naïve' outsider status. We perceived this positionality helped generate rich data as participants did not assume shared understanding, and so often explained practices, perspectives, and contextual information in detail. Further, the first author took care to present as neutral in her outlook towards cosmetic procedures. Occasionally she was asked directly about her views on cosmetic procedures prior to conducting the interview, to which she responded neutrally, stating factual information: e.g., that she has had laser hair removal in the past and has friends who have had surgical and non-surgical procedures. This candour helped build rapport with participants. Furthermore, she also expressed to all participants that she is particularly interested in CSR and understanding how the cosmetic procedures industry, which is changing and growing rapidly, moves forward responsibly. This also served to facilitate rapport and trust with participants as there was an appreciation that their expertise and insight was important in understanding the workings and future of the sector.

Finally, the first author's view on the industry is relevant in understanding any potential biases in the data analysis. The first author believes in body autonomy and does not believe people who undergo cosmetic procedures should be stigmatised for their individual choices in response to societal pressures. However, she holds that while cosmetic procedures (beyond reconstructive and gender-affirming surgeries) may be 'empowering' at the individual level for some, they are not 'empowering' for society at large. She has deep concerns for how the promotion of cosmetic procedures is

contributing to appearance dissatisfaction in society, particularly among young people.

2.5. Data analysis

The interviews were analysed using reflexive thematic analysis - a flexible method that allows for a rich and complex account of qualitative data (Braun & Clarke, 2019). The theoretical stance used in this research was feminist pragmatism. Pragmatism focuses on making a difference, finding solutions to real world problems, and embracing, rather than reducing complexity (Morgan, 2007). A feminist lens was added to incorporate the authors' worldview and critical perspective.

Following guidance outlined by Braun and Clarke (2006, 2019), the first author transcribed each interview, read all transcripts several times and re-listened to the audio recordings to facilitate data familiarisation. Latent coding was guided by abductive reasoning in which both the data and the existing literature and project research questions informed the coding process (Morgan, 2007). Codes were reviewed with the third and last author, and collaborative decisions were made with all authors to ensure that there was support for each candidate theme and that there were clear distinctions between themes. Meetings were held with all authors to discuss and revise candidate themes. In line with reflexive thematic analysis, and for epistemological alignment, post-positivist approaches to qualitative methods such as the use of a codebook, double coding, or conducting inter-rater reliability were not employed. Once final themes were agreed upon, they were reviewed again following re-reading all 14 transcripts to ensure consistency and validity.

Quality was ensured by following the criteria specified by Santiago-Delefosse et al. (2016) including a focus on credibility, reflexivity, and transferability. For example, substantial time was spent reviewing and making sense of the data, situating it with existing scholarship, and discussing it among the authorship team. To ensure reflexivity, the first author kept a reflexive journal throughout the interview period and data analysis, noting personal reactions to participants' statements, non-verbal cues and observations, and impressions of the overall interaction with participants. These notes were particularly rich for face-to-face interviews, which were held in participants' place of work. Finally, considering transferability, preliminary findings were discussed with public health scholars who have explored CSR in the context of diet and muscle building supplements and examined closely in relation to existing literature on CSR in the context of other industries.

3. Results

Data analysis generated three themes. The first theme – 'maintaining or improving the reputation of the sector' – details how participants positioned patients' safety and satisfaction as the primary responsibilities of both their company's work and the industry. In parallel, it demonstrates the minimal consideration participants showed concerning the broader role the industry might play in societal appearance standards. The second theme – 'the industry is at the "end of the line" for body image concerns' – explicitly presents participants' views on the sector's role in relation to societal appearance pressures and body image. The third and final theme – 'devolved corporate responsibilities within a fragmented industry' – highlights tensions that may obstruct the development of a CSR agenda, particularly in relation to broader societal appearance pressures.

3.1. Maintaining or improving the reputation of the sector

Participants' views on the industry's responsibilities centred on a medical duty-of-care to patients undergoing cosmetic procedures,

followed by ensuring patients or consumers were getting a high-quality service – often akin to 'natural-looking' outcomes they were happy with. This theme identifies a lack of discussion about the responsibilities of the sector in relation to unrealistic appearance ideals and negative body image in society. It highlights the lack of intrinsic, values-driven motivations to limit potential societal harms.

3.1.1. Protecting company and industry reputation through a focus on patients

Participants were motivated to avoid reputational risk and protect profit margins by keeping patients safe and satisfied. Patient safety (i.e., ensuring individuals are not unduly harmed or put at risk for illness as a consequence of undergoing a cosmetic procedure) was positioned as the most significant responsibility for the industry. For example, Denise (manufacturing) explained that "the biggest responsibility is to ensure that the patient is safe and to use safe products […] safety is the number one concern." Similarly, Russell (clinic group) emphasised that "at the end of the day, [safety is] an absolutely critical element of everything we do, we are performing medical procedures, we absolutely have to be safe." Notably, there was an emphasis on ensuring the industry's reputation as safe and therefore trustworthy, as expressed by Kimberly (insurance):

> There's a responsibility to make sure that the perception of the industry is as safe as it can be, and it is being carried out to a very high standard and that there is no differentiation between that and general medicine.

Following safety, patient selection and satisfaction were described as key, often interconnected, responsibilities that were clearly also related to industry and company reputation. Specifically, selecting the 'right' patient (i.e., avoiding vulnerable individuals who may more likely to report unfavourable outcomes such as those with BDD) was articulated as an important practitioner responsibility. In addition to risking consumer dissatisfaction, participants highlighted that performing procedures on the 'wrong' patients could be financially and reputationally damaging. For instance, Edwin (insurance) stated, "if [a practitioner] treats the wrong patient and a claim comes in, it's going to be extremely costly for them and impact them considerably." However, there was no clear consensus on the criteria for declining 'wrong' or unsuitable candidates. Some participants acknowledged this uncertainty, with Ken (surgeon) explaining that how to spot unsuitable patients is unclear, not just those within the industry: he said, "the majority of surgeons don't understand this well… even the majority of psychologists don't understand this very well."

Patient satisfaction and 'natural-looking' aesthetic results of treatments were expressed as valuable to the reputation of the industry as well as the reputation of individual providers in a competitive consumer market. For example, Tom (clinic group) highlighted the importance of 'quality outcomes' for satisfying consumers:

> I think the next thing after [safety] is quality of outcome. If we have a client who is paying a lot of money to perform a procedure of whichever sort, they have to be absolutely confident that we can deliver for them.

Meanwhile, Jason (training provider) explained the reputational emphasis on 'natural-looking' treatment outcomes and its associated commercial benefit:

> We come up with a management plan, which is appropriate for [the patient], which would not put them in the bracket of being called 'unnatural' because we don't want them to be…they are an ambassador for our results. And then, what we find is by treating the patient that way, […] you actually find yourself in a position where you get a lot more repeat clients, which can then lead to more

revenues and profit. So, you can make a very good case that you can have a successful business because you are ethical.

Notably, for Jason, the motivation to achieve 'natural' looking aesthetic outcomes and associated patient loyalty represent an entangling between commercial success and perceived ethical business practice.

When discussing the marketing of cosmetic procedures in relation to body image, many participants emphasised the need to show realistic aesthetic outcomes in their marketing so that patients will be satisfied with the outcome. Therefore, realistic marketing was viewed as an opportunity to better ensure patient satisfaction, which in turn would enhance the reputation of the industry. This is evident in the following quote from Aaron (manufacturing):

Let's not forget that the industry is responsible for giving people aesthetic outcomes and if the cosmetic surgery industry sets unrealistic and unobtainable expectations for people and then are not able to meet those expectations, they [will] have pretty unsatisfied customers. [...] I believe that the cosmetic industry itself strongly tries to promote a leaning towards, natural, subtle enhancements or improvements for anyone that accesses treatment.

For Aaron, industry responsibility is entangled with patient satisfaction. However, not all participants agreed that emphasising obtainable, realistic aesthetic outcomes is necessary in industry marketing. For some, including Tom (clinic group), expectation setting could wait until the point of consultation:

To some degree obviously [people] will look at a website like ours and say 'oh yeah, wow! They can do this for me'. Therefore, that will have some impact on their decision making. [Our responsibility] is lobbing in a very heavy dose of reality.

Patient satisfaction and procedural outcomes also afforded an opportunity for providers to position themselves as superior to their competitors by offering better service and aesthetic results. This further emphasises the intersection of perceived industry responsibility to patient safety and satisfaction with outcomes, and enhancing/protecting reputation. Harry (manufacturing) said:

People with more money [...] see top practitioners [...and] pay a lot of money to have a good treatment done [...so] come out with a very natural looking result, verses somebody who will unfortunately go into their local hairdresser or beauty salon and have somebody who isn't really qualified to do something to them, which will either leave them scarred or at best, not looking particularly good.

Similarly, Aaron (manufacturing) said:

People at the top of the market, customers, and practitioners are able to provide a good service and pay for it, whereas at the bottom end, they are getting a bad service at best, and a dangerous service at worst.

Together, reputation and profit represent the main extrinsic drivers that underpinned the responsibilities that industry actors perceive as their priorities. These are most frequently framed at an individual level, focusing on patient safety and satisfaction with treatment outcomes. Responsibility to societal-level negative body image is conspicuously absent from these accounts.

3.1.2. Destigmatising the industry and educating the public to improve reputation

When pressed about the socio-cultural norms relating to body image and cosmetic procedures, participants cited two entangled responsibilities: de-stigmatisation and education. Both are viewed as mechanisms to enhance the industry's reputation by focusing proactively on protecting clients and driving satisfaction. First, participants often lamented how the industry and consequently how those who undergo procedures were viewed in society. For example, Kimberly (insurance) said, "in mainstream society, [cosmetic procedures is] still quite a taboo area. [...] We should educate the public that cosmetic procedures are as safe as normal medicine." Similarly, Jason (training provider) spoke about the "stigma in society", stating, "it's still not entirely socially acceptable to talk about in conversation, 'my cosmetic surgery'", despite the fact that, "the motivation [of pursuing cosmetic procedures] is, 'I want to be the best version of myself'." Although Jason acknowledged the increased risk and costs associated with cosmetic procedures compared to beauty treatments or wearing make-up, for him, the motivations are the same. He said, "it's the same reason someone might want to wear eyeliner or someone will get a breast augmentation", thereby implying cosmetic procedures should be normative in society.

Aaron (manufacturing) described the consumption of cosmetic procedures as a 'noble pursuit' and added that the responsibility of the industry is in 'educating' the wider public to reduce 'myths and stigma':

The cosmetic procedures industry is obviously treating individuals based upon their individual cosmetic concerns, but I suppose the industry maybe has the opportunity to educate the wider public to try and dispel some of the myths and stigma associated with this market. There's a wide public assumption that the people that access cosmetic treatments are vain, and they are self-interested and pursuing ideals, but actually, when you are in the industry, you see a much more noble pursuit in many respects and people [...] are trying to genuinely improve their self-esteem and bring confidence back to themselves.

Aaron's perspective represents a view that disconnects the consumption of cosmetic procedures from the market that offers them. As such, he continued to connect industry responsibility to the satisfaction of consumers:

As with any industry, each industry has a responsibility to the people that it serves, so I suppose the cosmetic surgery and procedures industry potentially has a service to offer to anybody and everybody and therefore you might suggest that it has a responsibility then to educate the public at large. But beyond that, it's a difficult question for me to answer.

Jason (training provider) emphasised the role of education as a core responsibility, suggesting that a public health campaign could educate people about how to shop knowledgeably for procedures: "I suppose education of the end user, education of the public to know what to look for, would be an amazing national health campaign." Similarly, in relation to consumer choices and understanding associated risks and complications, Kimberly (manufacturing), stated that "education is critical". She expanded on this point to describe how manufacturers also need to educate surgeons, who in turn ought to educate consumers, though she also stated "we have to be careful that we don't overstep the surgeon's contact with the patient". Therefore, while some responsibility of the manufacturing sector is acknowledged, the focus is limited to patient safety and satisfaction, rather than broader societal considerations.

Overall, participants decoupled any industry responsibility from the normativity of negative body image at a societal level. Rather, they tended to emphasise the need to destigmatise the consumption of cosmetic procedures, offering education as a key responsibility that would allow consumers to engage freely with the market. Awareness of deeper connections between industry practices and societal body image were not apparent. Moreover, by focusing on educating the (prospective) patient, responsibility was shifted back on the individual consumer rather than the industry itself.

3.2. The industry is at the 'end of the line' for body image concerns

This theme demonstrates how participants often disconnected activity within the sector from macro-level body image concerns, focusing on the intention to address patients' needs rather than focus on the implications of meeting these needs on the general public or on society as a whole. For example, Aaron (manufacturing) said, "the industry itself doesn't generally try to promote unrealistic or unobtainable expectations for body image." Participants deflected discussion concerning the industry's influence on socio-cultural aspects of body image onto individual-level outcomes, presenting their businesses as providing a valuable, highly skilled service that had the capacity to improve people's lives. For example, Ken (surgeon) explained that "cosmetic surgery, undoubtedly, for the right patients […] could give really powerful outcomes. You could see people who, you know, really, whose lives are significantly enhanced by it." Similarly, Kyle, another surgeon, described cosmetic surgery as "trying to augment your lifestyle and more often than not, a psychological impression of wellbeing." He continued to compare the benefit of cosmetic procedures to reconstructive ones, "at various points in time in people's lives, it can be equally as important." As illustrated by Ken and Kyle, participants emphasised the benefits of cosmetic procedures to consumers' body image and psychological wellbeing, without long-term data to support these claims.

Participants also tended to define their responsibilities as being limited to clients who are seeking, or considering, cosmetic procedures. The boundaries did not include any broader engagement with societal discourse or cultural conventions about the significance of body image and the imperative to 'work' on your body. This demonstrates a lack of perceived accountability for the role of business in society. Ken (surgeon) said, "I don't think the industry has any responsibility for someone who has no interest ever seeking cosmetic procedures." Russell (clinic group), agreed, reiterating that the key extrinsic drivers of social responsibility centre on patient safety and reputation protection:

> I think our responsibilities to society are the responsibilities to our clients – to be safe and to be high quality and to deliver good outcomes. Underneath, running under all of that is 'not taking the piss'. It is not doing procedures that are unsuitable, unethical, certainly not ones that are unsafe […] But that applies to the client, and therefore to wider society.

Russell's navigation of the sector's responsibilities is somewhat confused in this statement. Although he acknowledges 'wider society', he offers a collapsed view of society as constituting clients, where safety and 'good outcomes' are the central responsibilities.

Participants also deflected responsibility related to negative body image in society to other industries, describing their own sector as the "end of the line" (Tom, clinic group); 'fixing' body image problems caused by other pressures with medical treatments. For Tom, "it's the media and magazines, and fashion industry in its widest sense that have the biggest influence [on body image]." Similarly, Kevin (surgeon) described the cosmetic procedures sector "reflecting what society is wanting […there are other] industries that are far more influential." Lisa (manufacturing) stressed attention should be paid to "what's driving these people to the clinics in the first place?" Ken (surgeon), stated:

> There are lots of drivers for [body image] anxiety in the first place, and the role that cosmetic surgery plays in that is probably actually quite limited. What is it that makes people anxious before they even have address or phone number of a surgeon in their phone?

Jason (training provider) suggested that a lack of "good role models for young women" is a driver in the demand for cosmetic procedures, in addition to social media peer pressures. He continued, "Instagram is propagating fairly false ideals of beauty. There's a lot of peer pressure. If one girl in a group of friends gets fillers, then often all of them will – I've seen this first-hand." There was often also a degree of defensiveness in participants' responses when pressed about the sector's responsibilities towards society and body image. This is evident in the following quote from Jason:

> I think that there are multiple factors at play. Some of them, you could ask the same question about journalism, you could ask the same question about social media, you could ask the same questions about other forms of body transformation such as nutrition, body building, tattoos, piercings […] What parts of society do you mean? Do you mean the economy? Do you mean the culture? Do you mean the overall net health of the country? What metrics are you using?

3.3. Devolved corporate responsibilities within a fragmented industry

Discussion about accountability for socially irresponsible industry practice further revealed the paucity of intrinsic drivers of CSR. Responsibility for socially irresponsible practice (such as ineffective or dangerous treatment) was systematically deflected onto a range of stakeholders including customers, regulatory bodies, and other industry actors.

3.3.1. Consumer responsibility

Participants gave patients or 'consumers' a high degree of individual responsibility for their choices, rather than understanding them as acting within a socio-cultural system that supports negative body image, of which they are a part. As Ken (surgeon) stated, taking about less invasive medical treatments on the market such as CoolSculpting ™, "if patients… if consumers are stupid enough to go and buy things which actually will give them no benefit in their lives, that's up to them to some extent." Further, in their demand for quicker and cheaper services, consumers were attributed a role in driving shortcuts in care provision including overly brief consultations that are necessary to ensure patient suitability. Edwin (insurance) described the consumer market forces influencing less ethical practice:

> People aren't interested in who's doing the work or what might go wrong, they are looking at can you do it please, and can you do it next week? And how much is it going to be?

Without regulation driving extrinsically motivated responsible practice, the current tendency to devolve responsibility for the uptake of services to individual customers is likely to continue. Similarly, the development of a CSR agenda for the sector is unlikely to be seen as a priority.

3.3.2. The responsibility of regulators

Further emphasising the lack of intrinsic commitment to social responsibility currently within the industry, Kimberly (insurance), explained that "regulation is part of the corporate social responsibility in this industry if I'm honest, and I think until that's there, it's not fully going to be achieved." Jason (training provider) expressed an almost identical sentiment, that "corporate responsibility won't be fully achieved until things are formally regulated." The sense here is that responsible industry practice is unlikely or impossible without regulation. Rather, as Aaron (manufacturing) notes, poor ethical practices have not been left behind because they remain 'doable' and profitable:

> I'm surprised to see clinics advertising weight loss programmes or fat freezing or fat whatever it is that promise [the consumer they will] lose four stone overnight and do it for half price and all this sort of jazz that I thought we had left behind but apparently it is still doable.

Similarly, Denise (manufacturing) explains that the guidelines should be clearer and better enforced when it comes to advertising.

The guidelines and the regulations around how practitioners and private practices communicate with the public should really be a bit clearer and they should be more effectively enforced by the advertising authorities and regulators if people are to breach those guidelines.

It is apparent that in the absence of intrinsic motivations for social responsibility, participants viewed extrinsic drivers in the form of regulation as necessary to ensure ethical practice.

3.3.3. The responsibility of less ethical industry others

Furthermore, participants deflected responsibility from their own organisations on to other parts of the sector when discussing patient safety and ethical industry standards, reflecting multiple tensions between industry actors across a fragmented sector. First, there was mistrust and suspicion directed at 'rogue' or 'unscrupulous' actors within the industry, again perceived to be the result of a lack of regulation. As Harry (manufacturing) said:

Compared to other medical sectors, [there is] a perception that the industry has a darker side to it […] because it's not a tightly regulated as other sectors might be. There are unscrupulous characters practicing it that will, you know, use products that aren't properly sourced, that could be a bit dodgy.

Other participants also commented on the 'darker side' of the sector, particularly directed at non-medical professionals, who are unregulated and labelled 'dangerous', as Russell (clinic group) explains:

There's a big issue… because there is really no regulation at the moment and that's actually dangerous. People who are firing lasers onto unsuspecting clients do need to be qualified because lasers are a dangerous weapon.

Non-medically trained practitioners were described as incompetent, thereby threatening the industry's reputation due to the risk of harming patients. Participants often attempted to distance themselves from others they perceived to be operating in a less ethical manner. Aaron (manufacturing) said:

There is a whole other world out there within our market of – people talk a lot about the beauticians and individuals that are administering treatments that are non-medical. I don't have exposure to those people [but] I can hold my opinion about [non-surgical procedures] being something I think should be done only by medics.

Aaron's use of 'those people' suggests clear tension between medical and non-medial sections of the industry.

Clinical participants particularly highlighted how the 'whole other world' of non-medically trained providers do not have a governing agency ensuring good and ethical practice as indicated by Jason (training provision):

I'm accountable to the GMC, if I do something that's out of my competency, then I can expect to be penalised and my license can be taken away from me. There's no accountability to a hairdresser. So, they pose a risk potentially to public safety because there's no penalty if they do something horrific.

As well as reflecting tensions between parts of the industry, this perspective positions social responsibilities as extrinsic rather than intrinsic, because it is related to a threat of penalty. Without such extrinsic, regulatory framework, such as for hairdressers, Jason suggests that responsible practice cannot be insured.

Another tension emerged from conflicting understandings of responsibility between those working in smaller organisations and the 'big providers', where socially responsible practices were constrained by profit-driven motivations. This is illustrated by Edwin (insurance):

We've got to be a bit careful that we don't end up with a conveyer belt industry that it's all about the money and just getting the numbers through the doors. […] I think the big providers need to take much more of a responsible attitude.

However, Russell and Tom, professionals working at clinic groups, asserted the opposite; larger organisations promote higher ethical practice as practitioners must adhere to the groups' standards, offering patients protection against "cowboys" (Tom) or "unscrupulous characters […] going rogue" (Russell). These contradictions suggest a level of internal suspicion within the sector and illuminates how responsibility is readily devolved to others, distracting from rigorous reflection about socio-cultural as well as individual risks.

The final internal tension our data illuminates arose between practitioners and non-practitioners, including insurers, manufacturers, and those in business positions within clinic groups. The preoccupation of non-practitioners with the commercial aspects of the business were characterised as overshadowing or compromising any other responsibilities. To illustrate this, Ken (surgeon) commented:

If you are a commercial director of one of these organisations with no clinical background, and no clinical responsibility, of course you are going to try and make it sound as if [cosmetic procedures are] going to change people's lives and it's going to be a very easy thing to have done and it's largely free of risk, that's natural. If you are a clinician, you understand your responsibility and you see the effects of your actions. If things go wrong, you see it and you really feel it.

Conversely, manufacturers often highlighted the role of the 'irresponsible' practitioner in compromising patient safety and harming the reputation of the sector. For example, Lisa (manufacturing) stated, "it's not the drug that will kill you, it's someone who is administering it in heavy doses or the wrong way." Similarly, Harry (manufacturing), emphasised the responsibility of the practitioner and patients: "at the end of the day, if somebody decides to go to a practitioner and that practitioner decides to inject them with one of our products, we can't be there to stop all of that." In turn, Lisa (manufacturing) emphasised surgeons' responsibility to selecting the right patient:

I think the people on the front line, so the surgeons, they have a duty and a responsibility to make sure that they are not furthering someone's anxieties and if that person needs help, there's someone to go and give them help.

Summarising these tensions between industry actors, Edwin, (insurance) explained:

There is a lot of cross-competition. So, the GMC [General Medical Council] don't think the GDC [General Dental Council] members are qualified enough. Nurses hate the doctors; doctors hate the dentists. Beauticians are the lowest part of the food chain.

Despite all participants stating they would be interested in shaping the future directions of a more responsible, reputable industry, some were sceptical about an industry-wide approach, including Russell (clinic group), "the risk of that of course, is that are we comfortable being in a group with some of our competitors who may not have some of the same ethical views that we do? It's not straightforward." Distrust for the 'less ethical other' was common and apparent in how responsibilities were devolved.

4. Discussion

The body image and eating disorder prevention literature has made frequent calls for industries to engage in CSR to minimise harms caused in relation to body image at a societal level (e.g., Atkinson et al., 2020; Bell et al., 2016). Yet, few studies have examined the motivations of industry professionals to engage in CSR related to body image. This study explored the way intrinsic and extrinsic drivers manifest in the assumptions and explanations of senior UK cosmetic procedure professionals in relation to the industry's role in contributing to negative body image at a societal level. Findings offer insights relevant to future efforts to foster a CSR agenda in this sector and to the potential of CSR in challenging current conventions contributing to negative body image.

Findings suggest a dearth of intrinsic motivators upon which to develop a unified industry-wide CSR agenda. Participants exhibited a clear focus on the (predominantly medical) responsibilities they had towards those undergoing cosmetic procedures, which included appropriate patient selection, ensuring medical safety, achieving 'natural-looking outcomes, and patient/consumer satisfaction. However, a broader, more reflexive, consideration of the sector's responsibilities in relation to negative body image at a macro level was largely absent. When responsibilities to society were considered, they were largely driven by extrinsic drivers to protect reputation and to maintain or drive profit. They included (1) the perceived need to destigmatise the industry as well as those who pursued cosmetic procedures and (2) the imperative to educate the public about how to identify trustworthy providers, in order to maximise the likelihood of patient/consumer safety and satisfaction. Notably, while a useful endeavour given the lack of regulation related to who can perform non-surgical procedures, this second society-focused responsibility positions the public at large as prospective consumers of cosmetic procedures. Neither responsibility to society was concerned with how the industry contributes to unrealistic appearance pressures.

In the absence of intrinsic drivers, external sanctions – such as the avoidance of costly lawsuits and license retraction, as well as the introduction of external regulation were highlighted as factors with the potential to foster more responsible practice. These strategies were often suggested by participants in the context of 'unscrupulous' others working within the industry – for example, underqualified practitioners or those prioritising profits at the expense of ethical practice. Therefore, findings indicate that extrinsic motivations in the form of reputational and financial pressures are central to the way the industry currently conceptualises its social responsibilities.

Society-orientated responsibilities addressing body image concerns or additional appearance pressures linked to the industry were not raised by participants spontaneously. When asked directly about widening the concept of CSR to also embrace the socio-cultural 'grand challenge' of negative body image, participants largely deflected responsibility, either to consumers perceived as driving the market, or to other industries (e.g., fashion) that promote unrealistic appearance ideals. Instead, participants positioned their sector as responding to consumer demand and offering 'the end of the line' for consumers of their services, emphasising how cosmetic procedures can address negative body image and improve appearance satisfaction at the individual level.

Findings from the present study contribute to literature that has begun to explore business professionals' perspectives on how individual companies, as well as whole industries, can contribute to social change in relation to negative body image in society. In contrast to studies focused on the views of executives who are currently engaged in actions that can be perceived as trying to fostering positive body image at a societal level (Craddock et al., 2019; Danthinne et al., 2022), this study presents the perspectives of professionals who are yet to deeply interrogate what their industry's roles and responsibilities towards negative body image might be at the macro level. One explanation for this difference may be stakeholder – and perhaps particularly, consumer - pressure, which may be felt more acutely by the fashion, beauty, and advertising industries against the cultural backdrop of contemporary body positivity discourse (Craddock et al., 2019). A second explanation to help understand the lack of reflexivity among cosmetic procedure professionals may be related to the proximity of the cosmetic procedures industry to general medicine and healthcare; discussions about industry responsibilities were often centred in line with medical ethics – i.e., do no harm (to the patient). Yet, prior scholarship has observed that the marketing of cosmetic procedures often distances the sector from medical practice (Hermans, 2022). For example, Hermans (2022) writes "the industry behind cosmetic procedures has made a conscious effort to align itself with the beauty industry, which also means downplaying the medical, sometimes surgical, nature of procedures" (p. 3). This suggests that the alignment of the cosemtic procedures sector with general medicine oscillates, highlighting the odds between ethical and business priorities.

The present study also adds to the emerging literature on businesses' responsibilities in relation to body image by grappling with the notion of CSR in a more contentious industry in the context of societal appearance pressures. Findings resonated with those of Kulkarni et al. (2017) who examined actions to induce CSR in relation to the weight loss and muscle building industry, concluding that "a mixture of legislative tactics, legal action, community advocacy, and strategic communications can serve to create economic and ethical incentives for corporations to change their practices to be more socially conscious" (p. 93). Although community advocacy was not discussed in the current study, there is a clear parallel across study findings, with an identified need for extrinsic drivers including external regulation to promote more social responsibility in both sectors.

How and why companies and industries engage in CSR are important, ongoing questions within business literature and practice (Carroll, 2021). Findings from this study suggest that as the fast-growing, fragmented cosmetic procedures industry is unlikely to create an environment in which ethical approaches to CSR are widely adopted without further impetus, extrinsic drivers are likely to be an important element of facilitating change. Identified tensions between different sections of this fragmented industry further highlight the limits of the sector's capacity to develop and impose industry-wide CSR actions and self-regulations to address the issue of body image. Despite the existence of number of recommended professional standards for cosmetic practice, including those set by the Royal College of Surgeons, The General Medical Council and accredited registers such as Save Face, adherence is voluntary and so, is inconsistent (Rufai & Davis, 2014). As some participants identified, clear, consistent, and enforced standards with penalties for breaching regulations are likely to be necessary. This is consistent with existing research highlighting how extrinsic pressures with in-built rewards or penalties can discourage irresponsible behaviour (Brickson, 2007) and have been found to trigger meaningful corporate 'ethics programmes' (Weaver et al., 1999). The UK government's recent commitment to regulating non-surgical cosmetic procedures is therefore a welcome move.

4.1. Limitations

While recognising the novel contribution of this study, several limitations should be acknowledged. The study findings are constrained to a certain social and legal context, and to a particular point in time. Interviews followed the press release of The Nuffield Council on Bioethics' Report on Cosmetic Procedures in 2017. This may have contributed to a selection bias by influencing participants'

decisions to take part in the study and to a social desirability bias by influencing their rhetoric. Furthermore, given recent developments affecting the industry since conducting this research (e.g., the Botulinum Toxin and Cosmetic Fillers Children Act (2021) and the 2022 announcement of a new a licensing scheme in law to regulate non-surgical cosmetic treatments), it should be acknowledged that attitudes and motivations may have shifted.

In addition, though there was good variation in the sample by sector within the cosmetic procedures industry, the perspectives of senior representatives from providers employing non-medically trained professionals to perform minimally invasive procedures at high street retailers or in beauty salons were not included. It is also acknowledged that just over half of the individuals approached (n = 15) either did not respond to the invitation or declined to participate, so data may be skewed based on a self-select bias. Finally, given the positionality of the research team as primarily body image researchers, participants may have been cautious or filtered in their responses to be more socially desirable. However, care was taken to ask questions in an open, neutral, curious way, and participants seemed to be comfortable and relatively candid.

4.2. Implications for future research

The findings of this study offer unique insights with relevance to efforts to promote greater ethical CSR within the cosmetic procedures industry. Learnings may also resonate in other 'body work' industries (e.g., the diet and wellness sectors) where there are ethical issues pertaining to the promotion of products and services in a context of negative body image and widespread eating distress in society (Austin et al., 2017; Hesse-Biber et al., 2006). Accordingly, there is huge scope for body image scholarship focussing on the roles of numerous industries in the socio-cultural phenomenon of negative body image, and the part played by multiple institutional discourses in constructing and challenging the problem. Particularly given the tendency of participants in the current study to deflect their own responsibilities by pointing to other sectors as the primary drivers of negative body image, efforts to tackle this 'grand challenge' will require a cross-industry approach.

Future research can draw on cultural theories commonly used in consumption research such as Bourdieu's (1986) work on the interplay of economic, cultural, and social capital, commonly used in consumption research to understand consumers' aesthetic taste and choices (Arsel & Bean, 2013; Maciel & Wallendorf, 2017). Such broader framing invites discussion about the recursivity of activities by consumers and the activities of the market that interact in the ongoing negotiation of collective conventions. Moreover, body image scholarship may benefit from extending sociocultural theories from linear pathways (e.g., The Tripartite Influence Model of Body Dissatisfaction; Thompson et al., 1999) to more circular ones, in which negative body image and body image change behaviours and body change industries interact. For example, future research could explore how societal norms and the normalisation of cosmetic procedures influence the market and consumer choices, and how in turn, consumer choices drive the market. Understanding patient, public, and government perspectives on ethical approaches to CSR (Garriga & Melé, 2004) would also be valuable future directions.

4.3. Conclusion

The cosmetic procedures industry presents a complex, fast-growing, fragmented sector on the periphery of general medicine that is inherently connected to body image in contentious ways. In the context of several national scandals (e.g., PIP) and an absence of cohesive, clear, and enforced regulation, together with subsequent calls for the industry to be more 'socially responsible' and engage in corporate social responsibility (Nuffield Council on Bioethics, 2017),

this study examined drivers and barriers to the development of a CSR agenda among senior UK industry professionals drawn from across the sector. Findings indicate that perspectives on social responsibility were largely constrained by the view that the industry's responsibility stops at the level of the patient, in line with a medical approach to ethical practice. Accordingly, extrinsically-driven change is likely to be required for the industry to be more socially responsible, particularly when considering negative body image at the macro level. Notably, the prospect of more extensive and coherent regulation was welcomed by participants in this study. Body image research should continue exploring how to encourage industries to engage on the grand challenge of negative body image, drawing on business and consumer theory where appropriate.

CRediT authorship contribution statement

NC: Conceptualization, Methodology, Investigation, Formal analysis, Project administration, Resources, Writing – original draft, Funding acquisition. **FS:** Conceptualization, Writing – review & editing, Supervision. **NR:** Conceptualization, Writing – review & editing, Supervision. **PD:** Conceptualization, Methodology, Writing – review & editing, Supervision, Funding acquisition.

Conflict of interest

The authors certify that they have no affiliations with or involvement in any organization or entity with any financial interest in the subject matter or materials discussed in this manuscript.

Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at doi:10.1016/j.bodyim.2022.08.011.

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