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The Body and Beauty

1. Introduction

The body is both an object of social control and the basis of an individual identity project, as well as a tool used by an individual to manage the impression they make on others. The map of the human body is a largely socio-cultural product, a source of practices, a system of ritualized symbolic actions in the private and public spheres. It is a plastic tool, strongly entangled in the mechanisms of consumer society. In the era of neoliberalism, the responsibility for one's own body, i.e., concern for its attractiveness, health or fitness, falls on the individual, constituting the basis of their well-being, in addition to the important aspect of social evaluation. The management of the body, so popular today, is associated with the tendency to aestheticize life, which consists of the possibility of self-creation and "creating oneself" (Featherstone 1991; Shilling 1993; Giddens 1991). The sense of power over appearance coincides with the sense of being able to transform it into the most characteristic sign of one's individualized "self," which is increasingly supposed to correspond to the identity that the individual seeks (Giddens 1991). With the development of the "beauty industry," the body can be "cultivated" and adjusted at will. It has become a material given over to experts for modeling. It is a reflective project that increasingly seems to be a matter of choice (Shilling 1993). Its appearance, size, shape, and even composition are potentially open to reconstruction according to the owner's intentions.

Managing the body is related to the revaluation of beauty as a social value (Berry 2007; Pussetti 2021). The visual nature of contemporary culture and the dominant role of images in creating social reality mean that one of the basic determinants of a person's status is their appearance. The effort to create one's own image shows the place of an individual in the social world. A beautiful body is a source of symbolic capital – both the appearance and the presentation of the body are crucial to achieving social self-actualization.

The aim of the chapter is to deepen the knowledge about invasive body practices and the "creation of new bodies" in the culture of competition, self-realization, and self-fulfillment. The chapter is an attempt to reflect on the extent to which body regimes are an expression of control at both, the individual and social levels. These

considerations consist of two complementary dimensions. The first one refers to the mechanisms used by the representatives of the medical and media expert systems, indicating the socially desirable model of the ideal body. The second dimension comes down to answering the question to what extent the implementation of the project of a “normalized,” “beautiful” human with specific physical parameters is an expression of oppression and to what extent it is an expression of individualism and emancipation of the individual. The analysis presented in the chapter is based on theoretical and empirical material.

2. The most important theoretical concepts

2.1. The individual and socio-cultural project of a beautiful body

When defining physical attractiveness, one can refer to various canons defining the beauty of the human body. We generally value maintaining proportions, harmony, and symmetry, but the normative order of beauty and ugliness is socially constructed. The Maori admire prominent labia, the Bandung tribe – sagging breasts, and in Mauritania the ideal is an obese woman with visible stretch marks. According to Umberto Eco, it is currently difficult to distinguish an aesthetic ideal in the face of “an orgy of tolerance, the total syncretism and the absolute and unstoppable polytheism of Beauty,” (Eco 2004: 428). In a consumer society, it is the market that mainly updates the definitions of beauty and determines the criteria of what is considered beautiful. According to Jean Baudrillard (1998: 140), “this is imperative, universal, democratic beauty inscribed as a right and a duty on the pediment of consumer society”. The trends set by stylists have replaced the traditions and customs that dominated in the past. Modern consumers imitate not what was important and available to their ancestors, but what is in line with fashion (Lipovetsky 1994). Modern hedonism is based on creating an illusion, which is why the image of the body and the meaning that can be attributed to it play a fundamental role. The so-called beautiful people, focused on their personal appearance, are universally worshipped figures, who, in Wolfgang Welsch’s (1996: 6) interpretation, pursue the aesthetic perfection of their bodies. Focusing on superficial attractiveness and aesthetic satisfaction is connected with “body fascism” (Nead 1992), because everything that does not correspond to the ideal takes on a transgressive, norm-breaking character and is, thus, eliminated from culture. Those whose appearance deviates from the normalized body are perceived as the “other.” Even in the world of body positivity, the body defined in the logic of consumer society as normative is met with greater acceptance.

Body positivity – a social, global movement that emerged in the mid-1960s in the United States, aimed at promoting a natural appearance, equality of all body types and sizes, and respect for imperfections, as well as a belief in the importance of accepting one’s body

as it is, even if it does not fit the restrictive standards of beauty, i.e., the cult of a slim and athletic figure. The main slogans of the body positive movement began to appear in media channels around 2012 in order to question the way in which the media presented unrealistic standards of female beauty, and in a broader perspective – to liberate the body from treating it as an object of constant evaluation and reject the paradigm in which it determines the value of a person. Criticism of the body positivity movement is based on accusations that its supporters create an unhealthy culture that disregards medical complications that are often associated with obesity. The movement can also cause its adherents to become obsessed with their appearance and ignore other aspects of their lives, and, as a result, engage in unsafe body regimes due to the pressure to take adequate care of their bodies (O'Hara, Ahmed, Elashie 2021).¹

In the narcissistic culture of the West, the body is a programmatic source of happiness and physical attractiveness, strongly associated with youth; it has become an element of success in life (Featherstone 1991; Lasch 1991). The American professor of bioethics and philosophy Carl Elliott (2003) has spoken of the “tyranny of happiness” as an obsession that is revealed in the zealous use of all kinds of technologies that improve the condition of the body, among which he mentioned aesthetic surgery. We invariably delight in the “obvious spender of youthful beauty” (Etkoff 2000: 244), while realizing that achieving normative standards of beauty is virtually impossible. The postmodern body is one that lives outside of time, and its care expresses the desire for immortality. The body, as Baudrillard claimed, has today become “an object of salvation. It has literally taken over that moral and ideological function from the soul (Baudrillard 1998: 129). The term “beautification” has been coined to describe this phenomenon. Efforts to beautify the body link aesthetic value with moral value. Improving one’s image is a virtue, and a “natural appearance” is described as “neglect.” Women “feel superior both in the intrinsic, natural beauty of their bodies and in the art of self-embellishment and everything they call *tenué*, a moral and aesthetic virtue which defines ‘nature’ negatively as sloppiness,” (Bourdieu 1996: 206).

The manifestations of body care popularized by commercial mass culture are associated with exercising self-control, discipline, and hard work (Schilling 1993; Turner 1996). Beauty as an important determinant of social value is no longer a secret; it is rather associated with the promise of fulfillment. The pressure for self-fulfillment, fulfilling one’s dreams, and internal control are so strong that an individual does not try to accept their appearance, but strives to modify it in accordance with the ideal mediated by culture. As Anthony Giddens (1991) has claimed, the external appearance cannot be left to itself in the post-traditional conditions of highly developed modernity. A well-groomed body is supposed to guarantee success, so care has a rewarding character. It is also a “repressive concern”

1 A detailed description of the phenomenon of body positivity can be found in the chapter on eating by A. Maj and A. Wójtewicz.

because “the body becomes that menacing object which has to be watched over, reduced and mortified for ‘aesthetic’ ends,” (Baudrillard 1998: 142).

The individual body is reduced to the level of an object of consumption, and as a commodity it is related to the process of social differentiation – the production, reproduction or maintenance of social distances. Aesthetics as a socio-cultural construct is never neutral; it is also political by nature. Aesthetic standards reinforce, subordinate, categorize, and define power relations. The ever-expanding possibilities of sculpting one’s own body coincide with increasingly restrictive aesthetic ideals and limited ideas about what is natural and normal. The body remains a “social product” (Bourdieu 1996: 193) and aesthetically oriented forms of impact on the body constitute the realization of a social norm. Subjected to bodily regimes, the body as an element of cultural capital reveals inequalities resulting from belonging to a specific race, social class or gender. The sought-after bodily properties appear all the more frequently the higher one’s position is on the social ladder. The attitude towards the body defined as a “grace” or “illness” is a correlate of social position (Bourdieu 1996). A beautiful well-groomed body is no longer a whim but a social “obligation.”

According to established canons being “beautiful” is becoming progressively more of an existential dictate, playing an important role in the daily struggle for social acceptance. Physical attractiveness has a significant impact on well-being, the quality of interpersonal contacts, and it determines the increase or decrease in one’s self-esteem and self-worth. Part of the contemporary myth of beauty is the belief in the existence of a connection between a person’s appearance and character. In the Western European culture, a well-groomed, slim, youthful body is socially interpreted as a sign of health, physical attractiveness, self-control, and “normality.” The lack of desirable physical attributes may indicate not only illness, but also failure in life. As studies show, in the United States, attractive people are less lonely, more emotionally stable, more popular and socially competent, more likely to go on dates, and more sexually experienced than unattractive people (Sullivan 2004). The benefits of being attractive translate into economic benefits – research shows that individuals who are considered attractive are paid better, receive higher pay rises, and are perceived as better employees (Sullivan 2004; Paprzycka, Orlik 2015). Appearance, called beauty capital, is an integral part of the job performed or the social role played. In capitalist markets, especially in the service sector, there is an increasing economic emphasis on appearance as an investment strategy. Employees may be hired because of their attractive appearance or trained in self-presentation, personal care, and etiquette. “Aesthetic work” as a social construct denaturalizes beauty, and a normalized, developed appearance translates into economic and symbolic rewards. Aesthetics are defined by age, place of residence, and belonging to a specific class, race and gender (Elias, Gill, Scharff 2017).

2.1.1. Medicine and media: the expert dimension of beauty

Since the 19th century, thanks to medical discourse, the Western European culture has begun to transform, improve, create, and systematically examine the body in accordance with the norm applicable at the given time. The aim of medical activities is to reduce deviations from the norm (Foucault 1973). Physicians attempt to supervise and construct the body at every stage of human life, from birth to death, constantly expanding the scope of biomedical interventions, including surgery (Arroba 2003; Wieczorkowska 2015). The process of medicalization is based on the belief in the unlimited possibilities of medicine in solving both health and aesthetic problems related to the body (Conrad, Leiter 2004; McKenzie 2013). Dynamic scientific and technical progress in biomedicine is aimed, on the one hand, at eliminating diseases, and, on the other, increasingly at improving the psychophysical condition of humans, including the biotransformation of the human body combined with its aestheticization, based on the potential of medicalized aesthetic surgery (Conrad 2007; Suissa 2008; Jakubowska 2009). The use of advanced technologies, marketing strategy, and an increased use of medical achievements place aesthetic services in the posthumanist trend, promoting the perfection, strengthening, and improvement of the human body – human enhancement (Maturio 2012). Services in the field of aesthetic medicine are considered to be “moderate enhancements,” which affect the strengthening of the natural potential in the area of beauty and attractiveness of their users. The use of aesthetic treatments is not aimed at going beyond human nature, but at improving a patient’s well-being in connection with the experience of their own body and relations with the social environment (Napiwodzka-Bulek 2017: 162–163).

A perfect appearance is a phenomenon of consumer culture, which forces the deconstruction of the body project (Jeffreys 2005; Richardson, Locs 2014). Medical and media experts create a postmodern canon of beauty, imposing the adoption of a controlling attitude towards the body, which can and even should be transformed and improved on an unprecedented scale. In the cultural context, aesthetic medicine is increasingly presented as a spectacular “lifestyle choice.” Patients, or rather consumers, are well trained in diagnosing their appearance-related “problems.” Based on available expert knowledge, they observe the body, encouraged to apply disciplinary schemes as completely natural. In Foucault’s interpretation, power produces susceptible, docile bodies in a process that, on the one hand, is not overtly violent and can, therefore, be considered voluntary, in line with the individual’s individual project, while on the other, it constitutes subordinate and non-autonomous individuals (Foucault 1995). Image is used to exercise power (through expert systems employed in medicine and the media) over the real, concrete body, separate from direct violence. The offer of aesthetic medicine clinics shows how the body should be transformed to be considered beautiful, while the production of knowledge about body modification takes place through media coverage.

The media advertise specific practices that are part of the disciplinary system, both symbolically and instrumentally. In one press advertisement for mechanical skin stimulation that “naturally stimulates cell metabolism,” experts provide a simple justification for its use: “Among French women, using these treatments is as natural and popular as going to the hairdresser. It is simply part of a lifestyle and self-care,” (Lato, lato i po lecie... 2021: 198). The simple reference to a surgical operation as a correction clearly suggests a harmless and necessary procedure that seems to (re)-create normality rather than produce artifice. Like the media industry, cosmetic surgery effectively and profitably provides both the problem and its solution.

The media support the body's involvement in the practices of “submissiveness” that regulate its status and functioning, perpetuating the image of bodies that are both plastic and malleable (Bordo 1993). Advanced technological culture enables significant changes to one's external image “of one's own free will.” A naturally-looking body, devoid of the intervention of an aesthetic medicine doctor (but also make-up artists or graphic processing in a computer program), is treated as unattractive. Naomi Wolf (2002) called this phenomenon beauty pornography, because just as pornography “instructs” how sexual intercourse should look, culture promotes a specific appearance, indicating which women are attractive. Beauty is becoming a desired “competence” not only of professional beauties from the erotic, pornographic, and fashion industries, whose job is to display an attractive body. Being beautiful is no longer something innate, a result of nature or a complement to moral attributes. A woman should “take the same care of their faces and figures as they do of their souls” (Baudrillard 1998: 132). Men also feel pressure to meet aesthetic ideals from an early age. Toys designed for little boys promote unrealistic body standards. Action figures of popular action heroes are more muscular than professional bodybuilders could achieve. The media pays ever more attention to the images of men who, like women, should look attractive, so they engage in body work, imitating the hegemonic masculinity personified by male celebrities. The inability to achieve an ideal appearance becomes the cause of narcissistic disorders, anorexia, bulimia or body dysmorphic disorder, which are accompanied by lowered self-esteem, a lack of self-confidence, and limited social contacts (Brytek-Matera 2008).

Body dysmorphic disorder (Greek *dysmorphia* – “ugly” or “misshapen”) is a preoccupation with an imagined defect in appearance or excessive concentration on a real, minor physical anomaly. Obsessive thoughts and compulsive behaviors concerning appearance cause suffering and significantly impair everyday functioning. Body image disturbance can lead to social isolation. Sometimes, patients repeatedly undergo surgical procedures, and attempt to modify their own bodies (including self-harm), although this usually does not improve their own image or the subjective perception of the alleged defect. Depression often develops, which sometimes leads to suicide. Body dysmorphic disorder (BDD) has been called a body image disorder since 1980, introduced into psychiatric terminology, and is present in ICD-10 (International Statistical Classification of Diseases and Health Problems) and DSM-IV (classification of the American Psychiatric Association) as “body dysmorphic disorder.” It can lead to an addiction to aesthetic medicine and plastic surgery.

People suffering from body dysmorphic disorder often put pressure on cosmetologists and doctors, combined with aggressive and offensive behavior, use threats and various forms of blackmail, as well as intimidation in order to force them to perform further care or strictly medical procedures. While body dysmorphic disorder occurs in only 1–2% of the general population, it is overrepresented in the recipients of aesthetic surgery. This disorder is too rarely correctly diagnosed by aesthetic medicine physicians and specialists in surgical, cosmetology, and dermatologic surgery practices (Munro, Stewart 1991; Fang, Hofmann 2010; Singh, Veale 2019).

A feature of contemporary postfeminist media culture is the increased surveillance of women, manifested in an unprecedented level of control and critical evaluation of their bodies. They are forced to constantly define their own “self” through image management, in order to ultimately take their place on the side of those who have submitted to the regime of self-responsibility or those who have failed. The imperative of self-improvement is central to the culture of makeovers, and its quintessence is cosmetic surgery. Women’s magazines write with characteristic freedom about the high costs of fighting for a beautiful body, and the internet presents increasingly wider possibilities of more or less invasive cosmetic procedures on various thematic and social portals. The media often focus on achieving a “natural look,” suggesting that maintaining the illusion of naturalness, even by means of surgical modifications, is the most important thing for a woman in order to be considered attractive. The media culture of makeovers, by proposing a complete change of appearance and becoming similar to celebrities, places the subject in the position of an entrepreneur of their own “self” who must “invest in the body” in order to compete with others in the private and public sphere (Wegenstein 2012; Elias, Gill, Scharff 2017). Reality television programs, and, currently, above all, social media, have helped to move aesthetic medicine in the public consciousness from the sphere of vanity to the area of investing in quality of life and a form of self-improvement that requires courage.

Makeover culture – the makeover culture of reality television shows that involve complete makeovers (e.g., *Extreme Makeover Plastic Surgery Edition*, *I Want a Famous Face*, *The Swan*, etc.) This genre involves “reinventing” the individual by transforming from an unwanted “before body” to a desired “after body.” Such shows offer a narrative of redemption, where pain (both physical and emotional) is a necessary part of the journey one must undertake to become a better (and socially acceptable) version of themselves. The model of perfection is personified by experts or celebrities who prescribe various interventions to improve the image of the participants “of their own free will.” The figure of the postmodern Prometheus, a male surgeon with magical powers of transformation and healing, is central to this metanarrative. The path to finding one’s true self lies in a drastic transformation of their body. The idea of changing one’s appearance through plastic surgery, weight loss or a change of style is embedded in the promise of gaining a “better self” and establishing more satisfying social relationships. In the format of “regulatory pedagogy” (Weber 2009), viewers learn how physical transformation can be utilized to gain control over one’s personality and what conditions they must meet to avoid the critical gaze encountered by the heroine of

the show devoted to changing her appearance. Makeover shows are an attempt to (hyper)-normalize bodies based on neoliberal requirements for self-esteem and self-improvement. They provide ready-made solutions for fulfilling fantasies of creating oneself, while at the same time reinforcing gender stereotypes (Wegenstein 2009). The participants' changed appearances should always fit the ideal model of femininity (Weber 2009). Makeover culture is "the display of ongoing change and labour" (Jones 2008: 12), activating clients ready to embody the radically expanded work ethic of late capitalist society.

Experts from the aesthetic medicine and media industries have taken the lead in creating the image of a sexually attractive, athletic, slim and youthful body. A smooth, firm, wrinkle-free body is supposed to meet the unattainable criteria of a narcissistic, consumer media culture. In this reality, what counts the most is created desires, not authentic needs. The media image seems so "real" that it encourages many individuals to model their bodies according to a model that is in fact just a digitally edited photo. However, from the perspective of a satisfied consumer, there is no way to determine what is artificial and what is real.

The filters on mobile photo and video apps use algorithms to reinforce a standard of beauty known as the "**Instagram Face**," which is characterized by high cheekbones, poreless skin, cat eyes, and plump lips. Some Snapchat filters allow you to change the skin tone, eye size, lips, cheeks, as well as soften fine lines and wrinkles, making a face look flawless without imperfections. Participants in this hoax assume that a unique combination of features is possible. This has a significant impact on beauty standards and reinforces the pursuit of perfection for millions of users around the world, spreading the belief that individual beauty in real life is not good enough or worthy of likes. Comparing your real self to your embellished self increases dissatisfaction with your natural appearance. For those who are particularly insecure, the gap between expectations and reality can lead to body dysmorphic disorder. Since 2018, this unexpected effect of social media has been referred to as "**Snapchat dysmorphia**" or the desire to look exactly as one does in a filtered photo. According to data from the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS), young patients under 30 are increasingly undergoing cosmetic procedures to improve their image on social media. Plastic surgeons report an increment in the number of patients (mostly girls and young women) who no longer present celebrity photos as models for their surgical faces, but rather perfect versions of themselves — retouched Snapchat selfies (Ramphul, Mejias 2018).

2.2. The phenomenon of aesthetic surgery

2.2.1. Paying for a "new" body

The modern system of body discipline is increasingly represented by aesthetic medicine practices. The first known records of plastic surgery date back to around 600 BCE in India and concern the reconstruction of the nose and ears, since the removal of these body parts was a common punishment at the time. Early surgeries were performed exclusively on men, often gladiators, who had been wounded or

disfigured in combat. Claudius Galen, considered the inventor of aesthetic surgery, performed surgery to correct drooping eyelids and to remove excess fat from the breasts, a condition now known as gynecomastia. The origins of modern surgery lie in corrective techniques developed to treat injuries sustained during World War I. The shift in emphasis from corrective surgery for men to the industry of beautifying women is symptomatic (Jones 2008). Instead of correcting deformities, surgical techniques began to serve to improve people's appearances, and both doctors and patients became accustomed to the idea of performing procedures on demand, less important from the point of view of life and health.

Plastic surgery is a branch of medicine whose name comes from the Greek word *plastikos*, meaning "capable of being molded or shaped." The procedures are categorized by type, purpose, body area, degree of invasiveness, and equipment used. Surgical and non-surgical procedures aim to change the shape of natural body structures in order to improve appearance and self-esteem (Nejadsarvari et al. 2016; Nuffield Council on Bioethics 2017). In the field of plastic surgery, we can distinguish cosmetic/aesthetic surgery and reconstructive surgery. Reconstructive surgery is used to correct what has been changed by disease or accident. It repairs a deficit or defect, it is an attempt to "return to normality," and can be a tool for rebuilding a person's identity in justified cases, which may include genetic defects or bodily injuries. Cosmetic surgery, also called aesthetic surgery, aims to beautify and is an attempt to "transcend normality" (Gillies, Millard 1957; Shiffman 2013). Deborah Caslav Covino (2001) has drawn a distinction, arguing that cosmetic surgery procedures and products are seen as temporary and superficial, while aesthetic surgery procedures signify permanent change. In this chapter, I mainly use the term aesthetic surgery, not plastic surgery, to emphasize that the surgical procedures I analyze are performed on completely healthy bodies.

Medical aesthetology (Latin: *aesthetologia medica*) is a field of science that studies, describes, cares for, restores, and creates the beauty of the human body using medical means. In the cognitive-descriptive scope, this field is based on the methodology of natural sciences (medicine, biology, biophysics), anthropology and anthropometry, sociology, psychology, aesthetics, and philosophy. In the intervention scope, the aim of medical aesthetology is to improve the physical attractiveness of a person utilizing methods typical of or reserved for medicine (drugs, procedures, and treatments), dietetics, rehabilitation, and physical therapy. The branches of medical aesthetology, practiced exclusively by physicians using means within their primary specialty, the exclusive or primary purpose of which is to improve the patient's physical attractiveness, are:

- aesthetic medicine,
 - aesthetic dermatology,
 - aesthetic surgery,
 - aesthetic gynecology,
 - aesthetic dentistry (Śpiewak 2012).
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In the late 19th century, plastic surgery was compared to psychiatric therapy (Gilman 1998). Contemporary rhetoric accompanying aesthetic procedures also emphasizes that the fight for a “new” body is not only about improving appearance, but also well-being, which is associated with social relations and the secrets of personality. Plastic surgeons create “new” bodies, replacing psychotherapists. Beauty experts recommend treating aesthetic surgery as “your best friend;” they convince that performing the procedure “literally changes your life” (Uroda/Medycyna estetyczna 2021). In reality, aesthetic surgery is a form of biomedical practice aimed at preventing aging, currently one of the fastest growing fields of commercial medicine, in which the subjective needs of patients are understood as appropriate indications for medical interventions.

Aesthetic surgery is classified as a branch of wish-fulfilling medicine (Asscher, Bolt, Schermer 2012). As part of procedures that are not so much “therapeutic” as “aesthetic” in nature; the patient reports to the doctor and expresses the intention to improve selected parts of their body. They can choose between the optimal and maximum effect, guided by their preferences or sense of aesthetics. Aesthetic surgery turns the doctor into an artisan executing an order for a specific service concerning a specific object, which is the human body. In this situation, the doctor is the patient’s servant, i.e., a means to an end, not an arbiter (Gimlin 2010). A dilemma, therefore, arises as to how far the surgeon can fulfill the patient’s desires, wishes and fantasies, especially when the patient demands risky, unnecessary actions with unknown consequences, such as placing gemstones in the sclera of the eye.

In the mid-1990s, surgical body modifications began to be perceived as services that were used not only by celebrities. According to specialists, aesthetic surgery in the 21st century is becoming increasingly accessible, precise, and economical (Shiffman 2013). At the same time, however, new areas of risk are emerging in this industry. Procedures are performed in doctor’s offices and aesthetic medicine clinics, not in hospitals. Physical perfection can be dangerous to the life and health of patients (Jeffreys 2005; Suissa 2008). The range of “indicated” surgical interventions, the so-called “comprehensive procedures,” multi-procedural in nature, is constantly expanding. The risk of infection and a negative reaction to anesthesia increases. The most common complications and side effects of surgery are mechanical injuries to nerves and tissues, inflammatory reactions, infections, burns, scars, and discoloration, while the more drastic cases include skin necrosis or a loss of function of the operated body parts. Some doctors perform procedures despite not having undergone appropriate training, without certificates or appropriate authorizations. In Poland, there are still no regulations governing the scope of permitted aesthetic procedures operating at the level of subcutaneous tissue, which can be performed by cosmetic service technicians, cosmetologists or people who are not doctors.

Despite the significant invasiveness of surgical procedures, information about the side effects is downplayed and there is no warning that very often the procedures need to be repeated, without any certainty of achieving the intended effect. New technologies receive certificates from the American Food and Drug Administration

(FDA), confirming only that a given device or preparation works and does no harm. Doctors, however, have no knowledge about the long-term effects of the procedures. The statistics of deaths and mortality due to complications resulting from the surgeries are also unknown.

Cosmetic surgery is not covered by insurance; it is an elective procedure (“on demand”). The patient has become a customer, choosing the right medical product for themselves from a wide range of prices and quality of services. Owing to the high costs of the procedures, it is a branch of commercial and luxury medicine, unavailable to a large part of society. Susan Bordo (1993) called cosmetic surgery an “aristocratic” form of rebellion. The completed procedures are still a demonstration of the economic affluence of the clients to whom “beauty is sold,” (Gimlin 2002; Elliott 2008).

2.2.2. Standardization, fragmentation, and pathologization of the human body

The normalized and standardized model of the body, susceptible to the influence of expert systems, is subject to subjugation by disciplining mechanisms, such as cosmetic procedures and plastic surgery. According to Sander Gilman (1998), the goal of “aesthetic surgery” is to increase our visual anonymity, not uniqueness. Natural manifestations of human physiognomy (body structure, facial features) are treated as a “disorder” that needs to be treated. The characteristic and unique features of human physiognomy are considered a defect in the face of the required appearance and body structure. While the consumer rhetoric of choice, individualism, and diversity proclaims that we should be ourselves, surgical body modifications tend towards similarity and uniformity.

The social need for body standardization is growing (Leźnicki 2013). A person’s natural appearance is sometimes unacceptable, even shameful. The experience of shame, awkwardness, imposed by the gaze and reaction of others, is all the stronger the greater the disproportion between the socially desirable body and one’s own is (Bourdieu 1996). We are witnessing the scientific and cultural “pathologization” of non-standard appearance, an example of which is the creation of the term “hypomastia” in medical literature to describe “the new recognized disability” of having small breasts (Berry 2007: 74) or the introduction of the term “cellulite” by the magazine “Vogue” in 1973 to describe a media-created aesthetic problem of women (Arroba 2003). Anomalies or differences in physical appearance become biomedical problems requiring treatment. As Elizabeth Haiken (1997: 4) noted, “aging faces, flat breasts, and small penises, which as facts of life were considered undeserving of medical attention, have been progressively redefined as problems worthy of medical concern and more recently as pathologies or deformities requiring medical solutions.”

Cosmetic surgery is a kind of simulacrum because it maintains an ideal that is not the original, and, moreover, is not achievable without medical intervention. Surgically enhanced faces and bodies become the norm, but they are merely reproductions of copies, or the myth of beauty. They resemble attributes found in

others, but are nevertheless based on the simulacrum. Cosmetic surgery can be seen as a form of the colonization of the body. Colonizers (creators of the myth of beauty) try to modify identities to fit the prevailing ideal. The problem with the simulacrum through cosmetic surgery is that only one type of copy is spread, based on the “white” heterosexual standard of beauty, which is not fully representative of all people. The patterns promoted by the West become the reference point for assessing attractiveness worldwide. We can speak of the Western-centric nature of the postmodern canon of beauty. The medical industry provides the means to manage the normative ideology of becoming a youthful WASP (White Anglo-Saxon Protestant), a positively assessed member of Western culture. The model proportions in plastic surgery textbooks are based on a white, Western, heterosexual ideal of beauty (Balsamo 1996: 58–63). Through the act of correction, surgical practice locates other bodies in a reality of bodily incorrectness (Gimlin 2002: 142).

The promotion of a single, binding ideal of beauty normalizes a medically constructed type of synthetic beauty and devalues ethnic “markers,” signs of aging, and other individual markers of identity. Cosmetic surgery procedures aim to eliminate or downplay ethnic or age-related features in exchange for features that correspond to the ideal of beauty. At the same time, these procedures are directly related to the oppression of specific social groups. Eyelid surgery is commonly used among individuals of Asian descent to partially conceal their phenotype. Women have breast augmentation and body contouring to suit men’s preferences. Older individuals have facelifts to hide their age, conforming to the popular culture’s cult of youth.

Old age is treated as an unsightly defect, and visible signs of ageing suggest that the owner of the body has lost control over it. Cosmetic surgery is one of the tactics of positive ageing, based on the idea that one can defy the passage of time by purchasing products or services that help one look young, healthy and happy. In contemporary visual culture, there is controlled invisibility of old age. A person who follows trends cannot be old, or at least not look old. The desire for youth is at the heart of aesthetic medicine procedures, but people usually use procedures not to defy ageing, but to design it, that is, to “look good for their age,” (Jones 2008).

The assessment of the aging body as “problematic” is intensifying, especially when it belongs to a woman. Physiological signs of aging are seen as symptoms of a loss of femininity, sexual identity, and social visibility. Achieving smooth skin, a flat stomach, and firm breasts makes women feel more “attractive” and “sexually desirable,” and also means more attention from their closest environment, which helps to reduce unpleasant invisibility. The editors of the American magazine “Allure,” wishing to emphasize the inevitability of the natural process of aging, announced a ban on the use of the term “anti-aging” in reference to cosmetics and aesthetic medicine procedures on their pages (Lee 2017). Efforts to maintain the illusion of youth lead to an increasing distance from one’s body and a lack of contact with one’s physicality.

According to Anthony Elliott (2008), the development of the culture of aesthetic surgery is an expression of our uninhibited and pathological desire for youthful and

increasingly artificial beauty, while the social and personal costs of this profound cultural change are, as the Australian sociologist claims, a cause for serious concern. The dynamic development of aesthetic surgery and its growing social acceptance can drastically change the way the body is perceived, which is not only separated from other elements co-creating identity, but also fragmented, broken into parts, assessed better or worse. In addition to rankings of the sexiest stars, the media also publish rankings of their noses, eyes, lips, hair, cheeks, skin, and legs. Regardless of the assessment of Jennifer Lopez's acting and singing talents, the point of reference for viewers in terms of image is her buttocks (Elliott 2011). The postmodern body is no longer a biological gift whose organic integrity is inviolable. We are observing a shift from the traditional definition of the body as a whole, whose flaws must be accepted, to a "fragmented body," which allows modifications not only for the sake of aesthetic norms but also for the purpose of personal expression. The dominant culture legitimizes the synergy of the "self-destruction" and "humanization" of beauty toward the stereotype of a model ideal (Jarrin 2017).

2.2.3. Aesthetic surgery market: statistics and trends

According to IMCAS (International Master Course on Aging Skin), the number of plastic surgery procedures is growing year by year. The most common procedures performed worldwide are liposuction (liposuction), breast augmentation, and wrinkle removal (IMCAS 2021). Since the year 2000, the American Society of Plastic Surgeons (ASPS) has recorded a significant increase in breast augmentation, butt lifts, and female genital cosmetic surgery (FGCS). Over the past two decades, the "body cosmetics" business has grown into a multi-billion dollar industry, with investment in research and development, aggressive marketing, and a predominantly, but not exclusively, female consumer base. Plastic surgery enables the correction of almost the entire body. Women around the world undergo such procedures much more often than men. In order from the most to least popular: they enlarge or lift the breasts, perform liposuction, abdominoplasty, and eyelid plastic surgery. More and more men are interested in improving their appearance. They are becoming an increasingly larger group of patients in aesthetic medicine clinics, most often using liposuction, eyelid plastic surgery, breast reduction, abdominoplasty, and facelift (ASAPS 2020).

According to data from the International Society of Aesthetic Plastic Surgery (ISAPS), in Brazil, Venezuela, Argentina, and Chile, plastic surgery enjoys considerable social recognition, is widely accepted, and institutionalized. On the other extreme, in Iran and Saudi Arabia, plastic surgery is treated as an expression of transgression of social norms (ISAPS 2020). In China and South Korea, there has been a significant rise in interest in aesthetic surgery, related, among others, to the concern for maintaining a good (culturally correct) image and the wide availability of numerous plastic surgery clinics that also accept patients outside the direct health indication (Hua 2013: 143–146). The phenomenon of medical tourism related to aesthetic surgery is growing as the international market enables patients to undergo

interventions in an anonymous environment outside their country and their social networks (Holliday, Jones, Bell 2019). In South Korea, the medical tourism industry is subsidized by the government.

The highest rate of cosmetic surgery in the last few decades has been in the United States. Between 2000 and 2019, there was a 169% increase in the number of surgeries performed there, compared to a 20% increase worldwide (ASPS 2020). Brazilians are the second largest global consumers of cosmetic surgery. The Brazilian government is implementing a policy that treats cosmetic surgery as a way for women of lower socioeconomic status to break down deeply rooted class barriers by changing their appearances. In South American countries, it is not sexual initiation or the first menstruation that are the markers of adulthood and femininity, but the first surgical procedure in one's life. Banks offer special loans for this purpose (Jarrin 2017).

The visual effect achieved by procedures that were previously used only by mature women to help combat the effects of the passage of time is desired by a growing number of younger women. Currently, the demand for synthetic tissue fillers that reduce wrinkles, correct facial contours and make lips fuller is visible even among teenagers (Frier 2020). On the one hand, SPA passes for children are becoming popular around the world; on the other, laws are coming into force that limit access to and the scope of aesthetic procedures. Since 2021, in the UK, the use of botulinum toxin injections and dermal fillers for individuals under 18 years of age solely for cosmetic reasons and despite the consent of parents or guardians is illegal.

In Poland, there is a lack of systematic and representative studies on the number and type of non-surgical procedures and surgeries performed. The results of the CBOS survey from 2003 indicated that the largest percentage of people who would have liked to change something in their appearance fell into the age groups of 35–44 and 45–54, while the least interested in changing their appearance were individuals aged 65 and over (Biały 2003). Currently, an increment in interest in beauty procedures is visible among representatives of the Millennial generation (25–34 years old). Research on the market of aesthetic medicine procedures in Poland shows that 2.3% of adult residents have undergone at least one procedure to shape their body, rejuvenate their appearance or improve the attractiveness of individual body parts. This is approximately 600,000 people. Women currently constitute over 75% of all patients reporting to aesthetic medicine clinics. Among Polish women aged 18 to 55, 89% admit to having complexes related to their appearance and body, while at least seven in ten would not mind undergoing an aesthetic procedure (Rynek estetyczny 2021). A 2021 study of aesthetic medicine doctors in Poland shows that currently the treatments are most often chosen by individuals from the so-called Power Generation – professionally active 35–49-year-olds who are aware of their needs. Poles most often choose treatments using botulinum toxin (83%) and hyaluronic acid (70%), as well as mesotherapy (52%). A rise in interest in treatments among men was noticed by 42% of specialists in the field of aesthetic medicine (Mieczkowski 2021).

On the global scale, the aesthetic medicine market is recording spectacular growth in revenues, even despite the COVID-19 pandemic. Global studies show that 11%

of women are more interested in aesthetic surgery than before the pandemic. In contrast, 35% of surveyed women who have already had one aesthetic procedure are planning more surgeries in the near future (ASPS 2020). Remote work and social isolation are conducive to invasive procedures and convalescence. A new patient discovers an aesthetic medicine doctor, previously confusing him with a cosmetologist (Mieczkowski 2021). Widely used social media have a direct impact on the decisions to improve one's appearance, as the faces visible there are mostly wrinkle-free selfies.

2.3. Aesthetic body modification practices from a feminist perspective

2.3.1. The oppressive nature of the patriarchal standard of female beauty

The body has moved to the center of postmodern theory, and its existence as a physical organism has thereby been marginalized. Having rejected the notion of the body as a biological entity determined by nature, theorists went to the other extreme, regarding it as almost infinitely malleable.

Michel Foucault argues that the body is subjected to the external, disciplining and normalizing gaze of institutions and ideologies, although the level of intensity of this control may vary depending on the individual. In the process of compulsory disciplining, "subjected and practised bodies, 'docile' bodies are created," (Foucault 1995: 138). Cosmetic surgery belongs to the sphere of what Foucault (1988) called "technologies of the self." Slimming and rejuvenating procedures that enhance physical attractiveness can be considered an example of work on the body, "a calculated manipulation of its elements," (Foucault 1995: 138). The recipients of aesthetic procedures are predominantly women, which is perhaps why the discourse on plastic surgery has been dominated by feminist analyses. Representatives of feminism, inspired by the concepts of Foucault (who, admittedly, referred exclusively to men's bodies), applied poststructuralist insights to the interpretation of the problem of embodiment. They have emphasized the regulation of the "docile bodies" of women (Bartky 1990), which, constantly disciplined, remained "docile bodies," submissive to the regime of consumerism (Bordo 1993).

Feminist analyses developed in parallel with the transformations of Western societies. The proposed concepts and theories served as tools for intervention in specific social problems. The "personal is political" perspective on beauty extends to all kinds of inequalities that can force the dominated to improve their aesthetics in the direction of the norms established by the dominant. This is especially true for women, who are taught that they should never feel comfortable in their own bodies. Elizabeth Grosz, associated with corporal feminism, in which the body is valued as a source of meaning, criticizes the phenomenon of women's hypercorporeality in Western culture, based on the belief that the issue of corporeality or materiality concerns only representatives of the female sex, and their bodies are a special area of power. According to Cartesian philosophy, rationality was associated with the male subject, and femininity with an unintelligent material factor. Exposing the Cartesian

dualism of mind-male, body-female as a patriarchal ideology, Grosz has argued that the natural body is presented as almost by definition inadequate, flawed, and thus ripe for “cosmetic restructuring, fragmentation,” (Grosz 1994: 151). Patriarchal discourse positions men’s bodies as sovereign, objective, controllable, and, therefore, unproblematic, while women’s bodies, dominated by biology, are understood as less formed, more subjective, and even “leaky” (Shildrick 1994; Longhurst 2001).

The practice of cosmetic surgery is not simply about improving the “natural” body, but works by redefining standards of beauty and assigning these standards to the deviant “defective” bodies of women. Patriarchal society as a system influences women’s self-esteem and body image issues by associating appearance with their value as a person. A woman’s appearance determines how she is perceived and treated by those around her; her appearance is judged as important and in some way representative of who she is. According to psychologist Ellyn Kaschak, women are subjected to enormous pressure to live up to an unattainable model of idealized beauty. The determinant of femininity is being attractive and appealing to a man. Therefore, a woman identifies with her body, she is her appearance, which “signals to a woman and to others just what her basic identity is and can be and, most important, how she deserves to be treated,” (Kaschak 1993: 197). The female body becomes both capital and commodity, and women, by meeting social expectations of a preferred appearance, trap themselves in visibility and objectification. Internalizing both the enormous importance of how one “looks” and the ideals of beauty leads to self-objectification, which is an element of the obsession with beauty.

Self-objectification is characterized by chronic attention to one’s physical appearance. It involves developing the perspective of an external (usually very critical) observer-supervisor who focuses on constantly monitoring one’s own appearance, but also behavior. In this approach, an individual begins to perceive themselves as an object to be viewed and assessed based on appearance, constructing their own identity based on their physical image. According to the objectification theory, from a young age, women’s bodies are viewed, commented on, and assessed by others. Girls and women learn that (sexual) attractiveness is a central aspect of the female gender role, and, therefore, a goal for which they must strive. The feeling of “being beautiful” correlates much more with women’s self-esteem and assessment of life success than men. The social pressure to create, present, maintain and improve an attractive appearance (i.e., slim – the ideal for women, muscular – the ideal for men) plays a huge role (Fredrickson, Roberts 1997; Moradi 2011; Zurbriggen 2013).

Critical feminist analyses have viewed cosmetic surgery practices as a form of objectification and subordination of women (Morgan 1991; Bordo 1993; Negrin 2002). The desire to modify the body through procedures may be motivated by lower self-esteem or increased experiences of dysmorphic anxiety. These psychological experiences may, in turn, result from mechanisms of commodification of the female body, which reinforce the belief that meeting the social expectations of beauty will make a woman feel happier or more confident (Holliday, Sanchez Taylor 2006).

In a radical version, cosmetic surgery is defined as self-mutilation “by proxy” (Jeffreys 2005: 139). In Wolf’s interpretation, patriarchal standards of gender and beauty deprive women of any agency. The cosmetic surgery market was created to prevent women from mobilizing in public life. Their time spent correcting their beauty “defects” could be spent on education and professional work. Wolf argues that cosmetic surgeons today have a direct financial interest in maintaining the belief that women are “ugly.” Just as in the 19th century, when women came to believe that menstruation, masturbation, pregnancy, and menopause were diseases, today they are coming to believe that their normal, healthy bodies require cosmetic correction (Wolf 2002). Furthermore, the gender distribution of actors involved in the cosmetic surgery industry has always been clearly unbalanced: the majority of surgeons are men. It is to them that women go as patients, seeking approval to correct their “flawed” appearance. This ratio of male surgeons to female patients also supports the thesis that a woman’s idea is justified if a man approves and supports it, because the male perspective is perceived as more rational.

Male gaze – a term first coined by the British media theorist Laura Mulvey (1975) to describe patriarchal domination that pressures women to conform physically to an appearance that conforms to male notions of beauty. It was popularized in reference to the portrayal of female characters in film as inactive, often overtly sexualized objects of male desire. The male gaze sees the female body as something that a heterosexual man (or an entire patriarchal society) can view, conquer, possess, and use to achieve his goals. The image of women is primarily intended to serve male pleasure, which results from looking at the beauty of the female body. The pressure to conform to this gaze and accept being perceived in this way shapes women’s thinking about their own bodies and their place in the world. Cosmetic surgery and all interventions that beautify the female body are seen as technological facilitators of male fantasies (Wegenstein 2012: 160).

Second-wave radical feminism negatively views cosmetic surgery as an oppressive means of achieving social approval by fulfilling the ideal of beauty defined by the “male gaze” directed at the female body. As the feminist philosopher Sandra Lee Bartky (1990) has argued, the main determinant of femininity and, at the same time, a significant measure of a woman’s worth is the ability to attract admiring glances. Women subconsciously subordinate themselves to men by accepting the cultural standard of the ideal female body, which Bartky (1990: 66) called the “tyranny of slenderness.” Aesthetic treatments and anti-aging technologies offer women new choices and opportunities (or pressures and obligations) to shape their bodies in accordance with this imperative. Ideal femininity requires a radical physical transformation, as a result of which virtually every woman must change something about her appearance. “In the regime of institutionalised heterosexuality woman must make herself ‘object and prey’ for the man”, adopting a male attitude towards herself (Bartky 1990: 72). She then derives erotic satisfaction from the physical self, treating her body as a beautiful object to be looked at and adorned.

Bartky's concept of the "fashion-beauty complex," which she saw as similar to the military-industrial complex, illustrates the intricate ways in which technology and production work in conjunction with marketing to regulate women's bodies. Another feminist philosopher, Susan Bordo (1993), has argued that this complex operates not only through beauty standards and gender norms but also through the processes of aestheticization and rationalization of the female body in everyday life. The focus on the aesthetics of the body (e.g., slimness, toned muscles, smooth skin) and its well-being (e.g., diet, exercise, sleep) is a fundamental discourse on the self, presented in a variety of commercial contexts. Today's cosmetic surgery market is a paradigmatic example of the functioning of the fashion-beauty industrial complex.

Cosmetic gaze – a term coined by documentary filmmaker and media theorist Bernadette Wegenstein (2012) to describe the act of looking at one's own and others' bodies as shaped by the techniques, expectations, and strategies of (often surgical) body modification. It is a moralizing way of looking, expecting both physical and spiritual improvement. It is also a physiognomic gaze as it creates a discord between inner and outer beauty, between how we see ourselves and how we want to be seen by others. The cosmetic gaze underlies the "rebirth" celebrated in today's makeover culture and is based on the concept of the media body, which stems from the discourse on beauty in cinema, television, and the internet, presenting bodies as they should and could be. It is a form of self-adjustment or self-normalization that does not involve eliminating individuals who do not fit, but rather encouraging the subject to become aware of those aspects of their own "self" that best reflect perfection. In this new physiognomic discourse, it is not the face itself that becomes a sign, but self-identity is reconceptualized as a sign or image (Finkelstein 1991). Through the internalized cosmetic gaze, the subject is expected to "find" herself. According to Wolf (2002), the cosmetic gaze is embodied in the woman herself. As a disciplined subject, the woman becomes her own taskmaster.

2.3.2. The emancipatory potential of aesthetic surgery

In feminist analyses, cosmetic surgery is not only a cause of oppression, but also a promise of emancipatory transformation, and of empowering women who experience discrimination on the basis of gender and age (Davis 1995; Gimlin 2002; Blum 2003; Holliday, Sanchez Taylor 2006). The liberal feminist perspective considers that cosmetic surgery offers women a degree of control over their own lives in circumstances in which there are very few other possibilities for self-fulfillment (Negrin 2002). Women are socially defined and forced to care about their appearance (hence their greater fear of aging), and cosmetic surgery is a technological response to this pressure (Balsamo 1996; Haiken 1997; Davis 2003). As Gilman (1998) has noted, the limitation of cosmetic surgery is precisely that it offers only a technological solution to a social problem. Feminist critique is not generally directed at women who undergo surgery, but rather at the cultural system that creates in women a state of permanent dissatisfaction with their physical appearance. The main goal is to expose the inequalities in society that force such a practice (Negrin 2002). The axis

of feminist analysis is whether cosmetic surgery gives women the freedom to choose their image or keeps them submissive to the “whim” of the hegemonic ideal. While some feminists describe women who engage in the pursuit of beauty as passive or controlled, others describe them as inherently progressive, active, and empowered. Surgical image alteration can be seen as a way to counter the patriarchal ideology that women should accept their natural appearance. A cosmetically altered body actively contradicts this patriarchal viewpoint (Balsamo 1996).

Kathy Davis (1995) characterized cosmetic surgery as a tool of women’s rebellion against patriarchy and male objectification in favor of their own desired appearance. Cosmetic surgery offers women a way to liberate themselves from bodies whose image does not correspond to the ideal of beauty. The decision to undergo surgery demonstrates their power to adapt to the ideal. Women consciously change a physical feature that they may not like in order to increase their chances of economic success or social acceptance. Davis has argued that when women undergo cosmetic procedures, they take control of their bodies and actually gain power in a patriarchal society. Cosmetic surgery can, therefore, paradoxically provide a way for women to become “embodied subjects rather than objectified bodies,” (Davis 1995: 161). Bordo, like Davis, believes that a woman who decides to change her appearance is capable of rational thought and action, and aesthetic treatments demonstrate her increased agency.

Feminists disagree on whether surgical body modifications add or subtract power from women, whether they are a symbol of women’s freedom and liberation or whether they absolutely enslave them. Third-wave feminism has brought an increase in positive attitudes towards cosmetic surgery, defining it as a way to express one’s “true identity.” The change in the feminist approach to cosmetic surgery is associated with a change in the criteria of beauty, from external norms imposed by ruling men (in the first, radical approach) to a focus on normality as avoiding ugliness for women. Cosmetic surgery can be an easy way for a woman to become “normal.” For third-wave feminists, the concept of beauty as oppression may seem harsh; they question this stigmatizing view, freeing men from the imposed role of “oppressors” and positioning women in relation to their own choices and actions, recognizing that they are not mere puppets but self-actualizing beings. There are no longer power relations that would exert pressure on women’s decisions to surgically change their image. Women who decide to undergo aesthetic surgery do not compare their appearance to external standards of beauty but their own definition of themselves to the body as a tool to convey their true identity. The “fragmented” body becomes a “text” that should reflect beliefs. The primary goal of the procedure is not beauty but the presentation of identity.

Fourth-wave feminism uses the body as a site for political activism rather than individual empowerment. Having recognized that the body is not only an individual asset but also a site of sociocultural and political struggle, some feminist scholars focus on the differential ways in which physical attributes are valued in various national contexts, depending on colonial legacies and geopolitics (Glenn 2008; Jha 2016). This enables researchers to move beyond claims about Western

media dominance to analyze the intersectionality of beauty norms, that is, how interconnected and co-constitutive hierarchies of race, class, and religion are implicated in valuing some physical features as normal or desirable while devaluing others, such as short stature, flattened face, receding forehead, enlarged jaw, wide, flat or prominent and humped nose, narrow eyes, single eyelids (epicanthus fold), a lack of eyelashes, etc. The beauty ideal remains particularly oppressive for older, disabled, non-binary, and non-white people.

In summary, feminist analyses show that the interpretative repertoire of the phenomenon of cosmetic surgery is quite limited. The arguments are based either on the socio-historical abjection of the female body (defective and lacking control) or on individualism and the “culture of narcissism” and hedonistic consumption, where the body is simply a tool for recognizing and fulfilling one’s desires. Although these arguments seem contradictory, they position women as the proper object of surgical body intervention and reproduce conventional femininity (Fraser 2003).

3. Key concepts

Cosmetology – interventions concerning the body based on non-medical means (cosmetics, supplements, non-invasive procedures).

Aesthetic medicine – a branch of medicine belonging to medical aesthetics, dealing with ensuring a high quality of life of healthy individuals by improving their physical attractiveness, combining therapeutic and exclusively “beautifying” goals. They are preventive actions, oriented largely to the prevention of skin aging, and in the next stage reconstructive, to recreate the state before this process. Aesthetic medicine mainly includes non-invasive or minimally invasive procedures. They do not constitute medical services.

Plastic surgery (reconstructive or aesthetic) – a branch of medicine dealing with the reconstruction of congenital and acquired body defects, the correction of real or perceived body defects.

Reconstructive surgery – a branch of plastic surgery dealing with the improvement of congenital and acquired body defects, the correction of real body defects.

Cosmetic surgery – a branch of plastic surgery dealing with the correction of the patient’s perceived body flaws of a “subjective” nature.

Body policing – an informal practice of increased criticism and control of physical appearance because of the fact that it does not comply with social norms or is not considered appropriate in a given environment.

Body shaming – the phenomenon of ridiculing, shaming, humiliating with malicious or indiscriminate comments the physical appearance, usually of women. Fat shaming is applied to women who are overweight or clearly obese. Anti-body shaming comprises events or actions aimed at showing the diversity of the appearance of a woman's body, regardless of its appearance.

Body neutrality (a term proposed around 2015 by bloggers, celebrities and trainers) – a movement fighting body worship, promoting the perception of oneself in the context of achievements and unique features rather than external appearance, encouraging treating one's body as a tool for performing everyday tasks, professional work, fulfilling dreams, and realizing long-term plans. The most important thing in the new movement is the possibilities that the body gives, not its shape, proportions or size. Body neutrality was introduced as an alternative approach to body positivity. Instead of focusing on accepting one's body no matter what, body neutrality is a philosophy that focuses on what an individual can achieve with their body.

Aesthetic labor is the practice of hiring and monitoring workers based on their physical appearance. More broadly, it is a new global and transnational approach to the politics of beauty in neoliberalism, emphasizing power relations that define aesthetics, such as the place of residence, class, race, gender or age.

4. The most important studies

Malleable and at the same time plastic bodies. Selected research analyses

4.1. Redefining the boundaries of normality of the female body

Observing surgical body modifications opens up an interesting field of research for social scientists. The scope of analyses is based primarily on two assumptions: (1) the body is malleable – it can be (re)shaped using increasingly better technology, and (2) the body is increasingly a form of capital in the private sphere and on a competitive labor market. The former is visible in studies on the meanings and experiences associated with aesthetic surgery and beauty culture. They mainly refer to women, perceived socially through the prism of their appearance. Analyses show that there are many nuances and subtleties related to the fact that women decide to undergo aesthetic intervention. Most of the conclusions, however, refer to two feminist perspectives.

The first group confirms that women who decide to surgically change their appearance are disciplined by the patriarchal system and the hegemonic “male gaze.” They describe beauty as a repressive set of structures and practices that operate through the internalization of gender ideologies. They present aesthetic surgery as an extension of the beauty system, focused on the colonization of women's

bodies through technology and surveillance (Chapkis 1988; Morgan 1991; Wolf 2002). The obsession with beauty is a barrier to gender equality. Women talk and think about their bodies more often than men, and they also more often take action to improve them. Improving and styling the body in line with fashion and the stage in life (body upgrading) mainly concerns women who live under the pressure of the cult of beautiful appearance and the lack of permission to age (Hurd Clarke, Griffin 008). Mature women feel the internal and social pressure to maintain physical attractiveness more clearly than men (Brooks 2010). Older men accept their bodies to a greater extent than women, and attach less importance to their appearances than women (Bieńko 2018; Hurd, Mahal 2021). The feelings about one's appearance are inextricably linked to self-acceptance, while the correlation between self-esteem and appearance assessment is stronger in women than in men (Furnham, Badmin, Sneade 2002). Studies show that a small percentage of women perceive themselves as attractive and beautiful, primarily because their image deviates, as they believe, from the standards of beauty prevailing in the media. American polls show that more women are afraid of gaining weight than of dying (Gimlin 2002). When describing themselves, women most often exaggerate their own shortcomings, which is a reflection of their complexes and lack of acceptance of their appearance (Etcoff et al. 2004).

Low self-esteem, religiosity, dissatisfaction with one's body, and the desire to meet media standards of beauty accompany the declared willingness to use the offer of aesthetic surgery (Furnham, Levitas 2012). Undergoing procedures can be "liberating for the individual" but can also be an expression of their oppression. In contemporary society, negative attitudes towards aesthetic surgery and its recipients prevail. Even the recipients themselves consider plastic surgery as unjustified and morally reprehensible (Davis 1995). Women who try to improve their appearance encounter social disapproval and are judged as vain, which perpetuates their level of dissatisfaction (Chapkis 1988; Grogan 2016). In Poland, respondents believe that plastic surgery should be used "as a last resort," after exhausting all other possibilities. They accept only reconstructive surgery unconditionally (Maj 2013).

Kathryn Pauly Morgan (1991: 34) rejected many of the motivations that the women she studied had cited for having surgery, suggesting that these narratives were "seductive" but ideologically "blinded," "clouded." Instead, she has described a "paradox of choice" according to which cosmetic surgery is exploitative because it binds and constrains the body in order to conform, mobilizing an ideology of liberation and transcendence. Morgan presented the women in her study (based on magazine articles and television programs) as "cultural dummies" who had internalized social norms and transformed their bodies in accordance with the cultural model. They believed that only an attractive appearance could improve their self-esteem. According to this interpretation, women, trapped in a cycle of trying to achieve an impossible standard of beauty, were victims, powerless consumers of a dominant, patriarchal system. According to Debra Gimlin (2002: 16), bodywork places women in the position of "dupes of culture" who are unwilling or unable to

meet the pressures of the ideology of beauty. In both cases, this is certainly a reference to the figure of the “culture junkie,” which, according to Harold Garfinkel (1967), means a social actor who creates stable features of society by acting in accordance with established and valid alternatives to action provided by the common culture. In fact, women are entangled in an exhausting trap of beauty. By ignoring cultural requirements regarding appearance, they feel inferior and alienated. By accepting them, they confirm the standards of the prevailing culture imposed on them.

The second perspective presents women who decide to undergo plastic surgery as subjects who have free choice in controlling their bodies in their research. The basic research conclusions concern how women use cosmetic surgery to exercise power over their bodies and lives, and in this way, build a sense of self-worth. Davis (1995) considered the individual experiences and motivations of white, professionally active women from different class backgrounds. Based on interviews before and after surgery in addition to participant observation of their surgical consultations, she found that the patients’ reported motivations for undergoing surgery were clearly consistent: they saw themselves as different and wanted to become ordinary, like everyone else. Davis has argued that women do not strive to be perfect or beautiful, but simply “normal.” One of her key (and most controversial) arguments was that cosmetic surgery “can be a source of empowerment for women” (Davis 1995: 11). In her arguments for “reclaiming” women’s own histories, she has argued that for some patients, surgical intervention is not just a remedy for bodily defects, but a way to actively navigate the ideals of beauty, and change their bodies in accordance with their own identity project (Davis 2003: 13). The American researcher has been severely criticized for individualizing aesthetic surgery and defending the practice as a solution, without considering its underlying causes. Bordo (1997) assessed Davis’s conclusions as theoretically flawed and politically dangerous. While for Davis the value of aesthetic surgery lied in its ability to enable some women to embody their selves, for Orlan, as for Balsamo or Morgan, its value lied precisely in the disarticulation of the unity of the self.

The transformation of the body through surgery is often associated with experiences of self-creation, self-realization, and self-transcendence. The power of these experiences was demonstrated by the French performance artist Orlan, who between 1990 and 1995 underwent several cosmetic surgeries aimed at modifying her face in a way that destabilized the notions of idealized female beauty. This was an expression of a desire to transform plastic surgery from a tool of domination into a means of creating one’s own self-portrait. Orlan refused general anesthesia in order to be able to observe the operation, transforming a medical procedure performed behind closed doors into a theatrical performance. The artist created a series of post-operative photographs showing all the bruises and wounds, as well as a series of “reliquaries” consisting of “souvenirs” from the surgeries, such as bloody gauze, and pieces of bone and fat removed by liposuction. This is a confrontation with the taboos that surround violations of the integrity of the body in Western culture. Orlan described her surgeries as a way of challenging the normative notions of beauty rather than conforming to them. Orlan’s surgeries, in which the face is literally peeled away from the

body, radically disrupted the identification of the self with the face (Hirschhorn 1996: 128–129). Orlan’s use of cosmetic surgery was subversive because it “de-naturalized” the body and de-stabilized the fixity of identity.

Various theoretical and research positions testify to the complexity of interpreting the decision to undergo cosmetic surgery. Nonetheless, many studies confirm that women fear that they look unusual and cite a desire to be accepted or “normal” as reasons for choosing the procedure (Phillips 2005; Heyes 2007). There is no research consensus on whether women strive to achieve a “beautiful” (Bordo 1993) or rather a “normal” body (Davis 1995). Patricia Gagné and Deanna McGaughey (2002) have postulated a synthesis of the two feminist perspectives mentioned above, arguing, based on research, that women achieve greater power and control over their bodies and lives when they embody hegemonic ideals of female beauty. This neutralizes the image of women as “cultural idiots/fools.” Research confirms that women are active – and often critical – participants in creating and negotiating the meaning of femininity and beauty. Cosmetic surgery becomes a method for women to disconnect their “defective” body from their personality. Patients perceive their preoperative body as accidental, and their current, more “normative” appearance as an accurate indicator of who they really are (Gimlin 2002: 145–146). The studied women are not “cultural dunces” but rather savvy consumers. They change their bodies for their own satisfaction, in effect using aesthetic procedures to create what they consider a normal appearance, which reflects their identity. They can be characterized as culturally intelligent negotiators who made the decision to have surgery on their own, know what they are doing, and achieve what they expected, while being aware of the risks (Czerner, Śliz 2013; Gawron 2013; Heggenstaller et al. 2018).

4.2. The aesthetic ideal of Barbie doll genitalia

Although patients and clinicians have long described the goal of cosmetic surgery as producing an “enhanced” but still “natural-looking” body, interviews with women who underwent surgery between 1990 and 2007 suggest that the “artificial” is becoming increasingly dominant in women’s breast augmentation narratives (Gimlin 2013). Women’s previous fear of small breast size has been accompanied in recent years by a fear of “too large” labia. In Western culture, plastic surgery is on the rise, altering the appearance of body parts previously considered irrelevant to beauty. This shift is being driven by the cosmetic surgery industry’s efforts to expand its offers, thereby increasing the overall number of performed surgeries, and ultimately increasing profits. Researchers report the emergence of a “new aesthetic ideal of Barbie doll genitalia.” The “designer vagina” has become a buzzword in contemporary public discourse (Oeming 2018: 71–73). Labiaplasty, along with the rise of Brazilian waxing, reinforces aesthetics as another dimension of disciplinary control over women (Rodrigues 2012). Women are encouraged to medicalize their self-esteem and interventions in order to achieve an ideal vulva. Modified genitalia

are those whose diversity is minimized and replaced by conformity to a particular cultural aesthetic (Moran, Lee 2014; Braun 2016).

Feminist critics, as well as surgeons themselves, argue that the use of media, not just pornography, encourages women to undergo labia reduction, vaginal biorevitalization, G-spot enhancement, hymen reconstruction, and clitoral repositioning (Schick, Rima, Calabrese 2011). All of these procedures are intended to open women to more satisfying sex. Although there are also reported motivations for undergoing labiaplasty related to everyday functioning, the vast majority of women do it out of fear of looking abnormal. Young girls are increasingly convinced that all women's genitals should look the same, i.e., as in pornographic films, where even the actresses' vaginas are the result of surgical intervention. The concept of normality plays an important role in relation to the phenomenon of labiaplasty, understood as a manifestation of the neoliberal biomedicalization of intimacy (Boddy 2020). As research shows, the decision to change the appearance of the external genitalia is based on a series of false beliefs in women that their genitals are not normal, that there is such a thing as a normal appearance of female genitalia, and that the surgeon performing the operation knows what the norm is (Veale et al. 2014: 58).

4.3. Male technologies of beauty

In the late 20th century, both Davis (1995) and Morgan (1991) emphasized the social (patriarchal) context of women's body dissatisfaction, excluding men from their analyses. This trend was replicated in the "official" statistics of the British Association of Aesthetic and Plastic Surgeons (BAAPS) and the American Society of Aesthetic Plastic Surgery (ASAPS). Both organizations failed to take into account the increasing number of men in hair transplantation, cosmetic dentistry, and breast reduction practices (Holliday, Sanchez Taylor 2006; Atkinson 2008). Cosmetic surgery was seen as part of a misogynistic (beauty) culture, and, in fact, primarily affected women. Male cosmetic surgery was excluded from the discussion as an anomaly undertaken only by a minority of (deviant) men. Davis argued that cosmetic surgery, according to the gender script, was a female phenomenon because men were not judged solely on their appearance. The connection between body and identity is more obvious for women than for men. Showing concern for appearance risks feminizing men because it "crosses the line of acceptable male behavior." When a man undergoes cosmetic surgery, he "acts like a woman", mapping the surgeon/patient binary to active/passive, and thus masculine/feminine (Davis 2003: 127).

Subsequent empirical analyses have refuted the claim that men do not seek cosmetic surgery as a solution. Davis' 2003 study relied largely on the public health system, where the recipients of surgical procedures were women – patients who took advantage of free surgeries recommended by doctors as a cure for low self-esteem associated with body dysmorphia. Ruth Holliday and Allie Cairnie's 2011 study focused on private health services, which construe the recipients of surgical procedures as consumers, or clients. The white British men surveyed, aged 22 to 58, identified themselves as active decision-makers in the area of cosmetic procedures. Cosmetic surgery was not, as in

the case of women, a response to social pressures – whether they were pressures of beauty, normalization or psychological discomfort as a result of defective embodiment. For men, surgery is not an end in itself but rather a technology, an activity described in strategic terms that generates capital in the sphere of relationships and in the competitive labor market (Elliott 2008). The transition from a passive patient to an active consumer facilitates the further development of a mass market of male users of cosmetic surgery (Holliday, Cairnie 2011: 75–76).

Bordo wrote about the ever-increasing pressure felt by men to approach the ideal of beauty, which emphasizes power and masculinity. The research results indicate the presence of a myth of not only female but also male beauty in consumer culture, which was established in the last decade. Men are increasingly experiencing the phenomenon of body policing, i.e., increased criticism and control of their appearance. Men's dissatisfaction with their own bodies results from the promotion of unattainable standards of male beauty in the media (Grogan 2016). Homosexual men demonstrate a particularly principled approach to their own weight and musculature, which results in dangerous behaviors towards their bodies leading to anorexia, bulimia, depression, and other ailments (Martins, Tiggemann, Kirkbride 2007; Lis 2010). According to an analysis of 75 studies conducted between 1986 and 2019, sexual minority men reported significantly lower levels of satisfaction with their appearance than heterosexual men. Nevertheless, no difference was noted in this respect between heterosexual and homosexual women (He et al. 2020).

4.4. The plastic form of bodily capital

The assumption that the body is a form of capital finds its clearest confirmation in the context of the boom in cosmetic surgery in the so-called emerging markets of Brazil, China, and the Middle East. The neoliberal market reforms of recent decades have given many women in these regions an increased sense of agency, mobility, and self-worth. Some commentators have seen the rise in body modification as a sign of prosperity, suggesting that breast augmentation or abdominoplasty are the new luxury goods. Others have cited the popularity of nose jobs and liposuction as evidence of women's growing freedom in the Middle East. More critical observers have linked this boom to the rise of the global entertainment and celebrity culture that has embraced beauty as a prerequisite for success and happiness (Edmonds 2010).

Studies in Brazil, China, and India have shown that many women undergo surgery to secure their careers or increase their chances of marriage (Hua Wen 2013; Jha 2016). In Beijing, women speak of cosmetic surgery as an “often painful but necessary investment,” (Hua Wen 2013: 236). This view is not merely an internalization of the marketing slogans of the cosmetics industry, but it is supported by a state that has historically, since the Cultural Revolution, viewed women as a source of labor and, therefore, assigns a role to their bodies. Today, within China's neoliberal economy, beauty, sexuality, and femininity are legitimized as currency and a source of capital, contributing to national economic growth (Jha 2016). The symbolic status of fair skin is linked to notions of progress, modernity, and life success. Empirical studies of skin

whitening practices reveal structural power relations not only in relation to gender, but also class, caste, race, nation, and global inequality, in addition to the ways in which they are reproduced in both national and individual beauty preferences (Glenn 2008; Jha 2016). The embedding of cosmetic surgery in power relations extends beyond gender to ethnicity. “Ethnic cosmetic surgery” is an attempt to conform to the Western norms of beauty. Studies that adopt intersectional and transnational perspectives have also recognized that while cosmetic surgery promises to erase anatomical “markers,” or at least to make physical markers of difference a matter of aesthetic or stylistic choices, it actually serves to reinforce the symbolic difference through the (re)articulation of sociocultural values attached to ethnic, racial or age-related characteristics.

In Western culture, body modification technologies such as cosmetic surgery and associated ideals of beauty reproduce the structural axes of inequality based on race, gender, and disability (Davis 2003). Empirical studies of popular television makeover shows point to class structuring. Jessica Ringrose and Valerie Walkerdine (2008) found that the targets of intervention and transformation were largely working-class women whose bodies had failed as subjects/objects of desire and who were judged to be incompetent in their identity projects. Coded as universal, positively valued femininity is bourgeois.

Women’s “aesthetic entrepreneurship” in the 21st century is a constant state of vigilance about their own appearance. As women become more active in labor markets and consumer culture, more and more of them are “going under the knife” (McRobbie 2004). Under neoliberalism as a political and economic regime, the individual must become an entrepreneur (creator and manager) of her own life – an entrepreneurial “self.” Within this conception of the self as a flexible set of competencies constantly adapted to the market, the body is a strategic resource that must be invested in to develop ambitions and prove achievements. In postfeminist digital culture, body image is used in marketing strategies, as well as in creating a self-brand. For women, self-branding as an expression of entrepreneurial subjectivity is not just about self-presentation, but is part of the process of assessing and valuing the body (Banet-Weiser 2012). Women are being mobilized for self-control, discipline, and transformation in a progressively critical and psychological way (Gill 2017). Researchers emphasize the growing commercial colonization of women’s bodies in advertising, manifested in the meticulous measurement of body dimensions, the enlargement of individual body parts, and, most recently, in the rising number of applications designed to record, monitor, and evaluate areas of female beauty. “Beauty apps” generate unprecedented surveillance of the female body. Today, women strive for social acceptance within a digital system of self-monitoring, embodied not by the male but by the “sisterly gaze” (Lupton 2016; Elias, Gill 2018).

The presented research confirms the tendency to understand both the plastic and the malleable body in terms of choice, where aesthetic modifications, however painful and costly, are tools for self-creation, overcoming (physical) limitations, and social boundaries. Plastic body projects in consumer culture serve to produce and reproduce discourses of normativity along with existing inequalities and power relations.

5. Summary

The paradox of plastic surgery

Zygmunt Bauman (Bauman, Leoncini 2018: 33) called cosmetic-pharmaceutical-surgical interventions a trend, fashion, infatuation, and at their foundations he indicated the “dialectics of belonging and self-definition as well as the logic of fashion and embodiment.” Aesthetic surgery is a response to the social need for beauty of the human body rooted in Western culture, which can be subjected to the process of construction and renegotiation with its help. The growing popularity of aesthetic surgery is an inevitable consequence of the consumer logic of late capitalism and the image of fragmented and objectified femininity in late modernity. The culture of plastic surgery (“nip and tuck”) has become part of the fabric of everyday life, a regular routine of body work. Thanks to a whole range of new technologies, the procedure can be performed during a break at work.

The democratization of surgical body modifications can generate significant changes in the social representations of beauty. An attractive appearance is capital, and “aesthetically questioned” representatives of Nature are at risk of exclusion from the global culture of beauty. The cultivated body becomes an imperative of the commercial ideal of self-fulfillment (Synott 1993; Baudrillard 1998). It belongs progressively more to the order of culture than to nature and becomes an expression of social inequalities. Cosmetic surgery is an expression of control and management of the human body at both the physical and social levels, since it indicates an acceptable or socially desirable model of the ideal body and, at the same time, defines a “normalized” “improved” human with specific physical parameters (Blum 2003). As a result of the drive to “improve people,” beauty has ceased to be a biological value and has become a repeatable product. It seems that naturalness is being replaced by artificiality. Paradoxically, however, cosmetic surgery is largely considered acceptable only when the outcome of the surgery looks “natural.”

Supporters of aesthetic surgery point to the fact that it helps individuals undergoing its procedures to strengthen their integration and social acceptance, it eliminates distance and isolation, strengthens self-acceptance, and enables them to achieve a unique identity, which prevents the process of self-exclusion. Nevertheless, medicalization of the body using aesthetic surgery implies a multitude of problems of a psychosocial, legal-political, ethical-moral or socio-cultural nature (Nye 2003). The purposefulness, significance and nature of aesthetic surgery, the possible direction of its further development, as well as the methods used and the means of social control of the progressive medicalization of physical appearance raise concerns.

Taking the risk of invasive body practices is interpreted in popular culture as a necessity owing to the compulsion to have a beautiful body, and the phenomenon of the “shame” of old age. The problem of aesthetically constructing an image based on the ideal model of the “socially desirable” body generates doubts regarding the criteria of beauty (Rhode 2010). “Ugliness” is defined as a disease and wrinkles and changes in the body after childbirth are considered health deficits. Subjecting natural

stages of human life, such as aging, to medical procedures deepens the phenomenon of discrimination based on appearance and age. This is accompanied by numerous doubts as to whether, as a result of the development of aesthetic medicine services, old age will not begin to be defined in terms of a disease. Opponents of the medicalization of the body using surgical operations point to the possible addiction to subsequent aesthetic procedures, which may cause negative health, social (including psychosocial disorders such as anorexia, bulimia, body dysmorphic disorder) and economic effects.

For many people, the procedure remains a deeply significant and life-changing experience, as the control of one's bodily image is combined with the symbolic representation of identity. Nonetheless, the question arises whether body modifications to fit the norms and standards of beauty are an individualistic expression of one's own personality or rather a manifestation of aesthetic conformism, depriving the individual of identity by neutralizing inherited qualities and signs, becoming merely an element of material culture, which is guided by the principle of "interchangeability" – typical of the world of machines.

The considerations discussed so far suggest that cosmetic surgery is not only a tool that enables adaptation to contemporary standards of beauty, but also an active factor in setting these standards. The same idealized model of female beauty encourages the popularization of plastic surgery, while, at the same time, shaping negative attitudes towards aesthetic procedures. As a result, women are both encouraged to undergo surgery and condemned for doing so. These two co-occurring phenomena are referred to as the "plastic surgery paradox" (Bonnell, Barlow, Griffiths 2021).

6. Review questions

1. What socio-cultural factors can explain the growing interest in aesthetic medicine and aesthetic surgery practices?
2. Indicate the positive and negative consequences of the development of aesthetic surgery.
3. Provide examples of the psychosocial, legal-political, ethical-moral or socio-cultural doubts related to the development of aesthetic surgery.
4. How do you understand the concept of a docile/submissive body in contemporary culture?
5. Are aesthetic surgery practices a manifestation of individual work on the body/an individual's own entrepreneurship, or rather a manifestation of external disciplinary regulation?
6. Is aesthetic surgery an oppressive or rather emancipatory bodily practice towards women/men?
7. How do empirical analyses interpret the role of aesthetic surgery in the process of creating women's and men's identities?
8. Provide theoretical and empirical arguments explaining the "cosmetic surgery paradox."

References

- Arroba Anna (2003), *The Medicalization of Women's Bodies in The Era of Globalization*, "Women's Health Journal", vol. 1, pp. 38–42.
- Asscher Eva C.A., Bolt Ineke, Schermer Maartje (2012), *Wish-Fulfilling Medicine in Practice: A Qualitative Study of Physician Arguments*, "Journal of Medical Ethics", vol. 38(6), pp. 327–331.
- Atkinson Michael (2008), *Exploring Male Femininity in the "Crisis": Men and Cosmetic Surgery*, "Body & Society", vol. 14, pp. 67–87.
- Balsamo Anne (1996), *Technologies of the Gendered Body: Reading Cyborg Women*, Durham: Duke University Press.
- Banet-Weiser Sarah (2012), *Authentic: The Politics of Ambivalence in a Brand Culture*, New York: New York University Press.
- Bartky Sandra Lee (1990), *Femininity and Domination. Studies in the Phenomenology of Oppression*, New York: Routledge.
- Baudrillard Jean (1998), *The Consumer Society: Myths and Structures*, London: Sage Publications.
- Bauman Zygmunt, Leoncini Thomas (2018), *Płynne pokolenie*, Warszawa: Wydawnictwo Czarna Owca.
- Berry Bonnie (2007), *Beauty Bias: Discrimination and Social Power*, London–Westport Connecticut: Praeger Publishers.
- Biały Kamila (2003), *Stosunek do własnego ciała – ideał pięknej kobiety i przystojnego mężczyzny, komunikat z badań*, CBOS, Warszawa [BS/152/2003].
- Bieńko Mariola (2018), *The Body as a Private and Social Space. The Margins of Research Regarding Old Age and Gender*, "Qualitative Sociology Review", vol. 14(2), pp. 52–77.
- Blum Virginia L. (2003), *Flesh Wounds: The Culture of Cosmetic Surgery*, Berkeley, CA: University of California Press.
- Boddy Janice (2020), *Re-thinking the Zero Tolerance Approach to FGM/C: The Debate around Female Genital Cosmetic Surgery*, "Current Sexual Health Reports", vol. 12, pp. 302–313.
- Bonnell Sarah, Barlow Fiona Kate, Griffiths Scott (2021), *The Cosmetic Surgery Paradox: Toward a Contemporary Understanding of Cosmetic Surgery Popularisation and Attitudes*, "Body Image", vol. 38, pp. 230–240.
- Bordo Susan (1993), *The Unbearable Weight, Feminism, Western Culture and the Body*, Berkeley–Los Angeles–London: University of California Press.
- Bordo Susan (1997), *Material Girl: The Effacements of Postmodern Culture*, [in:] Roger N. Lancaster, Micaela di Leonardo (ed.), *The Gender/Sexuality Reader: Culture, History, Political Economy*, London: Routledge, pp. 335–358.
- Bourdieu Pierre (1996), *Distinction: A Social Critique of the Judgment of Taste*, trans. Richard Nice, 8th printing, Cambridge, MA: Harvard University Press.
- Braun Virginia (2016), *In Search of (Better) Sexual Pleasure: Female Genital "Cosmetic" Surgery*, "Sexualities", vol. 8(4), pp. 407–424.
- Brooks Abigail T. (2010), *Aesthetic Anti-Ageing Surgery and Technology: Women's Friend or Foe?*, "Sociology of Health and Illness", vol. 32(2), pp. 238–257.
- Brytek-Matera Anna (2008), *Obraz ciała – obraz siebie. Wizerunek własnego ciała w ujęciu psychospołecznym*, Warszawa: Wydawnictwo Difin.
- Caslav Covino Deborah (2001), *Outside-In: Body, Mind, and Self in the Advertisement of Aesthetic Surgery*, "Journal of Popular Culture", vol. 35(3), pp. 91–102.
- Chapkis Wendy (1988), *Beauty Secrets: Women and the Politics of Appearance*, London: Women's Press.
- Conrad Peter (2007), *The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders*, Baltimore: Johns Hopkins University Press.

- Conrad Peter, Leiter Valerie (2004), *Medicalization, Markets and Consumers*, "Journal of Health and Social Behavior", vol. 45, pp. 158–176.
- Czerner Anna, Ślíz Anna (2013), *Zdrowie czy uroda? Obszary ryzyka związane z inwazyjnymi metodami modelowania ciała*, [in:] Marek Jeziński, Magdalena Nowak-Paralusz (eds.), *Problematyka kobieca – konteksty*, Toruń: Wydawnictwo Naukowe Uniwersytetu Mikołaja Kopernika, pp. 367–389.
- Davis Kathy (1995), *Reshaping the Female Body: The Dilemma of Cosmetic Surgery*, New York–London: Routledge.
- Davis Kathy (2003), *Dubious Equalities and Embodied Differences: Cultural Studies on Cosmetic Surgery*, Lanham–Boulder–New York–Oxford: Rowman & Littlefield Publishers.
- Eco Umberto (2004), *On Beauty: A History of a Western Idea*, London: Secker & Warburg.
- Edmonds Alexander (2010), *Pretty Modern: Beauty, Sex, and Plastic Surgery in Brazil*, Durham: Duke University Press.
- Elias Ana Sofia, Gill Rosalind (2018), *Beauty Surveillance: The Digital Self-Monitoring Cultures of Neoliberalism*, "European Journal of Cultural Studies", vol. 21(1), pp. 59–77.
- Elias Ana Sofia, Gill Rosalind, Scharff Christina (eds.) (2017), *Aesthetic Labour. Rethinking Beauty Politics in Neoliberalism*, London: Palgrave Macmillan.
- Elliott Anthony (2008), *Making the Cut: How Cosmetic Surgery is Transforming Our Lives*, London: Reaktion Books.
- Elliott Anthony (2011), "I Want to Be Like That!": *Cosmetic Surgery and Celebrity Culture*, "Cultural Sociology", vol. 5(4), pp. 463–477.
- Elliott Carl (2003), *Better than Well – American Medicine Meets the American Dream*, New York: W.W. Norton.
- Etcoff Nancy (2000), *Survival of the Prettiest: The Science of Beauty*, New York: Anchor Books A Division of Random House.
- Fang Angela, Hofmann Stefan (2010), *Relationship between Social Anxiety Disorder and Body Dysmorphic Disorder*, "Clinical Psychology Review", vol. 30(8), pp. 1040–1048.
- Featherstone Mike (1991), *The Body in Consumer Culture*, [in:] Mike Featherstone, Mike Hepworth, Bryan Turner (eds.), *The Body: Social Process and Cultural Theory*, London: Sage Publications, pp. 170–196.
- Finkelstein Joanne (1991), *The Fashioned Self*, Philadelphia: Temple University Press.
- Foucault Michel (1973), *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. A.M. Sheridan, New York: Tavistock Limited.
- Foucault Michel (1988), *Technologies of the Self: A Seminar with Michel Foucault*, [in:] Luther H. Martin, Huck Gutman, Patrick H. Hutton (eds.), *Technologies of the Self*, Amherst, MA: University of Massachusetts Press, pp. 16–49.
- Foucault Michel (1995), *Discipline and Punish: The Birth of the Prison*, 2nd ed., trans. A.M. Sheridan, New York: Vintage.
- Fraser Suzanne (2003), *Cosmetic Surgery, Gender and Culture*, New York: Palgrave Macmillan.
- Fredrickson Barbara L., Roberts Tomi-Ann (1997), *Objectification Theory: Toward Understanding Women's Lived Experiences and Mental Health Risks*, "Psychology of Women Quarterly", vol. 21(2), pp. 173–206.
- Frier Sarah (2020), *No Filter: The Inside Story of Instagram*, New York: Simon & Schuster.
- Furnham Adrian, Levitas James (2012), *Factors That Motivate People to Undergo Cosmetic Surgery*, "The Canadian Journal of Plastic Surgery", vol. 20(4), pp. 47–50.
- Furnham Adrian, Badmin Nicola, Sneade Ian (2002), *Body Image Dissatisfaction: Gender Differences in Eating Attitudes, Self-Esteem, and Reasons for Exercise*, "Journal of Psychology", vol. 136(6), pp. 581–596.
- Gagné Patricia, McGaughey Deanna (2002), *Designing Women: Cultural Hegemony and the Exercise of Power among Women Who Have Undergone Elective Mammoplasty*, "Gender & Society", vol. 16(6), pp. 814–838.
- Garfinkel Harold (1967), *Studies in Ethnomethodology*, Cambridge: Polity Press.

- Gawron Dagmara (2013), *Wpływ zabiegów upiększających na ocenę własnego wyglądu i nastrojów kobiet w wieku średnim*, "Psychologia Jakości Życia. Psychology of Quality of Life", vol. 12(2), pp. 97–110.
- Giddens Anthony (1991), *Modernity and Self-Identity: Self and Society in the Late Modern Age*, Stanford, CA: Stanford University Press.
- Gill Rosalind (2017), *The Affective, Cultural and Psychic Life of Postfeminism*, "European Journal of Cultural Studies", vol. 20(6), pp. 606–626.
- Gillies Harold D., Millard D. Ralph Jr. (1957), *The Principles and Art of Plastic Surgery*, Boston: Little, Brown & Co.
- Gilman Sander L. (1998), *Creating Beauty to Cure the Soul: Race and Psychology in the Shaping of Aesthetic Surgery*, Durham, NC: Duke University Press.
- Gimlin Debra (2002), *Body Work: Beauty and Self-Image in American Culture*, Berkeley: University of California Press.
- Gimlin Debra (2010), *Imagining the Other in Cosmetic Surgery*, "Body & Society", vol. 16(4), pp. 57–76.
- Gimlin Debra (2012), *Cosmetic Surgery Narratives: A Cross-Cultural Analysis of Women's Accounts*, New York: Palgrave Macmillan.
- Gimlin Debra (2013), "Too Good To Be Real": *The Obviously Augmented Breast in Women's Narratives of Cosmetic Surgery*, "Gender & Society", vol. 27(6), pp. 913–934.
- Glenn Evelyn Nakano (2008), *Yearning for Lightness: Transnational Circuits in the Marketing and Consumption of Skin Lighteners*, "Gender & Society", vol. 22 (3), pp. 281–302.
- Grogan Sarah (2016), *Body Image: Understanding Body Dissatisfaction in Men, Women and Children*, London: Routledge.
- Grosz Elizabeth (1994), *Volatile Bodies: Towards a Corporeal Feminism*, Bloomington: Indiana University Press.
- Haiken Elizabeth (1997), *Venus Envy: A History of Cosmetic Surgery*, Baltimore, MD: John Hopkins University Press.
- Heggenstaller Alessandra K., Rau Asta, Coetzee Jan K., Ryen Anne, Smit Ria (2018), *Reflecting on Female Beauty: Cosmetic Surgery and (Dis)Empowerment*, "Qualitative Sociology Review", vol. 14(4), pp. 48–65.
- Heyes Cressida J. (2007), *Normalisation and the Psychic Life of Cosmetic Surgery*, "Australian Feminist Studies", vol. 22(52), pp. 55–71.
- Hirschhorn Michelle (1996), *Orlan: Artist in the Post-Human Age of Mechanical Reincarnation: Body as Ready (to be Re-)Made*, [in:] Griselda Pollock (ed.), *Generations and Geographies in the Visual Arts: Feminist Readings*, London–New York: Routledge, pp. 110–134.
- Holliday Ruth, Cairnie Allie A. (2011), *Man-made Plastic: An Alternative Account of Aesthetic Surgery*, "Journal of Consumer Culture", vol. 7(1), pp. 57–78.
- Holliday Ruth, Sanchez Taylor Jacqueline (2006), *Aesthetic Surgery as False Beauty*, "Feminist Theory", vol. 7(2), pp. 179–195.
- Holliday Ruth, Jones Meredith, Bell David (2019), *Beautyscapes: Mapping Cosmetic Surgery Tourism*, Manchester, UK: Manchester University Press.
- Hua Wen (2013), *Buying Beauty. Cosmetic Surgery in China*, Hongkong: Hongkong University Press.
- Hurd Clarke Laura, Griffin Meredith (2008), *Visible and Invisible Ageing: Beauty Work as a Response to Ageism*, "Ageing and Society", vol. 28(5), pp. 653–674.
- Hurd Laura, Mahal Raveena (2021), "I'm Pleased with My Body": *Older Men's Perceptions and Experiences of Their Aging Bodies*, "Men and Masculinities", vol. 24(2), pp. 228–244.
- Jakubowska Honorata (2009), *Ciało i seksualność jako narzędzie przyjemności i źródło cierpienia*, [in:] Marta Kaczorek, Krzysztof Stachura (eds.), *Przemiany seksualności*, Gdańsk: Wydawnictwo Uniwersytetu Gdańskiego, pp. 99–109.

- Jarrin Alvaro (2017), *The Biopolitics of Beauty: Cosmetic Citizenship and Affective Capital in Brazil*, Oakland, CA: University of California Press.
- Jeffreys Sheila (2005), *Beauty and Misogyny: Harmful Cultural Practices in the West*, New York: Routledge.
- Jha Meeta Rani (2016), *The Global Beauty Industry: Colorism, Racism, and The National Body*, London: Routledge.
- Jones Meredith (2008), *Skintight: An Anatomy of Cosmetic Surgery*, Oxford–New York: Berg Publishers.
- Kaschak Elyn (1993), *Engendered Lives: A New Psychology of Women's Experience*, New York: Basic Books.
- Lasch Christopher (1991), *The Culture of Narcissism. American Life in an Age of Diminishing Expectations*, New York: W.W. Norton.
- Leźnicki Marcin (2013), *Medykalizacja kobiecego ciała na przykładzie operacji plastycznych*, "Scienca et Fides", vol. 1(1), pp. 213–230.
- Lipovetsky Gilles (1994), *The Empire of Fashion. Dressing Modern Democracy*, Princeton–Oxford: Princeton University Press.
- Lis Bartłomiej (2010), "Pokaż mi swoje ciało, a powiem ci, kim jesteś". Wpływ prasy gejowskiej na postrzeganie (własnego) ciała przez mężczyzn homoseksualnych – na przykładzie magazynu "Attitude", [in:] Alina Łysak, Edyta Zierkiewicz (eds.), *Kobiety i mężczyźni (z) kolorowych czasopism*, Wrocław: Oficyna Wydawnicza Atut, pp. 208–215.
- Longhurst Robyn (2001), *Bodies: Exploring Fluid Boundaries*, London: Routledge.
- Lupton Deborah (2016), *The Quantified Self*, Malden–Cambridge, MA: Polity Press.
- Maj Agnieszka (2013), *Polskie wzory cielesności. Przemiany stosunku do ciała w kulturze ponowoczesnej*, Warszawa: Wydawnictwo SGGW.
- Martins Yolanda, Tiggemann Marika, Kirkbride Alana (2007), *Those Speedos Become Them: The Role of Self-Objectification in Gay and Heterosexual Men's Body Image*, "Personality and Social Psychology Bulletin", vol. 33(5), pp. 634–647.
- Maturo Antonio (2012), *Medicalization: Current Concept and Future Directions in a Bionic Society*, "Mens Sana Monographs", vol. 10(1), pp. 122–133.
- McKenzie Shelly (2013), *Getting Physical: The Rise of Fitness Culture in America*, Kansas: University Press of Kansas.
- McRobbie Angela (2004), *Post-Feminism and Popular Culture*, "Feminist Media Studies", vol. 4(3), pp. 255–264.
- Moradi Bonnie (2011), *Objectification Theory: Areas of Promise and Refinement*, "The Counseling Psychologist", vol. 39(1), pp. 153–163.
- Moran Claire, Lee Christina (2014), *What's Normal? Influencing Women's Perceptions of Normal Genitalia: An Experiment Involving Exposure to Modified and Nonmodified Images*, "BJOG: An International Journal of Obstetrics and Gynaecology", vol. 121(6), pp. 761–766.
- Morgan Kathryn Pauly (1991), *Woman and the Knife: Cosmetic Surgery and the Colonization of Women's Bodies*, "Hypatia", vol. 6(3), pp. 26–53.
- Mulvey Laura (1975), *Visual Pleasure and Narrative Cinema*, "Screen", vol. 16(3), pp. 6–18.
- Munro Alistair, Stewart Mary (1991), *Body Dysmorphic Disorder and the DSM-IV: The Demise of Dysmorphophobia*, "Canadian Journal of Psychiatry", vol. 36(2), pp. 91–96.
- Napiwodzka-Bulek Karolina (2017), *Medycyna estetyczna – humanistyczne dążenie czy "enhancement"?*, "Filozofia Publiczna i Edukacja Demokratyczna", vol. 6(1), pp. 151–166.
- Nead Lynda (1992), *The Female Nude Art, Obscenity and Sexuality*, London: Routledge.
- Negrin Llewellyn (2002), *Cosmetic Surgery and the Eclipse of Identity*, "Body and Society", vol. 8, pp. 21–42.
- Nejadsarvari Nasrin, Ebrahimi Ali, Ebrahimi Azin, Hashem-Zade Haleh (2016), *Medical Ethics in Plastic Surgery: A Mini Review*, "World Journal of Plastic Surgery", vol. 5(3), pp. 207–212.

- Nye Robert A. (2003), *The Evolution of the Concept of Medicalization in the Late Twentieth Century*, "Journal of History of the Behavioral Sciences", vol. 39(2), pp. 115–129.
- Oeming Madita (2018), *IN VULVA VANITAS – The Rise of Labiaplasty in the West*, "Gender Forum", vol. 67, pp. 70–91.
- O'Hara Lily, Ahmed Hanaa, Elashie Sana (2021), *Evaluating the Impact of a Brief Health at Every Size®-Informed Health Promotion Activity on Body Positivity and Internalized Weight-Based Oppression*, "Body Image", vol. 37, pp. 225–237.
- Paprzycka Emilia, Orlik Dominika (2015), *Czy wygląd ma znaczenie? Kapitał seksualny a sukces rekrutacyjny w opiniach mężczyzn i kobiet*, "Acta Universitatis Lodziensis. Folia Sociologica", vol. 55, pp. 5–21.
- Phillips Katharine A. (2005), *The Broken Mirror: Understanding and Treating Body Dysmorphic Disorder*, New York: Oxford University Press.
- Ramphul Kamleshun, Mejias Stephanie (2018), *Is "Snapchat Dysmorphia" a Real Issue?*, "Cureus", vol. 10(3), pp. 1–2.
- Rhode Debora L. (2010), *The Beauty Bias: The Injustice of Appearance in Life and Law*, New York: Oxford University Press.
- Richardson Niall, Locs Adam (2014), *Body Studies: The Basics*, London–New York: Routledge.
- Ringrose Jessica, Walkerdine Valerie (2008), *Regulating the Abject*, "Feminist Media Studies", vol. 8(3), pp. 227–246.
- Rodrigues Sara (2012), *From Vaginal Exception to Exceptional Vagina: The Biopolitics of Female Genital Cosmetic Surgery*, "Sexualities", vol. 15(7), pp. 778–794.
- Schick Vanessa R., Rima Brandi N., Calabrese Sarah K. (2011), *Evaluation: The Portrayal of Women's External Genitalia and Physique across Time and the Current Barbie Doll Trends*, "Journal of Sex Research", vol. 48(1), pp. 74–81.
- Shiffman Melvin A. (2013), *History of Cosmetic Surgery*, [in:] Melvin A. Shiffman, Alberto Di Giuseppe (eds.), *Cosmetic Surgery: Art and Techniques*, New York: Springer, pp. 3–28.
- Shildrick Margrit (1994), *Leaky Bodies and Boundaries: Feminism, Deconstruction and Bioethics*, PhD thesis, University of Warwick.
- Shilling Chris (1993), *The Body and Social Theory*, London: Sage.
- Singh Aoife R., Veale David (2019), *Understanding and Treating Body Dysmorphic Disorder*, "Indian Journal of Psychiatry", vol. 61(7), pp. 131–135.
- Suissa Amnon (2008), *Addiction to Cosmetic Surgery: Representations and Medicalization of the Body*, "International Journal of Mental Health and Addiction", vol. 6(4), pp. 619–630.
- Sullivan Deborah A. (2004), *Cosmetic Surgery: The Cutting Edge of Commercial Medicine in America*, New Jersey: Rutgers University Press.
- Synott Anthony (1993), *The Body Social. Symbolism, Self, and Society*, London–New York: Routledge.
- Śpiewak Radosław (2012), *Estetologia medyczna, medycyna estetyczna, dermatologia estetyczna, chirurgia estetyczna, ginekologia estetyczna, stomatologia estetyczna – definicje i wzajemne relacje poszczególnych dziedzin*, "Estetologia Medyczna i Kosmetologia", vol. 2(3), pp. 69–71.
- Turner Bryan S. (1996), *The Body and Society. Explorations in Social Theory*, Thousand Oaks, New Delhi: Sage.
- Uroda/Medycyna estetyczna (2021), *5 sposobów na kurze łapki i opadające powieki!*, "Wysokie Obcasy extra", vol. 11(113), November, p. 179.
- Veale David, Eshkevari Ertimiss, Ellison Nell, Costa Ana, Robinson Dudley, Kavouni Angelica, Cardozo Linda (2014), *A Comparison of Risk Factors for Women Seeking Labiaplasty Compared to Those Not Seeking Labiaplasty*, "Body Image", vol. 11(1), pp. 57–62. <https://doi.org/10.1016/j.bodyim.2013.10.003>
- Weber Brenda R. (2009), *Makeover TV: Selfhood, Citizenship, and Celebrity*, Durham–London, NC: Duke University Press.

- Wegenstein Bernadette (ed.) (2009), *Reality Made Over: The Culture of Reality Makeover Shows*, special issue of "Configurations", vol. 14(1–2), pp. 177–191.
- Wegenstein Bernadette (2012), *The Cosmetic Gaze: Body Modification and the Construction of Beauty*, Cambridge: Massachusetts Institute of Technology Press.
- Welsch Wolfgang (1996), *Aestheticization Processes: Phenomena, Distinctions and Prospects*, "Theory, Culture & Society", vol. 13(1), pp. 1–24.
- Wieczorkowska Magdalena (2015), *Medykalizacja wyglądu zewnętrznego a nowy wymiar zdrowego ciała*, "Acta Universitatis Lodzianensis. Folia Sociologica", vol. 55, pp. 93–109.
- Wolf Naomi (2002), *The Beauty Myth: How Images of Beauty Are Used Against Women*, New York: HarperCollins.
- Zurbriggen Eileen L. (2013), *Objectification, Self-Objectification, and Societal Change*, "Journal of Social and Political Psychology", vol. 1(1), pp. 188–215.

Internet sources

- American Society for Aesthetic Plastic Surgery (ASAPS), *Plastic Surgery Statistics*, <https://www.plasticsurgery.org/news/plastic-surgery-statistics> (accessed: 01.10.2021).
- American Society of Plastic Surgeons (ASPS) (2020), *Plastic Surgery Statistics Report*, <https://www.plasticsurgery.org/documents/News/Statistics/2020/plastic-surgery-statistics-full-report-2020.pdf> (accessed: 01.10.2021).
- Etcoff Nancy, Orbach Susie, Scott Jennifer, d'Agostino Heidi (2004), *The Real Truth about Beauty. A Global Report. Findings of the Global Study on Women, Beauty and Well-Being*, https://www.clubofamsterdam.com/content/articles/52%20Beauty/dove_white_paper_final.pdf (accessed: 20.10.2021).
- He Jinbo, Sun Shaojing, Lin Zhicheng, Fann Xitao (2020), *Body Dissatisfaction and Sexual Orientations: A Quantitative Synthesis of 30 Years Research Findings*, "Clinical Psychology Review", vol. 8(11). <https://doi.org/10.1016/j.cpr.2020.101896>
- IMCAS International Master Course on Aging Skin, <https://www.imcas.com/en/academy/explore/scientific-board> (accessed: 21.11.2021).
- International Society of Aesthetic Plastic Surgery (ISAPS), <https://www.isaps.org/wp-content/uploads/2020/12/ISAPS-Global-Survey-2019-Press-Release-English.pdf> (accessed: 01.10.2021).
- Lato, lato i po lecie, Uroda – medycyna estetyczna* (2021), "Zwierciadło", October 10, p. 198, www.alliancelpg.pl (accessed: 01.09.2021).
- Lee Michelle (2017), *Allure Magazine Will No Longer Use the Term "Anti-Aging"*, "Allure", August 14, <https://www.allure.com/story/allure-magazine-phasing-out-the-word-anti-aging> (accessed: 01.09.2021).
- Mieczkowski Daniel (2021), *Co wiemy o pacjentach i zabiegach w pandemii*, "Rynek Estetyczny", April 26, <https://www.rynekestetyczny.pl/co-wiemy-i-pacjentach-i-zabiegach-w-pandemii/> (accessed: 01.10.2021).
- Nuffield Council on Bioethics, *Cosmetic Procedures: Ethical Issues. Report*, 22.06.2017, <https://www.nuffieldbioethics.org/publications/cosmetic-procedures> (accessed: 01.10.2021).
- Pussetti Chiara (2021), *Because You're Worth It! The Medicalization and Moralization of Aesthetics in Aging Women*, "Societies", vol. 11(3). <https://doi.org/10.3390/soc11030097>
- Rynek estetyczny (2021), <https://www.rynekestetyczny.pl/tag/badania-rynku-medycyny-estetycznej/> (accessed: 01.10.2021).