Body Authorities: Clinicism, Experts, and the Science of Beauty

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Upscale cosmetics counters closely align themselves with medical science. While some clinical symbols are more obvious than others, virtually all of these counters suggest that beauty is a scientific process which can be achieved only through assessments and treatments. Clinique stands as the contemporary prototype for clinical beauty, advertising itself as “Dermatologist-developed. Allergy Tested. 100% Fragrance Free” (18). Of course, the most recognizable aspect of Clinique is not its advertising or even its products; it is the white labcoat worn by all sales clerks. The coat symbolizes sterility and training, implying that not simply beauty, but also health, is at stake. But in the cosmetics area of any fine department store, clinical associations extend far beyond the labcoat. Prescriptives, a newer cosmetics line, relies largely on its name for clinical symbolism. This name suggests that “prescriptions,” or cosmetics needs, are being filled at the cosmetics pharmacy. Pharmacy symbols pervade each cosmetics line. Indeed, the act of shielding products behind a glass case, a place where they are clearly displayed yet clearly off-limits, invokes the medical aura of those products. But, more importantly, it signifies the clinical authority of the cosmetics clerk. Only after being diagnosed by the authority may customers purchase the desired or prescribed product.

For many years, I was more than happy to comply with the clerks’ recommendations. I visited various clinical counters, seeking help for teen acne and, later, for adult acne. Like so many other women, I accepted these clerks as cosmetics and skin care authorities, allowing them to diagnose my skin and prescribe appropriate treatments. Not once did I question the training or actual knowledge level of these clerks.

In 1998, I began researching salon tanning, and only then did I question my past experiences with clinical beauty. Initially, my tanning study sought to understand why young college women continue to tan despite wide-spread knowledge of the risks. Using questionnaires and on-site observations, I quickly realized that tanning salons combat the medical community’s warnings with clinical information of their own. These salons promote tanning as a positive experience with myriad health benefits, all the while working to create a clinical setting. Tanners are encouraged to make appointments, but drop-ins are certainly welcomed. In either case, they must sign in and discuss their needs with an employee. The employee helps the tanners determine how long they should tan (generally 5-20 minutes, depending on skin type). That same employee will recommend tanning products, as well. The tanners must then sit in a waiting room, just as “patients,” listening for their names to be called. Once called, each tanner is taken to a private room equipped for the tan. These rooms are generally white and smell of sanitizers, reiterations of cleanliness. Because salon visits so closely resemble doctor visits, tanning offers subliminal messages of health and health authority.¹

But who are these authorities? For the most part, these salon workers are young college-age women who are interested in tanning. But do they really understand the process of tanning and its documented dangers? As I questioned the qualifications of these workers, I realized that I, too, participated in clinical beauty, yet I had never interrogated the training of my cosmetics clerks. Are they qualified to answer questions concerning skin health? What kinds of training, if any, do they receive? The proliferation of day spas and spa advertisements led me to examine these sites, as well. Their ads promise a variety of “healing” procedures from “pre- and post-laser treatment” to the “lymph drainage massage.” These procedures claim to remove toxins and purify skin. But what kinds of training have the spa employees received? Have they studied toxicology, or are they simply cosmetics clerks trained in application techniques?

These questions led to a new two-part study. First, I wanted to understand how beauty and clinical medicine had become intertwined in the first place. When and why had consumers accepted this
marketing strategy? Next, I looked more carefully at these clinical beauty sites—upscale cosmetics counters, tanning salons, and day spas—seeking to understand the issues of authority that come into play at each. My study gives a historical undergirding for these contemporary practices while seeking to understand how female consumers are affected by the replication of the clinical atmosphere.

Clinical Beauty: A Short History

As a woman who has studied beauty culture and its marketing strategies, I began this study with a key assumption. I believed the beauty industry was seeking legitimization by associating itself with medical science. If your clerks wear white, there is a subconscious message that they are health authorities. The symbols of clinicism convey this image of authority, and many women are willing, just as I had been, to portray the obedient customer. Stanley Milgram’s study of obedience has shown the power of projecting this authoritarian image. Milgram defined authority as “consist[ing] of a minimum of two persons sharing the expectation that one of them has the right to prescribe behavior for the other” (143). His famous study reminds us that we are socialized to value authority and that certain cultural symbols seem to require obedience. In their discussion of Milgram’s theories, Arthur G. Miller et al. explain:

from early childhood throughout our lives, we are taught to obey authority and are rewarded for doing so. Obedience becomes an unquestioned operative norm in countless institutions and settings, many of which are endowed with very high cultural status (what Milgram termed “overarching ideology”)—e.g., the military, medicine, the law, religion, education, the corporate-industrial world.

The salon’s proposed focus on health, combined with the multiple visual associations with medicine, allows clinical beauty to occupy this position of “high cultural status.” Critical inquiry into the legitimacy of that authority seldom happens because expectations dictate the power structure. Customers assume that these employees can make appropriate recommendations, and they expect to be rewarded for obeying those recommendations. As Milgram explains, “The power of an authority stems not from personal characteristics but from his perceived position in a social structure” (139). Likewise, clinical beauty’s power might lie not in its actual services, but in its perceived links to science and health.

While these assumptions had some credibility, my research showed that to be only a part of the equation. Much of contemporary beauty culture can be explained through discussions of power and authority. But the original impetus for this authority is not so easily outlined. The historical moment at which our current beauty culture began, combined with medical beliefs contemporary to that time period, reveals that medicine and beauty are inextricably intertwined.

The prototype for our contemporary spa salons appeared in the early years of the 20th century. This was a time when self perception was changing, when our contemporary notions of beauty were beginning to take form. Joan Jacobs Brumberg states that the turn of the century brought mirrors to middle-class homes. These mirrors, coupled with electricity, brought middle class young women “vast opportunities for self scrutiny.” Self scrutiny was further induced by the introduction of mass produced, presized clothing, stimulating new interest in body size (Stearns). Hollywood stars showed us that beauty had a physical definition. And an obsession with cleanliness, particularly clean skin, provided further opportunities for this scrutiny.

In the later years of the nineteenth century, germs had been connected to specific illnesses, and, “by 1900, a bacteriologically based public health movement solidified the idea that microorganisms caused ill health and suffering” (Brumberg 68). Cleanliness of the body and the home were suddenly of great importance (69). Long before cosmetics counters, the lab coat was used as a tool of legitimization, invoking the “role of the scientist.” And consumers were constantly reminded of the scientist’s role in germ eradication:

Hopes for sterility centered on the scientist, who became a popular authority figure in advertising—so much so that the white lab coat became a necessary prop even for floor wax ads. (Lears 60)

Scientism provided “techniques for total control of the self and the environment, total imposition of culture over nature” (60). And so, twentieth century science and beauty culture appear inextricably tied in theory.

The turn of the century introduced the rise of medical authority, but the rise of dermatology sheds new light on this intersection between beauty and medicine. The cleanliness obsession, coupled with this rising interest in self-scrutiny, brought new attention to adolescent skin. Parents of acne-prone teens sought medical attention in order to preserve their reputations as hygienic homemakers (Brumberg 68-70). Treatments included everything from scrubbing the
face with flannel cloths to blackhead extraction. A variety of products was available: there were creams, tonics, Ponds Extract, and White Lily Face Wash (65, 71).

But for those who could afford it, dermatology offered new hope. By the 1920s, dermatologists could be found in urban areas, though the field was not yet considered a “board-certified specialty” (72). Dermatology was growing, but its history is more fascinating than its future. Dermatology actually derived from the study of sexually transmitted diseases (63). In the later part of the nineteenth century, dermatology and syphilology were a joint field, publishing clinical research in a joint journal. Brumberg says:

Throughout the nineteenth century, there was a continuous movement of physicians back and forth between syphilology and dermatology. Many of the same doctors who handled the shame of syphilis and gonorrhea also dealt with the ordinary problems of adolescent acne. (63)

This connection between acne and syphilis is made more understandable when one considers the following: these doctors believed that acne could be caused by sexual activity, sexual thoughts, or masturbation (64). While dirty skin was considered the primary cause of acne, textbooks urged physicians “to consider immorality as a cause if acne did not respond to the usual clinical ministrations” (64). Though the field attempted to distance itself from this stance at the end of the nineteenth century, the connection had been made. There is strong evidence that this belief persisted several decades into the twentieth century.

In the early twentieth century, young women were more likely than young men to seek treatment for acne. Brumberg explains that “cultural mandates that link femininity to flawless skin,” combined with the medical community’s growing interest in acne, forced these young women to seek help (61). Contemporary to these social and cultural conditions, two women were beginning, from meager resources, small cosmetics companies which would define themselves according to the science of skin health. Their philosophies and ensuing popularity would help define the way women, young and old alike, approached skin health. They set the stage for clinical beauty.

While cosmetics and spa salons are two distinct beauty sites today, they began as a single unit. Elizabeth Arden and Helena Rubinstein both began “house[s] of beauty” or salons in the first years of the twentieth century. These salons provided a variety of skin treatments including massage and baths, and they also sold skin-care products. Arden was actually well-known for her work as a massage therapist and facialist. Color would eventually be added to these products, creating the cosmetics industry we know now. But in the early years, products focused more on skin health, skin softness, and youth rejuvenation. Each woman saw science as the cornerstone of her business. Arden worked with chemists to create her products and Rubinstein worked with dermatologists (Allen 21-27).

As these women set the stage for today’s cosmetics industry, cosmetologists in large cities were following their lead, offering skin treatments to meet the needs of skin-obsessed women. With the rising interest in acne, cosmetologists offered a variety of procedures for eradicating the illness. In Manhattan and the Bronx alone, there were almost two thousand such salons by 1925. These salons were regarded by the medical community as renegade clinics (Brumberg 72). But that did not deter women from seeking their treatments. In fact, Brumberg states that these salons “clearly attracted enough teenage acne sufferers to constitute a persistent thorn in the side of professional medicine” (72).

Brumberg sees the cost of dermatology and its insufficient availability as key reasons for the popularity of these salon treatments. But that would not explain why today, when dermatologists are plentiful and often cheaper than day spas, such treatments still attract countless women. I suggest that, initially, the very personal nature of acne, combined with the social stigmas of masturbation and venereal disease, caused young women to prefer the female-oriented, pampering salon over the male-oriented doctor’s office. Brumbergherself states that doctors discouraged these visits to the cosmetologist because they thought acne might actually be a form of “tuberculosis or syphilis” (71). Indeed, the condition of acne made young women highly suspect in the eyes of the medical community. Young women, at this historical moment, would quite probably prefer treatment from someone more concerned with eradication of acne than with its origin.

Of course, cosmetologists led these young women to regard salon treatments as comparable to dermatology. The cosmetics business was, even in 1933, offering products such as the Vienna Youth Mask. This mask, created by Arden with the help of a Viennese doctor, was a diathermic procedure, meaning that electricity was used to repair the skin. The apparatus was described as

made of papier-mâché and lined with tin foil, which is fitted to the client’s face and connected by conducting cords to a diathermy machine. (Allen 33)
Ardensupposedly believed that “electricity so applied replenishes the cells in a woman’s face, which, she said, die first under the eyes and next under the chin” (33). While this machine may seem medieval, even torturous, to modern readers, its connections to science, technology, and medicine, combined with Arden’s perceived authority, easily gained the customers’ confidence. Arden served as prototype for “beauty expert,” creating an industry which, from its inception, sought a position of “high cultural status.”

In 1934, Arden began her beauty farms, extended-stay spas. For $600–$750, women received a week’s worth of pampering and domination. Of course, clinical procedures abounded. One participant described the day as filled with “massages, exercises, facials, face masks, [and] wax baths to ‘draw out all the poisons’” (39). The idea that beauty products can draw toxins from the skin is quite prevalent today at day spas, businesses which have all but replaced week-long spas in our busy culture. In fact, these descriptions of early beauty sites are almost identical to what I found while researching contemporary spa salons. While the Vienna Youth Mask may be long gone, other procedures have taken its place. The salons I visited offered scientifically named facials which included antioxidants, exfoliants, and salicylic acids. Some facials were specifically recommended for those suffering serious skin disorders such as “rosacea, melasma, and hyperpigmentation.” Perhaps the most “scientific” procedure offered was a form of dermabrasion, a procedure commonly performed by dermatologists in order to peel off damaged skin. One salon’s brochure further aligned this procedure with dermatology as it cited the following information:

Recently approved by the FDA for use in the USA, this is “state of the art” skin peeling. The treatment is not painful and patients suffer no “down time.”

The recent FDA approval suggests that this procedure has the authority of a new prescription medication. The assurance of no “down time” implies that the procedure is closely related to surgery, a procedure from which one must recover. And, of course, the term “patients” reinforces each of these points. The warming currents of the Vienna Youth Mask have been replaced by skin abrasion, but the allure of salon therapies has yet to decrease.

While cosmetics counters have become an entity unto themselves, no longer relying on the spa salon for promotion, they have taken this clinical philosophy to the department store shopper. Upscale counters offer products which defy and reverse age, products which are supposedly at the forefront of science and technology.

Today’s spa salons and cosmetics counters offer an alternative to dermatology while profiting from the perceived power and authority of dermatology. While this replication of the clinical environment does attempt to legitimize beauty culture, the histories of science and beauty reveal medicine’s complicity within this legitimation. History may explain the clinical strategy’s success, but history does not excuse its continued use. The women who sell these products and perform these services have sustained and expanded the clinical setting. By interviewing them, I hoped to understand the complex relationships between customers and clinical beauty providers. Moreover, I hoped to understand how clinical authority affects those customers and the choices they make.

**Experts and Interviews**

To understand the true power of clinical beauty, I visited nine sites in the metropolitan Oklahoma City area, meeting workers, reading brochures, observing customers, and cataloging elements of clinicism. I then interviewed fourteen women from that area who work or have recently worked in these industries (five from tanning salons, five from cosmetics counters, and four from spa salons). I asked each woman the same sixteen questions concerning training, work environment, customer concerns, and level of authority. While I gathered an enormous amount of information, I want to focus here on two specific areas: the women’s conception of themselves as body authorities and their views on customer expectations. My study gives a voice to these women, encouraging them to share stories which reflect their experiences. At the same time, it probes their responses in order to understand the broader effects of clinicism.

I began by asking each woman to describe her job and training. Four of the cosmetics clerks had received extensive training, and they are required to attend update workshops where new products are showcased. Day spa workers (many call themselves aestheticians) also receive continuous training through seminars. It is interesting to note that not only the cosmetics seminars, but also many of the aesthetician seminars are sponsored by product manufacturers. So while women are, in theory, receiving information concerning skin health, this information is equally concerned with profit. Tanning
salons varied most widely in their training regimens. When asked about training, two of the subjects discussed computer training, saying it is very important to the proper scheduling of appointments. Three of the subjects had learned about tanning products only by reading the packaging inserts from the products sold at their salons. This is hardly educational, considering these inserts describe their products as, for example, “bioengineered to supply the body with moisturization and reduce the appearance of fine lines and wrinkles.” That same product line describes itself as “envelop[ing] the skin in silky-smooth hydration and ... blended with a biosaccharide complex that inhibits ‘after-tan’ odor” (California Tan). These inserts do not provide information concerning safety and skin-health. Only two of the subjects had attended seminars on tanning where they learned about all aspects including safety and product usage. Of course, again, the seminars were provided by the product manufacturers.

Immediately after questions on training, I asked each woman if she considered herself an authority in her field. All cosmetics clerks considered themselves as such, due not only to training, but also due to personal interest in products, skin health, and application techniques. All five cited an abundance of repeat customers as evidence of skill and quality service. Two women offered anecdotal evidence. One cosmetics clerk recommended a product to a customer with a chronic skin condition. The clerk relayed to me that one week after she made the recommendation, the customer returned to her counter and showed her the improvement, saying, “You know what you’re talking about!” Another clerk gave a makeover to a 55-year-old woman who had never before worn makeup. The customer was very happy with the new look and application instructions, so happy that she bought every product used in the makeover. The clerk said, “She looked really good when I was done ... And she came back three days later to tell me how great it was, how much she appreciated it, that it just really gave her a charge when she was feeling down.” All cosmetics clerks alluded to such experiences, saying that customer testimonials constantly affirmed their authority.

Day spa workers cited continuous training as their primary means of authority. Three of my interviewees held licenses, and one was quite close to completing her licensing requirements. Women in skin care and hair care apparently attend frequent training seminars in order to learn new techniques. These workers felt a strong sense of authority as a result, explaining that clients are often dependent on their recommendations. They also cited stories of helping women feel more comfortable with their bodies. A hair stylist/massage therapist found authority in her ability to relieve people of long-suffered pain. An aesthetician reveled in helping some women overcome makeup addiction. Several of her customers had developed confidence in their natural appearance and had begun to leave home makeup-free, a previously unthinkable act.

Only in tanning salons did I find women who did not seem entirely confident in their authority. While two of the workers claimed to attend training seminars, only one of them described herself as a tanning authority. The other, when asked if she considered herself an authority, said, “No.” But she went on to describe her self-styled training, and she appeared to spend a great deal of time reading about safety and cleanliness:

I read everything that comes out. I try to get the safest bulbs. They (customers) complain about that because they’re not the ones that will fry them the first day ... I try to stay up on that.

This worker went on to say that she could answer any concerns held by the tanners, but she refused to call herself an authority, seeming genuinely uncomfortable with the title. Her comments consistently echoed her concern for habitual tanners and their intense need for immediate results, even if those results came in the form of a burn. Perhaps considering herself an authority on the subject would, in her mind, implicate her in this potentially damaging practice.

Of the other three interviewees, two felt confident in their authority based upon work experience. The first detailed her training, beginning with a discussion of computer training before moving on to cleanliness. Eventually, she stated, “This is my second tanning salon to work at, and I feel that we’ve read a lot about the tanning products.” She went on to say that her authority level was intensified by being a student nurse, which allowed her to help those customers who suffer from heat rashes and product allergies. While her vocalization of medical expertise bordered on nurse-sanctioned skin damage, she did describe, in great detail, knowledge of her facility, the technical working of the beds, and product differentiation. She felt that she had earned authority and that she was obligated to do so, saying:

When I first started working here, I didn’t know all of these things. But I found out that these are important to people, and you need to know that. I would expect someone to
know ... and [customers] have a right to know. This is something they are doing to their bodies.

But even with that said, this employee doesn’t describe herself as capable of educating customers on how tanning affects the body. She is merely able to explain the results they can expect from various tanning products, products described in elaborate scientific terms.

Another worker with experience-based authority offered poor proof of on-the-job training. She said, “I received about two hours of training.” Of course, this involved computer training, bed cleaning, merchandise sales, and salon regulations. She then took a test, not over the process of tanning, but over the pamphlet descriptions of each tanning accelerator sold in her salon. When I asked the fifth interviewee, “Do you consider yourself an authority?” she answered, “Heavens, no, not even a little.” Despite feeling like an outsider in the tanning industry, this woman said that customers were completely confident in her authority level. But she explained, “The difference between me and perhaps someone else, I would be really honest with them ... I never misled the customer to believe that I knew everything about the different products.” Even this statement shows an emphasis on product knowledge, not tanning process knowledge.

While some tanning salon employees were not confident in their authority, all felt that they projected an image of authority, regardless of actual knowledge level. This self-image is validated daily by female customers who are seemingly quite obedient to the recommendations (or prescriptions) of the salon workers. Here we find strong support for Milgram’s thesis: authority is based merely upon perception.

Overwhelmingly, the employees of all three sites saw authority as a positive, helpful aspect of their jobs. It provided them with a predictable work environment where customers tended to agree with their assessments. But just as the medical community worried about cosmetologist-based skin care in the 1920s, I wondered if this authority might ever negatively affect the health of customers. As the employees told stories about customer expectations, I began to realize that detrimental effects do occur as some customers allow these workers to make serious health, social, and personal decisions for them.

The spa interviewees seemed quite responsible about their authority. Two discussed their caution in not overstepping medical boundaries. One aesthetician said she often encourages acne sufferers to see a dermatologist, citing this as painful since she wants desperately to help all clients. Another said, “If someone has a problem or we see something suspicious, we refer them on,” explaining that such referrals have, on several occasions, resulted in early detection of skin cancers.

But the cosmetics counter and tanning salon employees offered an aura of authority which could go too far, undermining self-image and good health. Customers who feel uneducated on health and beauty issues, as well as those who are generally uncomfortable making decisions, can find themselves in situations of complete powerlessness, as illustrated in the following narratives.

One cosmetics clerk spoke candidly of her former “high and mighty” attitude. She attributed this authoritarian stance behind the counter not simply to the cosmetics company’s training, but to the attitude of customers. She said, “I really did [feel like an authority], but what really enforced that was the customers because customers would tell me, ‘Well, I wanted to come talk to you before I talked to my dermatologist.’” Understanding that she was the preferred means of information, this young woman took advantage of her position, forcing customers to accept not only information, but also her personal preferences. She would work at two top cosmetics counters before realizing that her authoritarian stance was misleading and, in some cases, culturally inappropriate. She goes on to describe her attitude toward women of Asian descent, saying:

I got high and mighty, especially with Orientals. In Japan, the very white face holds a lot of attraction, whereas here it’s be dark and be tanned. Asians want the lightest foundation, but they're dark, so they would want a porcelain when they should really be a beige. I wouldn’t let them have the porcelain. I would make them buy the beige because it matched.

She went on to describe her current feelings of guilt regarding those actions, saying she now feels customers should be allowed to buy whatever makes them feel good.

Tanning salons can certainly imply too much authority, as evidenced by our tanning nurse. But I heard numerous stories that illustrate the health expertise attributed to them. As the “heavens, no” worker put it, “It’s amazing what people will assume by your standing behind a counter.” Besides our tanning nurse, another worker detailed the numerous skin rashes she saw. Tanners would display various rashes and ask if this was normal. These customers were confident that she could
diagnose the skin disorder and make the appropriate recommendations.

In perhaps the most interesting illustration of authority, two tanning workers stated that they were faced with pregnant would-be tanners who asked their permission to tan. One worker said:

Some women have come in pregnant and asked me if I think they should tan. I tell them they should talk with their doctor before they tan.

These would-be tanners assume there are risks associated with tanning during pregnancy, as evidenced by their inquiries. But the urge to tan can be great, even ritualistic. By asking permission, these women are transforming a health risk into an obedience issue. The approval of a salon worker carries significant weight with these women, even when they intuit possible risks to fetal health.

But with the information dispensed by some tanning salons, it should be no surprise that many women see tanning as harmless, even helpful, to their overall health. During my interview with one salon worker, I was told:

Studies have been done, and they found that [tanning] increases your vitamin D. It helps with your immune system; it helps with circulation, your respiratory system … It helps certain skin disorders like psoriasis and acne … We have some people with SAD (Seasonal Affective Disorder), and lots of psychiatrists and psychologists prescribe tanning for them.

Receiving this information in a clinical atmosphere could easily diminish concern for skin cancer. Surely these myriad benefits outweigh the risk of one tiny disease. In this situation, the salon employee’s authority frees customers from the necessity of critical thinking, from the responsibility of weighing possible advantages against very real disadvantages.

The Serious Nature of Beauty

In general, consumers seem to trust the judgments of employees within the clinical beauty setting. Consumers expect these employees to have a wide range of product and process knowledge, and they believe these employees can make informed recommendations. The consumers are strongly affected by the clinical symbols, which offer an air of legitimacy to those recommendations. But does this clinical setting legitimize questionable practices? Obviously, touting only the positive aspects of tanning is a dangerous practice. If tanning salons intend to provide informed employees, they should provide those employees with facts, not with product packaging inserts. While the public at large understands the significant risks of skin cancer, risks can be ignored.

While the other subjects did not seem to be legitimizing any dangerous practices, their interviews did demonstrate some questionable practices. If a cosmetics clerk can induce a customer to buy every product used in a makeover, there is certainly potential for a misuse of power. Obviously, forcing women of Asian descent to purchase according to Western ideals is abusive and inappropriate. Cosmetics clerks have significant power. How they use that power determines whether they provide a service or disservice to their clients. I regard the spa salon employees in much the same way. While two of them stressed their caution in not overstepping medical boundaries, others could just as easily insist on treating acne sufferers for whom they could provide no real relief.

Though the opportunity for abuse exists, my interviews and general observations suggest that consumers do not expect or fear abuse. In general, female consumers seem to enjoy their visits to these sites. Tanning is a solitary act, despite the attention provided at the front desk. For many women, this is the only time during which they are completely isolated. The tanning salon is, regardless of harmful rays, a place of total relaxation. On the other hand, spa salons and cosmetics counters offer interaction and communication. At these sites, women are touched, analyzed, pampered, and caressed. They are able to communicate their beauty concerns to women interested in the subject.

In each clinical setting, female consumers are seeking to fulfill needs, both physical and emotional, in a comfortable environment. Several clinical employees described their occupations in both cosmetic and therapeutic terms. As already seen, one day spa employee helped free women of makeup addiction, a definite psychological issue. Another spoke candidly concerning the psychological aspects of massage, explaining that she actually studies psychology at massage school due to the strong ties between body and mind. Cosmetics clerks made similar suggestions, as illustrated by the makeover which provided one customer with “a charge when she was feeling down.” Another explained how her company encourages a communicative space reminiscent of therapy:

Our cosmetics line always tells us, “You need to make ‘we-space’. That’s where you’re getting in contact with your customer, sitting them down talking to them. They want us to sit almost everybody down if we have time so that opens
people up, too. If they are sitting down and comfortable, I think they think about stuff and want to talk about it.

By seating the customer, the standing clerk, in many ways, reiterates her authority. Just as a doctor examines a seated patient, the cosmetics clerk observes skin tones, assesses skin damage, and prescribes a daily treatment. This situation replicates a therapy session. Of course, cosmetics clerks are not qualified to counsel their customers, leaving yet another opportunity for abuse. But they are qualified to listen, and this employee asserted that customers appreciate one-on-one interaction. In “we-space,” the clerk must listen to her customer’s concerns as the two seek common ground.

This one-on-one interaction is perhaps the most ideal aspect of clinical beauty. But customers do not visit clinical sites in search of therapy. They visit sites where beauty is taken seriously in hopes that they too will be taken seriously. A woman worried about age spots will, it reasons, be comfortable discussing those spots with an aesthetician. A medical doctor might not take that issue so seriously. The same can be said for a variety of beauty issues: lines and wrinkles, minor acne, blackheads, scars. Clinical beauty has combined the serious nature of medicine with the unessential need for beauty. These sites succeed by taking women and beauty seriously. Certainly, the greatest failure documented here is that of the cosmetics worker who “forced” women of Asian descent to purchase according to Western notions. She took neither those women nor their preferences seriously.

Earlier, a cosmetics clerk described herself as the preferred authority for many customers; when those customers had skin concerns, they visited her before the dermatologist. Initially, the attitude of those customers seemed irresponsible, even shallow. How could they value the cosmetics clerk above the dermatologist? But perhaps those women did not visit the counter for a diagnosis. Perhaps they first wanted to discuss the issue with a woman. Certainly, they felt a high degree of comfort with this worker. Whatever the case, the clerk might confirm what they suspected: this skin irregularity should be taken seriously. And if she took this concern seriously, they obviously felt more confident that a doctor would, as well.

Notes


2These women agreed to anonymous interviews. They, as well as their employers, signed documents stating that neither individual nor business names could be used in connection with the quotes.

3Training received by tanning salon workers should not necessarily be considered representative of all people working in that field. Studies in other areas should be completed before such conclusions are made. However, these spa salon and cosmetics employees appear to represent their professions on a national level. Cosmetics companies maintain consistent practices in regards to product placement and employee training. Aestheticians are required to pass licensing exams, which would, it seems, promote more consistency in that field and its training.

Works Cited


