

2021

## An Analysis on Engaging “Beauty Work”

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### Recommended Citation

Reisenwitz, Timothy and Fowler, Jie G. (2021) "An Analysis on Engaging “Beauty Work”,” *Atlantic Marketing Journal*: Vol. 10 : No. 2 , Article 6.

Available at: <https://digitalcommons.kennesaw.edu/amj/vol10/iss2/6>

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# An Analysis on Engaging “Beauty Work”

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**Abstract-**This study attempts to compare non-invasive cosmetic procedures consumers who use a high amount of information sources with those who use a low amount of information sources in the information search stage of the decision-making process. The findings indicate that patients who use more cosmetic procedures information sources have lower cognitive ages. Patients who use less information have a greater attitude toward the social media advertising and the traditional advertising of cosmetic procedures. Finally, patients who use more cosmetic procedures information have greater increases in self-image after the procedure than those patients who use less information. The findings contribute to marketing theory by focusing upon non-invasive cosmetic procedures that can delay aging or foster youthfulness. This paper also extends the ageism literature.

**Keywords-**Cosmetic procedures, Information sources, Cognitive age, Social media advertising, Traditional advertising, Self-image

**Relevance to Marketing Educators, Researchers, and/or Practitioners-**The study shows that media exposure has an impact on consumers in the cosmetics sector, but the amount of the information they receive has various impacts on how they perceive the procedure and how they perceive their own appearance.

## Introduction

“Beauty work” refers to body modification (e.g., breast augmentation/reduction, face lift surgery, Botox injection) through cosmetic procedures (Clarke and Griffin, 2008). Cosmetic procedures have been seen as a self-enhancement technology undermined by negative media news, e.g., deadly frozen face, addiction and deadly poison (Giesler, 2012). However, it has begun to gain acceptance among consumers in recent years. This neutralized process may be due to the social process of legitimation (Humphreys, 2010). For instance, Botox received approval from the FDA in 2002. Since 2007, it has become the most commonly used non-surgical cosmetic enhancement procedure in North America to soften a person’s frozen lines for up to four months (*American Society for Aesthetic Plastic Surgery*, 2009). The market success was led by the Baby Boomer female consumer segment.

In general, there are two types of cosmetic procedures: noninvasive/non-surgical and invasive/surgical procedures. Non-surgical/non-invasive techniques consist of injections of chemicals/fillers into muscles or penetration of laser light to inhibit or intervene with certain body parts. According to the *American Society of Plastic Surgeons* (2008), American consumers spent more than twelve billion dollars annually on cosmetic procedures. In 2011, more than 12.6 million procedures were performed, which included breast augmentation, rhinoplasty, liposuction, eyelid

surgery and tummy tucks. In 2016, 17.1 million cosmetic procedures were performed (*American Society of Plastic Surgeons*, 2016), among which 15.4 million were minimally invasive procedures. Non-surgical procedures are considered the fastest growing medical treatment in the U.S. (Grumbain and Goodman, 2015). The top five non-invasive procedures were Botox, soft tissue fillers, chemical peel, laser hair removal, and microdermabrasion.

It has been frequently noted that marketing plays a major role in the creation of body norms. Research has long exploited idealized, objectified beauty as an aspiration (Joy and Venkatesh, 1994; Thompson and Hirschman, 1995). Scholars have recognized the effects of these unrealistic standards, such as body image issues, unhealthy eating patterns, and increased standardization of gender stereotypes (Gurrieri, Previte, and Brace-Govan, 2013). Gurrieri et al. (2013) assert that the fashion and beauty industries present images that conform to normative codes of beauty. Further, these images when paired with practices, such as fitness programs, dieting, or surgery, foster female perceptions of inadequacy regarding their appearances. Even further, the viewed body not only relates to one's attractiveness, but also is seen by society to be the moral equivalent of a good person (Gurrieri et al., 2013; Joy and Venkatesh, 1994).

Social marketing efforts, with aims to induce voluntary behavior change through the adoption of marketing principles and techniques (Anderson, 2009), have been made by organizations, such as the Ad Council and the National Health Service, to reduce the anxiety created by the persistent presentation of an unrealistic body norm. However, Gurrieri et al. (2013) note that social marketing discourse has backfired to some extent as it has presented the fat body as something to be repaired and restored to normality. Obese women have identified this discourse as discriminating, judgmental, dehumanizing, and disempowering. Rather than being seen as encouragement, some of these attempts to improve female health have been seen as stigmatization. It turns out that a decision to modify one's body is more complex than one might expect.

The marketing literature depicts the consumer purchase decision process as a series of steps from problem recognition, to information search, to evaluation of alternatives, to purchase decision and finally to post-purchase behavior (Schmidt and Spreng, 1996). In the information search state, consumers actively collect information to make potentially better decisions (Schmidt and Spreng, 1996). Our study focused upon external information search. The key here is to understand how digital and traditional advertising influence consumers' decision-making processes. Thus, the purpose of this study is to examine consumer behavior during the information search stage of the decision-making process in the context of "beauty work."

These issues will be investigated through a quantitative study to examine how consumers make decisions based upon information sources. Some consumers use a wide range of sources that include traditional and social media, other consumers use a relatively limited number of sources to aid in the decision-making process. This study will attempt to note the differences in these high-information source consumers and low-information source consumers.

## **Theoretical Foundation: Body Project and Identity**

From previous statistics, the *American Society for Aesthetic Plastic Surgery* (2016) reported that Americans have expended more than \$15 billion dollars on combined surgical and nonsurgical aesthetic procedures, seeing a 11% increase in the past year alone. As one of the largest industries in the United States, the cosmetics industry is becoming increasingly aggressive in its attempts to

capture the attention of men and women seeking to face the world with more self-confidence (Hill, 2016).

Lupton and Seymour (2003) describe the body as an object that must be groomed and maintained in an optimal state to maximize benefit. From this perspective, the body is always regarded as an unfinished object and is viewed as mediating the negotiation of health and illness. Thus, cosmetic procedure is utilized to rectify perceived deficiencies in the human body (Davis, 2002). Through cosmetic procedure, individuals are able to exercise their intent to join a culture of beauty. Though the studies of the culture of beauty have typically prescribed to women, other research has noted that the culture of beauty is not limited to women and that both genders are increasingly utilizing surgical technologies to change their physical appearance and alter the aging process (Beier, 2004).

In an engaging visual market that emphasizes individuality and the admiration of celebrities, consumers use surgical transformation as a way to express and enhance themselves on the road to personal empowerment. The affordability and accessibility of various body modification avenues allow the opportunities for consumers to take the enhancements they make to their bodies on Photoshop or social media and apply them through real life plastic surgery. In turn, cosmetic has surgery become highly emphasized in commercial media (Lirola and Chovanec, 2012). Cosmetic surgery, like any other type of body modification, has been advertised as a regular everyday purchase for consumers (Elliot, 2008). Offering a variety of sizes, shapes, colors, and options to choose from, consumers individually can plan to manipulate body features to view the effects of any cosmetic procedures. Furthermore, the rising trend of body modification gives consumers a sense of self-assurance, as they can align the external appearance of their body with how they feel about themselves on the inside. As the markets adjust to promote ideas of self-confidence and inner beauty through external transformation, more and more consumers seek to re-create or alter aspects of their inadequate self-identities.

The nature of the body plays an important role in consumer research (Thompson and Hirschman, 1995). According to Gumin's (2012) study of women who had cosmetic surgery, the majority of the participants did not expect cosmetic surgery to make them beautiful. Instead, many hoped the procedure to make them have a "normal" appearance. Similarly, Glassner (1992) argues that some people engage in cosmetic surgery as "an active endeavor – as one more piece in a comprehensive health and fitness program" (p. 190). Maguire (2002) characterizes this approach to body practice as "body as enterprise" (p. 54). The body is then modified through a variety of consumption options.

Additionally, research seeks to investigate the underlying popularity of these techniques in consumer identity. There is an underlying assumption that an enhanced appearance allows consumers to better enjoy a body that is closer to their 'ideal true' selves (Featherstone, 2010). Moreover, research assumes that this consumer transformation allows the opportunity for a renewed body with which consumers can enjoy the simple pleasures of life. One of the most drastic forms of body modification is found in cosmetic surgery and body augmentation, which is publicized by media as a trending form of self-improvement (Bordo, 2003; Covino, 2004; Doyle, 2008; Gimlin, 2007; Hayes, Singer, and Ceppos, 2007; Jones, 2008).

A paradigm for understanding the transformative body practice is the body project, where the body becomes the object to be focused upon, worked on, and improved (Shilling, 2012). Indeed, Shilling (2012) suggests that the body project moves into the realm of "body option," facilitated

by technological advances that expand our capacity for “restructuring human embodiment” (p. 189). This approach offers insights into the cultural mechanism that both legitimates and encourage practices, such as cosmetic surgery, and recasts those practices as acceptable, even mundane methods of maintaining or achieving an aesthetic goal. In essence, the idea of commoditization of beauty is a result of the rise of consumer culture, which further facilitates the development of aesthetic perfection (Askegaard, Gertsen, and Langer, 2002). As such, the “marketed self” has become an important asset in social relationships.

Beauty, in Western society, has achieved the status of institutionalization (Meyer and Rowan, 1977). Under the institutionalized perspective, numerous social forces propel isomorphism or conformity to global norms (DiMaggio and Powell, 1983). Prior research suggests that cosmetic procedures are often undertaken to meet or attain certain cultural values (e.g., Little, 1998) and help to reconstruct one’s identity (Brooks, 2004). In addition, a beautiful appearance not only affects one’s romantic life, but also tends to have positive effects on psychological adjustment and economic well-being (Sullivan, 2001). Thus, cosmetic procedures become a medium through which individuals can better align their physical looks with normative expectations.

Although there is a debate whether or not postmodern consumers are optimistic (Thompson and Hirschman, 1995), it is clear that individuals see their own bodies as living records of consumption habits. They consistently negotiate disparities between their current status and the often-idealized conceptions of the body. Essentially, the body becomes central to the individual’s reflexive identity project and self-actualization. Therefore, cosmetic procedures can be viewed as an individual’s self-constructing project, which can be separated from extrinsic moral considerations (Askegaard et al., 2002). As such, the primary purpose of the research is to investigate the linkage between cosmetic procedures and the constructs associated with the “self,” including cognitive age, risk tolerance, attitude toward social media advertising, attitude toward traditional advertising, satisfaction level, and self-image or self-concept.

## **Ageism and Cognitive Age**

Butler (1969) created the term, ageism, to refer to the “systematic stereotyping of, and discrimination against people because they are old, just as racism and sexism accomplish this with skin color and gender” (p. 243). Ageism presumes that youth is desirable and, in contrast, old age is distasteful (Nelson, 2002). Ageism is based upon a societal obsession with youthfulness. The loss of a youthful appearance is particularly damaging to women, who are socialized to be more concerned with their appearances than their male counterparts (Bartky, 1990).

Schewe (1989) states that aging is an individual event as no two persons age the same way at the same time. The biology of aging is dependent on genetic inheritance and on the environment. Consumers not only inherit their physical features, but also their susceptibility to disease and the predisposition to other facets of aging, such as wrinkling, weight change, and hair alterations. The environment also affects longevity (Schewe, 1989). Moreover, personal intervention of the aging process can be achieved by weight control, diet, smoking cessation, and a reduction of psychological stress (Schewe, 1988). Therefore, some individuals really do age more gracefully than others and it is improper to group people by chronological age and assume the same physiological and psychological changes have taken place.

The pressure to look youthful motivates consumers to mask, if not alter, the physical signs of aging with the use of interventions, such as hair dye, make-up, and non-surgical and surgical cosmetic procedures (Clarke and Griffin, 2008). Based upon this discussion, consumers who use more cosmetic procedures information sources may be more engaged or involved in thinking about having a cosmetic procedure and thus may have lower cognitive ages:

**RQ1:** Will patients who use more cosmetic procedures information sources (mass media and social media) have lower cognitive ages?

## **Risk Aversion**

Perceived risk is “a function of the unexpected results of adoption and an outcome that deviates from expectation” (Hirunyawipada and Paswan, 2006, p. 187). Satisfied patients of cosmetic procedures tend to generate positive word-of-mouth about the service (Wirtz and Chew, 2002). These former patients will likely be a source of information about favorable outcomes of cosmetic procedures. Therefore, interpersonal experiences may aid in reducing the perceived physical and psychological risks of cosmetic procedures (Park and Cho, 2010). Similarly, those consumers who use advertising, including social media, may be doing so to reduce their level of risk and, therefore, may be more risk-averse than other consumers:

**RQ2:** Will patients who use more cosmetic procedures information sources be more risk-averse?

## **Media Influence**

Traditionally, advertising in the health professions was a contentious issue (Moser, 2008), and regarding cosmetic procedures, Morreim (1988) warns that advertisements can manipulate consumers to purchase services that are unnecessary or unhealthy. However, most healthcare associations and societies have accepted advertising as one means of communicating to healthcare clients. More recently, for example, Moser (2008) finds that consumers are generally receptive to the use of dental advertising to communicate information about their services. Kash and Boyer (2008) note that nursing homes adopted advertising after hospitals and other health-delivery systems, supposedly to remain competitive and to address negative publicity from poorly-run facilities. The development and communication of a unique image showcasing quality-of-life values and strong service may help differentiate a nursing home from the competition.

Sullivan (2001) finds that cosmetic surgery ad size varied substantially. In addition, most of the ads featured white female models and physician photos were rarely used, while there was a tendency to include references to board certification, years of experience, and membership in professional associations. However, risks associated with the surgery were rarely mentioned in the ads. Spilson, et al. (2002) further uncover consumers' perceptions towards cosmetic surgery. The study finds that 25 percent of participants believed that ads using images of persons/models created deceptive expectations of favorable results. However, most of the analysis on cosmetic procedures focused on print ads, such as the yellow pages (e.g., Sullivan, 2001). Thus, this study also aims to examine how a variety of media impact the decision making on cosmetic procedures.

Moreover, the healthcare industry has established a presence on the Internet, and healthcare consumers continue to go online for healthcare information and advice. Healthcare providers will

reinforce their brand identity and increase customer loyalty by providing detailed health information on the Internet (Coile, 2000). Masoni, Guelfi, and Gensini (2011) note that online advertising is attractive to healthcare organizations, yet it needs to be regulated due to inappropriate or misleading uses of search terms.

Cosmetic procedure is an intervention that is performed to reshape one's body structure (Sullivan, 2001). Furthermore, the increase of the demand for cosmetic procedures is believed to be result in part from the ease of access to relevant information through media (Nabi, 2009), though it is controversial because many cosmetic patients are typically healthy and the surgery itself may cause scarring, numbness, and nerve damage (Marcus, 2007).

Previous research indicates that media coverage and portrayal of cosmetic procedures results in newspapers, magazines, and on television has drastically increased over the last three decades (Sullivan, 2001). With the promotion of various marketing strategies, cosmetic procedures can be viewed as a sociocultural occurrence of the medicalization of beauty (Pitts-Taylor, 2007). In addition, social media has become an important online channel where people look for information that is related to cosmetic procedures (Vance, Howe, and Dellavalle, 2009). In view of this, many cosmetic surgeons have actively adopted social media in their practices. In a recent survey, more than 50 percent of cosmetic surgeons (participants) have used social media sites to promote their services (Vardanian, et al., 2013). According to the most recent studies, the homepage as a website entry point serves to orient the consumers by establishing the site's value (Knox, 2009) and acts as a complex visual sign, presenting consumers with important aesthetic cues (Grumbein and Goodman, 2015). However, there are limited studies examining cosmetic advertising *per se*:

**RQ3a:** Do patients who use more cosmetic procedures information have a greater attitude toward social media advertising of cosmetic procedures?

**RQ3b:** Do patients who use more cosmetic procedures information have a greater attitude toward traditional advertising of cosmetic procedures?

## **Satisfaction**

Satisfaction has been traditionally associated with the Disconfirmation of Expectations Theory, which is based on the assumption that consumers compare the result with their expectations. A result greater than expectations, or a positive disconfirmation, yields satisfaction, whereas a result less than expectations, or a negative disconfirmation, yields dissatisfaction (Castaneda, Munozleiva, and Luque, 2007). Zare-Farashbandi, Lalazaryan, and Alireza (2017) find that having health-related information increases patients' satisfaction regarding the treatment process. Additionally, Ha and Im (2012) uncover that Web site design quality showed positive effects on perceived information quality and indirect effects on satisfaction and word-of-mouth (WOM) intention. The following research question is based upon these issues:

**RQ4:** Will patients who use more cosmetic procedures information be more satisfied with the cosmetic procedure results?

## **Self-Image or Self-Concept**

Theoretically, body image can be defined as "mental construction, embedded in a self-schema" (Myers and Biocca, 1992, p. 116). As such, a person's body is meaningfully perceived in relation

to a cognitive structure (Thompson and Hirschman, 1992). Belk (1988) conceptualizes possessions as extensions of self and categorizes the body and body parts as the most valued possessions that are central to our conception of the self. Schouten (1991) investigates the motives for cosmetic surgeries as the self-concept dynamics that underlie symbolic consumer behavior. His finding shows that factors, such as dissatisfaction with a particular body part or feature, impression management, sexual attractiveness, symbolic self-completion, or perceived control over one's identity, can impact on the decision of having a cosmetic procedure. Most importantly, cosmetic surgery proved satisfying for his informants in the sense that they found their self-images and social roles were improved (Schouten, 1991). Joy and Venkatesh (1994) further confirm that the increasing role of appearance for the maintenance of self-concept leads to the significance of conforming to the accepted cultural norm of beauty.

It has been suggested that some purchase decisions may be affected by the consumer's self-image or self-concept (Sirgy, 1982). Self-concept, the sum total of an individual's ideas, thoughts, and feelings about himself or herself relative to other objects, is a multidimensional concept, which includes actual self-concept, how individuals perceive themselves to be, and ideal self-concept, how an individual would like to be perceived (Sirgy, 1982). Consumers generally have favorable attitudes towards products and brands that are consistent with their self-image and less favorable attitudes towards products and brands perceived to be inconsistent with their self-image (Graeff, 1996). Subsequently, consumers may be influenced to direct their purchase behavior toward products and services that will protect or enhance their self-concept (Kar and Litvin, 2003).

Media coverage of cosmetic procedures frequently depicts socially-desired standards of beauty. Exposure to media depictions of ideal body images leads consumers to compare their bodies with such images (Martin and Kennedy, 1993). Consumers then desire to achieve the media-produced, socially-approved, body images (Myers and Biocca, 1992). Therefore, consumers internalize ideal body images as their own standard of physical attractiveness. As a result, because it raises both awareness and internalization, media exposure will enhance an ideal self-image (Park and Cho, 2010). Furthermore, Pentina, Taylor, and Voelker (2009) conclude that advertising's unrealistic ideals of appearance (ideal self-image) may lead to an increase of an actual-ideal self-image discrepancy and may cause consumers, particularly young women, to choose unnecessary invasive cosmetic procedures that may lead to health complications.

**RQ5:** Do patients who use more cosmetic procedures information have greater increases in self-image after the cosmetic procedure than those patients who use less information?

## **Methodology**

In lieu of a pretest, a pilot study was conducted. There were two major differences with the pilot study that distinguished it from the main study: 1) the sample, and 2) the administration of the questionnaire. The pilot study sample was a regional convenience sample consisting of respondents that had a non-surgical cosmetic procedure within the past two years. Qualtrics was used to administer the instrument online. The results are in the appendix. The differences of the results between the pilot study and the main study are largely attributed to the convenience sample used in the pilot study.

The main study sample was a regional sample consisting of non-surgical cosmetic procedures patients completing a hard copy version of the questionnaire. The questionnaire was administered at a cosmetic procedures' facility, so that aspects of the decision-making process, particularly information search, could be retrieved by most respondents from short-term memory.

After the screening question asking respondents to report the type of non-surgical cosmetic procedure (anti-aging procedures) and the month/year it was performed (within the last two years), an introduction to the questionnaire briefly described the study and the anonymity of the responses. The respondent was asked to not continue with the questionnaire if he or she had not undergone a non-surgical cosmetic procedure within the past two years. The first section of the questionnaire included demographics questions (see Table 1).

The next two sets of questions focused on multiple-item measures, cognitive age and risk aversion. All multi-item scales were established scales, some of which were revised for use in the study. Cognitive age was measured by a four-item scale with eight choices, ranging from "teens" to "80's" (Barak and Schiffman, 1981). The risk aversion scale was a four-item, seven-point, Likert scale (Donthu and Gilliland, 1996).

The next section of the instrument asked respondents to report their Internet usage in a series of dichotomous questions and frequency-level questions. This section was followed by a question asking respondents to indicate the information source(s) that were used to help with the non-surgical cosmetic procedures' decision. In addition to choices of self, friends/relatives, and family, the major forms of the mass media and social media sources were included.

The questionnaire continued with two identical sets of semantic differential scales, one measuring overall attitude toward the social media advertising of the non-surgical cosmetic procedure, the other measuring overall attitude toward the traditional advertising of the non-surgical cosmetic procedure. These measures for attitude toward the advertising were identical four-item, seven-point, semantic differential scales. These items were drawn from the inventory of 64 bi-polar adjective scale items from Bruner and Hensel (1998), who noted that past generated scales "have relied heavily on researcher judgment with respect to which specific adjective pairs are appropriate for a given situation" (p. 818). A similar five-item, seven-point, semantic differential scale was generated for measuring overall attitude toward the non-surgical cosmetic procedure. The next multiple-item measure explored the satisfaction of the non-surgical cosmetic procedure results using a five-item seven-point Likert scale (Oliver, 1980).

The risk aversion scale was a four-item, seven-point, Likert scale (Donthu and Gilliland, 1996). The measures for attitude toward the online advertising and the attitude toward the traditional advertising of the non-surgical cosmetic procedure were identical four-item, seven-point, semantic differential scales. A five-item, seven-point, satisfaction scale (Oliver, 1980) was adapted to assess satisfaction of the non-surgical cosmetic procedure results. Next, a six-item, seven-point, self-congruency, self-image, or self-concept scale was also slightly modified for use in the study regarding the non-surgical cosmetic procedure results (Sirgy, et al., 1997).

The final sample size was 103. Reliabilities (Cronbach's alpha) were run for the multiple-item scales. All values were above the minimum acceptable value of 0.70 (Nunnally and Bernstein, 1994), except for the risk aversion scale value of 0.36. The last item of the scale was deleted for an increase in reliability to 0.84 (see Table 2).

## Findings

Two groups were formed based upon a high/low use of information sources for the non-surgical cosmetic procedure decision. First, the average of the total of mass media sources (magazines, newspapers, television, radio, and billboard) and social media sources (Facebook, YouTube, Instagram, and Google+) was calculated to be 3.7. Therefore, the high use of information sources group were those respondents with an average of 3.7 and above. The low use of information sources group were those respondents with an average of below 3.7. The research questions were assessed based upon these two groups using t-tests to compare the means. The results are summarized in Table 3.

Four of the research questions are significant. RQ1 asks if patients who use more cosmetic procedures information sources (mass media and social media) have lower cognitive ages. This finding was significant ( $p < 0.001$ ). Next, RQ3a and RQ3b ask if patients who use more cosmetic procedures information have a greater attitude toward social media advertising of cosmetic procedures, and do patients who use more cosmetic procedures information have a greater attitude toward traditional advertising of cosmetic procedures, respectively. Both findings for RQ3a and RQ3b are significant ( $p < 0.001$  and  $p < 0.10$ , respectively), however, the significance is in the opposite direction than stated in the research questions. In other words, respondents in the low information group have a significantly greater attitude toward the social media advertising of cosmetic procedures (RQ3a) and have a significantly greater attitude toward the traditional advertising of cosmetic procedures (RQ3b). Finally, RQ5 is supported, i.e., patients who use more cosmetic procedures information have greater increases in self-image after the cosmetic procedure than those patients who use less information ( $p < 0.001$ ).

## Discussion

In social perception, individuals tend to categorize others based upon three major dimensions: race, sex, and age (Kunda, 1999). Much research has been devoted to the study of racism and sexism, yet little has been done to understand anti-ageism in marketing literature. However, age prejudice is one of the most socially conformed, institutionalized forms of prejudice (Nelson, 2002). The essential message is that the appearance is undesirable when one gets older (Nelson, 2002). As such, ageism has been institutionalized. For instance, television portrays only 1.5 percent of its characters as elderly, and most of them in minor roles (Zebrowitz and Montepare, 2000). Older adults are also more likely than any other age group to appear in media as conduits for physical, cognitive and sexual ineffectiveness.

With modern medical technology, today's women are able to delay aging through various medical treatments, such as Botox (i.e. injection to temporarily reduce wrinkles), Juvéderm (a filler to make the fuller lips/cheeks), and other methods. This trend is influenced by media and self-defined image. As such, our study analyses how individuals use media information to choose non-invasive cosmetic procedures (mostly anti-aging procedures such as Botox injection.). Specially, we examine the "self" related constructs, such as cognitive age and self-concept, which contribute to the non-invasive cosmetic procedures. Furthermore, this study focuses upon the non-invasive cosmetic procedures that can temporarily delay the appearance of aging from consumers' perspective. Specially, this research contributes to consumer culture theory by segregating two groups of consumers based upon their media exposure level.

The finding shows that individuals who use search more media sources tend to have lower cognitive ages. Patients who use more information tend to have a greater attitude towards social media/traditional advertising of cosmetic procedures. However, the results indicate that individuals who use less information tend to have greater attitude towards social media advertising of cosmetic procedures and also have a significantly greater attitude towards traditional cosmetic advertising. Finally, we found individuals who use more information have a greater increase in self-image than those who use less information.

Additionally, the findings contribute to marketing theory by focusing upon non-invasive cosmetic procedures that can delay aging or boosting a youthful look. Due to media influence, consumers have been actively seeking ways to maintain a youthful appearance. Information plays a significant role in terms of determining the ideal sense of “self-image.” We found that less exposure to social media images and the ideal beauty in the media may have less negative impact upon one’s attitudes towards the media and satisfaction towards the “self.” This finding is consistent with social comparison theory, which indicates that social comparison on appearance leads to a decrease in satisfaction. On the other hand, less exposure to media information can lead to somewhat more satisfied look after cosmetic procedures. Generally, we confirmed that media exposure has an impact on consumers in the cosmetics sector, but the amount of the information they receive has various impacts on how they perceive the procedure and how they perceive their own appearance.

The various social perils of looking old culminate in strong pressure on women to mask, if not alter, the physical signs of aging with the use of “beauty work” (e.g., body modification, facial plastic surgery, soft tissue injections) intervention in order to maintain social power and visibility (Clarke and Griffin, 2008). Although gendered ageism has furthered our understanding of older women’s experience, to date little attempts have been made for an examination of anti-ageism to make sense of “beauty work” from females’ perspective. Thus, this paper contributes to the literature by extending the ageism literature.

The present study has limitations, which suggest fruitful areas for future research. First, we only used the survey method to collect data, which can be supplemented by the qualitative method that helps to further understand why less media exposure leads to higher satisfaction and attitudes. Moreover, it is critical to use in-depth interviews and observation to investigate such an issue. In addition, it may be beneficial to have a larger sampling frame, which may explain the perceptual differences towards cosmetic procedures, based upon demographic and psychographic variables. Researchers may compare various media types and investigate the differences in regard to individuals’ decision-making processes regarding cosmetic procedures. Finally, studies may examine the differences between non-invasive and invasive cosmetic procedure decision making processes.

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**Table 1: Descriptive Information of Sample (percentage (n))**

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Gender	Male	12	(13)
	Female	85	(88)
Age (average)		42	(100)
Income	0-10k	4	(4)
	10,001-30k	10	(10)
	30,001-50k	39	(40)
	50,001-70k	31	(32)
	Above 70k	16	(17)
Marital Status	Married	44	(46)
	Single	26	(27)
	Living with another	4	(4)
	Widowed	7	(7)
	Separated	5	(5)
	Divorced	13	(14)
	Rather not say	-0-	
Race	White (Caucasian)	86	(90)
	African American	5	(5)
	Hispanic American	3	(3)
	Pacific Islander	-0-	
	Asian American	4	(4)
	Native American	1	(1)
	Other	-0-	
Education Completed GED		5	(5)
	High School	18	(19)
	Undergraduate	5	(5)
	Graduate	40	(42)
	Professional Degree	23	(24)
	Technical	7	(7)
	Other	1	(1)
Occupation	Homemaker/Not Employed	23	(24)
	Self-Employed	7	(7)
	Educator	10	(10)
	Professional	18	(19)
	Work for Company/Business	32	(33)
	Other	10	(10)

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**Table 1. (continued): Descriptive Information of Sample (percentage (n))**

INTERNET CHARACTERISTICS

Use the Internet		99	(103)
Use the Internet for purchasing products/services		88	(92)
Use the Internet for browsing products/services		98	(102)
Frequency of Internet access	Never	-0-	
	Daily	77	(80)
	Weekly	14	(15)
	Monthly	5	(5)
	Less than once a month	2	(2)
Time using the Internet	Never	-0-	
	Less than 6 months	-0-	
	6-11 months	1	(1)
	12-23 months	1	(1)
	2-5 years	11	(11)
	Over 5 years	86	(90)
Frequency of Internet purchases	Never	10	(10)
	Once a year	25	(26)
	Once every few months	40	(42)
	Once a month	16	(17)
	Once a week	5	(5)
	More than once a week	3	(3)
Internet purchases in the past 12 months	Never	11	(12)
	1-5 times	56	(58)
	6-10 times	15	(16)
	11-15 times	5	(5)
	16-20 times	1	(1)
	Over 20 times	9	(9)

**Table 2. Reliability Coefficients**

Scale	Coefficient Alpha
Cognitive Age MOST OF THE TIME... I feel like I'm in my I look like I'm in my My interests are those of a person in his/her I do the things a person does in his/her	0.94
Risk Aversion I would rather be safe than sorry. I want to be sure before I purchase anything. I avoid risky things.	0.84
Attitude toward social media advertising Good: : Bad Like: : Dislike Pleasant: : Unpleasant Enjoyable: : Not enjoyable	0.99
Attitude toward traditional advertising Good: : Bad Like: : Dislike Pleasant: : Unpleasant Enjoyable: : Not enjoyable	0.99
Satisfaction My experience at my cosmetic procedure was good. I am happy that I decided to go to my cosmetic procedure. My cosmetic procedure worked out as well as I thought it would. I am sure it was the right thing to go for my cosmetic procedure. I am overall satisfied with my cosmetic procedure.	0.96
Self-image The image from this cosmetic procedure is consistent with how I see myself. This cosmetic procedure reflects who I am. People similar to me elect to get this cosmetic procedure. The kind of person who gets this cosmetic procedure is very much like me. This cosmetic procedure is a mirror image of me. I am very much like the typical person who gets this cosmetic procedure.	0.93

**Table 3. T-Test Results**

Variable	Low Info Group - M (SD, n)	High Info Group - M (SD, n)	t-value	p-value	df
Cognitive Age	3.93 (1.11, 56)	2.86 (0.81, 47)	5.47	0.00*	101
Risk	5.82 (1.24, 56)	5.63 (1.01, 47)	0.84	0.4	101
AttAd (Social Media)	3.17 (2.01, 40)	1.95 (1.39, 31)	2.89	0.00*	69
AttAd (Mass Media)	3.32 (1.84, 39)	2.57 (1.61, 31)	1.78	0.08**	68
Satisfaction	6.45 (0.73, 56)	6.63 (0.71, 47)	-1.21	0.23	101
Self-Image or Self-Concept	5.41 (1.23, 56)	6.12 (0.88, 47)	-3.2	0.00*	101

\*significant at  $p < 0.001$

\*\*significant at  $p < 0.10$

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