Introduction

Older Women in Cosmetic Culture

“Once you get it, you really get it.” A woman—it is hard to tell just how old she is, but that is part of the point—smiles out at us from a face remarkably free of frown and laugh lines, a convincing example of “why millions of women have experienced Botox Cosmetic.”¹ This Botox advertising slogan offers a window into rapidly changing cultural attitudes and expectations of females aging in the United States. Over the past several decades, profit-based medicine has merged with technological innovation to produce a dizzying array of cosmetic anti-aging products. Direct-to-consumer pharmaceutical advertising, combined with the fast-track approval process for new pharmaceutical drugs, means that older women’s faces and bodies are increasingly targeted as profitable sites for surgical and technological intervention. Images and words—in print and digital media and advertising, in the waiting rooms of primary care physicians and gynecologists, and in shopping malls—saturate women with new opportunities to mold their aging faces and bodies in compliance with the cultural imperative of a youthful appearance. Not all women partake of cosmetic anti-aging products and procedures, yet their exposure to them is almost inevitable. What is it like to be a woman growing older in a culture where you cannot go to the doctor’s, open a magazine, watch television, or go online without being confronted with information about the latest cosmetic anti-aging surgeries and technologies?

“Once you get it, you really get it.” Enlightened women, rational women, women with common sense, or so the increasingly prevalent cultural narrative goes, are those who battle age-driven changes in their physical appearance with technology. Women are the overwhelming consumers of cosmetic anti-aging products and procedures in the United States today. Since 1997, when the American Society for Aesthetic
Plastic Surgery first began keeping statistics on cosmetic procedures, women's consumption of cosmetic surgeries and technologies has consistently surpassed men's at a rate of approximately 10 to 1. In 2015, a typical year, women had more than 11.5 million, or just over 90%, of the more than 12 million surgical and nonsurgical cosmetic procedures performed, and procedures specifically designed to reduce and minimize aesthetic signs of aging on the face and body topped the charts.²

The Normalization of Cosmetic Intervention

Cosmetic surgeries and technologies are on the rise around the globe. Mostly women, but men too, are having cosmetic procedures in growing numbers in countries in Latin America, Asia, Europe, and the Middle East. Brazil actually beats out the United States by a hair as the nation with the highest numbers of plastic surgeries performed.³ Nation-state histories, economic and political structures, and cultural contexts—including social mores and hierarchies, and material inequalities along race, class, and gender lines—inform what procedures are most popular where and why. Cosmetic surgery scholars call attention to the ways in which popular cosmetic procedures in different nation-states connote social status and consumer power complicated by racism, sexism, and classism.⁴ The rapidly expanding transnational market for skin whitening technologies in parts of the United States, and in different nation states in Asia, Africa, and Latin America, is but one example of how specific cosmetic technologies can reflect and (re)produce the desire to accentuate and celebrate features associated with a particular ethnicity or to minimize and erase characteristics read as ethnic markers of inferiority.⁵ The cosmetic surgery tourism industry, wherein consumers traverse nation-state boundaries to seek anonymity and cheaper procedures, is booming.⁶

The current practice of cosmetic intervention in the United States reflects its own unique history, economy, and culture of classism, sexism, racism, and ageism. To learn about the evolution of rhinoplasty in the United States, for instance, is to confront racist ideologies head-on.⁷ Today, the cosmetic surgery industry in the United States continues to be dominated by white consumers.⁸ Cosmetic surgery scholars call attention to troubling trends among non-white cosmetic
surgery patients, and their doctors, to consume and promote procedures that create Caucasian-looking faces and bodies. On the other hand, women of diverse racial and ethnic backgrounds also point to their cosmetic procedures as celebrations of their unique racial and ethnic identities and heritage. Recent research centered on personal narratives of Asian American and African American women who have had procedures that can be read as making their features look more Caucasian—like double eyelid surgeries, nose-bridge surgeries, and nose-thinning surgeries—reveal personal expressions of individual freedom, autonomy, and empowerment in light of the decision to have these procedures.

Women provide the lion’s share of profit for the American cosmetic surgery industry today. Current statistics also suggest, however, that white women, ages thirty-five and older, are particularly lucrative consumers. This book centers on these women and their intersecting stories about aging, gender, and the cosmetic-anti-aging explosion. The women whose stories are showcased throughout this book are nearly all white, though their material resources, biographical histories, and current life circumstances vary widely (single, married, divorced, working, retired, unemployed, economically secure, economically struggling). Before I deepen and sharpen the gender and aging lens that is this book, however, I must finish setting the stage for what has become an increasingly popular and normalized practice in the United States today.

More than half of Americans (51%) now approve of cosmetic plastic surgery, regardless of income, and 67% of Americans say that they would not be embarrassed if their family or friends knew they had cosmetic surgery. The rise of cosmetic intervention in the United States today reflects long-entrenched and newly evolving inequalities tied to race, class, gender, and aging. This rise also has historical roots, however, in the transformative structural processes of industrialization and urbanization in late nineteenth- and early twentieth-century America and, more recently, in the deregulation of American medicine. The latter, initiated in the late 1970s, and expanded throughout the 1980s and 1990s, culminated in the commercialized system of medicine in place in the United States today. Finally, the skyrocketing acceptance and approval of cosmetic intervention in the United States in recent years reflects new
and changing perspectives on health and illness, body and identity, and builds on the emergence of mass media throughout the twentieth century, and the fast-paced evolution of new visual technologies today.\textsuperscript{13}

**Commercialized Medicine and Medical Marketing**

When I was watching too much TV in the early 2000s, and beginning to notice that the faces of my favorite female soap opera stars appeared untouched by signs of aging despite their increasing chronological ages, I was disturbed, too, by something else. For the first time, it seemed to me, I was watching advertisements, often long in duration and filled with compelling first person narratives and visuals, that encouraged me, with authoritative and commanding tone and language, to seek medical treatment for symptoms, conditions, and syndromes that I often did not recognize, nor had heard of, before. These advertisements were new, I came to realize a short time later, and, as part of the new paradigm of commercialized medicine in the United States, they were not entirely unrelated to those ageless soap opera faces, either.

Many of us have already forgotten that we weren't always bombarded with advertisements for new pharmaceutical drugs and medical products and procedures. In fact, the commercialization of medicine in the United States is a recent phenomenon. A series of Federal Trade Commission mandates from the late 1970s until the late 1990s, and upheld by the Supreme Court, resulted in the de-regulation and privatization of American medicine and the American pharmaceutical industry. The regulatory power of the American Medical Association, including its ban on direct-to-consumer advertising, was eclipsed and the resources, funding, and regulatory capacity of the Food and Drug Administration were similarly eroded. A new fast-track approval process for pharmaceutical drugs was approved by congress in the early 1990s, and direct-to-consumer advertising of pharmaceuticals began in 1997.\textsuperscript{14}

Today, we encounter a market-based model of American medicine. Profit clearly and significantly informs medical practice. Media coverage, advertisements, and marketing for medical and pharmaceutical products and procedures often devote as much, or more, language, imagery, and air time to introducing and naming symptoms, disorders, conditions, and illnesses as to the products themselves. “Medical mar-
“Marketing” is the new catch phrase in American medicine, with a plethora of consulting firms and print and online journals—including the Journal of Medical Marketing and Medical Marketing and Media—dedicated to the subject. As Americans we are constantly confronted with advertisements for new drugs to treat and improve a multitude of symptoms and conditions, mental and physical, some of which we may not have even known existed. Take, for example, a sampling of only six recent issues of People magazine. By perusing the pages—and it is not uncommon for one issue of People to have four, five, even six pharmaceutical advertisements—I am exposed to a multitude of medical conditions and the drugs and products to treat them. I learn about Juvaderm to treat lost “volume and sag” in the face that comes with age, Linzess to treat “irritable bowel syndrome with constipation,” Stelara to treat “plaque psoriasis,” Pristiq and Abilify for “depression” and Latuda for “bipolar depression,” Vysera-CLS to “reshape your body,” Botox for “moderate to severe frown lines between the brows and moderate to severe crow’s feet in adults,” Belviq for “weight-loss,” Premarin for “hot flashes,” Estring for “pain during intercourse after menopause,” Lyrica for “over-active nerves,” hormone growth therapy for “getting rid of wrinkles and tightening saggy skin,” and plenty of other conditions and their corresponding treatments. The benefits of many of these new drugs and treatments coming to market notwithstanding, the new commercialized paradigm of American medicine also introduces troubling questions. As pharmaceutical companies and other private industries increasingly determine medical research agendas, design and fund medical research and clinical drug trials, and become a primary source of education about health and illness for physicians and for the general public, we find too many examples of drugs and treatments coming to market prematurely, without adequate testing and thorough review, and at potential cost to human health and even to human lives. Today, nearly three in five Americans take prescription drugs. Some of these drugs may be developed to treat unarguably serious medical conditions, like heart disease, while others may be proscribed to “treat” phenomena not previously understood as medical conditions at all. Addiction to pharmaceutical drugs, accidental deaths from pharmaceutical drug overdoses, or from a lethal combination of pharmaceutical drugs, is on the rise. Forty-four Americans die everyday from an overdose of prescription painkillers. The Centers
for Disease Control and Prevention now classifies pharmaceutical drug abuse in the United States as an epidemic.  

The Medicalization of Aging and Aesthetics

In our new commercialized paradigm of American medicine, pharmaceutical drugs designed to treat normal bodily phenomena flood the medical marketplace, even as many Americans struggle to afford the drugs they need to treat serious and life-threatening medical conditions. We need more research and resources to be channeled into the treatment of serious illnesses, and to make those treatments affordable. But, as critic Ray Moynihan and others have pointed out, transforming routine bodily processes into conditions in need of medical treatment is a profitable practice. Take common aspects of aging, for instance. Everybody ages, and, therefore, everyone becomes a prospective consumer of new medical drugs, products, and procedures to “treat” age-related “symptoms.” Menopause—a normal component of aging for almost all women—offers a powerful example. Women’s attitudes, interpretations, and emotional and physical experiences of menopause vary in concert with diverse racial and cultural identities, sexual orientations, and nation state settings. Still, many women experience menopause as a largely unremarkable experience—15% of women barely notice it—and, if women do encounter challenging physical manifestations, they often go away on their own over time. In the United States, however, menopause continues to be aggressively marketed and advertised as a “deficiency disease” with “symptoms” that require medical intervention. In the late 1990s and early 2000s, and on the recommendation of their primary care doctors, thousands of American women began taking synthetic estrogen, progestin, or a combination of the two, commonly known as hormone replacement therapy (HRT). Branded by several different pharmaceutical companies, hormone replacement therapy remains highly profitable, aggressively marketed, and commonly prescribed for menopausal women in the United States today. Savvy advertising campaigns for drugs like Osphena, Premarin, Estring, and Duavee proliferate even as evidence of the risks of adverse health effects—including heart disease and breast cancer—accumulates. The overwhelming popularity of the pharmaceutical drug Viagra offers
another successful case study in the transformation of what was largely perceived as a natural, everyday aspect of aging into a “dysfunctional” condition in need of medical treatment. Men, as they grow older, commonly experience a less firm penis with arousal, and longer time spans between arousal and ejaculation. Yet, in the late 1990s and early 2000s, this normal component of aging for many men was reconceptualized and redefined as a medical condition in need of repair. Erectile dysfunction, or “ED,” and several pharmaceutical drugs to treat it, including Viagra, Levitra, and Cialis, continue to be widely advertised, marketed, and prescribed today.26

The American cosmetic surgery industry, a prime beneficiary of commercialized medicine, is a leader in medical marketing. Nearly every aspect of physical appearance has been re-conceptualized into a flaw or defect in need of cosmetic intervention. Everything from age-related changes like wrinkles and balding, to normal size and shape diversity in noses, eyes, breasts, and vaginas, have been redefined as flaws or abnormalities in need of repair and placed within a framework of medical language and expertise alongside the treatments and procedures designed to “improve” and “fix” them.27 We learn about our aesthetic flaws and abnormalities, and their needed treatments, through prevalent and savvy advertising and marketing campaigns on television, online, in magazines and newspapers, and in our own doctors’ offices.

Cosmetic intervention is quickly becoming one of the most lucrative areas of medicine in the United States today, not just for cosmetic surgeons and dermatologists, but for gynecologists and primary care physicians, as well.28 The medicalization of normal and natural diversity in physical appearance brings with it not only an exponential increase in the numbers of prospective consumers in “need” of cosmetic procedures, but also increased authority, legitimacy, and weight to the practice of cosmetic intervention.29 When cosmetic procedures are marketed and advertised by institutions and practitioners of medicine, and as women learn about new cosmetic options from their gynecologists and primary care physicians, the concept of cosmetic intervention itself gains broader cultural acceptance and approval. In fact, as more of our physical characteristics are incorporated into a medical paradigm of defects and deviations from the norm, it becomes increasingly healthful to do something to fix them.30 Cosmetic intervention itself—as the recom-
mended treatment for these deviations—increasingly signifies mental and physical health and wellness. The language and imagery of health, fitness, and self-care permeates marketing and advertising campaigns for cosmetic procedures. In brochures and posters in the waiting rooms and exam rooms at doctor’s offices, and in television, in print, and online, we are confronted with medical professionals in white coats accompanied by slogans like “Call 1–800-Botox-MD.” Cosmetic intervention is frequently touted as a healthful approach to life in women’s fashion magazines. Features in Vogue and Harper’s Bazaar describe new procedures that “get your skin in shape, just like going to the gym does for your body” and equate new technologies with “a cardio for your face.” Micro-lipo is recommended for people who have been working out for a year but “still cannot lose the fat”: “The solution is modest lipo, true body sculpting used as an add-on to a healthy lifestyle.” Dermaplaning treatments produce a “rosy glow.” As one woman exclaims: “Nothing has made my skin glow quite like this!”

Me, Myself, and I: American Individualism, Pragmatism, and Consumerism

In historian Elizabeth Haiken’s account of the rise of cosmetic surgery in the United States throughout the twentieth century, American individualism repeatedly surfaces as an ideology most receptive to cosmetic intervention. The “self-made,” “pull yourself up by your bootstraps,” mentality, the expectation of individual problem solving, personal responsibility, and practical action in the face of adversity, and finally, the celebration of self-esteem, self-confidence, self-expression and the uniqueness of the self—each of these aspects of American individualism compliment the practice of cosmetic intervention as a means to “reinvent” the self in multiple ways. In the early twentieth century, and throughout the World War I and depression years, plastic surgeons couched their work in terms of improving individuals’ chances for societal acceptance and economic survival. They repaired and fixed war-caused physical “deformities” to improve veterans’ chances of reintegration into society, and they made individuals more “physically attractive” to improve their chances of finding and keeping a job. In the 1930s, when the practice of psychology was growing in popularity in the
United States, plastic surgeons began to frame cosmetic intervention as a positive tool for improving self-confidence and self-esteem. Austrian psychologist Alfred Adler’s concept of the “inferiority complex,” particularly influential here in America, proved useful for plastic and cosmetic surgeons as they touted cosmetic intervention as means to overcome it. In each of these eras, improving the self through cosmetic intervention meant bettering one’s life chances of happiness, economic success, and social acceptance. According to Elizabeth Haiken, to study the history of cosmetic surgery in the United States is also to study the unwavering American tendency to “individualize social problems of inequality,” and to be reminded of Americans’ overwhelming “belief that the only practical solution is the individual one.”

Today, cosmetic intervention continues to be framed as means to improve self-confidence, self-esteem, social acceptance, and to achieve economic success, and even economic survival. This individualized formula for success and fulfillment—cosmetic intervention equals improved physical appearance, equals improved self, equals improved life—features prominently in current marketing and advertising campaigns for cosmetic surgeries and technologies, and in first person narrative accounts of cosmetic intervention in print and online media. Phrases and headlines that communicate individual responsibility and practical action, a can-do, problem-solving approach to life, and increased confidence and self-esteem are common. For example: “Some people never do anything about it—and some people go for it,” or “I’m an independent type—no one tells me what to do,” or “I feel like I can do anything—I took control.” Advertisements for the new injectable, Dysport, command women to stand up to wrinkles—“Take charge of your frown lines”—and warn that failing to do so risks losing the real you: “Don’t surrender to a look that’s not you.” This theme of authentic self-expression, as well as more playful equations between cosmetic intervention, and individual freedom and creativity, populate advertisements for Botox, too. “It’s all about freedom of expression . . . Ask your doctor about Botox Cosmetic. Don’t hold back! Express yourself by asking your doctor about Botox Cosmetic. Millions of women already have,” proclaims one recent ad. Another challenges women to reinvent themselves by taking Botox: “REIMAGINE: It’s time to take a closer look.”
Portrayals of cosmetic intervention as an unnecessary, but welcome, self-indulgence or treat also permeate current media coverage and advertising campaigns for cosmetic surgery. Historians and sociologists have traced the origins of this positive spin on consuming for the self to the post–World War II economic boom years. The post-war years, which marked the demise of industrial capitalism in the United States in the mid-twentieth century, and the rise of consumer culture that continues today, offered a welcome atmosphere for plastic surgeons to promote cosmetic surgery as luxury item beyond absolute need. New technologies and surgical techniques, and the advent of antibiotics, known as the “wonder drugs,” also helped to demystify cosmetic procedures and made it easier for surgeons to sell cosmetic intervention as a modern amenity for purchase. Today, in our era of celebrity culture, social media, and reality television, consuming for the self and showing it off to everyone—conspicuous consumption—is cooler than ever. And new, ever more user-friendly cosmetic technologies and procedures like injectables and fillers—much less painful, less expensive, and less time-intensive than surgery—make “treating” yourself a whole lot easier.

Celebrating Science, Technology, and Medicine

The recent commercialization of American medicine, combined with American individualist ideology, and a culture of conspicuous consumption, produce a friendly social and economic landscape for the expansion of cosmetic surgeries and technologies in the United States today. Americans’ reverence for technology—part and parcel of our pride in our nation’s contributions to the fields of science and medicine—also contributes to the increasing normalization of cosmetic intervention. The language of science, medicine, and technology commonly converges in current media coverage and marketing and advertising campaigns for cosmetic procedures. In my own investigation into early and mid-2000s media coverage and advertising of cosmetic surgery in *Vogue*, *Harper’s Bazaar*, *People*, and *US Weekly*, cosmetic procedures were consistently placed within a positive narrative frame of new technology. Cosmetic procedures were favorably equated with feats in scientific discovery and technological innovation and doctors were described as using “wand-like devices.” Articles with titles like “Artificial Intelligence” and “Face
Forward” featured ebullient patients proclaiming things like “I saw my chins disappear! The fat dissolved in front of my eyes!” and “As it turns out you can fool Mother Nature! She’s not that bright.” Botox advertising slogans proclaimed: “It’s Not Magic, It’s Botox Cosmetic.” Consumers of cosmetic intervention were celebrated for their boldness, risk-taking, and experimentation (“When people ask, ‘Aren’t you afraid of having a foreign substance injected into your body?’ I invariably answer, ‘Which one?’”) and for their fearless embrace of the future (“The future is here!”).

On the one hand, media and advertising commonly present cosmetic intervention as uncharted and new terrain traversed by courageous risk takers; on the other hand, new technology means less invasive and more accessible cosmetic procedures. Technological, scientific, and pharmaceutical innovation produces cosmetic procedures that are increasingly less painful, less time-consuming, and, in some cases, less of a risk to physical health and safety, and even less expensive. These technology-driven, friendly attributes of new cosmetic procedures are also a common and positive refrain in media coverage and advertising for cosmetic anti-aging intervention. “It took forty years to get it. And ten minutes to do something about it,” a Botox advertisement entices. “I injected freshness and life into my face with less time and effort than a visit to the hairdresser!” proclaims the writer of a Harper’s Bazaar feature, referring to her Perlane injections. “Rush Hour: Laser Facials, Light Therapy—and even Botox—in a Flash” boasts a Vogue feature about the newest “in-and-out” beauty trend: speed spas. At speed spa “Skin Laundry,” for instance, you can get ten-minute laser facials and enjoy a full range of injectables, including Restylane and Sculptra, at the “Botox Bar.” Whether the procedure is risky and experimental, or more accessible and user-friendly, understanding cosmetic intervention as new technology means understanding cosmetic intervention as evidence of scientific progress and technological innovation, two touchstones of American cultural pride and identity.

**It’s All about the Body**

**SOCIAL FRAGMENTATION AND THE BODY**

Pervasive individualism and consumerism, combined with a cultural reverence for new advancements in technology and medicine, create a
welcome environment for the growth of the cosmetic surgery industry in the United States. Implicit, or perhaps better put, explicit, in each of these interrelated currents is an overwhelming focus on the body. According to historians, literary critics, and social theorists alike, we are living in a somatic society wherein the body is increasingly conflated with the self. This “growing tightening of the relationship between body and self-identity,” as sociologist Chris Shilling puts it, has been traced back to the late nineteenth-century and early twentieth-century processes of industrialization in the United States and Europe, and is attributed to resultant and prevalent trends of geographic transience and social fragmentation throughout the twentieth century and into present day. As people disperse and become more geographically mobile, and as they move from agrarian communities into more densely populated urban settings, identity formation becomes increasingly privatized and individualized, and less rooted in shared systems of meaning outside the self. Historian Elizabeth Haiken sums up the first American wave of this transformation from communal to individual identity as follows:

Early in the twentieth century, the interrelated processes of industrialization, urbanization, and immigration and migration transformed the United States from a predominantly rural culture, in which identity was firmly grounded in family and locale, to a predominantly urban culture, in which identity derives from ‘personality’ or self-presentation.

With this shift in the roots and ingredients of identity formation from the community to the individual, the body achieves greater prominence as a marker of identity and as a vehicle for self-expression. Or, as sociologists of the body explain, when meaning becomes more privatized, people seek meaning at the individual (private) level: through their bodies.

THE MALLEABLE BODY

Social theorist Anthony Giddens, among others, argues that the tightening bond between the body and self-identity in the industrialized West throughout the twentieth century and into the twenty-first is accompanied by an increasing perception of the body itself as malleable and
transformable. As individuals invest more in the body as constitutive of self-identity, they also become more responsible for the design of their bodies: their bodies become their own “identity projects.”\textsuperscript{47} Advancements in technological, surgical, and pharmaceutical products and procedures—directly advertised and marketed to consumers—offer new means to change and reshape the body and fuel Americans’ propensity for bodily intervention. These advancements—ever more accessible and available—can also contribute to the expectation that individuals use these advancements to “manage” their own bodies effectively.

VISUAL TECHNOLOGIES AND THE TWO-DIMENSIONAL BODY
Living in an increasingly somatic society has come to mean that the body provides a primary marker for the self and self-identity, and that we understand our bodies as our own malleable identity projects. Even further, we are experiencing a notable strengthening of the relationship between identity, self-worth, and the \textit{exterior of the body}. According to cosmetic surgery scholar, Virginia Blum, we are living in an era wherein we “cannot help but locate who we are on the surface of our bodies.”\textsuperscript{48} Many argue that this preoccupation with the exterior of our bodies—or what Blum calls the “lure of the two-dimensional”—directly reflects our increasingly media and screen-saturated culture. Beginning with the advent and explosion of mass media throughout the twentieth century—film, billboards, and television—and continuing into our near-constant interaction with digital screens today, Americans’ daily social realities are increasingly lived out in a two-dimensional realm. As we confront and communicate with two-dimensional images via mobile phone, tablet, laptop, and television, we may be more likely to understand ourselves through a two-dimensional lens and to conflate ourselves with our bodily exteriors. The current celebrity-inspired “selfie” explosion, wherein Americans spend lots of time taking, posting, and looking at pictures of themselves and others on social media via phones, tablets, and laptops, bespeaks a culture that privileges the two-dimensional image as a tool for self-expression and for evaluating the self and others. The rise of cosmetic intervention in the United States today offers more evidence of the growing importance of the exterior of the body—of how the body looks—as a route for achieving self worth and social value.
A Gendered Tale

Heath, fitness, and self-care . . . self-confidence, self-esteem, self-assurance, self-expression . . . rationality, practicality, and common sense . . . bravery and courage . . . future-embracing, forward-looking, risk-taking . . . This is by no means an exhaustive list of the positive characteristics equated with cosmetic surgeries and technologies and attributed to those who have and use them. The overwhelmingly positive framing of cosmetic intervention in American media and advertising, and the growing popularity of cosmetic procedures, must be understood within new and more established trends in American culture, ideology, society, and economy. Commercialized medicine, consumerism, social fragmentation and individualism, science and technology, television, the internet, social media, personal electronic devices, an overwhelming focus on the body—each of these commonly intertwined phenomena contribute to the rise of cosmetic intervention. Yet, it is impossible to achieve a comprehensive explanation of the rising popularity of cosmetic intervention in the United States today without talking about women and the gendered expectations, norms, and narratives that continue to inform women's roles and value in contemporary American society. Women are the overwhelming consumers of cosmetic products and procedures in the United States today. Without women, the cosmetic surgery industry would lose its foundation. Gone would be its consumer- and profit-base and gone would be the cultural assumptions, expectations, and rationales upon which the vast majority of marketing and advertising campaigns for cosmetic intervention are built.

Women have made great strides towards social, economic, and political equality with men in the United States, particularly in the eras of first- and second-wave feminism, in the early and later years of the twentieth century, respectively. Most recent legislative gains have addressed the ongoing realities of sexual harassment, violence against women, and gendered inequality in the workplace. Women continue to outnumber men as applicants and students, and to outperform male students academically, at most colleges in the United States. Female applicants and students are nearing parity with, and even outpacing and outnumbering, their male counterparts in graduate schools for traditionally male-dominated professions including law and medicine.49 Elite
colleges like Brown, Harvard, Princeton, the University of Pennsylvania, and the University of Virginia now have, or have recently had, female presidents. In the United States, Loretta Lynch is the first African American woman to hold the position of Attorney General; Susan E. Rice is National Security Advisor to the President; and Janet Yellen serves as the first chairwoman of the Federal Reserve. The U.S. recently had its first female Speaker of the House of Representatives in Nancy Pelosi and, in the last nine years, the country has seen two female Secretary of States, Condoleezza Rice and Hillary Clinton, respectively. Sarah Palin served as running mate to Republican nominee John McCain in the 2008 presidential race. Carly Fiorina was in the pool of presidential contenders at the 2016 Republican Convention. Hillary Clinton, now the official Democratic nominee for president, is poised to potentially become the first woman ever elected to the American presidency on November 8, 2016.

The rising representation of women in key arenas of power and decision-making in the United States today—and the prospect of our first female president ever—brings exciting and hopeful implications for greater gender justice and equality. And yet, despite this encouraging progress, the majority of women in the United States today work in low pay, low-status jobs. The United States offers women no federal guarantee of paid maternity leave, nor affordable, quality childcare. The gendered pay gap stubbornly persists, and, even as most women work outside the home, they continue to perform the majority of labor inside the home, like cooking, housework, and childcare. Women’s increasing representation and outstanding performance in higher education has not, for the most part, translated into equal gender representation and power distribution in high-status, high-pay fields like business, law and medicine. More women than men are graduating from professional schools of journalism. Yet, men make up the vast majority of news content and continue to dominate producing, directing, hosting, and reporting roles in print, television, and online news media. Striking gender role disparities persist in film and television, and in the numbers of female-to-male producers and directors. The percentage of women in the United States Congress reached nearly 20% for the first time ever in the 2012 elections, yet the U.S. ranks ninety-eighth in the world for percentage of women in national legislature. The horrifying reality of rape and sexual assault in the United States military and on
college campuses—reflective of a widespread culture of sexual violence against women—bespeaks a broad pattern of gender inequality in the United States today.\(^{56}\)

Real structural change is required to effectively confront and overcome the gender inequalities that persist in the United States today. We need new social and economic policies to address everything from women’s low wage work, to the gendered pay gap, to the lack of paid parental leaves and affordable, quality childcare, to inadequate legal recourse and protections against gender discrimination, sexual harassment, and sexual violence. But gender inequality in the United States today also illustrates the persistence of limited social and cultural attitudes about women. The question of how successfully a woman conforms to traditional norms of heterosexual femininity continues to provide key means for her individual and social evaluation: Is she physically attractive? Sexually desirable? Reproductively viable? Evidence of this stubborn cultural residue—or what feminist philosopher Susan Bordo calls the “unbearable weight” of the female body—is everywhere.\(^{57}\) Jennifer Siebel Newsom’s critically acclaimed documentary, *Miss Representation*, calls attention not only to the glaring underrepresentation of women in American media, politics, and other high-paying professions, but also to the over-representation of women as two-dimensional images and as sex objects. Current research on top grossing films in the United States shows not just that females are strikingly underrepresented (2.51 males to every 1 female on screen) but that females are more than three times more likely to be shown in sexy, tight, alluring attire or partially naked.\(^{58}\) The Victoria Secret fashion show, broadcast live on television and on-line and an annual leader in ratings, along with the ubiquitous advertisements via billboards, television, print, and the internet for the multi-billion dollar lingerie and swimsuit company, often feature women in attire, imagery, and poses that connote pornography. Covers and photo shoots in men’s mainstream magazines like *Maxim* and *GQ*, and in popular celebrity-centered magazines like *W* and *Paper*, commonly feature actresses and other female celebrities scantily clothed, posed provocatively, or naked (see, for instance, the famous *Paper* cover of naked reality TV star Kim Kardashian from 2014) and accompanied by sexualized headlines. The annual *Sports Illustrated* swimsuit issue features woman after woman with breasts and buttocks exposed. According
to sociologist Gail Dines, we live in a culture wherein pornography itself has lost much of its stigma, and is becoming increasingly mainstream and normalized, even cool.\(^5\) Take the popularity of *The Howard Stern Show*, for example. Stern, himself a friend to many celebrities, speaks publicly about his own porn use and regularly interrogates women—including porn stars and other well known actresses in reality television and in Hollywood film—about their body parts and sexual practices on his talk radio and television show.

Not only women, but girls too, are being incorporated into what journalist Ariel Levy calls “raunch culture.”\(^6\) Communications scholar M. Gigi Durham illuminates and analyzes a growing “Lolita effect,” or hyper-sexualization of girls, in American and global media.\(^7\) Educational researchers Diane E. Levin and Jean Kilbourne link the deregulation of American media over the past several decades to rising violence, and to the increased sexual objectification of girls, in children's television programming, in advertising, and in children's clothing, toys, video games, and other consumer products for purchase.\(^8\) In top-grossing G-rated family films in the United States today, male characters outnumber female characters 3 to 1. Female characters commonly show noticeably more skin than their male counterparts, have exaggerated physical characteristics that invoke sexuality, and embody sexually provocative movements, expressions, and gestures. The fact that female characters account for only 28.3% of the speaking parts in family films, and 30.8% of the speaking parts in children's television shows, offers more troubling evidence of gender imbalance and the objectification of women and girls in children's media.\(^9\)

Several recent alternative princess narratives—like in the Disney movies *Frozen* and *Brave*—that focus on sisterly love over romantic heterosexual love, or on being the best archer in the land and finding fulfillment without heterosexual marriage, are encouraging and refreshing. Yet, the stark underrepresentation of women and girls in American media overall continues to be punctuated not only by sex object roles, but also by traditional conceptions of femininity in other respects: namely the role of heterosexual wife and mother. In *Cinderella Ate My Daughter: Dispatches from the Frontlines of the New Girlie-Girl Culture*, journalist Peggy Orenstein gets us thinking about how and in what ways the current Disney princess craze—via movies, television,
and consumer projects for purchase—is impacting American girls’ identity formation and aspirations for the future. Diane Levin and Jean Kilbourne’s research on media and consumption calls attention to a surprising re-gendering of children’s toys and television programming along traditional lines in recent years. How can it be that in today’s films designed for an audience of American children, 80.5% of all characters that engage in paid and meaningful employment outside of the home are male? The deafening silence of women’s voices in movies for grownups—in 2012, only 28.4% of speaking parts in the top one hundred films went to women—is also accompanied by an overwhelming underrepresentation of women who are leaders, and/or have meaningful occupations, missions, and goals outside of the home. In movies and on television, female characters are more likely to be married, and to have children, than their male counterparts.

In a recent public conversation, feminist writer and Ms. Magazine founder Gloria Steinem and actress Jennifer Aniston agreed—with a combination of humor and chagrin—that women in the United States today still live in a reality wherein, as Aniston put it, “our value and worth is dependent on our marital status and/or if we’ve procreated.” Television and movies are not the only sources that teach us to value women based on their physical characteristics, and on whether and how they embody the roles of heterosexual wife and mother. Contemporary female figures in American politics provide more examples of how sexual desirability, motherly and wifely roles and duties, emotionality, nurturance, and sensitivity—all elements associated with traditional heterosexual femininity—continue to impact a woman’s path towards achieving her professional goals. Recent democratic candidate for governor of Texas, Wendy Davis, faced continued questions and critique in the press, and from her opposing party, regarding her mothering skills. Former Secretary of State and Senator of New York, and Democratic nominee for the 2016 presidential election, Hillary Clinton, endured a range of contradictory critiques while campaigning for the Democratic nomination for presidency in 2008. Clinton’s failure to meet criteria of youthful beauty, fashionable dress, and intensive mothering were a liability in one moment—any facial blemishes or wrinkles, her hair style, her body weight and clothing choices, her approach to mothering and her capacity for traditional wifely skills such as baking cookies, were reg-
ular media talking points of evaluation, critique, and ridicule—yet, her expression of emotion revealed weakness and sensitivity, qualities not deemed “presidential,” in the next. Sarah Palin, the former governor of Alaska and Republican vice presidential candidate in the 2008 presidential race, arguably conformed quite successfully to traditional feminine norms of youth-beauty, fashionable and sexy dress, and intensive mothering. Yet, this conformity garnered not only media praise, but also ridicule, as Palin was deemed merely a “hot woman in a skirt,” unworthy of the brainpower and rational thinking required of a vice-president.

The Gendered Double Standard of Aging

It was over forty years ago when literary critic Susan Sontag first proclaimed that in American society men were valued more for “what they do than how they look” whereas for women the reverse was true: physical appearance trumped women's achievements and actions as a measure of their social worth. Sontag’s proclamation can be read as exaggerated and over-generalized, and, in the intervening decades, women in the United States have continued to achieve and to be recognized for achievements that reflect their multiple skills and knowledge sets outside of the realm of physical appearance alone. There is also some compelling evidence and analysis to suggest that men are becoming increasingly concerned with physical appearance and body image, and are spending more time and money on activities designed to “improve” how their bodies look. The male body currently circulating in American media and popular culture is one that is increasingly bulked up in muscle and trimmed down in fat—a body type that is difficult, and even nearly impossible, to attain without working out and potentially using additional pharmaceutical, chemical, or technological means of intervention. It is still women, however, and not men, who are starkly underrepresented in key professional fields in the United States today, including journalism, law, and politics, and in complex and leading roles in film and television. Women, and their body parts—not men’s—overwhelmingly saturate the airwaves in the name of selling products. American men are spending more than ever before—just over $5 billion in 2012—on face and body grooming and beautification products. Yet, this number pales in comparison to what women in the United States
Sontag’s claim that physical appearance trumps all as the evaluative means of a woman's worth may well be overblown, but we still live in a society wherein a woman's physical appearance (whether or not she is considered physically attractive or sexy) continues to matter more for women than for men.

What happens to this gendered discrepancy when aging begins? Certainly, all aging individuals in the United States, both male and female, confront ageism one way or another, sooner or later. In our youth and fitness obsessed culture, women and men are increasingly encouraged to subscribe to what scholars and researchers on aging call the “successful aging” paradigm. Aging “well” is understood as an individual responsibility and within individual control, and individuals are expected to adopt a lifestyle of conscious diet and exercise to achieve a healthy, active, “successful” old age. Men and women can experience greater social status and occupational and economic success with age. But they are also likely to encounter invisibility and negative stereotypes, both in their own lived realities, and in the media and popular culture, as their faces and body betray signs of aging.

Despite the shared benefits and drawbacks associated with aging that both men and women in the United States encounter, however, women are penalized to a greater degree than men are when visible signs of aging appear on their faces and bodies. This greater penalty is about looks mattering more for women than for men in contemporary American society. But it is also about the fact that women are held to a narrower and more stringent standard of physical attractiveness than men are. Susan Sontag calls this two-tiered gendered inconsistency the “double standard of aging.”

When it comes to looks, Sontag argues, men are more likely than women to be considered physically attractive and sexually desirable at older ages. On a woman, gray hair and wrinkles are commonly perceived as an impediment to her perceived physical attractiveness. For a man, on the other hand, these same age-based characteristics can be “judged quite positively.” The lines in a man’s face “are taken to be signs of character.” They indicate emotional strength, maturity . . . (They show he has ‘lived’). A woman’s face, on the other hand, “is prized so far as it remains unchanged (or conceals the traces of) her emotions, her physical risk taking. Ideally, it is supposed to be a mask—immutable, unmarked.”
A woman's physical attractiveness—her value, her desirability, and her visibility—decline when her face and body communicate what Sonntag calls “the product of her experience, her years, her actions.” A man’s value, desirability, and visibility, on the other hand, is more likely to grow with age and in conjunction with the evidence of accumulating life experience and achievements born out on his face and body. That a beautiful face for a woman is “unmarked,” and that her value, to a greater extent than a man’s, stems from that unmarked face, brings us straight back to the troubling question of female objectification. What of her mind? What of her unique thoughts and actions? If a woman’s worth is equated with an exterior unblemished by lived experiences, and unanimated by thoughts and emotions, is that really so different from equating her with stone, or plastic, or other non-living matter?

The marks of aging on a woman’s face and body also signal thewaning of her reproductive capacity and, as such, give new and sobering meaning to that “unbearable weight” of the female body that Susan Bordo illuminates. If we accept that a woman’s value continues to be—at least to an extent—equated with the hetero-normative expectations of sexual desirability and reproductive viability (and the accompanying, traditional “feminine” roles of sex object, wife, and mother) then, as her body loses its capacity to adequately perform these roles and characteristics, her value declines. New reproductive technologies notwithstanding, aging brings an end to a woman’s ability to have and bear children, while men can continue reproducing at any age.

Concrete evidence of the double standard of aging—wherein women are penalized more than men are for age-driven changes in their biology and physical appearance—is ubiquitous enough to be taken for granted. Current research shows that heterosexual women in middle age and older who have lost a spouse either through divorce or death are just as eager as men are to engage in new sexual and romantic relationships, yet they are less successful than men are in finding interested partners. Single heterosexual men who are in their forties and older, when compared to heterosexual women who are in their forties and older, are more likely to seek out and engage in sexual/romantic relationships with partners who are younger than they are. Older women seeking relationships are at a disadvantage as men their age and older pursue relationships with younger women, and as younger men are less
open to relationships with older women than younger women are to relationships with older men. Ageism is widespread in the workforce overall, yet older women confront age-based discrimination earlier than men do, and are less economically secure than older men.

In Hollywood, women generally enjoy a shorter “screen life” than men do. It is common for female actors to find offers for roles declining once they reach age forty. Yet, male actors in their forties and older are widely represented as leads in popular film. In any given film, it is more common for female actors to be younger than their male counterparts than the other way around. As male actors age, and continue to play leading roles in films, their female co-leads do not age along with them. Instead, the reverse is true: the age gap actually increases between male lead actors and their female co-leads over time. Male movie stars like Johnny Depp, George Clooney, Tom Cruise, Richard Gere, Denzel Washington, Harrison Ford, and Colin Firth—who represent a fifties through seventies age range—typically share the screen with female actresses who are significantly younger than they are. Colin Firth was fifty-four, and Emma Stone was only twenty-six, in the 2014 film, *Magic in the Moonlight*. Olga Kurylenko was eighteen years younger than Tom Cruise in *Oblivion* (2013). The age gap between Johnny Depp and Amber Heard in the 2011 film *The Rum Diary* was twenty-three years, and the list goes on.

Film roles for women in their forties and older are more likely to be stereotyped in unflattering ways than roles for men of equivalent ages, and women in middle age and older are less likely to occupy leadership roles and wield occupational power than male characters of the same age. American television offers more roles for women than film does, and there are some encouraging new examples of strong female leads and rich and complex central characters in contemporary television programs who are in their forties and older. Some examples include *Empire*, co-starring Taraji P. Henson; *The Good Wife*, starring Julianna Margulies; *Veep*, starring Julia Louis-Dreyfus; *Madam Secretary*, starring Téa Leoni; *How to Get Away with Murder*, starring Viola Davis; and *Sensitive Skin*, starring Kim Cattrall. And yet, like in film, older women are not only vastly underrepresented, but also more likely to be negatively stereotyped and portrayed as having unappealing personality traits compared to older men. The roles of Glenn Close in *Damages*, and Jane
Lynch in *Glee*, speak to the still common tendency to stereotype and pathologize female characters who wield power. And, recent shows like *Cougar Town* with Courtney Cox, *Desperate Housewives*, and all of the many *New Housewives* reality series, while offering examples of women who have power in some respects, also reinforce negative stereotypes regarding women, race, age, power, and sexuality.\(^{88}\)

American politics is a world not only of overwhelming gender imbalance overall, but also one wherein examples of gendered ageism are easy to find. The physical appearance of Congresswoman and former Speaker of the House Nancy Pelosi, who is in her seventies, frequently surfaces as a subject of critique and ridicule, particularly among Republicans and in the right wing media. Pelosi, who sports a smooth face with very few wrinkles and no gray hair, cannot win as she receives endless barbs about her plastic surgeries. If we return to the example of Hillary Clinton, and her 2016 presidential campaign, her age and her appearance—as I write this she is sixty-eight—is a common theme in the media.\(^{89}\) In an interview published in *Glamour* in September 2014, Clinton shared, with a combination of humor and honesty, that she is held to higher standards when it comes to physical appearance, beauty work, and attire than her male colleagues are: “I’ve often laughed with my male colleagues like, ‘What did you do?’ You took a shower, you combed your hair, you put your clothes on. I couldn’t do that.”\(^{90}\) Overwhelmingly framed as a liability, Clinton’s age is negatively contextualized in multiple respects, from her wrinkles and her weight, to concerns about her health and stamina, to worries about her role as a grandmother keeping her away from political duties and responsibilities. The ages of Clinton’s male competitors, like Democrat Bernie Sanders (now seventy-five) or Republican Donald Trump (who is seventy) appear to be of little interest to the press. The media storm around Clinton, the grandmother, betrays a particularly glaring example of the double standard of aging. Many male politicians are grandfathers without mention. Donald Trump, for instance. Or 2012 GOP presidential candidate, Mitt Romney, who, as journalist Aliyah Frumin points out, “proudly touted his eighteen grandchildren on the campaign trail.”\(^{91}\)

There are certainly female politicians, television and film actors, and other celebrities, entertainers, and public figures in the United States today who achieve power, status, economic success, and popularity in
their forties and older. Yet, many of these women, Nancy Pelosi and Hillary Clinton among them, continue to embody a more youthful aesthetic than the men of equivalent ages in their fields. The media and entertainment industry offers some striking examples. Not all, but many, heterosexual male actors in their forties and older in Hollywood are coupled with women who are younger than they are both on and off screen. I have already mentioned actor Johnny Depp and actress Amber Heard who co-starred together in 2011. When they married in 2015, he was fifty-one; she was twenty-eight. Then there's George Clooney who is married to Amal Alamuddin (he's fifty-five; she's thirty-eight), and Brad Pitt and Angelina Jolie (he's fifty-two, she's forty-one) . . . the examples, it seems, are endless. But let's now compare the looks of female and male actors who are approximately the same age. How does the physical appearance of Nicole Kidman compare to actor Daniel Craig (they are both in their mid-to-late forties)? Demi Moore to George Clooney (they are both in their early-to-mid-fifties)? Jane Fonda to Harrison Ford (both in their seventies)? Barbara Walters to Clint Eastwood (both in their early-to-mid-eighties)? Each of these women have few, if any, wrinkles and no gray hair, while each of these men have plenty of both. Take female television news anchors, journalists, and talk show hosts. Most, regardless of their biological age, have little in the way of gray hair, wrinkles, and other visible signs of aging on their faces and bodies. Among their male peers in the business, however, these age markers are more commonly displayed. Compare, for example, Yahoo newscaster and former television talk show host Katie Couric to Wolf Blitzer of CNN: both in their sixties, she has scarcely a gray hair or wrinkle, while he has plenty of both.

Female Aging and Cosmetic Intervention

Women generally, and older women in particular, are overwhelmingly underrepresented in the worlds of film, television, politics, journalism, and other high-status, high-pay fields in America today. Older women who do achieve success and recognition in the public eye commonly bear few traces of normal aging on their physical appearance. American women's use of cosmetic procedures at a rate of 10 to 1 over men makes clear that, regardless of what an older woman has accomplished
or achieved in any number of arenas, she continues to confront pressure and expectations about her physical appearance, namely: to keep looking young. Images and narratives of older women in popular culture and media are scarce. Yet, older women are bombarded with products and treatments to “repair” and “fix” evidence of aging on their physical exteriors. Their faces and bodies are the lucrative targets of advertising and marketing campaigns for surgical and pharmaceutical treatments and interventions, and provide the bread and butter for many a dermatologist, gynecologist, and plastic surgeon.

“Maintenance”—ongoing treatment and repair over time—is the buzzword in the world of cosmetic anti-aging intervention. Maintenance is a savvy and profitable strategy for the cosmetic anti-aging industry: all women grow older and all will require some corrective tweaks sooner or later—it is not a question of if, but a question of when. And the younger you start, the better. “Slow Anti-Aging: The New Secret to Looking Your Best” is the title of a recent More magazine feature wherein readers are introduced to this “latest approach to beauty,” one that enables us to “keep (or recreate) a contoured, nearly lineless face through a series of steady, tiny tweaks that leave you looking natural and unaltered.”

Readers are encouraged to go in “two or three times a year” for “derm visits” that can include glycolic acid peels, muscle-relaxing toxins (or injectables like Botox), hyaluronic acid fillers (or injectables like Juvederm), light treatments (like Clear and Brilliant or Fraxel Dual), and skin tightening (like Ultherapy/Thermage). Starting at age thirty-five as opposed to fifty-five is recommended: “A key tenet of slow anti-aging is starting sooner and keeping yourself in a good place,” says Dr. Ranella Hirsch, a dermatologist in Boston.

Subscribing to the maintenance method—otherwise known as the “new secret to looking your best”—is incredibly expensive. If More magazine’s estimates are on target, maintaining a youthful appearance costs anywhere between $8,000 and $20,500 for the first year, and between $4,500 and $13,700 for each year after that. The earlier you start, the more money you spend. And yet, women—from writers and journalists to actresses and other celebrities—increasingly use the language of maintenance as an acceptable, common sense, and even “no-brainer” justification for having cosmetic procedures. Memoirist and movie producer/director Nora Ephron wrote openly about her maintenance rou-
tine inclusive of Botox shots, Restylane, and fat injections. Actresses like Scarlett Johansson and Liv Tyler speak about their intention to maintain their youthful looks with cosmetic intervention. Indie actress Virginia Madsen has been featured in advertising campaigns for Botox and Juvederm.

The decision to have cosmetic procedures designed to more dramatically change a physical feature or characteristic—say, for example, a nose job or breast implants—may still be greeted by some as vain, superficial, obsessive, or unnecessary. The decision to have cosmetic anti-aging procedures over time, on the other hand, is increasingly read as a rational, practical, and even necessary one. Journalist Alex Kuczynski openly catalogues her own cosmetic anti-aging maintenance regimen, including an eyelift, liposuction, and ongoing rounds of Botox shots and collagen injections. Kuczynski explains that she is not “obsessed” with the way she looks, nor is she “anorexic or bulimic.” She does, however, believe in maintenance: “I am not preoccupied beyond therapeutic reach or common sense; I maintain.”

Maintenance invokes the ease and accessibility of new and less invasive cosmetic technologies and the legitimacy that comes with the medical language of treatment and repair. It also calls up, however, the gendered expectation of disciplined beauty-body work and the cultural equation between a woman’s worth and her physical appearance. A woman makes the “right” decision when she asks her doctor about Botox: “Ask your doctor about Botox Cosmetic. Millions of women already have.” A woman makes the “right” decision when she chooses to have the Botox injections: “It’s really up to you. You can choose to live with wrinkles. Or you can choose to live without them.” A woman who chooses cosmetic anti-aging intervention accepts the long-standing reality that her value is fundamentally intertwined with how youthful she looks: “Once you get it, you really get it.” This is the woman who bows down to what Laura Hurd Clarke calls the “moral imperative to modify the aging face.” This is the woman we commend in our culture because she refuses to “let herself go.”
Overview of the Book

We have heard from women in the public eye—journalists, actresses, and other celebrities—but less from real, everyday women. How do everyday women feel about growing older in a world where they are increasingly targeted by cosmetic procedures and products designed to make them look younger? Does the growing availability of cosmetic anti-aging surgeries and technologies make women feel better about aging? Or worse? What leads a woman to say “yes” to cosmetic anti-aging interventions? And, alternatively, what leads a woman to choose to grow older without them? The voices and stories of everyday women populate the pages of this book and inspired me to write it.

I use in-depth interview methods informed by a feminist epistemological framework to uncover what everyday women have to say about growing older in an increasingly normalized climate of cosmetic anti-aging intervention. Sociologist C. Wright Mills’s call for the need to investigate the reflexive interrelationship between “private troubles” and “public issues”—to exercise what he terms the “sociological imagination”—sharpened my commitment to articulate the meanings women ascribe to aging, and to explore the impact and implications of the anti-aging explosion on women themselves. This book joins a rich field of contemporary sociological research that applies qualitative methods to explore social, economic, and cultural trends from the perspective of everyday individuals. Centered on forty-four in-depth interviews with women between the ages of forty-seven and seventy-six who use, refuse, and are currently undecided about whether or not to use cosmetic anti-aging surgeries and technologies in the future, this book aims to offer a fresh gendered reading of the landscape of commercialized medicine in the United States today.

The women who share their lives and perspectives in this book hail from a range of socioeconomic backgrounds and life circumstances. They are working, retired, and unemployed. All but one, who is Latina, are white. Most, but not all, live in New England. Some live in cities, others in towns near urban centers, and some in small towns in rural areas. All identify as heterosexual. Some are married, some are divorced and single, and some are single and have never been married. Because the women in this book are heterosexual and almost all white, by and large
they see women who look like them reflected in the images in cosmetic anti-aging advertising and media coverage. Mainstream cultural depictions of femininity and beauty—namely sexual desirability and reproductive viability embodied in the heterosexual, white woman—mirror their own race and sexual identity. New and emergent research explicitly and comparatively explores the ways in which women's experiences of aging, and the meanings they attach to it, are differently mediated by race and sexual identity and orientation. It is my hope that this research continues, and that the women's stories in this book will contribute to urgently needed discussion and dialogue among women of diverse sexualities, races, and ethnicities on what it means to be an aging woman in the United States today.

The book’s organization and analytic framework reflects a multi-layered approach. Women’s stories of aging are simultaneously individual and social, cultural and economic. The lens of analysis shifts throughout the book, expanding, contracting, and intersecting among different entry points of analysis as women share their experiences. The themes of self-concept, self-perception, and identity—including questions pertaining to femininity, physical attractiveness, and sexuality desirability—populate the first half of the book. In chapter 1, women who have and use cosmetic anti-aging procedures are introduced. In chapters 2 and 3, women who refuse cosmetic anti-aging intervention take center stage. The second half of the book expands the lens, moving out from the individual to incorporate social, cultural, and economic layers of analysis. Here the full spectrum of women I interviewed—women who have and use, refuse, and who are currently undecided about whether or not they will have and use cosmetic anti-aging interventions in the future—share their experiences and perspectives. Chapter 4 opens with interplay between women’s views on aging and the youth-centered, cosmetic anti-aging-product-saturated culture in which they live. Chapters 5 and 6 illuminate women’s views and experiences of aging through the web of social interactions that populate their everyday lives. I save the conclusion to assess some of the wider implications gleaned from the women’s stories in the book, and to offer some final reflections on gender, aging, and cosmetic intervention in the United States today.