

ABSTRACT

Title of Document:

AWAKENING SLEEPING BEAUTY:
PROMISES OF ETERNAL YOUTH
PACKAGED THROUGH SCIENTIFIC
INNOVATION

Michelle H. Smirnova, M.A., 2008

Directed By:

Professor Laura Mamo, Department of
Sociology

The definition of what constitutes “healthy” aging has recently experienced a shift in emphasis from internal to external components—especially for the white, affluent, heterosexual woman. The emergence of the skincare cosmeceutical industry and its attention to aging women’s bodies raises questions about the discursive logics regarding health that both produce and are produced by modern aesthetic ideals and how they have produced this emergent aesthetic component of the “life-extension project.” Similar to Nikolas Rose’s (2001) “will to health”, I propose that ideals of health, youth and beauty have become collapsed into a civic duty of this women—the “will to youth”. A discourse analysis (124 cosmeceutical advertisements from *More*—a niche magazine directed at 40+ women), revealed how this industry constructs the aging woman’s body as pathological by invoking the idea that the fairytale dreams of Sleeping Beauty and the fountain of youth may be realized through scientific innovations, most notably the cosmeceutical.

AWAKENING SLEEPING BEAUTY: PROMISES OF ETERNAL YOUTH
PACKAGED THROUGH SCIENTIFIC INNOVATION

By

Michelle H. Smirnova

Thesis submitted to the Faculty of the Graduate School of the
University of Maryland, College Park, in partial fulfillment
of the requirements for the degree of
Master of Arts
2008

Advisory Committee:
Professor Laura Mamo, Chair
Professor Patricia Hill Collins
Professor Melissa Milkie

© Copyright by
Michelle H. Smirnova
2008

Acknowledgements

This research owes itself most significantly to Dr. Laura Mamo who served as a mentor and intellectual guide who helped give my project direction and focus by helping me wade through the sea of literatures and ideas. I would also like to acknowledge my other thesis committee members, Drs. Patricia Hill Collins and Melissa Milkie--the former for her mentorship more generally and the latter for incredibly helpful methodological training on this project. Most importantly, I would like to thank my mom and for all of her support.

Table of Contents

Acknowledgements	ii
List of Tables.....	iv
List of Figures	v
List of Figures	v
Introduction.....	1
Theorizing the Problem	11
Aging Women in a Consumer Culture	11
Transformations in Aging Aesthetics and “Truths”	19
Science and Medicine as the Legitimizing Authorities	23
Research Design, Data and Methods.....	26
Findings: Awakening Sleeping Beauty through Scientific Technologies	33
Cosmeceuticals as Scientific Innovation: Step One, Content Analysis.....	33
The Emergence of a Fairytale Logic: Step Two, Axial Coding.....	37
<i>The Stories</i>	39
Redefining the Aging Woman: Step Three, The Narrative Logic	42
<i>Repackaging: Scientific Branding to Promote Fairytale “Promises”</i>	43
<i>The Construction of Sleeping Beauty</i>	49
<i>A Will to Youth</i>	55
Conclusion	63
Figures	66
Appendix A: CODING RULES	83
Appendix B: CODESHEET.....	84
Bibliography.....	85

List of Tables

Table 1.1: Medical Words 1.....	34
Table 1.2: Scientific Words 1.....	34
Table 1.3: Aging Words 1.....	34
Table 1.4 Valiance of Age in Ad 1.....	35
Table 1.5: Gender Words 1.....	35
Table 1.6: Cosmetic Surgery Words 1.....	35

List of Figures

Figure 1. 1	66
Figure 1. 2	66
Figure 1. 3	67
Figure 1. 4	68
Figure 2. 1	68
Figure 2. 2	69
Figure 2. 3	69
Figure 2. 4	70
Figure 3. 1	70
Figure 3. 2	71
Figure 3. 3	71
Figure 3. 4	72
Figure 3. 5	73
Figure 3. 6	73
Figure 3. 7	74
Figure 3. 8	74
Figure 4. 1	75
Figure 4. 2	75
Figure 4. 3	76
Figure 4. 4	76
Figure 5. 1	77
Figure 5. 2	77
Figure 5. 3	78
Figure 5. 4	78
Figure 6. 1	79
Figure 6. 2	79
Figure 6. 3	80
Figure 6. 4	80
Figure 6. 5	81
Figure 6. 6	81
Figure 6. 7	82
Figure 6. 8	82

Introduction

“You are responsible for your body and must invest in it and make it yield benefits- not in accordance with the order of enjoyment- but with the signs reflected and mediated by mass models, and in accordance with an organization chart of prestige, etc.”

-Jean Baudrillard (1993: 111).

Life is no longer the “gift” it once was, but rather it has been transformed into a tiresome responsibility. In stride, “youth” has ceased to be an adjective describing a bounded period of one’s life, but rather has become a commodity one is responsible for obtaining and preserving. The body has become a project and site of political struggle in which cultural discourses inscribe “truths” on its exterior and compel subjects (i.e. persons) to negotiate cultural ideals and garner recognition as “responsible” citizens of life, worthy of power, value and legitimacy (Rose, N. 2001; Dumas & Turner 2007; Epstein 2007; Kaufman & Morgan 2005; Kaufman, Shim & Russ 2004; Shim Russ & Kaufman 2006, 2006a). The emergence of cosmetic surgery and more recently the *cosmeceutical* industry raises questions about the discursive logics that both produce and are produced by modern aesthetic ideals and the ways these logics call forward its subjects. The “choice” to adhere to or challenge cultural discourses constructs life, identity and body and places individuals within logics of risk and objectification.

This is especially the dilemma of the aging woman of whom these discourses are especially critical (Guillette, 2004; Gillard & Higgs, 2000; Holstein & Minkler, 2003). Similar to Collins’ (2005) ‘new racism’, which serves to enact discriminatory discourses through the circulation of negative stereotypes, the aging woman is constructed as pathological—a victim of the *disease* of age---whose only hope for a

“cure” is to take measures hide or “invest” in her youth as prescribed by media images that uphold stereotypes of white, heterosexual young beauty. The white, upper-class American woman is especially constructed as the population at risk since her cultural identity is most heavily defined by her corporeality. This emphasis of definition and valuation according to appearance is a distinctive feature of this population—to be contrasted with men, and women from other racial, sexual and socio-economic demographics in the American context.¹ For this reason references to the “aging woman” will refer to this demographic, who is also the readership of *More*², the magazine from which the coded advertisements were derived.

Accordingly, if age is understood as having a degenerative effect on the aesthetic features of the body, then this demographic has the most to lose through its process. Constructed as a member of an “at risk” population, medication and action to treat and/or dissociate from her age is not merely recommended, but expected of this aging female population. The woman is constructed as the victim of old age, while the scientific and medical innovations are constructed as her savior, her elixir of life. The juxtaposition of two stereotypes found in advertisements: the *Disney* princess as the epitome of female beauty and the old hag/witch as its antithesis further constructs the aging woman’s body as one in need of intervention. The anxiety experienced by this population to “cure” themselves of old age has recently manifest in the proliferation

¹ Though other populations are also judged according to corporeal qualities, in the US, the white, affluent, heterosexual female is arguably most heavily defined by her appearance. The popular epithet “Black don’t crack” illustrates the idea that African American women are not members of this risk population, similarly, Asian women who are often equated youth are not of the same risk as the demographic under scrutiny.

² This demographic will be outlined in greater detail in the methods portion of the paper.

of the anti-aging industry, specifically that of *cosmeceutical*³ skincare products. Although men are also subject to negative ageist discourses, the aesthetic nature of this discrimination coupled with the fact that women are more heavily judged and valued according to their aesthetic appearance (Bartly, 1976; Benjamin, 1972; Clarke & Griffin 2007; Jones, 2004; Morgan, 1991; Pitts-Taylor 2003, 2007; Tong & Lindermann 2006; Wolf, 1990), the population defined as being at risk along this dimension is primarily female.

Baudrillard's argument that in today's *hyperreality* the sign precedes the idea/object which it purports to represent seems especially indicative of the way by which cultural discourses on aging have taken precedence over personal lived experiences. The stereotype of young, white, heterosexual beauty is epitomized by "sleeping beauty" from the Grimm Brothers' tale as represented on the screen in 1959 *Disney's* animated version with which the aging population of this study⁴ is most familiar.⁵ Fearing the intersection of discriminatory logics that emanate from this privileged ideal, aging women are (arguably) driven to remove those markers on their bodies that may be equated with old age (read: disease) so as to emulate the idealized image of youthful beauty at all costs. While the efforts to promote health and human longevity has been the topic of significant research (Gavrilov, Gavrilova &

³ The *cosmeceutical* is an over-the-counter skin care product that is directly marketed to those women who seek to either "defy" or "prevent" aging. While the term has been used to refer to dietary supplements and injectable serums in other contexts, for the purpose of this study, I will use the term only to refer to those lotions and creams applied to the surface of the skin that are specifically marketed to prevent signs of aging (wrinkles, sagging etc.). Examples of *cosmeceutical* products include: *Oil of Olay* Age Defying Crème, *Estee Lauder* Ceramide etc.

⁴ Aging women of the baby boomer population, born between 1945 and 1963.

⁵ The Walt Disney animated version of *Sleeping Beauty* was released in theatres in 1959. As members of the baby boomer population, the *cosmeceutical* advertisements included in *More* magazine were aimed at women who were born between the years of 1945 and 1963—so it would not be illogical to argue that many of them would be acquainted with this specific depiction. Although 4 years of this generation were born after the release of this version, as a popular animated film, it would not be illogical to presume that they were likely to have been exposed to it during their early years.

Olshansky 2002; Gavrilov 2007; Carnes and Olshansky 2007; Perls, Kunkel & Puca 2002; Vaupel et al. 1998; Rose, N. 2001; Dumas & Turner 2007; Kaufman, Shim & Russ 2004; Shim Russ & Kaufman 2006, 2006a), the efforts to promote youth have received considerably less attention.⁶ This aesthetic component to the life-course seems to be an increasingly focal issue for the aging woman whose social identity is heavily determined by her visible corporality (Bartly, 1976; Benjamin, 1972; Clarke & Griffin 2007; Jones, 2004; Morgan, 1991; Pitts-Taylor 2003, 2007; Tong & Lindermann 2006; Wolf, 1990). In order to understand how this population of aging women is constructed by cultural discourses, I conducted a discourse analysis of *cosmeceuticals* advertisements in *More* a niche magazine geared toward a readership of women over 40 years of age. The readership of this magazine is especially privileged by modern standards as reflected by the report provided by the 2007 Mendelson Affluent Survey that identified the readership to be that of affluent (over 80% have an annual household income of over \$100,000 and 96% of them own their home), educated (76% graduated college), heterosexual (84% are married and until recently same-sex marriages have been illegal), older (95% are over 35 years of age, and the median age is 51 years old) women (89%). In response to the construction of these women as an at risk population is the discourse that defines those efforts to maintain a youthful image both a civic responsibility and a source of potential empowerment for this demographic with access to the necessary resources. *More*

⁶ Although the plight to reduce aesthetic markers of age has been explored by looking at the recent increase in popularity of cosmetic surgery treatments among older women (Bayer 2005; Doniger, 2000; Jones, 2004a; Morgan, 1991), the “life extension project” is not limited to “in office” surgical procedures, but rather to a lifestyle medicine and monitoring regime which seeks to promote longer life. The *cosmeceutical* industry seems to be the manifestation of this transcendence of this body project from the interior to the exterior realm of the body, and thus warrants further attention.

specifically, the analysis conducted in this study revealed a promise implicit in these advertisements –that the *cosmeceutical* will “awaken” the aging woman’s beauty in a similar way as fabled in the stories of the fountain of youth or of Sleeping Beauty. By using these skin-care products, the aging woman might transform herself into the youthful image of the awakened Sleeping Beauty. Such a promise both constructs the image of what the aging woman ought to aspire to become and outlines those necessary measures that she should take in order to “protect” her youth.

Though the audience of *More* is (most likely) primarily a white one⁷—we might infer this from the absence of race-specific concerns and “white” being the unmarked category of race—the same beauty ideal presented in the advertisement may tailor its specific critique when speaking to various demographics. Specifically, in magazines directed at black female youth we might frequently see advertisements for hair straightener products and technologies or skin lightening cosmetics in order to similarly ascribe to this image of youthful, female, *white* beauty. Despite some commonalities—perhaps that of whiteness-- there are also niche-specific beauty ideals that may be starkly different from others. Specifically, studies have found that while magazines geared toward white adolescent girls include thinner models and weight-related article more frequently than in magazines geared toward African American adolescent girls (Parker et al. 1995). For such reason it is important to understand the specific discourses presented to specific niche demographics before we may construct generalities that extend across them. Regarding this demographic

⁷ Other demographics of the readership are included in the methods section, though neither race nor sexuality was measured in the Mendleson Affluent Survey. Marriage was recorded, but marriage cannot be assumed as a measurement of heterosexuality for the reason that there may be many unwed heterosexual women included in this population.

of interest, choosing *not* to use *cosmeceutical* products is defined as negligent behavior of an aging woman unconcerned with her health—especially for those women of a privileged class--in that health becomes collapsed with youth and beauty through this industry.

The term “*cosmeceutical*” combines the terms cosmetic and pharmaceutical, subsequently producing a discourse that serves to medicalize aesthetic maintenance, treating the *cosmeceutical* as though it were a drug curing a disease (be it old age or failure to ascribe to culturally privileged ideals of beauty). Science, medicine and consumer culture negotiate with one another in order to define acceptable appearances of aging through the prescription of various *cosmeceutical* regimens (Bayer, 2005 p. 14). Implicated in such a negotiation are multiple issues: (1) the distinction between normal and pathological appearances of aging—specifically focusing on women for whom such a distinction seems most stringently defined, (2) the use of medical and scientific authorities to promote these standards and civic and moral responsibility, and (3) simultaneous blurring and reification of the young-old binary in order to promote an eternal youth aesthetic. Although the life-extension project underway in the medical field is gender neutral, due to the weighty importance placed upon women’s aesthetic appearance (in contrast to men’s)--a loss of (cultural, social and aesthetic) capital occurs once the women fails to be recognized as young, beautiful or sexy; failing to ascribe to the culturally defined gender script of female beauty (Falk, 1995)—the aesthetic component to the life-extension project seems primarily directed at women. Furthermore, by promoting a stereotypical

young, white, socio-economically advantaged, heterosexual, passive woman as the ideal type toward whom these women ought to aspire (Disney's *Sleeping Beauty*), serves to reify ageism, racism, classism, homophobia and sexism simultaneously through an intersectional logic (Collins, 2005). The niche audience, to whom *More* magazine speaks, is especially vulnerable to such marketing rhetoric in that they are of the privileged or "centered" category of the other variables by which they might be judged (race, income, assets, education, sexuality, etc.). As a consequence, the incentive to dissociate from the onset of a variable that might reduce her social, cultural or aesthetic capital or that might make her vulnerable to discrimination seems especially desirable to this demographic.

Instead of seeking to challenge the negatively stigmatized category of "old age" of which these consumers are necessarily part, both "positive aging" discourse⁸ and the anti-aging industry reify ageism through a prescription for "health" whose central goal is the dissociation from older age by hiding its physical manifestations. This industry is centered upon an irreconcilable contradiction in that its marketing discourse emphasizes the divide between old age and youth in order to sell an elite citizenship of youth, while the technologies themselves attempt to blur the boundary between the young and the old. With this new "youth" afforded by technologies, the divide no longer exists between those of a certain age, but rather has been shifted between those who *look* young and those who *look* old. Accordingly, the industry

⁸ "Positive aging" refers to the "life extension project" which includes all of those technologies, medicines, scientific and popular discourses that unquestionably seek to prolong life by any/all available means. The underlying premise of this logic is that a longer life is a better life--a privileging of the quantitative over the qualitative measurement of the quality of life. Accordingly, one who engages in "positive aging" is the one who utilizes as many of these technologies as possible and engages in prescribed behaviors.

promotes is a “stretched middle age” to the current aging population--- the baby boomers— which enables them to “defy” the traditional, hetero-normative temporality whose life course is heavily influenced by reproductive behaviors (Halberstam, 2005). As such, the *cosmeceutical* industry serves as one of those technologies that offer the aging woman the potential to dissociate from the stigma she necessarily develops with the accumulation of age.

Although the technologies associated with the life extension project allegedly postpone the disability and death which (necessarily) accompany the process of aging, an ageist logic constructs old age as degeneration (as so deemed by a capitalist society that defines human worth by their labor capacity) through the aesthetic privileging of youth—especially for the ageing *woman* (Gullette, 2004; Gillard & Higgs, 2000; Holstein & Minkler, 2003). Halberstam (2005) highlights the fact that bodily flexibility “has become both a commodity (in the case of cosmetic surgeries for example) and a form of commodification” (18) in that it serves as a way to challenge or transgress the biological life course. Specifically, the anti-aging industry appears to redefine the aging process as one characterized by flexibility and the civic duty to take care of one’s health and one’s appearance.

Since physical ailments are increasingly treatable and curable, the “positive aging” rhetoric reflects the techno-scientific shift in emphasis from curing disease to that of lifestyle medication (Shim, Russ & Kaufman, 2006). Accordingly, the *cosmeceutical* industry has emerged as the preventative component to cosmetic surgery, subsequently serving to legitimate the need for technological interventions to maintain a youthful appearance/stretched middle age—expanding the definition of

health beyond that of physical function to include aesthetic appearance. Wrinkles, sagging breasts and fragile skin have all been pathologized by the anti-aging *cosmeceutical* industry in order to sell the aging female consumer a cure. Similar to way by which health has been constructed as a civic duty for which the individual is responsible (Rose, N. 2001), youth (driven by the association of youth with good health and productivity) and beauty (as the ideal of youth) have also become responsibilities of the aging woman—such trends reveal that reducing the *appearance* of aging may be equally as important as delaying the process itself. Since the skin is the most visible marker of age, it wields the greatest influence in the process of stigmatization. As such, it is a bodily feature that is especially vulnerable to classification, monitoring and intervention—details responsible for the popularity of the *cosmeceutical*. By collapsing the concepts of youth, health and beauty, consuming these products becomes a civic responsibility—no different than the “will to health”.

In this paper, I ask the following research questions: (1) what discourses are invoked by *cosmeceutical* advertisements that both reveal and construct the notions and hopes of the aging consumer? (2) What, if anything, is implicated as pathological by these prescriptions? (3) How (if at all) is biological temporality challenged by the *cosmeceutical* industry?

I explore such questions through a critical discourse analysis of *cosmeceutical* advertisements in *More* magazine, a monthly periodical which self-proclaims to “celebrate women over 40, with articles on style, health, work, spirituality and relationships” (www.more.com). I chose this magazine over others due to the fact

that it is the most popular magazine that is specifically defined its niche as “women over forty” which as of 2004 has included all baby boomers, and whose demographic has been identified as the affluent, heterosexual, older woman—the population I am most interested in studying as they belong to the same population as those consumers of *cosmeceutical* products (Packaged Facts 2002).

Theorizing the Problem

Aging Women in a Consumer Culture

The baby boomer population is the focus of this study the reason that they are the generation who seems most heavily targeted by the “life-extension project” rhetoric and the *cosmeceutical* industry. Though the specific values, life events, opinions of the members of generational cohorts differ, it has been found that each historical generation is bounded by an idiosyncratic, formative culture (demarcated by a unique starting point) that engenders a sort of cohesiveness or common grounding for its members—thus warranting an analysis of a generational response to the *cosmeceutical* industry (Smith & Clurman, 2007). For the Baby Boomers, the civil rights and women’s movements, the post-WWII economic prosperity and rise of celebrity and commodity cultures inspired a pervasive sense of social, technological and economic optimism (Smith & Clurman, 2007: xxii). Accordingly, limits (such as age) appear less as barriers than as hurdles that must be overcome, this generation is unwilling to accept those things deemed to be undesirable; and since women as a demographic is disproportionately judged according to her corporeal properties (Gulette, 2004; Gillard & Higgs, 2000; Holstein & Minkler, 2003), women of the American baby boomer population are especially vulnerable to negative discrimination during the aging process.

Of great importance is the fact that the Boomer population came of age in (and became accustomed to) a neoliberal culture in which it was the individual’s responsibility to purchase and consume privatized healthcare, medical services and

drugs in order to care for their personal health. Alongside the “Pill” (the oral contraceptive), a number of drugs were developed and mass produced/circulated by pharmaceutical companies in the late 1950s and 1960s. The pharmaceutical companies played a significant role in promoting the shift away from traditional medicine, in the direction toward innovative, lifestyle medication which set the stage for the development of the *cosmeceutical* is (Lee, 2003). While pharmaceutical companies sought to produce drugs at competitive prices in their earlier history, after 1940 both established and new pharmaceutical firms shifted their resources from the production of generic medicine to developing novel or “blockbuster” drugs--those drugs yielding a maximum profit—which once patented, could be sold with an expensive price-tag (Lee, 2003: 143). The rise of such lifestyle medications (less than one percent of those medicines developed between 1975 and 1997 were designed to treat diseases plaguing underdeveloped countries--13 of 1,223—but rather to treat non-fatal ailments (Tracy, 2004: 18) reveals the shift in the prerogative and motivations behind the experiments involved in the development of new pharmaceutical drugs (Tracy, 2004: 17). Since the baby boomers grew up in this era, they have become accustomed to integrating such lifestyle medications as a means of maintaining good health. Further, the development of highly stratified niche magazines in which many of these new drugs are advertised has enabled the pharmaceutical industry to wield significant influence in the construction of these social identities through health-based classification schemes. As the analysis of *cosmeceutical* advertisements revealed the frequent image/idea of an awakening sleeping beauty—a Disney image of the white, young princess—we understand that

this image is an identity appealing to the readership of *More* magazine, constructing the desire of this demographic as an aspiration for youth and as measuring their health according to how well they ascribe to this youthful aesthetic.

Although ageism is a prejudice with an ancient history, “middle-ageism” has its origins in more recent times—specifically arising in response to this ambiguous time between “youth” and “old age” in which degeneration of physical or mental capacities has not begun, yet a loss of symbolic capital has (Gullette, 2004). Because the baby boomers are defined as a generation who does not accept limits, they will not resign themselves as passive victims of “such as biochemical processes or external stress, trauma, accident” but rather they seem to be taking active measures to be “middle age-less” (Smith & Clurman, 2007: xv). Though it is true that this conception of the baby boomers is largely constructed by the *cosmeceutical* and life-extension industries, it would be naïve to argue that individuals exist apart from the culture in which they are socially situated (Berger & Luckmann, 1966). This is not to rob the individuals from their agency and ability to engage in identity politics, but it must be acknowledged that these politics involve negotiation with the persistent, stigmatized images and ideas that have become inextricably linked with the demographic in question. For this reason, the manner by which this group is constructed for the purpose niche marketing reveals the ways by which the life course is culturally defined from without. More specifically it is important to look at those markers (life events, corporeal features) that are used to naturalize the life course, and as a result, what features/age groups come to be most frequently stigmatized—wrinkles, sagging skin, menopause, loss of sexuality and other markers of old age.

Due to the rapid technological advancements of the time—cures for formerly unmanageable diseases (polio, measles, etc.), and a variety of invented technologies (machines and computers) that transformed formerly arduous tasks into simple ones-- boomers tended to view “problems [as] programmatic, not systemic.” If the specific ‘problematic’ features of aging could be identified, a ‘cure’ could be similarly constructed. The issue was with the specific aspects of aging, “there was nothing wrong with the system itself” (Smith & Clurman, 2007: xxvii). This mindset coupled with a rapidly growing pharmaceutical industry which regularly introduced new drugs or more importantly new problems which, prior to inception, the “risk” population of concern rarely realized they suffered from, accustomed this group to seeking solutions (or fairytale aspirations) through various commodities/drugs. Accordingly, ageism was not seen as reflecting a problem with discrimination more generally, but rather was viewed as a response to the degenerative aspect of aging: the inability to contribute to the labor force, physical/mental handicaps/deterioration, aesthetic unattractiveness (as deemed by the cultural norm). To avoid being a victim of this discrimination, become members of this at risk population—as a consequence whose feelings might be encroached upon; this population seeks to engage in “positive aging”: by eating well, exercising, and engaging in cosmetic surgery or consuming *cosmeceutical* products.

Drawing from Haraway’s concept of the *cyborg*, the aging population seems to have realized that “bodies can be reshaped, remade, fused with machines, empowered through technological devises and extensions” (Featherstone and Wernick, 1995:3). The age-extension project seeks to maintain healthy bodies (read:

bodies that live longer) through the utilization of medicinal and technological tools that help to avoid and/or cure diseases and disabilities (Kaufman & Morgan 2005; Shim, Russ & Kaufman, 2006; Rose, N., 2001). From techno-scientific inventions to the Foucaultian “will to health”--which inoculates individuals to self-discipline by adhering to a healthy lifestyle--the aging society comes to label itself according to a success/failure binary depending on how well they have ascribed to the established code of duty to a healthy lifestyle (Rose, N. 2001).

Critics of the “positive aging” rhetoric (Holstein & Minkler, 2003; Gilleard & Higgs, 2000; Shim, Russ & Kaufman, 2004, 2006, 2006a) argue that the ideals/norms promoted by such logic serves to further pathologize the aging body. More specifically, science and technology studies (STS) critics attack the tri-part model of successful aging⁹ which advocates the denial of the very process by deeming disability or other evidence of accumulated wear as a failure on part of the aging individual. “Oldness” comes to be seen as a disease for which the individual is personally responsible, and the only cure for the disease are those proactive measures taken to maintain an appearance of youth. Although such logic dooms everyone to fail (in that we will all grow old and die one day), it appears that with the aid of such biotechnological advancements, growing older without the visual evidence of such aging is transitioning from an ideal into the norm (Marshall & Katz, 2006: 77). As a result, discrimination becomes justified by the same social obligatory logic of Nikolas Rose’s (2001) “will to health” in that the “responsible” woman takes advantage of the

⁹ The new gerontology has defined “successful aging” according to a tri-part model of (1) disability, disease-free bodies that (2) maintain high cognitive and physical health which (3) maintain an “active engagement with life” (Holstein & Minkler 2003).

array of opportunities for aesthetic transformations in order to maintain a “will to youth”.

Subsequently, it seems as though the age-extension premise coupled with a highly-aesthetized popular culture has set the stage for the emergence of the “age-defying” culture; a culture which seeks to package the medically healthy body in a youthful-aesthetic appearance. The lifestyle ushered in by baby boomers was increasingly physical in nature which resulted in the elevation of such body modifications achieved through dieting, exercise and other means of disciplining the body, from mere recommendation to the level of civic duty (similar to Rose’s (2001) “will to health”). The coupling of those biotechnological advancements that enabled life-extension with the advent of the cinema which promoted the development of “natural-looking” (no longer illuminated by stage lighting), inexpensive make-up (previously only the elite could afford cosmetics), baby-boomer women became accustomed to applying makeup on a regular basis (Gilleard & Higgs, 2000: 67). As a result, the establishment of such social norms served to legitimate discrimination based on aesthetic properties and similarly motivated individuals to see their physical bodies as components of their identity (Gilleard & Higgs, 2000).

The triad of legitimating authorities—science, medicine and consumer culture-- has convinced the aging population that wrinkles, sagging and other signs of an older body are not merely unattractive, but also “unhealthy” -- features that may be *legitimately* negatively stigmatized “seemingly by medical and scientific standards” (Bayer, 2005: 15). Kathryn Bayer draws attention to the way by which consumer culture has managed to usurp the authority and voice of health and scientific

communities in order to promote anti-aging products as “necessities” for the responsible, health-conscious individual who engages in “positive aging”.

Accordingly, the woman who has not taken measures to appear younger (or simply has not taken enough of these measures) is deemed to be lazy or unconcerned with her/his well-being. As Pitts-Taylor sarcastically notes,

“Lest we be uncertain about what those goals should be, the ASAPS published a timeline that identifies what women’s concerns might be at what age, and which cosmetic surgeries address them. Not surprisingly, it is a pretty expansive list, establishing a regimen over one’s adult lifetime that, if one took the advice to its maximum, would amount to approximately fifteen surgical procedures, along with numerous laser treatments and dozens of injections sustained over a span of forty to fifty years” (Pitts-Taylor, 2007: 29).

Such a discourse socializes women according to particular normalizing logics that define cosmetic surgery not simply as acceptable, but rather *necessary*. Additionally, by establishing a “norm” of fifteen surgeries per lifetime, having one or two surgeries comes to be constructed as a bare minimum of the responsible “positive aging” individual. Thus the aging woman is conditioned to perpetually monitor herself, judging her body according to the cultural standards of health, youth and beauty, a subject of the inescapable Panopticon (Foucault, 1977).

Although the anti-aging discourse applies to both genders, within our highly aestheticized Western culture, because their bodies are more stringently defined by established beauty ideals, women suffer disproportionately from the age-

discriminatory logic that de-sexes the aging body. It may be inferred from the disproportionate number of women who undergo cosmetic surgery (over 90% of all cosmetic surgery patients are women and a significant proportion of these surgeries are used with the intent to hide signs of aging (ASAPS)), that unlike the age-extension project which is relatively gender-neutral, the age-defying industry is most centrally directed toward and used by women rather than men.¹⁰ The intersection of age and gender particularly illuminates both ageist and sexist discourses that play off one another in order to pathologize the aging woman's body. The heavily feminist framework of cosmetic surgery literature¹¹ touches on the co-constitution of these two discriminatory logics, but it seems increasingly necessary to extend the discussion to the *cosmeceutical* industry in that *cosmeceutical* products are accessible to a greater number of women (due to economic means) and seem to be promoted by the same anti-aging, highly gendered script. The use of the young, thin, white, middle to upper class (as indicated through dress and other cultural cues) to market such products seems to promote the ascription to this culturally privileged ideal of positive

¹⁰ Although many men seek hair transplant surgery (approximately 20,000 in 2006 according to ASAPS), a greater proportion of women use hair dye for graying hair (20-40% according to a UCSF study). Combating the manifestation of aging in hair appears to be a more gender-neutral battle, but otherwise the market is primarily female-driven.

¹¹ The topic of cosmetic surgery has most commonly been taken up by feminist critics who argue that the culture of aesthetic transformation is the product of a highly gendered script that judges women according to culturally determined standards of beauty. Many such studies focus on the patient's individual experiences, some conceptualize the patient as a victim of a gender-biased culture (Bartly:1976; Blum: 2005; Morgan: 2001; Tong & Lindermann: 2006), while others conclude that the practice of cosmetic surgery is potentially empowering (Davis: 1995, Colman: 2006; Goering:2003). More recent work (in light of the increasing normalization and popularization of the practice) has extended the scope beyond the agency-structure debate, attending rather to the ways by which the broader culture of cosmetic surgery has been constructed by networks of media, doctors, lawyers, writers and the patients who are involved in such procedures and their implications (Pitts-Taylor: 2007). Though discussions touch on the negative relationship between beauty and age or gender (sexualized) and age, little work has dealt with the specific roles that the medical and scientific communities play in legitimating such negative stigmatization.

aging or cultural power serves to define the life course is a very specific, value-laden manner.

Transformations in Aging Aesthetics and “Truths”

Both the modernist work of Walter Benjamin and the postmodernist work of Jean Baudrillard provide theories that might account for the proliferation of anti-aging technologies, and the establishment of them as part of a *necessary* prescription for “positive aging.” Benjamin’s work was the first of its time to identify a modern shift of emphasis of value from the interior auratic elements of subjects and objects to their external aesthetic properties. Specifically, he extended the *use value—exchange value* transition that Marx equated with modern capitalist markets in order to emphasize the loss of the “aura”—tradition, personal history and unique qualities—as a consequence this process of commodification. The venues and processes that he cites as facilitating the destruction of the “aura” map almost identically upon the way by which the body is understood through *cosmeceutical* advertisements in that the body is parsed into problematic sites: wrinkles, fine lines, sagging, brown spots etc. and the aging woman is informed that she must alter this part of her. In being compared to a stereotypical image of beauty—a young, white, hetero, middle-to-upper class woman, the aging woman is encouraged to take those measures to more successfully ascribe to this image. Although this “democratization logic” hypothetically affords all women to achieve this ideal image of beauty, not only is this “democracy” only available to those with financial means, but the stereotype serves to enforce a number of discriminatory logics, and also encourages the woman to objectify herself by reducing her identity to the passive beauty implicit in the ads.

Jean Baudrillard extends Benjamin's thesis with his theory of *hyperreality* which contends that we have entered the third wave of the simulacra in which the copy is no longer a counterfeit which derives its power from attempting to pose as the original, nor is the copy a "copy" which admits its (inferior) relation to the original, but rather it has transcended the original, empowered by the very opposite logic that empowered the original in the pre-post-modern. Namely, pre-modern and modern logics are based on the premise that we live in a physical world, thus that which exists in this world constructs our world. Post-modern logic, and more specifically, Baudrillard's logic, challenges this assumption that such a physical world exists, rather arguing that "the real is not only that which can be produced, but *that which is always already reproduced*: the hyperreal" (Baudrillard, 1993: 73). Within this *hyperreality* the simulacra is no longer bound to a referent (some physical object, or concrete truth), but rather such symbols and signs are able to negotiate amongst each other--ironically deriving their power and legitimacy from their relation amongst one another—an impenetrable self-referencing logic.

This theory might account for the normalization of *cosmeceutical* consumption in that by privileging this stereotype of youth/beauty/health, women believe that they are being negligent if they do not consume accordingly. As the "signs of aging" are constructed as pathological, these *hyperreal* images of beauty (often photoshopped images of models) serve as the norm, and the aging body as deviant. Further, Baudrillard identified *Disney World* and Las Vegas as places in which the simulacra or staged reality is more highly valued than the reality itself—i.e. the glitzy presentation of the Eiffel tower in Vegas comes to be more "real" than the

Eiffel tower in Paris. Similarly, the connection made to *Disney* princesses and fairytale dreams illustrates the same logic in which fiction replace real life as the “norm”, or the goal toward which the aging woman is expected to be striving toward.

An example of this shift is clearly illustrated in the field of cosmetic surgery which was initially conceived and developed according to a reconstructive logic that sought to return a “damaged” body to its original, natural, form (Haiken, 1997; Gilman, 1999), but has since shifted its goal from reconstruction to the transformation of bodies into celebrity/fantasy-inspired images. Similar to the progression through the various stages of simulacra in which the value of the commodity shifted from use-value to exchange-value to a sign value that is no longer attached to the object itself, the practice of cosmetic surgery has shifted across three stages: (1) from its originally reconstructive nature to (2) a practice that enabled patients to look like other people, and (3) most recently to look like other plastic bodies who have already undergone surgery.

Further, by understanding aging as a degenerative disease--the process of aging, the process of dying and death itself, all as increasingly negative events—the individual becomes inoculated with a value system that is guided by the logic of *hyperreality*. Stephen Katz highlights the fact that medical advances that have come to be labeled as a “progression,” which seems to imply that the life-span no longer need be dictated by a “reality”--a physical world of limitations--but rather may evolve toward the utopian ideal latent in such discourse—that of eternal life. If the end goal of such scientific progress *is* that of immortality, those age-based inequalities maintained in power relations seem to be reworked through the discourse on aging by

collapsing the concepts of health, youth and beauty with the hope of creating a single solution to multiple ‘problems’—creation of the immortal young beauty.

While the dream of immortality can be traced back to ancient folk lore,¹² the recent advancements in modern science/technology seem to make such an accomplishment seem within reach. Specifically, Baudrillard commented how, “immortality is progressive, and this is one of the strangest things. It progresses in time, passing from limited to eternal survival; in social space, immortality becomes democratic and passes from being the privilege of a few to being everyone’s virtual right” (Baudrillard, 1993: 128). The idea of immortality being everyone’s right coupled with the civic responsibility to take care of one’s health and appearance, would imply that those who do die prematurely (according to the established concept of a “normal lifespan) are at fault for the death and deserve to be negatively stigmatized.

Although there are some biodemographers¹³ who believe that recent trends of increased human longevity might be the indication of a future in which human immortality is made possible (Gavrilov 2007) and current research¹⁴ that seeks to discover those genes that might promote human longevity is underway, so far, it appears that the fallible human body and environmental factors will impede the fruition of human immortality (Carnes, Nakasato, and Olshansky 2005). As self-proclaimed “realists”, Carnes and Olshansky (2007) argue that those who believe

¹² The *Epic of Gilgamesh*, from 22 BC, is primarily a quest of a hero seeking to become immortal.

¹³ Biodemography is a discipline which has merged biological studies with demographic research on human longevity with the goal being to understand current trends of the human life span, forecast future trends and identify those means by which the human life span might be extended (Gavrilov, Gavrilova & Olshansky 2002)

¹⁴ Specifically, the Apo E -4 allele has been identified as an example of a polymorphism that might be responsible for longer life spans (Perls, Kunkel & Puca, 2002).

immortality is possible is not unlike the erroneously naïve extrapolation model that would argue that since Olympic records are regularly broken, eventually, the race will be completed the moment the gun is fired--an assumption which fails to take into account the biological constraints at play. Although a mathematical model might predict that immortality should be made possible, one must recognize how theoretical equations exist in a sterile environment in which every factor is capable of controlled manipulation (374). Foucault made a similar point, in describing the study of disease, in that, “if one wishes to know the illness from which he is suffering, one must subtract the individual, with his particular qualities...at [the disease] level, the individual [is] merely a negative element, the accident of disease, which for it and in it, is most alien to its essence” (Foucault, 1975:14). Yet paradoxically, although s/he must be removed to study the disease, the individual must then be reintroduced in order to understand how the illness manifests within the body—the only way that it is made visible to doctors and scientists in the first place. This dissection of medical logic serves to shed light on the immortality debate in that while scientific advancements continue to develop new ways by which to promote human longevity, with the introduction of the fallibility of the human body and the hazardous environment in which it is situated, this fantasy remains just that.

Science and Medicine as the Legitimizing Authorities

Science and technology studies (STS), specifically those working in a social construction of technology (SCOT) theoretical frameworks, offer insight into the process by which *cosmeceutical* products and the anti-aging rhetoric more generally

has become increasingly normalized in U.S. culture. These two disciplines identify the ways by which science has emerged as a professional and legitimated set of disciplines and the ways scientists themselves are elevated to a prestigious position of stature (Hess, 1997; Pinch and Bijker 1987). The critical orientation and genealogical methodology employed by these schools seem to be derived from *Birth of a Clinic* in which Foucault explores how the medical field managed to evolve into the ultimate authority on truth. Foucault traces the origin of this developmental trajectory to,

“The years preceding and immediately following the Revolution [which] saw the birth of two great myths with opposing themes and polarities: the myth of a nationalized medical profession, organized like the clergy, and invested, at the level of man's bodily health, with powers similar to those exercised by the clergy over men's souls; and the myth of a total disappearance of disease in an untroubled, dispassionate society restored to its original state of health” (1975: 31-32).

He argued that these two mutually-enforcing (though at first glance seem antithetical, one realizes how the two are isomorphic in nature) myths established the idea that science/medicine has the ability to cure humans of all corporeal and moral diseases or ailments—initially at the doctor’s hand, but with the goal that the world will eventually evolve to a state in which everything is so medicalized and monitored, that all ailments are prevented so that disease itself becomes a myth. The initial stages (in which we still exist) of the process which might bring such a utopia to fruition, involves the application of the clinical “gaze” which “records and totalizes; it gradually reconstitutes immanent organizations; it spreads out over a world that is

already the world of language, and that is why it is spontaneously related to hearing and speech” (1975: 21). It is this gaze which enables doctors (and arguably scientists more generally) to “discover,” or more accurately to construct, regimes of truth.

Yet what serves to make these regimes of truth so powerful and seemingly seamless to the greater public, is the fact that such scientific knowledge appears in its final form, erasing the rough drafts and contributing authors along its path (and especially underestimating how influential each of these nodes of “revelation” are to the “truth” by which we currently operate). In *Science in Action* (1987), Latour suggests that scientific knowledge is constructed through “cycles of accumulation.” Using the example of cartography, he explains how the original explorer sets out to uncharted land, and following his exploration, he returns home with a map representing his route. The next explorer uses this map when he set out and through his travels, he adds to the map, allegedly constructing a better, more accurate map. This process cycles, so that in the end, although there is only one final production (the evidence of these “cycles of accumulation” is erased) which enables it to exist as “truth”. This process is not unlike the way by which technologies have come today to be fused with the body in order to redefine what is “natural” (Haraway, 1991).

Similar to the biological world, technologies are subject to such mapping and constant revision as to their purpose or necessity. STS theorists have coined this trend as the interpretive flexibility of scientific “discoveries,” specifically highlighting the fact that “technological artifacts are culturally constructed and interpreted” (Pinch and Bijker 1987: 40). As a result, the integration of particular technologies may be constructed as meaningfully significant, even though objective

advancements are minimal at best. Applying these ideas to both the internal and external evidence of the aging process, we might see the ways by which previously “normal” manifestations of age have been reclassified as pathological and how intervening technologies have been deemed necessary rather than simply preferential.

Research Design, Data and Methods

This research employs a discourse analysis into the advertisements found in one magazine, *More*, a women’s periodical which self-promotes itself as “the magazine for women over 40.” This magazine was selected for the reason that it is the only magazine that is specifically geared toward a 40+ female population, without any further segmentation (i.e. of homemaking, fitness, music etc). As such, this magazine constructs the very same niche population with whom my study is interested. Looking at the specific demographics of the *More* readership, helps us bound the audience of the *cosmeceutical* ads in the magazine and understand their cultural, social, sexual and economic position within the US¹⁵. Though this readership is changing/expanding¹⁶, it continues to reach the demographic which I believe is at the heart of this “at risk” population. With a readership that is 96% women (89% in 2007), 78% college educated (77%), 41% married (84%), has a median age of 50.8 years (50.7), and a median household income of over \$96, 000 (down from \$124,000 in 2007) (2008 Mendleson Affluent Survey), it is clear that the

¹⁵ Geographic information is not available.

¹⁶ During my own study between 2007 and 2008, the demographic figures shifted dramatically—I have included the 2007 figures in parentheses beside the 2008 figures

advertisements in *More* speak to the affluent, older, white, heterosexual woman. *More* magazine defines its niche as “women over forty” without mention of race or sexuality. The absence of such detail may indicate the audience is primarily composed of white heterosexual women, in that this group is the unmarked category in American culture. Although an explicit exclusion of the non-white or non-heterosexual audiences does not exist, we might infer the absence of such readerships by (1) the fact that 84% of readers are married (homosexual marriages are illegal in all states except Connecticut at the time of this study) and (2) the general absence of race-specific concerns addressed in the magazine and the fact that the majority of the images included are of white women. Accepting such an assumption about the details of the readership—that we are dealing with the affluent, heterosexual, older American female---a discourse analysis that focuses on a consistent interpretation of advertisements is deemed valid by previous research that has found that individuals of similar social locations tend to interpret and respond to a text in common ways (Wilson & Sparks, 1996).

The reason for looking at advertisements as opposed to creating a social history of the *cosmeceutical* or interviewing its users is that advertisements provide crucial insight into social discourses in that they are the direct link to the population which they define, in that their success is measured by their ability to convince consumers to try their product or buy into whatever truth they are promoting. As such, since the anti-aging industry is one of growing popularity, the advertisements in popular magazines (which cost more to advertize in than less visible spaces) reflect a type of social acceptance and/or normalization of particular products and practices.

Michel Foucault (1976) argued that regimes of truth function not by enacting a repressive function upon its audience, but rather by establishing a code, one is motivated to accept, abide by and participate in the particular knowledge that is established. Every text or image is linked to a referent system or dominant code, with which the intended audience is expected to be familiar—an account which serves to legitimate the analysis of advertisements in order to explore how cultural discourses are constructed. Because all signs and meanings are relational, any point of entry (despite my attempt to be representative) will necessarily be artificial and arbitrary (Rose, G., 2001: 91), thus it is important to try to identify/reconstruct the particular discourses that legitimate the advertisement. For this reason, my methodology consist of a two-part system of content and semiotic analysis which seeks to (1) identify the signs included in *cosmeceutical* advertisements, (2) decide what the signs mean in an independent sense, (3) think about how the signs relate to the other signs within the advertisement, and finally (4) “explore their connections to wider systems of meaning, from codes to dominant codes, referent systems or mythologies.” (Rose, G., 2001: 91).

Since media is both socially shaped and socially constitutive, using a unidirectional top-down or bottom-up analytical framework would necessarily result in an oversimplification of the processes at work. Such is why I have chosen to explore the sample of advertisements through a grounded theory content analysis (Glaser & Strauss, 1967) in conjunction with a critical discourse analysis in order to understand how the *cosmeceutical* industry seeks to construct the process of aging. The model I use conceives “of language and context [as] being like two mirrors

facing each other and constantly and endlessly reflecting their own images back and forth between each other” (Gee, 1999: 82). Drawing from this assumption that the scientific and medical authorities, consumers, pharmaceutical and cosmetic companies, marketers, the *cosmeceutical* products, technologies, academics themselves and other human and non-human actors are engaged in a continual dialectical negotiation over the meaning and construction of aging, I believe that my method should be equally dialectic—engaging in both inductive and deductive research. The content analysis is dialectic in that I adhere to Larossa’s (2005) model of grounded theory (Glaser and Strauss, 1967) which consists of the tri-part process of open, axial and selective coding.

Although my analysis begins with a quantitative method of coding through content analysis, it then returns to a qualitative method in order to elucidate those discursive logics that might be invisible to quantitative procedures. Specifically, knowing what is absent from the advertisement is equally important for the analysis as what is found to be present. These absences—those ideas that exist in relationship with those signs that *are* present—must be theoretically identified by properly situating the advertisements in the larger discourses on gender and aging. Although these discourses are not necessarily made explicit in the advertisements, they are inductively illuminated by the content analysis, which in turn impels a return to these advertisements in order to fill in the outlines.

The sample used for this analysis consisted of a computer generated randomized sampling of 20 issues of *More* magazine (1998-2008)-- two magazines from each available year-- producing a sample of 124 coded advertisements (both images and

words). In order to qualify for the sample, the product sponsored in the advertisement is ALL of these things:

- a.) a product that may be purchased WITHOUT a doctor's prescription
- b.) a product whose purpose is to improve APPEARANCE or QUALITY of the skin
- c.) a product that may be applied AT HOME, not in a doctor's/specialist's office
- d.) a product whose goal (one of them) is to prevent (appearance of) aging

The specific coding rules provided to the coders are included in Appendix A. The qualifications for inclusion in this study were established to make sure the product analyzed was that of an over-the-counter skincare *cosmeceutical* whose purpose is to reduce/prevent signs of aging.

In this open coding portion (Appendix B), words were counted and loosely grouped into 5 general categories of science, medicine, aging, gender and cosmetic surgery. The specific words that were coded in each group included the following: 1.) *Science*: science, test, %, experiment, cell, improve, technology, breakthrough, study, results, laboratory, and patent, 2.) *Medicine*: doctor, dermatologist, clinic, formula, serum, healthy, vitamin and a specific chemical mentioned 3.) *Aging*: age, old, wrinkle, (fine) lines, rejuvenate, a specific age mentioned and the valiance of those sentences that discuss aging 4.) *Gender*: beauty, luxurious and 5.) *Cosmetic Surgery*: (face) lift, surgery, Botox, contour and firm. The images were also coded in the five thematic groupings, including 1.) *Science*: scientist, test tube, before and after pictures, graphs and/or charts, 2.) *Medicine*: syringe, capsule, doctor, 3.) *Aging*:

wrinkles, glasses, gray hair 4.) *Gender*: if a woman was included in the advertisement was she wearing jewelry, have exposed cleavage/legs/arms/back, was she dressed up, was she a discernable celebrity (and who was she?) and were her lips parted and 5.) *Cosmetic Surgery*: were there lines on the woman's face.

The advertisements were all coded by the author, but an intercoder reliability test was conducted with another researcher. Of the advertisements coded by both researchers, the two agreed 100% in regards to which advertisements constituted part of the sample and ought to be coded and agreed on over 96% of the coded dummy variables—statistics that give the research a relatively confident reliability.

Wendy Griswold offers a methodological model by which one might study culture called the “culture diamond”, in which it is presumed that the creator, the receiver, the cultural object each exert influence on the other three points, subsequently, only through their interrelation is the “culture” truly articulated. Accordingly, by focusing singularly upon *cosmeceutical* advertisements, one might argue that the interpretations would be limited to the “cultural object” of Wendy Griswold's cultural diamond. Despite this limited scope, as Griswold argues herself, “in attempting to understand the connections between a society and its culture, it seems to make sense to start the analysis with a close examination of cultural objects, those smaller parts of the interrelated, larger system” (2004:14). By conducting a content and discourse analysis of advertisements, I am able to understand what sort of connections are being articulated about the aging discourse that serves to simultaneously constitute (1) social identities, (2) social relations, and (3) systems of knowledge and belief that correspond with the first two (Fairclough, 1995: 309).

Though understanding how readers actually interpret the text would only be possible through a sort of experiment or interviews, the critical discourse analysis reveals what sort of logic is used to motivate women to buy and use *cosmeceutical* products by identifying which cultural models¹⁷ are invoked to successfully motivate action. From sales data¹⁸ it is evident that the popularity of the *cosmeceutical* industry is on the rise, and it would be safe to assume that like most other products of consumption, advertising has played some role in such success. Accordingly, by understanding how these advertisements construct the consumer—what do they appear to claim their product will give the consumer—we understand more clearly the culture in which both the product and the consumer are situated.

¹⁷ “Cultural models are ‘storylines,’ families of connected images (like a mental movie), or (informal) ‘theories’ shared by people belonging to specific social or cultural groups” (Gee 1999 p.81).

¹⁸ Cosmeceutical sales increased from approximately \$3.8 billion in 1997 to \$13.3 in 2005 billion (Packaged Facts 2002 and HAPPI).

Findings: Awakening Sleeping Beauty through Scientific Technologies

Cosmeceuticals as Scientific Innovation: Step One, Content Analysis

I began the analysis of the sample selected by conducting a rigorous content analysis of the written narratives found in the advertisements.¹⁹ A total of 124 advertisements were coded from 20 magazines from the years 1998 to 2008 (2 randomly selected per year). There were no patterns that developed as a function of the year,²⁰ but by analyzing the included words (images were less frequently included, thus are better analyzed through a discourse analysis) in their thematic groupings, clear relationships emerged. As expected 100% of the advertisements included some age-related term (this was the necessary qualifying criteria for being included in the sample of coded advertisements), but those indicators that were not requisite for inclusion also yielded significant results. Specifically, 87% included either a scientific or medical term (78% only a medical term, 58% scientific term), 43% included a term used to describe the effects achieved cosmetic surgery, while only 11% included a gendered term. Although critic might argue that the lack of gendered terms might be caused by the fact that there were only two gendered words to be coded, the variable words were selected through a dialectical grounded theory process, indicating that gendered words were simply rare in the selected advertisements. Despite the absence of textual gendered discourse, many of the images were codes as gendered according to my criteria and in combining the dummy

¹⁹ Although I attempted to code for images in addition to written words, the dummy variable method of quantified coding did lend itself to a meaningful theory construction. For this reason, the image coding was not included. Instead, images are explored at the axial and selective coding phases of my grounded theoretical analysis. While my coding structure did not produce significant findings, perhaps a restructuring of my image coding might have revealed more noteworthy findings.

²⁰ other than the introduction of the word “patent” which first appeared in the December issue of 2001.

variables of whether an advertisement included a gendered term or image, over half (53% or 66 of the 124 advertisements) included an ageing term, a medical/scientific one, and a gendered word or image. The frequency of this triadic theme serves to support the idea that a “will to youth” discourse which conflates age, health and beauty is pervasive in these *cosmeceutical* advertisements. The frequency and percentage of each word found in the advertisements are included in Tables 1.1-1.5.

Table 1.1: Medical Words 1

Word	Frequency	Percent
(Total)	97	78.23
Chemical	75	60.48
Clinic	29	23.39
Dermatologist	23	18.55
Vitamin	20	16.13
Treat	16	12.9
Healthy	12	9.68
Serum	11	8.87
Doctor	10	8.06
Formula	10	8.06

Table 1.2: Scientific Words 1

Word	Frequency	Percent
(Total)	72	58.06
%	37	29.84
Test	21	16.94
Technology	20	16.13
Breakthrough	19	15.32
Improve	17	13.71
Cell	15	12.1
Science	15	12.1
Patent	10	8.06
Research	10	8.06
Innovate	5	4.03
Study	5	4.03

Table 1.3: Aging Words 1

Word	Frequency	Percent
(Total)	124	100

Wrinkle	62	50
Age	55	44.35
Youth	51	41.13
Line	40	32.26
Specific		
Number	24	19.35
Rejuvenate	12	9.68
Old	7	5.65

Table 1.4 Valiance of Age in Ad 1

Valiance	Frequency	Percent
Positive	4	8.33%
Neutral	1	2.08%
Negative	43	89.58%

Table 1.5: Gender Words 1

Word	Frequency	Percent
(Total)	14	11.29%
Beauty	13	10.48%
Luxury	1	0.81%

Table 1.6: Cosmetic Surgery Words 1

Word	Frequency	Percent
(Total)	53	42.74
Firm	34	27.42
(Face) Lift	26	20.97
Contour	10	8.06
Botox	6	4.84
Surgery	5	4.03

The content analysis both reveals and constructs the notion that the invocation of medical authority is either a successful way to legitimate *cosmeceutical* products or at least a tactic that advertisers seem to have chosen to promote products under analysis (and since a significant amount of consumer research is conducted by advertising agencies, it would seem as though the inclusion of these terms is not merely accidental or coincidental). The high rate of inclusion of a specific chemical not only taps into the trusting relationship that many of these consumers have with pharmaceutical products, but also seems indicate that these consumers equate effectiveness with scientific, medical “discoveries”, a “blockbuster” drug. This appeal to rationality—specifically indicating what ingredient in said lotion will bring

about desired results, encourages the consumer to buy the product and also to seek similar scientifically, medically based explanations when making decisions in the future.

In terms of the valiance of those sentences and phrases that involved “age” or “aging” the overwhelming majority of them were negative (90%), only 2% were neutral, and even the 8% that were deemed positive, were coded as such because of the product entitled “*AgePerfect*” which seems to leave ambiguous whether the intended consumer has the perfect age before she consumes the product, or whether this age is transformed into the perfect age only after using the product. Regardless, the fact that of the 48 advertisements in which a subjective statement regarding age was included, 90% of them were negative reflects the way by which the *cosmeceutical* companies seem to be constructing the idea of age in their consumer’s eyes.

The Emergence of a Fairytale Logic: Step Two, Axial Coding

Those technologies that promote both the life-extension project and those efforts to ‘fix’ corporeal manifestations of age, are founded upon a logic which equates longer life with a better life and eternal life with the ultimate conquest. Although immortality is not explicitly identified as the goal (for the reason that such confession might discredit the highly rationalized, scientific underpinnings of the project), among the *cosmeceutical* advertisements analyzed for this study, references to the fabled “fountain of youth” and the story of *Sleeping Beauty* emerged as central themes. In terms of those ads that evoked the myth of a fountain of youth, there were a number of images which included a droplet hanging from a serum dropper (evoking the “elixir of life” variant of the fountain of youth myth) (Figure 2.2) or of water more generally (Figure 3.4), in addition to language which encourages woman to “restore” youth with the “transformative” products. Similarly, a number of the articles pictured a sleeping woman, instructed women to “wake up” to a younger version of themselves (Figure 3.7), or included a rose in the advertisement (Figure 3.8)—a central theme in the Grimm Brothers’ story. Yet even those advertisements that did not make specific connection to these two fables, there is a reoccurring theme of fantasy-turned-reality in which the branding narrative is based. In Figure 5.3, Elizabeth Arden’s *Ceramide* advertisement shows a pill box filled with sparkling gold capsules as Catherine Zeta Jones wears a necklace with golden beads highly resembling the pills contained in the box. This imagery evokes the idea of a treasure chest filled with immeasurable jewelry—a sign of both wealth and beauty.

Accordingly, such juxtaposition of images serves to conflate medicine (the pills) with wealth and beauty (jewels).

Outside of professional medicine, such a fantasy painted as a potential reality might serve as the branding narrative which motivates women to become consumers of such *cosmeceutical* products. Brands are constructed in order to market commodities as a sort of promise on behalf of the seller (and the authorities mentioned in the advertisement) that the product will have the desired properties for which the consumer would consider its use. As such, branding serves to construct a culture or lifestyle around the featured product, so that it is implied that with its purchase and use, a plethora of interconnected desirable events will ensue (Holt, 1999). As one author explains, “branding as a process involves changing external or internal boundaries of products” (Grassl, 1999). Specifically, boundaries between the product, the legitimating authority, the promises of the branding discourse and the lifestyle used to sell the product are blurred in order to sell a lifestyle or culture to the consumer. As Holt (1999) explains, further

“Rather than an expert discourse controlled by an institutionalized system, consumer culture is a popular, widely dispersed, rhizome-like technology of self-control (“biopower” in Foucault's terms) in which market power produces the “freedom” to construct oneself according to any imaginable design through commodities.”

Accordingly, consumers must invest their trust in these technologies (or more specifically the authorities/voices who market them) in order to be able to use and express the “freedom” that is bound up in consumer culture. While the incentive to

use the *cosmeceutical* is masked as purely a decision of utility, by unraveling the discourses that serve as the branding image, we learn about the ulterior motives for its promotion.

The Stories

The story of (and search for) a fountain of youth (a spring of water that allegedly restores the youth of anyone who drinks from it) dates back to the Arabic epic romance of Alexander the Great--the earliest version appearing in Greek in the 3rd century (Boyle, 1977)—in which Alexander and his servant cross the Land of Darkness to find this restorative spring.²¹ In addition to this story, have been a number of similar tales who focus upon the idea of eternal youth such as the other Greek myth in which a substance called “panacea” (named after Panacea the goddess of healing) was sought for its ability to cure all ailments and impart immortality upon its user, the “elixir of life”/”quintessence of life” which many emperors of ancient China sought (dating from as far back as 35 AD) based on an early Daoist alchemy philosophy that fabled its existence (“Alchemy and Daoism”) or most popularly being the magical power of Hans Christian Anderson’s *Philosopher’s Stone* (1859).

Another story which plays on the potential for flexibility of time (or age) is that of *Sleeping Beauty* in which a young princess pricks her finger on a spindle which causes her to fall asleep for hundreds of years while her beauty and youth remain intact. While not the original version of the tale, the Brothers Grimm included

²¹ Although the fountain of youth has often been erroneously assumed as the reason motivating Ponce de Leon’s voyage to the New World in 1513 (the fault lying with European historians who chronicled the trips post-facto), the charter granted by Ferdinand gave Ponce de Leon permission to seek and claim the fabled land of Beimeni (modern day Florida) at his own expense and be named Adelantado of found land. Despite the discrepancy in truth, the fable remained alive which subsequently has contributed to the belief that such a fountain may still exist in Florida (Peck),

a variant on Sleeping Beauty in their 1812 collection of tales entitled Briar Rose. It is this truncated version of the original²² upon which the Disney animated movie was based and which most of the American public is most familiar. This tale tells the story of a princess upon whom a spell was cast as a baby, dooming her to prick her finger on a spindle at the age of sixteen that would hurtle her into a deep sleep (initially the spell was cast to kill her, but another *good* fairy amended the curse)—one that would only be interrupted by the kiss of a prince charming. During her sleep the castle and grounds were covered in thorns which only served to promote her isolation and prevent a prince from finding her. Once a prince did find her and awaken her with a kiss, the thorny bushes blossomed into roses. The symbolic connection between the needle and the rosebush thorns serve as the narrative thread that pulls the story together—and an image that was found to be quite popular among the *cosmeceutical* advertisements (Figure 3.8) (Grimm, 1984).

The ideal of perpetual youth serves as both a cultural symbol of beauty (Wolf, 1990; Pitts-Taylor, 2007; Morgan 1991; Jones, 2004; Davis 1995; Bayer 2005; Caridad, 2006) and a future of unlimited possibilities in both these stories and in their modern day understandings. While these myths and legends are free to circulate our culture in various fictional forms (films, novels, poetry etc.) without scientific recognition, they lack legitimacy outside the bounds of wishful thinking. Despite this exile, the logic promoting the *cosmeceutical* products---one which serves to mutually constitute and reify those intersecting discourses of science, medicine, aging, beauty and gender—appears to be derived from such familiar fantasy storylines.

²² "*La Belle au Bois dormant*" (The Sleeping Beauty in the Wood) written by Charles Perrault in 1697 in his collection *Contes de ma Mère l'Oye* ("Mother Goose Tales").

Despite the evidence/theories that indicate the impossibility of immortality (Carnes, Nakasato, and Olshansky 2005; Carnes and Olshansky 2007; Pels, Kunkel & Puca 2002), the hopes at the heart of the immortality/eternal youth myth remain afloat in the hearts of dreamers, and understandingly would find appeal among the aging population. As such, we see the many ways that culturally, ideas that conjure a fountain of youth, continue to flourish—as indicted by the specific rhetoric used in the advertisements. While it would be fair to assume that these fantasies remain alight in the same way they have since the first century when Chinese emperors sought out the “elixir of life”, it must be acknowledged the way by which the convergence of these fictional and cultural narratives have drawn on the achievements from the fields of science, technology and medicine in such ways so as to instigate the idea that these might no longer be simply unrealistic fantasies, but rather “puzzles” which scientists and doctors might eventually solve. Further, those scientists who do believe that they are working toward such feats (Gavrilov, Gavrilova & Olshansky 2002; Gavrilov 2007) serve to perpetuate an such a scientifically unfounded ideology (Carnes and Olshansky 2007; Perls, Kunkel & Puca 2002; Vaupel et al. 1998).

Similar to those images and language which evoke the myth of a fountain of youth, many of the products are marketed as night creams, using language to convince the consumer that she will “wake up younger” after its application. Having pricked her finger when she was at the pinnacle of her youthful beauty, sleeping beauty woke up as such despite the centuries of time that had past—a myth which the *cosmeceutical* advertisements use to attract consumers. Further, a number of the ads

(specifically the *Lancôme* ones) include roses in their ads—which serve as a central theme from the story (the needle as thorn, the thorns covering the castle which blossom into roses upon the prince’s kiss) (Figure 3.8). The invocation of the story of *Sleeping Beauty* conjures the idea that the consumer of *cosmeceuticals* might be transformed into the image of sleeping beauty—a stereotypical image of white, female beauty. The discourse underpinning the *cosmeceutical* industry is articulated in the following manner and seeks to answer my first research question of what discourses are invoked by *cosmeceutical* advertisements that both reveal and construct the notions and hopes of the aging consumer.

Redefining the Aging Woman: Step Three, The Narrative Logic

This research argues that while *cosmeceuticals* may arguably be little more than the skin lotions and creams that women have been using for centuries, they are (re)packaged as scientific and medical innovations that might have the potential to bring the promises of these fairy tales into real life- similar to pharmaceutical companies who are notorious for constructing the very problems for which their products are the cure. Although I identify specific discourses in the advertisements that serve to construct the identity of the aging woman, I do not mean to argue that such a process occurs from the top-down and that the aging woman lacks a voice in constructing meaning out of her corporeal existence, but rather seek to illustrate one part of this complex process by which the body is socially constructed and the responsibility to take care of the body is suggested. Rather than a linear

unidirectional process, I argue that the aging woman's body exists at the center of a multi-directional negotiation process between the aging woman, fairytales and myths, the *cosmeceutical* industry, and the fields of science and medicine and consumer culture. Specifically, I argue that the *cosmeceutical* products are marketed through the following discursive frames:

Repackaging: Scientific Branding to Promote Fairytale "Promises"

Through the verbal guarantees that the product is "clinically proven" and contains "breakthrough technology" or a "highly effective new complex" of x y and z, or those more (or less) subtle images included in the advertisements, these products are constructed as both "powerful"—in order to set them apart from former versions-- and "necessary" in that the consumer is now constructed as a member of an at risk population. Image 1.1 has test-tubes and beakers in the foreground, implying that *Lancôme's* Absolué Replenishing Crème was developed in a laboratory with such science equipment. Rationality discourse is also invoked via the listing of "facts" or reasons why the consumer ought to purchase the featured product. Figure 1.2 serves as a clear visual articulation of the logic invoked by these scientific discourses in that a line traveling from a powder, to a crème, to the *Allergan's* Prevenge "anti-aging treatment" is strung along through a number of direct quotations from doctors and researchers in addition to statistics and facts whose purpose is to assert the effectiveness of the product. The assembly of images, facts and quotations serves as a diagram of the proposed rationalization for choosing Prevenge over other products and services. The powder to crème to bottle seems to imply development or progress,

the three quotations as guarantees from reliable sources, and four “facts” as the scientific proof that the product will yield results. Although the branding process utilizes fantasy references, the advertisements legitimate their product’s effectiveness by including rational logic to motivate consumption.

In other advertisements key words from the scientific industry which serve to invoke a connection to the scientific field, in Figure 1.3, the headline reads, “‘Stem Cell’ Creams...The Future of Skin Rejuvenation”—a title twice the size of the subheading and perched atop an article-like advertisement that is written in such a small article script that most perusing consumers probably do not bother to read. This sizing is very significant in that the association made between the product and the highly publicized issue of stem cell research²³ serves to construct the product as a similarly revolutionary, ground breaking innovation with the capacity to alter life itself. In the Figure 1.4, a similarly large headline reads, “New ‘Deep Wrinkle’ Serums Target Dermal-Epidermal Junction” above an image resembling those from a medical textbook, the image of the skin under a highly-magnified microscope. But even this microscope image is further enlarged into a computerized image which serves to construct the skin through technologies utilized by medical and scientific fields—these pictures serve to construct the body through a scientific lens and imply that the technologies of the product have similarly penetrative, scientifically-proven effects. Nowhere in the two-page ad is there a picture of skin in the form that is accessible to the naked eye, despite the fact that it would only be in this un-

²³ Found to treat leukemia and aid bone marrow transplants, stem cell research has recently been equated with the hope of a cure for many currently untreatable diseases.

manipulated state that the consumer would see it and be able to discern whether or not the product is capable of promoting significant results.

Fairytale promises are transformed in scientific innovations (or goals toward which these innovations are progressing) through the juxtaposition of scientific and fairytale images and phrases. For example, in Avon's Anew Ultimate Age Repair Elixir (Figure 2.1), the label "elixir" itself connotes the idea of a potion, which is only further implicated by the copy which encourages the potential consumer to "Unlock the Protein of Youth", a phrase suspiciously similar to "Unlock the secret of youth". The word "secret" which would fit more appropriately in a story, is replaced with "protein", which as an organic compound of amino acids, belongs in a laboratory rather than a wizard's cauldron. Although the term "elixir" is only included in a few of the advertisements of the sample, the words "elixir" "serum" or "formula" collectively appeared in almost 20% of the advertisements. The language subsequently used to describe the "power" of this product (which has connections to both the mathematical and magical), often mentioned "just one drop" as if a magical potion was contained in the tiny bottle. Here we see how the marketers manage to convince the consumer to buy such a small bottle, for a relatively expensive price out through a logic that seems to equate the product with supernatural qualities (or at least with "breakthrough new discoveries" etc.). Further, the word the world "promise" was abundant in these advertisements, specifically as the branded tagline of the *RoC* line ("We keep our promises") which were the same ads that instructed the consumer to "Get ten years back" (Figure 4.3) and "Wash away ten years" (Figure 4.2).

Sixty percent of the ads in my sample mentioned specific chemicals (often “the” discovery that will serve to restructure/redefine the aging process) which could arguably serve as the reconfiguration of the magic water from the fountain or the magic spell that can alter traditional conceptions of time—offering scientific intervention that might enable these otherwise fictional stories to manifest into reality. Similar to the magical water/spell from the storybooks, many times, the consumers have no experience with this “new” and “innovative” product, and consequently are forced to accept the claims made by the advertising copy based on the trust of the authority figure that has developed and dispensed it. Yet advertising is deceptive for the very reason that the authority invoked by these ads is rarely the source that disseminates or promotes the advertised product. Such is why the misinterpretation (“Dermatologist recommended” means that a product found to be good for the skin, though it is not necessarily mandatory or something a dermatologist would prescribe) and conflation of various phrases (“Clinically proven” might be equated with “doctor/dermatologist/scientist recommended” in that if the product is found to have an effect, the scientist was presumably beginning with a “problem”—in this case that of the visible signs of aging—and has now found the “cure.” This logic does not recognize the reality in that most of these studies are funded by the pharmaceutical companies who *first* construct the cure and then find the problem). The consumer is invited to connect the dots between these value-laden phrases, and often incorrectly so.

Since scientific and medical institutions are believed to have access to a power/knowledge beyond that of the layman, references to them in the advertisements

are probably made in order to inculcate the necessary trust on behalf of the consumer. The *cosmeceutical* is constructed as potent or powerful through the invocation of these authorities. For example, despite the fact that in order to be part of the analyzed data set, the *cosmeceutical* advertised needed to be available for consumption without a doctor's prescription and within the consumer's home (as opposed to a doctor's office or salon), references to those products/services that would be prescribed or administered in a doctors office are abound in the advertisements. In Figure 2.3, the largest image is of a prescription signed by a "Board certified clinical and research dermatologist". Although the product does not require a prescription (a convenience and cost benefit that one would think would make the product more-- rather than less-- desirable) the inclusion of this faux-prescription seems to imply that the product is more effective or more desirable if it was prescribed to the consumer (turned patient) by a doctor. We see similar references to a doctor, dermatologist or "specialist" in a number of the advertisements (33 of the 124 advertisements, or 26.61%).

In addition to those claims that the advertised products are recommended by doctors and scientists, many are marketed through bold statements which claim how powerful or "revolutionary" they are by citing the percentage of people who experienced the described difference (30% of the ads), though "testing" (17%) or "research" (8%) which occurred in a "clinic" (23%), by a dermatologist (19%), doctor (8%) or scientist (12%). Despite these value-laden words, the research itself (when included) is usually so rudimentary that women who tried the product marked on a survey that they "noticed a difference". Yet the scientific language is not used by

itself, rather the concept of magic/supernatural powers (or that which has not been achieved by scientific means to date) is invoked in a number of the advertisements. *Melasyn* claims that “We can’t call it a miracle, but you can” (Figure 3.1), and *Hydroderm* makes the bold statement that “Wrinkles are History” (Figure 3.2) as if we might be entering an era in which wrinkles will be made obsolete like polio and smallpox.

The branding of these products often serves as this bridge that promotes fantasy-like dreams through “scientifically proven” technologies. Specifically, *RoC*’s advertisement claims that it is “The ONLY cleanser CLINICALLY shown to give 10 years back to the look of your skin” (Figure 4.2), implying that 10 years can be given back and that this product stands apart from the others. Other products are simply given names which imply such supernatural capacities such as *Maybelline*’s Instant Age Rewind, *Revlon*’s Defy Age, or *Allergan*’s PreVage—names which introduces the woman into the discourse, by instructing her (1) what her goal should be: to hide/reverse signs of aging, (2) what actions she should take accomplish these goals and (3) how these products might empower her to do so. But it is the images themselves that are most effective in evoking fairy tale aspirations. For example, *Neutrogena*’s “Advanced Solutions” instructs the woman to “REVERSE TIME. Advance to a younger-looking you” with the image of an almost-empty hour glass that theoretically could be simply turned over (fairytales often employ the hourglass as a means of establishing a time limit: a point at which an ominous negative event will ensue) (Figure 3.3). *Christian Dior*’s close-eyed woman looking at an open-eyed reflection in an ambiguous solid (arguably evoking a fairytale idea of a pond), tells

the story that an awakening (not unlike *Sleeping Beauty*) has made possible by the product—specifically the awakening of youth (Figure 3.4). An *Allergan* advertisement includes a mysteriously beautiful model in front the image of a dark moon. The brightest object of the advertisements is the container of Prevenge anti-aging night cream, so as to evoke the idea that this product might dispel the darkness with its potency—not unlike a magic potion (Figure 1.4).

Other images and discourses are paradoxically anti-science while they simultaneously seek to legitimate themselves through scientific proof. *Clinique*'s Anti-Gravity Firming Lift Cream includes the image of the product that appears magically suspended in mid-air (Figure 3.5), while *Estee Lauder*'s Resilience Lift (Figure 3.6) shows a similar image of the cap suspended in air, beneath which the caption reads, “New Lift. New Life.” as if to imply that a new life is afforded by the product (implicating the “life-extension project” or a fairytale dream of a second chance).

The Construction of Sleeping Beauty

Since the imagery and text links these *cosmeceutical* products with the story of *Sleeping Beauty*, it seems important to look not only how the legitimacy of this fantastical promise is established, but also how the ideal or “normal” aging female body is constructed by privileging the image of sleeping beauty—specifically the Disney version with whom this US demographic is probably most familiar. Drawing from Collins' argument in *Black Sexual Politics* (2005), that those recent trends to commodify black popular culture serves to promote racialized and sexualized stereotypes—functioning as a new form of racism—the depiction of women as

sleeping beauties creates equally dangerous stereotypes. Specifically, we see the intersectionality of age, gender, race and socio-economic class articulated through these advertisements. As a young, beautiful, white princess awaiting her prince charming to come save her (both heterosexuality and a helpless passivity are implied), maintaining sleeping beauty as a coveted identity serves to reify these discourses on aging, gender, sexuality race and class.

Since women are constructed through aesthetic appearance (Bartly, 1976; Benjamin, 1972; Clarke & Griffin 2007; Jones, 2004; Morgan, 1991; Pitts-Taylor 2003, 2007; Tong & Lindermann 2006; Wolf, 1990) and a necessary condition for the US cultural ideal of women's beauty is youth (or the appearance of it), the paradigm of enduring femininity and women's immortality requires preservation of youth through the application of *cosmeceutical* products. This discourse simultaneously reifies an ageist discourse that privileges youth, the value of femininity as aesthetically-based, and "truth" as something located in the profession of medicine (i.e., with its foundation in scientific ways of knowing).

In many of the advertisements included in the data set, if women were present, they were highly sexualized²⁴--a feature of womanhood that is arguably lost during the aging process by virtue of both menopause and the woman's divergence from the

²⁴ This aspect of the "sexualized" woman was quantifiably coded in the first stage of open coding by through the process of identifying whether the woman in the ad (if a woman was included in the advertisement) was wearing jewelry, had exposed cleavage/legs/arms/back, was dressed in an elegant/nightlife manner, was a discernable celebrity (if so, who she was) and whether her lips were parted in the image (as an indication of seductiveness). This coding revealed that all of the models had at least one of these markers. Although one might question whether the objective description of this sexualization is valid in that a naked genocide victim might be standing with parted lips, this is the reason that I engaged in a qualitative analysis to understand how these narratives were actually articulated. While not *all* of the models were sexualized, many of them were, thus warranted such an analysis. A way to extend this research would have been to have multiple coders code these women in order to establish whether there was agreement of their sexualization.

prototype of sexuality—the young, curvy-yet-thin, beauty (Bazzini et al. 1997; Clarke and Griffin, 2007). As such, a promise that this (hetero) sexuality may be regained through these products—not unlike sleeping beauty awaking to her prince charming—is made to the consumer. The advertisement depicted in image 4.1 is especially telling in that we see the painting of a woman that has been cracked with age. Depicted as a passive beauty, regardless whether the consumer is intended to focus on the model in the painting or at the painting itself, the woman/painting is constructed as a victim of old age. Interpreting this image as a metaphor, the normalized practice of preserving older paintings is extended to idea of preserving the aging woman's beauty. Letting a painting become “destroyed” by heat, light and other environmental factors is considered poor treatment, an imagery that implies that by letting the woman age without restorative or preventative intervention is constructed as neglectful and destructive on behalf of the owner of the body (the woman). Yet if the way by which the woman must intervene is through scientific innovation, one might extend the argument to identify the *cosmeceutical* as the “prince charming” who has come to the rescue of the helpless sleeping beauty. The scientific and medical fields have been endowed with this savior-like capacity, coming to the rescue of the aging female victim. If we accept such logic, the *cosmeceutical* might be seen as an innovation that serves to disempower the woman by casting her as a helpless victim. If we do not accept the logic, but rather interpret the *cosmeceutical* as a tool in the hands of the savvy woman, we can interpret the industry as empowering. Such characterization remains open for debate, yet the desire to hide signs of aging is taken as the unchallenged premise of such discussion.

The idea that (signs of) aging may be reversed by the products seems implicit in most of the advertisements promoting anti-aging *cosmeceuticals*. The *RoC* line (the same company responsible for the ad in 4.1) claims that their products enable the consumer to “Wash away 10 years” (Figure 4.2) or “Get 10 years back” (Figure 4.3). Although the sales pitch refers to aesthetic appearances (which is also questionable) with such ambiguous text, the idea that one can get 10 years of their life back, seems like an appealing offer for anyone, and since their slogan insists that, “we keep our promises” this fantasy comes equipped with a money-back guarantee. Again we see those fantasy-like promises ironically made in the same advertisements that reference scientific testing/proof of their powers.

Unsurprisingly, many of the celebrity models included in the advertisements were white actresses who are ambiguous in age or whose on-screen persona is equated with youth. Sarah Jessica Parker, the *Garnier* model, was 42 at the time of her advertisements (Figure 5.1), Kristin Davis was 41 and 42 at the time of her ads—both actresses from the Emmy-nominated HBO series *Sex and the City* (Figure 5.2). Although Andie MacDowell (50) and Dayle Haddon (58) are two older models who are longstanding beauty icons of the *L’Oreal* beauty line, they appeared more frequently in earlier issues (1999-2003) but seem to be slowly phased out. The model who appeared most frequently in the most recent issues of *More* was Catherine Zeta Jones, the model in a number of *Elizabeth Arden* Ceramide advertisements, who was deceptively only 37 and 38 years old in the advertisements.

The character roles that these models play should not be overlooked, especially because it is these personas that are recognized by consumers rather than

the identity of the celebrity off-camera. Sarah Jessica Parker and Kristin Davis serve as lead actresses in the hit HBO series *Sex and the City*, a show which chronicles the lives of four unmarried 30-something women living in New York City who celebrate their singledom and youth by engaging in activities and behaviors that might have been deemed inappropriate (because of their age) in former eras. As such, these women serve to challenge the traditional construction of aging by illustrating how they need not be excluded from these activities once they reach a particular age. While it seems as though the boundary age that is deconstructed in the show is the 20-30 barrier, as these actresses transition into their 40s, it seems as though they symbolically serve as the role models for those women who might similarly strive to redefine what it means to be 40. Of another important note is that all of the lead characters on the show are socio-economically advantaged white characters who live in Manhattan. This is important to note in that the face of “empowerment” seems to originate from a population who is already largely empowered through other exemptions from oppression.

Despite the empowerment interwoven into these ads—the power seems directly contingent upon the woman’s ability to mask her age and act like a 20 year old might. Instead of celebrating the life of aging women these ads seems to propagate the notion that younger is better, saving the celebration for her ability to mask her age. The reification of this discriminatory aging discourse only perpetuates the construction of women’s value according to her sexual appeal. Several of the advertisements specify their niche as the post-menopausal woman (Figure 5.4)—and while menstruation is biological feature of women’s lives, the lament brought on by

menopause seems to be particularly a heterosexual discourse that conceives of the woman as becoming de-feminized or losing her status as “woman” as a consequence of infertility and inability to conceive. Such a conception of femininity is hetero in nature in that pregnancy requires the involvement of a man, implying that a woman becomes/is capable of being feminine only with the aid of a man.²⁵ This relational construction of womanhood is only further reified by the inclusion of *Sex and the City* actresses in that (as the title would reveal) episodes of the show almost exclusively revolve around the various men with whom the four women are interested.

Finally, the emphasis on visibility, or more specifically “the visible signs of aging” serves to both reify the idea that a woman’s worth is defined by her aesthetic appearance in addition to serving as the bridge between the aesthetic appearance and health--or as Foucault (1975) might argue, between symptom and disease. Because the promises are made to stop the *visible* signs of aging, *cosmeceutical* products are distinguished from other technologies that are part of the life-extension project. Instead, these products serve to identify and classify those “visible signs of aging” so that the woman may recognize when she has become a victim of the disease of aging, and knows when (and how) she should fight back. Constructed as a victim or sufferer, this population is immediately constructed as the *cosmeceutical* consumer in that the two populations are identical. Further, because the consumer is constructed as a sufferer, a connection is made to health and the civic responsibility to maintain it,

²⁵ Though pregnancy among single mothers or lesbian partners is increasingly feasible through new technologies and available public resources (Mamo, 2006), the traditional idea of pregnancy remains centered around the heteronormative relationship between a man and a woman—subsequently constructing this idea of femininity as one necessitating male involvement.

and concurrently through the aesthetic component to strive toward the ideal of fictional fairytale.

A Will to Youth

Similar to Nikolas Rose's (2001) will to health, the female consumer is constructed as having the power to choose her destiny—that she can let herself become a victim of age, or she can choose to reject this possibility and fight back. Similar to the story in the fountain of youth, the woman might “save” herself by partaking in the potent elixir (whereas in *Sleeping Beauty* the princess must wait to be saved). The *cosmeceutical* product is constructed as this weapon in the war against aging. Choosing not to use a *cosmeceutical* product is treated as an act equivalent to that of choosing not to pick up a weapon in self-defense as an aggressor proceeds to attack or as sleeping beauty rejecting prince charming's kiss. Similar to the *RoC* painting advertisement in Figure 4.1, using these *cosmeceutical* products is not constructed as a choice, but rather as the obvious single option in the face of the evil force of aging. As mentioned earlier, many of the product names, *DefyAge*, *PrevAge*, *NoAge: Say No to Aging*, or *Retroactive* introduce the actor into the equation of age reversal, by offering them an “option” to take in response to their symptoms of disease. The advertisements are laden with such directives which outline how the woman ought to feel about her age. For example, a *Neutrogena* Healthy Skin line copy reads, “Because when you think about it, laugh lines aren't really funny” (Figure 4.4), instructing the woman to feel shame or dissatisfaction with these “laugh lines”. While the “choice” or action promoted by the advertisements in my sample is that of consuming skin-care *cosmeceutical* products, implicit in many of the images

and copy is the idea of cosmetic surgery—a medical technique which seems to operate by very similar logic yet only to a more radical form, drawing from Shim, Russ & Kaufman's (2006) *technological incrementalism*. These surgical techniques enable the aging woman to construct a new face—another seemingly fantasy-like possibility.

Surging increases of cosmetic procedures in the US over the past decade indicates the type of popularity the body modification project is reaching and what importance aesthetic appearance has to American woman. Specifically, between 1997 and 2006 the number of people who received *Botox*[®] treatment increased from 65,157 to 3,181,592-- an increase of over 5,000%. Across the board, cosmetic procedures have increased by 480% since 1997—a popularity that would indicate a growing normalization of such practices (American Society for Aesthetic Plastic Surgeons: Cosmetic Surgery National Data Bank Statistics). In stride, *cosmeceutical* sales increased from approximately \$3.8 billion in 1997 to \$13.3 in 2005 billion (Packaged Facts 2002; Caridad, 2006). Important to note is that the aid of various payment services/plans for cosmetic surgeries, and the less expensive *Botox*[®] and *cosmeceutical* products, the anti-ageing industry managed to create yet another means by which the Western, white, middle-upper class woman could distinguish herself from a less-privileged population. Coupled with a culture that seemed increasingly comfortable with aesthetic discrimination, the medical procedure and aesthetic appeal of ambiguous age serves to increase one's cultural capital in a highly visible way. A consumer survey conducted in February of 2007 indicated that over 60% of both men and women approved of cosmetic surgery, and though percentages of both men and

women who would “consider cosmetic surgery for [themselves], now or in the future” is relatively low (18% and 34% respectively), the percentage of those whom claim that they “would not be embarrassed about having cosmetic surgery” hovered around 80% for both genders (78% and 83% respectively) (ASAPS: Cosmetic Surgery National Data Bank Statistics).

The fact that both surgical and non-surgical practices are grouped under the single heading of “cosmetic procedures” implies that the two classes are of a singular genre and perpetuated by similar (if not the same) discourses. Shim, Russ & Kaufman’s (2006) concept of *technological incrementalism* offers an account for the link between cosmetic surgery and *cosmeceutical* practices arguing that the use of either form contributes to an increased likelihood of use of the other. Specifically, *technological incrementalism* describes the process by which the use of less-invasive (or less-“serious”) treatments by consumers paves the way for more invasive procedures (and visa versa), thus constituting all of these products and procedures as nodes along a continuum which arguably “makes additional procedures conceivable, possible and ethically necessary” (Shim, Russ & Kaufman, 2006: 491). Accordingly, I believe that the appeal for *cosmeceuticals* is derived from the same logic that underpins that of cosmetic surgery--the idea that one might be remade anew-- thus while I will be looking primarily at advertising/media images dealing with *cosmeceuticals*, I believe that the cosmetic surgery literature speaks to the issues at hand.

While some ads were less explicit about their connection (or “similar effects”) to the cosmetic surgery practice of face-lifts, *Botox*[®], or other services performed in a

specialist's or doctor's office, many of these ads made explicit reference. Specifically, the advertisement in figure 6.1 claims to be the "New Wave in Face-Lifting", while images 6.2-6.4's explain how the products impel similar results to cosmetic surgery, stretching the skin tight as would be accomplished in a traditional facelift. Figure 6.5 shows an overlay on the face of a computer graphic that reveals the contours of the face. This image serves as a sign that connects to the discourse of restructuring affording by various surgical techniques. Although there is no mention of such techniques, the image is bound to this discourse, thus priming the topic of cosmetic surgery in relation to the marketed product. Image 6.6 includes pictures of a syringe and a scalpel, as if to serve as a means to construct their product in the same population as cosmetic surgery while simultaneously serving as a fear factor—detering the consumer from cutting herself up, and opt instead for the non-invasive, pain-free, (relatively) economically-friendly option. Other ads make similar connections and provide arguments why their product is "Better than Botox" or some other in-office treatment (6.7 and 6.8).

What is of important note is the placement of the *cosmeceutical* advertisements among the rest of the advertisements and pages of the magazine. The first few pages of More magazine are usually packed with advertisements for *cosmeceutical* products, while *Botox*[®] advertisements seem to appear in the middle or the back of the magazine and advertisements for cosmetic surgery or other products that require a prescription or a doctor's service tend to appear near the end of the magazine. If these varied products and services seem to be constructed as a singular population by the *cosmeceutical* advertisements, the placement of them in magazine

that one (presumably) reads in a (relatively) chronological order, then the progression constructed through their placement is also telling. As cosmetic surgery becomes increasingly normalized (as indicated by the steady increase in surgeries identified by the American Society for Aesthetic Plastic Surgeons: Cosmetic Surgery National Data Bank Statistics), it seems as though the *cosmeceutical* product might be an entry point product which in turn might lead to the use of *Botox*© and later cosmetic surgery according to Shim, Russ & Kaufman's (2006) concept of *technological incrementalism*. While *technological incrementalism* is multi-directional in nature, the entry point ought to be a technology which is most comfortable to the consumer—i.e. the skin care product similar to others one presumably uses across the life course.

Since ideas of eternal life, youth and beauty are all bound in the fantastical fountain of youth, having a tangible way of accessing these dreams by scientific means serves to fuse the scientific with the mystical. The second research question posed for the study--What is implicated as pathological by these prescriptions?—might be answered by such discourse that constructs the aging woman as a member of an at risk population by measuring health and worth by their aesthetic appearances. Age is constructed as a disease which we should seek to avoid being plagued with (despite the fact that we all will) by adhering to the prescribed measures outlined by the *cosmeceutical* industry to both avoid and reverse the aesthetic effects of such a disease. In the same way that the medical field in the nineteenth century managed to alter “the relation between the visible and invisible—which is necessary to all concrete knowledge—changed its structure, revealing through gaze and language what had previously been below and beyond their domain” (Foucault, 1975: xii),

these advertisements that identify, classify and diagnose the signs of aging have changed the structure of “truth” which invariably affects the discourses of age, gender, race and sexuality which intersect in this issue.

The logic and cultural myths that buttress the *cosmeceutical* industry constructs the older women as a “victim” of old age. As such, aging women are members of an “at risk” population, who is conditioned to monitor and measure the increase of wrinkles, fine lines, and sagging as indications of their vulnerability and reduced worth. Women who are content with their appearance are instructed by this industry (and culture more broadly) of how these changes in their bodies should make them feel (Figure 4.4), serving to perturb their quiet satisfaction. By instilling a sense of shame, and low-self-appraisal, these same women are convinced into believing that they should feel guilty if they do not do something to prevent this “disease”—implying that not using these products is a choice, but this “choice” is to preserve or reject youth.

In a culture which especially emphasizes the importance of pre-emptive, planned, goal-oriented actions, it is fitting that women are encouraged to *invest* in their bodies/faces by consumer *cosmeceutical* products. This morality coupled with the utopian fountain of youth rhetoric serves to construct the aging woman’s body as pathological and subsequently instills fear, shame and guilt, so as to motivate the consumption of *cosmeceutical* products. As a result, using these skin care products is constructed as a *necessary* action. What is implicit in this discourse is that women who *do* use the advertised products feel more “themselves”, have reconnected with

their youth²⁶, and are generally happier than the population of aging women who are painted to be dissatisfied with their age and appearance. Even if the woman reading the *cosmeceutical* ad is happy with her life, her age and her appearance, the discourse underpinning the advertisement questions this satisfaction by invoking a number of cultural authorities that have constructed her “objective” reality otherwise.

Baudrillard (1970; 1983; 1990) argued that commodities are not singularly desired for their utilitarian properties, but rather for the promises that are embedded in the product through the process of advertising and the connections created through the culture of society. Commodities refer to tangible relationships and lifestyles—a theory that accounts for the reasons why consumers so strongly desire seemingly arbitrary objects. If we try to define what is the latent promise in these products we might untangle a number of desirable fantasies/lifestyles, namely, (1) regaining lost years, (2) returning to an aesthetic of an earlier age, (3) redefining what it means to be 40, 50, 60...etc. (4) effects similar to cosmetic surgery, *Botox*[®], or other more expensive, more invasive treatments, and (5) a resexualization or return to femininity. These promises necessarily construct aging as pathological and undesirable. They also construct the aging woman as a victim of desexualization while simultaneously reifying the discourse that constructs the woman as necessarily sexual--reducing her to her aesthetic appearance and her sexual capacity in relation to a heterosexual male partner. As such, the aging woman is “losing” her womanhood through the process of aging. *Cosmeceuticals* are constructed as the medicine to treat this disease, and potentially transform her into ideal of white, young, heterosexual beauty. Similar to the commodity discourse in which grandiose promises are bound up in relatively

²⁶ A discourse which is made evident in phrases such as “awake your inner youth”.

basic, routine products, the magic potions or holy water of the fountain of youth promises to impel immeasurable results from a single droplet.

The third research question of this study has to deal with the ways by which the discourses promoting *cosmeceutical* products seem to disrupt the traditional conception of a “natural” temporality, with “natural” being constructed as the white, hetero-normative establishment. As Epstein (2007) pointed out, age and the implication of “normal” behaviors and aesthetics associated with each group have the illusion of an objective or “natural” existence. Yet what needs to be illuminated is the socially constructed nature of these conceptions. Baudrillard’s *hyperreality* and Haraway’s *cyborg* offer theoretical lenses through which to more clearly understand this process—specifically the way by which technologically-facilitated aesthetics and behaviors both come to replace the “norm” but also come to be understood as “natural”. As such, the implosion of techno and bio worlds serves to disrupt traditional concepts of age and time that previously appeared solid and inflexible. The *cyborgian* conception of life coupled with the mythological “fountain of youth” serves to extend the boundaries of reality and temporality to include previously-unrealistic hopes within the scope of possible medical and scientific discovery. Further, by constructing these utopian ideals of immortality and eternal youth as tangible possibilities, the aging body is further pathologized as an illness wanting of a cure.

Conclusion

The establishment of *Disney's Sleeping Beauty* as the ideal that aging women ought to emulate in conjunction with the collapsing of health, youth and beauty through *cosmeceutical* advertisements into a “will to youth” (53% of the ads included an element from each of these three concepts), serves to pathologize the visible body of the aging woman and reify other destructive logics which categorize, devalue and stigmatize aspects of women, the aging and those deemed to be unhealthy. Instead of a discourse that celebrates her body or seeks to empower her, the emphasis upon the sleeping beauty image in these *cosmeceutical* advertisements encourages the aging woman to (1) understand her worth as primarily expressed through her corporeal existence (specifically through aesthetic beauty, her reproductive capacities, and her heteronormative sexuality), (2) view her aging body as pathological as defined by such an existence, (3) understand her body/identity to be inferior to this image of youthful, white, heterosexual beauty, (4) be impelled to take action to combat this disease of age through the use of *cosmeceuticals*.

If we accept that these advertisements influence the way these women come to understand their bodies, identities and aspirations, the promises offered and ideals established by the *cosmeceutical* industry are particularly important in that their behaviors will be motivated by such salient identities (an at risk, stigmatized population) and constructed goals (to maintain the image that the dominant culture has established as the pinnacle of beauty/worth) (Markus & Kitayama, 1991). In addition to using the advertised *cosmeceutical* products, these women are convinced to partake in other technologies and services part of the anti-aging industry or under

the theoretical framework of “positive aging”—two isomorphic ideologies which construct the aging population negatively in order to make the use of these technologies necessary. The ways that youth and beauty have become biomedicalized is also important in regards to the concept of “health” in that in our highly health-conscious society, once a function of the body becomes medicalized, it becomes the responsibility of the individual to maintain its functioning (Rose, N. 2001); failure to do so may legitimate discrimination or other negative repercussions in response to what becomes constituted as deviant behavior. This follows from the recent trend in biomedicine to focus on body projects which are a lifetime commitment to monitoring and adjusting one’s body to ascribe to the established ideal. The designation of those necessary measures that she should take in order to “protect” her youth serves to outline the road map for this project, and construct the aging woman who does not engage in such preventative or restorative behaviors as unconcerned with her health, for the reason that health has become collapsed with youth and beauty through such discourse. The negative stigma associated with the risk populations only serves to elucidate the privileged stature and pervasive nature of the scientific and medical fields within the US which Foucault identified as particularly troubling (1975).

In an increasingly medicalized world in which science and medicine are afforded the recognition as an ultimate authority, individuals are subjected to a guilt complex not unlike that of the religious sin as constructed by the Church. Such obligation and responsibility to health (Rose, N. 2001) forces individuals to follow prescriptions as defined by these fields, so as not to be labeled as deviant or negligent.

This is especially problematic for the aging woman for whom the “norm” and what it means to be “healthy” is constructed by technologies and fictional ideals and hopes--not unlike Baudrillard’s *hyperreality*—which places the individual at war with her body as she attempts to achieve unrealistic aspirations. We must seek to challenge and denaturalize these fictional ideals which only serve to further objectify and subjugate the aging woman.

Figures

Figure 1. 1

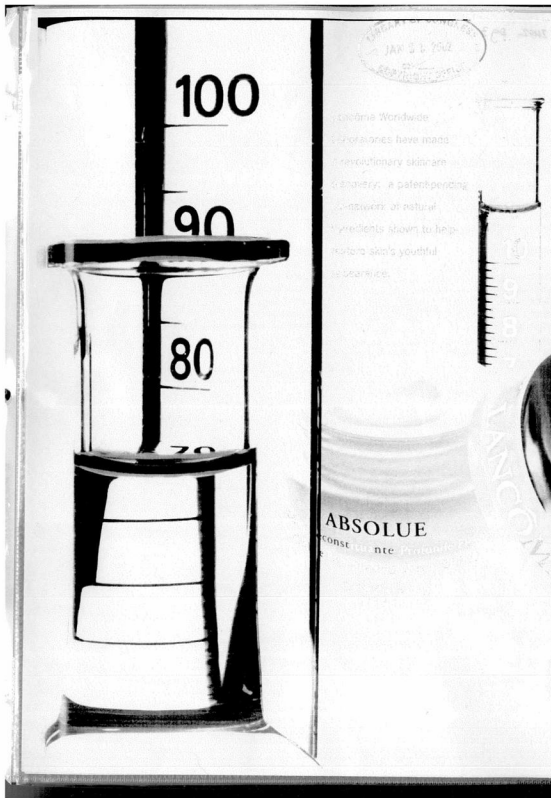


Figure 1. 2



Figure 1. 3

“Stem Cell” Creams...

The Future of Skin Rejuvenation

These über-sophisticated skin potions really do make you look younger... but can you afford them?

Before you go crazy about the term “Stem Cells” — the two most controversial words in science! Here’s something you need to know: These new and very expensive topical creams aren’t about putting embryonic stem cells in your skin and slathering them all over your face. Instead, the technology relies on using polypeptides and enzymes to “awaken” the body’s own reservoir of stem cells to rejuvenate the skin and make you look younger... a lot younger!


The fact is, skin is the largest repository of stem cells in the human body. Don’t believe it? Check out the National Institute of Health’s database on stem cell research at <http://stemcells.nih.gov/info/scireport>.

That’s why virtually every major cosmetic manufacturer is rushing to tap into this new stem-cell technology.

Here’s what Dr. Richard Wells, Ph.D., told me: “Cosmetic chemists around the globe are burning the midnight oil for one simple reason: As we age, stem cell utilization for skin repair is less efficient. However, the potential that nature has given us to access these endogenous stem-cell reservoirs for skin rejuvenation is quite remarkable. That’s why science is seeking to activate the potential of our inherent adult stem-cell reservoirs. In so doing, the practical use of stem-cell technology can provide the consumer with a topical, anti-aging cosmetic formula that simply makes everyone look years younger.”

What does this mean in plain English? Stem cells are hot... really, really hot. Imagine new, fresh, “perfect” skin cells, undamaged by age, sun or pollution.

Right now there are two, perhaps three products that are the winners in the race to incorporate this new stem-cell technology. The first is “Amatokin” Emulsion For The Face. Amor is incredible European launch which caused a near riot at Sephora’s flagship Champs-Élysées boutique in Paris. Amatokin has finally arrived on U.S. shores and is getting all the buzz in the “celebrity” mags. The second, and the most expensive, is “Peau Magnifique” from RéVive. But the biggest winner of all could be



“20 and 30 somethings are using these high-tech emulsions so they will always look young... 40 and 50 somethings are using them to look like they’re still in their 20s and 30s.”

Dr. Nathalie Chevreton Ph.D., R.D.
Director of Women’s Affairs, Yves Laboratories

StiVectin® HS Hydro-Thermal Deep Wrinkle Serum, a product we women already use, treat and love, and that has gained a worldwide reputation as the best deep-wrinkle serum on the market. Why is it so effective? Well, it’s rumored this heat-activated serum contains the super-secret Amatokin ingredient (polypeptide #153). This could explain why women love StiVectin-HS so much.

Being a beauty editor, I was lucky enough to try each of these products for free. And, frankly, I love them all. (Although, I would give a slight edge to Amatokin Emulsion For The Face, because it’s easier to apply.)

I don’t know about you girls, but I’m ready for something new! See you at the cosmetic counter.

Figure 1. 4

skin-care update
ADVERTISEMENT

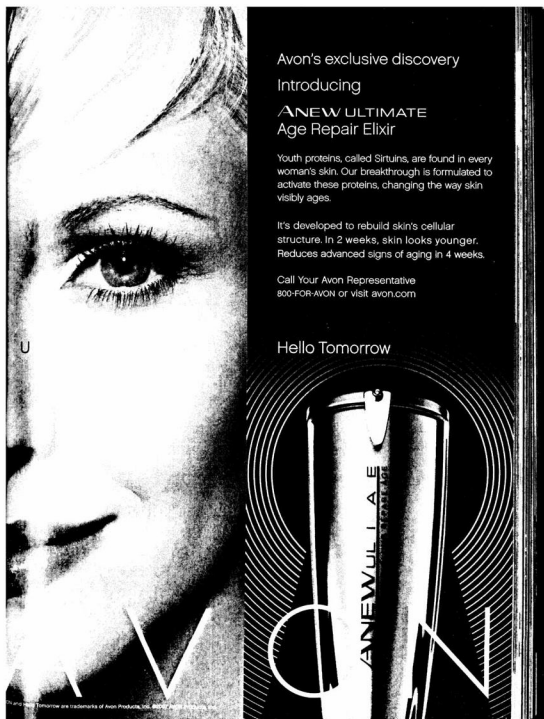
New "Deep Wrinkle" Serums Target Dermal-Epidermal Junction.



It's got the "buzz." The hottest new catch phrase in the anti-wrinkle business... Dermal-Epidermal Junction (or DEJ). Here's what the scientists say. The DEJ is the interface between connective tissue and the epidermis. It virtually governs the structural integrity of the skin and controls the passage of important "bridge" molecules between the dermis and the epidermis... reinforcing skin structure while binding epidermal cells to the underlying matrix. The DEJ improves the bio-mechanical properties (strength) of the skin, ultimately promoting skin repair and reducing the appearance of both fine lines and deep, coarse wrinkles.

1-800-308-1068
www.StriVectin.com

Figure 2. 1



Avon's exclusive discovery
Introducing
ANEW ULTIMATE
Age Repair Elixir

Youth proteins, called Sirtuins, are found in every woman's skin. Our breakthrough is formulated to activate these proteins, changing the way skin visibly ages.

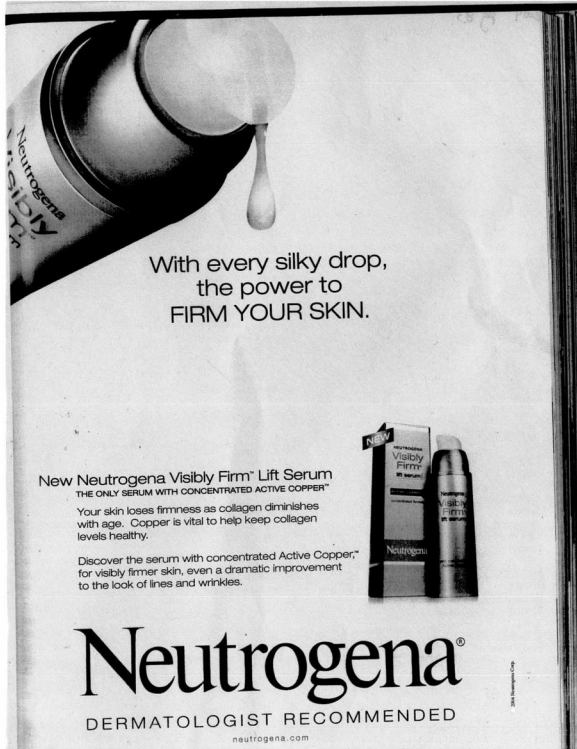
It's developed to rebuild skin's cellular structure. In 2 weeks, skin looks younger. Reduces advanced signs of aging in 4 weeks.

Call Your Avon Representative
800-FOR-AVON or visit avon.com

Hello Tomorrow

ANEW ULTIMATE
AGE REPAIR ELIXIR

Figure 2. 2



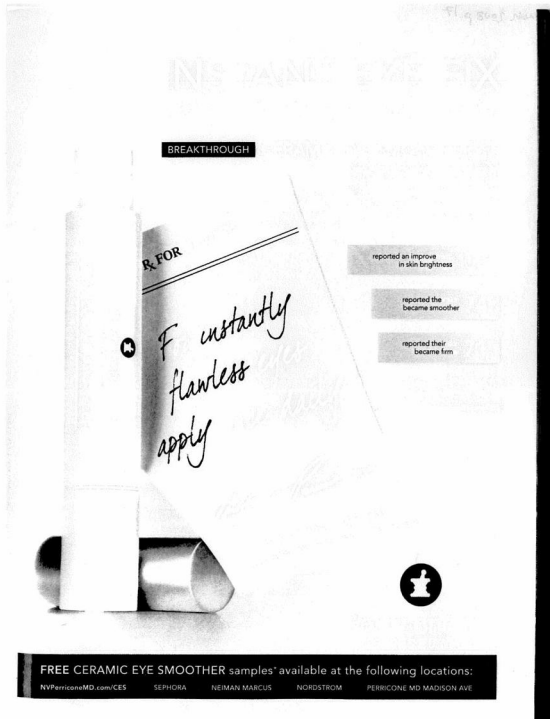
With every silky drop,
the power to
FIRM YOUR SKIN.

New Neutrogena Visibly Firm[®] Lift Serum
THE ONLY SERUM WITH CONCENTRATED ACTIVE COPPER[™]
Your skin loses firmness as collagen diminishes
with age. Copper is vital to help keep collagen
levels healthy.

Discover the serum with concentrated Active Copper,[™]
for visibly firmer skin, even a dramatic improvement
to the look of lines and wrinkles.

Neutrogena[®]
DERMATOLOGIST RECOMMENDED
neutrogena.com

Figure 2. 3



BREAKTHROUGH

R. FOR

*F instantly
flawless
apply*

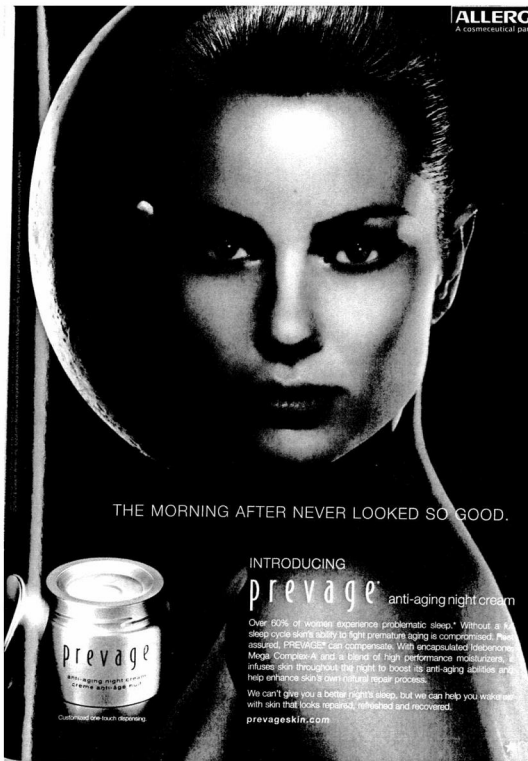
reported an improve
in skin brightness

reported the
became smoother

reported their
became firm

FREE CERAMIC EYE SMOOTHER samples* available at the following locations:
NYPericareMD.com/CEV SEPHORA NEWMAN MARCUS NORDSTROM PERICONE MD MADISON AVE

Figure 2. 4



ALLERG
A commercial part

THE MORNING AFTER NEVER LOOKED SO GOOD.

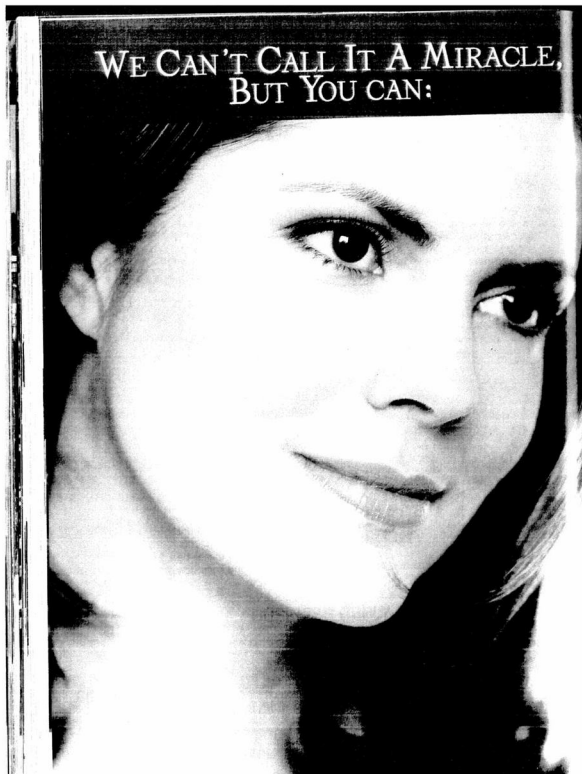
INTRODUCING
prevage anti-aging night cream

Over 85% of women experience problematic sleep.* Without a full sleep cycle, skin's ability to fight premature aging is compromised. But assured, PREVAGE® can compensate. With encapsulated Melanocyte Inhibitor Complex and a blend of high performance moisturizers, it infuses skin throughout the night to boost its anti-aging abilities and help enhance skin's own natural repair process.

We can't give you a better night's sleep, but we can help you wake up with skin that looks repaired, refreshed and recovered.
prevageskin.com

*Customized the truth recovery.

Figure 3. 1



WE CAN'T CALL IT A MIRACLE,
BUT YOU CAN:

Figure 3. 2

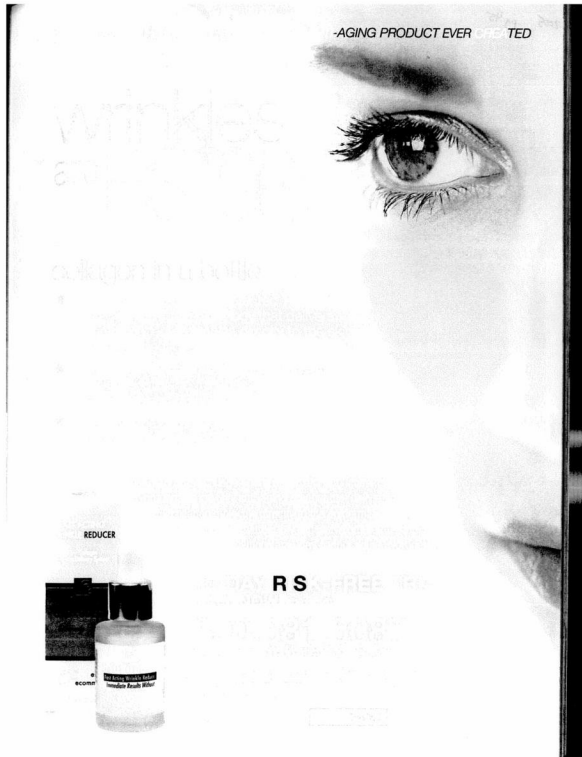


Figure 3. 3

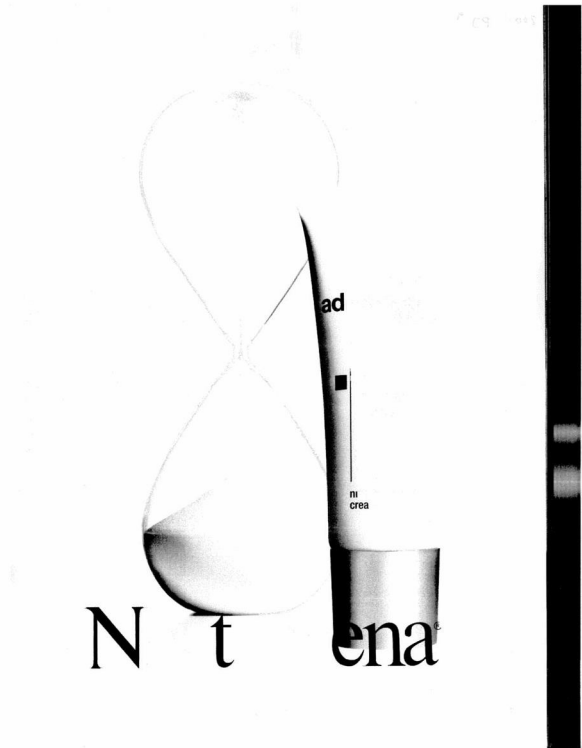


Figure 3. 4

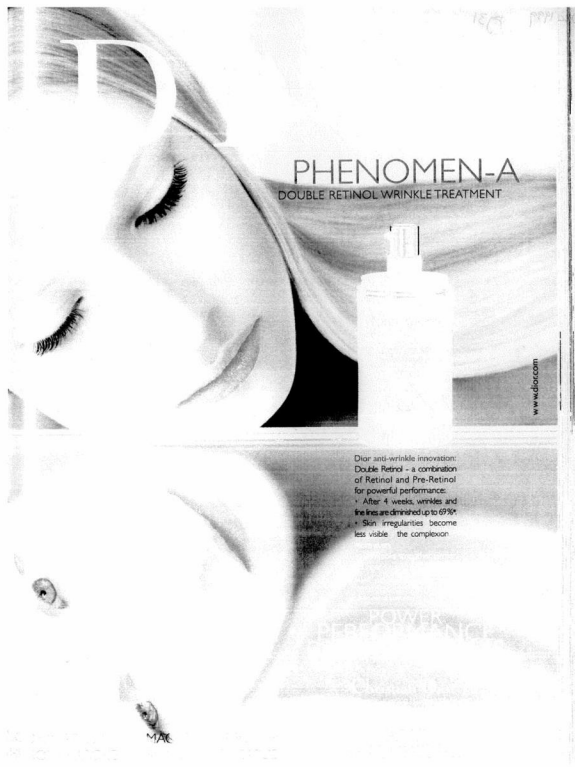


Figure 3. 5

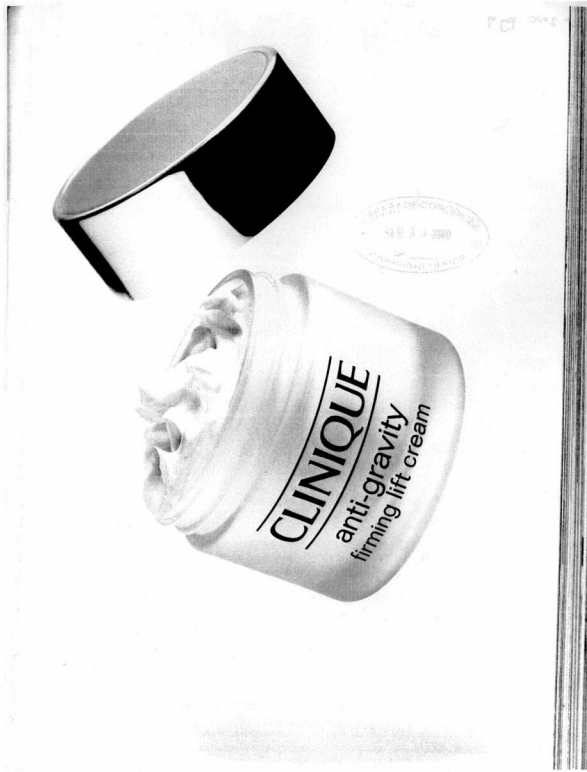


Figure 3. 6

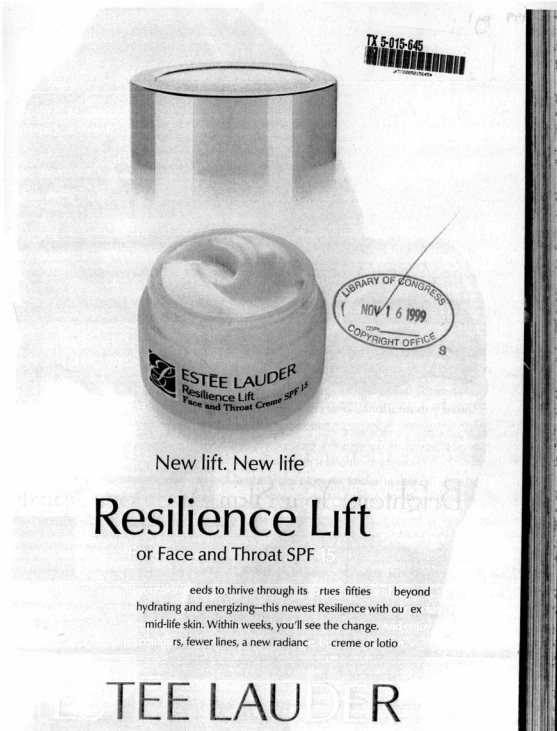


Figure 3. 7




Figure 3. 8



Figure 4. 1

Reduce wrinkles
by 40% in 12 weeks
by fighting them all day long.


Introducing
RETINOL ACTIF PUR[®] Day



Leave it to the developers of Retinol
to create something so advanced.

Now. The first pure Retinol product with broad spectrum
protection from both DNA and UVB damage with SPF 15. Every day
counts, so start today.

To speak to a RoC skin care specialist, call
1-800-ROC-1964.



FROM FRANCE
WE KEEP OUR PROMISES.

Figure 4. 2



WASH
AWAY
10
YEARS

NEW



**RoC[®] DAILY MICRODERMABRASION
CLEANSING DISKS**

THE ONLY CLEANSER
CLINICALLY
SHOWN TO GIVE
10 YEARS BACK TO THE
LOOK OF YOUR SKIN

ADVANCED DUAL-SIDED CLEANSING DISKS
proven to reduce fine lines, wrinkles and photodamage

- microcrystals side provides gentle
microdermabrasion action
- conditioning side leaves skin feeling soft
and smooth



FROM FRANCE
WE KEEP OUR PROMISES.

Available at a drugstore near you.

Figure 5. 1

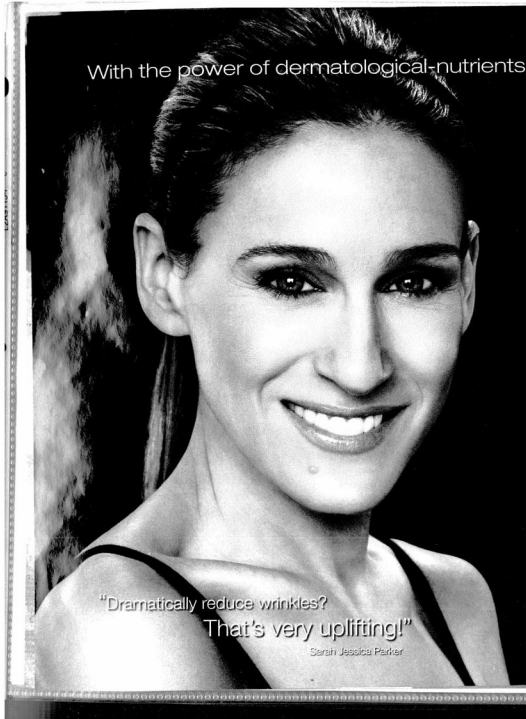


Figure 5. 2

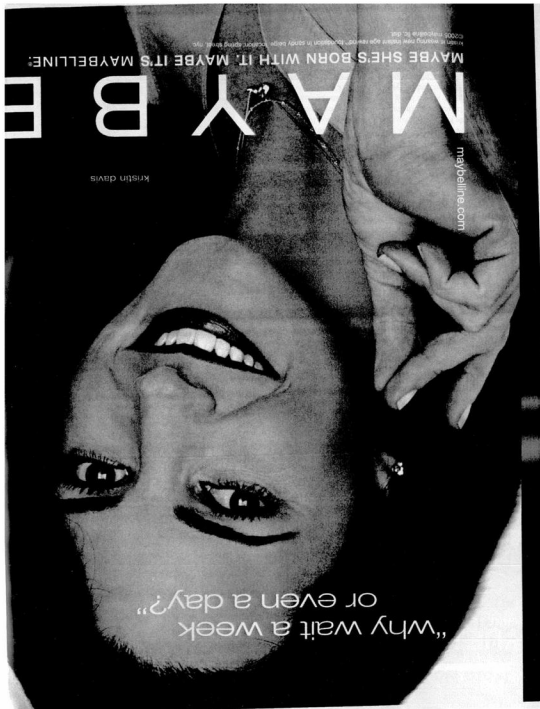


Figure 5. 3

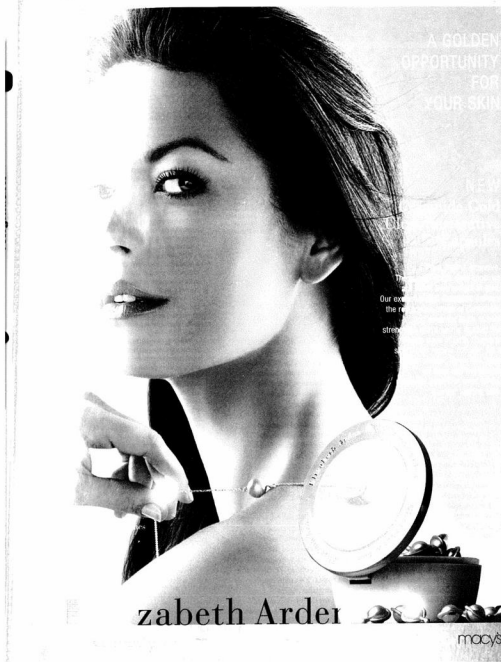


Figure 5. 4

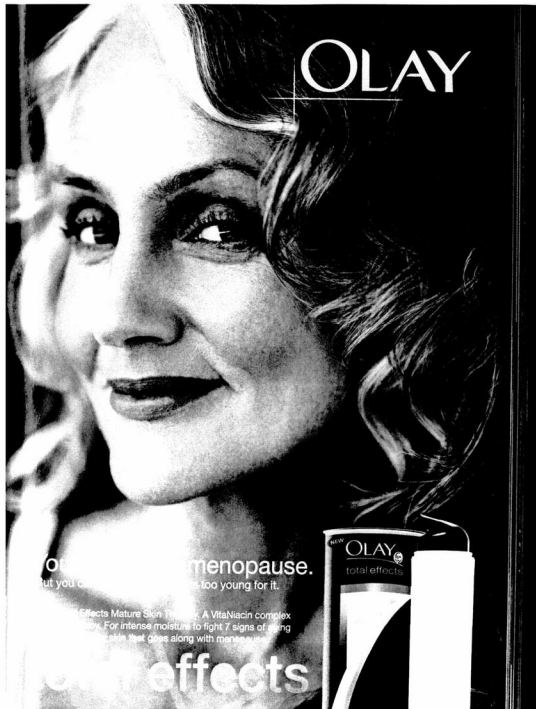


Figure 6. 1

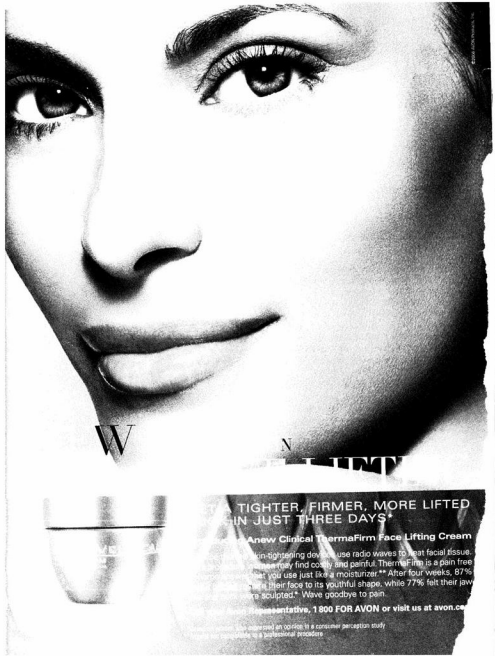


Figure 6. 2



Figure 6. 3

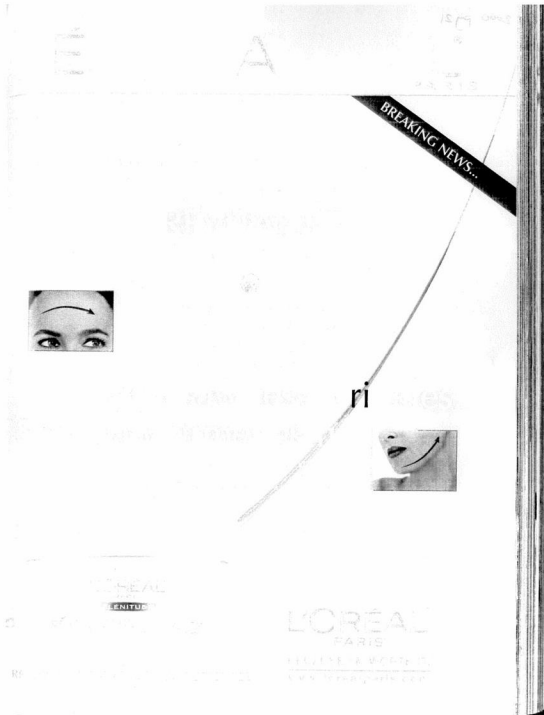


Figure 6. 4

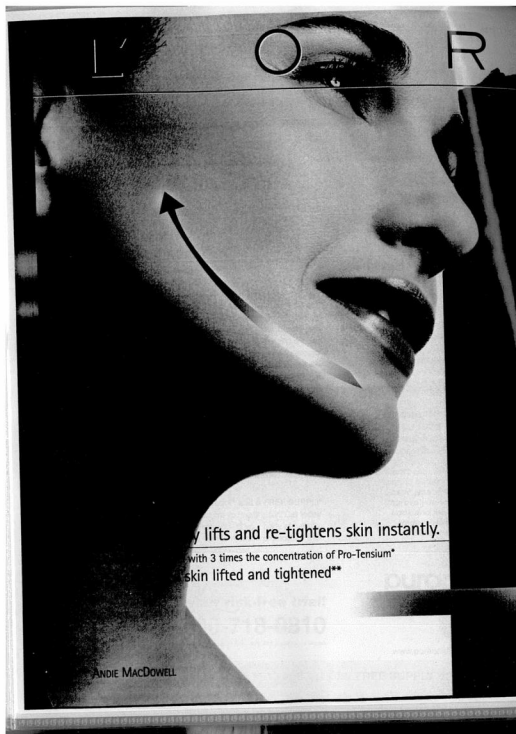


Figure 6. 5

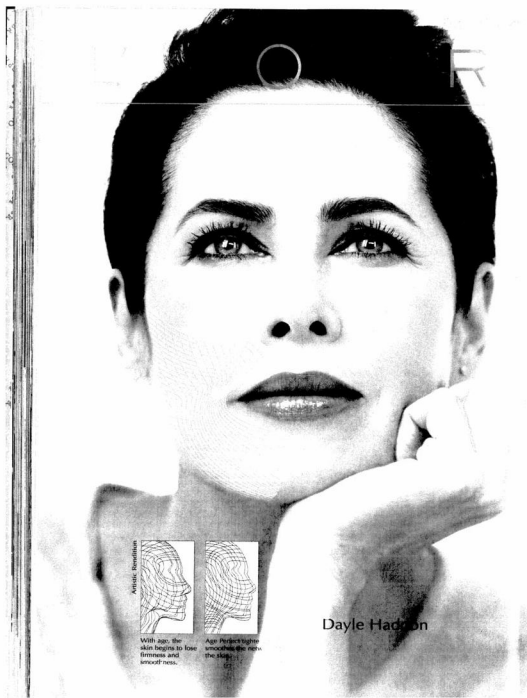


Figure 6. 6

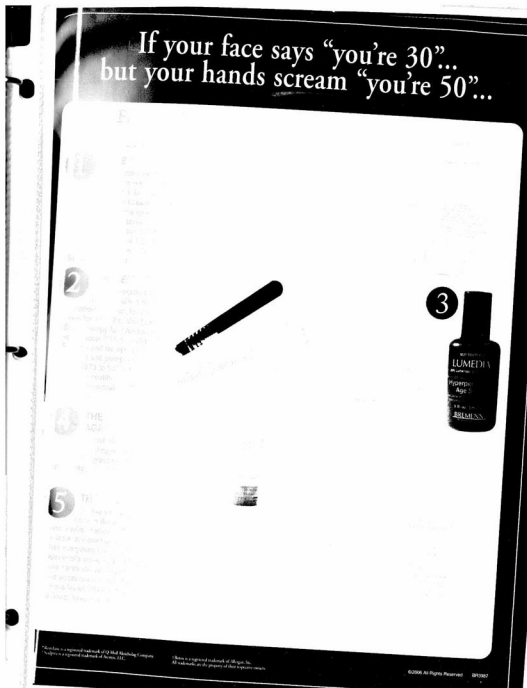
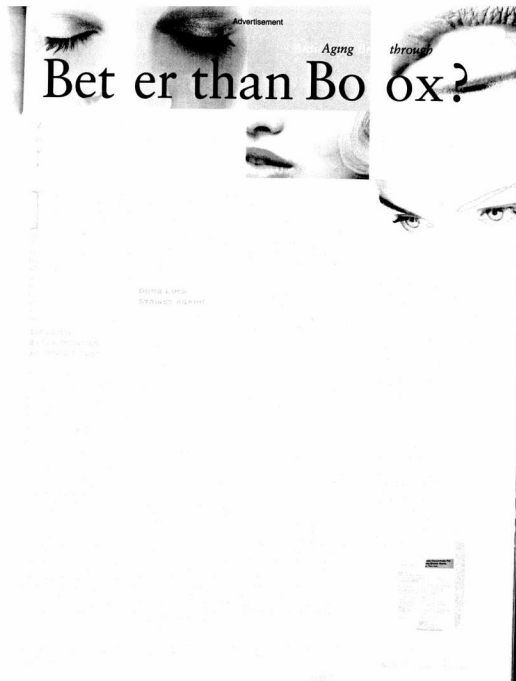


Figure 6. 7



Figure 6. 8



Appendix A: CODING RULES

1) WHEN TO CODE ADVERTISEMENT:

If the product sponsored in the advertisement is ALL of these things:

- e.) a product that may be purchased WITHOUT a doctor's prescription
 - f.) a product whose purpose is to improve APPEARANCE or QUALITY of the skin
 - g.) a product that may be applied AT HOME, not in a doctor's/specialist's office
 - h.) a product whose goal (one of them) is to prevent (appearance of) aging
- then, CODE the advertisement.

If NOT ALL of these criteria are met, DO NOT CODE advertisement.

2) IDENTIFICATION INFORMATION:

1. WRITE CASE NUMBER AT TOP OF ADVERTISEMENT and on CODESHEET.
2. List YEAR, MONTH, and PAGE number; all of these are on top of the data sheets (page of advertisements).

3) WORD INCLUSION

Under each heading:

1. Place a number on the line next to each WORD/PHRASE indicating how many times it is included in the advertisement
2. Mark any inclusion of word that includes the stem-word on the sheet (those listed in parentheses)

Example: Test (s) (ed) (ing)___ Add a tally for Test, Tests, Tested, Testing
But NOT for Testicular
Study (ies) (ing) ___ Add a tally for Study, Studies, Studying
But NOT for Studios

3. Leave blank if word is not included in the advertisement.

4) SENTENCE VALIANCE

1. For those sentences coded under the heading "AGING" mark "x" whether the sentence was POSITIVE, NEGATIVE OR NEUTRAL.
2. Words indicating each of these categories:
 - POSTIVE: Pro, Perfect, Great, Wonderful
 - NEGATIVE: Anti, Minimizing, Reducing
 - NEUTRAL: Another word

5) IMAGE INCLUSION

1. Place an "x" on the line next to each IMAGE that is included in the advertisement
2. If image is ambiguous, DO NOT mark "x"
3. If image falls into multiple descriptive categories MARK "X" FOR MULTIPLE IMAGES

Appendix B: CODESHEET

Caseid: _____ Year _____ Month _____ Page _____
 Manufacturer _____ Product _____

WORD INCLUSION:

SCIENCE:

Test (s)(ed) (ing) _____ % _____ Technology (ies) _____
 Molecule(ar)/Cell (ular) _____ Study (ied) _____ Laboratory(ies) _____
 Improve (d)(ing)(ment) _____ Break(through)(ing) _____ Science(tist) _____
 Result(s) _____ Patent (ed) _____ Innovate (ive)(tion) _____
 Research (ed) _____

MEDICINE:

Doctor (s) (al) _____
 Serum _____
 Clinic (al)(ally) _____
 Chemical (_____) _____
 Health (y) (ier) _____
 Derm (o)(atologist) (cally) _____

Vitamin (s) _____
 Formula (s) _____
 Treat (ment) _____

COSMETIC SURGERY:

(Face) Lift (ing) (ed) _____
 Firm (ing) _____
 Contour (ing) _____
 Botox _____
 Surgery _____

IMAGE INCLUSION:

SCIENCE:

Scientist _____ Test Tube _____ Before/After Pictures _____
 Graph/Chart _____

MEDICINE:

Syringe _____
 Molecules _____
 Capsule _____
 Doctor _____

GENDER:

Jewelry _____
 Exposed Legs/Arms/Back _____
 Cleavage _____
 Dress _____
 Celebrity _____
 Parted Lips _____

AGING:

Wrinkle (s) (ing) (ed) _____
 (Fine) Lines _____
 Youth/Young (er) _____
 Age (d) (ing) _____
 Rejuvenate (s) (ing) _____
 Sentence Valiance:
 Positive _____
 Neutral _____
 Negative _____
 Age (specific age) _____
 Old (er) _____

GENDER:

Beauty (iful) _____
 Luxury(ious) _____

AGING:

Wrinkles _____
 Glasses _____
 Gray Hair _____

COSMETIC SURGERY:

Drawn Lines on Face _____

Bibliography

“Alchemy and Daoism.” Accessed at <http://homepages.ihug.com.au/~panopus/jeannie/alchemy%20&%20daoism.html> on 5.3.2008.

American Society for Aesthetic Plastic Surgeons (ASAPS): Cosmetic Surgery National Data Bank Statistics. <http://www.surgery.org/press/statistics-2006.php>. Accessed on November 10, 2007.

Anderson, Hans Christian. 1910. “The Philosopher’s Stone” in *Faery tales from Hans Christian Andersen*. New York, E.P. Dutton.

Balsamo, Anne. 1996. *Technologies of the gendered body*. Durham, NC: Duke University Press.

Bartly, Sandra Lee. 1976. “Foucault, Femininity, and the Modernization of Patriarchal Power.” *Femininity and Foucault: Reflections of Resistance*. Irene Diamond and Lee Quinby, eds. Boston: Northeastern University Press.

Baudrillard, Jean. 1970. *The Consumer Society: Myths and Structures*. London: Sage Publications Ltd.

Baudrillard, Jean. 1983. *Simulations*. New York: Semiotext(e).

Baudrillard, Jean. 1990. *Fatal Strategies*. New York: Semiotext(e).

Baudrillard, Jean. 1996. "Disneyworld Company." *Liberation*, March 4, 1996.

Bayer, Kathryn. Fall2005. “Cosmetic Surgery and Cosmetics: Redefining the Appearance of Age.” *Generations*, 29(3).

Bazzini, Doris G., William D. McIntosh, Stephen M. Smith, Sabrina Cook & Caleigh Harris. 1997. “The aging woman in popular film: Underrepresented, unattractive, unfriendly, and unintelligent”. *Sex Roles*, 36 (7/8), 531-543.

Benjamin, Walter. 1972/1999. *The Arcades Project*. Howard Eiland and Kevin McLaughlin trans. Cambridge, Ma: Belknap Press.

Benjamin, Walter. 1968. *Illuminations*. Trans. Harry Zohn. Edited and with Introduction by Hannah Arendt. New York: Schocken Books.

Berger, Peter L. and Thomas Luckmann. 1966. *The Social Construction of Reality: A Treatise its the Sociology of Knowledge*. Garden City, New York: Anchor Books.

- Blum, Linda and Nena Stracuzzi. 2004. "Gender in the Prozac nation: Popular Discourse and Productive Femininity." *Gender Society*, Vol.18.
- Blum, Virginia, L. 2005. *Flesh Wounds : the Culture of Cosmetic Surgery*. Berkeley: University of California Press.
- Bordo, Susan. 1990. "Material Girl: the Effacements of Postmodern Culture." *Michigan Quarterly Review*. Fall: 653-76.
- Bourdieu, Pierre. 1984. *Distinction: a Social Critique of the Judgment of Taste*. Cambridge, MA: Harvard University Press.
- Butler, Judith. 2005. *Giving an Account of Oneself*. New York: Fordham Press.
- Boyle, J. A. 1977. "The Alexander Romance In The East And West", *Bulletin Of The John Rylands University Library Of Manchester*, Volume 60.
- Caridad, Ava. 2006. "Forever Young: Skin care continues to target aging consumers with youthful desires and money to spend." *Household and Personal Products Industry (HAPPI)*. <http://www.happi.com/articles/2006/05/forever-young.php>. Accessed November 2, 2007.
- Carnes, Bruce A. and S. Jay Olshansky. 2007. "A Realist View of Aging, Mortality, and Future Longevity." *Population and Development Review* 33 (2) , 367–381.
- Caslav Covino, Deborah. 2004. *Amending the Abject Body: Aesthetic Makeovers in Medicine and Culture*. Albany: University of New York.
- Chaney, David. 2005. "Creating Memories: Some images of aging in mass tourism" in *Images of aging : cultural representations of later life*. New York: Routledge Publishers.
- Clarke, Laura Hurd and Meredith Griffin. "Becoming and being gendered through the body: older women, their mothers and body image." *Ageing & Society*, Sep2007, Vol. 27 Issue 5, p701-718.
- Coleman, Steven. 2006. A Defense of Cosmetic Surgery. In *Cutting to the Core: Exploring the Ethics of Contested Surgeries*. David Benatar, ed. Oxford: Rowman & Littlefield.
- Collins, Patricia Hill. 2005. *Black Sexual Politics: African Americans, Gender, and the New Racism*. New York: Routledge.
- Davis, Kathy. 1995. *Reshaping the Female Body: the Dilemma of Cosmetic Surgery*. London: Routledge.

- Davis, Kathy. 2002. "A Dubious Equality': Men, Women and Cosmetic Surgery." *Body & Society* 8(1).
- Doniger, Wendy. 2000. "The Mythology of the Face Lift". *Social Research*, 67(1).
- Dumas, Alex and Bryan Turner. "The life-extension project: A sociological critique." *Health Sociology Review*. Vol. 16, Issue 1, April 2007.
- Epstein, Steven. 2007. *Inclusion: The Politics of Difference in Medical Research*. Chicago: University of Chicago Press.
- Fairclough, Norman. 1995. *Critical Discourse Analysis: the critical study of language*. New York: Longman.
- <http://web.ebscohost.com/ehost/pdf?vid=3&hid=8&sid=a5aadd42-4c80-4d2a-8032-184fc33e0253%40sessionmgr7>
- Falk, P. 1995. 'Written in the Flesh'. *Body and Society*, 1 (1): 95-105.
- Featherstone, Mike and Andrew Werner eds. 1995. *Images of aging : cultural representations of later life*. New York: Routledge Publishers.
- Foucault, Michel. 1975. *Birth of the Clinic, The : An Archaeology of Medical Perception*. Trans Alan M. Sheridan. New York: Vintage Books.
- Foucault. 1977. *Discipline and Punish: The Birth of the Prison*. Trans. Alan M. Sheridan. New York: Vintage.
- Foucault, Michel. 1978. *The History of Sexuality*. New York: Vintage Books.
- Gavrilov L.A., Gavrilova N.S., Olshansky S.J., Carnes B.A. 2002. "Genealogical data and biodemography of human longevity". *Social Biology*, 49(3-4): 160-173.
- Gee, James Paul. 1999. *An Introduction to Discourse Analysis*. London: Routledge.
- Gibbs, Joseph. 2004. "Media Content Analysis: An Introduction to Methodologies and Applications." *Journal of Social Affairs*, 21(83).
- Gibson, Margaret. 2006. "Bodies Without Histories." *Australian Feminist Studies*, 21(49), p51-63.
- Gilleard, Chris and Paul Higgs. 2000. *Cultures of ageing : self, citizen, and the body*. Malaysia: Prentice Education.
- Gilman, Sandar. 1999. *Making the Body Beautiful: A Cultural History of Aesthetic Surgery*. Princeton: Princeton University Press.

- Glaser, Barry and Anselm Strauss. 1967. *The Discovery of Grounded Theory: Strategies for Qualitative Research*. Chicago: Aldine.
- Goering, Sara. 2003. "I'm Doing it for Me!: Agency versus Autonomy in the Pursuit of Cosmetic Surgery". American Sociological Association Annual Meetings, Atlanta.
- Grimm, Jacob and Wilhelm. *Household Tales*. 1884. Margaret Hunt, translator. London: George Bell.
- Griswold, Wendy. 1994. *Cultures and Societies in a Changing World*. Thousand Oaks, CA: Pine Forge Press.
- Gullette, Margaret Morganroth. 2004. *Aged by culture*. Chicago: University of Chicago Press.
- Haiken, Elizabeth. 1997. *Venus Envy : A History of Cosmetic Surgery*. Baltimore: Johns Hopkins University Press.
- Halberstam, Judith. 2005. *In a Queer Time and Place: Transgender Bodies, Subculture Lives*. New York: New York University Press.
- Haraway, Donna. 1997. *Modest_Witness@Second_Millennium. FemaleMan _Meets _OncoMouse*. New York: Routledge.
- Haraway, Donna. 1991. *Simians, Cyborgs, and Women*. New York: Routledge.
- Hess, David J. 1997. *Science Studies: An Advanced Introduction*. New York: New York University Press.
- Holstein, Martha and Meredith Minkler. 2003. "Self Society and the 'New Gerontology.'" *The Gerontologist*, Vol. 43.
- Jones, Meredith. 2004. "Cosmetic Surgery and Postmodern Space." *Space & Culture*, 7(1).
- Jones, Meredith. 2004a. "Mutton Cut up as Lamb: Mothers, Daughters and Cosmetic Surgery." *Continuum: Journal of Media & Cultural Studies*, 18(4).
- Kaufman, Sharon M. and Morgan, Lynn, M. 2005. "The Anthropology of the Beginnings and End of Life." *Annual Review of Anthropology*. Vol. 34.
- Kaufman, Sharon R., Janet Shim, & Ann Russ. 2004. "Revisiting the Biomedicalization of Aging: Clinical Trends and Ethical Challenges." *Gerontologist*, 44(6).

- Katz, Stephen. 2005. Imaging the Life-Span: From premodern miracles to postmodern fantasies” in *Images of Aging: Cultural Representations of Later Life*. London: Routledge.
- Klein, Naomi. (1999). *No logo: Taking aim at the brand bullies*. New York: Picador.
- Lang, Andrew, ed. 1889/1965. "Sleeping Beauty." *The Blue Fairy Book*. New York: Dover.
- Larossa, Ralph. 2005. “Grounded Theory Methods and Qualitative Family Research”. *Journal of Marriage & Family*, November, Vol. 67, Issue 4.
- Latour, Bruno. 1987. *Science In Action: How to Follow Scientists and Engineers Through Society*, Cambridge Ma: Harvard University Press.
- Lee, Jeho. 2003. “Innovation and Strategic Divergence: An Empirical Study of the U.S. Pharmaceutical Industry from 1920to 1960.” *Management Science*. Vol. 49, No. 2, February 2003 pp. 143–159
- Mamo, Laura. 2007. *Queering Reproduction: Achieving Pregnancy in the Age of Technoscience*. Durham: Duke University Press.
- Markus, Hazel Rose and Shinobu Kitayama. 1991. “Culture and the Self: Implications for Cognition, Emotion, and Motivation.” *Psychological Review* 98: 224-52.
- Marshall, Barbara L., and Stephen Katz. 2006. “From Androgyny to Androgens” in *Age Matters: Re-Aligning Feminist Thinking*. Toni M. Calasanti and Kathleen F. Slevin (Eds.). New York: Routledge.
- McClintock, Anne. 1995. *Imperial Leather: Race, Gender, and Sexuality in the Colonial Contest*. London: Routledge.
- Morgan, Kathryn Pauly. 1991. “Women and the Knife: Cosmetic Surgery and the Colonization of Women’s Bodies”. *Hypatia*, 6(3).
- Morton, Linda P. 2001. “Segmenting Baby Boomers.” *Public Relations Quarterly*. Rhinebeck: Fall 2001. Vol. 46, Issue 3; pg. 46.
- Packaged Facts. 2002. “Cosmeceutical and Anti-Aging Products in the U.S.” Accessed November 2, 2007.
- Parker, Sheila , Mimi Nichter, Mark Nichter , Nancy Vuckovic , Colette Sims and Cheryl Ritenbaugh. 1995. “Body Image and Weight Concerns among African American and White Adolescent Females: Differences that Make a Difference” in *Human Organization*. Volume 54, Number 2, Summer 1995.

Peck, Douglas P. "Misconceptions and Myths Related to the Fountain of Youth and Juan Ponce de Leon's 1513 Exploration Voyage." New World Explorers, Inc. <http://www.newworldexplorersinc.org/FountainofYouth.pdf>. Retrieved on 5.1.2008.

Perls, Thomas; Kunkel, Louis M; Puca, Annibale A. 2002. "The Genetics of Exceptional Human Longevity." *Journal of the American Geriatrics Society*, Feb, Vol. 50 Issue 2, p359-368

Pinch, Trevor J and Wiebe E. Bijker. 1987. "The social construction of Facts and Artifacts: Or How Sociology of Science and Technology Might Benefit Each Other." In *The Social Construction of Technological Systems: New Directions in the Sociology and History of Technology*, eds. Wiebe Bijker, Thomas Parke Hughes, and Trevor J. Pinch, 17-50. Cambridge Ma: MIT Press.

Pitts, Victoria. 2003. *In the Flesh: The Cultural Politics of Body Modification*. New York: Palgrave.

Pitts-Taylor, Victoria. 2007. *Surgery Junkies: Wellness and Pathology in Cosmetic Culture*. New Brunswick: Rutgers.

Rose, Gillian. 2001. *Visual Methodologies*. London: Sage.

Rose, Nikolas. 2001. "The Politics of Life Itself". *Theory, Culture & Society*, vol. 18(6). Cambridge, UK: Blackwell.

Sawchuck, Kimberly Anne. 2005. "From Gloom to Boom: Age identity and target marketing" in *Images of Aging: Cultural Representations of Later Life*. London: Routledge.

Schudson, Michael. 1989. "How Culture Works: Perspectives from Media Studies on the Efficacy of Symbols." *Theory and Society*. March 89, Vol. 18 Issue 2, p153

Serlin, David. 2004. *Replaceable You: Engineering the Body in Postwar America*. Chicago: University of Chicago Press.

Shim, Janet, K., Ann J. Russ and Sharon R. Kaufman. 2006. "Risk, life extension and the pursuit of medical possibility". *Sociology of Health & Illness* vol. 28 (4).

Shim, Janet K., Ann Russ and Sharon R. Kaufman. 2006a. "Clinical Life: Expectation and the Double Edge of Medical Promise." *Paper presented at the annual meeting of the American Sociological Association, Montreal Convention Center, Montreal, Quebec, Canada*.

Tong, Rosmarie and Lindermann, Hilde. 2006. "Beauty under the Knife: A Feminist Appraisal of Cosmetic Surgery." In *Cutting to the Core: Exploring the Ethics of Contested Surgeries*. David Benatar, ed. Oxford: Rowman & Littlefield.

- Tracy, James, F. 2004. "Between discourse and being: The commodification of pharmaceuticals in late capitalism." *The Communication Review*, 7:15–34.
- Turner, Bryan. 2005. "Introduction--Bodily Performance: On Aura and Reproducibility." *Body & Society*, vol. 4(11).
- Weber, R. P. 1990. *Basic Content Analysis*. London: Sage.
- Williamson, Judith. 1978. *Decoding advertisements: ideology and meaning in advertising*. London: Boyars.
- Wilson, Brian and Robert Sparks. 1996. "It's gotta be the shoes': Youth, race and sneaker commercials." *Sociology of Sport Journal*, Vol. 13, pgs. 398-427.
- Wolf, Naomi. 1990. *The Beauty Myth*. London: Vintage.
- Wilmoth, J. R. 1997. "In search of limits," in *Between Zeus and the Salmon: The Biodemography of Aging*. K. W. Wachter and C. E. Finch (eds.). Washington, DC: National Academy Press.
- Winner, Langdon. 1993. "Upon Opening the Black Box and Finding It Empty: Social Constructivism and the Philosophy of Technology" in *Science, Technology, & Human Values*, Vol. 18, No. 3 (Summer, 1993), pp. 362-378.
- Vaupel, J. W. et al. 1998. "Biodemographic trajectories of longevity," *Science* 280: 855–860.
- Velten, Harry. "The Influences of Charles Perrault's Contes de ma Mère L'oise on German Folklore", p 961, Jack Zipes, ed. *The Great Fairy Tale Tradition: From Straparola and Basile to the Brothers Grimm*