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To cite this article: Anna Abellsson & Anna Willman (2020): Ethics and aesthetics in injection treatments with Botox and Filler, Journal of Women & Aging, DOI: [10.1080/08952841.2020.1730682](https://doi.org/10.1080/08952841.2020.1730682)

To link to this article: <https://doi.org/10.1080/08952841.2020.1730682>



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Published online: 18 Feb 2020.



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Ethics and aesthetics in injection treatments with Botox and Filler

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ABSTRACT

The medical nature of esthetic treatments is confusing, as the boundaries between medicine and beauty are unclear. A person's autonomous decision is an indicator for esthetic treatments that will improve their self-image, self-esteem and appearance to others. Robust ethical consideration is therefore necessary for the medical esthetician in each meeting with the client. This study aimed to describe medical estheticians' perceptions of ethics and esthetics in injection treatments with Botox and Filler. The results are described in *Understanding what different clients desire*, *Reaching a mutual understanding of expectations and possibilities* and *Taking responsibility for beauty*.

KEYWORDS

Esthetic treatments; ethics; medical esthetician

Introduction

Plastic surgery was initially used by military doctors to heal battle wounds of soldiers and to restore and reconstruct bodies and faces ravaged by war to their ideal prior state (Gilman, 1999). Today's definition is surgical and non-surgical procedures that reshape normal structures of the body in order to improve appearance and self-esteem (American Society of Plastic Surgeons, 2014). Non-surgical procedures in this study include the injectable products Botulinum toxin (Botox) and Hyaluronic Acid (facial fillers).

Body image is a person's perceptions, expectations emotions, and feelings about one's body. The body image is affected by how important the appearance is to the person (Sarcu & Adamson, 2017). Both self-perception and perception of self in relation to others are connected to the degree of satisfaction with one's own appearance (Moulton, Gullyas, Hogg, & Power, 2018).

A person's body image is influenced by sociocultural factors (Sarcu & Adamson, 2017) and the fear of being judged by others (Moulton et al., 2018). By enhancing one's appearance, a person can fit into social groups in society. Gilman writes: "In a world in which we are judged by how we appear,

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the belief that we can change our appearance is liberating” (Gilman, 1999, p. 1). Enhancing one’s appearance goes back to the time of the pharaohs and has always been determined by the culture of the period (Atiyeh, Rubeiz, & Hayek, 2008).

In today’s society, facial appearance is one of the most important factors influencing our perception of beauty and attractiveness. The face is a central aspect of a person’s identity and a visible marker of one’s age (Berwick & Humble, 2017; Vučinić et al., 2019). Individuals with noses of medium width and lips with a very curved Cupid’s bow are described as most attractive by both males and females. It has also been shown that a person does not need to have ideal dimensions and shapes of their facial features to give the impression of an ideal. A unique set of facial parts leads instead to the perception of beauty and attractiveness (Vučinić et al., 2019).

The medical nature of the esthetic treatments is confusing. The European Committee for Standardization has worked out European standards for esthetic treatments in the beauty industry (European Committee for Standardization, 2017). The standard includes non-surgical interventions such as injections, intense pulsed light (IPL) laser treatments and chemical peeling. The International Society of Esthetic Plastic Surgery [ISAPS] also describes non-surgical treatments that include Non-Surgical Body Contouring and Vein Treatments (International Society of Aesthetic Plastic Surgery [ISAPS], 2019). Non-surgical esthetic treatments in salons, SPAs, and walk-in beauty clinics complicate the client’s choice of facilities because the line between medicine and beauty is unclear (Atiyeh et al., 2008). American Society of Plastic Surgeons (ASAP, 2020) clarifies that just because the word “medical” is in the name of the clinic, it does not mean that there are people with medical training overseeing the treatments.

Medical marketing can be viewed as an ethical issue when it appeals to people’s insecurity regarding their body image (Cantor, 2005). On the other hand, medical marketing of esthetic treatments can be beneficial to educating and enlightening the public (Lopez-Moriarty, 2015). It is, therefore, of utter importance that marketing is honest (Cantor, 2005; Lopez-Moriarty, 2015). Consumers are protected in Europe by the unfair commercial practice directive (Directive 2005/29/EC, 2005) and in the US by the truth in advertising law (Federal trade commission, 2020). Both directives promote the interests of consumers and counteracts unfair marketing. The directives declare that the client should be given accurate information in order to make informed decisions. Advertisements should, when appropriate, be backed by scientific evidence. Aggressive or misleading marketing is forbidden (Directive 2005/29/EC, 2005; Federal trade commission, 2020).

It is of importance, for the client, to choose a health professional that is trained and is an accredited medical esthetician. Educated personnel prevents

unwanted outcomes such as hyperinflated faces or lips, so-called fish lips (Berwick & Humble, 2017). The American Society of Plastic Surgeons (ASAP) believes that all healthcare professionals who carry out esthetical treatments must be board-certified with both training and experience. This makes them uniquely qualified to perform different cosmetic procedure. There are some states in the US that require a plastic surgeon or dermatologist supervises medical SPAs while other states make no such requirements (American Society of Plastic Surgeons [ASAP], 2020). The European Standardization includes requirements for the qualifications and professional competence of the medical esthetician personnel (European Committee for Standardization, 2017). The Swedish National Board for Health and Welfare describes that esthetic treatments require medical competence, as treatment can pose significant health risks (Socialstyrelsen, 2018). The International Society of Esthetic Plastic Surgery strives to protect both the public and the profession against physicians who are incompetent or have a low moral character. They also want to expose illegal or unethical conduct of fellow members of the profession (International Society of Aesthetic Plastic Surgery [ISAPS], 2019).

Over the past decade, there has been a growth in the popularity of both non-surgical and surgical cosmetic procedures (ASPS, 2014). Women are generally more positively inclined than men to making a beauty treatment (International Society of Aesthetic Plastic Surgery [ISAPS], 2020; Konsumentverket, 2018). According to The International Society of Aesthetic Plastic Surgery (ISAPS, 2020), the estimated injectable treatments involving Botulinum toxin stands for 60% and 40% contain Hyaluronic Acid. In the US, estimated Botox injectable procedures performed in 2018 were approximately 7 437 000 (American Society of Plastic Surgeons [ISAPS], 2020). Procedures with Botulinum toxin are increasing, and approximately 88% of clients using this are women (International Society of Aesthetic Plastic Surgery [ISAPS], 2020; Konsumentverket, 2018). Half of the women using Botox are 19–34 years old, while 30% are between 35–50 years old. About 10% are older than 50 years (International Society of Aesthetic Plastic Surgery [ISAPS], 2020).

A person's autonomous decision is the indicator for the esthetic treatments that will improve their self-image, self-esteem and appearance to others. Strong, ethical considerations are therefore necessary for the medical esthetician in every meeting with the client. This study is conducted to increase the understanding from the medical esthetician's point of view. *The aim of this study was to describe the medical esthetician's view on ethics and esthetics in injection treatments with Botox and Filler.*

Methods

Qualitative data were collected through interviews and analyzed with content analysis.

Participants

The participants entailed 15 females and 2 males, in total 17 individuals, ages ranging from 28–64 years (mean = 48). Education of the participants were registered nurse (n = 13), physician (n = 3) and dentist (n = 1). Previous work experience as a medical esthetician ranged from 1–23 years (mean = 9). There were 9 participants who worked in a clinic along with other professions and 8 worked as solo medical estheticians. Inclusion criteria were medical esthetician with a certification as a nurse, doctor or dentist. The participants received written information about the study and were then asked to participate on a voluntary basis. Those who wanted to participate contacted the researchers themselves.

Data collection

The semi-structured interviews were performed with one participant at the time. The opening question for each interview was: *Could you please describe who your client is?* The duration of the interviews was on average 28 minutes (17 to 56 minutes) and they were all recorded and transcribed verbatim.

Data analysis

A manifest content analysis was used (Elo & Kyngäs, 2008). Words and meaning units expressed in the 17 interviews were analyzed in three steps. The first step was *Preparation*, where the entire text was repeatedly read to gain a deeper understanding. The second step was *Organization*, where meaning units were identified, coded to words or short phrases, and sorted into categories. The sorting into, and the formulation of categories, were done by classifying data to belong to a prospective group based on differences and similarities. This was made by comparing and interpreting which data belonged to the same category. Creating categories provided a way to describe the phenomenon; Medical esthetician's view on ethics and esthetics in injection treatments with Botox and Filler. Aiming to increase understanding and generate knowledge (Cavanagh, 1997). The third and final step was *Presentation*, where the results were thoroughly described (Elo & Kyngäs, 2008). The correlation between the aim of the research and the categories verifies the relevance of the results. Validity was strengthened by the fact that the text analysis was performed in a systematic and replicable way (Elo & Kyngäs, 2008).

Ethical consideration

The study followed the ethical principles of the World Medical Association (2013), regarding anonymity and integrity. Ethical approval from the internal

review board was obtained (2018/2985-51). Before the interviews, the participants were informed about the voluntary nature and that they could withdraw at any time. The participants were not dependent on the researchers in any way. Informed consent was obtained from each participant. No unauthorized person has had access to the material. The text is presented in such a way that the participants or clients cannot be identified.

Results

The results revealed three categories describing the medical esthetician's perception of the ethics and esthetics in injection treatments with Botox and Filler; *Understanding what different clients desire*, *Reaching a mutual understanding of expectations and possibilities* and *Taking responsibility for beauty*.

Understanding what different clients desire

The most common clients were described as women between 40 and 60 years old. Women at the age of 40 wanted esthetic injection treatments due to their aging appearance. They did not recognize themselves when they looked in the mirror and therefore wanted to slow the aging process. Aging was perceived as depressing and could be remedied. These clients primarily sought a natural look and often wanted treatments not to be noticed.

They care about their appearance.

When they start noticing the first signs of aging, they come for treatment.

Women of 65 years and older did not know what type of treatment they wanted. They wanted to look nicer, but the choice of treatment was something that the medical esthetician got to decide. Women at the age of 20 wanted to improve their beauty traits. Lip enhancement was a commonly requested treatment. This group liked the treatment to be noticed. The group of women aged between 25 and 30 was described as being well informed about the different treatments available. They wanted to prevent aging at an early stage.

They have learned that Botox can prevent wrinkles. They say; my mom looks like that and I don't want to. They want to prevent aging.

Men were in the minority as clients, between 10–20%. Men came for beauty treatments, but also for treatment of various ailments such as migraines. Other ailments that clients might want help with included tooth squeaks, acne, scarred tissue and excessive sweating.

Respecting the client's desire that the treatment should not be noticed also included a duty of confidentiality toward other clients. The client's identity would remain anonymous. When images were used as advertisements on social media, the image was unidentified by not including eyes in the images. Approval to use the image on social media was always requested orally or in writing. The clients could look at the images and approve them for publication before they were publicly used. This was considered important because the client should feel confident in the medical esthetician and not be afraid to be exposed.

Reaching a mutual understanding of expectations and possibilities

A dialogue with the client was described as important in order to conclude which treatment to perform. Deciding what was a reasonable and feasible treatment resulted in the client being able to have realistic expectations on the outcome of the treatment. The clients expressed their wishes and the medical estheticians described what they thought was possible and realistic.

If you have succeeded in reaching the same expectations, the client will be satisfied. A joint discussion guides the client towards what can be done.

Some clients knew what they wanted to fix or what kind of treatment they wanted. Other clients wanted treatments that made them look less tired or less angry. If the medical esthetician could find the *emotion* that the client described, this could help them understand what the client wanted to achieve. Honesty meant giving the client realistic expectations of different treatments. The medical estheticians described how they proceeded from the client's wishes and did not propose further treatments. The anomalies that clients did not notice in their faces did not need to be pointed out.

I ask what I can help them with and nothing else. I can see things they do not see themselves, there might be parts that are skewed or asymmetrical in the face. If they want help with a wrinkle, it's OK.

A client's request might not always be possible to fulfill due to unrealistic expectations of the outcome. However, most clients were considered to have realistic expectations of what could be achieved with treatment. When the client had too high expectations, a discussion would follow to bring the expectations to a realistic level. Desires to remove wrinkles could be changed a reduction of wrinkles and making them less prominent. The belief that a wrinkle that resulted in an angry look could be removed after one treatment was adjusted to the expectation of several visits before the desired result could be achieved. When clients believed that treatment was a quick fix, the medical esthetician had to describe the process for the client to realize the need for several treatments. The client needed to be informed that several

treatments could be needed to build up the tissue and take one step at a time. Using social media was considered a good strategy to educate clients about different treatments. The clients were thus given a realistic picture of what could be achieved, as well as of the risks involved in the treatments. The medical estheticians described how they always took pictures before and after to be able to show the client the changes that the treatment resulted in. With images, it was easier for the client to see the difference.

Taking responsibility for beauty

It was described how the treatments aimed to improve and restore, as opposed to creating new faces. When the client already had a nice face that was not in need of treatment, the client could be advised not to perform any treatments. The result of treatment would not make any difference to the natural face. Making the client's skin perfectly smooth was also considered as questionable treatment. When clients wished to look smooth as people on images, they could be advised against this when it was not possible.

Treatments were expected to result in a natural look, as opposed to a monster-look. Treatments such as overflowing fish lips were denied by some medical estheticians. What was considered fish lips or natural fullness was up to the medical esthetician to decide, using ethical sense.

*A young girl should not have huge fish lips.
They can be better looking without exaggerating.*

The clients' expectations on different treatments could be exaggerated if they for example were used to having large lips. Clients could then ask for treatments that would lead to unnatural results. The medical estheticians declined treatments when they considered them deviating from a natural treatment and becoming excessive.

It's like going to the hairdresser and asking them to make an ugly haircut. I have to be able to defend my job when they say that they have been treated by me.

There were psychological aspects that the medical estheticians took into account. When a client told them that they had visited many other medical estheticians but were not satisfied, the client could be denied treatment because the medical esthetician believed that the client did not have a realistic self-image.

When a client exhibited signs of body disorder, the risk increased that the client would not be satisfied with the treatment. An erroneous self-image was also considered possibly amplified by additional treatments and therefore clients with different forms of dysphoric personality were denied.

Those who are not mentally healthy need to work with that part first. There aren't that many, but nevertheless, you have to tell them that this is not the right treatment for them.

When a client needed more extensive treatments than injection therapy alone, the client could be advised to seek a plastic surgeon instead. It was not considered right to give meaningless treatments.

Clients treated by other non-medical estheticians, who had experienced side effects or malpractice, were considered difficult to manage. Without treatment, the client would not regain a normal appearance but would remain deformed until the drug had left the body. Medical esthetician described how they could treat clients suffering from complications done by other non-medical estheticians just for the sake of the client. Most common was correction of malpractice when it comes to young women's lips.

*I tell them that they must go back to their medical aesthetician.
But they are not medical aestheticians, so they don't have Hyalalas.
Yes, then I feel sorry for the girls with the huge fish lips.
You can't just leave them to look like that.*

Some medical estheticians chose to refuse treatment of complications caused by non-medical estheticians, while others asked for further financial compensation.

Discussion

In line with previous research, this study shows that most clients are women in mid-life and older (Chrisler, Gorman, Serra, & Chapman, 2012). Mid-life can represent freedom and reorganized priorities such as self-care and trying something that one has wanted for some time (Wilińska, 2016). The requests for esthetic treatment in this age group included minor alterations that were not immediately noticeable, as evidenced by Li, Dong, Liu, and Hu (2014). Women in mid-life and older do not always want their treatments to be noticed, which Li et al. (2014) say, is based on traditional ideas. In a previous study, women also expressed fears of looking unnatural (Berwick & Humble, 2017). The treatments requested should instead hide the effects of aging. Clients want to look and feel younger than they are, which according to Chrisler et al. (2012) is a way to maintain their social status.

Young adults, however, are more positive to esthetic treatments and would like their treatments to be noticeable to others. Young adults learn standards of attractiveness by the culturally imposed ideals. These ideal creates an immense pressure for the young adults to conform to prevailing beauty standards (Abbas, Kukcuoglu, Aytop, Uysal, & Pelin, 2017). Media exposure has been identified as a reason for this positive attitude toward esthetic treatments (Wen, 2017). Media has since long been described as determining what is normal (Morgan, 1991). Airbrushed pictures that show young

women unattainable appearance as an ideal lead to a young female population that comes to believe that self-worth is achieved through attractive beauty (Chen, 2015). Media's influence is reinforced by the fact that individuals identify with different characters in movies and in media. This is described as a parasocial relationship that becomes stronger the more familiar characters are to the individual (Hall, 2019; Wen, 2017).

Also, powerful influences from the medical industries shapes attitudes of aging and beauty and conceptualizes aging as a disease to be controlled (Berwick & Humble, 2017). The embodied experiences that women in mid-life and older possess, the lived experiences in their bodies, are rejected in favor for the ideals of attractiveness based on young people's bodies (Hurd, 2000). With esthetic treatment, the fear of being judged by others, mitigates, and in a society with perfection as default, improve self-esteem and body image (Moulton et al., 2018). For some groups, non-surgical esthetic treatments are considered effective for facilitating a future career and romantic success (Chen, 2015). But the criteria for what beauty is constantly changes which makes it difficult to possess a look that is considered as beautiful from different generations (Vučinić et al., 2019).

Through conversations with the clients it was possible to obtain realistic expectations of the treatment outcome. It could also result in both the medical esthetician and the client being mutually satisfied with the result (Li et al., 2014). Not addressing unrealistic expectations goes against the caring principals of a medical esthetician (Kelleher, 2012). The results describe how the clients were given a realistic picture of the risks involved in the treatments. When the clients were informed of the risks, they were able to make an informed decision (Kelleher, 2012; Lopez-Moriarty, 2015; Mousavi, 2010).

When treatment was unnecessary, the client was advised against it. Denying treatments that resulted in abnormal appearance was also described in the study. However, assessing what is treatment or excessive treatment can be ethically questionable. A client's autonomy entails self-determination, while bioethical principles say that the treatments should be beneficial to the client (Kelleher, 2012; Spear, 2010). With respect for a person's autonomy, an indicator for esthetic treatments is that it will improve the client's self-image and quality of life (Atiyeh et al., 2008; Lopez-Moriarty, 2015; Spear, 2010). What is emerging in the results is that the medical esthetician wants to reach a consensus with the client about what is feasible and what will look good. The medical estheticians do not perform treatments because the client considers something good or normal. They perform treatments that are ethically and esthetically correct for the client.

Acting ethically means that the medical esthetician is acting in the best interest of the client by refusing treatment when the risks outweighs the benefits for the treatment (Atiyeh et al., 2008). For people suspected to have

body dysmorphic disorder, all levels of informed consent will be inadequate. The principle of respect for autonomy is not justified in these rarely occurring cases (Lopez-Moriarty, 2015). Moreover, since these persons have a high level of self-reported body image dissatisfaction, the esthetic treatments could also have a dissatisfactory outcome (Bowyer, Krebs, Mataix-Cols, Veale, & Monzani, 2016; Moulton et al., 2018).

Since esthetic treatments is a fee-for-service business, ethical questions arise. The question is whether the aim is to meet a demand or to help people (Atiyeh et al., 2008; Lopez-Moriarty, 2015). The more esthetic treatments are normalized, the higher the demand will be (Chen, 2015). From a financial point of view, it is contradictory to deny paying clients if medical estheticians want to maintain their business (Krieger, 2002). The medical estheticians in the present study acted ethically when they recommended the client to seek a plastic surgeon when more extensive treatment was required. Ethical esthetic problems require careful evaluation of the various options available that can best benefit the client (Kelleher, 2012).

Another interesting topic in the results concerns the ethical behavior of the medical estheticians when they accepted clients who had side effects or were victims of malpractice by other medical estheticians. The medical estheticians want to help and protect the client (Lopez-Moriarty, 2015). The most common complication that young women suffered from when treated by non-medical esthetician was excessively treated lips. Young adults are over-represented in the population as being in a vulnerable situation with a weak economy and with weak consumer skills (Konsumentverket, 2018). This may be an explanation for why young women pay for cheaper treatments performed by non-medical esthetician with the risk of being victims of malpractice. This vulnerable group worldwide can be protected by medical esthetic organizations and individual estheticians informing and educating the public through websites and leaflets. The importance of medical esthetics being educated and experienced, the use of safe materials and the use of approved injectable products needs to prevail over the allurements of a cheaper price for treatment.

Conclusion

Esthetic medicine differs from other medical care because it is not based on saving lives, but on improving the quality of life for the client. A person's autonomous decision is an indicator for esthetic treatments that will improve the client's self-image, self-esteem, and appearance to others. Medical estheticians work in accordance with strong, ethical considerations in every meeting with the client. This includes reaching consensus in deciding which esthetic treatments to do. The ethical and esthetic considerations for medical estheticians also include safeguarding the client when the client desires unrealistic or unethical treatments. An ethical and esthetic behavior by

practitioners protects client's health, but also the reputation of the profession of medical estheticians.

Availability of data and material

All data generated or analyzed during this study are included in this published article.

Authors' contributions

Both authors have equally contributed to and conducted this study. Both authors have read and approved the final manuscript.

Disclosure statement

No potential conflict of interest was reported by the authors.

Funding

This work was supported by the Estetiska injektionsrådet [1].

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References

- Abbas, O. L., Kukcuoglu, A., Aytop, C. D., Uysal, C., & Pelin, C. (2017). Perception of symmetry in aesthetic rhinoplasty patients: Anthropometric, demographic, and psychological analysis. *Perception*, *46*, 1151–1170. doi:10.1177/0301006617714214
- American Society of Plastic Surgeons. (2014). ASAP. *Cosmetic Procedures*, Retrieved from <http://www.plasticsurgery.org/cosmetic-procedures.html>
- American Society of Plastic Surgeons. (2020). ASAP. *Plastic Surgery Statistics*, Retrieved from <https://www.plasticsurgery.org/news/plastic-surgery-statistics>
- Atiyeh, B. S., Rubeiz, M. T., & Hayek, S. N. (2008). Aesthetic/Cosmetic surgery and ethical challenges. *Aesthetic Plastic Surgery*, *32*(6), 829–839. doi:10.1007/s00266-008-9246-3
- Berwick, S., & Humble, A. (2017). Older women's negative psychological and physical experiences with injectable cosmetic treatments to the face. *Journal of Women & Aging*, *29*(1), 51–62. doi:10.1080/08952841.2015.1063954
- Bowyer, L., Krebs, G., Mataix-Cols, D., Veale, D., & Monzani, B. (2016). A critical review of cosmetic treatment outcomes in body dysmorphic disorder. *Body Image*, *19*, 1–8. doi:10.1016/j.bodyim.2016.07.001
- Cantor, J. (2005). Cosmetic dermatology and physicians' ethical obligations: More than just hope in a jar. *Seminars in Cutaneous Medicine and Surgery*, *24*(3), 155–160. doi:10.1016/j.sder.2005.04.005

- Cavanagh, S. (1997). Content analysis: Concepts, methods and applications. *Nurse Researcher*, 4, 5–16. doi:10.7748/nr.4.3.5.s2
- Chen, J. Y. (2015). Female college students' attitudes toward non-surgical cosmetic procedures. *Intercultural Communication Studies*, XXIV(3), 116–130.
- Chrisler, J. C., Gorman, A. J., Serra, K. E., & Chapman, K. R. (2012). Up to aging: Mid-life Women's attitudes toward cosmetic procedures. *Women & Therapy*, 35, 193–206. doi:10.1080/02703149.2012.684540
- Directive 2005/29/EC of the European Parliament and of the Council of 11 May 2005 concerning unfair business-to-consumer commercial practices in the internal market and amending Council Directive 84/450/EEC, Directives 97/7/EC, 98/27/EC and 2002/65/EC of the European Parliament and of the Council and Regulation (EC) No 2006/2004 of the European Parliament and of the Council ('Unfair Commercial Practices Directive') (Text with EEA relevance). (2005). *OJ L*, 149(11.6.2005), 22–39. Retrieved from <http://data.europa.eu/eli/dir/2005/29/oj>
- Elo, S., & Kyngäs, S. H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing*, 62(1), 107–115. doi:10.1111/j.1365-2648.2007.04569.x
- European Committee for Standardization. (2017). *Aesthetic medicine services- Non-surgical medical treatments* (EN 16844:2017+A2:2019). Retrieved from <https://www.sis.se/api/document/preview/8027222/>
- Federal trade commission. (2020). Truth in advertising. Retrieved from <https://www.ftc.gov/news-events/media-resources/truth-advertising>
- Gilman, S. L. (1999). *Making the body beautiful: A cultural history of aesthetic surgery*. Princeton, NJ: Princeton University Press.
- Hall, A. E. (2019). Identification and parasocial relationships with characters from star wars: The force awakens. *Psychology of Popular Media Culture*, 8(1), 88–98. doi:10.1037/ppm0000160
- Hurd, L. C. (2000). Older women's body image and embodied experience: An exploration. *Journal of Women & Aging*, 12(3–4), 77–97. doi:10.1300/J074v12n03_06
- International Society of Aesthetic Plastic Surgery. (2019). *ISAPS international survey on aesthetic/cosmetic procedures performed in 2017*. Retrieved from https://www.isaps.org/wp-content/uploads/2019/03/ISAPS_2017_International_Study_Cosmetic_Procedures_NEW.pdf
- International Society of Aesthetic Plastic Surgery. (2020). *ISAPS. Non-surgical procedures*. Retrieved from <https://www.isaps.org/procedures/non-surgical/>
- Kelleher, M. (2012). Ethical issues, dilemmas and controversies in 'cosmetic' or aesthetic dentistry: A personal opinion. *British Dental Journal*, 212(8), 365–367. doi:10.1038/sj.bdj.2012.317
- Konsumentverket. [The Swedish Consumer Agency]. (2018). *Läget för Sveriges konsumenter [The situation for Sweden's consumers]* (Rapport nr. 2018:1). Retrieved from <https://www.konsumentverket.se/globalassets/publikationer/var-verksamhet/konsumentrapporten-2018-konsumentverket.pdf>
- Krieger, L. M. (2002). Discount cosmetic surgery: Industry trends and strategies for success. *Plastic and Reconstructive Surgery*, 110(2), 614–619. doi:10.1097/00006534-200208000-00039
- Li, G. S., Dong, M. M., Liu, L. B., & Hu, X. Y. (2014). Ethical issues in Chinese aesthetic surgery. *Aesthetic Plastic Surgery*, 38(5), 994–1000. doi:10.1007/s00266-014-0375-6
- Lopez-Moriarty, S. (2015). Ethical choices in aesthetic medicine and beyond. *Clinical Scholars Review*, 8(2), 235–240. doi:10.1891/1939-2095.8.2.235
- Morgan, K. P. (1991). Women and the knife: Cosmetic surgery and the colonization of women's bodies. *Hypatia*, 6(3), 25–53. doi:10.1111/j.1527-2001.1991.tb00254.x

- Moulton, S. J., Gullyas, C., Hogg, F. J., & Power, K. G. (2018). Psychosocial predictors of body image dissatisfaction in patients referred for NHS aesthetic surgery. *Journal of Plastic, Reconstructive & Aesthetic Surgery*, 71(2), 149–154. doi:10.1016/j.bjps.2017.11.004
- Mousavi, S. (2010). The ethics of aesthetic surgery. *Journal of Cutaneous and Aesthetic Surgery*, 3(1), 38–40. doi:10.4103/0974-2077.63396
- Sarcu, D., & Adamson, P. (2017). Psychology of the facelift patient. *Facial Plastic Surgery*, 33(3), 252–259. doi:10.1055/s-0037-1598071
- Socialstyrelsen. [National Board of Health and Welfare]. (2018). *Estetiska behandlingar som kräver medicinsk kompetens och som kan innebära betydande hälsorisker: Redovising av regeringsuppdrag [Aesthetic treatments that require medical expertise and which can pose significant health risks: Accounting of government assignments]*. Stockholm, Sweden. Retrieved from <https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/artikelkatalog/ovrigt/2018-9-21.pdf>
- Spear, M. (2010). The ethical dilemmas of aesthetic medicine: What every provider should consider. *Plastic Surgical Nursing*, 30(3), 152–155. doi:10.1097/PSN.0b013e3181ee1789
- Vučinić, N., Tubbs, R. S., Erić, M., Vujić, Z., Marić, D., & Vuković, B. (2019). What do we find attractive about the face?: Survey study with application to aesthetic surgery. *Clinical Anatomy*. doi:10.1002/ca.23455
- Wen, N. (2017). Celebrity influence and young people's attitudes toward cosmetic surgery in Singapore: The role of parasocial relationships and identification. *International Journal of Communication*, 11, 1234–1252.
- Wilińska, M. (2016). Proud to be a woman: Womanhood, old age, and emotions. *Journal of Women & Aging*, 28(4), 334–345. doi:10.1080/08952841.2015.1017431
- World Medical Association. (2013). Declaration of Helsinki. Ethical principles for medical research involving human subjects. *JAMA*, 310, 2191–2194. doi:10.1001/jama.2013.281053