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## **The Before and After: a Study of Plastic Surgery Consumption With Young Women in Brazil**

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As beauty gains social importance, the body assumes a central role. Plastic surgery becomes then increasingly common. This study examines this growing phenomenon: plastic surgery among female youths. Using in-depth interviews, it broadens the understanding of plastic surgery consumption and of how it relates to its cultural context.

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# The Before and After: A Study of Plastic Surgery Consumption with Young Women in Brazil

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## ABSTRACT

As the body assumes a central dimension of identity, plastic surgery becomes increasingly common. Using in-depth interviews, this study extends the understanding of the relation between body-related consumption and identity construction by examining young women's decision and experience of transforming their identity and their body through plastic surgery.

## INTRODUCTION

As Vigarello's (2006) historical account shows, the fascination with beauty is not a recent matter. Ideals of beauty have moved according to social, political and cultural shifts of each period. Vigarello (2006) points to the growing importance of the body and the act of beautification over the centuries.

Over the last century, beauty and wellbeing became related. Beauty came to mean to feel good about one's body. Wellbeing became a fundamental rule of beautification (Vigarello 2006).

The years 1950 and 1960 have witnessed the body becoming an object of consumption (Vigarello 2006). From the second half of the twentieth century on, the body cult gained a more important social dimension and entered the era of the masses. The body cult combines the esteem for youthfulness with the pursuit of bodily perfection, and brings in tow a range of bodily activities such as exercise and specialized treatments (Goldenberg 2002).

Body appearance became an essential dimension of contemporary identity (Askergaard et al. 2002; Goldenberg 2002; Lipovetsky 2000). Beautification has been diversifying and disseminating rapidly. The profusion of beautifying devices democratized beauty—until then merely the result of nature or exception. This becomes even stronger in a society in which individual wellbeing is an endless pursuit and an affordable and mandatory ideal. Since wellbeing and beauty are related, the idea of investing in one's individual image/body gained strength and became norm (Vigarello 2006).

It is in this context that the consumption of plastic surgery has grown and become increasingly commonplace (Askergaard et al. 2002). Malysse (2002), comparing individuals from Brazil (Rio de Janeiro) and France, indicated that Brazilians seemed more concerned with bodily aesthetics than Europeans. This high esteem of the body – attributed by some to the tropical climate and miles of beach that encourage the use of light clothing and exposed skin – seems to add to the professionalism of the school established by the recognized plastic surgeon Dr Pitanguy to favor the uptake of plastic surgery in Brazil (Goldenberg 2002; 2007; Malysse 2002).

Brazil is one of the largest plastic surgery markets in the world. Between September 2007 and August 2008, according to Brazilian Society for Plastic Surgery<sup>1</sup>, 547,000 cosmetic plastic surgeries were performed; being the most common types the silicone prosthesis implants and the liposuction, and the major consumers, women. Those levels are not really surprising in a marketplace where firms advertise plastic surgery operations payable in up to 36 installments.

This exploratory study aims to extend the understanding of the relation between body-related consumption and identity construction by examining young women's decision and experience of transforming their identity and their body through plastic surgery – a phenomenon still overlooked by consumer research. To do that we gather

together a range of interpretations and viewpoints that can help us better understand the phenomenon of plastic surgery consumption among young women. We chose to focus on young women in order to explore the consumption of plastic surgery that is unrelated to issues of aging or attenuation of the effects of pregnancy.

## THEORETICAL BACKGROUND

Identity is based on difference and similarity, where neither can exist without the other. Identities are not given; rather, they are continually created and recreated by each individual in their interaction – and negotiation – with others; as such, the individual and the collective are interrelated and act jointly. Positive feedback of others belonging to the same social group of reference is essential for the successful expression of identity. Thus, identity is seen as a self-reflective process based on the monitoring of past actions and modification of future behavior (Giddens 2002; Jenkins 2005; Ransome 2005).

As Giddens (2002) points out, in modernity, the process of identity construction is influenced by the new type of relationship that emerges: the *pure relationship*. In it, there are no external anchors, such as moral obligations, social and economic issues. Thus, the *pure relationship* is maintained only while each of those involved views it as satisfying and rewarding and perceives its benefits. As such, the relationship has an open and reflective character and can end at any moment. This lack of permanence makes individuals more self-centered and preoccupied with their attractiveness in terms of aesthetic characteristics.

In the literature on consumer research, it's not uncommon to find identity treated from the perspective of personal narrative (Ahuvia 2005; Kleine, Kleine, and Allen 1995; Sirgy 1982). Such narrative has a reflexive nature (Giddens 2002) inasmuch as it assumes that the history of the consumer is built based on who the individual was, is, or wishes to become.

Thompson and Hirschman (1995) believe that whereas identity used to be defined by work activities, in postmodernity this occurs through consumption. The fluid and reflective nature of identity (Bauman 2005; Giddens 2002) seems to render the act of consumption a means of producing the desired self, based on images and styles transmitted through possessions (Thompson and Hirschman 1995). Consumption assists individuals in the acquisition, maintenance, alteration, reconstruction and disposal of the individual's identity or identities (Kleine et al. 1995; McAlexander 1991; Schouten 1991; Young 1991) – to the point that goods can even be considered our *extended-self* (Belk, 1988). Consumption also acts in reducing or resolving identity conflicts as, for example, tensions between the consumer's past identity and the person one wishes to become (Ahuvia 2005; Mittal 2006).

The concepts of identity and self-concept are bound to the concept of self-esteem. Banister and Hogg (2004) claim marketing managers recognize the pursuit of self-esteem as one of the most important motivational drivers of consumer behavior and decision making. Consumption activities have a major role in enhancing or protecting self-esteem (Sirgy, Grewal, Mangleburg, Park, Chon, Claiborne, Johar, and Berkman 1997). Self-esteem refers to the evaluation of a person in relation to oneself (James 1890 cited in Pyszczynski, Greenberg, Solomon, and Arndt 2004). Giddens (2002) stresses the social nature of self-esteem, which relates strongly with responses

<sup>1</sup> Sociedade Brasileira de Cirurgia Plástica (see [www.cirurgiaplastica.org.br](http://www.cirurgiaplastica.org.br)).

by others. The non-conformance of the body to prevailing media and social standards tends to reduce the individual's self-esteem (Goldenberg and Ramos 2002).

### Identity, consumption and body

There is no way to develop identity without embodiment (Mead 1934 cited in Jenkins 2005). Thus, the body can be seen as the continuation of the individual, as an element of identification with the collective and as a means of giving form to identity. Body appearance is, therefore, decisive in the acquisition of identity and socialization (Malysse 2002). For the self is exhibited to others via its embodiment (Giddens 2002). In a social context in which consumption gains strength as a definer of identity (Ransome 2005; Thompson and Hirschman 1995), the body – main billboard for expressing one's identity – assumes increasing importance. Its role is even exalted with the promotion of the body cult, from which appearance becomes a fundamental part of people's identity (Goldenberg 2002; 2007).

Vigarello (2006) suggests that the pursuit of body beauty is disguised as individual choice and self-realization, so that each one is responsible for one's own beauty. But this subjectivity or the idea of individual choice seems illusory. Normalization is still present, reinforced by the duality of wellbeing and malaise.

Individuals are bombarded by media images of the normalized body and, perceiving themselves as falling short of such a norm, come to be dissatisfied or reject their own appearance (Lipovetsky 2000). Thenceforth people who might be perfectly healthy start to see their body as defective, as needing improvements (Malysse 2002), and go on to develop extreme self-criticism in relation to their body. Any deviation from the idealized body becomes a problem, including low self-esteem, against which they must struggle (Thompson and Hirschman 1995).

The current array of *corrective treatments* for the body – from makeup or cosmetics to exercises, plastic surgery, hair/facial treatments, etc. – operates an apparent democratization of beauty (Vigarello 2006), getting the body *in shape*, young and beautiful for everyone, through hard work and willpower, rendering the individual as solely responsible for their own appearance. The body comes to symbolize the individual's moral character – it is not sufficient to merely maintain such continuous control; it is necessary to be noticed by others when so doing. Being *in shape* becomes an indicator of personal success, while a body that's *out of shape*, sickly or poorly looking becomes synonymous with lack of willpower, laziness, indiscipline or lack of control (Bouzón 2008; Goldenberg 2002; Goldenberg and Ramos 2002; Giddens 2002; Lipovetsky 2000; Thompson and Hirschman 1995).

But despite beauty being seen as the result of work and willpower, it is strongly related to purchasing power. In becoming an object of consumption (Baudrillard 1995), the body gains a classificatory, hierarchical function, communicating symbols and rendering differences between social groups visible (Bouzón 2008; Goldenberg 2002; Goldenberg and Ramos 2002). Thus, the physical appearance is actively changed in order to provide the other with the desired information (Malysse 2002).

The body cult brings in tow a sense of permanent dissatisfaction with one's figure (Sabino 2000) – that relates to the impossibility of satisfaction discussed by Bauman (2001) – which becomes evident when Edmonds (2002) shows that plastic surgery seems to transcend mere compliance with a standard, and becomes the endless pursuit of an ever-more elusive goal. Edmonds (2002) attributes the growing acceptance of plastic surgery to the democratization of beauty and the belief in a link between self-esteem and physical appearance. So,

plastic surgery appears both as a need for conformity with cultural mores and as a means of bridging the gap between how women are viewed, and how they actually are or feel.

Schouten (1991), in a study of men and women in the US, suggests one reason for plastic surgery is dissatisfaction with a particular feature or part of the body. Negative body self-images can appear during adolescence or be triggered by critical remarks of a child's body. He also finds evidence that plastic surgery led to improved self-esteem and feelings of enhanced physical attraction and self-confidence. Furthermore, plastic surgery appeared to act in the transition of roles. In the study by Askegaard et al. (2002), with women aged 30 to 60, the respondents are divided according to their goals as to the plastic surgery: some cited personal wellbeing; others cited the desire to become more attractive to others. The respondents demonstrated conflicts and contradictions when expressing their true motivations for surgery.

The quantitative study of Pentina et al. (2009) highlights the motivational role of perceived discrepancies between actual and ideal self in choosing cosmetic surgery by young women. The authors also point out to social support as a moderating effect in their decisions – being the support of friends an encouragement to the enhancement of the body. Mowen et al. (2009) investigated the trait predictors of cosmetic surgery. One of their findings is that individuals tending to plastic surgery may view their bodies as like any other resource – it can be molded in order to achieve their goals, as anticipated by Le Breton (2003).

## METHODOLOGY

This study aims to extend the understanding of the relation between body-related consumption and identity construction by examining young women's decision and experience of transforming their identity and their body through plastic surgery. To do that, we seek to understand, among other things, how they use plastic surgery in order to make sense of themselves in their world; what they seek to get out of plastic surgery; how the cultural context influences their choice of transforming their body through plastic surgery.

Since the research topic required an understanding of "detailed individual experiences, choices and personal biographies," (Gaskell 2002, 78) and due to the sensitive nature of the subject matter, which could cause anxiety or discomfort in respondents (Gaskell 2002), we opted for semi-structured, in-depth individual interviews. The research objectives required a broader understanding of the women interviewed, of the decision-making process involving surgery, and of changes experienced by them post-surgery. So, we use a life-history narrative approach (Atkinson 1998; Woodruffe-Burton and Elliott 2005) in the script.

Fourteen interviews were conducted. Data collection was halted when it was deemed to be close to saturation point (Gaskell 2002). All interviews were conducted in Rio de Janeiro and were recorded, generating 912 minutes of material, the equivalent to 215 typed pages of transcripts. The interviewees were selected via personal recommendations. The selection criteria parameters were a) female gender; b) age between 20 and 35; c) underwent plastic surgery prior to having children. The option for exploring women's issues exclusively was due to differences regarding gender *vis-à-vis* motivations, needs and ways to use the body as a means of expression (Goldenberg and Ramos 2002; Sabino 2000). The age group and the issue of motherhood are related to the goal of understanding the consumption of plastic surgery separately from issues of aging and body changes caused by pregnancy. The option for residents of Rio de Janeiro was to be able to hear women inserted in the same context of

bodily esteem and subjected to similar aesthetic standards, as well as to facilitate the researchers' access to respondents.

The following figure profiles each of the young women interviewed:

The interview protocol was developed primarily based on the findings of Schouten (1991) and Askegaard et al. (2002). The interview script was used as a device for the analysis of transcripts (Gaskell 2002), dividing the interviews in major areas of analysis.

**Table 1. Profile of women interviewed**

Name	Age	Surgery
Alice	30	Liposuction + Breast implants
Ana	27	Breast implants
Angela	25	Breast Reduction
Antônia	31	Breast Reduction
Camila	30	Rhinoplasty + Breast implants
Carla	24	Liposuction + Breast implants
Celeste	32	Liposuction and Liposculpting + Breast implants

Data analysis was inspired by the technique of discourse analysis (Gill 2002).

In the next sections, we present the findings divided into three topics: *the before*, life stories influenced by the other and by the context; *the moment*, which deals primarily with the motivations and incentives behind the decision for surgery; and *the after*, which examines transformations experienced by the women after the surgery.

Name	Age	Surgery
Fátima	22	Breast implants
Ilda	30	Liposuction
Luana	23	Breast implants
Monica	28	Breast implants
Monique	26	Liposuction of the buttocks
Nadia	25	Liposuction
Tânia	26	Breast implants

**The before: life stories influenced by the other and by the context**

If identity is based on differences and similarities and depends on the validation of others (Jenkins 2005; Ransome 2005), and the body is the means of exhibiting one's identity, it follows that the body seems extremely susceptible to comparison and to influence of others' gazes. Examination of the life stories points to bodily changes experienced during adolescence as possible sources of dissatisfaction that somehow drove these women to plastic surgery (Schouten 1991). It seems possible to relate the requirements of body modification expressed by respondents to the reflective nature that the body assumes in modernity (Giddens 2002), that is, the constant questioning of one's own body, the medium through which identity is displayed. Body shape seems to have a decisive role in forging the identity of these young people: the absence of breasts during adolescence can lead them to resemble either the male gender or younger children; overly large breasts or excess weight may distance them from the female standard they seek to emulate and that the media pushes; finally, the others may be the mirror of their dissatisfactions, as the following accounts suggest:

"I looked like a little boy, completely flat-chested. I didn't feel feminine. Not just a little boy, also a kid." (Ana, 27)

"I was always a chubby child. And being chubby when you enter adolescence becomes annoying. Women don't like being chubby; woman want to be skinny. Even more so because of the stereotypes we see on television, in magazines." (Alice, 30)

Ana, Alice and Luana speak of adolescence and dissatisfaction with their bodies, perceiving them as different or outside the standard. They also speak of the influence of the vision of the body of the other on the perception that each has of her own body, and suggesting that the difference can lead to an inferiority complex, shamefulness, hate of one's own body (Lipovetsky 2000; Malysse 2002).

The importance of the body's appearance is described in the context of the socialization process, that is, to the other. Interestingly, the other appears in the narratives of interviewees' life stories

in several ways: as city, neighborhood, girl-friends, sisters, cousins, lovers, boys.

The concern with the gaze of others is evidenced, for instance, by the strategies of concealing/displaying (Thompson and Hirschman 1998) used by the interviewees to manage their image. They hide or disguise what made them unhappy with their body ("I'd wear looser clothes that wouldn't draw attention to my figure and a tight bra to try to make my bust appear smaller") and divert attention to their favorite parts using tricks such as clothing, hairstyles, or even making them the focus of the workout ("since my upper body bothered me, I always valued the lower part").

Monica's report exemplify how moving to another city changed the way she saw about her body. She reports on the difference of "aesthetic standards" between Porto Alegre, where it "was far more cool to be slim" and "uncool to have a big butt," and Rio de Janeiro, where the ideal is the woman to be "all babe." With her move to Rio, she relates how she became accustomed to the city's aesthetic standards and stopped thinking her "butt" was "so big."

Carla's story shows how a change of place of residence led her to seek aesthetic changes to adapt her body to fit in with the new social group. She moved from Nova Iguaçu to Barra da Tijuca. Nova Iguaçu is one of 13 municipalities in the Rio de Janeiro metropolitan area. It is a 830,000 inhabitants city densely populated and heavily dominated by low-income residents. During the interview, Carla explained that this neighborhood comprises a group of high-income residents to which his family belonged to, and that its members are well acquaintance to each other. Barra da Tijuca is a district of Rio de Janeiro that has undergone rapid urbanization starting in the 1980s, and is known for its influx of emerging social groups. Carla acknowledges that after moving to Barra da Tijuca she ceased to be herself ("I was me") in order to be the other in this new place with different aesthetic standards.

"My family is from Nova Iguaçu – I lived there until I was 16. In Nova Iguaçu I was *the* Carla Marques. Everybody knew my dad and my older brothers. Being chubby didn't bother me too much. Because I was *myself*. So, it was never a problem in that context. Perhaps it began to bother me [when I moved to Barra da Tijuca]. When you're off the curve, just go to the beach or

open up a magazine, you'll see: the standard of beauty is being thin, to work out. I was just another Carla. I'm not going to tell I do it [work out and diet] for other people. It's for me, but it's influenced by the environment I live in. I think if I lived some place where it was irrelevant, I don't really know if I'd find it so important" (Carla, 24)

Her report also suggests that in changing social context from Nova Iguaçu to Barra da Tijuca, her social capital lost its importance to her body capital (Bourdieu 1984: 194): she became just another Carla. At her new neighborhood, the body seems to strongly mark social position replacing social capital. In order to improve her position in social space, Carla needed to revise her identity, rebuilding her body.

### **The moment of plastic surgery: exploring motivations**

The influence of the time of life of the interviewees in deciding to undergo surgery also appears in several accounts. Some reported they were having a difficult and stressful time. Difficulties with the marriage, in dating, in relationships and work, as well as personal problems, insecurity, heartness and sadness were also mentioned by interviewees. Thus, surgery appears as a kind of compensatory consumption (Woodruffe-Burton and Elliott 2005) in less-than-favorable life situations.

As pointed by Askegaard et al. (2002), it seems possible to associate some of these feelings to the anxieties caused by the lack of permanence of contemporary relationships (Giddens 2002). Fátima (22) associates plastic surgery with the fear of losing her far-away boyfriend, or even the fear of the fragile nature of her relationships, as the following testimony indicates:

"I don't think it [silicone implant surgery] was to try to hold on to him. It was to make me feel better, to value myself more. I think, when women lose the person they like, they believe they won't find anybody else. They think he's the last man in the world and they won't find anyone better. And it's exactly the contrary: you always find someone much better than him. So I think it wasn't at all a case of his thinking 'oh! she got implants, so I'm not going to cheat on her'. Rather, it was so that, if, by chance, he did not want me anymore, I would still be happy enough with myself to find someone else just as good or better."

In this report, Fátima suggests that a new body would render her a better position in a 'relationship' market, so that if her present relationship did not work out, her new boobs would enhance her chances to find a new (better) man.

In contexts described as difficult, that include the possibility of losses, fears and stress, plastic surgery seems to be driven by a consumer expectation to make peace with self-esteem or to boost self-confidence (Askegaard et al. 2002; Schouten 1991). Thus, the experience is described as a way to "value myself," to "feel more beautiful," as an "investment in me," a "self-compensation," a "self-indulgence," or even an "incentive" to overcome difficulties or to find someone "even better." These findings are consistent with Le Breton (2003), who pointed to the use of plastic surgery by individuals in crisis – those who sought the possibility of modifying the way people saw them, their life and their relationship with the world.

The bad or difficult time of interviewees' life seem to put their identities in check, thus restoring feelings present since their adolescence, and demanding an urgent answer / attitude. The plastic surgery comes as a way to modify the shape of the body and thus, rebuild their identities and transform how others see them, and therefore their life and their relations with the world.

Transition of roles or identity (Schouten 1991) also appears as another form of incentive in this study. Celeste (32), for example, living a process of separation and, therefore, ruling out the possibility of being a mother at that time, starts the review process of her self-concept through working out, massage, greater care with her appearance and, finally, liposuction, in order to incorporate a new identity: that of an unmarried woman "back into the market."

The incongruity between physical aspects and self-concept (Schouten 1991) also appears in the discourse of some interviewees when they talk about their life stories. Plastic surgery can mark the transition between childhood (child's body) and adult life (women's body) in some cases, and may be part of a larger process of transition, as the last stage of transformations sought. Antonia (31) explains:

"I was in the process of feeling better; I'd already completed my treatment [the medication she took for hormonal disorder during early adolescence]; I was already thinner; my hair looked great. But then I discovered that the shape and the size of my breasts were not what I wanted."

Most women interviewed made it clear that they had undergone plastic surgery for themselves, regardless of others' opinions. They needed to deny the concern with the gaze of others but tended to fall into contradiction during the interview. Tania (26), a good example, contradicts herself throughout the interview. She explains that "the average Brazilian" has no bust; so, her lack of breasts was seen as "normal" in the eyes of others. Yet, in other moments during the interview, she admits that her small breasts made her "the shame of the group." Shame, according to Giddens (2002), is a result of insecurity regarding social acceptability. Tania also reveals several suggestions from others before the surgery to insert silicone breast implants, but then seems oblivious to the shame revealed when attempting once again to explain that the surgery was for her only, denying the influence of others' gazes.

Contact with a girl friend who has recently undergone plastic surgery appears in the testimonies as another factor responsible for driving respondents to make a decision regarding surgery. Some of the women admit they were "scared to death" of the procedure. Thus, proximity with a successful plastic surgery served as encouragement, a "light shove," a "breath," a sign that what they wanted to achieve "was possible," as Camila (30) revealed:

"It was already something I had wanted to do, and then, just before I did, this friend got implants. I saw hers looked good, so then I got enthused and plucked up the courage to go ahead. It was just the smallest push I needed."

This may put some light on findings from Pentina et al. (2009) regarding the moderating role of peer support. A successful surgery patient, besides allaying fears related to the procedure, seems to operationalize plastic surgery within the realm of real possibilities and out of the field of dreams.

In addition, the accounts indicate a sort of rule or hierarchy among the types of care and control of the body. Plastic surgery – in particular, liposuction – appears in the testimonies collected here as a "last resource," something you do after "having tried everything else:" "dieting," "working out," "eating healthy." For some interviewees, women seeking directly the last level of the hierarchy – plastic surgery – are seen in poor light and judged as lazy, since they failed to spend the energy required to get their bodies in shape. Control of the body is not sufficient; it is necessary that this fact be perceived by others (Giddens 2002).

“Before getting the lipo, after I had lost weight and so on, I still didn’t go to the beach because there were still fat parts on my body that refused to go away. (...) I think [plastic surgery] is perfectly valid if something is bothering you like crazy, to the point where it prevents you from going to the beach, as was my case. And, when you’ve tried everything else, to no avail ... I don’t think plastic surgery should be used as a quick-fix for every little thing you don’t like.” (Carla, 24)

The interviewees also describe the behavior of other women with respect to plastic surgery as overkill. They relate this overkill with an “obsession with perfection,” an “unhealthy” behavior, even the “loss of sense of danger.” But, after all, where might the boundary lie between overkill and acceptable? Interestingly, the overkill mindset is always ascribed to others, never to themselves. This is the case even when it comes to those who show an almost obsessive preoccupation with their few extra kilos such as Carla (24) in the previous account.

### The after: experienced transformations

When asked about others’ reaction toward their post-surgery, the respondents show difficulties in claiming differences were indeed perceived in their appearance and, on occasions, would end up contradicting themselves during the interview. As in the case of the Tania (26), who initially said that “many people don’t know because I put in very small implants”; however, later in the interview, she comments on how “several people” told her “Wow, aren’t you the big sexy woman!” Such a contradiction seems to have something to do with the concern in affirming they had undergone surgery for themselves and not for others.

Many reported that expectations regarding the expected benefits of surgery are confirmed when they relate what happened *after*. They emphasize the effects of plastic surgery on their self-esteem and self-confidence, which was also found by previous works (Schouten 1991; Askegaard et al. 2002; Edmonds 2002). However, discrepancies were apparent in the testimonials. While some said they did not believe surgery had had any effect on their social relations (i.e., relations with others), other women spoke of changes in perceived self-esteem and self-confidence and reported profound changes in their social relations and even their sexuality after surgery: “I began to feel like socializing more”; “I stopped feeling shameful of getting close to men”; “I became much more comfortable sexually.” The following account by Antonia (31) is quite illustrative of the benefits admitted to:

“My life has changed: I became more confident; I was no longer embarrassed about getting close to men. I got a boyfriend right away. I became more popular among my friends. I think people saw how I was prettier, more secure. I was no longer embarrassed about going out ... people would ask me out more, and I began socializing more, too. I started feeling more sociable than before. At work, the collateral effect of self-confidence from surgery was tremendous. Got a great job soon thereafter.”

Those reports suggest that plastic surgery allowed an identity renegotiation. It seems to work as an “investment”, improving body capital. Their improved body capital granted them a new and more valuable position in social space. For some, this identity and position change acquired through their body transformation was so vigorous that they even state that “the surgery has changed my life!” and report feeling “like another person after the surgery”.

The interviewees also recount becoming vainer after surgery. This enhanced vanity intensifies previous body care and triggers a

whole constellation of body and beauty-related consumption, such as buying clothing that displayed the new body; exercise and diets with specialized professionals; massage; lymphatic drainage; cosmetics to combat cellulite and sagging; pharmaceutical drugs (cellular nutrition).

Both new consumption and beauty treatments that were stepped up after surgery indicate an effort to maintain or leverage the investment made in their body capital. Plastic surgery enhances their body capital, however maintaining it requires continuing effort and investment.

Besides mentions to improved self-esteem and self-confidence, the interviewed women commonly used words such as happiness, enthusiasm, lively and excitement to describe feelings engendered by plastic surgery. It is interesting to notice that those psychological or emotional effects of surgery are far more frequent and more emphasized during the interviews than changes in physical appearance. However, when physical effects are mentioned, they appear as harmony, proportionality, a cool or great body. The interviewees seem to avoid words with overt links to beauty. This might allude to some fear of appearing futile (Casotti et al. 2008). The testimonials suggest that the quest for self-confidence would be more legitimate than the search for beauty, as exemplified by Angela (25):

“I think people are divided into two groups. The group of people who get it [plastic surgery] because they really do have something that calls attention, that really bothers them – then they do plastic surgery. And there are the people who want to have the perfect body, and then go overboard.” (Angela, 25)

## FINAL DISCUSSION

By exploring young women’s decision and experience of transforming their identity and their body through plastic surgery, this work extends the understanding of the relation between body-related consumption and identity construction.

The decision of undergoing a plastic surgery by the interviewees seems the result of a conjunction of elements: a longtime deep dissatisfaction or discomfort with one’s body or particular body parts; a specific stressful or difficult time of life; influence of someone who had experienced a successful plastic surgery; and, finally, having tried everything else unsuccessfully, exhausting any other way of *fixing* the body.

Some of the results support the findings of Schouten (1991) and Askegaard et al. (2002), pointing similarities in consumption of plastic surgery undergone by Brazilian – specifically residents of Rio de Janeiro – Danish and US women: adolescence as a source of dissatisfaction with the body that was sought to be corrected with surgery; the role of surgery in the transition of social roles, or as complementary agent or catalyst for change; the improving self-esteem and confidence; surgery as an act of self-determination (undergone for the sake of personal wellbeing).

However the accounts seem to put the body in a higher value place in the city of Rio de Janeiro, as suggested in other studies (Malysse 2002). In Rio, body capital seems to trump social capital. And that does not work only for the ‘relationship’ or “marriage market” (Bourdieu 1984: 126), enhanced body capital also grants a better position in the labor market and in friendships and other social relations. Plastic surgery thus works as an investment to enhance the value of body capital so as to gain better social standing.

But it does not exhaust the efforts for a body that contributes to a successful identity and a better social position. This new position requires continued investment and effort to be sustained. These be-

gin way before the surgery – with exercising, dieting and so on – and must be intensified and expanded after it.

The interviewees' narratives uncover the relation between plastic surgery and identity construction. The body, as part of identity and thus to its self-reflective project, is central to a successful expression of identity. But its construction depends upon interaction and negotiation with others so that, in order to create a successful expression of identity, body must conform to the reference group or the cultural norms. Although each of the interviewees has her own history regarding plastic surgery and explains the plastic as something done to herself, this body change seems fundamental to them as a means of negotiating their identities with others, as a fundamental part in the process of building a successful identity and conquering a improved position in their social space.

Interaction and negotiation with others appear repeatedly in the interviewees' narratives. They are clear in their feeling of being different and their wiliness to belong; in their concealing/displaying strategies; in their very attempt to adequate their bodies to standards through plastic surgery; when they announce their decision to peers and can access their opinions – even denying their worries about it; and, of course, when they consider their surgeon's opinion (as the girl who got a second rhinoplasty when intended to get only breast implants).

Their non-normalized body becomes a source of anxiety, dissatisfaction and reduced self-esteem. It seems they seek not for the body they dream of, but to the body cultural norms made them want to. However, this young, beautiful and *fit* body must be pursued through hard work and willpower, so as it becomes an indicator of personal success.

There's why the interviewees seem to identify the existence of a hierarchy of beauty treatments, where plastic surgery figures as a last resource. If personal success depends on a body achieved by hard work, the plastic body seems to reduce personal merit. So, the plastic surgery must be legitimized and justified! Otherwise it can be regarded as cheating and overkill, putting them in a poor light.

Legitimization is carried out through hard work previously to the surgery – as engaging in dieting, weight-loss programs and exercising. In other words, they must work hard to deserve the body in shape. But previous hard work is not enough. It's imperative to justify the plastic surgery. First of all, it's only justified only when nothing else seems to placate body dissatisfaction. But the real justification seems to occur when the interviewees describe their dissatisfactions. They present a long rationalization – that seemed aimed to themselves and to others, represented by the researchers – their “unbearable complex” or “trauma,” “absolute shamefulness,” and “unreasonable hassle” that can cause even a “psychological problem.” It requires a lot of work to undergo plastic surgery and still cope with cultural prescriptions.

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